Guidelines for
Promoting Rehabilitation and Inclusion of
People with Disabilities in Mainstreaming Development

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Preface

An estimated 10% of the world population is living with some sort of disability\(^1\) (WHO). Out of these 650 million people with disabilities, approximately one third or around 200 million are children\(^2\) (WHO). About 80% of the world’s population of people with disabilities are living in low income countries and are experiencing social and economic disadvantages as well as the denial of even the most basic fundamental rights. An estimated 386 million of the world’s working age people suffer from some sort of disability\(^3\) (ILO) and unemployment rate among these persons with disabilities is as high as 80% in some countries.

Around 2.49% (3,286,630 out of 132.35 million) of the total population of Pakistan suffers from some sort of disability (1998 census report, Federal Bureau of statistics, Pakistan). This statistic only represents the people with disabilities actually registered. No census has taken place after 1998 which can be quoted, otherwise given the high incidence of tribal and regional wars and acts of terrorism (especially through the high occurrence of suicide bombings) in the country, the actual rate of people with disabilities is far higher.

More than 70 percent people with disabilities live in rural areas while most of services for rehabilitation and inclusion are located in urban areas. Though the Government of Pakistan has showed its commitment to inclusive development of the persons with disabilities by ratification of the United Nations Convention on the Rights of Persons with Disabilities but still there are ample challenges of accessibility particularly for the PWDs living in villages and remote areas.

CHIP, in partnership with Sightsavers and STEP, with financial support from DFID is working on the project titled ‘Inclusive Community Development through Mainstreaming Persons with Disabilities in Social Mobilization in District Jhelum, Punjab Province’ since July 2008. The goal of the project is the empowerment of disabled people through their inclusion in existing development planning at the local level by using rights based approaches. The project has achieved great success in rehabilitating and including people with disabilities in health, education, livelihoods, sports and community organizations.

The guidelines under review have been developed based on the lessons and best practices of the said project which provide step by step guidelines as to how any development agency can promote inclusion of people with disabilities in various spectrums of development. These can be used for designing future development projects which promote the element of inclusion. Mainstream development organizations as well as CSOs can use it as a targeted approach as we have done, policy makers can use it as a tool for mainstreaming disability, and the Social Welfare Department can use it as a framework for attaining inclusion.

We wish you an enlightening reading and its valuable use for an enlightened Pakistan.

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\(^1\) http://www.who.int/topics/disabilities/en/ (accessed October 2010)  
\(^2\) ibid  
\(^3\) http://www.ilo.org/ (accessed October 2010)
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Directorate General of Special Education and Social Welfare extended valuable inputs in adding a perspective about international and national conventions and polices.

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Chapter 1
Disability and Broader Development Context
1. Disability and Broader Development Context

According to the World Report on Disability, there are 1 billion persons in the world who have some disability. Among them, between 150 to 190 million persons have severe disabilities. The number of persons with disabilities is growing because of ageing populations and because of a global increase in chronic health conditions associated with disabilities. Disability disproportionately affects vulnerable groups of population. People who have lower incomes, are out of work or have low educational qualifications are more at risk of disability. Taking into consideration the impact on families, the lives and livelihood of more than 800 million people, or about 25% of the population, are affected.

According to the 1998 Census approximately 2.49% of the population has some form of disability in Pakistan. It is estimated that 66 percent of persons with disabilities live in rural areas; only 28 percent of persons with disabilities are literate; only 14 percent of persons with disabilities are in work and 70 percent are reliant on family members for financial support. Further, a 1984-85 survey on disability revealed that over 49 percent of disabilities resulted from disease – more than birth (35 percent) and accidents (just under 14 percent) combined. Most disabled children do not attend school. Overall, at the primary level, 50% of girls and 28% of boys are out of school. According to a survey conducted in 2004, there were 261 institutions catering to the needs of physically challenged people in Pakistan in which 23,000 children and adults were being accommodated. Pakistan faces two major challenges in terms of facilities for physically disabled people as it has limited accessibility and scope of services available and lack of relevant qualified personnel, mainly teachers, due to which, out of almost seven million disabled persons, only 23,000 have access to educational or vocational settings.

1.1 Definition of Disability

Disability is about people and their social relationships, and as such it is about the life of people with disabilities and their interaction with the community and the environment. Further, those defined as people with disabilities do not necessarily view themselves that way (McColl and Bickenbach 1998). Disability for the purpose of development includes physical, intellectual mental health, sensory, or other types of impairments that limit one or more of the major life activities and put individuals and their family at risk of being in poverty. The following represent the most accepted definitions currently promoted by Greater London Action on Disability (GLAD), a disability NGO in the United Kingdom, for inclusion in the draft Disabled People’ Rights and Freedoms Bill.

**Disability**
The outcome of the interaction between a person with impairment or health condition and the negative barriers of the environment (including attitudes and beliefs, etc.).

**Disabled person/people:**
A person or people (group of individuals) with an impairment or health condition who encounters disability or is perceived to be disabled.

**Impairment**
A characteristic and condition of an individual’s body or mind, which unsupported has limited, does limit or will limit that individual’s personal or social functioning in comparison with someone who has not got that characteristic or condition. Impairment relates to a physical, intellectual, mental or sensory condition; as such it is largely an individual issue. Accordingly, disability is the way(s) in which people with impairments are excluded or discriminated against; as such, it is largely a social and development issue.

**Environmental factors**
Factors that make up the physical, social, and attitudinal environment in which people live and conduct their lives. The reality is that everybody has an impairment it only becomes disabling when it interacts with the environment.

1.2 Inclusion of PWDs in Development

People with disabilities are poor because they are denied access and opportunities which are most basic to human development—education, income, and self-esteem. A UN report on the rights of children notes that ‘Children with disabilities are one of the most marginalized and excluded groups of children, experiencing widespread violations of their rights… Children with disabilities live with discrimination in every aspect of their lives. It arises not from the intrinsic nature of their disability,
but rather from entrenched social exclusion resulting from rejection of difference, poverty, social isolation, prejudice, ignorance and lack of services and support." (UN, 2011). Exclusion of disabled children and adults from health, education and livelihood programmes creates dependency and economic and social burden on families and communities. However, people with disabilities have the capacity to become productive citizens and contribute to national development. Given their large numbers, the short-term costs of educating and integrating persons with disabilities will be surpassed by the long-term savings to families and society. Countries enjoy productivity gains and economic returns when disabled people are allowed to develop their skills and intellectual and physical potential, and engage in economic activities. Their inclusion is essential for promoting development of communities and for reaching international goals such as the Millennium Development Goals.

1.3 Disability and Millennium Development Goals
The Millennium Development Goals (MDGs) are 8 development objectives set by the UN and membership organizations for the global community. They address the needs of the world’s poorest citizens and the world’s most marginalized populations. In September 2010, the General Assembly adopted the resolution, "Keeping the promise: united to achieve the Millennium Development Goals" (A/RES/64/299), recognizing that policies and actions must also focus on persons with disabilities so that they benefit from progress towards achieving the Millennium Development Goals.” Millennium development goals such as eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women and reducing child mortality cannot be achieved if development programmes will not keep account of persons with disabilities.

1.4 Disability and Human Rights-Based Approach
Former High Commissioner for Human Rights, Mary Robinson states that the human rights-based approach “means describing situations not in terms of human needs, or areas of development, but in terms of the obligation to respond to the rights of individuals. This empowers people to demand justice as a right, not as a charity”. Jürgen Habermas states that “In order to claim rights, one must first be recognized as an actor in the legal system”. The human rights-based approach (HRBA) has become one of the most critical and frequently used frameworks for assessing and addressing human rights issues around the world. The core principles of the human rights based approach are:

**Universality and Inalienability**
Article 1 of the Universal Declaration of Human Rights states: “All human beings are born free and equal in dignity and rights.” These rights apply to all people equally.

**Indivisibility**
The promotion of one right may not justify the violation of another right. Consequently, there is no hierarchy among rights. The realization of one right often depends, wholly or in part, upon the realization of others. For instance, realization of the right to health may depend, in certain circumstances, on realization of the right to education or of the right to information.

**Inter-dependence and Inter-relatedness**
The promotion of specific human rights must be part of a comprehensive effort to realize human rights in a holistic way.

The human rights-based approach argues that children, women and persons with disabilities are not objects of charity but subjects of rights. A rights-based approach to disability means that persons with disabilities should be able to enforce their rights at the national and international levels. A human rights-based approach to disability aims to empower persons with disabilities to make their own choices, advocate for themselves, and exercise control over their lives. The approach protects both the civil and political rights as well as economic, social, and cultural rights of persons with disabilities. The approach advocates that persons with disabilities must be consulted and participate in the process of making decisions that affect their lives.

1.5 Disability and International Conventions on Human Rights
The United Nations Convention on Rights of Persons with Disabilities (UNCRPD), The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on
the Rights of the Child (CRC) together enable a more comprehensive human rights-based approach that takes into account specific vulnerabilities based on age, gender, and disability that result in violence and discrimination against women and children and women and children with disabilities. The three treaties also bring comparative strengths to the overall pursuit of all women’s and children’s rights. In combining the mandates of all three treaties, supported by the overall framework of the Universal Declaration of Human Rights, a powerful rights framework emerges to indicate the rights of women and children within the private and public spheres. A concise introduction of each treaty is explained below.

1.5.1 United Nations Convention on the Rights of Persons with Disabilities
The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted in December 2006 and is the first legally binding treaty that holds governments accountable to the rights of persons with disabilities. In September 2011, CRPD was signed by 149 countries and 103 countries have ratified it. Almost all the countries of the European Union including Pakistan. CRPD includes different principles and Articles such as the right to education, health, freedom from exploitation and violence and the right to live, participate and inclusion in the community. It recognizes that women and girls with disabilities are subject to multiple discrimination (UN, 2006). The CRPD provides a number of entry points for the analysis of women’s, children’s and disability rights within a holistic human rights framework. Apart from Articles 6 and 7 which address the specific rights of women and children with disabilities, Articles 8, 16 and 24 address issues of stereotypes, violence and the need for broadened access to education for children with disabilities. Countries that ratify the Convention have an obligation to implement and respect the different principles and articles.

1.5.2 The Convention on the Elimination of All Forms of Discrimination against Women
The overarching principles of non-discrimination in CEDAW, including the emphasis on the equality of women both in the public and private spheres; and the guarantee of “temporary special measures” or affirmative action policies for women have special significance for women with disabilities. Moreover, CEDAW contains several provisions specific to women with disabilities and addresses the equal access of women with disabilities to education, employment, health services, and social services and ensures the participation of women with disabilities in all areas of political, social and cultural life.

1.5.3 The Convention on the Rights of the Child
The Convention on the Rights of the Child (CRC) identifies four general principles that form the foundation for the realization of other rights.

a. Non-discrimination
b. The best interest of the child
c. Survival and development
d. Respect for the views of the child

The CRC was the first convention to mention disability and enshrine the rights of children with disabilities. The anti-discrimination clause of Article 2 of the CRC clearly establishes the equal rights of all children, including children with disabilities. Article 23 of the CRC relates specifically to children with disabilities and advances the rights of children with mental or physical disabilities to participate actively in the community and to be given special care and to provide parents with the necessary support in the care of the child. Article 18 also ensures the child’s effective access to education, training, health care services, rehabilitation services and preparation for employment and recreation. Paragraph 4 of Article 18 calls for international cooperation between States Parties in order to promote exchange in the field of prevention of disability and treatment of disability.
1.5.4 Universal Declaration of Human Rights

The Universal Declaration of Human Rights (UDHR) is a declaration adopted by the United Nations General Assembly (10 December 1948 at Palais de Chaillot, Paris). The Declaration arose directly from the experience of the Second World War and represents the first global expression of rights to which all human beings are inherently entitled. It consists of 30 articles which have been elaborated in subsequent international treaties, regional human rights instruments, national constitutions and laws. Inclusion of Persons with Disabilities-Pakistan.

1.6 National Policies and Laws for Promoting Inclusive Development in Pakistan

1.6.1 National Policy on Persons with Disabilities, 2002

The Federal government has formulated a national policy on persons with disabilities. The policy focuses on early intervention, assessment and medical treatment, education and training, vocational training, employment and rehabilitation, research and development, advocacy and mass awareness, sports and recreation, design of buildings, parks and public places, institutional arrangements/mechanism, role of private sector (community and family involvement), funding and monitoring.

