Research Report

Situation Analysis of People with Disabilities & Types & Range of Initiatives for Rehabilitation & Inclusion of People with Disabilities

October 2014
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<tr>
<td>ADO</td>
<td>Akbar Development Organisation</td>
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<tr>
<td>AKESP</td>
<td>Aga Khan Education Services Pakistan</td>
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<td>AKDN</td>
<td>Aga Khan Development Network</td>
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<td>AKF</td>
<td>Aga Khan Foundation</td>
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<td>AKHSP</td>
<td>Aga Khan Health Services Pakistan</td>
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<td>AKRSP</td>
<td>Aga Khan Rural Support Programme</td>
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<td>AKSWB</td>
<td>Aga Khan Social Welfare Board</td>
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<td>ARSP</td>
<td>Asora Rural Support Programme</td>
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<td>BCDF</td>
<td>Baltistan Culture &amp; Development Foundation</td>
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<td>BHU</td>
<td>Basic Health Unit</td>
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<td>BISP</td>
<td>Benazir Income Support Programme</td>
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<td>BRC</td>
<td>Bioresource Centre</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CBSG</td>
<td>Community Based Social Group</td>
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<td>CHEF</td>
<td>Comprehensive Health &amp; Education Forum International</td>
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<td>CHIP</td>
<td>Civil Society Human &amp; Institutional Development Programme</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CLSO</td>
<td>Chipurson LSO</td>
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<td>CNIC</td>
<td>Computerised National Identity Cards</td>
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<td>CWD</td>
<td>Child with Disabilities</td>
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<tr>
<td>DARC</td>
<td>Disability Assessment and Resource Center</td>
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<tr>
<td>DLBC</td>
<td>Dark and Light Blind Care</td>
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<tr>
<td>DC</td>
<td>Deputy Commission</td>
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<td>DFAT</td>
<td>Department of Foreign Affairs and Trade</td>
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<td>DHO</td>
<td>District Health Officer</td>
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<td>DHQ</td>
<td>District Head Quarter</td>
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<td>DPAP</td>
<td>Diamar Poverty Alleviation Programme</td>
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<td>DPO</td>
<td>Disabled Persons Organisation</td>
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<tr>
<td>EDIP</td>
<td>Education Development and Improvement Programme</td>
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<tr>
<td>EELY</td>
<td>Enhanced Employability &amp; Leadership for You</td>
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<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
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<td>FAP</td>
<td>First Aid Post</td>
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<td>FLCF</td>
<td>First Level Care Facility</td>
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<td>GBRSP</td>
<td>Gilgit-Baltistan Rural Support Programme</td>
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<td>GDO</td>
<td>Ganish Development Organisation</td>
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<td>GOLD</td>
<td>Golden Jubilee Organisation for Local Development</td>
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<td>GOLSON</td>
<td>Gojal Local Support Organisation Network</td>
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<td>GRSO</td>
<td>Gojal Rural Support Organisation</td>
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<td>GRSP</td>
<td>Gupis Rural Support Programme</td>
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<td>HRSO</td>
<td>Hyderabad Rural Support Programme</td>
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<td>IFA</td>
<td>Individual Financial Assistance</td>
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<td>ILO</td>
<td>International Labour Organisation</td>
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<td>ISDNWS</td>
<td>Ideal Society Development Network Welfare Society</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<tr>
<td>JLI</td>
<td>Jubilee Life Insurance</td>
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<tr>
<td>KADO</td>
<td>Karakoram Area Development Organisation</td>
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<td>KDWA</td>
<td>Karakoram Disabled Welfare Organisation</td>
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<tr>
<td>KEWS</td>
<td>Karakoram Environmental Welfare Society</td>
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<tr>
<td>KFW</td>
<td>The KfW, formerly KfWBankengruppe, is a German government-owned development bank, based in Frankfurt. Its name originally comes from KreditanstaltfürWiederaufbau.</td>
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<tr>
<td>KRSP</td>
<td>Kohasar Rural Support Programme</td>
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<td>LFW</td>
<td>Light for the World</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>LG&amp;RD Department</td>
<td>Local Government &amp; Rural Development</td>
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<td>LHV</td>
<td>Lady Health Visitor</td>
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<td>LRBT</td>
<td>Layton Rahmatulla Benevolent Trust</td>
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<td>LSO</td>
<td>Local Support Organisation</td>
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<tr>
<td>MALC</td>
<td>Marie Adelaide Leprosy Centre</td>
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<td>MASO</td>
<td>Mountain Area Support Organisation</td>
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<tr>
<td>MCH Centre</td>
<td>Mother &amp; Child Health Centre</td>
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<tr>
<td>MFEWO</td>
<td>Mehnaz Fatima Education &amp; Welfare Organisation</td>
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<tr>
<td>MIED</td>
<td>Mountain Institute of Education Development</td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NADRA</td>
<td>National Database &amp; Registration Authority</td>
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<tr>
<td>NAVTEC</td>
<td>National Vocational and Technical Training Commission</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>NLSO</td>
<td>Normal Local Support Organisation</td>
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<td>NOWPDP</td>
<td>Network of Organisations Working for People with Disabilities Pakistan</td>
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<tr>
<td>P&amp;DD Department</td>
<td>Planning &amp; Development Department</td>
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<td>PEN</td>
<td>Publishing Extension Network</td>
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<td>PMT Score</td>
<td>Proxy Means Testing Score</td>
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<td>PPAF</td>
<td>Pakistan Poverty Alleviation Fund</td>
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<td>PPHI</td>
<td>People’s Primary Healthcare Initiative</td>
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<td>PRCS</td>
<td>Pakistan Red Crescent Society</td>
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<td>PWD</td>
<td>Person with Disabilities</td>
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<td>RDO</td>
<td>Rakaposhi Development Organisation</td>
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<td>RSPN</td>
<td>Rural Support Programme Network</td>
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<tr>
<td>RLSO</td>
<td>Rakaposhi Local Support Organisation</td>
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<td>RRSP</td>
<td>Rama Rural Support Programme</td>
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<td>ZADO</td>
<td>Zulfiqarabad Area Development Organization</td>
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<tr>
<td>SCNIC</td>
<td>Special Computerised National Identity Cards</td>
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<tr>
<td>SLHF</td>
<td>Secondary Level Healthcare Facility</td>
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<tr>
<td>SPWARO</td>
<td>Special Person Welfare and Rehabilitation Organisation</td>
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<td>SRSO</td>
<td>Shainbar Rural Support Organisation</td>
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<tr>
<td>THQ</td>
<td>Tehsil Head Quarters</td>
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<tr>
<td>UC</td>
<td>Union Council</td>
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<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNOCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Assistance</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VIPRA</td>
<td>Visually Impaired Persons Rehabilitation Association</td>
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<td>VISA</td>
<td>Visually Impaired Students Association</td>
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<td>WASEP</td>
<td>Water and Sanitation Extension Programme</td>
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<td>WWD</td>
<td>Woman with Disabilities</td>
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<td>WWF Pakistan</td>
<td>World Wide Fund for Nature Pakistan</td>
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EXECUTIVE SUMMARY

This research report titled ‘Assessment of Potential of Mainstreaming Disability in Gilgit-Baltistan Province of Pakistan’ provides a comprehensive overview of: (a) the extent and type of persons with disabilities (PWDs) in Gilgit-Baltistan; and (b) the number and types of government and non-government actors working on the rehabilitation or inclusion of PWDs in the province. This lays ground for a cross-district analysis of the initiatives on rehabilitation and inclusion of PWDs already in place and for eventually determining the scope and intensity of the need for any further such initiatives in the province. The research was conducted by Civil Society Human & Institutional Development Programme (CHIP) with funding support being provided by Light for the World (LFW) in each of the 7 districts of the Gilgit-Baltistan province namely: Astore, Diamer, Ghanche, Ghizer, Gilgit, Hunza-Nagar and Skardu.

A total of 4,556 PWDs from 243 villages with a total population of 115,150 across the districts were interviewed. 64.4% of PWDs interviewed were male. The proportion of CWDs interviewed ranged from 10.0% to 24.7% and significant proportions of PWDs ranging from 42.6% to 64.2% fell within the 19 to 50 age bracket. The research team also interviewed government departments and institutions, local and international non-government organisations (NGOs), local support organisations (LSOs), disabled persons organisations (DPOs) and other institutions working on rehabilitation of PWDs including staff at medical rehabilitation institutions, skill development centres and special education schools.

Situation of Persons with Disabilities

The overall disability rate in the province was 4.0% based on the sample of PWDs interviewed. The individual disability rates of each district ranged from 3.0% to 6.0%. Across all the districts, lower body disability was the most common, followed in sequence by hearing and speech impairment, blindness and intellectual disability. The majority of PWDs had not received any medical assessment except in Astore where 46.6% of respondents had not undergone such assessments. Furthermore, an overwhelming majority of the populations of PWDs in the districts did not have assistive devices. Participation rates of CWDs and PWDs in education were disappointingly low. The lowest proportions of CWDs that did not attend school, that is, 59.3% and 60.3%, were from Hunza Nagar and Skardu, respectively. In comparison, the lowest proportions of PWDs that did not attend school were 89.3% and 90.3% in Astore and Diamer, respectively. The figures were considerably higher in the remaining districts.

The lowest percentage of respondent PWDs without vocational skills across all districts was 90% in Astore followed closely by 88.9% in Ghizer and 88.6% in Hunza Nagar. Most of the PWDs, ranging from 60% to 86% of those with vocational skills, across the districts were males. Carpentry, tailoring, embroidery, handicrafts and creating fruit products were amongst the most prevalent types of vocational skills learnt by PWDs. 90.4% of PWDs in Astore and 90.8% in Diamer were not earning an income. This figure was higher in all remaining districts with 98% of PWDs in Ghanche not earning an income. It is worth noting that overwhelming majority of those PWDs that were earning comprised males. Furthermore, overall the average monthly incomes earned by PWDs were fairly low ranging from PKR 3,000 to PKR 5,000 in most districts. PWDs in all the districts had very little involvement in recreational and social activities. When asked regarding their frequency of participation in sports activities, at least 65% of PWDs across all districts answered that they were not involved at all. The proportion of PWDs not involved at all was much higher in some of the other districts.

Initiatives for Persons with Disabilities by Government and Non-Government Actors

Initiatives for PWDs by Government Sector

A number of government actors in each district were interviewed namely, Social Welfare, Education, Health, Zakat and LG&Rd departments, NADRA, PPHI, Bait-ul-Maal, BISP and the Municipality. Overall, while there are some programmes, initiatives and awareness raising campaigns conducted by government departments and services, any such attempts have been few
and fragmented. They vary considerably from one district to another and none of them can be properly described as a full-fledged, comprehensive programme for the rehabilitation and inclusion of PWDs in the province.

There was an obvious lack of disability rehabilitation centres or rehabilitation experts in the district medical facilities that were run by the Health Department including the DHQ Hospitals. The only three exceptions to this were the DHQ Hospitals in Diamar, Skardu and Ghizer which had some resources in place. NADRA in each of the districts was issuing Special Computerised National Identity Cards (SCNICs) for PWDs which could be used to obtain benefits but it should be noted that the Pakistani government has recently issued a letter stating that no SCNICs should be issued in Gilgit-Baltistan anymore and any PWDs that are issued a SCNIC will be unable to avail any benefits. The only government run school for disabled children is the Special Education Complex for children with disabilities was set up by the Social Welfare department in Gilgit.

Furthermore, only a handful of department buildings across the districts had been made accessible for PWDs via an entrance ramp. A few departments in each district employed some people with mild disability for low-paying, unskilled positions such as those of sweepers and sanitary workers. None of the government departments across the districts, including NADRA, had a comprehensive and up-to-date list of PWDs in the districts. They were also not involved in disability related researches and across the board.

**Initiatives for PWDs by Non-Government Sector**

A number of national and international NGOs and LSOs working with PWDs in the province were also interviewed. Again, there is great variation in programme foci and outreach of these organisations across the districts. Very few of these organisations have exclusive programmes for PWDs set up in the districts. There are also 5 DPOs operating in the provinces; however, in almost all cases, they are small groups of PWDs with very limited capacity and human resources and are almost entirely dependent on funding supports that is often received on an ad hoc basis from individual philanthropists.

CHEF International has established Physiotherapy, Ear Nose & Throat and Eye units and Resource Centre in DHQ Diamar but the DHQ currently lacks trained personnel to operate the units. Furthermore, Vision International in Gilgit has set up a Vision Centre currently operates as an NGO; however, it previously used to have a school for blind children. The Vision Centre extends support to PWDs with limited capacity. It provides services for eye diseases for all patients including some PWDs and has spectacles available on sale. In Ghizer, three LSOs namely Al-Karim Development Organisation, Chatorkhan LSO and Sangam LSO have implemented some initiatives for improving physical health of PWDs at very small scale.

In Gilgit, Mehnaz Fatima Education and Welfare Organisation (MFEWO) has established an institution for promoting inclusive education where 45 out of 450 of those enrolled are CWDs. LSO Danyor has vocational training centres for women in which it encourages participation by PWDs. Nargis Khatoon Deaf Rich School has been established in Skardu and caters to the education needs of deaf children and currently has 12 children enrolled in the school. Education Development Improvement Programme (EDIP) is being implemented in all districts of Gilgit-Baltistan except Diamer with an aim to improving accessibility and quality of education services. One limb of the EDIP programme involves sensitisation of teachers for teaching CWDs in schools. Sightsavers Pakistan and the Fred Hollows Foundation had also undertaken a number of initiatives aimed at improving eye care services in all districts of the province.

Karakoram Area Development Organisation (KADO) in Hunza Nagar employed exclusively 50 PWDs in its wool-spinning centre under its Enterprise Development Programme but KADO has reduced the number of PWDs employed to 10 due funding constraints. Sangam LSO in Ghizer has supported some PWDs for livelihood activities and awareness raising on rights of PWDs. In Astore, Aga Khan Rural Support Programme (AKRSP) and Pakistan Red Crescent Society (PRCS) have included some PWDs in their vocational skills training programmes on an ad hoc basis. KDWA has established three vocational training centers and have admitted some PWDs in the training
programme. Both the NGOs have limited access to funds for establishing full-fledged programmes for PWDs. There were also a small number of organisations involved in some minor development works for PWDs for example, Gojal Rural Support Organisation (GRSO) in Tehsil Sost of Hunza Nagar has compiled a list of PWDs and would like to work for them if funding became available. Two very small local NGOs namely Karakoram Disabled Welfare Association (KDWA) and Dardistan Welfare Society have tried to prepare a list of PWDs in their respective areas in Diamer. Gojal Local Support Organisation Network and Chipurson LSO had also included PWDs in their community development activities on an ad hoc basis.

Five DPOs were also established and operating in the district. Three DPOs based in Gilgit namely Special Person Welfare and Rehabilitation Organization (SPWARO), Visual Impaired Persons Rehabilitation Association (VIPRA) and Vision Welfare Foundation have been established by PWDs themselves. These DPOs have a very limited capacity and funding and programme support and have mostly been involved in awareness raising and partial distribution of assistive devices. VISA, an unregistered DPO in Hunza Nagar operated by 20 PWDs on a voluntary basis, is raising awareness on disability related issues with PWDs and local communities. DPO Karakoram in Skardu has also been established in the district and was facilitated through CHIP in 2011. It works on advocacy and awareness raising initiative for promoting education, health, and livelihood of PWDs but like other DPOs operating in the province, it is heavily dependent on funding from other NGOs and individual philanthropists. There were no organisations with any initiatives for PWDs in Ghanche.

**Major Barriers to Disability Mainstreaming in Gilgit-Baltistan**

A number of barriers to disability mainstreaming in Gilgit-Baltistan have been identified during the course of this research. These are as follows:

- There are extremely limited initiatives in place and no budget allocations for PWDs at provincial and district government level;
- Buildings of government departments and public facilities such as schools and hospitals have not been made disability friendly;
- There is a general lack of awareness and sensitivity to disability related issues at all levels including both government staff and the local communities;
- Neither the Education department nor the schools that it runs have any facilities for PWDs;
- There are no rehabilitation centres or qualified rehabilitation experts to cater for PWDs in any government-run health facilities;
- PWDs have only very limited access to very low paying jobs and vocational training initiatives;
- No systematic research has been conducted to record extent and type of disability in Gilgit Baltistan.

**Conclusion and Recommendations**

PWDs in Gilgit-Baltistan comprise one of the most deprived segments of the society with an overall lack of access to health and educational facilities, vocational skills, income earning opportunities and social activities. Thus, the following recommendations emerge from findings of the report:

Rigorous capacity building, orientation and advocacy programme should be implemented to ensure Disability Sensitive Government Policy and Planning. There should be long term human resource development programme to develop rehabilitation experts in cross disability in all seven districts of Gilgit Baltistan followed by establishment of a model health facility and rehabilitation centre. Following advocacy sessions with the Education Department, a full-fledged project in public private partnership mode can be designed and implemented on inclusive education to demonstrate importance of inclusive education. A full-fledged livelihood improvement programme should be implemented to highlight talent of PWDs and importance of promoting vocational skills in PWDs alongside advocacy sessions to implement the 2% employment quota. Rigorous awareness raising campaigns in local communities and confidence building and socialisation trainings for PWDs with staff at community-based organisations at village level should be conducted to ensure that PWDs are included in all social and recreational events.
CHAPTER 1: INTRODUCTION

The World Report on Disability as published by the World Health Organisation (WHO) in 2011 estimated that more than 1 billion people constituting roughly 15% of the world’s population are suffering from disability.\(^1\) The Disability Report based its findings on two previously conducted large-scale studies, the WHO World Health Survey (2002 – 2004) and the Global Burden of Disease Study (2004) that estimated disability prevalence rates at 15.6% and 19.4%, respectively. These estimates are significantly higher than the previous 10% figure found in studies conducted by the WHO in the 1970s.

The Disability Report also expounded on the position in developing countries where the disability rates were significantly higher when compared to other developed countries. Findings further demonstrated that there was clear evidence that persons with disabilities (PWDs) were at a disadvantage in terms of the educational and income earning opportunities that were available to them in these countries. There was also some evidence that households with PWDs were poorer than average households and the situation was often worse in cases where the head of the family was disabled. On the whole, there was overwhelming evidence to suggest that PWDs were one of the most marginalised and vulnerable segments of populations and this was particularly true in developing nations.

A comprehensive country wide situational analysis of PWDs in Pakistan has not been conducted to date and only limited data is available as part of the findings of the most recent census in 1998 and some studies by civil society organisations. However, protection is afforded to PWDs in the country under the Pakistani Constitution 1973 which states that the government shall "provide basic necessities of life, such as food, clothing, housing, education and medical relief for all such citizens... that are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness..."\(^2\) Pakistan is also a signatory to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) since 2008. Despite this, there is very little legislation on disability in place and very few government departments and facilities extend services or have initiatives in place for the rehabilitation and inclusion of PWDs.

The situation of PWDs in Gilgit-Baltistan is especially worse because the nature of the topography in the province is such that there are many isolated sections of habitation that fall beyond the scope of mainstream development activities. This research report attempts to fill in the large gap in data on the prevalence of PWDs and their needs in the province. The research is being conducted by the Civil Society Human and Institutional Development Programme (CHIP) with funding support being provided by Light for the World (LFW). This report provides a comprehensive overview of: (a) the extent and type of PWDs in Gilgit-Baltistan including women with disabilities (WWDs) and children with disabilities (CWDs); and, (b) the types of government and non-government actors working on the rehabilitation or inclusion of PWDs in the province.

1.1 Research Objectives
Given the lack of data on disability in Gilgit-Baltistan, the overarching rationale of this research report is to conduct a comprehensive situational analysis of PWDs and the services provided for them by government and non-government actors in the province in each of the seven districts of the province. This further allows for a cross-district analysis of the initiatives on rehabilitation and inclusion of PWDs already in place and eventually determining the scope and intensity of the need for any further such initiatives in the province. The research was designed and organised in line with the five thematic focuses: medical diagnostic and rehabilitation; access to education; access to vocational training; income earning opportunities; involvement in sports and recreation. Therefore, the specific objectives for this research report involve:

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\(^2\) Constitution of Pakistan 1973, article 38(d)
Assessing the incidence and types of disabilities;
Determining accessibility of PWDs to health and educational facilities and inclusion in socioeconomic activities;
Assessing the need for changes in existing services provided for rehabilitation and inclusion of PWDs by government departments and institutions;
Assessing the number and types civil society organisations working with PWDs;
Analysing the strengths and weaknesses of existing initiatives for rehabilitation and inclusion of PWDs.

1.2 Research Time Frame
The research time frame was six months. Interviews were conducted between May 2014 and July 2014 followed by data entry, analysis and validation and reporting over the following three months.

1.3 Research Location

The Gilgit Baltistan is divided into two regions namely Gilgit and Baltistan. There are five districts in Gilgit Region and two districts in Baltistan region. Both the regions are geographically located at a distance. This research was conducted in five districts of Gilgit region (Astore, Diamar, Ghizer, Hunza Nagar and Gilgit) and two districts of Baltistan region (Ghanche, Skardu). The province is home to part of Himalayan mountain range with some of the highest peaks in the world. It comprised plateaux and lakes and experienced extreme weather conditions including very low temperatures in winters. Although both regions share similar geographical features but the spoken languages and culture of the two regions are different.
1.4 Demographic Information of Gilgit-Baltistan

Gilgit-Baltistan has a total population of roughly 890,000 comprising 52% males and 48% females. The population growth rate for the province is 2.57% with an overwhelming majority of the population, approximately 86%, residing in rural areas. The government reported literacy rate for the province is 53%; however, the literacy rate for women is comparatively lower at 41%. Enrolment rates at school decline significantly moving from primary to secondary school with 53% enrolment rate at primary schools, 25% at middle schools and 10% at secondary schools. It should be noted that government figures reveal that at least 25% of children never enrol at school and of those that are enrolled at schools the dropout rate exceeds 50%.

1.5 Prevalence of Disability

The aforementioned Disability Report estimates prevalence of disability in the world to be approximately 15%. The findings of the Disability Report are based on the World Health Survey, the Global Burden of Disease Study and country-reported disability prevalence rates. The Disability Report further pointed out that the prevalence of disability rates under both the World Health Survey and Global Burden of Disease were higher for developing low or middle-income countries as compared to developed higher income nations. However, the findings were reversed for country-reported rates where disability prevalence was significantly lower in developing countries as opposed to developed countries. The Disability Report explained that these results could be attributed to the collection of disability data in developing countries primarily through censuses or measures that were focused ‘exclusively on a narrow choice of impairments’ which reduce the estimated prevalence rates.¹

1.6 Significance of Situation Analysis of PWDs in Pakistan

The Disability Report categorised Pakistan as a low to middle income country for the purposes of the findings. The World Health Survey estimated the prevalence rate of disability at 13.4% with the Global Burden of Disease Study calculated that approximately 9.6 years of full health were lost due to disability per 100 persons in the country.² The Disability Report pointed to Pakistan being one of the last four countries where polio remains to be endemic and further, cited a study by Mirza, Tareen, Davidson & Rahman (2009) looking at family care for children with intellectual disabilities in Pakistan that revealed the extent of the social stigma and the lack of knowledge amongst the local communities regarding disability.³ An in-depth analysis of the situation of PWDs in Pakistan was beyond the scope of the Disability Report; however, the findings pertaining to developing countries still stand and can be used to explain the discrepancies in the existing national and provincial data.

According to the most recent census in Pakistan (1998), the prevalence of disability in the country is 2.54% comprising 3.29 million PWDs.⁴ Approximately 65% of these PWDs in the country were living in rural areas. The overall disability prevalence rate reported as part of the 1998 Census is

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¹ Supra Note 1, p. 20.
² Supra Note 1, p. 274.
significantly lower figure than the estimated prevalence rates presented in the Disability Report above. Equally, 2.45% (21,705 people) of the total PWDs in the country were from in Gilgit-Baltistan of which 72.6% were over the age of 15. The disability related findings of the 1998 Census were criticised heavily by commentators largely on the ground that asking a single question regarding disability, that is, whether there is anyone in the household that is disabled, which depends heavily on the understanding and acceptance of disability within the Pakistani community results in missing out on specific types of impairments that are not as easily recognisable as other disabilities and also leads to underestimating disability especially amongst women and children.9 There have been no other comprehensive government-run disability related researches especially in Gilgit-Baltistan.

Similarly, very little research on disability has been conducted by civil society organisations to date and any surveys or researches conducted have been limited in scope. The Aga Khan Foundation (AKF) conducted a situational analysis survey of CWDs in Astore, Gilgit, Ghanche, and Ghizer districts of the province. The overall, self-reported disability prevalence across the four districts was 4.6% with prevalence of disability amongst children less than 15 years of age being 7.5%.9 Network of Organisations Working for People with Disabilities Pakistan (NOWPDP) also conducted a qualitative study, which highlighted the belief systems of the communities with respect to disability in Ghanche, Ghizer, Gilgit and Skardu. The report findings show a relatively greater focus on non-medical reasons causes of disability amongst children such as punishment for sins, magic, fate and a test of patience by God. Findings also show that societal attitudes towards disability were major barriers to access of PWDs and CWDs to educational facilities and employment opportunities.10

Karakoram Area Development Organisation (KADO) conducted a survey on disability in the Hunza Valley where the disability prevalence rates amongst households was 18%.11 The survey findings further demonstrated the lack of inclusion of PWDs in educational facilities and employment opportunities with more than half of the disabled persons in the district living below the poverty line. Another study by CHIP in collaboration with Dark and Light Blind Care (DLBC) considered the situation of 538 PWDs across selected 52 villages in district Skardu demonstrated similar findings.12 However, none of these reports examine the situation of PWDs across all seven districts of the province and the research studies conducted by AKF and NOWPDP mentioned above were focused entirely on CWDs. Equally, the studies are focused on situational analyses of PWDs in those specific areas and there is little consideration of the existing level of facilities and initiatives being conducted for PWDs in those districts.

1.7 Rationale for Situation Analysis of PWDs and Institutional Mapping in Gilgit-Baltistan

None of the existing literature on the situation of disability in Gilgit-Baltistan provides comprehensive data, which can be relied upon for designing a large-scale provincial level rehabilitation and inclusive development programme for PWDs. This report presents findings of the first population based research on PWDs including women and children across all the seven districts in the province. It is also the first research report which attempts to map the existing level of services and facilities extended to PWDs in terms of health, education, vocational training, income earning opportunities and involvement in sports and recreation at both government and non-government levels. CHIP in partnership with LFW has been working on rehabilitation and mainstreming of PWDs in the Skardu and Ghanche districts of Gilgit-Baltistan province of Pakistan since 2006. The inclusive development programmes in the two districts were geared towards strengthening both local individuals and institutions. The programmes have been evaluated twice, in 2008 and again in 2011, and it has been recommended that the programme should be replicated in other districts of Gilgit-Baltistan. However, in order to design a comprehensive programme for PWDs in Gilgit-Baltistan, it is important to first understand the existing prevalence of disability and initiatives that are currently in place for PWDs. The research

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9 Aga Khan Foundation Pakistan, Disability amongst Children – A Situation Analysis of Gilgit-Baltistan, 2013.
10 ibid.
12 Civil Society Human & Institutional Development Programme, Report on Participatory Situational Analysis (PSA) of People Living with Disabilities with Thematic Focus on ‘Community Based Rehabilitation and Social Inclusion of People Living with Disabilities’, 2008.
findings of this report mark the first step towards improving the conditions of PWDs including WWDs and CWDs living in the province.

