german cooperation
DEUTSCHE ZUSAMMENARBEIT

GERMANY - PAKISTAN

Disability Inclusion in Education & Health

GIZ-EHS Project, Khyber Pukhtunkhwa

Strengthening Education and Health Services for Refugees and Host Communities (EHS) project approach to disability-inclusive development and identifies main entry points for disability inclusion within the project's implementation/management cycle.

March 2022

Choose not to add “DIS” to limit my “ABILITIES”.

Believe in the skills I have got.
Do not focus on what I have not.
Of course, I am aware of my limitation.
Yet, I am a part of God’s wonderful creation.

Hold my hand and walk with me.
Lets break the back of social inequity
Lets empower every individual with a disability
Let them live with dignity in an inclusive society.

فرق تو پڑتا ہے!

ایک بوڑھے نے صبح سویرے ساحل سمندر پر چلتے ہوئے دیکھا کہ ایک لڑکا ساحل سے اسٹار فش چن چن کر واپس سمندر میں پھینک رہا ہے۔ بوڑھا اس نوجوان کے پاس آیا اور اس سے پوچھنے لگا کہ وہ ایسا کیوں کر رہا ہے؟ لڑکا بولا، یہ اسٹار فش لہروں کے زور سے سمندر کے ساحل پر آجاتی ہیں اور بکھر جاتی ہیں اور اگر سورج طلوع ہونے تک انہیں واپس سمندر میں نہ پھینکا تو یہ مرجائیں گی۔

بوڑھا بولا، مگر بیٹا یہ تو میلوں تک ہزاروں اسٹار فش پھیلی ہوئی ہیں۔ تم کس کس کو مرنے سے بچاؤ گے؟

لڑکے نے بوڑھے کی طرف دیکھا اور پھر اپنے ہاتھ میں موجود اسٹار فش کو زور سے لہروں کے حوالے کرتے ہوئے بولا، سب کا تو پتہ نہیں مگر۔۔۔۔

ہم پاکستان کے تمام مخصوص افراد کی زندگی تو نہیں بدل سکتے
مگر وہ لوگ جن تک ہماری پہنچ ہے اور ان کی ہم تک رسائی ہے ان کی زندگی میں
اپنی سوچ اور اپنے وسائل سے کچھ نہ کچھ تبدیلی ضرور لاسکتے ہیں۔

Session I
Introduction

Disability a Concern of Everyone

There are over a billion people, about 15% of the world's population, who have some form of disability. In developing countries where there is greater vulnerability to natural disasters and less developed service provision there are greater numbers of people with a disability: about 1 in 5 people, or 20% of the population. Disability is a major development concern, not only for individuals with disability but for their family members and communities: it is a major contributing factor in pushing families into deep poverty.

Disability in Displacement Context

PWDs are considered among the groups most at risk in contexts of forced displacement. At the end of 2020, an estimated 12 million of the world's 82.4 million forcibly displaced people were PWDs.[1] In times of conflict and displacement, PWDs are considered among the groups most at risk. Loss of mobility or acquisition of new/additional physical and sensory impairments, psychological stress, being subject to various forms of abuse, and lack of access to medical assistance and assistive devices are some of the imminent effects of humanitarian crises on PWDs increasing their vulnerability, as well as dependency on others.[2] Lack of accessible information and accessibility of mainstream services in host countries, financial difficulties, additional stigma and discrimination may hinder their social connectedness with the host society. These issues highlight the importance of identifying the needs of PWDs and developing disability-inclusive refugee policies and practices.

In forced displacement situations, it is often emphasized that PWDs face multifaceted barriers in access to mainstream assistance, protection and legal services, health, education and livelihood opportunities. A commonly cited barrier in a new host country is the lack of accessible information and accessibility of services.

Barriers for Displaced People with Disabilities

People with disabilities commonly face a range of barriers in participating in society and benefitting from development investments. Refugees/displaced people living with disability face similar barriers, however, they become more significant because of their circumstances.
The types of barriers include:

- Attitudinal and / or societal barriers (such as stigma)
- Communication (such as information not being made available in accessible formats or available in one format only)
    - very limited or no information about the rights of PWD
    - very limited or no information about governmental services and opportunities for PWD
    - very limited or no information about non-governmental organizations carrying out advocacy work for the rights of PWD
- Physical and / or environmental barriers (such as stairs, inaccessible transport), and
- Policy and / or systemic barriers (such as legislation, policies and procedures that explicitly or implicitly discriminate against people with disabilities
- The disconnection between refugees, refugee organizations, disability organizations and disability service providers also result in assistance, service, and social gaps for RWDs
- In addition to physical and attitudinal barriers, the financial difficulties and the language barrier are the two most cited barriers in access to health and social services.