1.6.2 National Plan of Action 2006

The National Plan of Action is based on the philosophy that access, inclusion and equalization of opportunities for Persons with Disabilities (PWDs), which forms 2.49% of the population of the country, according to the 1998 census, cannot be achieved by isolated interventions. The Government of Pakistan shows the seventeen areas for action to implement by “National Plan of Action 2006 to Implement the National Policy for Persons with Disabilities of 2002”, i.e.:

a. Determining the extent of disabilities and distribution of causes
b. Improving prevention of injuries, deficiencies and diseases and other factors known to cause disabilities
c. Mobilizing early detection and intervention
d. Escalating the medical rehabilitation services
e. Strengthening of special education for children with severe and moderately severe disabilities
f. Promoting inclusive education for children with special education needs.
g. Exclusive work for women with disabilities
h. Access to information and communication, including assistive technology
i. Expanding and reinforcing vocational training, employment and economic rehabilitation
j. Poverty alleviation through capacity building, social security and sustainable livelihood programmes
k. Legislative support for persons with disabilities
l. Creation of barrier-free physical environment
m. Raising public acceptance and improving social integration and environment
n. Sports for persons with disabilities
o. Boosting capacity for production and supply of prosthetics, orthotic and assistive aids and other supporting items and facilitation in duty free imports
p. Increasing support to the NGOs for service delivery in rural areas
q. Linkages at federal, provincial and district levels.

1.6.3 Major Laws and Regulations

The important legislation made for people with disabilities is legislative and policy framework. It clearly states that the State shall provide basic necessities of life, such as food, clothing, housing, education and medical relief, for all such citizens, irrespective of sex, caste, creed or race, as are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness …” (Pakistan 1973, part II, chap. 2, art. 38) Comprehensive disability law No (ESCAP 2006, Q 9) Pakistan.

The Disabled Person (Empowerment and Rehabilitation) Ordinance of 1981 protects the employment, welfare and rehabilitation rights of disabled people and this ordinance implemented through the ‘National Council for the Rehabilitation of Disabled Persons’.

1.6.4 Disabled Persons (Employment & Rehabilitation) Ordinance 1981
The ordinance covers the whole country and provides for the establishment of National Council for the Rehabilitation of Disabled Persons (NCRDP) which has been mandated to perform the following functions. To formulate for the employment, rehabilitation and welfare of disabled persons.

a. To evaluate access and co-ordinate the execution of its policy for the provision and council.

b. To have over all responsibility for achieving the purpose of ordinance.

c. Allocation of 2% quota for the disabled in all public and private sector organizations having 100 and above employees.

1.6.5 Financial Assistance and Service Provision for PWD's
The Government of Pakistan extends some financial assistance to people with disabilities. Pakistan Bait ul Mall under the Ministry of Social Welfare and special education is providing Rs 25,000 per annum to families having disabled children/persons. It also offers half fare in transportation (air and roads). It also offers tax free import of vehicles for people with disabilities. Recently it has been announced that the government through Bait ul Mall will distribute wheel chairs white canes and hearing aids

Chapter 2

Our Approach for Mainstreaming Disability in Local Development through Social Mobilization
2. Our Approach for Mainstreaming Disability in Local Development through Social Mobilization

Our approach has been designed based on the above mentioned analysis of international and national context and rights based approaches to development. We work at five levels simultaneously for mainstreaming disability in local development through social mobilization. The five levels are demonstrated in a concentric circle in figure 1. It is believed that if our approach is implemented in its true letter and spirit each level produces a ripple effect which eventually leads to change in the national policies and practices and achieve inclusive development as an overall goal. The major focus under each level is explained below. The detailed steps for the implementation of each level is elaborated in the following chapters.

Figure 1: Our Approach

Our Approach

2.1 Individual Level

The objective of this level is to enable the PWD to manage his/her life independently. This level strengthens the self confidence of the PWD for making an effort towards improvement in their quality of life through multiple means. The major layers of individual level are as follow:

- Self Growth of PWDs;
- Rehabilitation of PWDs;
- Enabling the inclusion of PWDs at various levels.

2.1.1 Outcome of Individual Level

This level is a pre-requisite or foundation towards inclusion. The PWD gains confidence and gets ready to participate in the social and communal life. Depending on the baseline, many PWDs become role models after passing through this level and start motivational sessions with other PWDs.

2.2 Family Level

The objective of this level is creating an environment in and around PWD which can support PWDs on a full time basis in gaining confidence and realizing their potential. This level becomes a support in ensuring inclusion in social and communal life. The major layers of family level are as follows:
Increasing awareness level of the family in enabling the PWD in learning independent living and participating in social and communal life and decision making;
Create enabling infra structure.

2.2.1 Outcome of Family Level
The attitude of family members becomes positive and supporting towards the care, rehabilitation and inclusion of PWDs. The rights of PWDs are recognized and responsibilities of family members are realized and fulfilled especially with regard to enabling access of PWDs to health care, education, skills, social life and family and communal decision making.

2.3 Village Level
The objective of this level is to create an enabling environment at the village level which encourages inclusion and accessibility especially at the decision making level and making the village infra structure level accessible. The major layers of the village level are as follows:

Increasing awareness level of influential, school teachers, Lady Health Workers, councilors and other community members in enabling PWDs to become part of communal social life and decision making;
Formation of gender based community organizations;
Designing and implementation of inclusive development project by mobilization partial resources from within the community;
Linkages development between community organizations and Tehsil and district level stakeholders for ensuring mutual accountability for local inclusive development.

2.3.1 Outcome of Village Level
PWDs become part of the communal decision making structure. The communities have realized the rights of PWDs and have begun identifying, designing and implementing inclusive development projects at the village level.

2.4 Tehsil Level
The overall objective of the Tehsil level is to promote a support environment at the nearest public institutions. It is also to facilitate PWDs and their respective community organization to access public facilities for referral and resource mobilization. The major layers of Tehsil level are as follows:

Establishment of information, assessment and referral facility for PWDs at the Tehsil Headquarter Hospital;
Sensitization of staff of Tehsil Headquarters Hospital, Tehsil Municipal Administration, mainstream schools, colleges and technical education centers etc. on the importance of inclusion of PWDs;
Establish examples of accessible infra structure at a common place where visibility of access of PWDs is high;
Media campaign through local cable network, newspaper reporting, wall chalking, newsletter in Urdu, illustration based posters.

2.4.1 Outcome of Tehsil Level
The Tehsil level public sector stakeholders have realized the rights of PWDs and are convinced to support and implement inclusive development projects at the Tehsil level. The facility level opportunities such as education, skills and employment etc are made available to PWDs without any discrimination.

2.5 District Level
The objective of the District level is to create a support environment which can advocate the rights of PWDs at the provincial level. It also focuses on making district decision making inclusive.
Sensitization of district stakeholders especially the social welfare department, District Headquarter Hospital, education department and other CSOs;
District level reviews to discuss achievements, successful examples and challenges while implementing the concept of for mainstreaming disability in local development through social mobilization.

2.5.1 Outcome of District Level
The district level stakeholders are convinced that PWDs can be rehabilitated and mainstreamed. They become a support voice to community organizations for advocating the rights of PWDs at the provincial level.

2.6 Provincial Level
The objectives of provincial level are to share experiences from the real life examples created in District Jehlum and mobilization of DPOs for voicing their joint concerns towards promotion of inclusion in provincial polices. The major layers of provincial level are as follows:

- Mobilization of Disabled Persons Organizations to analyze provincial context for mainstreaming disability in local development through social mobilization;
- Compilation of recommendations for mainstreaming disability in local development through social mobilization in the national plan of action for PWDs.

2.6.1 Outcome of Provincial Level
An analysis of existing barriers towards accessibility and inclusion are compiled by the DPOs. The provincial level DPOs are also mobilized for a joint voice towards policy change based on the compiled analysis.

2.7 National Level
The objective of this level is to promote inclusive development at the policy level. It is important to highlight experiences, successes and challenges from the rural areas and share with reliable statistics with policy makers for making policies inclusive. The major layers of national level are as follows:

- Consolidation of provincial recommendations to promote inclusion of PWDs in policies and practices at the national level;
- Engagement of planning commission and directorate of social welfare and special education for the endorsement of above mentioned recommendations.

2.7.1 Outcome of National Level
The major stakeholders such as planning commission and federal directorate of education recognize and endorse the national level recommendations for the promotion of inclusion of PWDs. The future plans of planning commission are inclusive.
Chapter 3

Guidelines for Promoting Inclusion of People with Disabilities in Health
3. Guidelines for Promoting Inclusion of People with Disabilities in Health

Health is the level of functional or metabolic efficiency of a living being. In humans, it is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury or pain (as in “good health” or “healthy”).[1] The World Health Organization (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (Wikipedia). Determinants of health include social and economic environment, the physical environment and the person's individual characteristics and behaviors. Generally, the context in which an individual lives is of great importance to one's quality of life and health status. Thus, the social and economic environments are key factors in determining the health status of individuals. A determinant of health of particular relevance and importance to the health of people with disabilities is access to and use of health services that prevent, detect and treat disease (WHO, 2009a).

The lack of appropriate services for people with disabilities is a significant barrier to health care. Inaccessible buildings, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to health care facilities. Due to lack of education, there is a vast ignorance about early detection and preventive measure of diseases and persons with disabilities are unable to receive the sort of health care that they require. Hence, it is of vital importance to eradicate these hurdles and work effectively towards improved and accessible health care facilities and services.

3.1 International and National Polices on Health Care of People with Disabilities

3.1.1 International Policies on Health Care of People with Disabilities

Access to health care, including physical, mental, sexual and reproductive health is a basic right under different conventions including CEDAW, CRPD, CRC. CRPD specifically includes the reproductive rights of persons with disabilities as addressed in Article 23 and rights to sexual and reproductive health in Article 25. CRPD Article 25 states that:

“Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

a. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

b. Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

c. Provide these health services as close as possible to people’s own communities, including in rural areas.

d. Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
e.  Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

f.  Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

3.1.2 National Policies on Health Care of People with Disabilities

National Policy on Persons with Disability 2002 and National Plan of Action 2006 place special emphasis on early intervention, assessment and medical treatment. Actions relevant to health care services includes prevention of injuries, deficiencies, diseases and other factors causing disability, mobilizing early detection and intervention and escalating the medical rehabilitation services. National health policy 2009 emphasis on mental health disorders, blindness, traffic accidents leading to physical disability, and improvement of prenatal care.

3.1.3 Federal Level Ministry

The Directorate of Special Education and Social Welfare is responsible for the formulation and implementation of a national policy and programmes for people with disabilities. Major future programmes for assistive devices are as follows:

a.  Provision of low-vision aids;

b.  Establishment of special education centers at district headquarters;

c.  Establishment of orthotic-prosthetic workshops;

d.  Assembly of hearing aids;

e.  Establishment of a regional institute of training and research on special education.

The Government does not impose duties or taxes on motorized wheelchairs and special vehicles. Pakistan produces all prosthetic and orthotic devices indigenously and is able to meet the “official” demand for these devices. However, many persons with disabilities, especially in rural areas, have not been identified and are unaccounted for in the “official” demand. Students enrolled in the national or provincial special education centers are fitted with hearing aids, aids for visual correction, white canes, braces, corrective boots and crutches free-of-charge.

3.1.4 National Facilities for Prevention, Identification and Early Intervention

The National Institute for the Handicapped, which is a government-owned hospital, has been set up for the prevention of disabilities and provides the following services to persons with disabilities.

a.  Coordinates national efforts to prevent disabilities, plans and develops an integrated referral system throughout the country and serves as a training center for those involved in the prevention of disabilities;

b.  Plans and develops an early disability detection system for children;

c.  Plans and develops a multi-professional assessment and diagnostic system at the district and divisional level;

d.  Plans and develops a health surveillance system through existing institutions;

e.  Coordinates and supports services for persons with disabilities through various institutions;
f. Provides treatment to people with various disabilities;
g. Provides medical rehabilitation services for people with extensive disabilities;
h. Carries out research on artificial limbs (manufacture and assembly) and hearing aids;
i. Provides dormitory and convalescent facilities to 120 hospitalized patients;
j. Forming a primary health care system

3.1.5 National Training Center for Disabled Persons
Manages a multi-functional center which conducts orthopedic surgery, physiotherapy, artificial limb center, vocational training, workshop and education.