1.8 Key Concepts
There are certain key terms that have been used frequently in this research report. These are defined as follows:

1.8.1 Disability
The World Report on Disability (2011) defines disability as an ‘umbrella term for impairments, activity limitations and participation restrictions referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)’. This definition complements the notion of disability as described in the Preamble to the UNCRPD as an ‘evolving concept’ that ‘results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’. The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities further explain that people can suffer from a range of disabilities including ‘physical, intellectual or sensory impairment, medical conditions or mental illnesses’. These disabilities can be permanent, transitional or reversible in nature. This research report includes within its ambit PWDs suffering from these various different types of disabilities that were caused either at birth or otherwise during the lifetime of the person due to any reason.

1.8.2 Accessibility
The term accessibility includes, but is not limited to, making physical areas in society, such as housing, buildings, public transport services, streets and other outdoor environments, facilities and information services easy to access and use for PWDs. Accessibility is multi-faceted and there are different means of improving accessibility for PWDs depending on the type of disability they are suffering from. For instance, government offices and service buildings should have wheelchair ramps and railings for physically disabled persons thus, allowing them the opportunity to freely and independently move around in these facilities. Conversely, while a person suffering from hearing and speech impairment will be able to move around in the building without the use of such ramps, he or she will need any instructions explained to him in sign language.

1.8.3 Rehabilitation
Rehabilitation refers to ‘a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.’ Rehabilitation includes:

a. Medical care through the provision of assistive devices or therapy sessions.

b. Other activities including but not limited to socialisation and confidence building sessions and vocational training.

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13 Supra Note 1.
15 Ibid.
Chapter 2: Methodology
Chapter 2: Methodology

The research methodology was designed by keeping in mind the research objectives and context of Gilgit Baltistan. It was ensured that local norms and culture is considered while collecting the data. Sensitivity about the disability was developed among the team member during the planning stage to minimize the research biases. Overall the research methodology was divided into two broad two components. The methodology adopted differs slightly between the two parts.

(i) Situational analysis of PWDs
(ii) Initiatives by government and non-government actors.

The overall sample size determined for the situation analysis of PWDs was 5178. Multi stage random sampling technique was utilised for the situation analysis of PWDs living in all seven districts of Gilgit Baltistan. A team of 32 researchers including 9 females for the data collection from PWDs, government departments and NGOs, DPOs. In addition one team leader and one data collection supervisor were also hired to ensure the quality assurance and cleaning of questionnaires. A two-member team from CHIP head office was assigned the responsibility of interviewing the government and on government organisations. About 177 officials were met during the interviews of government and non-government organisations from all seven districts. All data collected from government and non-government organisations was validated through an individual in person data sharing meeting. An overall research launching ceremony was also conducted with key stakeholders to share the major findings and raise need for initiating disability-mainstreaming activities. The research launching ceremony was participated by people with disabilities, government departments, DPOs, NGOs and rehabilitation institutions from all seven districts.

2.1 Desk Research
Desk research was conducted to find out the breadth and scope of the existing researches that has been conducted on the situation of PWDs and the existing initiatives for them in Gilgit-Baltistan. This helped in further refining the research process and in avoiding doubling of information. The information from desk research is referenced in Chapter 1 and 2 of the research report.

2.2 Data Collection Instruments
Questionnaires for all relevant respondents were developed by keeping in mind the research objectives. Structured questionnaires were developed to determine the incidence of disability and the situation of PWDs while checklists were developed for the interviews of representatives working in government and non-government organisations.

2.3 Pilot and Pre-testing of Instruments
The questionnaires and checklists were piloted prior to data collection via pre-test in District Gilgit after which certain changes were made and the questionnaire and checklists were finalised.

2.4 Respondent Types
In view of the research objectives, the following types of respondents were finalised. These respondents were interviewed in both provincial capital Gilgit and remaining districts of Gilgit Baltistan.

2.4.1 People with disabilities living in all tehsils of seven districts of Gilgit Baltistan.
2.4.2 Representatives of government departments
2.4.3 Representatives of local and International Non-Government Organisations (NGOs)
2.4.4 Representatives of Local Support Organisations (LSOs)
2.4.5 Representatives of Disabled Persons Organisations (DPOs)
2.5 Sampling

2.5.1 Sampling for People with Disabilities
With regards to the interviews conducted with PWDs, the research sample comprised 5% of 10% of the total population (as per 1998 census) in each of the 7 districts of Gilgit-Baltistan (Table 1).

Table 2: Sampling of People with Disabilities

<table>
<thead>
<tr>
<th>Name of District</th>
<th>Population as per 1998 census</th>
<th>Estimated number of disabled in each district @10% of population</th>
<th>Sample @ 5% of estimated number of disabled in each district</th>
<th># and names of Tehsils in each district</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltistan Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Ghanche</td>
<td>88,366</td>
<td>8836</td>
<td>442</td>
<td>Mashabrum, Khaplu, Dhaghoni</td>
</tr>
<tr>
<td>2 Skardu</td>
<td>214,848</td>
<td>21484</td>
<td>1074&lt;sup&gt;16&lt;/sup&gt;</td>
<td>Skardu, Gultari, Kharmong, Roundo, Gamba, Shigar</td>
</tr>
<tr>
<td>Gilgit Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Astore</td>
<td>71,666</td>
<td>7166</td>
<td>358</td>
<td>Astore, Shaltar</td>
</tr>
<tr>
<td>2 Diamer</td>
<td>131,925</td>
<td>13192</td>
<td>660</td>
<td>Chilas, Darail, Tangeer,</td>
</tr>
<tr>
<td>3 Ghizer</td>
<td>120,218</td>
<td>12021</td>
<td>601</td>
<td>Punyal, Ishkoman, Yasin, Gupis</td>
</tr>
<tr>
<td>4 Gilgit</td>
<td>243,324</td>
<td>24332</td>
<td>1216</td>
<td>Gilgit, Danyor, Juglot,</td>
</tr>
<tr>
<td>5 Hunza-Nagar</td>
<td>165,355</td>
<td>16535</td>
<td>827</td>
<td>Nagar-1, Nagar-2, Hunza, Gojal</td>
</tr>
<tr>
<td>Total</td>
<td>1,035,702</td>
<td>103,566</td>
<td>5178</td>
<td>25 Tehsils</td>
</tr>
</tbody>
</table>

This 10% figure is based on the estimated global disability prevalence ranging from 10-15% according to WHO’s World Report on Disability (2011). A total of 4,556 PWDs from 243 villages with a total population of 115,150 across 24 out of 25 tehsils of seven districts were interviewed. 64.4% of PWDs interviewed were male. The proportion of CWDs interviewed ranged from 10.0% to 24.7% and significant proportions of PWDs ranging from 42.6% to 64.2% fell within the 19 to 50-age bracket.

2.5.2 Sampling of Government Departments and Services
The government departments and services having mandate of working on education, social welfare, rural development and health were selected for interviews. 90 departments in all seven districts were interviewed.

2.5.3 Sampling of Local and International NGOs
A list of all NGOs was prepared for each district and preliminary information was collected through local key informants. All NGOs that were reported to be working for people with disabilities and community development were interviewed. Six international and 41 national NGOs were interviewed.

2.5.4 Sampling of LSOs
Agha Khan Rural Support Programme (AKRSP) has facilitated a process of formation of LSOs at Union Council level in districts where it has effective and active rural development programmes. A list of LSOs was collected from AKRSP and one LSO from each Tehsil was interviewed with the exception of Gilgit and Hunza Nagar. Since the population size and geographical area of Gilgit and Hunza Nagar is big therefore interviews of LSOs are greater than the other districts. In total 30 LSOs from all seven districts were interviewed during the research process.

<sup>16</sup>Since CHIP has been working in Skardu since 2006 and during this period two baseline studies of the situation of PWDs were conducted therefore the sample size of Skardu was reduced by from 1074 to 500.
2.5.5 **Sampling of Disabled Persons Organisations**

All Disabled Persons Organisations (DPOs) that existed in any districts were interviewed. So effectively sampling of DPO was not done. In total five DPOs were interviewed and assessed for their capacity in designing and implementing initiatives for disability mainstreaming.

2.6 **Research Team**

Local data enumerators were identified based on prior experience of administering community-based surveys. They were fluent in the local languages spoken in the province and were non-residents of the community. The interviews of government departments, non-government organisations, LSOs and DPOs were conducted by CHIP head office senior team members.

2.7 **Training of Enumerators**

Enumerators attended a training session focusing on the research background, objectives, research ethics, data confidentiality and cultural norms of Gilgit-Baltistan. Role-play exercises were also performed to develop common understanding of research variables, instrument, ethics and importance of reliability of data. The enumerators were also oriented about the concept of community Based Rehabilitation and definition of disability. After the questionnaires were filled by the enumerators, they were reviewed for cleaning by Research Supervisor and passed on for entry and analysis.

2.9 **Data Collection**

Data collection for PWDs and interviews of government and non-government organisations was done simultaneously. This enabled evening meetings between the two teams and refining the process whenever required. The data collection from people with disabilities consumed longer timeframe compared to the interviews of government and non-government organisations because of the sample size of PWDs.

2.8 **Data Analysis**

Data collection took place in the months of May, June and July 2014. Data entry model was developed according to the finalised variables. Data analysis was presented in tabulated form after completion of data entry. This report was written after data validation was completed. A research brief was prepared and disseminated during data validation workshop.

2.9 **Research Launching Ceremony Cum Sensitization of the Key Stakeholders**

Key stakeholders including PWDs, government departments, NGOs and DPOs from all seven districts were invited for a research launching ceremony. The preliminary analysis was presented in the form of a research brief. Some stakeholders from Diamar offered their support for dedicated data collection of women with disabilities. The suggestion has been noted for future researches.

2.10 **Mandate of Government and Non Government Organisations**

It is pertinent for attaining a better understanding of the findings of this report to give an overview of the mandate of each of the government and non-government actors interviewed. This is detailed as follows.

2.10.1 **Government Departments and Services**

A number of government departments and services were interviewed. It should be noted at this point that the government departments and services that form part of this research were both provincial and district level departments that are responsible for service delivery. In comparison to district level departments, provincial level departments have two additional roles that is, allocation of resources and development of policies, strategies and their enforcement.

2.10.1.1 **Social Welfare Department**

Social Welfare Department is responsible for creating social awareness and collaborating with and providing financial and professional support to registered social welfare agencies and socioeconomic uplifting of poor population especially women. The department is also mandated

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to extend training and rehabilitation initiatives and programmes for those that are handicapped or chronically ill. The department is responsible for issuing disability certificates in collaboration with the Health Department to PWDs, which forms the first step in obtaining special National Identity Cards.

2.10.1.2 Education Department
The Education Department is responsible for primary, secondary and technical education. It also grants a very limited number of scholarships not available for everyone at both school and college levels. Education of children with disability, especially hearing and speech impairment, blind and low vision forms a distinct part of the department’s mandate. It is also responsible for the promotion of scientific research and overseeing public libraries.

2.10.1.3 Health Department
The main functions of the Health Department in the Gilgit-Baltistan province is to work towards preventing and controlling infectious and contagious diseases, promote and provide vaccination and inoculation services and regulate and maintain medical and professional standards in medical institutions in the province. It runs and manages government hospitals and health facilities that are established at all administrative tiers. It is also responsible for ‘collection, compilation, registration and analysis of vital health statistics and estimation of population for future projections’.\(^1\) Details pertaining to medical facilities that fall under the Health Department are as follows:

(a) District Head Quarters Hospital
District Head Quarters Hospital is established in district headquarter to provide tertiary level diagnostic and treatment facility regardless of any discrimination between disabled and non-disabled population. It offers emergency care for 24/7 with complete package.

(b) Tehsil Head Quarters Hospital
Tehsil Head Quarters Hospital is established in Tehsil Headquarter to provide tertiary level diagnostic and treatment facility regardless of any discrimination between disabled and non-disabled population. It offers limited emergency care and generally refers emergency cases to DHQ.

(c) Basic Health Units
Basic Health Unit is first level care facility, which is established at Union Council (UC) level to extend primary health care services. It does not offer emergency care services on full time basis. It also do not offer lab and surgery facility and refer all serious cases to THQ and DHQ depending on the nature of diseases.

(d) Provincial Eye Care Cell at Skardu
This cell has been established with the support of some international NGOs and Department of Health to promote eye health in Gilgit-Baltistan. The cell is headed by a local ophthalmologist who is responsible for raising awareness and increasing eye health services in remote and hard to reach areas.

2.10.1.4 People’s Primary Healthcare Initiative
The People’s Primary Healthcare Initiative (PPHI) was established in Gilgit-Baltistan in 2007 as result of a non-profit public private partnership between Gilgit-Baltistan Rural Support Programme (GBRSP) and the Government of Pakistan. The PPHI works at a primary level in providing a range of services namely: curative services; immunization; mini labs for minor investigations such as urine, sugar, pregnancy, nebulisation etc. mother and child healthcare; and preventive awareness raising activities.\(^2\)

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2.10.1.5 National Database and Registration Authority

National Database & Registration Authority’s (NADRA) main function is to statistically manage the sensitive registration database of all national citizens of Pakistan. NADRA issues four types of identity cards being made by NADRA: (1) Computerized National Identity Card (CNIC); (2) Smart National Identity Card; (3) Special Computerised National Identity Card (SCNIC) for PWDs; and (4) Youth Special Cards. The SCNIC can be obtained on the basis of disability certificate, which are issued by the Social Welfare department, as mentioned above. These enable PWDs to obtain the following benefits, namely: free medical treatment in federal and provincial government hospitals; obtain free assistive devices from Bait-ul-Maal; 2% employment quota for PWDs in government departments; and, 50% discount when travelling through Pakistan International Airlines and the railway.

2.10.1.6 Zakat Department

The Zakat Department falls within the Revenue, Usher and Zakat, Excise and Taxation and Cooperative Department of the provincial government. It plays a supervisory role over both tehsil and district Zakat Committees. The department is responsible for distributing zakat grants to local Zakat Committees, Deeni Madras and Welfare Institutions alongside collecting data pertaining to the beneficiaries of any zakat grants.

2.10.1.7 Bait-ul-Maal

Pakistan Bait-ul-Maal was set up in 1981 for the sole purpose of providing ‘social protection to the poor marginalised segments of the society’ especially ‘destitute, widows, orphans, invalids, infirm and other needy persons’. It runs several schemes ranging from the provision of financial aid and assistance, residential accommodation, medical treatment and self-employment schemes.

2.10.1.8 Local Government & Rural Development Department

The LG&RD Department is mandated to oversee the effective functioning of the local councils including their establishment and budgeting and setting up development schemes. The department is also responsible for setting rates for and collecting taxation and registering births, deaths and marriages in each of the local councils. The LG&RD department works at the grass root level such as development of water channels and supply schemes, link roads and vocational centers and conducting skill development and vocational trainings.

2.10.1.9 Municipality

The role of the Municipality in Gilgit-Baltistan includes approval of construction of buildings, solid waste management, irrigation, conduction of national events such as polo and Jashan-e-Bahara, issuance of birth, death, marriage, divorce and income certificates, upkeep of city parks and bus stop transportation commission among others. It is also responsible for managing sold waste and cleanliness of urban areas. It also generates resources through imposes transport and publicity tax and utilises the raised amount for the maintenance of infrastructure.

2.10.2 Local and International NGOs

An NGO has been defined by the United Nations Rule of Law Unit as ‘a not-for-profit group, principally independent from government, which is organized on a local, national or international level to address issues in support of the public good’. NGOs are usually focused around specific humanitarian or social causes and work at a local level to implement projects, create awareness and collaborate with civil society stakeholders and government departments for those causes.

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20 NADRA is issuing SCNIC but the government of Pakistan has issued a letter saying that NONE of these should be issued. This letter has not been received by all NADRA district offices. Therefore, from now even if the SCNIC is issued by NADRA, PWDs will not be able to obtain any benefits.


2.10.3 Local Support Organisations
LSOs refer to an alliance of village and women organisations (VWOs) that work at the union council level to promote equitable and sustainable development, utilise local human and material resources, enhance local capabilities through training programmes and establish linkages between community based organisations and ‘government agencies, nongovernmental organisations, donor agencies, financial institutions and private businesses’ to support developmental projects locally.24 As LSOs work at the grass root level, they are well aware of community needs and the social and cultural sensitivities and are thus, well suited in assisting relevant government and non-governmental actors in developing social projects in the target districts.

2.10.4 Disabled Persons Organisations
A DPO is a local organisation established for PWDs and is usually also managed by PWDs. According to the World Health Organisation’s 2011 World Disability Report, a DPO can create awareness of legal rights, encourage, support and facilitate independent living and help develop social and economic skills of PWDs. Furthermore, DPOs can represent the views of PWDs to ‘international, national and local decision-makers and service providers and advocate for their rights’.25

2.10.5 Institutions Working on Rehabilitation of People with Disabilities
According to The United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, medical care and rehabilitation are essential requirements for PWDs to enjoy equal participation in society.26 Medical rehabilitation ideally includes: medical care, rehabilitative nursing, physical therapy, occupational therapy, speech therapy, psychosocial therapy, assistive devices and vocational training. During this research, three types of rehabilitation institutions were interviewed: medical rehabilitation institutions, skill development centers and special schools. Skill Development Centres focus on confidence building and socialisation exercises and vocational skill development trainings for PWDs. Special schools refer to schools that provide specialized services for children with disabilities. These schools are separate from broader educational institutions.

2.11 Limitations of Research

2.11.1 Geographical Area Difficulties
Rough terrain and inaccessibility of some villages caused delays in data collection. Some areas are isolated and can only be accessed by special vehicles. Air travel is highly uncertain due to poor weather condition. Road travel requires at least 17-24 hours of journey from Islamabad to Gilgit or Skardu on a poorly constructed road. Travelling from Gilgit to Gilgit region district requires approximately 3-12 hours road journey on a poorly constructed road with high probability of land sliding. Due to travelling issues, the data collection within the specified timeframe was very challenging. The geographical setting of villages was highly scattered. The sample size, despite strenuous efforts to keep it representative, can also be skewed due to the nature of the scattered communities that exist at great distances from one another.

25 Ibid 5.
2.11.2 Unavailability of Medical Expert in Research Team
The research team did not have medical experts hence medical assessment of people with disabilities could not be done during research to determine severity of disability.

2.11.3 Security and Cultural Constraints
Although general security and cultural situation is fine for non-local people except in one district. Due to security and cultural limitations concerns, direct interview of adult female with disabilities in district Diamar was difficult.

2.11.4 Availability of Senior Officials at the Time of Interview
Availability of senior officials especially in government departments at the desired timeframe of research was difficult, which caused lapses of time.

2.11.5 Communication Barriers
Communication is extremely difficult in the villages of Gilgit Baltistan. Internet connectivity is extremely bad and mobile signals are very limited in the villages of all seven districts. These conditions created limitations of communication and logistics for regular coordination between field and head office.
Chapter 3 : Main Findings
Chapter 3: Main Findings

This chapter presents the district wise main findings of the research survey covering not only the Status of Persons with Disabilities (PWDs) but also the initiatives already in place for the rehabilitation and inclusion of PWDs that have been established by government departments and non-governmental organisations in each of the 7 districts of Gilgit-Baltistan. As explained in chapter 1, the Gilgit Baltistan is divided into two regions namely Gilgit and Baltistan. Gilgit region has five districts (Gilgit, Astore, Ghizar, Diamar, Hunza Nagar) while Baltistan region has two districts (Skardu and Ghanche). The research findings are also organised according to the two regions.

3 A Gilgit Region

3.1 Gilgit

District Gilgit is comprised of three Tehsils namely, Gilgit, Danyor and Juglot. With a population of 243,324 according to the 1998 population census, the district is further subdivided into 8 UCs. The district terrain comprises of valleys and mountainous territories including glaciers and ice fields. The district is the main hub for mountain climbing expeditions across both the Karakoram and Himalayas ranges.

The largest number of PWDs interviewed from any district was from Gilgit. The research findings cover 1200 PWDs from 72 villages in 3 tehsils in Gilgit. This figure comprised 4% of the total populations of the villages visited. The most prevalent types of disabilities in the district are lower body disability, both hearing and speech impairment and intellectual disability. More than half, approximately 65%, of the PWDs interviewed were male with 35.5% falling within the 19 to 40 years age group and almost 24.5% from the 6 to 15 years age group.

The Education Department in the district had set up a Special Education Complex in Gilgit for PWDs providing education for classes 1 to 5. There are currently 121 PWDs enrolled at the school. The Education department also ensured that it complied with the 2% PWDs employment quota in its district office in Gilgit. Social Welfare department and NADRA were the only other department with some dedicated initiatives for PWDs. Social Welfare department had issued a number of disability certificated while NADRA had provided SCNICs in coordination with PLAN Pakistan and had also been involved in an awareness raising campaign on the benefits of SCNICs for PWDs. PPHI and the Municipality employed some PWDs but all of them had been given menial, unskilled jobs such as those of sweepers or sanitary workers.

A total of 14 NGOs were interviewed in Gilgit of which only one, namely Mehnaz Fatima Educational & Welfare Organisation (MFEWO), has a dedicated programme on disability. MFEWO had also established an inclusive education school for children where 45 CWD were enrolled as well. There were 4 other NGOs, which had some initiatives in place for PWDs or had worked with them in the past. LSO Danyor had also worked with disabled women as part of its programmes. The district also had 3 DPOs in operation.

Details of the roles and activities of government departments and non-government organisations interviewed are as follows.
3.1.1 Status of Persons with Disabilities

3.1.1.1 Tehsil Wise Distribution of PWDs
There were 72 villages that were visited in total in district Gilgit across the three Tehsils: 33 in TehsilGilgit, 10 in TehsilJuglot and 29 in TehsilDanyor. A total of 1200 PWDs comprising 4% of the total populations of the visited villages were interviewed in the district.

3.1.1.2 Gender and Age Wise Distribution of PWDs
In District Gilgit, 65% of the PWDs interviewed were male, while 35% were female. PWDs interviewed for the purpose of this research came from a wide range of age brackets. The proportion of respondents in each category is as follows: 24.7% in the 6 to 15 age group, 19.9% in 19 to 30 group and 15.6% in the 31 to 40 age group. 11.2% of PWDs were aged 60 or over.

3.1.1.3 Prevalence of Types of Disabilities
Approximately 41.1% of PWDs in the district were either hearing or speech impaired or both. This was followed by 22.2% of PWDs with lower body disability, 14.2% with intellectual disability and 12.8% with blindness or low vision. None of the PWDs were suffering from multiple disabilities.

3.1.1.4 Causes of Disability
More than three-quarters of PWDs in the district had been disabled by birth. Additionally, 11.8% had been disabled by illness and 10% by an accident.

3.1.1.5 Duration of Disability
As noted above, 77.2% of PWDs were disabled since birth. This figure was even higher for WWDs of whom 80.4% had been disabled by birth. Apart from those PWDs disabled since birth, 18.1% had been disabled for over 5 years.

3.1.1.6 Number of PWDs that Received Medical Assessments
Overall, 20.8% of PWDs in the district had received medical assessments. This figure comprised 65% males and 35% females, which is the same as the overall ratio of male and female PWDs in the district. In stark contrast to the findings of Table 84 above, only 0.8% of PWDs had assistive devices of which 40% were females and 60% male PWDs.

3.1.1.7 Number of PWDs that Attended School
Only 7.8% of PWDs attended school of which almost 69% were males and 31% females. In comparison, there are 15.2% CWDs that attended school. Again, this figure comprised 67% males and 33% females.

3.1.1.8 Frequency of Participation in Sports by PWDs
An overwhelming majority of PWDs (84.6%) in the district were not involved in sports activities at all. Only 6.7% were involved on a regular basis and 8.7% participated occasionally. 76% of those PWDs participating on a regular basis were males.

3.1.1.9 Number of PWDs with Vocational Skills
Only 4.6% PWDs aged 16 or older had learnt vocational skills. This figure comprised 69% males and 31% females. A significant proportion of respondent PWDs with vocational skills had learnt...
tailoring (35.9%). This was followed by 25.6% PWDs that learnt handicrafts, 23.1% carpentry work and 12.8% embroidery.

3.1.1.10 Number of PWDs Earning Income
An even smaller proportion of PWDs as compared to table 88 above were earning income. The 3.7% of PWDs that were earning comprised 69% males and 31% females. Approximately 47% of those earning had an average monthly income of PKR 5,000 to PKR 10,000 and another 34.4% with an average income between PKR 3,000 and PKR 5,000. Almost 70% of WWDs earning an income fell within the higher income bracket of PKR 5,000 to PKR 10,000.

3.1.2 Government Departments and Services

3.1.2.1 Social Welfare Department
There are 322 organisations registered under the district Social Welfare department in Gilgit of which the department coordinates with 150. While the staff recognises that lack of budget allocation is a barrier to mainstreaming disability none of the department’s budget of PKR 7.5 million for the upcoming fiscal year has been allocated for PWDs. To date, the department has issued 2,612 disability certificates to PWDs. However, the department office remains inaccessible and does not employ any PWDs or disability rehabilitation experts. The department was not involved in any research surveys or awareness raising campaigns in the district.

3.1.2.2 Education Department
The Education department did not have any budget or resources allocated for PWDs. However, it had established a Special Education Complex providing classes for disabled children. While the department office had not been made accessible, the Education department ensured that 2% of the staff that it employed comprised PWDs. It was not involved in any research surveys or awareness raising campaigns on disability in the district.

(a) Special Education Complex
Special Education Complex is established by Government of Gilgit-Baltistan and does not require separate registration. It is based in Gilgit city. Its programme focus is education of children with disability and also provides educational grants. It offers primary education up to grade 5. It has about 120 children (10 blind/partial blind; 60 hearing and speech impaired; 10 physically disabled; 40 intellectually disabled). It has four departments one for each different type of disability. Each department has specialized groups of teachers, which handle children accordingly. It has a total staff body comprising 64 teachers out of which 3 are PWDs.

The building is accessible. All children are from Gilgit. It offers transport facility to its children within the city. It does not engage in any mobilization campaigns in the city to increase the number of children in the Special Education Complex. The Complex provides mobility training but do not provide any assistive devices for the children. It also offers very basic training on vocation skills such as candle making, knitting, stitching and embroidery for children on a small scale.