[1] Of the total forcefully displaced population, 26.4 million are refugees, 48 million are internally displaced people (IDPs), and 4.1 million are people waiting for their asylum claims to be finalized. See, UNHCR Global Trends: Forced Displacement in 2020.

[2] Handicap International. (2015). Disability in humanitarian contexts: Views from affected people and field organizations (pp. 1–30).

WAKE UP CALL

- Over a billion people (about 15% of the world's population approximately 1 in 7 people), have some form of disability[3].
- Approximately 20% (1 in 5 people) of the world's poorest people in developing countries have a disability[4].
- 80% of people with disabilities live in developing countries.
- Children with a disability are much less likely to attend school than children without disability.
- The gap in primary school attendance rates between disabled and non-disabled children ranges from 10% (India) to 60% (Indonesia[2])
- Women, older people and poor people are more likely to have a disability[5].
- Everyone will experience conditions that contribute to disability at some point in their lives[6].
- People with disability need to access health services for the same reasons as people without a disability[7].
- In many low and middle income countries, only 5% – 15% of people who require assistive devices/technology receive them.
- Only 20% of women with disabilities in low income countries are employed compared with 58% of men with disabilities.
- People with disabilities are at greater risk of violence: up to 4 – 10 times the rate of violence against people without disabilities
- Approximately one billion people experience some form of disability and it is estimated that 93 to 150 million are children[8].
- Children with disabilities are 10 times less likely to go to school than other children and when they do attend school, it is likely to be in a segregated setting[9].
- Children with disabilities have very low rates of initial enrolment in School[10].
- Children with disabilities are also at increased risk of school violence and bullying, preventing the safe enjoyment of their right to education[11].

3 World Report on Disability, January, 2011, The most reliable and authoritative source to date on disability in terms of data and statistics.

4 World Health Organization (WHO), 2020

5 World Health Organization (WHO), 2020

6 World Health Organization (WHO), 2020

7 World Health Organization (WHO), 2020

8 Work Bank, Oct 10, 2021

9 Include Us! A study of disability among Plan International's sponsored children, Plan International, 2013

10 Work Bank, Oct 10, 2021

11 UNESCO, *School violence and bullying: Global status report*, 2016

OVERVIEW OF EHS

This conceptual framework outlines **Strengthening Education and Health Services for Refugees and Host Communities** (EHS) project approach to disability-inclusive development and identifies main entry points for disability inclusion within the project's implementation/management cycle. EHS project is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) to improve access to public services in health and education for Afghan refugee population and their host communities in Pakistan.

The framework aims to guide the EHS project team and their partners to incorporate and promote inclusive and participatory approaches while implementing the project and ensure inclusion of Persons with Disabilities (PWDs) is a cross-cutting theme of EHS project. It is important to note here that Framework will remain within the limited scope of EHS project.

It supports the implementation of BMZ's strategy paper on Inclusion of persons with disabilities in German development cooperation which reaffirms Germany's commitment to people with disabilities. The strategy makes an essential contribution to a human rights-based model of development cooperation which places human dignity at the heart of its activities. It supports the human rights-based implementation of the 2030 Agenda, which is founded upon the Universal Declaration of Human Rights and international human rights treaties such as the UNCRPD, in force in Germany for 10 years now, and contributes to fulfilling the commitment of reaching the furthest behind first.[12] The strategy also highlights disability inclusion as a thematic priority and commits to ensuring people with disabilities are active participants in the planning, design and implementation of humanitarian assistance.

CORE MESSAGES

- → Inclusion of persons with disabilities is a human right and a prerequisite for the sustainable and socially responsible development of democratic societies.
- → The German development cooperation sector is striving to promote the systematic mainstreaming of disabled inclusion. The binding UNCRPD and the guiding principle of the 2030 Agenda for Sustainable Development to leave no one behind provide the particular frame of reference for these endeavours.
- → An integrated human rights-based approach which is closely linked to other cross-sectoral, target group-specific requirements and to the corresponding BMZ strategies forms the basis for the implementation of this cross-sectoral paper.
- → Within its own organisation, in cooperation with partners and in international policy dialogue, the BMZ initiates, promotes and shapes change processes for the inclusion of individuals with disabilities in German development cooperation.
- → In addition to the implementing organisations, civil society organisations and DPOs are also vital partners to the BMZ in the implementation process, especially in Germany and in partner countries.
- → The BMZ uses cooperation with bilateral and multilateral partners and networks as an opportunity to share knowledge and experience and champion the rights of disabled persons at international level.