3.2 Objectives
- To spread awareness among people regarding disability especially for early detection and preventive measures and to facilitate people with disabilities for improved access to health care services for screening, timely diagnosis and treatment.
- Facilitate access of people with disabilities to quality health care services at all levels.

3.3 Key Elements
- Awareness raising amongst people regarding disability for early detection and preventive measures
- Medical Support on disability related diagnosis and screening and general health care
- Advocacy Groups formation
- Making health care facilities accessible

3.4 Application of Guidelines
All age groups of all types of disabilities

3.5 Exclusion Criteria
None

3.6 Major Step wise Guidelines
3.6.1 Initial Surveys and Profiling Of PWDs
The most important and pivotal step in community based rehabilitation is the initial survey in order to gather the correct information regarding the percentage of disability, health condition of PWDs, followed by an analysis of the perceptions, attitudes and behaviors of people towards the disabled and disability. Surveys also involve profiling of people with disabilities to identify types and intensity of health problems through seeking cooperation with Lady Health Workers and/or Primary Health Care Personnel of the respective Union Council. Furthermore, types of already available health facilities (private and government) for referral, their services and behaviors, communication and knowledge of health personnel regarding disabled and disability need to be assessed as well.

3.6.2 Categorization of PWDs
Categorization of PWDs is undertaken to record the intensity and types of disabilities in each area. Some areas may have one type of disability in common while the other area might have some other type of disability in common. It is important to identify which type of disability is more common in each area so that its causes can be discovered and preventive measures can be designed accordingly.
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Data banks on disability may be established at the federal, provincial, District and Tehsil level. All this data should be disseminated on the web, through associations of persons with disability and actively sharing with the government and NGOs official working on disability.

3.6.3 Research to Gauge the Awareness Level of Communities Regarding Rehabilitation & Inclusion of PWDs
It is important to record the awareness level of family members and communities regarding the importance of rehabilitation and inclusion of people with disabilities. A sample based research in all villages and areas where PWDs live can be conducted to have a fair view of communities and families’ perceptions causes, detection, rehabilitation and inclusion of PWDs. The information can be used for selecting topics and mediums of awareness raising campaigns.

3.6.4 Awareness Raising Regarding Early Detection, Prevention and Health Issues Related To Disability
Lack of information has always been one of the primary reasons of poor health conditions in any part of the world. Sometimes ignorance can take the life of an individual as well. People residing in the far off, remote and underdeveloped areas of Pakistan are deprived of basic facilities of life, not to mention their understanding regarding human rights especially their right to avail health services. In such areas people with disabilities are already discriminated against and despite the fact that the government has provided certain special services for the disabled, most PWDs are totally unaware about it and therefore cannot benefit from it. Thus inaccessible and incomplete information is a major barrier facing the disabled, massively restricting life chances and quality of life. Thus awareness raising is considered as the most important step. Awareness can be given on the following types:

a. Precautionary measures that need to be taken during pregnancy, Prenatal, Natal and postnatal safety measures
b. Safe delivery
c. Diseases and other risk factors (such as family history and cousin marriages) that can cause disability
d. Accidents and hazards that can cause disability
e. How to detect any visible disability in a newborn (such as hearing impairment).
f. Undiagnosed disabilities put the child at a higher risk of frustration and failure. Dyslexia, vision and learning difficulties cause undue stress on the child when parents don't understand the problem. Early diagnosis is important in order to manage cognitive and mobility issues.
g. Helping the child live with disabilities early lowers the risk of difficulties later on in life.

Awareness on the above mentioned topics may protect people from further injuries and disability. Furthermore awareness on early detection and timely treatment can also play a very important role in prevention. Awareness can also be given on rights of PWDs, so that they may procure health services and facilities. Awareness on preventive measures has long term benefits, as it will lower the rate of disability in future, thus more resources could be allocated to other areas. Methods of spreading this type of awareness can be through street theatres, radio programmes, flyers, cable messages and puppet shows.

3.6.5 Medical Assessment According to Different Types of Disabilities
Medical rehabilitation of people with disabilities requires medical assessment of PWDs by relevant experts. In most of the cases PWDs living in rural areas never undergo any medical assessment hence
their rehabilitation is also never thought of. It is important to facilitate medical assessment of PWDs in their respective villages so that the medical expert suggests their medical rehabilitation plan according to their living environment and available economic resources.

3.6.6 Provision of Assistive Devices If Needed For Different Types of Disabilities
Some of the people with disabilities require assistive devices for their medical rehabilitation. Some types of disabilities enable PWDs to revert back to their normal course of action in society therefore it is very important to identify the right type of disability to enable medical rehabilitation. Some types of assistive devices are very simple to make from local materials such as crutches, KFO and wheel chairs therefore it is important to identify local materials and local skill sets which can be utilized for making assistive devices and making these available locally at affordable costs.

3.6.7 Self Growth Sessions and Training on the Use of Assistive Devices and Independent Living
In most of the cases people with disabilities lack confidence and interpersonal communication skills. Self growth sessions are important for confidence building of PWDs. Confidence building of PWDs is the first step towards medical rehabilitation and must be undertaken in the beginning of rehabilitation and inclusion activities. Local village level activists can be trained in self growth techniques and be requested to hold self growth sessions on a daily basis with PWDs village fellows. It is important to hold self growth sessions in an informal manner whereby it sends a message as if the village activist has come to have friendship with the concerned PWD.

3.6.8 Facilitate Inclusion of PWD in Issuance of Disability Certificate and CNIC
Disability certificates and special Computerized National Identity Cards make PWDs eligible to benefit from social security benefits as well as other benefits announced by government departments from time to time. For example the present government has announced a 50 percent discount on the transport of PWDs carrying a special CNIC. Therefore it is important to facilitate PWDs in getting their disability certificates issued from the District Government and Special CNIC issued from NADRA office of their respective geographical area. It is important to inform and guide PWDs in using the disability certificate and special CNIC for their personal benefit.

3.6.9 Making Buildings, Furniture and Other Structures of Health Facilities Accessible To PWDs
Accessibility audit of buildings, furniture and other structures with the help of a team of persons with different disabilities helps in identifying inaccessible features. This helps in identifying wider perspective can be captured, focusing on building, furniture and support devices. It is necessary to alter the building of the health facility to ensure the accessibility of PWDs. Provision of inventory such as customized furniture, equipment and assistive devices in view of varying needs of PWDs can be provided. Disability friendly standard operating procedures to maintain a particular quality standard can be introduced in the facilities.

3.6.10 Developing Linkages with Health Facilities
Filling the gap between community and health services is very important. An informal agreement with the health department and private health facilities for extending their cooperation regarding provision of special health care facilities to PWDs can result in timely screening or diagnosis thus leading to proper treatment and in some cases even prevention. MoU with the health department and private health facility can therefore be signed. A request can be made to allocate a separate room for disability screening and establishment of exercise unit for physiotherapy and rehabilitation in health facilities.

3.6.11 Capacity Building of Health Personnel
Separate health personnel can be nominated for recording and facilitating PWDs for screening, diagnosis and referral. Training and regular education of health personnel (Paramedics, LHWs, Health & Nutrition Officers, Technicians) focusing on the knowledge and behaviors towards PWDs, interpersonal communication and technical knowledge related to complications associated with disabilities can be carried out. Personnel can also be guided to provide general health care to PWDs and perform disability screening so that a disability certificate can be issued to PWDs. This will lead
to a strengthened health care system with capable and efficient staff meeting all the needs of PWDs effectively.

3.6.12 Developing and Strengthening the Referral System
Referral system is very important in facilitating PWDs to procure health services and facilities. Referral cards can be developed in which detailed information about accessible health facilities and available services is given. A system can be devised for recording the referral at the house of designated health personnel as well as developing the service directory and displaying it. An awareness raising campaign can be run in order to promote referral at the community level through puppet shows, street theatres, wall chalking, Friday sermons, radio, and cable and newspaper advertisements. This referral system will give details about health services and accessible health facilities, making it easier for PWDs to avail relevant health service facilities. This can be conducted at the village and Tehsil level.

3.6.13 Formation and Organizational Development of Self-Help Groups
Advocacy groups comprising of PWDs can be formed at the village level. Rigorous training of these groups can be carried out on human rights, disability and primary health care programme components. Once fully trained, these groups can advocate integration of an element of disability at provincial, and eventually, in primary health care programme, at national level. The creation of these groups will also help promote a sense of belonging and purpose in the lives of the PWDs.

3.6.14 Motivational Sessions with Family Members of PWDs
The belief system of family members of PWDs varies in different areas. It is important to hold motivational sessions with family members of PWDs to enable medical rehabilitation of their disabled family member. In some cases positive attitude and guidance of family members play a crucial role in the medical rehabilitation of their disabled family member. Short trainings on basics of physiotherapy, speech therapy, orientation and mobility and independent living can be conducted for one two family members who play a major role in basic looking after of their disabled family members. Capacity building of family member if utilized properly may play a crucial role in successful medical rehabilitation of PWDs.

3.6.15 Awareness Raising Campaign on the Importance of Rehabilitation and Inclusion of PWDs
Family members and other community members of PWDs can be given awareness on the importance of better health of PWDs. Some of the effective strategies and mediums that can be adopted are:

- Puppet shows and Interactive theatre
- Sessions on disability equality
- Sermons given by local Masjid Imam
- Radio programme and articles in print media
- Seminars and workshops
- Local politicians
- NGOs, CBOs and DPOs
- Cable messages
- Press coverage.

Development of information education and communications material on the importance of improving access of PWDs to health facilities and services is also one of the best tools that can be used for wider dissemination of information and awareness raising. These information materials will help promote
awareness regarding health matters not only amongst PWDs themselves but also the entire communities. They can be distributed at all health service outlets for wider coverage.

Through these various methods the community, at large, can be made aware about the importance of the issue of proper and accessible health care for PWDs. These methods can also spread knowledge about the plights of disabled people and the problems that they face regarding poor health. Moreover, this increased awareness will also help family members in providing better care and attention to the disabled persons in their homes.

3.6.16 Engage Village Level Focal Persons in Raising Awareness on Medical Treatment of PWDs
At the village level, focal persons who can actively spread awareness amongst people can be identified and trained in the importance of mainstreaming disability. These village level focal persons can be lady health workers, school teachers, local Imam Masjid, political influential and nutrition supervisors. These persons can educate people on the importance of improving access of PWDs to health care facilities and services and may also play a role in referral to health services. This activity can be conducted at both village and Tehsil level.

3.6.17 Establish Communal Funds for Supporting PWDs in Getting Assistive Devices And Or Medical Treatment
It is important to facilitate the community organization to establish a communal fund for supporting PWDs in acquiring assistive device and or medical rehabilitation. Community organizations generally have communal saving systems as well as a system for collecting funds for charity activities. Community organizations can be guided in making a small guideline paper on the use of communal funds for the wider benefits of deserving as well as people with disabilities if economically weak.

3.6.18 Training Local Individuals in Physiotherapy, Speech Therapy, Sign Language and Trainings on Independent Living
In order to develop local individuals and strengthen local organizations it is important to train local individuals and organizations in rehabilitation and inclusion techniques. 2-local individuals can be trained in physiotherapy, sign language and training on independent living techniques. These local individuals can work through local community organizations and in the long run can also perform these jobs on a nominal fee basis.
Chapter 4

Guidelines for Inclusion of Children with Disabilities in Education
4. **Guidelines for Inclusion of Children with Disabilities in Education**

Education is widely recognized as a means to develop human capital, to improve economic performance, and to enhance people’s capabilities and choices. Exclusion from education can result in a staggering loss of freedom and productivity in the labor market. In Pakistan the current literacy rate is 58.2 percent. According to the 1998 census, there are 3,286,630 people with disability constituting 2.49 percent of the population (Bureau of Statistics, 1998). There are about 0.82 million (24.8 percent) children with disabilities aged 5-14 years in Pakistan. It is estimated that only about 20,000 children with disability aged 5-20 years-2.4 percent of the total-are enrolled in special schools (Bureau of Statistics, 1998). It is vital to create an inclusive environment that not only provides education, but also a sense of belonging, acceptance and a home environment. Achieving the targets of ‘Education For All’ and ‘Millennium Development Goals’ and ‘Universal Primary Education’ will be impossible without improving access to and quality of education for children with disabilities.