3.1.2.3 Health Department
The district Health Department was responsible for the running of the DHQ Hospital, 11 dispensaries, 2 BHUs, 26 FAPs and 10 MCH Centres. It had a budget of PKR 9 million but none of it had been set aside for PWDs. The department office was inaccessible, did not employ any PWDs or disability rehabilitation experts and was not involved in any awareness raising campaigns or surveys on disability. Of those medical facilities operating under the Health Department, two BHUs and FAPs were also interviewed:

(a) Basic Health Units
Two BHUs in the district, one in Nomal and the other in Jalalabad, were interviewed. None of the BHUs had any specific initiatives or medical assessments in place for PWDs. They did not have resources allocated for PWDs. Only the BHU in Nomal had been accessible via a ramp at the entrance. The rest of the buildings were not accessible. The BHUs did not employ any PWDs or disability rehabilitation experts and were not involved in any research or awareness raising campaigns on disability in the district.
(b) First Aid Posts
FAPs in Jutal and Naltar Pine were interviewed. Neither of the two had any facilities of medical assessment initiatives in place for PWDs. Equally, they did not have any budget set aside for disability related initiatives, the posts were inaccessible and the FAPs did not employ any PWDs or disability experts.

3.1.2.4 People’s Primary Healthcare Initiative
The PPHI in Gilgit was responsible for overseeing 23 health facilities. However, it did not have any budget set aside for PWDs in the district. The PPHI office in the district had not been made accessible; however, it did employ 1 male PWD as a sweeper. Furthermore, the PPHI staff recognised that lack of funding and lack of awareness in the communities regarding PWDs were barriers to mainstreaming disability. However, PPHI Gilgit was not involved in any disability related surveys or awareness raising campaigns.

3.1.2.5 National Database and Registration Authority
The NADRA office in Gilgit had a number of initiatives in place for PWDs. It issued SCNICs to PWDs and coordinated with PLAN Pakistan for registering PWDs living in the district; however, the exact number issued in the last year was not made available during the interview. Furthermore, there was a mobile CNIC making facility to improve accessibility of PWDs to NADRA services, a separate window for PWDs at the Gilgit office, disabled people did not have to wait in line and there were wheelchair available on the premises even though the building had not been made accessible. The department did not employ any PWDs and there was a general lack of awareness amongst staff members on rights of PWDs under national law and UNCRPD articles. NADRA Gilgit had been involved in an awareness raising campaign on the provision of SCNICs and their associated benefits for PWDs.

3.1.2.6 Bait-ul-Maal
Bait-ul-Maal had three specific projects in place in Gilgit namely: (1) Sweet Home; (2) Bait-ul-Maal School; and (3) National Centre for Rehabilitation of Child Labour. However, none of these initiatives were specifically targeted at PWDs. Bait-ul-Maal did provide monetary help for deserving people but again, there was no special category of such grants for PWDs. No portion of the district budget of PKR 3 million for this year had been set aside for PWDs. The office in Gilgit had not been made accessible and it did not employ any PWDs or disability rehabilitation experts. It was also not involved in any research surveys or awareness raising campaigns on disability in the district.

3.1.2.7 Local Government & Rural Development Department
The LG&RD department in the district was involved in small development activities such as establishment of water channels, pony tracks, community halls, communal toilets and vocational training centres, etc. Its services were extended to all three Tehsils of district Gilgit. However, the department did not have any resources allocated from the budget for PWDs and did not have any specific disability related initiatives in place. The department office had not been made accessible and it did not employ any PWDs or disability rehabilitation experts. The department was also not involved in any research surveys or awareness raising campaigns in the district.

3.1.2.8 Municipality
The role of the Municipality in the district was to oversee the approval of construction of buildings, solid waste management, irrigation, conduction of national events, issuance of birth, death, marriage, divorce and income certificates amongst several others. The annual budget for the
municipality was PKR 40 million; however, none of this had been set aside for PWDs. The municipality office had not been made accessible. But out of 247 members of staff, 20 male PWDs were employed mostly as sanitary workers, cleaners and support staff. The municipality did not employ a disability rehabilitation expert and was not involved in any research or provincial surveys or awareness raising campaigns on disability.

3.1.3 Non-Government Organisations

3.1.3.1 Local and International NGOs

(a) Aga Khan Education Services Pakistan
AKESP has been operating in the district for over 6 years on education related projects. It works in collaboration with the Health, Education and Social Welfare departments and NADRA and has signed a MoU with the Education department to this end. It also has linkages with the Aga Khan Development Network (AKDN) and Aga Khan Institute for Educational Development (AKU-IED). The organisation does not employ any PWDs. AKESP also does not have any specific initiative in place for PWDs but it recognises lack of adequate human resource and lack of awareness in communities as barriers in mainstreaming disability in NGO programmes. Therefore, it aims to introduce inclusive development in its programmes in the future. It has not been involved in any disability related research in the district.

(b) Aga Khan Health Services Pakistan
Based in London United Kingdom, AKHSP has been working in district Gilgit for over five years focusing on health related projects. It has signed a MoU with the Health Department and receives funding support from Germany-based KFW and Canadian International Development Agency (CIDA). It does not have any initiatives in place for PWDs. It also does not employ any PWDs amongst its staff members but it does have a psychologist and medical therapist operating in the district. It has not been involved in any research on disability in the district and does not envisage incorporating disability related aspects in its future programme focus.

(c) Aga Khan Rural Support Programme
AKRSP is registered in Pakistan as a local NGO. It operates a national level organization with major concentration on Gilgit-Baltistan. It has a dedicated office all districts of GB except Diamar. The programme focus of AKRS is rural development (irrigation, micro finance, training of youth to improve their leadership skills, natural resource management e.g. construction of pony track) under which it organizes communities into community organizations and facilitates them to initiate communal savings. It has micro finance programmes for poor people. It has 60 paid staff members in Gilgit office. None of the staff members are suffering from any type of disability, although two of the volunteers working with it are PWDs. There is no disability expert employed in the organization. AKRSP does not have specific programmes for PWDs but if in case any PWDs would like to join in their communal savings/micro finance programme and community development programmes, it is included.

(d) Al-Sabah Welfare Trust
Al-Sabah Welfare Trust based in SoniKot, Gilgit has been operating in the district since 1996 on education, health and water and sanitation related projects. It has signed a MoU with the Ministry of Education and has established links with the Health Department as well. It does not employ any PWDs and does not have any specific initiatives in place for PWDs. However, it recognises lack of funding and lack of rehabilitation institutions as the major barriers to implementing projects for PWDs. Therefore, it envisages working in the future with PWDs through the provision of medical assistance and services.

(e) Al-Khidmat Foundation
Al Khidmat Foundation is local NGO from Karachi. It has established its office in Gilgit but its programmes are implemented in Astore, Diamar, Gilgit and Ghizar. Al-Khidmat Foundation has been operating in the district for the last four years on a number of projects including those for PWDs. It has regular community development programmes such as on education, health, water
and sanitation, orphan care and prisoner care. It also works for PWDs especially for handing out assistive devices (wheel chairs) to physically disabled people. It has dedicated office and works with 9 paid staff members on a full-time basis and another 49 volunteers. It receives funding from Helping Hands and UK Islamic Mission. It does not have any systematic disability rehabilitation programme and does not employ any rehabilitation experts.

(f) Ceena Health & Welfare Services
Ceena has been working with orphans for relief and rehabilitation in the district for over 6 years. It works in collaboration with the Education department and receives funding support from Hashoo Foundation, a local NGO. It employs 1 PWD amongst its staff but does not have any disability rehabilitation experts. CEENA recognises that lack of funding available is a barrier to mainstreaming disability in programmes of NGOs. However, it aims to work directly with PWDs in the district through the creation of a disability centre in Gilgit.

(g) Edhi Foundation
Edhi Foundation has been working in Gilgit-Baltistan for over 6 years focusing its efforts on relief and rehabilitation of women, children, elderly persons, widows, orphans and PWDs. However, it does not have any specific initiatives in place for PWDs. It has established linkages with the Health Department in the district. It does not employ any PWDs and does not aim on incorporating any specific disability related initiatives in its future programme focus in the district.

(h) Focus Humanitarian Assistance
Focus Humanitarian Assistance has been working in the district for the last 6 years on health, relief and rehabilitation, capacity building and disaster risk management related projects. It has established linkages with a number of government departments and receives funding support from the United Nations Office for the Coordination of Humanitarian Assistance (UNOCHA). It does not employ any PWDs or disability rehabilitation experts and does not have any specific initiatives in place for disabled persons. However, it does have established guidelines on disability in the district and aims to work for the rehabilitation of PWDs in its upcoming programmes.

(i) Gilgit Vision Centre
Gilgit Vision Centre now operates as an NGO. The Centre has recently received funding support from Vision International UK. It used to have a school for blind children for 10 years, which taught both academic curricula and independent training and vocation skills. This has been wrapped up now that its funding has finished. The NGO still offers its services for eye care diseases for all patients including PWDs including cataract surgery. The staff body comprises 17 members and further employs an opthalmologist, 3 trained refractionists, 2 OPD technicians and 1 optician. There is no qualified optometrist currently working for the centre. The Gilgit Vision Centre offers a range of products and services on payment basis including frames, cutting and fixing lens and medicines. It does not sell contact lenses. On average, the cost of a single frame is PKR 500 while examination fees per patient are PKR 300. It should be noted that the Centre does not offer specific programmes for the rehabilitation of blind and low vision.

(j) Hashoo Foundation
Hashoo Foundation is a registered NGO with its head office in Islamabad and a district office in Gilgit. It has been working in the district for over 5 years working on education, health and youth development related projects. It has signed MoU with the Health and Education departments. It has worked with women, orphans, youths and PWDs; however, it does not have any specific initiatives in place for disabled persons. It employs 29 staff in Gilgit on a full-time basis none of whom are PWDs and does not aim to introduce any initiatives specifically geared towards PWDs. It has also not been involved in any research surveys on disability in the district.

(k) Mehnaz Fatima Education and Welfare Organisation (MFEWO)
MFEWO is registered local NGO. It operates in Gilgit and Ghizar districts. It has a dedicated office in Gilgit and Ghizar. Its programme focus is promotion of quality inclusive education. It has 37 paid staff members including disability experts in the form of one physiotherapist, one psychologist and 7 teachers’ trainers for education of children with disability. It has established an institution for
promotion of inclusive education. It has enrolment of both PWDs and non-disabled children. There are about 510 children out of which 52 are disabled. It has small programme for giving out assistive devices to children with physical impairment.

(P) Publishing Extension Network
Publishing Extension Network (PEN) has been working with the youth in Gilgit on human rights, gender, media development, research and journalism related issues. It receives funding support from AKRSP, USAID and Mehnaz Fatima amongst others. While it does not employ any PWDs it does have 2 psychologists available in Gilgit. It does not currently have any initiatives in place for PWDs but recognises the lack of awareness in the general communities regarding disability. Therefore, PEN aims to write about disability related issues in the future to help create awareness and will also be looking to include PWDs in capacity building training sessions and exposure visits.

(m) Pakistan Red Crescent Society
PRCS has established programme in Pakistan since 1947 and in Gilgit-Baltistan since 2008. The programme focus includes health particularly collecting blood donations and its supply to hospitals, youth and volunteer development and relief and rehabilitation during natural or manmade disasters. It does not have exclusive programme for PWDs but it ensures inclusion of PWDs during its relief and rehabilitation work during any disasters. It employs 46 paid staff members on a full-time basis and works with thousands of volunteers. It does not employ any PWDs while one volunteer working for PRCS in district Gilgit is disabled. The organisation aims to continue working with PWDs on relief and rehabilitation in the future.

(n) Rupani Foundation
Rupani Foundation has been working in Gilgit for over 6 years on education and skill development projects for the youth. It has linkages with the Education and Social Welfare departments and currently receives funding from PLAN Pakistan, AKRSP, USAID and EU. It does not employ any PWDs or disability rehabilitation experts and does not have any specific programmes in place for PWDs. While it recognises lack of funding, adequate human resources and rehabilitation institutions as barriers to mainstreaming disability related programmes, the foundation does not aim on incorporating PWDs in its upcoming projects in the foreseeable future.

3.1.4 Local Support Organisations

3.1.4.1 LSO Danyor
LSO Danyor has been registered in Gilgit since 1997. It has been working in the district for less than 3 years on projects for rural development in its tehsil. It has vocational training centers for women in which it encourages admission of PWDs as well. It has signed a MoU with the LG&RD Department and further developed links with the Education and Social Welfare Departments. It receives funding support from AKRSP. It employs 2 paid staff members on a full-time basis but none of these are PWDs. It has conducted research on disability in the district and aims to continue working with PWDs in the future on skill development and livelihood related initiatives.

3.1.4.2 Nomal Local Support Organisation
Nomal Local Support Organisation (NLSO) was set up in Nomal, Gilgit in June 2012. It has been working on education, water and sanitation, relief and rehabilitation, human rights and agriculture related projects. It has worked with a range of beneficiaries including PWDs but does not have any specific initiatives in place for disabled people. It has developed links with the Social Welfare and Agriculture departments, NADRA and BISP and receives funding support from the LG&RD department. It does not employ any PWDs or disability rehabilitation experts but aims to work specifically with them in the future on projects related to livelihood, awareness raising, water and sanitation and human rights. The LSO envisages that any disability aspects incorporated in these future programmes would be based on an individual needs assessment of the PWDs. It is not involved in any research on disability in the district.
3.1.5 Disabled Persons Organisations

3.1.5.1 Special Person Welfare and Rehabilitation Organization
Special Person Welfare and Rehabilitation Organization (SPWARO) is a registered DPO based in Gilgit. It has been working in the district since 2003 from their own resources mobilized from membership fee, individual philanthropists. All executive body members 8 are PWDs themselves and have obtained disability certificates. They have benefitted 10 children with disability for education, 4 PWDs for livelihood, 19 PWDs for getting engaged in socialization activities, 4 PWDs to improve their confidence. They are connected with other DPOs such as Visually Impaired Persons Rehabilitation Association (VIPRA) and Vision Welfare Foundation. They do not have any regular funding source; hence, all programmes and outreach are dependent on the availability of funding. They have a dedicated office established in a small shop. They attempted to record number and types of disability in their area but due to weak capacity and resources, were unable to compile any research report.

3.1.5.2 Visually Impaired Persons Rehabilitation Association (VIPRA)
VIPRA is an unregistered group of blind people. The president himself is blind and was one of the teachers in Special Education Complex. His wife is also partially sighted. The organization does not have any resources and office. It is planning to expand its membership for blind people across all districts of GB. It has 6 members in its government body. It has facilitated 48 blind people in securing disability certificates. Currently, the president himself along with other governing body members are involved in awareness raising efforts amongst general masses about importance of disability mainstreaming. The president’s brother is leading Vision Welfare Foundation, which is another DPO of Gilgit. It has conducted a research on economic empowerment of persons with disability but it was not able to share any research report.

3.1.5.3 Vision Welfare Foundation
Vision Welfare Foundation was a small group of PWDs and non-disabled persons. It worked as an informal group for 2 years and has recently got registered under social welfare department in 2014. It has no funding available but it mobilizes resources from individual philanthropists. It aims to work for medical rehabilitation and human rights of PWDs in future. It does not have dedicated office as yet. It operates from the residence of the president named Irshad Kazmi.

3.1.5 Institutions working on Rehabilitation of People with Disabilities

3.1.5.1 Special Schools
Apart from the Special Education Complex as described above, the MFEO had set up a special education school in the district for PWDs. It has been operating for over 6 years in Gilgit city and provided inclusive classes up to year 7. There are 510 children enrolled at the school comprising 52 CWDs that include physically and intellectually disabled students. The fee for disabled student is very low, PKR 450. The school works in collaboration with Community Intervention for Children with Disabilities (CICD) project, which helps in identifying CWDs in the adjoining areas and enrolling them at the school. The dropout rate for CWDs at the school is very low with only one child leaving school this year.

The building for the school is accessible and the construction of the school was partially funded through the Zauqi Trust and USAID. The running costs of the school are generated from school fees. There is a range of assistive devices available including wheelchairs, white canes, crutches, hearing aid and glasses or other visual aids. All assistive devices provided are fully customised to the needs of the CWD. The school also provides occasional physiotherapy sessions for physically disabled children. There are 27 teachers are sent to Islamabad, Karachi and Lahore that have received trainings on inclusive education and technical awareness for PWDs through Ameen Maktaba specialised training centre in Lahore for teachers.

3.1.6 Other Disability Initiatives
There were also a few other NGOs operating in the district with some initiatives for the benefit of PWDs in the province. However, the programmes they were involved in were not specific to any one district. Details of their activities and initiatives are as follows.
3.1.6.1 Education Development Improvement Programme
The Education Development and Improvement Programme (EDIP) is being implemented in Gilgit-Baltistan with implementing and funding support from AKF and Australian Agency for International Development. EDIP aims to improve the overall socioeconomic development of GB through enhancing access and equity in education; improving the quality and relevance of education and strengthening governance and management of education sector. An important guiding principle of EDIP is a commitment to working with diversity and developing an inclusive approach, which includes the poorest and most disadvantaged and those with disabilities.

The project is due to complete in December 2014 and aims to create an ‘inclusive learning-friendly environment’ specifically through capacity building and training of teachers and improving local schools through various activities conducted by each EDIP partner and encouraging socialization of CWDs with other children their age. For these purposes, EDIP is targeting 98 schools in six districts: Gilgit, Hunza-Nagar, Skardu, Ghanche, Astore, and Ghizer. Intervention in Diamar, which is one of the seven districts in GB, has been delayed due to security concerns.

As part of the programme, 21 teacher and community awareness raising trainings in disability sensitization and inclusive education for children with mild to moderate disabilities have been conducted across the six districts. The EDIP team at NOWPDP has trained over 450 teachers, and is in the process of training over 106 local level institutions. They are currently in the process of planning their community awareness events on disability across six districts of GB. 19 trainers received Disability Sensitization and Inclusive Education trainings of which 14 were selected as master trainers. Of this figure, 7 are from Ghizer, 2 each from Gilgit and Hunza, and 1 each from Skardu, Ghanche and Astore.

3.1.6.2 Sightsavers Pakistan
Based largely in Islamabad, Sightsavers Pakistan has established its presence in Gilgit-Baltistan through an outreach office. It has established linkages with the Health Department in Gilgit-Baltistan and KADO in Hunza Nagar. It works essentially with Lady Health Workers and Dispensers focusing on the provision of quality eye care services in all districts of the province. It has also been involved in awareness raising at community level. The NGO recognises ignorance at all levels to be the biggest barrier to mainstreaming disability in the province. It has conducted a situational analysis of PWDs in the district in collaboration with KADO. It aims to continue working on eye care, inclusive education and social inclusion for PWDs in the province in the future.

3.1.6.3 Fred Hollows Foundation
Fred Hollows Foundation is an international NGO with its country office in Peshawar. The NGO is not directly providing services in Gilgit-Baltistan but works through its partners. It has established links with the Health and Education departments and a number of NGOs focusing on the provision of eye care services such as Layton Rahmatulla Benevolent Trust (LRBT), Al-Shifa Eye Trust and Al-Ibrahim Eye Hospital. It also receives funding support from DFAT Government of Australia.

The main focus of the organisation is to strengthen the delivery of eye care in the province. It has provided outdoor care to approximately 1,500 people and provided 300 free cataract surgeries. It has also trained ophthalmologists in Gilgit-Baltistan and provided support for eye care planning in the province. They are also working on the prevention of blindness in the province through eye camps and training and advocacy sessions.

The organisation has been working in the province but has identified a number of challenges in the province including accessibility issues caused by the difficult terrain, lack of resources for eye health and the low skill levels of existing ophthalmologists in the province. However, it aims to continue working in Gilgit-Baltistan on eye care planning, awareness raising in communities, advocating with governments and other NGOs to support eye health and reaching out to the disadvantaged segments of the community in the province.
3.2 Astore

District Astore, with its headquarters in Eidgah, is formed of two tehsils, Astore and Shaltor, which are further subdivided into four UCs. According to the 1998 census, Astore has a population of 71,666 and is located at a distance of 113 km from Gilgit.

The district has a rough geographic terrain but boasts great scenic beauty including a number of high peaks and plateaux; the district lies at the base of Nanga Parbat, one of the highest mountains in the world. Astore experiences mild summers and cold winters including heavy snow in the mountains.

A total of 356 PWDs were interviewed in the district across 25 villages in the two tehsils including 17 villages in Tehsil Astore and 8 in Tehsil Shaltor. The number of PWDs visited in each of these Tehsils comprised 3% of the total population with 197 PWDs surveyed in Tehsil Astor and 159 in Tehsil Shaltor. Out of those PWDs interviewed, a large majority that is, 66.6% were male. Furthermore, the largest proportion of PWDs in Astore fell within the 19 to 30 (18.5%) and 6 to 15 (18.3%) age groups. A significant proportion of PWDs that is, 59 constituting about 16.6% of those interviewed, also fell within the 31 to 40 age group. The most significant proportions of PWDs making up this figure were suffering from lower body disability, hearing and speech impairment or intellectual disability. Over half of the PWDs were males and fell within the 19 to 50 years age bracket.

Staffs at a number of government departments were interviewed regarding available facilities, programmes and initiatives in place for PWDs. Only the Zakat Department and NADRA had some minor initiatives in place for PWDs. There were only 3 PWDs employed by the government departments in each of the Education and Zakat departments and Bait-ul-Maal. None of the government department offices had been made accessible for PWDs or employed any disability rehabilitation experts.

There are two NGOs operating in the district namely, Pakistan Red Crescent Society (PRCS) and Aga Khan Rural Support Programme (AKRSP). Both of them have some initiatives in place in which PWDs have been included but none of these have been specifically geared towards disabled persons. Three LSOs, Asora Rural Support Programme (ARSP), Kohasar Rural Support Programme (KRSP) and Rama Rural Support Programme (RRSP) are also working in Astore none of whom were currently running any programmes specifically targeting PWDs but all hoped to incorporate disability related aspects into future projects.

A more detailed overview of the findings is given in the following subsections. Tables for findings under each of the following sub-heads are given in Annexure A.

3.2.1 Status of Persons with Disabilities

3.2.1.1 Prevalence of Types of Disabilities

The most prevalent type of disability in the district was lower body disability whereby person is unable to walk without an assistive device, with 23.9% of PWDs suffering from it. This proportion is closely followed by people with hearing and speech impairment (19.9%), those with mental disability (15.4%), deafness or partial deafness (12.9%), speech impairment (10.1%), blindness/low vision (7.0%) and hand disability (6.5%). Very few respondent PWDs suffered from multiple disabilities and the least prevalent type of disability was upper body disability whereby PWD is unable to hold up body, with only 0.6 respondent PWDs suffering from it.
3.2.1.2 Causes of Disability
It is interesting to note that the main cause of disability in Astore is that caused by birth with 57.6% of PWDs falling in this category. This figure was slightly higher for WWDs with 63.8% being disabled by birth. In contrast, only 3.7% of the PWDs interviewed were disabled due to old age. Conversely, 25.6% of the PWDs were disabled due to illness and 12.1% because of an accident.

3.2.1.3 Duration of Disability
As noted in table 4 above, the largest proportion of respondent PWDs had stated that they had been born with their disability. A significant proportion of respondent PWDs that is, 16.9% said that they had been suffering from their disability for over 5 years while 10.1% PWDs responded that the duration of their impairment was less than 5 years and 0.6% said it was less than 12 months. Similar findings were observed for WWDs.

3.2.1.4 Number of PWDs that Received Medical Assessments
The majority of PWDs that is, 53.4% had received medical assessments. Male with disability had greater opportunity to access medical assessment compared to their female counter parts. Only 10.4% of the PWDs had assistive devices available for use in their everyday life. In comparison, only 6.7% of WWDs had received assistive devices.

3.2.1.5 Number of PWDs that Attended School
The findings under this head have been divided into two tables, one for PWDs that are aged 16 years or older and one for CWDs falling within the 6 to 15 years age bracket. There were 280 PWDs that were aged 16 years and older. Although majority of the PWDs did not have any access to education but the proportion of female with disability attending school was lower in comparison to their male with disability. Only 4 females were able to attend school in their child hood in comparison to 26 male with disabilities who were able to attend schools in their childhood. There were 65 children with disabilities in Astore who were personally met and interviewed. The trends for CWDs were very similar to the adult PWDs. Although the percentage of girl with disability attending school was lower but the difference between male and female children was very minor. Male children with disability had a better chance of attending school compared to female children with disability.

3.2.1.6 Frequency of Participation in Sports by PWDs
Almost all PWDs, that is, 94.4% did not participate in sports activities at all. Barely, 3.0% took part sometime and only a small 2.6% of respondent PWDs played on a regular basis. Of those that took part, most of them were male PWDs.

3.2.1.7 Number of PWDs with Vocational Skills
Only 10.0% of respondent PWDs that is 28 out of 280 PWDs that were 16 years or older, had vocational skills. Out of 28 PWDs only 3 were female who had some sort of vocational skills. Out of the 28 PWDs that have learnt a skill, tailoring is the most popular skill with 14.3% PWDs, followed by fruit products with 3.6% and gemstone work with 3.6%. It is interesting to note however, that a large proportion of PWDs with vocational skills, 78.6% had learnt a skill other than those listed above. The female with disabilities were engaged in drying of fruit products.

3.2.1.8 Number of PWDs Earning Income
A very small proportion of respondent PWDs that is, 9.6% were earning an income. This figure was comprised entirely of male PWDs. None of the female PWDs that were 16 years or older were engaged in earning income. The greatest proportion of PWDs, approximately 44.4% with an income source were earning between PKR 5,000 and PKR 10,000. The second largest proportion...
of respondents fell within the PKR 3,000 to PKR 5,000 income bracket (25.9%) followed by those earning less than PKR 3,000 (22.2%). Only 2 PWDs were earning over PKR 10,000.

3.2.2 Government Departments and Services

3.2.2.1 Social Welfare Department
There were no programmes or awareness raising campaigns in place under the Social Welfare Department. Furthermore, due to the absence of an assessment board in Astore, the department was not authorised to issue disability certificates. The Social Welfare Department had a budget of approximately PKR 5 million for the fiscal year but none of this had been allocated for PWDs or any related programmes. The office in the district had not been made physically accessible and despite knowledge of s. 10 Disabled Persons (Employment and Rehabilitation) Ordinance 1981 that at least 2% of total employees must be PWDs, none of the 18 staff members were PWDs. The department did not employ any disability rehabilitation expert. There was a general consensus amongst that the lack of disability-friendly transport combined with the tough geographical terrain of the district made travel difficult for PWDs. Nevertheless, the department had not conducted any research on PWDs in the district.