Inclusion of person with disabilities in German Development Cooperation, BMZ Paper 12, 2019

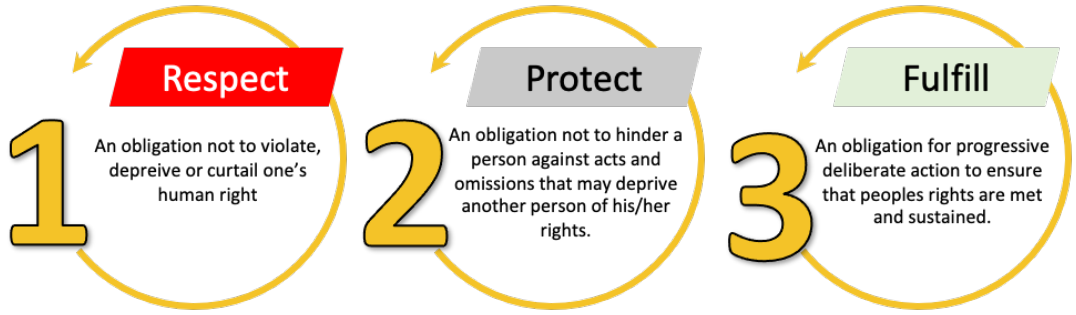
[12] Inclusion of persons with disabilities in German development cooperation – BMZ Strategy paper 2019

WORKSHOP OBJECTIVES AND AGENDA

Objectives	The objectives of the training workshop is:
	1. To provide practical and accessible understanding of the model, framework to recognise the rights of disabled people and mainstream inclusion concept in their projects. 2. To help the implementing partners and their staff to ensure inclusive policies, behaviours and participation of person with disabilities at all spheres of life. 3. To equip and build the capacities of relevant stakeholders i.e. health and education sector, to prove equitable and need based services to person with disabilities and promote positive behaviours.