4.1 **International Conventions for Promoting Education of People with Disabilities**

4.1.1 United Nations Convention on Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities, which entered into force in 2008 and which was ratified by Pakistan in 2010 has a specific article on education: Article 24 of the Convention states that State Parties shall ensure:

i. Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability.

ii. Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;

iii. Reasonable accommodation of the individual’s requirements is provided.

iv. Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

v. Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

4.1.2 Salamanca Statement and Framework for Action on Special Education Needs

Article 2 of the Salamanca Statement and Framework for Action on Special Education Needs states that ‘all children have unique characteristics, interests abilities and learning needs; they should have access to regular school in inclusive settings, and education system and programmes should take into account the wide diversity of these characteristics and needs of all children’. UNESCO’s policy guidelines for inclusion state that in order to move systems towards greater inclusion, there needs to be: a recognition of the right of children with disabilities to education and its provision in non-discriminatory ways, a common vision of education which covers all children of the appropriate age range, a conviction that schools have a responsibility to meet the diversity of needs of all learners, recognizing that all children can learn.

4.1.2 National Policy for Education of Children with Disabilities

The National Policy for Persons with Disabilities 2002 and the National Plan of Action (NPA) 2006 are important documents on education rehabilitation and care of Persons with Disabilities. NPA identifies 17 action areas 1) determining the extent of disabilities and distribution of causes, 2) improving prevention of injuries, deficiencies and diseases and other factors known to cause disabilities, 3) mobilizing early detection and intervention, 4) escalating the medical rehabilitation services, 5) strengthening of Special Education for children with severe and moderately severe disabilities, 6) promoting Inclusive Education for children with Special Education Needs (SEN), 7) women with Disabilities, 8) access to information and communication, including ICT and Assistive Technology, 9) expanding and reinforcing vocational training, employment and economic rehabilitation, 10) poverty alleviation through capacity building, social security and sustainable
livelihood programmes, 11) legislative support for Persons with Disabilities, 12) creation of barrier-free physical environment, 13) raising public acceptance and improving social integration and environment, 14) sports for Persons with Disabilities, 15) boosting capacity for production and supply of prosthetics, orthotic and assistive aids and other supporting items and facilitation in duty free imports, 16) increasing support to the NGOs for Service delivery in rural areas, and 17) linkages at Federal, Provincial and District level. The NPA is based on the philosophy that access, inclusion and equalization of opportunities for Persons with Disabilities (PWDs), which form 2.49 percent of population of the country, according to 1998 census, cannot be achieved by isolated interventions. The services are, therefore, to be designed in an integrated manner with the goal of full inclusion. Investments in PWDs cannot be realized if services are unable to work in a coordinated manner. To meet the philosophy, funds will have to be mobilized through several sources. Furthermore, the goal will only be met by extending the services to the rural areas (where two-third of the disabled live) that are currently neglected.

4.2 Approaches to the Education of Children with Disabilities
There are three approaches for educating children with disabilities:

4.2.1 Segregation
Children with disabilities are educated at special schools or at home. Special education, as a separate system of education for disabled children, is based on the assumption that the disabled children had needs which could not be addressed within mainstream schools. Special education exists all over the world in the form of day or boarding schools and small units attached to mainstream schools. Special schools are usually organized according to impairment categories, such as schools for blind or deaf children, for children with learning difficulties, behavior problems, physical and multiple impairments. This approach can cater for children with profound and complex difficulties who otherwise can be easily isolated in a regular class. It involves specialized equipment and resources for looking after children with disabilities. Under this approach teachers have specialized knowledge and skills to teach children with disabilities. Besides the advantages some of the disadvantages of this approach are that it is expensive because of specialized equipment, learning aids, buildings, assistive devices and subsidized fee, accommodation and transport system. It reinforces discrimination against children with disabilities and children with disabilities are deprived of socialization opportunities and prone to continued exclusion. Therefore children with mild disabilities may develop inferiority complexes hence psychological issues which might make their disability worse. Since the number of schools are limited in number therefore large number of students require transportation which results in higher transportation costs.

4.2.2 Inclusive Education
Inclusive education is primarily about restructuring school cultures, policies and practices so that they respond to the diversity of students in their locality. It sees individual differences not as problems to be fixed, but as opportunities for enriching learning and for education systems to embrace change. It is a dynamic, continuing process of facilitating the participation of all students, including those with disabilities. Inclusive education focuses more on ensuring children with disabilities are learning. This means that all children, including children with disabilities, not only have access to schooling within their own community, but that they are provided with appropriate learning opportunities to achieve their full potential. However, it is also essential that parents, children and communities are supported to change their attitudes and understanding of why inclusion matters, as this is what will sustain change. Inclusive education is no more and no less than implementing the right to non discrimination and to education as laid down in the Universal declaration of Human rights (1948), reiterated by Standard Rules on the Equalization of Opportunities for Persons with Disabilities CRC (2000), Dakar Framework For Action (2000), UNCRPD (2006). Every person has the right to belong to mainstream society, mainstream development and mainstream education. Under this approach, schools respond to individual differences and therefore benefit all children. Schools change attitudes towards diversity by educating all children together. 60 percent children with special educational needs can be educated with no adaptations and 80-90 percent can be educated in regular schools with minor adaptations (e.g. teaching strategy training, child-to-child support and environmental adaptations). The Disabled child is less stigmatized and more socially included. Children with disabilities have access to a wider
curriculum than that which is available in special segregated schools and has no additional costs to parents. While for the government it is expensive to adapt all buildings according to the needs of children with disabilities and arrange for learning aids according to the needs of children with disabilities. Availability of teachers trained to teach children with disabilities in mainstream school is challenging and requires assistance by parents, volunteers or older children.

4.2.3 Integrated Education
Under the integrated education system children with disabilities attend special classes or units in mainstream schools. Integrated education tends to focus more on children with disabilities attending school. The integrated approach breaks down barriers and negative attitudes; facilitates social integration and cohesion in communities. The involvement of parents and the local community further strengthens this process. Under this approach the child is able to socialize with other children as part of a school community and children may have higher achievement levels than those in a segregated setting. This approach has reduced costs for administrative, transportation and institutional provision. Besides the strengths, there are some weaknesses as well. For example integrated approach cannot accommodate the learning needs of all and does not have provision of learning needs according to the needs of children with disabilities. Teachers are not trained to cater needs of children with disabilities and require assistance by parents, volunteers or older children (Adapted from UNESCO 2009).

4.3 Objectives
Children with disabilities are able to access and avail education as a basic right in mainstream and special schools.

4.4 Key Elements
Enrollment of CWDs in mainstream and special schools

4.5 Application of Guidelines
Children of the age of 5-16 years for mainstream schools
Male and female children of 3-21 years of age in special education systems
Children with moderate-severe cases of physical disability, low vision and low hearing, severe hearing and speech disability and blindness.

4.6 Exclusion Criteria
Children suffering from moderate to severe Intellectual impairment

4.7 Major Step wise Guidelines
There are a range of interventions which could improve the quality of teaching and learning for children with disabilities. The extent to which these can be implemented will be dependant on the overall education context in terms of school resources, teacher training, and curriculum development.

4.7.1 Initial Survey and Profiling of Eligible CWDs
The whole process of enrolling CWDs in mainstream and special schools begins with an initial survey that includes profiling of children who fulfill the designed criteria and therefore can be admitted in school. This helps us identify the exact target number of CWDs and segregate them by age, gender, class, type of disability and its severity. This can be conducted at a village or Tehsil level. This will involve working closely with health and social welfare departments. Examination of the registration and referral process is also essential.

4.7.2 Categorization of CWDs
Categorization of CWDs is under taken according to their age, gender and disability type. Some children with low and moderate disability can be inducted in mainstream schools while some children require to be admitted in special schools such as children with intellectual disability and or visual disability.
4.7.3 Research to Gauge Awareness Level of Communities Regarding Rehabilitation & Inclusion of CWDs in Education

A survey can be conducted with the families of CWDs for a better understanding of the awareness level regarding importance of inclusive education, right of education for CWDs and an overall improved viewpoint regarding disability. This would assist in gaining a better insight into the benefits and negative impact of inclusive education, the causes for drop outs as well as highlighting success stories. This can be done at a village or Tehsil level.

4.7.4 Medical Assessment and Screening According To Different Types of Disabilities

Medical assessment and screening of children with disabilities according to different types of disabilities is conducted through different experts such as audiologist for hearing and speech impaired and optometrist for blind and low vision. The provision of health checks and screening, at least on entry to school, would alert teachers to the learners’ special needs, such as poor eyesight, poor hearing, mobility problems, malnutrition, or developmental delay, and may offer solutions to the problem. However it is also necessary to work together with early childhood services to ensure early interventions to minimize the impact of impairments. Priority for school eye health screening should ideally be given to children on entry into primary school (1st grade), the top class in primary school (5th grade) and in secondary school (8th grade), but if resources are limited, priority can be given to the 5th grade in primary school.

4.7.5 Provision of Assistive Devices If Needed For Different Types of Disabilities

Assistive devices include a range of technologies which enable people to build upon their abilities and participate as fully as possible at home, school and in their community. According to the Ghana Education Services Special Education Division, such types of technology vary from low-tech options that can be easily accommodated into one’s life, to those that are high-tech and depend upon sophisticated communication and environmental systems. Examples of each are given below:

**Low Cost:** Pencil grips, book holders, reading stands, sign language, gesture, Makaton, book overlays, white cane.

**Medium Cost:** Hearing aids, Braille paper and styluses, magnifying glasses, talking calculator

**High Cost:** Computer-based technology, including large keyboards, screen readers, Braille display and scan/read software, Dolphin pen.

A periodic medical assessment of CWDs to determine the need for assistive device or treatment is also carried out. Those CWDs who need assistive devices are given proper training first on how to use the assistive device. In addition to this regular follow up of use of assistive device is also carried out. This can be conducted at the village and community level.

4.7.6 Self Growth Sessions and Training on the Use of Assistive Devices and Independent Living

Sessions of CWDs on self growth and interpersonal communications are carried out to increase their self esteem and improve in their social skills and abilities. These are important to make the children understand their rights, especially their right to education and a secure healthy environment. These sessions help in increasing self confidence and self esteem in CWDs. These self growth sessions can be given in schools or at the village and community level. Some children needs close follow ups regarding the use of assistive devices and some children needs rigorous trainings on independent living therefore these are extended according to the types of disabilities and needs of CWDs. It is good to train local village activists in rehabilitation techniques and engage them in rigorous follow up of children on a daily basis.

4.7.7 Facilitate Inclusion of CWD in Family’s Form B of NADRA and Issuance of Disability Certificate

It is important for all citizens of Pakistan to get registered in the National Data Base to avail all constitutional rights. Generally family members tend to avoid registration of children with disabilities. For availing social security benefits such as funds available at Pakistan Baitul Maal and
Zakat Committees, it necessary to have registration in family Form B of NADRA. This requires a medical assessment by the Medical Board at District level government departments in collaboration with Social Welfare and Health departments.

4.7.8 Identification of School
It is necessary to identify schools for CWDs in order to gain admission for them. Motivational meetings with school administration and teachers are also conducted to discuss possible admission. During the identification process it is necessary that inspection or assessment of school and village surroundings particularly the rout from CWD’s houses to school is carried out to determine whether the infrastructure is accessible or not. This may include a review of the route and approach to school, toilets, play area, furniture, teaching aids and methodologies.

4.7.9 Making Rout Accessible from House of CWD to School
In most of the cases rural areas of Pakistan are devoid of basic infrastructure particularly regarding street pavement and communal drainage system. In order to facilitate admission of children with physical and visual disabilities in village schools, it is important to make village surroundings accessible particularly the rout from the house of CWD to school. Communities can be guided for mobilizing local resources particularly from within the community as well as local government.