3.2.2.2 Education Department
The District Education Department is currently not involved in any activities or initiatives designed for PWDs. The department has a budget of PKR 23 million but none of these resources are allocated for PWDs either previously or for the upcoming fiscal year, July 2014 to June 2015. The department was not physically accessible for disabled people and only 1 male PWD was appointed as a staff member in the Education Department out of a team of 958 members. There was no disability rehabilitation expert appointed by the department. There was a general lack of knowledge regarding any research on or laws and regulations pertaining to PWDs. However, the staff showed an awareness of the fact that disabled children were unable to obtain admissions in school because they did not have assistive devices. The department had also never conducted any research on disability or awareness raising campaign on rehabilitation and inclusion of PWDs in Astore.

3.2.2.3 Health Department
Located in Gorikot, Astore, the Health Department was responsible for 50 First Level Care Facilities (FLCFs) and 1 Secondary Level Health Facility (SLHF) in the district. The Health Department does conduct awareness raising campaigns on the importance of routine immunisation and the link between polio and disability but no other programmes focusing on rehabilitation and inclusion of PWDs were in place. The Health Department has a budget of PKR 5 million for this fiscal year; however, none of it has been allocated to any disability initiatives or programmes.

None of the 35 staff members appointed were PWDs, the department did not employ any disability rehabilitation experts and the office was not accessible for disabled persons. There was also recognition amongst staff on the need for courses and sensitisation sessions regarding disability for health staff and the potential advantages of the Health Department having a list of PWDs in the district. Despite this, no research has been conducted on disability in the district.

(a) District Head Quarters Hospital Astore
The DHQ in Astore does not have any dedicated services for PWDs. No portion of the budget for the hospital has been allocated to disabled persons. While the entrance of the facility was accessible for physically disabled persons via two ramps, there is no railing along the ramp and PWDs would still require support from an attendant. The remaining parts of the building were not disability friendly. The DHQ employs 9 staff members: 4 MBBS doctors, 2 Lady Health Visitors (LHV), 2 vaccinators and 1 attendant. None of the staff include PWDs and no disability rehabilitation experts were available at the DHQ.
Furthermore, there were no specific activities or initiatives for medical assessments of PWDs and the DHQ has not been involved in any awareness raising campaigns on rehabilitation and inclusion of PWDs. There was also a general lack of knowledge regarding national laws and UNCRPD articles for PWDs.

3.2.2.4 People’s Primary Healthcare Initiative
The PPHI in Astore operates 16 different health facilities in the district including Maternal Child Health Care (MCH) Centres, Civil Dispensaries, FAPs, A Class Civil Dispensaries and BHUs. No portion of the PKR 2.2 million budget for the PPHI was allocated to specific programmes for the disabled and there were no initiatives in place for any medical assessment of PWDs. The PPHI office in the district was not disability friendly and none of the staff members in the PPHI were PWDs. It also did not employ any disability rehabilitation experts. There was a general lack of awareness regarding disability and no research or surveys had been conducted by PPHI on disability.

3.2.2.5 National Database and Registration Authority
The NADRA office in Astore was not easily accessible from all parts of the district due to the rough terrain; however, there was a mobile facility available for obtaining SCNICs. The staff in the office in Astore comprised 14 men none of which were PWDs and NADRA did not employ any disability rehabilitation experts. The office did not have disability access and no dedicated window for PWDs. Thus far, 5 to 10 male PWDs had received their SCNICs but there were no programmes in place to increase coverage for PWDs in the Astore area nor was NADRA coordinating with any organisations working on disability.

3.2.2.6 Zakat Department
The Zakat Department was indirectly involved in assisting PWDs in the district through distribution of grants. The district wise annual budget for the department for July 2013 to June 2014 was approximately PKR 6 million out of which PKR 45,000 was given out in grants of PKR 3,000 to 15 PWDs in Astore. This is the minimum amount given in the way of zakat by the department. The office had not been made accessible for PWDs and out of a total staff of 8 in the Zakat Department, 1 member was disabled. However, there was no scheme in place especially for PWDs. The department did not employ any disability rehabilitation experts. The staff was aware of the lack of medical care available to PWDs and the inability to learn a living especially through agriculture. There were no initiatives or schemes in place by the Zakat department especially for PWDs and no knowledge of any national laws or UNCRPD articles.

3.2.2.7 Bait-ul-Maal
There are only two types of grants currently offered: (1) educational grants for poor students; and (2) treatment grants for poor, sick patients. Furthermore, the budget for the department was allocated only for salaries and operational expenses. The Bait-ul-Maal office in Astore did not have disability friendly access and one of the staff members at Bait-ul-Maal in Astor was disabled. Bait-ul-Maal did not employ any disability rehabilitation experts in the district. There was no knowledge of any research, national laws or UNCRPD articles on PWDs amongst the staff members and there were no department activities or initiatives pertaining to rehabilitation or inclusion of PWDs in Astore.

3.2.2.8 Local Government & Rural Development Department
The LG&RD in Astore is involved in a number of small development activities such as projects focusing on protective bands, water channels, communal toilets and vocational training centres. However, no portion of the budget was allocated especially for disabled persons and none of these projects were specifically directed towards PWDs. The department office in Astore was not accessible for PWDs. There were no disability rehabilitation experts working for the department.
and staff make-up did not comprise any PWDs. There was a general lack of awareness regarding disability and no surveys or research on PWDs had been conducted in the district.

3.2.3 Non-Government Organisations

3.2.3.1 Aga Khan Rural Support Programme
AKRSP is registered as a local NGO in Pakistan. AKRSP has been working in Gilgit-Baltistan for over 6 years focusing on education, health, natural resource management, water and sanitation, relief and rehabilitation, sustainability of LSOs and universal birth registration. In Astore, it has linkages with Health, Education, LG&RD, Agriculture and Forest departments in the government and has signed memorandums of understanding (MoU) with all except the Forest department. Furthermore, it receives funding support from Canadian International Development Agency, Election Commission of Pakistan, PLAN Pakistan and CARITAS Switzerland. It employs a total of 13 paid staff members none of which are PWDs.

AKRSP targets a range of beneficiaries in its programme activities some of whom are PWDs. It has developed policies regarding PWDs and tries to include them in all vocational trainings pertaining to the different programmes conducted in Tehsils Astore and Shaltor in the district. The organisation aims to focus on education, health, natural resource management, and sustainability of LSOs, women empowerment and youth development activities in the future and will be continue to include PWDs in all mainstream programmes that it conducts.

3.2.3.2 Pakistan Red Crescent Society
With a head office in Islamabad, PRCS is operating in Astore through an office in Gorikot. PRCS has been working in the district for over 6 years. The NGO designs and implements projects focusing on education, health, natural resource management, disability, relief and rehabilitation, human rights, disaster risk management and capacity building targeted towards women, children, elderly, PWDs, widows and orphans. It employs a total of 2 paid staff members none of whom are PWDs. It does not employ a disability expert but utilises the services of the psychologist present in the Gilgit office on a need basis. The organisation has developed policies and guidelines for PWDs and tries to include them in all projects that it conducts in the district. PRCS aims to incorporate specific aspects geared towards PWDs with regards to capacity building and disaster risk management in its future programmes.

3.2.4 Local Support Organisations

3.2.4.1 Asora Rural Support Programme
ARSP has been working in Gilgit-Baltistan for over 6 years and focuses its programme activities on education and youth development. It has been working in collaboration with government departments NADRA, Bait-ul-Maal and Benazir Income Support Programme (BISP) and funding partners AKRSP. None of the staff members or volunteers working for ARSP includes PWDs and does not employ any disability rehabilitation experts. However, the LSO is looking to incorporate youth PWDs in its skill development activities in the future to improve the socioeconomic conditions of disabled persons.

3.2.4.2 Kohesar Rural Support Programme
KRSP has been working in Gilgit-Baltistan since 2008 on improving education, health, natural resource management, water and sanitation, relief and rehabilitation and human rights and aims to target women, children, elderly persons, PWDs, widows and orphans. It has linkages with the Education and Social welfare departments, NADRA, Bait-ul-Maal and BISP. It has also been receiving funding support from CARITAS, EELY, Aga Khan Foundation (AKF)CBSG, Muslim Aid, Helping Hand and Islamic Relief. Out of 3 paid staff and 97 volunteers working for the organisation, none are PWDs neither has the organisation appointed any PWDs. Although the LSO aims to target PWDs there are no policies or guidelines in place regarding disabled people. However, it aims to incorporate activities forstrengthening vocational skills of PWDs in its future programmes.


3.2.4.3 Rama Rural Support Programme

RRSP is a recently established LSO in the Astore district with 3 paid staff and 13 volunteers, none of which are PWDs. The organisation focuses on improving education, health, natural resource management, agriculture, forestry and livestock practices in the district. It has never considered working for PWDs before and therefore, does not employ any type of disability rehabilitation expert. However, it will be looking to incorporate PWDs in its future programmes particularly in capacity building through skills development.

3.2.5 Disabled Persons Organisations

There is no disabled persons organisation working in Astore.

3.3 Diamar

District Diamar, with its capital in Chilas, comprises three Tehsils, Chilas, Darail and Tangeer. According to the 1998 census, it has a population of 131,925 and comprises 7 UCs. The district is considered the gateway to Gilgit-Baltistan when travelling via the Karakoram Highway and is located 67 km away from Gilgit. It is considered to be one of the most picturesque areas in the province; home to the Nanga Parbat and Fairy Meadows. However, due to its remote location, the people living in the area are amongst those with the lowest literacy rates in the province: 10% amongst men and as low as 0.02% amongst women. A total of 647 PWDs were interviewed across 26 villages in the three tehsils of Diamar. This comprised 3% of the aggregate of populations of the visited villages. The most prevalent types of disabilities in the district included lower body disability, blindness or low vision and intellectual disability.An overwhelming majority of the respondents were male. Almost a quarter of the respondents were children and the greatest proportion of the remaining PWDs fell within the 19 to 50 age bracket.

A number of government departments in the district were interviewed and the Social Welfare, Health and Zakat departments and NADRA each had some initiatives in place for PWDs in the district. Notably, The DHQ Hospital Diamar with assistance from Comprehensive Health & Education Forum (CHEF) International had established Physiotherapy, Ear Nose & Throat and Eye units and resource centre. Only the Education and Health departments employed a few PWDs as its staff. None of the departments employed any PWDs, their office buildings had not been made disability friendly and they were not involved in any awareness raising campaigns or researches on disability in the district. Five local NGOs operating in Diamar were interviewed. Three of the organisations namely Dardistan Welfare Society, Huquq-ul-Ibaad Welfare Association and Karakoram Disabled Welfare Association (KDWA) had some small-scale initiatives in place for PWDs in the district. Details of any initiatives undertaken by government departments and NGOs are given in the following sections.

3.3.1 Status of Persons with Disabilities

3.3.1.1 Tehsil Wise Distribution of PWDs

A total of 26 villages in three Tehsils were visited in Diamar with 11 villages being visited in Tehsil Chilas, 8 in Tehsil Darail and 7 in Tehsil Tangeer. The total PWDs interviewed from these villages formed 3% of the total populations. Total 647 PWDs were interviewed in the district: 191 PWDs were from Tehsil Chilas, 220 from Tehsil Darail and 236 from Tehsil Tangeer.

3.3.1.2 Gender and Age Wise Distribution of PWDs

A large majority of respondent PWDs, that is, 68.9%, were male. Moreover, the largest proportion of PWDs in Diamar fell within the 6 to 15 (24.7%) and 19 to 30 (20.4%) age groups. Interestingly, almost 10% of the PWDs interviewed were under 5 years of age.

3.3.1.3 Prevalence of Types of Disabilities

Majority of the PWDs in Diamar that is 30%, suffered from lower body disability. This proportion is closely followed by people with blindness/low vision (22.3%), those with intellectual disability (13.4%), speech impairment (9%), deafness/partial deafness (8.2%) and hand disability (7.4%). In
contrast, hearing and speech impairment, with 5.9% PWDs suffering from it, and upper body disability, with 1.4% of PWDs, were the least prevalent types of disabilities. Again, only 2.2% of respondents suffered from multiple disabilities.

3.3.1.4 Causes of Disability
Out of the 647 PWDs interviewed in Diamar, 50.5% stated that their disability was caused at birth. This figure was much higher for WWDs, of which 57.2% had been disabled by birth. Significant proportion of PWDs also responded that their disability had been caused by an accident (21.2%) or triggered by an illness (23.2%). Only 3.7% of PWDs were impaired due to old age.

3.3.1.5 Duration of Disability
As noted in table 17 above, almost half of PWDs had been disabled since birth. Out of those not suffering since birth, 31.7% of total PWDs interviewed in Diamar had been impaired for over 5 years while 14.2% were suffering from their disabilities for less than 5 years or 12 months.

3.3.1.6 Number of PWDs that Received Medical Assessments
Only a small proportion of PWD respondents, accounting for 32.9% of those interviewed, had received medical assessments. The ratio of male PWDs to female PWDs that received medical assessments was roughly the same as the overall ratio of male to female PWDs interviewed in Diamar. Only 12.2% of all respondent PWDs had assistive devices available for use in their everyday life. In comparison, only 9.5% of WWDs had received assistive devices.

3.3.1.7 Number of PWDs that Attended School
Graphs show the proportion of respondent adult and CWDs that attended school. Only 9.7% of PWDs and 21.9% of CWDs had attended school. While more CWDs than PWDs had attended school, it cannot be ignored that overall a significant majority of PWDs did not receive any education. The proportion of WWDs attending school in both instances, 0% of PWDs and 1.5% of CWDs, was significantly lower than their male counterparts.

3.3.1.8 Frequency of Participation in Sports by PWDs
Very few of respondent PWDs were involved in any sports activities either regularly or occasionally. An overwhelming 79.7% of PWDs responded that they did not participate in sport at all. Only 3.7% were involved in sports on a regular basis. This latter figure mostly comprised males.

3.3.1.9 Number of PWDs with Vocational Skills
Overall, less than 10% of PWDs that were 16 years or older had any vocational skills. Almost 86% of those PWDs with vocational skills were men. A significant proportion of PWDs with vocational skills, accounting for 23.8% of those interviewed, had learnt tailoring. 9.5% of PWDs had learnt carpentry, 4.8% fruit products while 2.4% had learnt embroidery and handicraft each.

3.3.1.10 Number of PWDs Earning Income
Only 9.2% respondent PWDs aged 16 years or older were earning an income. Of those 39 PWDs with income sources, a disproportionate 94.8% were male PWDs. The largest proportion of PWDs earning a living had incomes of PKR 5,000 or less. 33.3% of respondent PWDs fell within the PKR 3,000 and under and PKR 3,000 to PKR 5,000 income brackets. In contrast, 8 out of 39 PWDs accounting for 20.5% of those with income were earning over PKR 10,000. It should be noted that all of these falling in the latter category were male PWDs and the only 2 female PWDs earning an income were earning less than PKR 3,000.
3.3.2 Government Departments and Services

3.3.2.1 Social Welfare Department
The Social Welfare Department in Diamar has registered 105 departments and coordinates with 50 organisations in the district. The department had issued 63 disability certificates in the district and provided medical assessments and assistive devices for PWDs. However, none of the budget had been apportioned for PWDs and the office building remains inaccessible for PWDs. 2 out of 9 of the staff members working in the department were disabled; however the department did not employ any disability rehabilitation experts. Research on disability and awareness raising campaigns had been conducted in the district and disability day was celebrated by the department.

3.2.2.2 Education Department
The Education Department in Diamar is responsible for 126 primary schools, 23 middle schools and 11 higher secondary schools. The department has not set aside any portion of its budget for PWDs in the district. The Diamar Education Department office is not accessible for PWDs but it does appoint 15 disabled persons out of a total staff body of 966 members (including teaching and non-teaching staff). The staff was aware of the lack of accessibility being a barrier to mainstreaming disability; however, it portrayed no knowledge of any national laws for PWDs or the UNCRPD articles. The department did not employ any disability rehabilitation experts and no research or awareness raising campaigns on disability had been conducted in the district.

3.3.2.3 Health Department
The Health Department oversees the functioning of 52 FLCFs and 1 SLHF in district Diamar. The department is responsible for endorsing cases of PWDs for the issuance of disability certificates by the Social Welfare department. The department budget for the previous fiscal year was PKR 40 million and is anticipated to increase by 5% to 10% but none of these funds have been apportioned for PWDs. The department office is not physically accessible for the disabled and no PWDs are employed in the office even though the District Health Officer (DHO) was aware of the minimum 2% quota for employing PWDs. While the staff recognised that travelling to and from health facilities in the area was difficult for PWDs due to distance and unavailability of appropriate transport and that there was a general lack of awareness amongst PWDs and their families regarding the health benefits and facilities available to them, no research on disability or awareness raising campaigns had been conducted in the area. The following medical facilities working under the Health Department were operating in the district:

(a) District Head Quarters Hospital Diamar
DHQ Hospital Diamar based in Chilas does not provide any additional support required by PWDs living in the district. No portion of the budget has been allocated for PWDs and apart from the hospital entrance, which is only accessible for physically, disabled persons via two ramps; the building is not disability friendly. There are 198 staff members employed by the DHQ, only one of whom suffers from a mild physical disability. The staff is aware that the unavailability of medical assessments for disabled persons hinders the rehabilitation and subsequently, the social inclusion of PWDs. Nevertheless, no researches or awareness raising campaigns on disability have been conducted.

CHEF International had worked with the DHQ Hospital in establishing a Physiotherapy Unit, Ear Nose and Throat Unit, Eye Unit and Resource Centre. It was also involved in the provision of assistive devices to PWDs in the district. Despite all the facilities being available, the posts for disability rehabilitation experts in the DHQ Hospital are vacant. CHEF is no longer working in the district.
(b) Tehsil Head Quarters Hospitals
There are two civil hospitals in the district, one based in Tangeer and the other in Darail. Neither of the two hospitals offered any services for PWDs nor had any specific part of the budget apportioned to them. The hospitals had not been made accessible by the PWDs and did not employ any disabled persons. There was an audiographer available in both hospitals but he did not offer any specific services for PWDs. The staff was generally unaware of PWDs and related issues and the hospitals were not involved in any disability related research in the district.

(c) Basic Health Unit
The BHU in Chilas, Diamar also did not offer any services specifically for PWDs. The building was inaccessible for PWDs despite the fact that the BHU employed one PWD as a staff member.

(d) Dispensaries
Three dispensaries in Diamar, one in each Tehsil, were interviewed. However, none of the dispensaries had any services available for PWDs.

3.3.2.4 People’s Primary Healthcare Initiative
The PPHI oversaw the running of 6 MCH centers, 9 civil dispensaries, 21 FAP, 2 civil hospitals and 3 BHU in Diamar. The PPHI had a budget of approximately PKR 5 million for the last fiscal year but none of this amount was allocated for PWDs. The office in Chilas was inaccessible and none of the 12 staff members working in the PPHI office and 200 in the health facilities were PWDs. It also did not employ any disability rehabilitation experts. The staff however, was sensitive to the lack of awareness regarding rehabilitation of PWDs was weak amongst family members and communities, the negligence suffered by disabled persons at the hands of their family and the lack of medical help available to them in hospitals and health facilities.

3.3.2.5 National Database and Registration Authority
Based in Chilas, the Diamar NADRA office had issued 13 SCNICs to PWDs and collaborated with the Deputy Commissioner (DC) office for registration of PWDs. Since the NADRA office was easily accessible only by one of the three Tehsils in the district, a mobile CNIC making facility was available. And while the Diamar NADRA office itself was inaccessible and there was no dedicated window for PWDs, the staff was made to ensure that PWDs were not made to wait in line. None of the staff members in the office were PWDs and NADRA did not employ any disability rehabilitation expert. Also, there was general lack of awareness regarding disability amongst staff. NADRA had also not conducted any awareness raising campaigns on rehabilitation and inclusion of the disabled.

3.3.2.6 Zakat Department
The Zakat Department in Diamar awarded a number of grants: (1) Jahaiz fund; (2) medical fund; (3) education fund; and (4) a disability fund equivalent to 2% of available funds. The department also works in collaboration with Bait-ul-Maal, BISP and the Social Welfare Department with regards to PWDs and awards a minimum of PKR 3,000 for PWDs for 6 months. The department previously supported PWDs through the provision of assistive devices. The department office however, is inaccessible for disabled people and no PWDs or disability rehabilitation experts have been appointed as departmental staff. The staff recognises that no data has been collected regarding PWDs and their needs in the district but no researches have been conducted to date.

3.3.2.7 Bait-ul-Maal
Bait-ul-MaalinDiamar has established three types of grants for: (1) education; (2) health; and (3) financial assistance. The department however, has not set aside any specific portion of its budget for PWDs. The financial assistance grant is aimed at providing monetary help for deserving people and therefore, does not specifically target PWDs. The Diamar office in not disability friendly and does not employ any PWDs or disability rehabilitation experts. The staff showed sensitivity to the weak financial and social position of PWDs and recognised the importance of vocational and
capacity building training sessions. However, no research had been conducted in the area on PWDs.

3.3.3 Non-Government Organisations

3.3.3.1 Babusar Development Society
Babusar Development Society is a recently registered NGO in Chilas, Diamar working on improving education, health, natural resource management and water and sanitation in the district. It has signed MoU with LG&RD, Forests and Environment departments and receives funding support from Green Acre and Diamar Poverty Alleviation Programme (DPAP). 1 out of the 3 paid full time staff working for the NGO is a PWD. It has a policy on PWDs but does not have any dedicated initiatives in place for PWDs. However, it aims to introduce vocational training sessions to assist in employment of disabled persons in the future.

3.3.3.2 Dardistan Welfare Society
Dardistan Welfare Society is registered as a local NGO since 1992 with a dedicated office in Chilas, Diamar. It has been working in Gilgit-Baltistan for over 6 years with a focus on education, health and disability. The NGO has established linkages with the Health, Education, Social Welfare and Fisheries departments, NADRA and Bait-ul-Maal and its current funding partners include the Social Welfare department and Al-Khidmat Foundation. It employs 3 paid staff members on a full-time basis and has had 100 volunteers in the past of which 6 were PWDs.

The organisation works in collaboration with KDWA in the area and has helped PWDs in the areas of education, health and empowerment including the provision of assistive devices and awareness raising in all three Tehsils of the district. Dardistan has compiled a list of PWDs in the district and aims to continue working for the improvement of health and education of PWDs in the future.

3.3.3.3 Huquq-ul-Ibaad Welfare Association
Huquq-ul-Ibaad Welfare Association has been registered as a local NGO in Chilas, Diamar since 1990. It has been operating in 20 villages of Diamar for over 10 years. The NGO projects are based on education, relief and rehabilitation, human rights and disability and community infrastructure. It works in coordination with the departments of Health, Education, Social Welfare and LG&RD and NADRA and is funded by DPAP and PPHI. Its annual financial volume is PKR 10,000.

It currently employs no paid full time staff and only has 30 volunteers working for it on a need basis, 2 of whom are PWDs. Two disability rehabilitation experts, an eye technician and a physiotherapist, both of whom are currently posted outside Tehsil Tangeer, also volunteer for the organisation. Thus far, the NGO has benefited 300 girls, 10 widows, 150 orphans and 30 PWDs. The primary source of assistance extended to PWDs is by giving them food and clothing on a need basis. However, the organisation aims to work on increasing the level of inclusion of PWDs in all aspects of society in the future.

3.3.3.4 Karakoram Environmental Welfare Society
Karakoram Environmental Welfare Society (KEWS) has been working in the Diamar district for over 9 years on a wide range of projects ranging from education, health, natural resource management and disability to relief and rehabilitation, human rights and sports & culture. It has established linkages with the Health, Education, Social Welfare and Forest departments and receives funding support from the District NGO Network, DPAP, Bio Resource Centre (BRC) in Islamabad and the Gilgit-Baltistan Forest Department. One out of the 6 volunteers working for the NGO is a PWD. At the same time, it has an established policy on disability; however, it currently does not have any specific programmes focusing on PWDs.

3.3.4 Local Support Organisations
Although community based organisations and small NGOs do exist but since AKRSP does not work directly in district Diamar therefore SOs were not found.


3.3.5 Disabled Persons Organisations

Although Karakoram Disabled Welfare Association (KDWA) is registered under voluntarily act through the office of the Assistant Commissioner of Chilas since 2004 but it claims to be a DPO. The organisation focuses on water resource development, household sanitation, donations to PWDs and vocational skill development including some training sessions for PWDs. It works in collaboration with the government departments Health, Education, Social Welfare, NADRA, Bait-ul-Maal and LG&RD and the Deputy Commissioner. It has also signed a MoU with the National Council for Social Welfare to this end. It has had an annual financial volume ranging between PKR 300,000 and PKR 600,000 in the last few years.

KDWA received PKR 200,000 as a matching grant for the establishment of three vocational training centres and was also recently approved to receive a grant of PKR 500,000 for the construction of the vocational training centres. The organisation was also supported by the Northern Areas Development Project in the installation of water pipes from water sources to the villages. The NGO has worked to the benefit of all genders and age groups including PWDs.

The NGO employs 5 full time paid members of staff and 5 more boys on a voluntary basis. Two of the staff members are PWDs with very mild disabilities. The President of KDWA had some hearing problems due to a gunshot close to his ear. Another person working for the organisation had an accident and injured his hand. However, he is able to use his hand properly and the injury has only resulted in a small deformity which is not visible his arms are fully covered. While KDWA does not have policies in place for PWDs, it aims to include disabled people in all of its future programmes including the provision of land and housing assistance to poor people, medical assessment and assistive devices for PWDs, vocational skills training and water and sanitation services in remote areas of the district.

3.4 Ghizer

Ghizer, with its district Head Quarters in Gakuch, comprises 4 Tehsils namely, Punyal, Ishkomen, Yasin and Gupis and is further divided into 12 UCs. It has a population of 120,218 according to 1998 census. The district forms the northernmost part of the northern areas and is home to several valleys including the Phandervally, which lies between two of the world’s greatest mountain ranges, Karakoram and Hindu Kush. The district is home to several lakes and passes that connect it to China, Chitral (KPK) and District Gilgit. The district is located 101 km away from Gilgit.

A total of 606 PWDs were interviewed in the district. This comprised 4% of total population of the 49 villages visited in the district. The most prevalent types of disabilities in the district included blindness or low vision, lower body disability, full or partial hearing impairment and intellectual disability. Similar to other districts, roughly 65% of PWDs were male and most of those interviewed fell within the 19 to 50 age bracket.

The Social Welfare department in Ghizer had set up a Patient Welfare section in the DHQ Hospital. While this section was not specifically targeted at PWDs, it did have some initiatives in place and had provided some assistive devices. The Education department in the district was working in collaboration with the Education Development Improvement Programme (EDIP), a large scale project being implemented in the province. A small limb of EDIP involved inclusive education for the most neglected segments of the community, which also covered PWDs amidst other potential beneficiaries. None of the other departments had initiatives in place for PWDs.

