

# Inception Report

**Khalida Afzali**

## **Name of Country**

Afghanistan

## **Area (sq. km)**

652,225 km<sup>2</sup>

## **Life expectancy**

According to the latest WHO data published in April 2011 life expectancy in Afghanistan is: male 58.6, female 60.8 and total life expectancy is 59.6 which gives Afghanistan a world life expectancy ranking of 155. one year later in 2012 according to the statistics of UNICEF this rate had an increase rate, and now life expectancy is 60.5.

## **Infant mortality rate**

Estimates developed by the UN inter-agency group for child mortality estimation (UNICEF, WHO, World Bank, UN DESA population division) shows a decrease in infant mortality rate.

Year	2009	2010	2011	2012
Infant mortality rate	76	74	73	71

And according to the report of ministry of public health, here are the results:

Year/organization	2003 (UNICEF)	2006 (AHS)	2008 (NRVA)	2010 (AMS)
Infant mortality rate	165	129	111	77

## **Maternal mortality rate**

The reports of UNICEF shows a maternal mortality ratio of 1600 per 100 000 live births in 2003, 460 per 100 000 live births in 2010, and according to AMS report the numbers are 372 per 100 000 live births.

## **Literacy Rate**

The 2008 report of ministry of education shows 24% literacy rate including 32% male and 13 % female and 11 million illiterates. researches in 2013 shows a number of 28.1% literacy rate.

## Population

The latest estimation in 2012 is around 29.82 millions, and it is more than 30 millions now.

- Broken down into 398 districts.
- Afghanistan is one of the world's poorest countries with low income around 20.5 billion in 2012 and lack of growth rate in 2013.

## Education System

It was reported in may 2013 that there were 16000 schools across Afghanistan with 10 million students, and this number is going to be increased up to 16500 schools and 10.5 million students in 2014.

## Health System

According to the statistics of ministry of health in 2013 ,here is the info table.

### تعداد مراکز صحی فعال و فیصدی تسلیم دهی راپور HMIS در ربع سوم سال 1391

Facility Type	Total	# Health Facilities Submit HMIS Report (3q)
Basic Health Centre (BHC)	809	90%
Comprehensive Health Centre (CHC)	382	93%
District Hospital (H3)	73	88%
Provincial Hospital (H2)	28	86%
Regional	6	83%
Special Hospital (SH)	25	8%
Sub Health Centre	488	90%
Mobile Clinic (MOB)	93	70%
Other	143	52%
<b>TOTAL</b>	<b>2047</b>	<b>85%*</b>
<b>Total # of Active HPs</b>		<b>12938</b>

\* This figure (85%) calculated in Jan. 23, 2013. Any submission after this date will increase mentioned rate.

## Major Industries

The most common industries are: small-scale production of bricks, textiles, soap, furniture, shoes, fertilizer, apparel, food-products, non-alcoholic beverages, mineral water, cement; handwoven carpets; natural gas, coal, copper.

According to the report, 15 million labour force were in 2004, and in 2012, these values were almost half of 2004 estimations that is 7.512 million which the labour force distribution by occupation is 78.6% agriculture, 5.7% industry, and 15.7% services.

### **Employment rate**

The rates show an abrupt change in labour force from 15 million to 7.512 million, and decrease in employment rate with comparison to 2013-2014 labour market. The unemployment rate was 40% in 2004 and 35% in 2008.

According to the NRVA, the employment to-population ratio, which specifies the proportion of a segment of the working-age population that is actually employed, was fairly high at 62%.

*Table 9: Employment-to-population ratio*

**Employment-to-population ratio (NRVA 2008)**

Residence	Male	Female	Total
Urban	72%	16%	44%
Rural	82%	50%	66%
Total	80%	43%	63%

*Source: NRVA 2008*

## **Part 2: intellectual disabilities**

The MOLSAMD aim to pay welfare pensions the families of those were killed in wars, war disabled peoples, and other cases. The ministry still provides now pensions to a recipient base that has been expanded in 2003 to include those who have lost more than 30% of mobility, sight or hearing. Intellectual impairment is not included as there is no expertise to assess it. Furthermore there has been a distinct lack of information in Afghanistan on the enumeration of Afghans with disabilities levels and types of disabilities and the challenges faced by them.

Primary studies and researches on the analysis of this phenomena for public awareness is started and many organizations had few topics about this issue for example: NDSA, USAID, HANDICAP international, and ministry of health.

Despite all these efforts there is no certain law for intellectual disables.

### **Outline of your Organization**

## **Vision**

The MoLSAMD's vision is to support the Government's endeavours in building the country with decent work for all and an enabling environment with equal rights and opportunities for all the vulnerable groups.

## **Mission**

The MoLSAMD mission is to support the Government efforts to reduce vulnerability and marginalization of adults and children including martyrs' families and persons with disabilities through promoting and monitoring implementation of accessible, equitable and transparent policies, programs and projects. The MoLSAMD's mission is also to support Government's efforts in developing the labour market that will generate employment and pension system for effective labour administration and social support services.

## **Priority Policy Areas**

### **1. Priority policy areas**

In line with the ANDS the MoLSAMD's reform agenda will focus on the following priority areas:

#### **1.1 Facilitation of sustainable Decent Work for All (DWA) through:**

- Market friendly labour policies,
- Increasing access to employment/self-employment opportunities and skills development and reducing access barriers for vulnerable and disadvantaged groups,
- Developing the regulatory framework for labour relations and decent working conditions;
- Raising public awareness of labour regulations.

#### **1.2 Improving efficiency of the public arrangements for social risk management that target both the priority groups among the population at risk and the war survivors by:**

- Improving targeting of beneficiaries
- Strengthening the network of community based social care services for children and adults
- Developing the DoLSAMDs' role in planning and delivering community based social care services
- Strengthening informal community networks of support to vulnerable and disadvantaged groups.

### **1.3 Strengthening the capacity of MoLSAMD and raising its standards by:**

- Enhancing the role and capacities of MoLSAMD in policy formulation and budgeting, and in regulation, inspection and quality assurance
- Reviewing roles and responsibilities in line with key functions
- Training the social care workforce
- Establishing minimum care standards for public and private social care services

### **1.4 Strengthening national coordination of social protection support by:**

- Improving communication within the MoLSAMD and with its DoLSAMDs
- Enhancing collaboration with government agencies contributing to social protection support
- Improving partnership with civil society bodies
- Enhancing the coordination of donor support.

Department of social affairs is a branch of DOLSAMD working on the improvement of the situation of children and families to support and supply poor and needy part of the country. This department is consist of sub branches and works on these areas(kindergarten, orphanage and social supplies)

## **4. Community development program.**

There is no certain program

## **5. Situation of persons with intellectual disabilities**

As I mentioned before there is not an organized plan across the country to deal with intellectual disables, but few efforts is being started by the coordination and cooperation of Health directory, social affairs department ,and UNICEF that has covered 10 children with mental disabilities in Herat province. These children are introduced by Health department of Herat to

labor department, and the fund is given by UNICEF with employment of a psychologist to work on their mental abilities.