4.7.10 Making School Accessible
After thorough inspection, those structures that are found as a hindrance to accessibility of CWDs are rehabilitated and constructed for their benefit. This could include the provision of accessible sanitation facilities within schools as well as low-cost adaptations such as widening windows to allow more light in the classrooms, painting white lines across walkways and building ramps. These adaptations will need to be accompanied by investments in low-cost sustainable local transport systems. As special education schools are already equipped with accessible infrastructure, therefore, only on a need basis these structures can be provided or constructed. Provide classroom assistants to support children with disabilities accessing buildings and learning. It may be more practical and cost-effective to employ helpers in schools rather than investing in new equipment or rebuilding parts of the school. There is a potentially strong role for Parent Teacher Associations or Councils in a range of support activities from identification, advocacy as well as in-school voluntary support. These bring added-value in drawing communities together around disability and inclusion and may give a positive role to parents’ of children with disabilities. Support community groups which work to improve schools’ accessibility and inclusiveness. This may mean working directly with community groups or supporting schools to recruit community helpers to assist children with disabilities.

4.7.11 Teachers’ Trainings in Mainstream Schools
Teacher trainings are conducted to sensitize the needs of CWDs and to also acquaint them with proper ways to address their needs. Trainings that are beneficial in this regard can be on the following types:

- Disability equality and importance of inclusive education
- Sign language
- Development of learning aids
- Use of learning aid
- Teaching methodology

Exposure visits of teachers to special schools can also be arranged so that they may learn through practical demonstrations. This can be conducted on a school, village and Tehsil level.

4.7.12 Develop Focal Teachers Trained in Teaching Children with Disabilities
This teacher offers guidance and help to other teachers relating to strategies for teaching children with learning difficulties particular learning needs – Children with visual impairment don’t necessarily have difficulties learning. As the EFA Global Monitoring Report 2010 shows, some NGOs and governments have supported itinerant teaching approaches, which enable specialized teachers in
central primary schools to reach a larger group of pupils in satellite schools and to support and train teachers.

4.7.13 **Provide Short Training Inputs for Teachers**

Provide short training inputs for teachers to use a variety of assessment techniques to inform planning of teaching and learning. Recent research indicates that training at least two members of staff from each school greatly assists the adoption of new ideas in the establishment. School-based training and support from mentor teachers within a cluster of schools can ensure local needs are taken into consideration. This can be done by national or local institutions.

4.7.14 **Learning Aids**

Learning aids play an important role in teaching children. This becomes even more important when it comes to teaching children with disabilities. The learning according to different types of disabilities can accelerate the learning process of children. This also helps in increasing the interest of children with disabilities. There can be different types of learning aids e.g. audio cassettes and printed material in braille for children with blindness and low vision, different colors and shapes can be used for children with hearing and speech impairment.

4.7.15 **Review and Adaptations**

Review and adaptation of curriculum, textbooks, examinations and assessment procedures is important to ensure access and inclusion of all children. Textbooks should be prepared which are clear and contain large writing and short sentences to ensure as many children as possible can use them. Accessible formats such as Braille and or audio systems are needed to enable literacy and access to the curriculum for children who are blind.

4.7.16 **Support Global Learning on Inclusive Pedagogy**

Alison Croft’s paper, *including disabled children in learning: challenges in developing countries*, examines how to ensure that pedagogy is suitable for children with disabilities. It argues that pedagogy can be more inclusive if children with disabilities are involved in planning, that teachers are encouraged to participate in action research and reflective pedagogy and that pedagogy is shared between teachers across contexts.

4.7.17 **Admission of CWDs in Mainstream Schools**

After fulfilling all the above mentioned pre requisites CWDs are admitted in mainstream school. Periodic guidance and counseling services to the disabled and non disabled children in school are provided along with the DET session in schools with children without disability. Administration in schools is sensitized to arrange art and speech competitions focusing on inclusion and respect. Monitoring of such schools can be carried out for technical backstopping of teachers who teach children with and without disability. It is important to conduct school mapping exercises of all children in a locality, including mapping which school they attend, or could attend if they were enrolled. When combined with health screening this would reveal ‘hidden’ children and increase the success rate of educational access strategies.

4.7.18 **Admission of CWDs in Special Schools**

After fulfilling all the above mentioned pre requisites CWDs can be admitted in special education school. Periodic guidance and counseling services to the disabled children in school are provided.

4.7.19 **Development of Referral Cards and Education Service Directory**

A referral system can be developed to facilitate parents of CWDs to obtain information on education services that are available and to refer the eligible CWDs to schools. An education service directory can be developed and displayed at all communal places.

4.7.20 **Formation and Organizational Development of Self-help groups of CWDs**

Peer support plays an important role in childhood learning therefore it is important to form self help groups of children with disabilities at the village level. These groups can be formed around different
sports and recreational activities. This may help in achieving double objectives i.e. confidence building, improving interpersonal communication as well as socialization of children with disabilities.

4.7.21 Motivational Sessions with Family Members of CWDs
It is important to hold regular sessions with family members of CWD to allow and facilitate education of children with disabilities. These can be done through local trained community activists which can create a local pressure as well on the family member to allow education of CWD.

4.7.22 Awareness Raising Regarding Early Detection, Prevention and Health Issues Related To Disability
Disability is perceived around local myths and belief system. Some of the communities perceive it as a curse by God while some perceive it as a result of some magical incidents. It is important to make families and communities aware on the causes of disability, early detection, prevention and health issues of people with disabilities. Improved awareness level of communities not only helps in prevention of disabilities as well as its medical rehabilitation and eventually inclusion in mainstream development.

4.7.23 Awareness Raising Campaign on the Importance of Rehabilitation and Inclusion of CWDs
Awareness raising campaigns can be held for the provision of knowledge regarding importance of inclusive education and the rights of CWDs. These awareness raising sessions can be given in community gatherings and mainstream schools through different mediums and strategies such as puppet shows, theatre, radio programmes, wall chalking and sessions on disability equality etc. Parents are involved during the whole process of awareness raising. At the end of the sessions, a discussion can take place, through questions and answers, for better understanding of the effectiveness of knowledge.

4.7.24 Establish Communal Funds for Supporting CWDs in Getting Books, Bags and Uniforms on a Need Basis
Community fund raising may generate funds for assistive devices, school bags, uniform, construction of ramps, refurbishment of street pavements and other needs of children with disabilities. Fund raising activities can be organized by families and community members through various means such as bake sale, plays, theatre shows, talent show etc, and can be held at school, village and Tehsil levels.
Chapter 5

Guidelines for Engagement of PWDs in Income Earning Opportunities
5. **Guidelines for Engagement of PWDs in Income Earning Opportunities**

Providing persons with disabilities with support to establish income generating activities is one of the most significant ways to enable people with disabilities to earn for themselves, contribute to their families, become independent and gain confidence. PWDs employment levels are comparatively low as a result of discrimination towards PWDs in the employment sector, together with a lack of access to job opportunities, a lack of understanding by others regarding PWDs’ capacity and lower education levels among PWDs. Therefore, in order to eradicate this high level of insecurity and dependence amongst persons with disabilities, it is extremely important to work towards the capacity building and empowerment of the PWDs so that they become economically self reliant. Employment of people with disabilities in a just and fair environment of equal opportunities and scopes will ensure economic sovereignty and contribute in the reduction of poverty. With poverty being addressed, positive influence will occur improving the situation of the people with disabilities in the country. A majority of the people with disabilities, including those with a severe level of disability have the confidence to acquire education and engage in financially gainful contributing activities enabling them as effective contributors.

5.1 **International and National Polices on Employability of People with Disabilities**

5.1.1 **Employability of PWDs and UNCRPD**

The UN Convention on the Rights of Persons with Disabilities addresses the protection of rights of people with disabilities, equal opportunities for participation in education, training, employment opportunities etc. There are specific indications in article 27 (Work and Employment) to promote employment of the people with disabilities. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

- a. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement, and safe and healthy working conditions.
- b. Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redressing of grievances:
- c. Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others.
- d. Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training.
- e. Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining and maintaining and returning to employment.
- f. Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one’s own business.
- g. Employ persons with disabilities in the public sector;
- h. Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
- i. Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
- j. Promote the acquisition by persons with disabilities of work experience in the open labour market;
- k. Promote vocational and professional rehabilitation, job retention and return-to-work programmes
for persons with disabilities.
States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

5.1.2 Employability of PWDs and National Laws and Policies
The basic human rights of a citizen of Pakistan have duly been protected by its constitution (1973), regardless of gender, class, religion, race and disability. The disabled person (employment & rehabilitation) ordinance 1981 provides employment, rehabilitation and welfare for persons with disabilities and sets a quota of 2% for the public and private sector to employ persons with disabilities. Organizations which do not comply with the employment quota are required to pay 2000 rupees per month per person to the NCRDP. This collection is used to support persons with disabilities and assistive devices. The NCRDP and PCRDP (Provincial Council for the Rehabilitation of disabled persons in each province) have been established to ensure and enhance the employment, welfare and rehabilitation of persons with disabilities. The NCRDP is responsible for policymaking, evaluation and coordination, achievement of policy objectives, as well as law implementation at the provincial level, project implementation, training and job referrals, and provincial physical examinations for persons with disabilities.

5.2 Key Elements
2.1 Self employment through up small scale enterprise development
Vocational skills learning

5.3 Objectives
Enhancing livelihood opportunities for empowerment and social inclusion

5.4 Application of Guidelines
18 years and above
PWDs with speech and hearing impairment, physical disabilities, visual impairment

5.5 Exclusion Criteria
With intellectual disability (severe and profound)
Age less than 18 years

5.6 Major Step wise Guidelines
5.6.1 Initial Survey and Profiling Of PWDs
The process of provision of livelihood opportunities to PWDs starts with a baseline survey in order to determine the current situation of livelihood activities of PWDs. This survey provides help in the identification of eligible PWDs along with the assessment of their current skill pool and potential. It is important to include poverty mapping particularly data on income, education and health for persons with disabilities at the village level in the baseline. It is also important to undertake assessment of causes and extent of disabilities based on ICF classification at village, union council, tehsil and district levels.

5.6.2 Categorization of PWDs According To Gender, Age and Disability Type
Categorization of PWDs is undertaken after initial survey to gauge who can be included in livelihood activities and who cannot. It is important to analyze age, gender, disability type and severity of disability so that livelihood interventions can be selected keeping in view the interests, disability types, age, gender and talent type of PWDs.

5.6.3 Medical Assessment of PWDs According To Different Types of Disabilities
Medical assessment of identified PWDs to determine their rehabilitation needs are undertaken. Medical assessment is undertaken by professionals who specialize in different disability types such as optometrist for people with blindness and low vision while audiologist for hearing and speech impaired. Each expert records causes of disability, situation of dependence and need for assistive devices, physiotherapy and/or trainings.
5.6.4 Research to Gauge Awareness Level of Communities Regarding Rehabilitation & Inclusion of PWDs in Livelihood

It is important to record the awareness level of communities regarding rehabilitation and inclusion of PWDs in livelihood. The success of livelihood of PWDs is dependent on the acceptance of the wider community who is a potential customer of small scale enterprise. Therefore primary research for gauging awareness level of communities regarding rehabilitation & inclusion of PWDs in livelihood is conducted.

5.6.5 Provision of Assistive Devices If Needed For Different Types of Disabilities

Assistive devices are provided to the identified PWDs based on the diagnostic of medical assessment to enable PWDs to reduce their dependence on others and perform normal courses of action for their daily living. It is important to ensure partial contribution of PWD’s family in the cost of assistive device in order to create an ownership and importance of its use and care.

5.6.6 Awareness Raising Regarding Early Detection, Prevention and Health Issues Related To Disability

Mass level awareness raising campaigns on early detection, prevention and health issues of PWDs is conducted to create an enabling environment for PWDs to get accepted and mainstreamed in communal life. Acceptance of wider communities is a must for gaining success in village level enterprise. Topics and mediums of awareness raising campaigns are designed based on the findings of earlier researches which records the awareness level of communities.

5.6.7 Self Growth Sessions and Training on the Use of Assistive Devices and Independent Living

Self growth sessions are conducted with PWDs to increase their confidence and to enhance their communication and interpersonal skills. PWDs may resist the use of assistive devices therefore some PWDs require training and motivational sessions to start using assistive devices while some PWDs are given training on independent living as per advice of their medical assessment.