Four NGOs and seven LSOs operating in the district were interviewed. Of this, only 1 NGO, Aga Khan Social Welfare Board (AKSWB) in Immit and 3 LSOs namely Al-Karim Development
Organisation, Chatorkhan LSO and Sangam LSO Hatoon had indirectly benefited PWDs through their regular programmes. Details of their activities are given in the following subsections.

3.4.1 Status of Persons with Disabilities

3.4.1.1 Tehsil Wise Distribution of PWDs
Interviews were conducted with PWDs 49 villages across the 4 Tehsils: 8 villages in Tehsil Punyal, 10 in Tehsil Ishkomen, 16 in Tehsil Yasin and 15 in Tehsil Gupis. A total of 606 PWDs in Ghizer accounting for 4% of the total populations of the villages visited have been included as part of the findings for this section.

3.4.1.2 Gender and Age Wise Distribution of PWDs
Well over half of the PWDs, comprising 65.5% of respondents, were male. A significant proportion of respondents, approximately 41.6%, fell within the 19 to 40 age bracket. 14.4% of those interviewed were 6 to 15 years old while 12.4% were over 60 years of age.

3.4.1.3 Prevalence of Types of Disabilities
There was a varied spread of PWDs across different types of disabilities. The greatest proportion of respondents, 32.2% of PWDs interviewed, suffered from either hearing or speech impairment or both. Furthermore, 18.0% suffered from blindness or low vision, 16.5% from lower body disability, 14.2% from intellectual disability and 9.2% from hand disability. 5.6% of PWDs interviewed suffered from multiple disabilities, the highest proportion of respondents falling within this category across all districts.

3.4.1.4 Causes of Disability
An overwhelming majority of respondent PWDs accounting for 80.0% of those interviewed had been disabled by birth. This figure was even higher for WWDs of whom 83.7% had been disabled by birth. Of those remaining, 10.6% stated that their disability was caused by illness while 7.1% stated that it was caused by an accident.

3.4.1.5 Duration of Disability
Apart from those not disabled by birth, 11.9% had been disabled for over 5 years and an additional 5.9% had been disabled for greater than 12 months but less than 5 years. Similar trends were observed for WWDs.

3.4.1.6 Number of PWDs that Received Medical Assessments
28.2% of PWDs interviewed had received medical assessments in the district. Of this figure, 67.3% were males and 32.7% were females. In comparison to the findings in table 58 above, only 4.8% of PWDs interviewed had assistive devices. This figure comprised disproportionately of 93.1% males PWDs.

3.4.1.7 Number of PWDs that Attended School
Only 6.2% of PWDs had attended school of which 61% were males. In comparison, there were 23.0% CWDs that had attended school of which 65% were males and remaining females.
3.4.1.8 Frequency of Participation in Sports by PWDs
An overwhelming 74.4% PWDs stated that they did not participate in sports activities at all. Only 6.5% were involved in sports activities on a frequent basis of which 83.3% were males. The remaining PWDs participated in sports only occasionally.

3.4.1.9 Number of PWDs with Vocational Skills
Only 11.1% of PWDs had vocational skills. This figure comprised 76% males and remaining female PWDs. Of those PWDs with skills, 20% of PWDs had learnt handicraft or tailoring each. Furthermore, 14% of PWDs had learnt how to make fruit products. Interestingly, a large proportion of PWDs, approximately 40% did not fall into either of these categories and had learnt other skills.

3.4.1.10 Number of PWDs Earning Income
Only 7.8% of all PWDs interviewed were earning an income. Out of those earning, 87% were males while the remaining were female PWDs. The average monthly income of more than half, approximately 53.9%, of PWDs, were earning less than PKR 3,000 per month. Furthermore, an additional 25.6% were earning an income of between PKR 3,000 and PKR 5,000. Only 5.1% of PWDs, all of which were males, were earning an income of over PKR 10,000.

3.4.2 Government Departments and Services

3.4.2.1 Social Welfare Department
The Social Welfare department in Gakuch, Ghizer worked in coordination with 104 NGOs operating in the district. None of the budget for the department had been allocated for PWDs and the office had not been made disability friendly. The office did not employ any PWDs amongst its staff; however, the existing staff was able to identify barriers to mainstreaming disability in the district including a lack of awareness, special schools and accessibility in public buildings. The department was not involved in any disability related researches in the district.

The Social Welfare department also had a Patients Welfare section based in the DHQ Hospital. This division was responsible for the welfare of poor patients, organising medical camps in remote areas, and providing free medicine and counselling sessions for poor and needy patients. It also assessed patient affordability and made referrals to Bait-ul-Maal for awarding medical grants to deserving patients. With regards to PWDs it provided assistive devices as per availability and worked in collaboration with the Social Welfare department at provincial level for issuance of disability certificates.

No portion of the budget for this division of the Social Welfare department had been allocated specifically for PWDs and the section had not been made accessible for disabled persons. The department did, however, employ 4 male and 1 female PWDs as staff members. The department also provided wheel chairs to two people with physical disabilities. The division has not been involved in any researches or surveys regarding disability in the district.

3.4.2.2 Education Department
The Education Department was responsible for overseeing the functioning of 56 primary schools, 24 middle schools and 29 secondary schools. The department has a budget of PKR 320 million but none of this has been allocated for PWDs. However, the department was working in collaboration with Education Development Improvement Programme by Aga Khan Education Services on disability initiatives in the district. The department office in Gakuch is inaccessible for PWDs but out of 1,035 teaching and non-teaching staff working under the department, 5 are PWDs. The staff members also showed an understanding of lack of resource allocation at provincial government level for PWDs are a barrier to mainstreaming disability in the district. The department was not involved in any researches or awareness raising campaigns either.

3.4.2.3 Health Department
The Health Department is responsible for the running and management of 1 DHQ Hospital, 67 DHOs, 27 PPHI institutions and 5 SLHFs. The department had a budget of PKR 105 million for the current fiscal year none of which had been allocated to disability related initiatives. However, as mentioned above, the DHQ Hospital was involved in the provision of wheel chairs to PWDs in
collaboration with the Social Welfare department’s Patient Welfare section. The department office had been made accessible and out of 470 staff members employed, 9 were PWDs. The staff members were aware of 2% job allocation quota for PWDs under national laws. The department was not involved in any research or surveys on disability in the district.

Two interviews were also conducted with MCH Centres in Singal and Ghizer operating under the district Health Department. None of these had any facilities or services for PWDs.

(a) MCH Centres
Neither of the MCH centres had any portion of their budgets set aside specifically for PWDs. The centres were not accessible and did not employ any PWDs. There was a general lack of awareness regarding PWDs amongst the staff members and the centres were not involved in any disability related researches in the district.

(b) First Aid Posts
The FAP does not have any initiatives in place for PWDs. No portion of the budget had been allocated for disability initiatives, the office in Gupis has not been made accessible and FAP does not employ any PWDs as staff. It has not conducted any researches in the district and does not have any future plans for working on disability related initiatives.

3.4.2.4 National Database and Registration Authority
NADRA in Ghizer was involved in issuing SCNICs to 300 PWDs in the district. The office is currently inaccessible but there are future plans to construct a ramp at the entrance and make wheel chairs available. There is no dedicated window for PWDs but a mobile facility is available to provide access to NADRA services in the whole district. The office employs 14 staff members none of whom are PWDs. It does not employ any disability rehabilitation experts. The staff was aware of the lack of systematic measures for medical rehabilitation by the government, direct policy for PWDs under BISP and provision of education of children with disabilities in the school system. NADRA in Ghizer was also previously involved in an awareness raising campaign to inform PWDs about the issuance and advantages of SCNICs.

3.4.2.5 Local Government & Rural Development Department
LG&RD department was involved in a range of projects in the district neither of which concentrated on disability related initiatives. No portion of the budget had been allocated to the provision of services for PWDs. The department office was inaccessible and LG&RD Ghizer did not employ any PWDs or disability rehabilitation experts amongst its staff. There was general lack of awareness amongst staff members regarding disability and the department was not involved in any researches on disability in the district.

3.4.2.6 Zakat Department
The Zakat Department had set up 5 grants in the district for the following purposes: (1) Jahaiz; (2) Education; (3) Disabled Persons; (4) Sick Persons; (5) Poor Persons. PWDs were given a minimum PKR 3000 for 6 months but the specific amount set aside from the budget for PWDs was not specified. The department office was inaccessible and the department did not employ any PWDs. The staff was aware of the lack of data on the prevalence of disability in the district but the department was not involved in any researches or surveys on PWDs in Ghizer.

3.4.2.7 Bait-ul-Maal
Bait-ul-Maal based in Gakuch had set up two types of funds: (1) Education Stipends; (2) Individual Financial Assistance (IFA). While none of the grants targeted and no portion of the budget had been specifically aimed at PWDs, Bait-ul-Maal has been involved in the provision of assistive devices and income support for disabled persons in the recent past. It currently worked in collaboration with the Social Welfare department, AKRSP, Aga Khan Health Services Pakistan (AKHSP) and DHO for providing PWDs with grants under the IFA programme. The department office had not been made accessible and it did not employ any PWDs. However, it had been involved in awareness raising campaigns on disability related issues in the past and the staff demonstrated knowledge of national laws and UNCRPD articles for PWDs.
3.4.3  Non-Government Organisations

3.4.3.1 Aga Khan Regional Council for IshkomenPunyal
The AKRC for IshkomenPunyal has been operating in Pakistan and GilgitBaltistan for over 30 years focusing its efforts on improving health, education, natural resource management, relief and rehabilitation, human rights and women activities and benefiting women, elderly, children, widows, orphans, entrepreneurs and youth. It operates under the Aga Khan set up and has signed MoU with all major government departments. It also has linkages with other NGOs in the district namely, Hashoo Foundation, Al-Khidmat Foundation and Mountain Institute of Education Development (MIED). AKRC currently does not have any initiatives in place specifically geared towards PWDs and also does not employ any PWDs or disability rehabilitation experts. However, it recognises the prevalent lack of awareness about importance of mainstreaming PWDs in the district. Therefore, it aims to include PWDs in the future focusing on all the same types of programmes as it is currently involved in.

3.4.3.2 Aga Khan Social Welfare BoardImmit
Agha Khan Social Welfare Board (AKSWB) based in Tehsil Gahkuch and Immit of District Ghizar is registered local NGO. It has a dedicated office in each tehsil and district. It operates through volunteers and have only two paid staff members. None of the staff members and volunteers are PWDs. The programme focus is on health, education, women development, rehabilitation of drug addicts and care support for elderly people. AKSWB does not have any disability expert. It does not have specific initiatives for PWDs but it has benefitted disabled people in its health and education activities.

3.4.3.3 Aga Khan Social Welfare BoardPunyal and Ishkomen
AKSWB has been operating in the two Tehsils of Punyal and Ishkomen for over 6 years on education, health, disability and relief and rehabilitation. It has benefited a large number of women children, elderly persons, PWDs, widows and orphans. AKSWB has signed MoU with the Social Welfare department, Bait-ul-Maal and NAVTEC. While AKSWB for Tehsils Punyal and Ishkomen does not employ any PWDs it does have written policies for PWDs. It also aims to continue working for PWDs in the future concentrating its efforts on providing trainings and monetary assistance. It has not been involved in any research on disability in the district.

3.4.3.4 Mountain Institution for Educational Development
MIED has been working in Gilgit-Baltistan for more than 6 years on improving education in the province. It has signed a MoU with the Education Department and receives funding support from PPAF, CARE International, Japan International Cooperation Agency (JICA), PLAN International and UNICEF. It does not employ any PWDs but does have written organisational policies on disability. While it has not been involved in any disability initiatives directly, it is looking to conduct training sessions for teachers in local schools on inclusive education for PWDs.

3.4.4  Local Support Organisations

3.4.4.1 Al-Karim Development Organisation
Al Karim Development Organisation is an unregistered LSO. It has a dedicated office in Tehsil Yasin Thaus, District Ghizar. The programme focus of this LSO is education, health, water and sanitation, human rights and natural resource management. It has 9 paid staff members. It does not have dedicated initiatives for PWDs but it has benefited PWDs in its regular programmes on health and education.

3.4.4.2 Beston LSO
Beston has been working in GakuchBala since 2010 on improving access to education to health and reducing poverty. It receives funding from AKRSP, JLI, PLAN Pakistan, WWF, Rupani Foundation and the district Agriculture and LG&RD departments. It currently does not employ any PWDs and does not have any disability initiatives in place. However, it is looking to include PWDs in its future programmes focusing on improving health and technical skills.
3.4.4.3 Chatorkhan LSO
Chatorkhan LSO is a registered LSO in Gilgit since 2010. It has a dedicated office in Tehsil Chatorkhan District Ghizar. The programme focus of this LSO is education, health, water and sanitation, human rights and natural resource management and receives funding support from AKRSP, Rupani Foundation, AKHS and Hashoo Foundation. It has an annual financial volume of PKR 2 million. It has 10 paid staff members. There is one qualified refractionist working in this LSO. It has been working with PWDs in 9 villages of Tehsil Iskhomen on health related projects. It has also benefitted PWDs in its regular programmes on education.

3.4.4.4 Gupis Rural Support Programme
Gupis Rural Support Programme (GRSP) has been working in Tehsil Gupis on education, health, natural resource management, human rights, youth development, entrepreneurship, agriculture and infrastructure related projects for the last 6 years. It receives funding support from AKRSP and USAID. While it does not have any specific programmes in place for PWDs, the LSO is looking to work with disabled persons in the future. It does not currently employ any PWDs or disability rehabilitation experts but the organisation was recently involved in a survey of disability in the district. GRSP will be incorporating disability related aspects in its future programmes on education and skill development.

3.4.4.6 Ideal Society Development Network Welfare Society
Ideal Society Development Network Welfare Society (ISDNWS) has been operating in Tehsil Iskhomen for the last one year and has established linkages with the Social Welfare departments. The LSO aimed to focus on education and health particularly targeting students and PWDs. However, it does not currently have any initiatives in place for PWDs. Two of the volunteers working with the organisation are disabled but the LSO does not employ any disability rehabilitation experts. It has conducted a baselines survey of disability in Tehsil Iskhomen and will be working with PWDs on initiatives based on improving education and developing skills.

3.4.4.7 Sangam LSO Hatoon
Sangam has been registered as a local LSO in Gilgit since 2006. It has a dedicated office in Gahkuch, Ghizer and has been working in Tehsil Punyal of the district focusing its efforts on education, health, natural resource management, disability, livelihood, skills development and poverty alleviation. It has linkages with Social Welfare and Forest departments, NADRA and Bait-ul-Maal and has signed MoU with the Health and Agriculture departments. It receives funding support from AKRSP. Its initiatives for PWDs have been concentrated on health, livelihood and awareness raising. It employs 2 full time paid staff members and has 15 volunteers. It does not employ any PWDs or disability rehabilitation experts amongst its staff members but it has been involved in research on the prevalence of disability in the tehsil. It aims to continue working for disabled persons in the future focusing on education, health and awareness raising.

3.4.4.8 Thoi Development Organisation
Thoi Development Organisation is a recently established LSO in Tehsil Yasin and has been working on programmes focusing on education, health, water and sanitation and skill development for less than a year. It receives funding from AKRSP, does not employ any PWDs and has not involved in any research on disability in the district. It aims to work with PWDs in the future but specific details were not shared during the course of the interview.

3.4.5 Disabled Persons Organisations
There was no disabled persons organisation working in district Ghizar.
3.5 Hunza Nagar

Hunza Nagar, with its headquarters in Aliabad, comprises four Tehsils namely, Nagar-1, Nagar-2, Hunza and Gojal. The district has a population of 165,355 and is further subdivided into 15 UCs. The district comprises of the Hunza and Nagar valleys both situated roughly 2,500 m above sea level. The district is a popular tourist destination because of the scenic views of surrounding mountains. The main languages spoken in the district are Burushaski, Wakhi and Shina. The district is located at a distance of 259 km from Gilgit.

A total of 750 PWDs were interviewed in the district across 25 villages in 4 tehsils. This comprised 5% of the total population of all the villages visited during the course of the research process. The most prevalent types of disabilities in the district included both hearing and speech impairment, lower body disability and blindness or low vision. More than half of the PWDs interviewed, approximately 58.0% were male and the most significant proportion of respondents fell within the 19 to 50 year age group. A large proportion of respondent PWDs were also aged 60 years or older.

None of the government departments except NADRA were directly involved in any specific initiatives for PWDs. NADRA was actively involved in issuing SCNICs to PWDs. The department office had been made accessible and there was a mobile facility available in the district. Moreover, NADRA was involved in an awareness raising campaign alongside the Social Welfare department in the district meeting with community leaders to encourage people to register PWDs in their family with the departments.

None of the remaining departments interviewed had set aside any portion of their budgets for PWDs; however, the district offices of Health and LG&RD departments and all four health facilities operating under PHI had been made partially accessible. Moreover, none of the departments employed any PWDs except for the Education and Health departments. Disability rehabilitation experts were not employed by any department. Apart from NADRA and Social Welfare department, none of the other district departments were involved in any awareness raising campaigns or research on disability in the district.

There are 4 NGOs, 13 LSOs and 1 DPO operating in Hunza Nagar. Only one NGO KADO had been working exclusively with PWDs in the district. Two other LSOs had some participation from PWDs in their mainstream programmes but neither of the two was specifically working on disability in the district. VISA is the only DPO working in the district but it is currently unregistered and looking for funding. Details of the initiatives of government and non-government actors in the district are as follows.
3.5.1 Status of Persons with Disabilities

3.5.1.1 Tehsil Wise Distribution of PWDs
There were a total of 25 villages visited across 4 Tehsils in Hunza Nagar: 4 villages in Nagar-1, 6 in Nagar-2, 9 in Hunza and 6 in Gojal. 750 PWDs were interviewed in these villages, which comprised 5% of the total population of visited villages.

3.5.1.2 Gender and Age Wise Distribution of PWDs
More than half, almost 58.0% of PWDs interviewed, were males. Approximately, one third of the PWDs fell within the 31 to 50 age bracket. 14.4% of PWDs were aged 6 to 15 years while 18.9% of PWDs were 60 years or older.

3.5.1.3 Prevalence of Types of Disabilities
49.7% of respondent PWDs suffered from either hearing or speech impairment or both. Additionally, 18.4% suffered from lower body disability with 14.5% suffering from blindness or low vision. Only 0.8% of respondents suffered from multiple disabilities.

3.5.1.4 Causes of Disability
62.8% of respondent PWDs had been disabled at birth. An additional 21.9% of PWDs stated that their disability was caused by illness while 7.5% became disabled due to old age.

3.5.1.5 Duration of Disability
As noted above, 62.8% in Hunza Nagar were disabled since birth. This was followed by 32.9% of PWDs that had been disabled for over 5 years. Similar trends were observed for WWDs.

3.5.1.6 Number of PWDs that Received Medical Assessments
25.5% of PWDs had received medical assessments. Of this figure, 63.4% were males while the remaining 36.6% were females. There were only 2.4% of PWDs in the district with assistive devices. However, this figure comprised an equal number of male and female PWDs.

3.5.1.7 Number of PWDs that Attended School
Only 8.0% of PWDs had attended school of which 65% were males. In comparison, a much higher 40.7% of CWDs had attended school. This latter figure comprised 61% males and 39 females.

3.5.1.8 Frequency of Participation in Sports by PWDs
Very few PWDs were actively involved in sports activities in the district with only 3.7% PWDs participating on a regular basis. This figure comprised disproportionately male PWDs. 79.8% stated that they did not take part in sports at all while the remaining 16.5% only participated occasionally.

3.5.1.9 Number of PWDs with Vocational Skills
Only 11.4% of PWDs had learnt vocational skills. Similar trends were observed for WWDs and their male counterparts. Out of those with vocational skills, 22.9% knew how to embroider while 21.4% had learnt tailoring. Another 20.0% of PWDs with vocational skills had learnt handicraft and 8.6% of PWDs had each learnt carpentry and how to make fruit products.
3.5.1.10 Number of PWDs Earning Income
Only 8.5% of PWDs were earning an income. This included 81% of males and a mere 19% female PWDs. A significant proportion of PWDs, approximately 42.3%, were earning an income of less than PKR 3,000. Another 30.8% of PWDs were earning between PKR 3,000 to PKR 5,000 per month. It should be noted that all PWDs earning between PKR 5,000 to PKR 10,000 (17.3%) and over PKR 10,000 (9.6%) were males.

3.5.2 Government Department and Services

3.5.2.1 Education Department
The Education Department in the district was responsible for overseeing the functioning of 47 primary schools, 37 middle schools and 18 secondary schools. The department had not set aside any portion of the budget aside for PWDs. The department office was not accessible for PWDs even though the department had disabled persons working in the district office. The department did not employ any disability rehabilitation experts. The staff recognised that lack of resource allocation for disability related initiatives at government level was a major barrier to mainstreaming PWDs; however, the department was not involved in any research or awareness raising campaigns on disability in the district.

3.5.2.2 Health Department
The Health Department was running 62 FLCFs in Hunza Nagar. While no portion of the budget had been allocated for PWDs, the department did have initiatives in place for the medical assessment of disabled persons. The department office was accessible for PWDs and employed 3 PWDs out of 324 staff members. The office did not employ any disability rehabilitation experts and was not involved in any research or awareness raising campaigns on disability in the district. Civil Hospital Aliabad in Hunza, two BHUs in Khan Abad and Hoper and two FAPs in Hyderabad and Nilt were also interviewed. Details of the facilities available at each are as follows:

(a) Civil Hospital Aliabad, Hunza
The hospital in Aliabad did not have any specific initiatives in place for PWDs and did not offer any medical assessment services specifically for the disabled. The hospital budget did not account specifically for PWDs. However, the hospital had been made accessible for PWDs via a ramp but currently, did not employ any disabled persons or disability rehabilitation experts as staff members. The staff recognised that lack of awareness and budget allocation were barriers to mainstreaming disability but the hospital was not involved in any researches or surveys in the district.

(b) Basic Health Units
Both the BHUs interviewed did not have any facilities for PWDs. The units did not have budget allocations for PWDs, were not a disability friendly and did not employ any PWDs or disability rehabilitation experts. There was a general lack of awareness on disability related issues amongst staff members as well.

(c) First Aid Posts
Two FAPs, one in Hyderabad and the other in Nilt, were visited during the interview process. Neither of the two had any initiatives in place for PWDs. Their offices were inaccessible and did not employ any PWDs or disability rehabilitation experts either. In both offices, the knowledge of the staff on disability related issues was limited; however, staff in both offices identified lack of relevant healthcare facilities in the district as barriers for PWDs.

3.5.2.3 People’s Primary Healthcare Initiative
The PPHI in Hunza Nagar was operating 4 health facilities in the district all of which had been made accessible for PWDs. While PPHI did not have budget for specific disability related initiatives, the office had been made accessible for PWDs as well. PPHI Hunza Nagar did not employ any PWDs or disability rehabilitation experts and were not involved in any research on disability in the district.
3.5.2.4 National Database & Registration Authority

NADRA in Hunza Nagar was actively involved in encouraging PWDs in the district to register with the Authority. The office was accessible for PWDs and a mobile SCNIC facility was available in all areas of the district. The office did not employ any PWDs but recognised the importance of availing the facilities accompanied by SCNICs for disabled persons. It had conducted an awareness raising campaign in the district meeting with community leaders and Social Welfare department to encourage people to register PWDs in their family.

3.5.2.5 Local Government & Rural Development Department

The LG&RD department in Hunza Nagar was involved in the development of vocational and skill development centres and irrigation channels. The department did not extend any services for PWDs and considered disability to not fall within the scope of the work and projects undertaken by LG&RD. The department did not have a budget for disability related initiatives. The office in Aliabad, Hunza had been made accessible for PWDs but did not employ any disabled persons or disability rehabilitation experts. It was also not involved in any research or awareness raising campaign on disability in the district.

3.5.3 Non-Government Organisation

3.5.3.1 Aga Khan Education Services Pakistan

Aga Khan Education Services (AKESP), with its head office in Canada, had been working in the district for over 6 years implementing projects focusing on improving access to and quality of education services. AKESP had linkages with the district Education department. However, it had not worked with PWDs before, did not employ any disabled persons or disability rehabilitation experts and did not have any future plans of incorporating disability related aspects into its programmes.

3.5.3.2 Aga Khan Rural Support Programme

AKRSP has been working on improving education, health, natural resource management, water and sanitation and human rights for over 6 years in the district. It had linkages with the Social Welfare department and had signed MoU with the Education, Health and Agriculture departments. It received funding from a number of national and international NGOs and had worked with over 80,000 beneficiaries in the district. While it did not employ any PWDs or disability rehabilitation experts and did not have any specific initiatives in place for PWDs, the staff recognised that lack of funding, gaps in data and research and lack of rehabilitation institutions in the district were major barriers to mainstreaming disability in NGO programmes. Furthermore, AKRSP aimed to work directly with PWDs in the future to ensure their participation in public affairs and social activities.

3.5.3.3 Karakoram Area Development Organisation

KADO is registered as a local NGO of Hunza. It has been working in Hunza since 1998 through funding support from international donors on Information Technology Training, Human and institutional Development of Community Organizations, Environmental Management and Cultural Revival and Enterprise Development. Under its enterprise development programme, it received funding for establishing wool spinning center in which it employed exclusively 50 PWDs people. At the time of the interview, the funding of the project was concluded and the organization has reduced the number employed PWDs from 50 to 10. The wool spinning center was accessible for physically disabled but the office of KADO was on upper story and inaccessible for physical disabled. KADO had also been involved in research on disability in the district.

3.5.3.4 Nobahar

Nobahar had been operating in the district since 2003 focusing on improving education, health and water and sanitation. The NGO worked in collaboration with the Health and Social Welfare departments and signed MoU with the Education department. It did not employ any PWDs or disability rehabilitation experts; however, Nobahar had worked with PWDs in Hunza and aimed to continue this in the future. The organisation’s future programme focus for PWDs was to work on improving access to and promoting inclusion of disabled persons in educational institutions in the district.
3.5.4  Local Support Organisations

3.5.4.1 Baltit Rural Support Organisation
Baltit Rural Support Organisation (BRSO) had been working in Hunza since 2007 concentrating its efforts in improving water and sanitation, natural resource management and education. It had signed MoU with the Agriculture and Tourism departments and received funding from AKRSP, CARITAS, JICA, USAID and PLAN International. BRSO did not have any initiatives in place for PWDs currently neither did it employ any PWDs in the organisation. However, the staff recognised that lack of funding and rehabilitation centres in the district were major barriers in mainstreaming disability and thus, aimed to include PWDs in its future programmes focusing on eco-friendly farming and water and sanitation.

3.5.4.2 Chipurson LSO
Chipurson (CLSO) is a registered LSO since 2008. It has been working in Chipurson for over 6 years undertaking a range of initiatives. It had granted 28 awards for small projects in 12 villages on developing vocational centres, tuition classes for youth, repairing of bridges, land levelling and suspension of bridges. It also audited Village and Women Organisations in Chipurson. While it did not have any specific disability initiatives, it tries to include PWDs in all its programmes and received funding from WASEP, Environmental Protection Agency (EPA) and the Forest department. It employs three paid full-time staff none of whom are PWDs or rehabilitation experts. It aimed on working directly with PWDs as part of its future programmes focusing on education, health and capacity building.

3.5.4.3 Ganish Development Organisation
Ganish Development Organisation (GDO) has been operating in UC Ganish since 2007 on improving areas such as education, health, socioeconomic development and women empowerment in collaborating with funding partners AKRSP, USAID and CARITAS. The LSO also has linkages with NADRA district office. The organisation does not employ any PWDs or disability rehabilitation experts and does not have any specific initiatives focusing on disability. However, it aims to incorporate disability related aspects into its future programmes concentrating on vocational trainings, skill development programmes and health.

3.5.4.4 Golden Jubilee Organisation for Local Development
The Golden Jubilee Organisation for Local Development (GOLD) has been operating in UC Aliabad for over 6 years on water and sanitation and natural resource management related projects. It has signed MoU with both LG&RD and Agriculture departments and receives funding support from AKRSP, CARITAS and JICA amongst others. While it does not employ any PWDs and none of its programmes specifically target PWDs, it does have written organisational policies on disability. It aims to include PWDs in all its upcoming mainstream programmes and is looking to work on youth development, education, health, livelihood, socioeconomic development, fruit processing and entrepreneurship in the future.

3.5.4.5 Gojal Local Support Organisation Network
Gojal Local Support Organisation Network (GOLSON) has been formed by AKRSP to ensure all LSOs are functional and engaged in community development activities. It works on improving standards and building capacity of local LSOs, NGOs and other development organisations operating in Gojal by supervising and coordinating available facilities and working in close collaboration with local government, national and international NGOs. To this end, it has signed MoU with LG&RD department and further has established linkages with the Education department and DHO. Out of those LSOs interviewed, GOLSON is currently working with CLSO, Gojal Rural Support Organisation (GRSO) and Mountain Area Support Organisation (MASO). This network drives the overall programme and direction of LSOs work. It does not have any specific implementation programmes for PWDs. Member LSOs, if interested in working with PWDs, are encouraged to under the network.

3.5.4.6 Gojal Rural Support Organisation
GRSO is a registered LSO operating in Tehsil Sost on community development since 2007. It works in partnership with AKRSP and KADO for community development and also has signed
MoU with Agriculture, LG&RD and Planning & Development (P&D) departments. It employs 5 paid full time staff members none of whom are disabled and has one consultant available on a need basis. It does not have a dedicated programme for PWDs but it has collected a list of PWDs in its area and would like to work for them if funding would be available.

3.5.4.7 Hyderabad Rural Support Organisation
Hyderabad Rural Support Organisation (HRSO) has been working in UC Hyderabad since 2007 on water and sanitation, natural resource management, education, health and women development related projects. It works in collaboration with the district Agriculture department and receives funding support from AKRSP, CARITAS and PLAN Pakistan. While it does not work directly with PWDs in the district and does not employ any disabled persons or disability rehabilitation experts, it does aim to work with PWDs in the future particularly focusing on the provision of vocational training.

3.5.4.8 Mountain Area Support Organisation
MASO has been established in the district since 2008 working on a range of projects such as provision of vaccination services to sheep, provision of seeds and fertilisers, reparation of link roads, pony tracks and irrigation channels. The NGO works in collaboration with the LG&RD, Forest and Agriculture departments and receives funding from AKRSP, RSPN, Himmat and CARITAS. It does not have specific disability related initiatives and only works with PWDs in Gojal indirectly. It also does not employ any PWDs or disability rehabilitation experts. However, it does look to incorporate disability aspects in its upcoming projects especially those focusing on education, health and skill development.

3.5.4.9 Rakaposhi Development Organisation
Rakaposhi Development Organisation (RDO) has been working in UC Asqurdas on projects focusing on education, health, natural resource management, water and sanitation and socioeconomic development in collaboration with the Agriculture department, AKRSP and JICA amongst others. It does not have any direct initiatives in place for PWDs and does not employ any PWDs or rehabilitation experts. However, it recognises the lack of awareness of disability related issues in the district and therefore, aims to implement awareness raising campaigns motivating communities to include PWDs in social activities.

3.5.4.10 Rakaposhi Local Support Organisation
Rakaposhi Local Support Organisation (RLSO) based in Pison, Tehsil Nagar-II has been operating in the district since 2008. Its projects have focused on education, health, natural resource management, water and sanitation and socioeconomic development and receive funding support from AKRSP, JICA, CARITAS and WWF amongst others. RLSO has also signed a MoU with EPA Pakistan. While it does not employ any PWDs or disability rehabilitation experts, one of the volunteers working for the organisation is disabled. It does not have any disability related initiatives in place but the organisation recognises lack of awareness and funding available for PWDs as barriers in mainstreaming disability in LSO programmes. Therefore, it aims to collaborate with organisation working for PWDs on implementing skill development programmes.

3.5.4.11 ZADO
ZADO has been working in the district since 2010 on projects focusing on water and sanitation, relief and rehabilitation, agriculture and youth development. It has links with NADRA and the Agriculture department and receives funding from AKRSP, CARITAS, USAID and the LG&RD department. It currently does not have any specific programmes for PWDs and does not employ any PWDs or disability rehabilitation experts. However, the organisation recognises lack of adequate human resource development as barriers to introducing initiatives for PWDs. It therefore aims to collaborate with other organisations working for PWDs in the district to incorporate disability aspects in its future programmes on agriculture, youth development, women development, education and health.

3.5.4.12 Shainbar Rural Support Organisation
Shainbar Rural Support Organisation (SRSO) started working in UC Chalt in 2008 and has since implemented projects focusing on water and sanitation, natural resource management, education,
health, conservation and women development. It is working in collaboration with NADRA, BISP and Education, Agriculture and Forest departments and receives funding from AKRSP, CARITAS, FOCUS and USAID. It does not have any specific programmes from PWDs and does not employ any as part of the organisation's staff. However, SRSO recognises lack of funding and adequate human resources and gaps in data and research as potential barriers for implementing programmes for PWDs in the district. As a result, it is looking to work directly with PWDs in the future focusing on the provision of skills development programmes and vocational trainings.

3.5.4.13 Akbar Development Organisation

Akbar Development Organisation (ADO) has been working in the district for over six years. It is a voluntary organisation working in collaboration with funding partners AKRSP, AKHSP, AKESP, FOCUS and WWF. It has established linkages with Social Welfare and Planning & Development departments. It does not employ any PWDs and does not have any specific initiatives in place for disabled persons. However, it does established policies about disability and is looking to work with PWDs in the future on programmes focusing on the provision of vocational trainings and skills development.

3.5.5 Disabled Persons Organisations

Visually Impaired Students Association (VISA) is a recently established and unregistered DPO in Hunza Nagar of 24 blind people. It does not have any office and resources for its programme. It aims to get registered and focus on education and livelihood of blind people in Hunza Nagar.

3 B Baltistan Region

3.6 Skardu

Skardu is the capital of the Baltistan division of the province and comprises six Tehsils namely, Skardu, Gultari, Kharmong, Roundo, Gamba and Shigar. With a population of 214,848 according to the 1998 census, the district can be further divided in 31 UCs. Skardu is based on an elevation of 2,438 m above sea level and is home to beautiful lakes, glaciers and mountain peaks – K2 being the highest peak in Pakistan and the second highest peak in the world. It is located at a distance of 207 km from Gilgit.

Overall, 555 PWDs were interviewed in Skardu. This comprised 4% of the total population of the 30 villages across 5 tehsils. The most prevalent disabilities in the district included full or partial hearing impairment, blindness or low vision and lower body disability. As with the other districts, well over half of the PWDs interviewed were male and the most significant proportion of PWDs fell within either the 19 to 30 years or 41 to 50 years age bracket with quite a large proportion of PWDs also being 60 years or older.

Out of the government department interviews, NADRA was most active in terms of disability related initiatives. It had an accessible office, mobile CNIC making facility and issued a SCNICs to a number of PWDs. BISP also had a minor initiative in place for PWDs in the form of giving households with PWDs special consideration when selecting recipients for grant schemes. None of the other government departments offered any specific services tailored to PWDs in the district, Furthermore, 10 NGOs and 2 LSOs operating in Ghizer were interviewed none of whom had any programmes either directly or indirectly including PWDs. However, Karakoram DPO, established by CHIP, was operating on a small scale for PWDs in Skardu. A special education school had also been established in the district. The Nargis Khatoon Deaf Rich School in Skardu city was providing education for children with hearing and speech impairment.

Details of the initiatives by each of the government and non-government set-ups interviewed are as follows.

30 It should be noted that the field team could not visit Tehsil Gamba for data collection purposes in Skardu due to heavy snowfall and landslides in the area.
3.6.1 Status of Persons with Disabilities

3.6.1.1 Tehsil Wise Distribution of PWDs
A total of 30 villages were visited in district Skardu across 5 Tehsils: 8 villages in Kharmang, 4 in Gultari, 6 in Skardu, 5 in Shigar and 7 in Roundu. Across all the villages, 555 PWDs were interviewed which comprised 4% of the total population of all 30 villages visited.

3.6.1.2 Gender and Age Wise Distribution of PWDs
65% of the total PWDs interviewed were male. Furthermore, a significant proportion of the PWDs, that is, 29.5% fell within the 19 to 40 age bracket. An additional 15.5% fell in the 41 to 50 age group. It was also interesting to note that 21.6% of PWDs interviewed were over 60 years of age as well.

3.6.1.3 Prevalence of Types of Disabilities
The largest proportion of respondent PWDs, that is, 34.8%, were either hearing or speech impaired or both. This was followed by 20.9% of PWDs suffering from blindness or low vision and another 18.4% suffering from lower body disability.

3.6.1.4 Causes of Disability
The main cause of disability is by birth with 50.8% of respondents falling in this category. This was followed by those 29.4% of PWDs that had been disabled due to an illness. 10.6% of PWDs had become disabled due to old age. Similar trends were observed for WWDs.

3.6.1.5 Duration of Disability
Out of the 555 PWDs interviewed in Skardu, 50.8% said their duration of impairment was since birth, while 34.4% stated that they had been suffering from the disability for over 5 years. 13.3% PWDs responded that the duration of their impairment was less than 5 years and 0.7% stated it was less than 12 months. Similar findings were observed for WWDs.

3.6.1.6 Number of PWDs that Received Medical Assessments
Only 8.3% of respondent PWDs in Skardu had undergone medical assessments. In comparison, only 56% of WWDs had received medical assessments. In comparison to the findings regarding medical assessments above, an even smaller proportion of respondent PWDs had access to assistive devices. While the figures are disappointingly low overall, they were worse for WWDs of which only 1.5% had received assistive devices.

3.6.1.7 Number of PWDs that Attended School
Only 8.4% of PWDs had attended school of which 74.4% were males. In comparison, 39.5% had attended school of which again 76.6% were males.

3.6.1.8 Frequency of Participation in Sports by PWDs
A large majority of PWDs were not involved in sports at all. A quarter of respondent PWDs participated in sports sometimes. However, only 8.4% of respondent PWDs participated in sports often of which 74.1% were males.

3.6.1.9 Number of PWDs with Vocational Skills
Only 9.9% of respondent PWDs had learnt a vocational skill. Out of this figure, 69.5% were males while the remaining 30.5% were females. The largest proportion of respondent PWDs had learnt tailoring comprising 26.1% of those with vocational skills. This was followed by 23.9% of PWDs that had learnt carpentry (all of whom were males), 19.6% that had learnt embroidery and 15.2% that knew how to make fruit products. A few respondents had also learnt amongst other skills, gemstone work and handicrafts.

3.6.1.10 Number of PWDs Earning Income
Only 7.1% of the PWDs interviewed 16 years and older were earning an income. Of this figure, a disproportionate 89.5% were male PWDs. Out of those earning an income, 47.4% were an income of PKR 5,000 or more. On the other hand, 34.2% were earning an income between PKR 3,000 and PKR 5,000 while the remaining 18.4% were earning an income of less than PKR 3,000. It should...
be noted that all females with an income source were earning less than PKR 5,000 in comparison to 52.9% of male PWDs with a source of livelihood that had an income of over PKR 5,000.

### 3.6.2 Government Departments and Services

#### 3.6.2.1 Social Welfare Department
The Social Welfare Department in Skardu has 100 NGOs, 100 LSOs, 80 CBOs and 1 DPO registered under it. However, the department does not work in coordination with any of these organisations and does not have any disability related initiatives in place. It has a budget of PKR 8 million for this fiscal year however, none of this has been apportioned for PWDs. The Social Welfare department office in Skardu city is disability friendly but does not employ any PWDs or disability rehabilitation experts. There was general lack of awareness regarding PWDs and the difficulties that they face and the department was not involved in any researched or awareness raising campaigns in the district.

#### 3.6.2.2 Education Department
The Education Department in Skardu looked after 410 primary, middle and secondary schools in the district. The department budget for the fiscal year was unknown and there were no specific initiatives in place for PWDs. The department office was inaccessible. The department staff working in Skardu was 2081 members strong and the interviewee was not aware of the number of PWDs working in the office. There was recognition amongst staff members of the lack of government concentration on disability related issues, lack of quality services being provided for PWDs and the lack of enforcement of existing 2% quota for disabled people in the workplace. Despite flagging these issues as barriers to mainstreaming disability, the Education department is not involved in any researches or surveys of disability in the district.

#### 3.6.2.3 Health Department
The Health Department oversees the running of 1 DHQ, 7 civil hospitals, 42 civil dispensaries, 22 FAPs and 16 MCH centres in the district. The department did not have any portion of the budget allocated for PWDs and the department office was not disability friendly. The department also had not appointed any PWDs or rehabilitation experts amongst its staff members and there was a general lack of awareness regarding disability issues. The department was also not involved in any researches, surveys or awareness raising campaigns regarding PWDs. The DHQ Hospital in Skardu city and BHU and FAP in Saindo was also visited and interviewed during the course of the research. Overview of the facilities and services available is as follows:

(a) District Head Quarters Hospital Skardu
The DHQ Hospital in Skardu did not have any specific portion of the budget allocated for disability related initiatives. The hospital worked in coordination with CHIP and Comprehensive Health & Education Forum (CHEF) International on disability related initiatives and also collaborates with the Social Welfare department for the issuance of disability certificates. DHQ Hospital in Skardu does not employ any PWDs or disability rehabilitation experts as staff. The staff was aware of the UNCRPD articles for PWDs but showed a basic lack of understanding barriers to mainstreaming disability. The DHQ was also not involved in any research or surveys on PWDs in the area.

(b) Basic Health Unit Tarmic
The BHU in Saindo did not have any services available for PWDs without any initiatives for medical assessment of PWDs in place, no portion of the budget being allocated to disability initiatives with the BHU itself being inaccessible for PWDs. The BHU did not employ any PWDs; however, the staff showed an understanding that lack of accessibility and expertise was a barrier for PWDs.

(c) First Aid Post Saindo
The FAP in Saindo, Skardu also does not have any disability related initiatives in place. No portion of the budget has been allocated for PWDs, the office has not been disability friendly and it does not employ any disabled persons.
3.6.2.4 **People’s Primary Healthcare Initiative**

The PPHI was responsible for overseeing the functioning of 8 BHUs, 12 civil dispensaries and 7 MCH centres. It had a budget of PKR 19.2 million for the last fiscal year none of which had been allocated for PWDs. The budget for this year is still under consideration. The PPHI office in the district had been made accessible for PWDs but the department did not employ any PWDs as staff members. There was a general lack of awareness regarding PWDs amongst staff members and PPHI was not involved in any disability related researches or survey in the area.

3.6.2.5 **Provincial Eye Care Cell at Skardu**

The Provincial Eye Cell in Skardu was established by the National Programme for Prevention and Control of Blindness in 2005. It is aimed at prevention of blindness and other eye related diseases, improving accessibility to treatment for curable eye diseases, promotion of eye health and related education. The Provincial Eye Cell offers eye screening and surgeries, treatment for general eye diseases, refractive services, capacity building workshops for paramedical staff and lady health workers and free eye camps. While the Provincial Eye Cell is established in Skardu, quarterly visits are conducted to the other six districts of Gilgit-Baltistan and the Chief Eye Consultant visits the outpatient department at DHQ Hospital in Skardu providing surgical services twice a week. The Provincial Eye Cell receives funding support by the Fred Hollows Foundation and Sightsavers Pakistan for the free eye camps that it provides. It employs 5 permanent staff members including a chief consultant, a medical officer, an ophthalmic technician, a dispenser and an office attendant. None of these staff members are disabled. While the Eye Cell has not been made accessible for PWDs, it has a dedicated room for disabled people established by CHIP which caters to referrals made by Disability Assessment Resource Centre (DARC). It also issues disability certificates and visual devices through referrals.

3.6.2.6 **National Database and Registration Authority**

NADRA had established two centres: a separate male centre and zonal office in Skardu city. The male centre was not physically accessible for PWDs neither did it have a special status dedicated window for PWDs but it did have a mobile CNIC making facility. It had issued 250 SCNICs to 200 male and 50 female PWDs. 1 out of 14 staff members employed was disabled and while the staff were aware of the benefits of obtaining SCNICs they were not aware of issues faced by PWDs.

The department was not involved in any researches, surveys or awareness raising campaigns in the district. The female centre had been made disability friendly but there was no dedicated window for PWDs. It was accessible from all villages of Khaplu, Kharmang, Roundu and Gultari and a mobile CNIC making facility was available. The centre had issued 300 SCNICs for PWDs and 1 out of 12 staff members in the centre was disabled. It worked in coordination with NCRDP and CHIP for registration of PWDs. The staff was aware of transportation issues faced by PWDs in travelling to and from the centre which was only exacerbated by the lack of awareness amongst parents of the disabled. The centre aimed to launch a special campaign for PWDs in the Skardu district in the future.

3.6.2.7 **Local Government & Rural Development Department**

The LG&RD department in Skardu worked on a local level in all Tehsils of the district but none of these initiatives were aimed specifically at PWDs. None of the budget had been allocated for PWDs and the department office in the district was not physically accessible. The department employed 2 male PWDs but did not have any disability rehabilitation experts. The staff showed a general lack of awareness regarding disability related issues and the department was not involved in any research or provincial surveys on disability in the district.

3.6.2.8 **Bait-ul-Maal**

Bait-ul-Maal Skardu had given out PKR 3.5 million in general need-based grants, PKR 3.5 million towards medical assistance grants and PKR 1.2 million as education scholarships. Its budget however, did not include any specific allowance for PWDs but it did work in collaboration with CHIP in the district. The department office was not accessible for PWDs and did not employ any disabled people or disability rehabilitation experts. The department was also not involved in researches or awareness raising campaigns on PWDs in the district.
3.6.2.9 Benazir Income Support Programme
The BISP did not have any specific budget or grants set aside for PWDs. However, it targeted a wide range of beneficiaries which are then awarded grants following a selection process. BISP gave some special consideration to households with PWDs when assessing need for grants. The BISP office in Skardu city had not been made accessible and did not employ any PWDs as staff. BISP worked in collaboration with CHIP in the district but was not involved in any researches or surveys on disability.

3.6.2.10 Municipality
Municipality department concentrated its efforts on projects in urban areas of the district. The department did not have a specific budget for disability initiatives and had not been made accessible for PWDs. Out of 200 staff members employed by the municipality, 8 were PWDs. The municipality did not employ any disability rehabilitation experts. The municipality personnel did not have any knowledge of national laws or UNCRPD articles on disability and did not exhibit an understanding of barriers for PWDs. The Municipality department was also not involved in any researches or surveys in Skardu.

3.6.3 Non-Government Organisations

3.6.3.1 Akhowat Interest Free Microfinance
While operating in the country for over 13 years, Akhowat Interest Free Microfinance had started working in Gilgit-Baltistan less than 2 years ago. Akhowat extended microfinance services to skilled persons looking to start a small-scale enterprise. It does not employ any PWDs or disability rehabilitation experts. It works in collaboration with the local government and also receives funding from it. It does not have any disability related projects and does not currently include nor is it looking to incorporate disability aspects in its future projects.

3.6.3.2 Aga Khan Rural Support Programme
AKRSP has been operating in Skardu for over six years on health water and sanitation, relief and rehabilitation and human rights for beneficiaries across different age groups. It has linkages with the Health, Education and Social Welfare departments, Bait-ul-Maal, NADRA and BISP and receives funding support from PPAF, the local government and USAID. It does not employ any PWDs and does not have any policies or guidelines for disabled persons. Its future programme focus envisages including disability related initiatives with regards to improving education in the district.

3.6.3.3 Al-Ahad
Al-Ahad has been working in the Gilgit-Baltistan province for approximately 3 years on software development, audits and training workshops. It does not have any linkages with government departments or funding partners. It does however, look to change its future programme focus and include disability related initiatives on projects focusing on education, livelihood, awareness raising and relief and rehabilitation.

3.6.3.4 Baltistan Culture & Development Foundation
The Baltistan Culture & Development Foundation (BCDF) has been working in the province for more than 6 years on health, education and human rights related projects. It works in collaboration with the Health and Education departments and funding partners International Labour Organisation (ILO), USAID and the local government. BCDF does not employ any PWDs or disability rehabilitation experts. It does not have disability related initiatives in place and does not currently aim to include these in its future programme focus.

3.6.3.5 FatemaAlego Welfare
FatemaAlego Welfare has been working on improving quality of and access to education in the district for more than 6 years. It works in collaboration with the Education department, Marfi Foundation and Helping Hand. It has also signed a MoU with Helping Hands to this end. It does not have any disability related initiatives in place currently and does not employ any PWDs. However, it does aim to work with PWDs in the future by incorporating specific disability related aspects in its projects on Education and Health.
3.6.3.6  IqraRauzatulatfal Trust
IqraRauzatulatfal Trust has been operating in Pakistan for over 30 years and in Gilgit-Baltistan province for the last 12 years implementing projects focusing on health and education, both non-religious and Islamic. It does not have any linkages with government departments or other NGOs working in the area. To date, it has directly worked with a range of beneficiaries. While it does not have any disability focused initiatives in place nor does it employ any PWDs, it does aim to include aspects specifically targeting disabled persons in its future programmes focusing on education.

3.6.3.7  Malik Welfare Association
Malik Welfare Association has been working on education, human rights and natural resource management related projects for the last 6 years in Gilgit-Baltistan. It works in collaboration with Social Welfare and Bait-ul-Maal and also receives funding from the latter. It does not employ any PWDs amongst its staff members. However, it facilitates education of CWDs in mainstream schools and aims to continue working for improving access to education in the district.

3.6.3.8  Marfi Foundation
Marfi Foundation is an international NGO based in Kuwait that has been working in Gilgit-Baltistan on education, health, water and sanitation and relief and rehabilitation for 27 years. It has linkages with Health and Education departments and has signed MoU to this end. It has also partnered with PPAF and Relief International. It does not employ any PWDs in its Skardu city office. The organisation, however, aims to work with PWDs in Skardu in the future particularly focusing on awareness raising and improving livelihoods.

3.6.3.9  Marie Adelaide Leprosy Centre
Marie Adelaide Leprosy Centre (MALC) had established a TB control centre based in Skardu since 1980. MALC was working in collaboration with the local government and also received funding support from it. The centre employed 25 paid staff none of whom were PWDs but 9 of its volunteers were disabled persons. It also had several disability experts available including 50 refractionists, 300 ophthalmologists, 15 physiotherapists, 75 psychologists and 15 mobility experts.

3.6.3.10  NAWADO
NAWADO is a group of lawyers been operating in Gilgit-Baltistan for over 12 years focusing its efforts on health, education and human rights. It works in collaboration with Health and Education departments and receives funding support from the Aurat Foundation. 1 out of 30 of its volunteers is a PWD. It will continue focusing on education, livelihood and human rights in the future but does not aim to incorporate specific initiatives geared towards PWDs.

3.6.4  Local Support Organisations

3.6.4.1  DAEM LSO
DAEM has been operating in Skardu for 7 years on education, health, water and sanitation and relief and rehabilitation specifically for widows and orphans but indirectly benefiting a wide range of persons. It has linkages with Health, Education and Social Welfare departments, NADRA, Bait-ul-Maal and BISP and receives funding/in kind support from CHIP, AKRSP and PPAF. While it does not employ any PWDs, 4 out of 14 of its volunteers are disabled.

3.6.4.2  LSO ShakriKalan
ShakriKalan has been working in the district for more than 6 years on Education and Health in collaboration with the local government and receives funding support from AKRSP, USAID and Plan Pakistan. It does not employ any PWDs but it does aim to incorporate disability aspects in its future programmes especially concentrating on awareness raising and improving livelihoods.

3.6.5  Disabled Persons Organisations
DPO Karakoram was established through CHIP. It has registered and working in Skardu since 2011.on mostly awareness raising campaigns on disability related issues in the area. It has established linkages with Social Welfare, Health, Education and Zakat departments, NADRA and Bait-ul-Maal and is currently receiving funding support from CHIP, AKRSP and LG&RD and Social
Welfare departments. All of its 10 paid staff members are PWDs and all have them have disability certificates. The DPO works mostly in collaboration with CHIP. It has facilitated CHIP on a range of projects on education, health, livelihood and empowerment by organising and conducting advocacy and counselling sessions with PWDs. CHIP has also helped set up a stationary shop for members of the DPO to help them achieve financial independence and be able to look after their expenses in the long run. DPO Karakoram wishes to continue its efforts in the future focusing on education, health, socialisation, awareness raising, training and capacity building and livelihood. The DPO staff recognises the significance of creating awareness amongst the masses regarding the importance of social and economic inclusion of PWDs and the specific facilities and services that are available to them.

3.6.4 Institutions Working on Rehabilitation of PWDs

3.6.4.1 Special Schools
Nargis Khatoon Deaf Rich School in Skardu city was a special school for children with hearing and speech impairment. The institution focused on speech and hearing therapy and physiotherapy. To this end, it provided physiotherapy to 3 CWD and speech therapy to 16 children. Currently, 12 children were enrolled on a regular basis at the school. The school building was not accessible, did not have a special transport system or arrangement and did not provide any assistive devices to its students.

3.7 Ghanche
Ghanche, the eastern-most end of the Gilgit-Baltistan province, comprises of three tehsils, Mashabrum, Khaplu and Dhaghoni, and is further subdivided into 14 UCs. Khaplu city is the district headquarters and is based at a height of 2,560 m. According to the 1998 consensus, Ghanche has a population of 88,366. The district is home to Khaplu and Hushe valleys as part of the Karakoram mountain range. Ghanche experiences extremely cold temperatures in the winter; interestingly, the name of the district itself is a derivation of the Balti word for ‘glacier’. The district is located at a distance of approximately 305 km from Gilgit.