5.6.8 Facilitate PWDs in Issuance of Disability Certificate and CNIC

It is important for all citizens of Pakistan to get registered in National Data Base to avail all constitutional rights. Generally family members tend to avoid registration of children with disabilities. For availing social security benefits such as funds available at Pakistan Baitul Maal and Zakat Committees, it necessary to have registration in family Form B of NADRA, secure computerized national identity card and get disability certificate. This requires medical examination by a Medical Board which is comprised of officials from Social Welfare and Health departments. Facilitate PWDs in undergoing medical examination so that they can get the disability certificate, secure CNIC and inclusion in family form B in the case of under 18 years of age.

5.6.9 Guidance and Counseling Regarding Individual Potential

Before providing the PWDs with any support in establishing the enterprise it is very important to facilitate them to explore their potential and identify their interest and inclinations along with their skills. PWDs are facilitated in choosing the skill according to their interest, potential as well as the accessibility and marketability of their desired skill. Furthermore, discussion on business set up, availability and generation of resources as well as marketability of a specific business in that area can also be engendered. This process will help them in choosing the right business/profession for them.

5.6.10 Identification of Available Skill Center Where PWDs Can Be Indicted For Skill Learning

It is important to identify skill centers available in nearby locations of PWDs living areas. These skill centers can either be private or government run. It is important to assess these skill centers for its market absorption, type of courses offered in view of nature of disability, length of course, fee of course and willingness of administration of skill center for admitting PWDs. The assessment will be helpful in linking PWDs with these centers for learning vocational skills.
5.6.11 Signing Of MoU with Technical Training Institute
In order to formalize the inclusion of PWDs in a skill center on a long term basis, it is important to sign an MoU to state its commitment that it will engage PWDs in its training programme on a regular basis. This will be helpful in institutionalizing the concept of inclusion in other skill centers as well.

5.6.12 Making Work Place/Training Centers Accessible
The skill centers that are identified can be made accessible for PWDs through the construction of ramps for wheel chairs and making street pavements accessible from their house to the skill center. This will make it easy for people with physical and visual disability to use these centers without any difficulties. These will also become examples for other public facilities to follow suit.

5.6.13 Sensitization of Teachers and Students of Technical Center on Disability Equality
It is important to sensitize teachers of skill centers about disability equality and needs of the PWDs. Furthermore, training of the skill trainer on methodology of inclusive skill teaching can also be conducted. This will enable the staff to have the necessary knowledge and skills regarding the methodologies and proceedings on how to deal when training persons with disability. These can be conducted at village or Tehsil level.

5.6.14 Facilitate Admission of PWDs in Available Skills Centers If Possible
PWDs are facilitated in getting admission in skill centers according to their interest, accessibility and market potential. After the PWD is admitted in the skill centre, monthly follow up sessions are carried out for seeking feedback and extending guidance and support for a six month period. Follow up meetings are conducted on completion of skills learning to monitor changes in the quality of life of PWD as a result of skills learning.

5.6.15 Training of PWDs in Enterprise Development and Management
It is important for an individual who is interested to begin a small scale enterprise to learn the basic numeric and concepts of income, expenditure, profit-loss, record keeping and savings. Therefore it is necessary to train PWDs in undergoing enterprise development and management trainings.

5.6.16 Facilitate Setting up Small Scale Enterprise
All PWDs might not be interested and/or have potential of running and managing small scale enterprise. It is important to select only those PWDs who have potential and interest in running and managing small scale enterprise. Careful selection will help in reducing the risk of failures. After the skill has been learnt, guidance and counseling on setting up an enterprise is extended and PWDs are facilitated in undertaking and preparing business feasibility at the village level, they can be considered for partial support in kind for setting up enterprise at the village level. It is important to discuss the business feasibility with community organization and family members and develop consensus for partial contribution either by community organization and/or by the family members of PWDs. It is important to mobilize local contribution for setting up small scale enterprise for PWDs to create ownership and long term interest for its continuation.

5.6.17 Formation and Organizational Development of Self-Help Groups
Once PWDs are rehabilitated and initiate livelihood activities, it is important to organize them into self help groups. The concept of self help groups helps in promoting leadership potential of PWDs and gives them the confidence of analyzing their problems and advocating for their rights in a collective manner. These can be formed at the village level. Some areas may require gender segregation while in some areas gender mixed self help groups can be formed. It is important to build the capacity of self help groups particularly in interpersonal communication, problem analysis and advocacy techniques. They may emerge as an important watch dog for promoting disability mainstreaming at village, union council, tehsil and district level.

5.6.18 Motivational Sessions with Family Members Regarding Inclusion of PWDs in Livelihood
Family members may play an encouraging or discouraging role in the inclusion of PWDs in livelihoods. It is important to sensitize family members about the talents and potential of their PWD
family member. An interaction of successful role models and family members may play an important role in convincing them about the importance of inclusion of PWDs in livelihood activities.

5.6.19 Awareness Raising Campaign on Importance of Rehabilitation and Inclusion of PWDs in Livelihood
It is of utmost importance to provide awareness to the families of PWDs as well as to the community stakeholders so that they may realize the potential in PWDs and also support and contribute in establishment of enterprise for them. This awareness can be provided through methods such as puppet shows, posters, radio programmes, cable messages and wall chalking and can take place on a village and Tehsil level.

5.6.20 Engage Village Level Focal Persons in Raising Awareness on Inclusion of PWDs in Livelihood
In each village there are some key activists who are considered reliable and respectable amongst their village mates. These types of activists if engaged in an awareness raising campaign may a play key role for the success of the programme. Right identification and their proper orientation about the awareness raising topic create local human resources as a support to local social organizer and other ongoing awareness raising campaigns.

5.6.21 Establish Communal Funds for Supporting PWDs in Livelihood Activities
With substantial support from the community and family of PWD a decent sum of seed money can be provided for setting up an enterprise. However provision of monetary support is not enough. The PWD can also be facilitated in actual establishment of enterprise by family members or community. For example family members can provide space in their home or land for opening of a shop or small business. Moreover, community organizations can help provide funds for small business establishments.

5.6.22 Monitoring and Follow up
It is important to conduct monthly follow up sessions for extending technical guidance and recording income/expenses/profit margins for at least a period of six months. In addition to that local level monitoring committees may be established (comprising of PWDs engaged in any income generation activity) working under the local CBO. This committee should meet regularly and share their experiences which should be reported to the relevant CBO, leading the process. This will help in resolving the challenges timely. It is good to conduct yearly follow ups to monitor changes in the quality of life of the PWD, as a result of income earning. This will gauge the impact of economic empowerment on their lives and identify the areas that need improvement. These types of information help to collect success and failure cases for future replication. These provide better understanding of all endeavors and results and can help in further improvements and recommendations for others.

5.6.23 Documentation
Documentation of key learning and success stories is carried out for sharing and learning purposes. This helps in identifying lacking areas and analyzing positive impact of all interventions.
Chapter 6
Guidelines for Ensuring Participation of PWDs in Community Development
6. **Guidelines for Ensuring Participation of PWDs in Community Development**

Community development is an approach that supports participatory decision making and is directly concerned with community involvement and empowerment. It is seen as an important means to enhance the inclusion of vulnerable groups such as disabled people as well as empower and build their social capital. This will enable the PWDs to effectively demand and articulate their interests and needs, and participate actively in the development of options for how best to address these. The overall aim of encouraging participation of PWDs in community development is to ensure that they are fully integrated with the community and play a vital role in the decisions that affect them and the people around them.

In the Asia and Pacific region, it is estimated that of 400 million persons with disabilities, more than 40% are living in poverty. They have been prevented from accessing such entitlements as health, food, education, employment, and other social services, and from participating in community decision-making processes. The establishment of community-based services would help access to social services. The approach is particularly appropriate for the prevention of causes of disability, early identification and intervention of children with disabilities, reaching out to persons with disabilities in rural areas, raising awareness, and advocacy for the inclusion of persons with disabilities in all activities in the community, including social, cultural and religious activities, Education, training, and employment needs could also be met.

6.1 **International Conventions about Social Inclusion of PWDs**

UN convention on the rights of persons with disabilities highlights the equal rights of all persons to live in the community. Its Article 19, “Living independently and being included in the community” that state should recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.

b. Persons with disabilities have access to a range of in-, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.

c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

6.2 **Key Elements**

Participation of PWDs in communal decision making for local development

6.3 **Objectives**

To ensure that communal development takes place considering the needs of the PWDs and a holistic approach is followed.

6.4 **Application of Guidelines**

PWDs with age 18 years and above
PWDs with moderate disability (physical, Blind, low vision and low hearing)

6.5 **Exclusion Criteria**

Persons with intellectual disability, cerebral palsy
6.6 Major Step wise Guidelines

6.6.1 Initial Survey and Profiling Of PWDs
Initial survey and profiling of PWDs is conducted to gauge number, type, gender and severity of disability through primary research techniques. The research data helps to identify PWDs who can be included in community organizations (men in men organization and women in women organization). These identified PWDs can then be made part of their own organization and work collectively for their inclusion and benefits. In addition to that PWDs should have accessible community services, such as health, banking, shopping, and transport.

6.6.2 Categorization of PWDs According To Gender, Age and Disability Type
Once the primary research is completed and number and types of disability is known, it is important to categorize PWDs according to their disability type, severity, gender and age. The categorization of PWDs helps to determine their rehabilitation and inclusion plan.

6.6.3 Research to Gauge Awareness Level of Communities Regarding Rehabilitation & Inclusion of PWDs
It is important to conduct primary research on the perceptions and belief system of families and communities of PWDs regarding their rehabilitation and inclusion. The perception biases, myths and beliefs of families and communities helps to determine the need for awareness raising campaign. Intensity of awareness raising might vary for different geographical areas. It is important to identify correlation between awareness level of families and communities and their education and exposure to scientific knowledge.

6.6.4 Medical Assessment of PWDs According To Different Types of Disabilities
Medical assessment of identified PWDs can be carried out in order to diagnose their disability type and for the provision of assistive devices.

6.6.5 Awareness Raising Regarding Early Detection, Prevention and Health Issues Related To Disability
Massive awareness campaigns can be run involving community influential, school teachers, lady health workers, councilors and other community members in enabling PWDs to become part of communal social life and decision making. Help of electronic and print media can also be sought for wider dissemination of information. This process will help motivate and create a united and aware society with efficient decision making and social skills.

6.6.6 Provision of Assistive Devices If Needed For Different Types of Disabilities
Medical assessment helps to identify requirement for assistive devices. Some people need assistive devices to perform their normal course of action such as mobility within and outside their houses. It is important to facilitate provision of assistive devices in all programmes which strive for inclusion of PWDs in mainstream development and or local decision making.

6.6.7 Self Growth Sessions and Training on the Use of Assistive Devices and Independent Living
In order to enhance the self confidence of PWDs and to improve their communication skills for better participation in communal affairs, self growth sessions are conducted with them. Training on independent living can also be conducted if required for PWDs. This process will help in establishing self confidence and increasing the personal growth of PWDs. Training on proper use of assistive device is also conducted. These assistive devices would help PWDs in achieving independence in carrying out their daily activities.

6.6.8 Facilitate PWDs in Issuance of Disability Certificate and CNIC
Pakistan government has announced special discounts for PWDs carrying disability certificates and special CNICs. In order to utilize the available benefits, it is important to facilitate PWDs in getting their disability certificates and special CNICs. The disability certificates require undergoing a medical examination by a medical board which is organized at district level on monthly basis. A team
of medical and social experts from health and social welfare departments comprise the medical board. PWDs living in remotely located villages require assistance in getting information, resources and transportation for undergoing medical examination at the district level. The Medical Board can be mobilized to arrange medical examination either at Union Council and or Tehsil level so that issues of accessibility because of distance and transportation can be handled.

6.6.9 Formation of Community Organization with Compulsory Membership of PWDs
Once all the above mentioned steps are completed men and women community organizations can be formed in which identified PWDs are included. These community organizations will help in the overall social and economic empowerment of the PWDs.

6.6.10 Analysis of Communal Problem with Disability Lens
It is important to facilitate community organization in analyzing communal problems from the disability lens. On order to get a balanced perspective a team comprises of disabled and non disabled members undertake the problem analysis exercise. Once the problems are analyzed, an overall communal validation exercise is undertaken to get final consensus on important village problems.

6.6.11 Preparation of Village Development Plan with Disability Lens
Once communal problems are analyzed it is important to translate problems into solutions. The Community organization is facilitated to identify local resources which can be utilized to solve some of the problems. Once resources are identified, the community organization is facilitated to prepare a village development plan in consultation with their both disabled and non disabled members.

6.6.12 Mobilization of Local Resources for Implementing Village Development Plan
It is important to train the community organization in local resource mobilization and fund raising techniques. Once the capacity of the community organization is built on local resource mobilization, it can be facilitated for raising funds and implement community based inclusive development projects.

6.6.13 Developing Linkages
It is important to facilitate linkages between community organizations and Tehsil and district level stakeholders for ensuring mutual accountability for local inclusive development. These linkages can be developed through conducting meetings and sharing agendas between the stakeholders and community organizations, conducting workshops and awareness raising activities and help in raising issues and problems being faced by the PWDs on a larger scale. It is important to include PWDs in linkages building meetings so that departments can be sensitized about their talents and importance of inclusion. It will also build the confidence level of PWDs and promote its participation in local decision making.

6.6.14 Formation and Organizational Development of Disabled Persons Organizations
Once community level organizations are linked with Tehsil and district level stakeholders, Disabled Persons Organizations at Union Council level can be established. Through such organizations, the voice of PWDs can be heard at the national level and their needs will be identified and realized. Such organizations result in the empowerment of PWDs. They represent the voice and interests of people with disabilities with a commitment to the overall development of all. There can be two types of DPOs: those organizations formed to represent all types of disabilities, such as DPI; and those that focus on one type of disability, such as the World Blind Union. Generally DPOs function to: (i) facilitate people with disability in discovering, formulating and defining the problem of powerlessness, (ii) provide the setting in which alternative explanations regarding the causes and dynamics of powerlessness are generated, (iii) facilitate the decision-making process with respect to the identification and removal of obstacles to learning, growth and participation, (iv) facilitate the implementation of individual as well as group action decisions, and (v) enable individuals to monitor or get feedback on the results of their own actions and the reactions from other parts of the social system. Gadacz 1994, p. 156.
6.6.15 Formation and Organizational Development of Self-Help Groups
Self-help groups are informal groups where people come together to pursue a range of activities and resolve common problems. People with disabilities and their families are encouraged to form, join and participate in self-help groups. Participating in self-help groups can improve the visibility of people with disabilities within their communities, provide them with mutual support, encourage them to share resources and find solutions together, and improve their confidence and self-esteem. It is through self-help groups that CBR can achieve some of its goals and facilitate the process of empowerment. This element focuses on how CBR programmes can support and facilitate the formation of self-help groups.

6.6.16 Linking DPO with Other Organizations
Establishment of DPO is not an end in itself; rather these DPOs can be facilitated to develop linkages with other organizations especially those working on livelihood development and income generation. In this way PWDs are able to have an independent and dignified living.

6.6.17 Political Participation
Promoting the participation of people with disabilities in politics is an important approach to empowerment and community development. Decision-making is central to politics, so political participation enables people affected by issues to be at the centre of decision-making and to influence change. There are many different ways in which people can participate in politics, including formal participation (e.g. national and local party politics) and informal participation (e.g. political discussions with friends and family). This element explores practical ways of ensuring people with disabilities and their families are able to influence decision-making and attain equal rights and opportunities.

6.6.18 Motivational Sessions with Family Members of PWDs
Motivational sessions with family members of PWDs can be conducted to create an encouraging environment at home for participation in communal affairs. These can be held on a one on one basis or as a group in the homes of the PWDs or a village level.

6.6.19 Disability Equality Training of Community Organization
Disability Equality Training sessions with community organizations can be carried out so that other members of the organization become sensitized to the special needs of PWDs and treat them without any prejudice or bigotry. These can be conducted at village or Tehsil level.

6.6.20 Making Buildings of Community Organizations Accessible
The buildings selected for community organizations should be made accessible for PWDs. This can also be done through construction of disability friendly infrastructure in order to remove any hindrance that keeps PWDs from reaching there. Thus, an easy and feasible access of PWDs to all difficult areas is ensured.

6.6.21 Establishment of Communal Savings for Self Help Inclusive Development Initiatives
Generally development initiative takes a service delivery mode which leads to creating dependency of communities on external sources for addressing their communal problems. It is important to sensitize communities on the concept of self help initiatives. The concept of communal savings helps to facilitate communities to raise local funds for addressing their communal problems through self help basis. The concept of savings can be encouraged by introducing the concept of social enterprise as well as matching grant system. Communities should be encouraged to establish at least one source which can raise funds for the day to day running of the organization. As an incentive concept matching grant can be introduced, for example if one community is able to collect at least PKR 5000/- it can be given incentive and this amount will be matched for addressing one of their most important communal problems such as safe drinking water. These type of incentive may help the community to collect communal savings and realize its importance.
6.6.22 Train Local Individuals in Making Assistive Devices from Local Materials
Local individuals such as carpenters and iron men can be trained in making assistive devices at the local level. It is important to establish local workshops for encouraging making of assistive devices through use of local materials at the local level. This will reduce the cost, promote local talent and enable local access of assistive devices.

6.6.23 Training Local Individuals in Physiotherapy, Speech Therapy, Sign Language and Trainings on Independent Living
In order to achieve long term sustainability in Community Based Inclusive Development Programmes, it is important to train local individuals in Physiotherapy, Speech Therapy, Sign Language and Trainings on Independent Living. This can be done in two ways i.e. (a) either facilitating young girls and boys in getting admission in degree courses on Physiotherapy, Speech Therapy, Sign Language and Trainings on Independent Living in certified institutes (b) sending experts to local area and organize short term trainings for local individuals. The first option is more beneficial because long term trainings are more useful and provide complete knowledge while short term trainings will be helpful only for learning basics of all types of training and will have limited utility.
Chapter 7

Guidelines for Promoting Inclusion of People with Disabilities in Sports
7. Guidelines for Promoting Inclusion of People with Disabilities in Sports

Sport for persons with disabilities is not a new concept, but its full potential as a powerful, low-cost means to foster greater inclusion and well-being for persons with disabilities is only beginning to be realized. Sport, gymnastics specifically, was first used in Sweden in the late 1800s as a means of therapy for persons with disabilities (WHO, 2004). Since then, sport for persons with disabilities has blossomed to include more than 17 international games, including three Olympic-level competitive games targeting athletes with disabilities — the Deaflympics (for those with hearing impairments), the Paralympics (for those with all other forms of physical disabilities such as limb loss and blindness), and the Special Olympics (for those with intellectual disabilities) (Illinois: Human Kinetics, 2005).

Sport works to improve the inclusion and well-being of persons with disabilities in two ways — by changing what communities think and feel about persons with disabilities and by changing what persons with disabilities think and feel about themselves. Sport changes community perceptions of persons with disabilities by focusing attention on their abilities and moving their disability into the background (Illinois: Human Kinetics, 1995) Through sport, persons without disabilities encounter persons with disabilities in a positive context (sometimes for the first time) and see them accomplish things they had previously thought impossible (P. Parnes, G. Hashemi, 2007). Their assumptions about what persons with disabilities can and cannot do are profoundly challenged and reshaped by this experience.

Sport changes the person with a disability in an equally profound way. For some, it marks their first experience of human agency — that is, it enables them to make choices and take risks on their own. For others, the gradual acquisition of skills and accomplishments builds the self-confidence needed to take on other life challenges such as pursuing education or employment. Sport also provides opportunities for persons with disabilities to develop social skills, forge friendships outside their families, exercise responsibility, and take on leadership roles. Sport also provides opportunities for persons with disabilities to develop social skills, forge friendships outside their families, exercise responsibility, and take on leadership roles. Sport also provides opportunities for persons with disabilities to develop social skills, forge friendships outside their families, exercise responsibility, and take on leadership roles. Through sport, persons with disabilities learn vital social interaction skills, develop independence, and become empowered to lead and make change happen (K. Fukuchi, 2007). In the words of one participant:

The universal popularity of sport, its physical, social and economic development benefits, and its proven success as an education and social mobilization platform, make it an ideal tool for reducing the stigma associated with disability. These characteristics also make sport an ideal tool for fostering the socialization, independence, empowerment and full inclusion of persons with disabilities. In this sense, sport is not a luxury. It is a necessary and complementary approach that can expand the impact of traditional methods of stimulating individual and community development and empowerment.

Studies show that 93% of women with disabilities do not participate in sport or physical exercise and women make up only one-third of athletes with disabilities in international competitions. Many countries still refuse to enter women in these competitions. By providing women with disabilities the opportunity to compete and display their physical ability, sport helps to reduce gender stereotypes and negative perceptions associated with women with disabilities. Sport creates a more equitable and empowering environment for these women, giving them confidence to pursue goals in other areas of their life with the same confidence and belief in themselves.

7.1 Sport, Persons with Disabilities, and the Millennium Development Goals

Sport can play an important role in improving the inclusion and well-being of persons with disabilities and, in so doing, help to advance the Millennium Development Goals. Table 1 outlines the ways in which sport for persons with disabilities can help achieve specific MDGs.
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<tr>
<th>Millennium Development Goal</th>
<th>Contribution of Sport</th>
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<tr>
<td>Eradicate extreme poverty and hunger</td>
<td>Reduced stigma and increased self-esteem, self-confidence and social skills, leading to increased employment and lower levels of poverty and hunger</td>
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| Achieve universal primary education | Reduced stigma preventing children with disabilities from attending school  
Increased awareness of importance of physical education for all children and ability to adapt activities for children with disabilities |
| Promote gender equality and empower women | Empowerment of women and girls with disabilities — through sport-based opportunities — to acquire health information, skills, social networks, and leadership experience  
Loosening of restrictive gender norms by introducing the concept of women playing sports |
| Reduce child mortality | Improved health of children with disabilities as a result of increased physical activity  
Reduced likelihood of infanticide by reducing stigma and promoting greater community acceptance of children with disabilities |
| Improve maternal health | Improved access by women with disabilities to health information and education, using sport as a communication platform |
| Combat HIV and AIDS, malaria, and other diseases | Improved access to disease prevention and treatment information for persons with disabilities through sport programs with a health education component  
Reduced stigma associated with HIV and AIDS through inclusion of people with HIV and AIDS in sport activities  
Improved health for people living with HIV and AIDS due to participation in sport activities |
| Ensure environmental sustainability | Increased knowledge and action in support of environmental sustainability among persons with disabilities, using sport as an education and social mobilization platform |
| Develop a global partnership for development | Creation of global sport and disability networks for data collection, awareness-raising, and knowledge exchange |
7.2 International and National Frameworks for Disability and Sports

UNESCO identified the value of sport for persons with disabilities in its International Charter of Physical Education and Sport (UNESCO, 1978). The Charter called on countries to make special opportunities available “to develop [persons with disabilities’] personalities to the fullest through physical education and sport programs suited to their requirements.” In 1982, the United Nations developed the World Programme of Action, a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities. This stated that member delegations should “encourage all forms of sports activities of disabled persons, [among other things], through the provision of adequate facilities and the proper organization of these activities.” (UN Enable, 1982) The Programme set the stage for the United Nations International Decade of Disabled Persons 1983–1992, during which governments were encouraged to implement its provisions. In 1993, the United Nations adopted ‘The Standard Rules for the Equalization of Opportunities for Persons with Disabilities’, which also addressed the right to sport for persons with disabilities (UN Enable, 1993). Constitution of Islamic republic of Pakistan 1973, National Policy of Pakistan 2002, National plan of action have special references to encourage positive attitudes toward children, youth, women and adults with disabilities, and the implementation of measures to ensure their access to rehabilitation, education, training and employment, as well as to cultural and sports activities and access to the physical environment.