In total, 442 PWDs from 16 villages across the three tehsils were interviewed. This comprised 6% of the total population of visited villages. Almost half of the PWDs interviewed were suffering from both hearing and speech impairment. A significant proportion of PWDs were also suffering from lower body disability, blindness or low vision or multiple disabilities. 62.7% of PWDs were male and the largest proportion of PWDs fell within the 19 to 40 age bracket.

Out of government departments interviewed, NADRA in collaboration with CHIP had been working on increasing accessibility of the department for disabled people and registration of PWDs in the district. the Social Welfare department had organised a one-off sports competition for PWDs in the district and NADRA had also been involved in an awareness raising campaign with CHIP. Noticeably, the municipality employed 15 PWDs as staff members. None of the other departments were involved in any specific initiatives for PWDs. It should be noted that 3 NGOs and 3 LSOs were interviewed in Ghanche; however, none of them had any initiatives in place, either directly or indirectly, for PWDs.

3.7.1 Status of Persons with Disabilities

3.7.1.1 Tehsil Wise Distribution of PWDs
Total of 16 villages were visited in the district across three tehsils: 7 villages in Tehsil Khaplu, 3 in Tehsil Mashabrum and 6 in Tehsil Dhaghoni. There a total of 442 PWDs interviewed in the district which represented 6% of the total population of the visited villages.

3.7.1.2 Gender and Age Wise Distribution of PWDs
More than half of PWDs interviewed were male with only 37.3% female PWDs being surveyed. Out of this, almost half of the PWDs fell either in the 19 to 30 age group (25.1%) or 31 to 40 bracket (22.6%). Equally, 11.5% of PWDs were over 60 years old while another 10.0% fell within the 6 to 15 year age bracket.
3.7.1.3 Prevalence of Types of Disabilities
Interestingly, approximately half of the PWDs in Ghanche, that is 50.5%, suffered from both hearing and speech impairment. In addition to this, a further 8.6% of PWDs were suffering from full or partial hearing impairment and another 1.6% of PWDs were suffering from speech impairment. Other types of disabilities were not as common with 17.0% PWD respondents suffering from lower body disability, 7.2% from blindness or low vision and 6.8% from upper body disabilities. The prevalence of multiple disabilities in Ghanche was also high with 7.2% falling within this category.

3.7.1.4 Causes of Disability
Well over half of the PWDs suffered from a disability caused by birth with 72.2% answering this in the affirmative. In comparison, 16.3% stated that their disability was caused by an illness while only 7.2% stated that an accident and 4.3% stated that old age was the cause of their disability.

3.7.1.5 Duration of Disability
As already noted in table 30 above, 72.2% of PWDs had been disabled since birth. Of those not disabled since birth, most PWDs accounting for 23.5% of respondents, had been disabled for over 5 years. The remaining 4.1% had been disabled for less than 5 years but more than a year. These findings were similar to those for WWDs.

3.7.1.6 Number of PWDs that Received Medical Assessments
An overwhelming majority of respondent PWDs accounting for 95.2% of those interviewed did not receive any medical assessments. The ratio of male and female PWDs that received medical assessments was the same as the ratio of male and female PWDs interviewed in Ghanche. Unfortunately, none of the 442 PWDs interviewed had any assistive devices.

3.7.1.7 Number of PWDs that Attended School
Only 2 PWDs comprising 0.5% of those interviewed had attended school. Equally only 2 CWDs had attended school. While this accounted for 4.5% of CWDs, overall the proportion of PWDs that went to school is disappointingly low. Both the 2 PWDs and CWDs that attended school were males.

3.7.1.8 Frequency of Participation in Sports by PWDs
An overwhelming majority of PWDs did not participate in sports activities at all. Only 25.1% of PWDs participated in sports activities on an infrequent basis while a mere 1.1% were involved in sports on a regular basis. This latter figure comprised entirely of men.

3.7.1.9 Number of PWDs with Vocational Skills
Only 7.1% of the PWDs interviewed in Ghanche had vocational skills. Of those PWDs that did have vocational skills, 75% were males. Interestingly, 32.1% of PWDs with vocational skills were adept in carpentry work. This was followed by 21.4% who were skilled in embroidery, 17.9% in gemstone work and 14.3% in tailoring. The remaining 3.6% were skilled in making fruit products.

3.7.1.10 Number of PWDs Earning Income
Only 8 PWDs accounting for a mere 2.0% of those interviewed in Ghanche aged 16 and over were earning an income. All of those earning an income were male PWDs. Of all those PWDs earning an income, a significant majority formulated of 62.5% PWDs were earning less than PKR 3,000 and another 25% were earning between PKR 3,000 and PKR 5,000. Only 1 PWD fell within the PKR 5,000 to PKR 10,000 income bracket.

3.7.2 Government Departments and Services

3.7.2.1 Social Welfare Department
The Social Welfare Department in Ghanche works in coordination with 50 NGOs and 20 community based organisations (CBOs) operating in the district. It has issued 6 disability certificates to PWDs in the area. The department has a budget of PKR 3.5 million none of which has been apportioned for PWDs, the department office is not accessible and it does not employ
any PWDs or disability rehabilitation experts as staff. There was general lack of awareness amongst the staff members on disability related issues and the department had not conducted any researches on disability in the district. However, the department had organised a sports competition for PWDs in the area.

3.7.2.2 Education Department
The Education Department in Ghanche was responsible for overseeing the functioning of 71 primary schools, 37 middle schools, 32 secondary schools and 2 religious schools. The Education department had set up a Skill Development Centre in Khaplu city. It employs 1 person till now. The centre had been in operation for five days at the time of the interview and did not have initiatives in place for PWDs. None of the department budget has been allocated to any disability initiatives and the department office in the district remained inaccessible. One staff member out of 27 was a disabled person and on the whole there was general lack of awareness regarding barriers to mainstreaming disability amongst the employees. The department did not employ any disability rehabilitation experts. No research or awareness raising campaigns had been conducted in the district.

3.7.2.3 Health Department
The Health Department in Ghanche oversaw the running and management of the DHQ Hospital, 4 civil hospitals, 26 civil dispensaries and 15 FAP. The department had a budget of approximately PKR 88 million in the last fiscal, none of which was allocated to any disability initiatives. The budget for this fiscal year also did not have any apportionment for PWDs. The Health Department office had not been made disability friendly and did not employ any PWDs or rehabilitation experts. The staff remained unaware of disability related issues and the department was not involved in any researches or awareness raising campaigns in the district.

(a) District Head Quarters Hospital Ghanche
The DHQ Hospital operating under the district Health Department in Ghanche did not have any specific initiatives or facilities for medical assessment of PWDs despite working in coordination with the Social Welfare department for the issuance of disability certificates. The DHQ Hospital had a budget of over PKR 10 million none of which had been allocated for PWDs. The hospital had a ramp at the entrance but the rest of the building was not disability friendly. 2 out of 82 staff members were PWDs; however, the staff did not portray an understanding of issues facing PWDs. The DHQ Hospital was not involved in any researches on disability in the district.

3.7.2.4 People’s Primary Healthcare Initiative
The PPHI in Ghanche was responsible for the running of 3 BHUs, 13 civil dispensaries, FAP and 13 MCH centres. It had a budget of PKR 18 million in the last fiscal year none of which had been allocated for PWDs and the budget for this year, while not confirmed, also does not include any allowances for disability related initiatives. The office is not accessible and the PPHI office does not appoint any PWDs. The staff has little to no knowledge of disability related issues in the district and PPHI is not involved in any researches or awareness raising campaigns in the area.

3.7.2.5 National Database and Registration Authority
NADRA office in Ghanche was working in collaboration with CHIP on issuing SCNICs to PWDs living in the district. The department had issued 200 SCNICs to PWDs in the district of which 120 were male and 80 were female. The NADRA office was accessible to people all over the Ghanche district and had a mobile CNIC making facility operating in the district. The office building was physically accessible for PWDs and there was a dedicated window specifically for disabled persons. 4 out of 17 staff members were PWDs and the staff demonstrated a sensitivity to disability related issues including knowledge of rights of disabled persons under national law. The NADRA office had also been involved in an awareness raising campaign alongside CHIP.

3.7.2.6 Zakat Department
The Zakat department in the district did not have any initiatives established for PWDs. The department had set up five grants, which are: (1) health; (2) guzara allowance; (3) student scholarship; (4) Din-e-madaris; and (5) Tehsil fund. The department has a budget of PKR 10 million in the district none of which has been allocated for PWDs. The department office is not
accessible and it does not employ any PWDs or disability rehabilitation experts as staff. The staff showed a general lack of sensitivity to PWDs and the department was not involved in any researches in the district.

3.7.2.7 Bait-ul-Maal
The Bait-ul-Maal department in Ghanche was related to the provincial Bait-ul-Maal department in Islamabad Capital Territory. It had established 3 grants: (1) general; (2) medical assistance; and (3) educational scholarship and no specific grant schemes for PWDs had been set up. The department office was not accessible, did not employ any PWDs or disability rehabilitation experts and was not involved in any researches on disability in the area.

3.7.2.8 Benazir Income Support Programme
The BISP office was not involved in any specific initiatives for PWDs in the area. It did not have a specific budget for the district as this was controlled directly by the divisional office; however, none of the resources had been allocated for PWDs in the district. The office was not accessible, none of the 4 BISP staff members were PWDs and BISP was not involved in any researches or awareness raising campaigns in the area.

3.7.2.9 Local Government & Rural Development Department
The LG&RD department in the district worked on a local level in almost all the three Tehsils in the district. It did not have any initiatives in place for PWDs and none of the budget for the department had been allocated for the provision of services and facilities for PWDs. The office was not accessible for PWDs, did not employ any PWDs or disability rehabilitation experts and the department was not involved in any research on disability in the district.

3.7.2.10 Municipality
The Municipality Department worked in all the urban areas of the district but was not involved in the provision of any services specifically for PWDs. No portion of the budget had been allocated for disability related initiatives. 15 out of 82 staff members employed by the department were PWDs; however, the department did not employ any rehabilitation experts. The staff showed a lack of understanding of barriers to mainstreaming disability in Ghanche and the department was not involved in any researches or surveys on disability in the area.

3.7.3 Non-Government Organisations

3.7.3.1 Aga Khan Rural Support Programme
AKRSP has been operating in Ghanche for the last 6 years in collaboration with the local government on projects focusing on health, water and sanitation and relief and rehabilitation. The programmes aim to target people from all age groups and are currently funded by the local government and USAID. None of its staff members are PWDs and the organisation does not aim to incorporate any disability related aspects in its future programmes.

3.7.3.2 BADOWA Foundation
BADOWA Foundation has been working in the district for more than 12 years and concentrates its efforts on education primarily through the provision of free education and hostel facility. It works in collaboration with Health, Education and Social Welfare departments, Bait-ul-Maal, NADRA and NGO Korian and receives funding support from the local government. Badowa does not have policies in place for PWDs and does not employ any PWDs or rehabilitation experts. However, it aims to incorporate disability and awareness raising alongside focusing on education, health, livelihood, relief and rehabilitation in its future programmes.

3.7.3.3 Flex Foundation
Flex Foundation has been working in the district for over six years on programmes involving education, health and relief and rehabilitation, which have benefited people across all age groups. It has linkages with the Health, Education and Bait-ul-Maal departments and receives funding from the local government, AKRSP and PPAF. Flex does not employ and PWDs as staff and does not have any policies or guidelines for PWDs in place. It also does not plan on including disability related aspects in its future programme focus.
3.7.4 Local Support Organisations

3.7.4.1 Dhagoni LSO
Dhagoni LSO has been working in Ghanche for over six years on education and relief and rehabilitation to a range of beneficiaries but does not have any specific initiatives for PWDs. It works in collaboration with Health, Education and Social Welfare departments and receives funds from AKRSP, USAID, FOCUS and World Wide Fund for Nature Pakistan (WWF Pakistan). None of its paid staff or volunteers are PWDs and it does not employ any disability rehabilitation experts. However, the organisation aims to incorporate disability related aspects into its future programme focus particularly with regards to awareness raising of disability issues and programmes focusing on improving livelihood.

3.7.4.2 Khaplu LSO
Khaplu LSO has been working in district Ghanche for 8 years also focusing its efforts on education and health mainly targeting widows and orphans but also indirectly benefiting a wide range of beneficiaries. It works in collaboration with the Health, Education and Social Welfare departments, NADRA and Bait-ul-Maal with funding support from the local government, AKRSP and USAID. It does not employ any PWDs or rehabilitation experts in its office in Khaplu. However, its future programme focus includes disability but no specific information was provided by the organisation.

3.7.4.3 Thagu LSO
Thagu LSO has been working in Tehsil Mashabrum for over six years on education and health in collaboration with the Health and Education departments and funded by AKRSP and PPAF. It does not employ any PWDs or disability rehabilitation experts; however it does aim to include PWDs in its future programmes focusing on health, education and relief and rehabilitation. It has not conducted any surveys or researches in the district as yet.

3.7.5 Disabled Persons Organisations
There is no disabled persons organisation working in Ghanche.
Chapter 4: Analysis

This research report gives a detailed overview of the situation of PWDs in Gilgit-Baltistan including any initiatives in place by government and non-government set-ups in each of the seven districts of the province. This chapter of the report provides a cross-district analysis of the situation of PWDs in the province exemplifying the need for programmes for rehabilitation and inclusion of PWDs by both government institutions and civil society organisations. It further looks at the current state of initiatives by government and non-government organisations at district level for PWDs and attempts to analyse the strengths and weaknesses of each of these initiatives in turn. The findings of this research report have been assessed based on the availability of government support, medical rehabilitation, education, vocational training and income earning opportunities and disability related research, awareness raising campaigns and other initiatives for PWDs in the province in the following sections.

4.1 Status of Persons with Disabilities

4.1.1 Prevalence of Disability

Based on the sample of PWDs interviewed, the disability rates across the districts ranged from 3% to 6%. PWDs comprised 3% of total populations of villages visited in each of Astore and Diamar, 4% in each of Gilgit and Skardu, 5% in each of Ghizer and Hunza Nagar and 6% in Ghanche. 64.4% of PWDs interviewed were male. The proportion of CWDs interviewed across the districts ranged from 10.0% to 24.7% and significant proportions of PWDs ranging from 42.6% to 64.2% fell within the 19 to 50 age bracket.

4.1.2 Types, Causes and Duration of Disability

Respondent PWDs in the districts suffered from a range of different types of disabilities namely, blindness or low vision, hearing and speech impairment, physical disabilities and intellectual disabilities. Across all the districts, lower body disability was the most common, followed in sequence by hearing and speech impairment, blindness and intellectual disability. Lower body disability was the most prevalent type of disability in Astore, Diamar and Gilgit, hearing and speech impairment in Ghanche, Hunza Nagar and Skardu and blindness or low vision in Gilgit.

In all districts, more than 50% of disability was caused by birth. The proportion of PWDs suffering from disability by birth was notably higher in Ghanche, Gilgit and Skardu with figures as high as 72.2%, 77.2% and 80.0% in the three districts, respectively. Of the remaining PWDs, illness and accidents were the most prevalent causes of disability across all the districts. Furthermore, from those not disabled by birth, the highest proportions of PWDs were found to be suffering from disability for over 5 years across all the districts.
4.1.3 Accessibility of Persons with Disabilities to Medical Diagnostic and Rehabilitation

The findings from each district vary considerably with relation to PWDs that had undergone medical assessment. On average, however, the majority of PWDs had not received any medical assessment except in Astore where 46.6% of respondents had not undergone such assessments. In contrast, 95.2% and 91.7% of PWDs in Ghanche and Skardu, respectively, had not received medical assessment. In the remaining four districts, roughly three-quarters of PWDs had not received medical assessment.

Conversely, an overwhelming majority of the populations of PWDs in the districts did not have assistive devices. The two largest proportions of PWDs with assistive devices, that is, 12.2% and 10.4%, were from Diamar and Astore, respectively. In contrast, none of the PWDs in Ghanche had any assistive devices. The percentages of PWDs without assistive devices in all other districts were above 95%.

4.1.4 Inclusion of Persons with Disabilities in Education

Overall, the proportion of respondent PWDs that did not attend school was quite high. The figures were significantly higher for PWDs in comparison to CWDs across all districts. The lowest proportions of PWDs that did not attend school were 89.3% and 90.3% in Astore and Diamar, respectively. The figures were considerably higher in the remaining districts with the highest figures from Ghanche where as many as 95.5% of CWDs and 99.5% of PWDs had not attended school. It should be pointed out that in all districts well over half of the PWDs that did not attend school were females.

4.1.5 Inclusion of Persons with Disabilities in Vocational Skills

The proportion of respondent PWDs aged 16 years or older with vocational skills was very low. The lack of inclusion of PWDs in vocational skills is evident from the fact that the lowest percentage of respondent PWDs without vocational skills across all districts was 88.6% in Hunza Nagar followed closely by 88.9% in Ghizer and 90% in Astor. The proportions of PWDs without vocational skills in all other districts were significantly higher than 90%. Most of the PWDs, ranging from 60% to 86% of those with vocational skills, across the districts were males. Carpentry, tailoring, embroidery, handicrafts and creating fruit products were amongst the most prevalent types of vocational skills learnt by PWDs.

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<tr>
<th>Table 5: Access of PWDs to Medical Assessment</th>
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<tr>
<td>Districts</td>
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<td>1. Gilgit</td>
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<td>2. Astore</td>
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<td>3. Hunza Nagar</td>
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<td>4. Ghizar</td>
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<td>5. Diamar</td>
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<td>6. Skardu</td>
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<td>7. Ghanche</td>
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<th>Table 6: Access of PWDs to Education</th>
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<td>Districts</td>
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<td>1. Gilgit</td>
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<td>2. Astore</td>
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<td>3. Hunza Nagar</td>
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<td>5. Diamar</td>
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<td>6. Skardu</td>
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<td>7. Ghanche</td>
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<th>Table 7: Access of CWDs to Education</th>
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<td>Districts</td>
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<td>1. Gilgit</td>
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<td>2. Astore</td>
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<td>3. Hunza Nagar</td>
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<td>4. Ghizar</td>
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<td>5. Diamar</td>
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<td>6. Skardu</td>
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<td>7. Ghanche</td>
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<th>Table 8: Access of PWDs to Vocational Education</th>
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<td>Districts</td>
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<td>1. Gilgit</td>
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<td>5. Diamar</td>
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<td>6. Skardu</td>
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<td>7. Ghanche</td>
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Tailoring was the most prevalent skills amongst PWDs in Astore, Diamar and Gilgit, carpentry in Ghanche, Ghizer and Skardu and embroidery in Hunza Nagar.

4.1.6 Engagement of Persons with Disabilities in Income Earning

Again, a very small proportion of PWDs in the districts had access to income earning opportunities. 90.4% of PWDs in Astore and 90.8% in Diamar were not earning an income. This figure was higher in all remaining districts with 98% of PWDs in Ghanche not earning an income. It is worth noting that overwhelming majority of those PWDs that were earning comprised males. Furthermore, overall the average monthly incomes earned by PWDs were fairly low ranging from PKR 3,000 to PKR 5,000 in most districts. This was the case in Diamar, Skardu, Ghizer and Gilgit. The average monthly incomes of PWDs were even lower in Ghanche and Hunza Nagar.

4.1.7 Inclusion of Persons with Disabilities in Sports and Recreational Activities

PWDs in all the districts had very little involvement in recreational and social activities. When asked regarding their frequency of participation in sports activities, at least 65% of PWDs across all districts answered that they were not involved at all. The proportion of PWDs not involved at all was much higher in some of the other districts. Simultaneously, very few were involved in sports activities on a regular basis and most of those PWDs that did participate either frequently or occasionally comprised males.

4.1.8 Situation of Women with Disabilities

The proportion of respondent PWDs that were females ranged from 31.1% to 42.0% across the districts. In all districts, the highest proportion of WWDs fell within the 19 to 50 years age bracket. As the findings show, WWDs were in an even more disadvantageous position than their male counterparts.

The most prevalent types of disability in WWDs were lower body disability, hearing and speech impairment and blindness. In all districts the most significant cause of disability was by birth and in most districts, a greater proportion of females than males had been suffering from a disability by birth. Of those WWDs not disabled by birth, the second most prevalent cause of disability was illness and most of them had been disabled for over 5 years.

In four districts, the proportion of WWDs receiving medical assessments and assistive devices was lower than the average proportion of PWDs receiving the same. In no other district, except Astore, did the proportion of WWDs receiving medical assessments and assistive devices exceed that for their male counterparts. The proportion of WWDs receiving medical assessments (57.9%) was slightly higher than average proportion of PWDs receiving the same (53.4%).

In 5 out of the 7 districts, the proportion of WWDs was lower than that of male PWDs that had attended school. The only two exceptions to this were Ghizer and Gilgit where the proportions of WWDs and male PWDs attending school were the same. Equally, the proportion of female CWDs enrolled in a school was significantly lower than male CWDs. This was true across all the seven districts.
Similarly, the proportion of WWDs with vocational skills was much lower than that of male PWDs across all the districts except Hunza Nagar and Gilgit where the proportions of female and male PWDs with vocational skills were the same. The most common vocational skills amongst women were tailoring, handicraft and embroidery. Across all the districts, the proportion of WWDs earning an income was much lower than men. Where WWDs were earning, the average monthly income was much lower than what their male counterparts were earning in the district.

4.1.9 Situation of Children with Disabilities
The proportion of CWDs of those interviewed across the districts ranges from 10.9%, lowest across the districts in Ghanche, to 34.4%, highest across the districts in Diamar. Most of them fell within the 6 to 15 age bracket. Across all the districts, well over half of the CWDs interviewed did not attend school. The lowest proportions of CWDs that did not attend school, that is, 59.3% and 60.3%, were from Hunza Nagar and Skardu, respectively. The figures were significantly higher in the other districts with as many as 95.5% of CWDs from Ghanche and 84.8% from Gilgit did not attend school.

4.2 Initiatives for Disability Mainstreaming by Government Departments
A number of government actors in each district were interviewed namely, Social Welfare, Education, Health, Zakat and LG&RD departments, NADRA, PPHI, Bait-ul-Maal, BISP and the Municipality. Overall, while there are some programmes, initiatives and awareness raising campaigns conducted by government departments and services, any such attempts have been few and fragmented. They vary considerably from one district to another and none of them can be properly described as a full-fledged, comprehensive programme for disability mainstreaming in the province. Therefore, there is a major gap, which needs to be filled at government level between the current situation and needs of PWDs on the one hand, and the available services for PWDs in each of the districts on the other.

NADRA in each of the districts was issuing Special Computerized National Identity Cards (SCNICs) for PWDs, which allowed disabled people to avail a range of benefits including free medical treatment and concessionary fares when travelling through Pakistan International Airlines or the railway. NADRA required a disability certificate to issue a SCNIC, which could be obtained through the Social Welfare departments following a medical assessment under the Health departments. However, it should be noted that the Pakistani government issued a letter stating that no SCNICs should be issued in Gilgit-Baltistan anymore and any PWDs that are issued a SCNIC will be unable to avail any benefits.

Furthermore, none of the government departments interviewed had any budget allocated for disability related initiatives except for the Zakat department in Diamar which had set aside 2% of the funds for PWDs. The Zakat departments in other districts did not have any grants set up especially for PWDs and could only provide financial assistance to them indirectly through another scheme. PWDs receiving funds under these schemes were rare. The only instance of district Zakat departments making grants to PWDs in the districts were in Astore and Ghizer. The department in Astore had given out PKR 45,000 in grants to 15 PWDs out of a total fund of PKR 6 million. Each of the PWDs received a small sum of PKR 3,000 over a period of 6 months, which is the minimum amount that the Zakat department gives out in grants. The Ghizer Zakat department had established a special category of funds especially for PWDs although it is unclear whether any PWDs have benefited from this fund to date.

Similarly, none of the Bait-ul-Maal and BISP offices in any of the districts had any specific grants set up currently for PWDs and only a minor initiative was in place by BISP in Skardu where some extra consideration was given to households with PWDs. BISP grants were awarded following calculation of a proxy means testing (PMT) score. The grants were given out to households that fell below the cut off PMT score for each scheme. The PMT score for PWD households was reduced during the selection criteria by up to 20 points for 1 PWD and 25 points for 2 PWDs in the family. As with all other districts, BISP Skardu did not have a special category of grants established exclusively for PWDs. The Bait-ul-Maal department in Ghizer had previously been involved in the
provision of some assistive devices to PWDs; however, it is unclear from the interviews how many and what type of devices were provided.

Moreover, only a handful of department buildings and medical facilities across the districts had been made accessible for PWDs via an entrance ramp, which only catered partially for those PWDs with physical disabilities. A general lack of awareness of and sensitivity to disability related issues was observed amongst staff members in government departments and institutions during the course of this research.

4.2.1 Initiatives for Medical Diagnostic and Rehabilitation of PWDs

<table>
<thead>
<tr>
<th>Districts</th>
<th>Available Initiatives for Medical Rehabilitation of PWDs</th>
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<tbody>
<tr>
<td>1 Gilgit</td>
<td>DHQ Gilgit Eye department equipped with ophthalmologist assess patients for eye care and low vision issues.</td>
</tr>
<tr>
<td>2 Astore</td>
<td>None</td>
</tr>
<tr>
<td>3 HunzaNagar</td>
<td>None</td>
</tr>
<tr>
<td>4 Ghizer</td>
<td>None</td>
</tr>
<tr>
<td>5 Diamar</td>
<td>CHEF International has established Physiotherapy, Ear Nose &amp; Throat and Eye units and Resource Centre in DHQ Diamar but the DHQ currently lacks trained personnel to operate the units.</td>
</tr>
<tr>
<td>6 Skardu</td>
<td>DHQ partially offers medical assessment for people with physical, visual and hearing impairment</td>
</tr>
<tr>
<td>7 Ghanche</td>
<td>None</td>
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</tbody>
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Additionally, the district Social Welfare Department had established a Patient Welfare section in DHQ Hospital Ghizer which was responsible for overseeing the general welfare of poor and needy patients including counseling sessions and provision of any grants for medical treatment and organizing medical camps in remote areas. It also provided assistive devices to PWDs and had facilities in place for medical and needs assessment of PWDs. The Patient Welfare section dealt with a range of patients some of which were PWDs. It was not designed specifically to meet the needs of PWDs and to date had provided only wheelchairs to two persons with physical disabilities. Perhaps, most importantly, the Patient Welfare section had not been made accessible for PWDs.

The Provincial Eye Cell in Skardu provided specialized eye treatment for those suffering from visual impairment and refractive errors. The Eye Cell offered some services for PWDs. Exclusively, it had a dedicated room for disabled people, which had been referred to the Eye Cell by the DARC and was also involved in issuing disability certificates and visual aid devices. It had qualified staff members and extended its services beyond the Skardu district. However, it should be noted that the Eye Cell was not exclusively for the medical rehabilitation of PWDs and was focused more on the prevention of blindness. Furthermore, it had not been made accessible for PWDs. There were no governmental medical rehabilitation facilities in Astore, Ghanche, Ghizer and Hunza Nagar.