The UN Convention on the Rights of Persons with Disabilities (CRPD: 2006) is the first legally binding international instrument to address the rights of persons with disabilities with regard to sport. Article 30.5 of the Convention states that “With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

a. To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels.

b. To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources.

c. To ensure that persons with disabilities have access to sporting, recreational and tourism venues;

d. To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;

e. To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Article 30.5 addresses both mainstream and disability-specific sport. Participation in mainstream sport means that persons with disabilities participate alongside athletes who do not necessarily have a disability — for example, a hearing-impaired athlete may participates in college soccer with peers who are not hearing-impaired. Participation in disability-specific sport means that persons with disabilities are participating with others with similar disabilities. In this domain, persons with disabilities often experience problems securing practice time, accessible facilities, coaches who are
knowledgeable on how to adapt sport, or equitable access to the services and resources available to athletes without disabilities.

7.3 **Key Elements**
Participation in sports

7.4 **Objectives**
Ensure all sports activities are organized by keeping in view gender needs and considering requirements of people with disabilities and People with disabilities are given the opportunity of participation and decision making in sports.

7.5 **Application of Guidelines**
PWDs of all ages with all types of disabilities such as hearing and speech impairment, blind, low visions, physical with minor deformities and intellectually handicapped.

7.6 **Exclusion Criteria**
None

7.7 **Major Step wise Guidelines**

7.7.1 **Initial Survey and Profiling Of PWDs**
Identification and profiling of the PWDs for a better understanding of the number of PWDs who can partake in sports activities, based on disability type, its severity, age and gender segregation. This can be conducted at village and Tehsil level.

7.7.2 **Categorization of PWDs According To Gender, Age and Disability Types**
Categorization can be based on different types of disabilities, genders and the different sports that can be played according to the type of gender and cultural sensitivities. These are important for the clarification of data and correct interpretation.

7.7.3 **Research to Gauge Awareness Level of Communities Regarding Rehabilitation & Inclusion of PWDs in Sports**
It is important to record the awareness level of family members and communities regarding rehabilitation and inclusion of PWDs. This information will be useful in designing and conducting awareness raising campaigns. The research can be conducted on a sample basis in the villages from where data of PWDs has been collected. It will be good to use non local enumerators for conducting this research to avoid local biases. Non local enumerators also require rigorous training in changing their mind set towards independent neutral research.

7.7.4 **Medical Assessment According To Different Types of Disabilities**
Medical assessment of PWDs in their local environment help in suggesting indigenous and affordable rehabilitation plans therefore it is important to facilitate medical assessment of PWDs in their local environment. Deferent types of experts are required for medical assessment of different types of people with disabilities. The number of days for each type of expert can be calculated based on the number of PWDs, their geographical spread and travel time. It is important to arrange for a translator and a local guide as part of a medical assessment team in order to get accurate information about the family history, causes of disability and medical rehabilitation plans.
7.7.5 Awareness Raising Regarding Early Detection, Prevention and Health Issues Related To Disability
The above research provides a basis for designing and conducting mass awareness raising campaign on causes, prevention, early detection and health issues of PWDs. The research campaign should use local methods of awareness raising which attract a majority of people regardless of age and gender. For example in some communities people like street theatre while in some communities people like puppets and or radio programmes. The design and tools of awareness raising may vary according to the local culture and norms of different areas.

7.7.6 Provision of Assistive Devices If Needed For Different Types of Disabilities
Assistive devices enable people with disabilities to get medical rehabilitation and perform normal courses of action like their non disabled mates in society. All PWDs might not require assistive devices therefore it is important to record the requirement of assistive devices during the process of medical assessment. Some assistive devices can be made from locally available material therefore options can be explored with the help of village activists and family members.

7.7.7 Motivational Sessions with Family Members Regarding Inclusion of PWDs in Sports
It is important to motivate family members to encourage their disabled family members to participate in sports activities. Both outdoor and indoor sports help in gaining self confidence and improve socialization skills. Some games can be introduced at the family level so that majority of family members can be engaged in indoor sports and get convinced about its importance for their disabled family member as well. For example Ludo (board game) and Carom Board can be introduced as the family level indoor sports.

7.7.8 Self Growth Sessions and Training on the Use of Assistive Devices and Independent Living
Confidence building and self growth sessions are conducted for PWDs to increase their self esteem and to also encourage them to explore their potential. Sessions on self growth will highlight the crucial role of participation of PWDs in sports activities. These can be conducted at school and village levels.

7.7.9 Facilitate PWD in Issuance of Disability Certificate and CNIC
Disability certificates and special Computerized National Identity Cards make PWDs eligible to benefit from social security benefits as well as other benefits announced by government departments from time to time. For example the present government has announced a 50 percent discount on the transport fare of PWDs carrying special CNIC. Therefore it is important to facilitate PWDs in getting their disability certificates issued from District Government and Special CNIC issued from NADRA office of their respective geographical area. It is important to inform and guide PWDs in using the disability certificate and special CNIC for their personal benefit.

7.7.10 Making Outdoor Sports Facilities Accessible
Facilitate communities in establishing accessible playing grounds so that PWDs can easily use these facilities. Communities can be asked to contribute a small amount for flattening of an empty plot of land as a sports ground or to raise funds for making a local play area accessible for PWDs. This can be conducted at a village or Tehsil level.
7.7.11 Inclusion of PWDs in Sports Teams
Facilitation for inclusion of children and youth with disabilities in sports teams is necessary for physical and mental well being of PWDs as well as a sense of belonging and inclusion. Events can be organized in terms of type of disabilities, and the sport that can be played in accordance with type of disability, keeping in mind the gender and cultural norms of that society at a school, village and Tehsil level.

7.7.12 Use of Different Sport Implements
Various types of sports require different types of sport goods which are specially designed for persons with disabilities. This enables PWDs to partake effectively in sport activities without any difficulties and hindrances. For example, singing ball can be provided to those persons who have low vision and blindness, and different sized bats and hockey sticks can be given to the physically impaired persons.

7.7.13 Dedicated Sport Events
Organize all types of sports events for persons with disabilities only. In this way people with disabilities would develop a sense of realization about their talents/potential and would eventually help them in boosting confidence and self esteem as well as creating a secure, united village environment. For women events such as henna work completion, cooking completion, and Quran recitation can also be organized. These can be conducted at the school, village and Tehsil levels.

7.7.14 Formation and Organizational Development of Self-Help Groups
Advocacy groups comprising of PWDs can be formed at the village level. Rigorous training of these groups can be carried out on human rights, disability and primary health care programme components. Once fully trained, these groups can advocate integration of an element of disability at provincial, and eventually, in primary health care programme, at national level. The creation of these groups will also help promote a sense of belonging and purpose in the lives of the PWDs.

7.7.15 Awareness Raising Campaign on Importance of Rehabilitation and Inclusion of PWDs in Sports
Awareness raising campaigns are run for the knowledge on importance of sports activities for the general community. These awareness campaigns will help in the overall increase in knowledge and awareness level of the entire community regarding rights of PWDs and participation and organization of inclusive sport events. Different strategies and mediums can be used such as puppet shows, theatre, wall chalking, radio and TV programmes/messages, flyers etc for inclusion of disabled people in recreational activities, these activities need to be designed in such a way that an element of inclusion and respect for the PWDs is ensured.

7.7.16 Engage Village Level Focal Persons in Raising Awareness on Inclusion of PWDs in Sports
At the village level, focal persons who can actively spread awareness amongst people can be identified and trained in importance of mainstreaming disability. These village level focal persons can be lady health workers, school teachers, local Imam Masjid, political influential and nutrition supervisors. These persons can educate people on the importance of improving access of PWDs to health care facilities and services and may also play a role in referral to health services. This activity can be conducted at both village and Tehsil level.
7.7.17 Organize Inclusive Sport Events on Regular Basis
Sports events can be organized that include both persons with disabilities and persons without disabilities. This can help create a sense of collaboration and cooperation between all the community members. Such inclusive events are for all society members and can be held at village and Tehsil levels.

7.7.18 Establish Communal Funds for Promoting Inclusive Sports Events
Generation of funds for sport events can help contribute to the repairing of any assistive device, provision of sports material or rent money for a ground for any sport activity and can be conducted at village or Tehsil level. Communities can get together to create events such as talent shows, bake sale, Eid stall in order to raise funds and promote recreational activities for PWDs.
Chapter 8

Application of Guidelines at Various Level
8. **Application of Guidelines at Various Level**

The increasing number of people with disabilities in the world and declining indicators of human development particularly in developing countries calls for immediate attention and action by the State as well as Civil Society actors. The guidelines explain that although a number of international and national conventions advocate the importance of human rights, equality and inclusion of people with disabilities, the situation regarding rehabilitation and inclusion of disability in mainstream development is not encouraging. From this situation we can draw this conclusion that although countries ratify conventions and propagate their commitment for its implementation but in most of the instances they fail to honour their commitment in its true letter and spirit.

Under this scenario it is very important for the society at large to take collective action at all levels for pooling in resources and designing and implementing policies and programmes for promoting inclusion of people with disabilities in mainstream development in a dedicated manner. The guidelines have been developed with this intention to make available an easy to understand step by step guidance to all types of actors for adapting it according to their own context and incorporate inclusion of people with disabilities in their ongoing efforts. The guidelines if implemented in its true letter and spirit will lead to the empowerment of people with disabilities, create equity in human relations and contribute to the happiness of families and achievement of boarder development objectives. These guidelines are applicable to the following levels:

8.1 **Policy Level**

National and provincial polices can be reviewed and vetted in view of these guidelines to check which policies have incorporated an element of inclusion of people with disabilities. In case any of the policies will have need for adding an element of inclusion then the guidelines can be used for adding the required elements. Just as the government is using gender as a tool to filter out projects, it should also use disability as a filter for projects to bring about the element of inclusion by mainstreaming disability in local development through social mobilization.

8.2 **Practices Level**

By implementing these guidelines and by sharing best practices, such an approach seems to be an example for others to follow. The processes that promote inclusion, right from people’s attitudes to accessible infrastructures can be used and replicated to promote inclusive development. Not only should people’s behaviors be conducive for mainstreaming disability, by making public services and public service facilities accessible, we will also be promoting inclusion.

8.3 **Mainstream Development Organizations**

This approach can be replicated not only for projects based on inclusion of PWDs, but this approach also shows how the element of inclusion can be extended to all mainstream development projects. The element of inclusion can also be used for Disaster Management Techniques.
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An Overview of CHIP

Who Are We
Civil Society Human and Institutional Development Programme (CHIP) is a not-for-profit company created under Section 42 of the Companies Ordinance and registered with Security and Exchange Commission of Pakistan under registration number 0000004052/20041001. CHIP has been designing and implementing development programmes on wide range of development topics in remote rural and urban areas since 1993.

Our Vision
An Aware and Organized Society Capable of Realizing its Own Development

Our Mission
Enabling individuals and organizations to make more effective and efficient development efforts through the provision of value-led Human & Institutional Development (HID) services.

Our Approach & Strategy
CHIP’s operations and strategic orientation is based on the experience that HID interventions have had in shaping current development perspectives. Using this approach, CHIP provides professional services to a wide array of organizations that add value to local development interventions. Human and Institutional Development as an approach has the following key principles:
- Develop local individuals and local institutions. We believe that the key to enhanced efficiency and effectiveness of development efforts lies in strengthening local individuals and local institutions that are responsible for the implementation of development interventions;
- Promote an element of ‘inclusion’ in all our efforts so that we do not miss out any person because of a disability.
- Wherever work on development is to be conducted, its contribution towards the bigger picture i.e. national development has to be kept in mind;
- Positive values when combined with skills and knowledge excel the efficiency and effectiveness of work.
- Use research and advocacy as a tool for bringing positive change at all levels.

What Do We Offer
CHIP offers the following two distinct strategic services:

Project Implementation Services
Under project implementation services CHIP designs and implements development projects or selected project activities directly through its field offices. The major thematic focuses are health, disability, education, human rights, water, sanitation, natural resource management and livelihood development. CHIP also responds to emergencies in the country for both relief and rehabilitation.

Project Management Services
Project Management services consist of supervision and management of project on behalf of international development agencies or INGOs, in particular those that choose not to establish their own offices locally. This management services includes fund management, operational planning, and establishing a partnership with civil society organizations, recruitment and management of project personnel and procurement;

Our Values
Practice and promote honesty, dedication and commitment
Compiled by CHIP Under Joint Venture of