4.2.2 Initiatives for Education of CWDs

The only governmental initiative for education of CWDs in the province is the Special Education Complex in Gilgit city, which has been established by the Ministry of Education. It is currently functional and has 120 children enrolled in its classes. The school is organized on a departmental basis and caters to each of the broad categories of disability, namely, blindness or low vision, hearing and speech impairment, intellectual disability and physical disability. However, the Complex only provides education up to year 5. It does not provide any assistive devices for CWDs.
and did not have any disability rehabilitation expert on site. The school also had 68 paid teachers, which is quite a high number in proportion to the number of children enrolled. It caters to children living in Gilgit city only that are covered under the transportation scheme provided by the school.

4.2.3 Initiatives for Vocational Training of Persons with Disabilities
The only government based initiative for the provision of vocational training of PWDs is as part of the Special Education Complex in Gilgit which offers basic training on candle making, knitting, stitching and embroidery for children at a very small scale. No vocational training initiatives for adult PWDs had been set up at government level.

4.2.4 Disability-Related Research, Awareness Raising Campaigns and Other Initiatives
None of the government departments across the districts, including NADRA, had a comprehensive and up-to-date list of PWDs in the districts. They were also not involved in disability related researches and across the board. There were a few rare instances of awareness raising campaigns being conducted by government departments. The Social Welfare department in Ghanche had organized a sports competition for PWDs while the NADRA office in the district had been involved in an awareness raising campaign for PWDs in collaboration with CHIP. NADRA offices in Hunza Nagar and Gilgit were the only government departments across the seven districts, which had conducted awareness raising sessions with community leaders in some of the villages regarding SCNICs and their potential advantages for PWDs. However, it should be noted that these were only one-off campaigns and have not been replicated in the remaining districts. The 5 DPOs in Skardu, Hunza Nagar and Gilgit were also involved in awareness raising campaigns in their respective areas but as will be seen below, were operating on a small scale and had limited capacity due to lack of funding.

4.3 Initiatives for Disability Mainstreaming by Non Government Organizations
A small number of national and international NGOs working with PWDs in the province were also interviewed. Again, there is great variation in programme foci and outreach of these organisations across the districts. Very few of these organisations have exclusive programmes for PWDs set up in the districts. For the most part, the organisations include only those PWDs in their mainstream programme that they happen to come across incidentally and therefore, do not comprehensively tailor their activities to PWDs or specifically target any PWDs to be included in their programmes.

The only non government-run medical facility in the province was in Gilgit. Gilgit Vision Centre currently operates as an NGO; however, it previously used to have a school for blind children. The Vision Centre extends support to PWDs with limited capacity as it caters to the general population and not exclusively for disabled people. The geographical outreach of the hospital is to a large extent restricted to Gilgit city. While the Centre provides a range of eye treatments and services including sale of prescription lenses, it does not offer specific programmes for the rehabilitation of blind and low vision.

Sightsavers Pakistan and the Fred Hollows Foundation have also undertaken a number of initiatives aimed at improving eye care services in all districts of the province. Both the programmes are aimed at improving the delivery of eye care services in the province at large and target all types of beneficiaries, not just PWDs. Both were providing funding support to the provincial Eye Cell in Skardu. Therefore, they are not involved in working for the medical rehabilitation of blind PWDs through the provision assistive devices. It should, however, be noted that both the organisations have been working towards the prevention of blindness through awareness raising campaigns and eye camps.

There also a few district specific international and national NGOs operating in the province that have some health related initiatives for PWDs; but none of these organizations are working exclusively for PWDs and do not provide comprehensive medical rehabilitation tailored to the needs of the PWD in question. In Diamar, Dardistan Welfare Society has been involved mostly in the provision of assistive devices to PWDs but the exact number of beneficiaries was not disclosed during the interviewing process. It is operating on a small scale with only 3 paid staff members working for the NGO currently and has limited access to funds.
Al-Khidmat Foundation in Gilgit has provided a few physically disabled persons in the district with wheelchairs. The organisation does not have an exclusive programme for PWDs and has only provided support for disability in a limited way. It has not extended any support to people suffering from other types of disabilities. However, it has been working on other programmes in the district and has an established presence in the province with the Gilgit office comprising 9 paid staff members. Hashoo Foundation has also implemented some health related initiatives in Gilgit but these have been largely targeted at women and orphans and PWDs involvement in the programmes was largely incidental.

4.3.1 Initiatives for Education of CWDs
A handful of non-governmental organizations are also working to improve educational facilities for CWDs in the province. Two schools, one in Skardu and another in Gilgit have been established alongside other initiatives for improving the access to and quality of education for CWDs in the province. The NargisKhatoon Deaf Rich School has been set up in Skardu. This is a specialised institution aimed at providing education especially for children suffering from hearing and speech impairment. However, it was limited in its outreach as: the school only catered to CWDs suffering from a very specific type of disability; the school building had not been made accessible for CWDs; and it did not have any special means of transport which would facilitate travel to and from the school for CWDs. Therefore, the school only had a small number of children enrolled. The school also did not provide any assistive devices to the children.

Skardu based Malik Welfare Organisation facilitates education of children in mainstream schools in the district. It has also worked to this end with some schools in Ghanche.

In Gilgit, the only organisation working exclusively for disability and in particular for education of PWDs is MFEWO. It has an established presence in the area with 37 paid staff members and disability rehabilitation experts and has the human resources to implement a comprehensive programme for PWDs. MFEWO has also established a school in the district which includes CWDs amongst its students and provides them with preschool, primary and secondary level education. The teacher to student ratio is balanced with 27 teachers for 510 children enrolled in the school and all of the teachers have been trained on inclusive education. The school provides inclusive education for CWDs at a very low price and also provides them with tailored assistive devices.

Hashoo Foundation in Gilgit has also been involved in education and youth development projects and included PWDs in some of its programme activities. The NGO has human resources available to design and implement comprehensive project in the district with 29 full-time staff and several volunteers. However, as noted, none of its activities were tailored to the specific needs of the PWDs and is more likely to have benefited PWDs suffering from mild to moderate disabilities only.

On top of these existing initiatives, EDIP, a large-scale programme for improving educational services in the provinces, is being implemented in Gilgit-Baltistan by a consortium of NGOs. Inclusive education is one limb of the programme and aims to include poor and disadvantaged children in its programme. One of the target groups under this head is CWDs. However, it should be noted again that EDIP is a huge programme focused on contributing to the overall socio-economy of the province and disability related aspects only form a small part of its overarching objectives. Furthermore, EDIP is currently not being implemented in Diamar due to security concerns.

Apart from the programme activities of EDIP, there are no education related initiatives for CWDs in Astore, Diamar, Ghizar or Hunza Nagar districts of the province.

4.3.2 Initiatives for Vocational Training of Persons with Disabilities
Only one NGO in Hunza Nagar had implemented a full-fledged programme for vocational training of PWDs. Under its enterprise development programme, KADO had established a wool-spinning center in Hunza Nagar exclusively employing 50 PWDs. However, due to lack of current funding, the number of PWDs employed in the district had reduced significantly to just 10. There were no
such initiatives for PWDs in any of the other districts. However, a few NGOs implementing vocational skills training programmes had included PWDs in some of their initiatives.

AKRSP and PRCS in Astore have included some PWDs in their vocational skills training programmes on an ad hoc basis. AKRSP is well established in the province with 13 paid staff members in the Astore district office. On the other hand, PRCS only has a small presence and limited capacity in the district with 2 paid staff members and no volunteers working for the organisation. Both AKRSP and PRCS programmes target a range of beneficiaries and PWD involvement is not specifically sought out. Hence, the NGO has only worked with disabled people on an ad hoc basis. Furthermore, the trainings that it provided were not exclusively designed to meet the distinct needs of PWDs in the district. It is very likely that the trainings were limited in outreach to PWDs with only mild or moderate disabilities.

KDWA in Diamar has established three vocational training centres. It had worked with some PWDs in the district under its vocational skills training initiatives. However, these were not specifically targeted for PWDs and were designed to cater to a much larger group of beneficiaries. Therefore, any PWDs involved are likely to be those with only mild to moderate disabilities. The organisation also did not have any established policies or guidelines for working with PWDs and was not involved in any mapping exercise to specifically target PWDs in any of its programmes.

There were no such initiatives for PWDs in Ghanche, Skardu or Ghizer.

4.3.3 Initiatives for the Engagement of PWDs in Income Earning Opportunities

Under national statute Disabled Persons (Employment and Rehabilitation) Ordinance 1981 section 10, at least 2% of employees in any institution must be PWDs. Despite this, only a small number of departments in each district, if any, employed PWDs amongst its staff members. Furthermore, it should be noted that those PWDs that were employed suffered only from very mild to moderate disabilities and were given low-paying, unskilled positions such as those of sweepers and sanitary workers.

In terms of initiatives for income earning opportunities as established by non-government actors, AKRSP and PRCS in Astore have included some PWDs in their vocational skills training programmes on an ad hoc basis. KADO in Hunza Nagar employed exclusively 50 PWDs in its wool-spinning centre under its Enterprise Development Programme but due to shortage of funding it has been downsized. Moreover, Sangam LSO in Ghizar has supported some PWDs for livelihood activities. There were no specific government or non-government initiatives for income earning opportunities established in Diamar, Ghanche, Skardu and Gilgit.

4.3.4 Disability-Related Research, Awareness Raising Campaigns and Other Initiatives

Dardistan Welfare Society in Diamar has conducted small-scale research on disability in the district, which involved preparing a list of PWDs in the district; however, the NGO lacks human resource and was therefore, unable to prepare a report on its findings. The research also did not include any in-depth needs assessment of the PWDs. To similar effect, GRSO in Hunza Nagar had compiled a list of PWDs in the area and would be willing to work with them if funding is available. The remaining districts i.e. Astore, Ghanche, Ghizer, Skardu and Gilgit did not have any such research initiatives being carried out. A few NGOs were also involved in donating provisions to PWDs on a need basis. Huquq-ul-Ibaad in Diamar is one such NGO operating on a very small scale in the district. It does not have any programme on disability and the only assistance it has provided to PWDs is through donating food and clothing. It currently employs no paid full-time staff and only works through 30 volunteers. It has very limited access to funds with an annual financial volume of PKR 10,000. Unsurprisingly, its outreach is geographically limited to only 20 villages in tehsil Tangeer. This was as part of a general donation programme where PWDs were selected on an ad hoc basis due to their needs and were not specifically targeted. PRCS in Gilgit operates in a similar capacity as Huquq-ul-Ibaad in Diamar, working with PWDs during its relief and rehabilitation related projects during any disasters. However, this is the only level of support extended by the organisation to PWDs in Gilgit. It provides PWDs with basic necessities during disasters and any assistance extended and such provisions given are the same as those provided to other non-
disabled beneficiaries. While it has a strong presence in the district, it only aims to continue working for PWDs in the future in similar types of initiatives as present.

4.4 Initiatives for Disability Mainstreaming by Local Support Organizations

Three LSOs in Ghizer namely Al-Karim Development Organisation, Chatorkhan LSO and Sangam LSO have implemented some initiatives for improving physical health of PWDs at a very small scale. None of these programmes have been designed exclusively for PWDs and they were only included in these initiatives on an ad hoc basis. Al-Karim Development Organisation’s programme outreach was limited to 5 villages in UC Thaus within Tehsil Yasin. Sangam has been working with PWDs in Tehsil Punyal with fairly limited capacity employing only 2 full time staff members. It also does not employ any disability rehabilitation experts, which further limits the ambit of the support it can provide to PWDs in terms of medical rehabilitation.

Chatorkhan LSO in Ghizer is also involved in some health related initiatives for PWDs. It operates only in 9 villages of Tehsil Ishkomen. It has better access to funding support than the other two organisations working with PWDs in the district. Its annual financial volume is much larger at PKR 2 million and has an established presence in the district with 10 full time paid staff members. However, it only has a qualified refractionist working with it. Therefore, it is unlikely to be able to provide medical rehabilitation for different types of disabilities.

In Hunza Nagar, CLSO had worked with PWDs occasionally in its vocational centres and youth development initiatives. Its outreach was restricted to 12 villages in the Chipurson area and had limited capacity in the district with only 3 employed staff members. It also did not have any disability guidelines in place nor did it employ any disability rehabilitation experts.

LSO Danyor in Gilgit runs vocational training centres for women, which encourages PWDs to participate as well. However, it is unclear whether any PWDs have actually benefitted from the LSO’s programmes. The LSO operates on a fairly small scale in the area. It only has two paid full time staff and limited funding support.

4.5 Initiatives for Disability Mainstreaming by Disabled Person Organisations

There were a total of 5 DPOs in the province of which 1 was based in Skardu, 1 in Hunza Nagar and 3 in Gilgit. They were all small organisations and were heavily dependent on funding support from individual philanthropists or other NGOs in the district. None of them had been involved in any comprehensive disability related projects to date. While these DPOs can play a crucial role in mobilising and sensitising communities on disability, they are currently involved in a limited number of initiatives, if any.

Skardu-based Karakoram had only recently come into operation and was still dependent on CHIP, which had facilitated its establishment, in terms of the projects it undertook and its finances. It was only involved in projects in a limited way through advocacy and counselling sessions but was beginning to work its way towards financial independence. It was also involved in awareness raising campaigns at community level.

VISA in Hunza Nagar is a small-scale unregistered group of 24 blind people. They have not yet implemented any programmes and do not have a dedicated office of their own. While they wish to work for PWDs in the area, they are restricted by their lack of funding. They aim to obtain registration status soon and implement awareness raising campaigns on disability in the district.

One of the three DPOs based in Gilgit was SPWARO. It has been operating in the district for roughly 11 years. It collaborates with the other two DPOs in the district and to date, has benefited a small number of PWDs by providing access to livelihood and educational opportunities, engaging in social activities and boosting confidence of PWDs. It has not been able to work on the medical rehabilitation of PWDs perhaps, because its capacity is limited to the funding it receives on an ad hoc basis through individual philanthropists. They have tried to carry on research in the district on the number and types of PWDs but have been unable to document their findings because of their lack of human resources as well.
VIPRA is the second DPO in Gilgit. It is an unregistered organisation working in a limited capacity for PWDs suffering from blindness. It is restricted in its geographical outreach and the type of projects it can undertake. It extends support primarily to blind persons and thus far, has been able to help a small number of persons suffering from blindness and low vision to obtain disability certificates. Due to lack of funding support and weak capacity, it has not been able to implement any systematic project for PWDs. Vision Welfare Foundation is another registered DPO in Gilgit and is strongly associated with VIPRA. It comprises both PWDs and non-disabled persons. Currently, it is not involved in any programme and has no funding support. It also does not have its own dedicated office.

4.4 Major Barriers to Mainstreaming Disability
A number of barriers to disability mainstreaming in Gilgit-Baltistan have been identified during the course of this research. These are as follows:

4.4.1 Policy and Planning Barriers
There are extremely limited initiatives in place for PWDs at provincial and district government level. Pre-existing formats for budget allocation do not have provision for the allocation of funds for PWDs, which makes it almost impossible for the district departments to attribute funds to disability related initiatives.

4.4.2 Accessibility of Public Facilities
Buildings of government departments and public facilities such as schools and hospitals have not been made disability friendly and the rough terrain of the district coupled with expensive transportation costs and the weak socioeconomic position of PWDs often means that it is extremely difficult, if not impossible, for PWDs to access these facilities.

4.4.3 Attitudinal Barriers
There is a general lack of awareness and sensitivity to disability related issues at all levels including both government staff and the local communities. This is coupled with a general disrespect for PWDs, which contributes to psychological issues in PWDs.

During the course of the research, the team came across a 6-year-old girl in Naltar-Pine, Gilgit suffering from an intellectual disability, who had been forced by her family to stay in a dark room all day long. When the team members opened the door of the room to bring her outside, she attacked them and tried to snatch their things. When the team did not resist and dealt with her calmly, she relaxed and began to behave normally.

Similarly, an intellectual incapacitated boy in Gilgit was constantly teased and bullied for his disabilities. The aggression bottled up inside him manifested into violence on one occasion causing him to steal a knife from a nearby butcher’s shop and attack one of his bullies who himself was a young boy. The boy died from his injuries in a matter of few hours.

The two case studies demonstrate the deep-set attitudinal issues in the communities against PWDs. This lack of sensitivity to the conditions of disabled people has evident severe adverse effects especially on the mental state of CWDs.

4.4.4 Educational Barriers
Neither the Education department nor the schools that it runs have any facilities for PWDs. The school buildings have not been made disability friendly and the teachers do not have any training on inclusive education.

4.4.5 Health Barriers
There are no rehabilitation centres or qualified rehabilitation experts to cater for PWDs in any government-run health facilities. There are no initiatives in place on reversible or irreversible disabilities in any of the districts. It should also be noted that none of the DHQ Hospitals or BHUs had any accessibility features except for ramps.
4.4.6 Economic Barriers
PWDs have only very limited access to very low paying jobs. None of the government departments had employed PWDs in any professional positions except 3 PWDs employed as teachers in the Special Education Complex in Gilgit. As a result, almost all PWDs are financially dependent and often live in conditions of extreme poverty.

One such example is of Noor-ud-din from Rahimabad, Gilgit who worked for the Aga Khan University Hospital in Karachi. A few years ago, during the course of his job, he contracted cerebrospinal meningitis, which caused one of his legs to swell up. Lack of treatment meant that he was not only was he unable to walk without support, he also found himself to be out of a job. He was forced to return to his village and remains unemployed. He is unable to provide sustenance for his wife and four children and is forced to live a life of paucity.

4.4.7 Unavailability of Reliable Data about Extent and Type of Disability
Since 1998, no systematic research has been conducted to record extent and type of disability in GilgitBaltistan. Absence of any evidence has led to very limited initiatives by government non-government organisations for rehabilitation and inclusion of people with disabilities.
Chapter 5: Recommendations

PWDs in Gilgit-Baltistan comprise one of the most deprived segments of the society with an overall lack of access to health and educational facilities, vocational skills, income earning opportunities and social activities. The initiatives in place for improving the conditions of PWDs in the province vary greatly across districts and there remains great scope for implementation of programmes tailored specifically to the distinct needs of PWDs in Gilgit-Baltistan (GB). Thus, the following recommendations emerge from the report:

5.1 Strengthen Disability Mainstreaming through Government Departments

5.1.1 Pakistan has signed and ratified United Nations Convention on Rights of People with Disabilities (UNCRPD). In this regard, a rigorous capacity building, orientation and advocacy programme for informing GB political leadership and government departments about their obligations towards UNCRPD should be designed and conducted to prepare and approve Disability Sensitive Government Policy and Planning. It will be important to add sessions on improvements of accessibility of public facilities for PWDs and budget allocation for PWDs.

5.1.2 Support government to establish disability assessment and rehabilitation centers in all district head quarter hospitals of seven districts. Medical Rehabilitation Centers in each DHQ and THQ Hospitals should be established. Medical assessment facilities should also be made part of PPHI at FLCF level. Advocacy sessions with the Health Department should be conducted to ensure that all government-run health facilities are fully accessible for PWDs and comprise functional disability rehabilitation centres. Assistive devices can also be provided following medical and needs assessments of PWDs with implementing and funding support from existing NGOs and institutions such as Bait-ul-Maal and Benazir Income Support Programme.

5.1.3 Support government to develop human resource/health personnel in disability assessment and rehabilitation for all types of disability. It will be extremely useful to establish orthotics workshops in each DHQ. Research on options to produce local assistive devices will reduce the costs. For example one carpenter in Gilgit and one in Skardu make parallel bars and wall bars from local materials. These carpenters can be trained for adapting their skills as per advise of medical experts.

5.1.4 There should be long term human resource development programme to develop disability rehabilitation experts in cross disability in all seven districts of Gilgit-Baltistan. This can involve introduction of qualifications such as physiotherapy, optometry, audiographer or technician, counsellors cum psychologist, orthotics and assistive device making, etc. Therefore advocate Karakuram University located in provincial headquarter Gilgit to initiate programme on special education, physiotherapy, optometry, audiometry and psychology so that qualified local people can become available for rehabilitation and inclusion of PWDs.

5.1.5 Support government in making their buildings and public services accessible not only for physically disabled but also for people with blindness/low vision and hearing and speech impaired.

5.1.6 Facilitate government in making their existing vocational training centres accessible for PWDs. Sensitize vocational training teachers and students in including PWDs in vocational centers. Support government in adapting their vocational training curriculum in disabled friendly mediums such as brail, audio and sign language etc.

5.1.7 Dedicated vocational skills centers should be established exclusively for PWDs. Existing vocational training centers could also be adapted for PWDs by introducing ramps and training teachers in teaching people with disability. This should be complemented by dedicated initiatives for promoting self-employment of PWDs in each district to establish role models and its replication at a larger scale.
5.1.8 Advocacy sessions with the Education Department should be conducted to introduce concept of inclusive education in mainstream schools for mainstreaming children with mild and moderate disability and orienting and sensitising teachers to the special needs of disabled children. These sessions should also seek for the Education department to develop at least one model of inclusive education in each Union Council in which at least one class room is accessible, one Master Teacher Trainer is developed in inclusive teaching methodologies.

5.1.9 A Special Education Complex similar to the one already established by the Ministry of Education in Gilgit city should be established in each district. The systems and procedures and outreach of the existing Special Education Complex should be strengthened. Hostel and transport facilities should be established according to the geographical features of province.

5.1.10 A full-fledged project in public private partnership model can be designed and implemented on inclusive education to demonstrate importance of inclusive education. The learning and best practices can be utilised for launching an advocacy campaign in neighbouring districts.

5.1.11 Advocacy sessions with all government departments should be conducted to enforce the 2% employment quota for PWDs under national law. A full-fledged livelihood improvement programme should be implemented to highlight talent of PWDs and importance of promoting vocational skills in PWDs. Lessons and PWDs can be utilised for influencing government to engage PWDs in respectable, professional level jobs.

5.2 Strengthen Disability Mainstreaming through Local and International NGOs

5.2.1 Local and International NGOs have regular community development programmes being implemented in all seven districts. Launch a rigorous advocacy campaign on importance of rehabilitation and inclusion of people with disabilities to advocate NGOs to include disability mainstreaming in their existing and future programmes.

5.2.2 Select 2-3 local NGOs from 2-3 different districts with relatively better capacity and support them to design and implement disability mainstreaming programmes in pilot locations.

5.2.3 Coordinate with international NGOs to design and launch disability-mainstreaming programmes in 1-2 districts to influence other NGOs about importance of inclusion and rehabilitation in their existing and future community development initiatives.

5.2.4 Exclusive programmes on livelihood improvement of PWDs may influence not only NGOs but also government that this is possible and the most productive element for contributing to the economy of GB.

5.3 Strengthen Disability Mainstreaming through Local Support Organisations

Local Support Organizations exist at Union Council level in almost all districts. Although they have limited capacity but they are struggling to take charge of the community development of villages that fall in their Union Councils. They do not have access to major funding agencies hence they try to mobilize funds through Social Welfare, Zakat, BaitulMaal departments, individual philanthropist and AKRSP. Their local credibility make them extremely useful stakeholder for initiating any disability mainstreaming programme in their respective union council. An aggressive organizational capacity improvement programme along with an inclusive community development programmes can be designed and implemented through LSOs. These LSOs according their capacity and interests may be picked up to implement one component of CBR e.g. medical rehabilitation, inclusion of CWDs in education, inclusion of PWDs in livelihood activities and inclusion of PWDs in community development activities and inclusion of PWDs in social and recreational activities.

5.4 Strengthen Disability Mainstreaming through Disabled Persons Organisations

DPOs are an important source of inspiration not only for PWDs but also for mainstream development organizations and government departments. It is important to organize PWDs that
are living in far off village into self-help groups through these DPOs. This will give them a direction for their personal development and guidelines. Capacity building programmes for strengthening organizational and programmatic capacities DPOs should be initiated so that they can design and launch advocacy campaigns on rights of people with disabilities as a joint venture. Specific programmes for women with disabilities should be designed and implemented as a dedicated initiative through existing DPOs.

5.5 Research and Documentation
Establish an independent research unit within CHIP to regularly conduct researches on the situation of PWDs and any initiatives whenever implemented by any institution. This will not only guarantee availability of reliable data for the GB but also monitor and report about the comparison of baseline and improvement about rehabilitation and inclusion of people with disabilities. It may also report on strengths and weakness of the approaches being implemented in the area. Best practices of programmes on mainstreaming of disability under exclusive initiatives for people with disabilities should be documented and re-implemented across the districts.

5.6 Mass Awareness Raising Programme
There is a general lack of awareness about the importance of rehabilitation and inclusion of people with disabilities. It is very important to initiate a rigorous awareness raising campaign at all levels by engaging multiple mediums such as radio, cable TV network, newspapers, wall chalking, village level awareness raising sessions through interactive theatre and puppets shows etc. This will sensitise all stakeholders to initiate some activities for rehabilitation and inclusion of PWDs according to their mandate and available resources.
ABOUT CIVIL SOCIETY HUMAN AND INSTITUTIONAL DEVELOPMENT PROGRAMME (CHIP)

Initially a Swiss NGO Programme, Civil Society HID Programme (CHIP), gradually progressed into a value-led national HID support organization. It has been working for over a decade in strengthening Civil Society Organizations towards the betterment and development of the disadvantaged. CHIP’s scope of work places the emphasis of its efforts on Human and Institutional Development (HID) - the rationale being that HID – is the foundation of any development strategy. It provides the framework as well as the fuel for translating ideas into action. In all scenarios, even when strategies are similar, the difference between success and failure is determined by how well people are prepared to achieve goals and how well their organizations are able to support them. Through its proven HID approach, CHIP improves and strengthens organizations at human, organizational and institutional levels to achieve programme efficiency and effectiveness. In October 2004, CHIP registered as a not for profit organisation under section 42 of the Companies Ordinance. Since then it has been working as an independent organisation on a wide range of development topics. Our detailed strategic focus is explained below:

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
We believe that Pakistan can develop if we develop its individuals and institutions without discriminating gender, disability and any other differences. We promote an element of ‘inclusion’ in all our efforts so that we do not miss out in the representation of any person because of their disability. We also believe that all our efforts should be geared towards helping our communities towards resilience and self-reliance. Local resources (physical, financial and human) can be utilized in emergency, recovery and rehabilitation programmes if programmes are designed according to local contexts. We try to relate our contribution towards the bigger picture i.e. national development. We also promote positive values combined with skills and knowledge to excel the efficiency and effectiveness of our output and work. We also use research and advocacy as a tool for bringing a positive change at all levels.

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

a. 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.

b. Project Management Services
Project Management services consist of the supervision and management of projects on behalf of international development agencies or INGOs, in particular those that choose not to establish their own offices locally. This management services include 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.