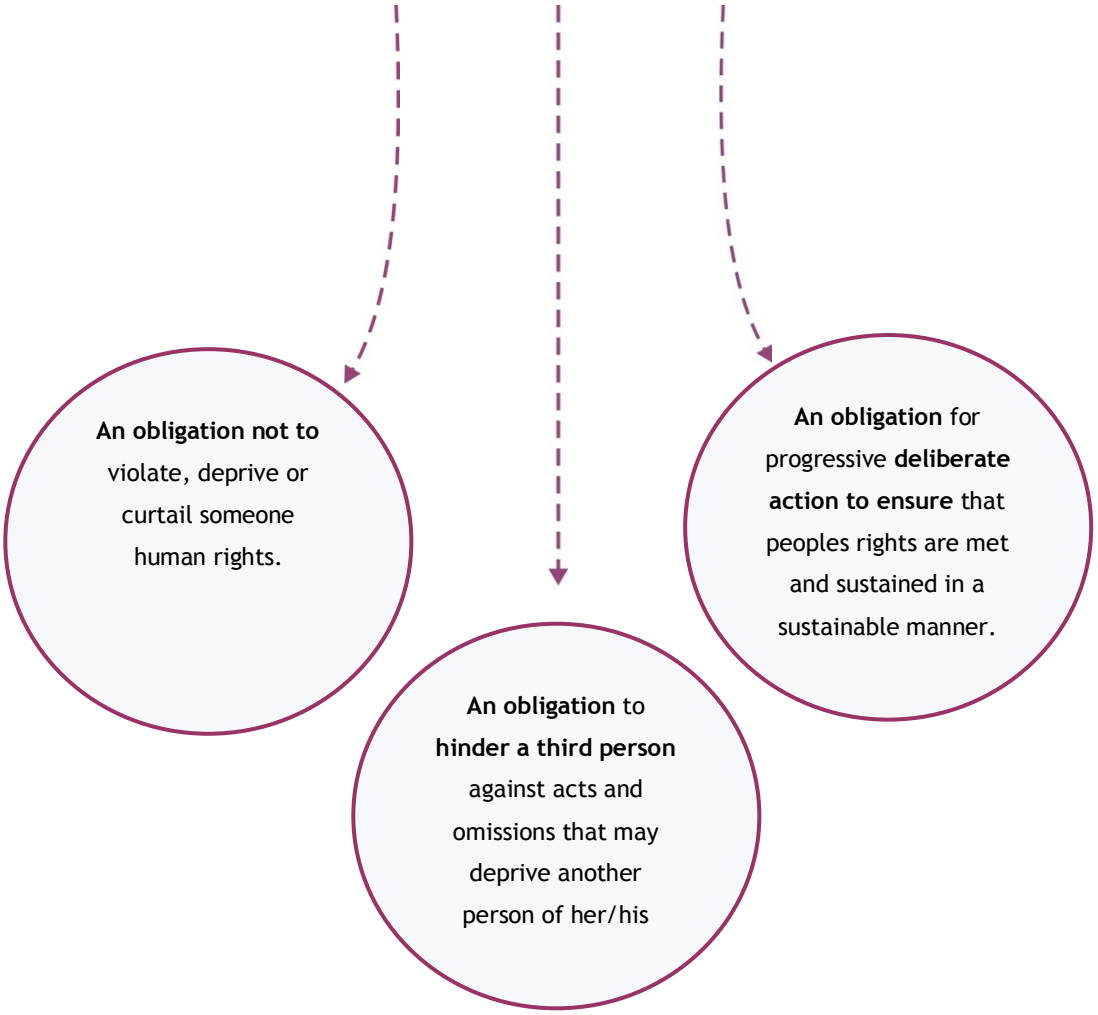
Session II

The "Rights of Right"



WHAT IS A RIGHT?

A Right *is a* **Claim** *which places lawful obligations over others to*



Respect, Protect *and* **Fulfill**

EXPLAINING THE 'RIGHT' TERMINOLOGIES

Gulalai's mother looked at her 6-year old daughter, who faced difficulty in mobility since birth, and wished once again that her daughter could get admission in the nearby government school. She had gone to the school several times and had pleaded with the Headmistress, who continued to refuse admission due to one pretext or the other. What could be possible reasons for the Headmistress to refuse admission to Gulalai's mother? Was she right in doing so?

Questions to ask yourself …

Question 1	Question 2	Question 3
• Why does Gulalai's mother have to plead with the Headmistress? • What would strengthen Gulalai's mother's case?	• Is primary education a fundamental right of all Pakistani children? • Does the headmistress have any right to reject her admission? • Would most non-illiterate parents in rur4al or remote areas know about this right?	• Who are the stakeholders at district level from whom Gulalai's mother should claim this right?

Being a responsible citizen we must know who is responsible for…..

…respecting Gulalai's right for primary education?	**…protecting Gulalai's right for primary education?**	**…fulfilling Gulalai's or other children right to primary education?**
Respecting the right would mean that everyone should refrain from behavior which can prevent the child from going to school (child labor, abusive situation at school, lack of safety for small girls, support to person with disabilities.). The responsibility for respect lies with Gulalai's own parents, the Headmistress and teachers at the school.	This means that the state, with the support of civil society/private sector, would establish laws, policies and services (e.g. accessible schools, making it mandatory for parents to send their children to school, provide necessary support to children during study, etc.) that will make access to education possible.	Fulfilling that right would involve all acts which positively promote right – creating awareness and assisting in enforcing laws, training personnel, monitoring services, etc. Provinces or districts can issue admission related directives that can prevent such problems, and strengthen monitoring and reporting.
Respecting rights can also be understood in terms of: ***"Don't Do Wrong"***	Protecting rights can also be understood in terms of: ***Don't let Others Do Wrong***	Fulfilling rights can also be understood in terms of: ***Ensure Sustainability***

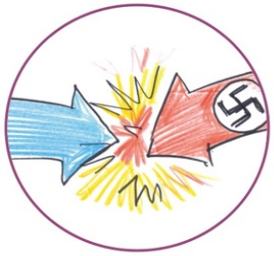
EVOLUTION OF RIGHTS

Chronological history of the rights movement

Last Sermon of Holy Prophet (PBUH)

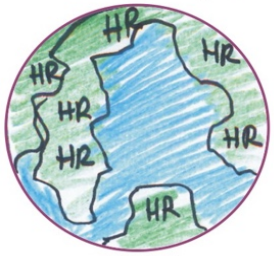
632AC

World War II Ends Massive Destruction



1939

Call for Fundamental Rights



1947

The Universal Declaration of Human Rights (UDHR)

1948

1948 ONWARDS

International Labor Conventions

1973

Constitution of Pakistan (CoP)

1979

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

1989

Convention on the Rights of the Child (CRC)

2008

Rights of Persons with Disabilities

Last Sermon of Prophet Muhammad (PBUH)

This Khutba (*sermon in 11 Hijri*) was the last one that the Prophet (PBUH) delivered. The Haj journey to Makkah and Arafat was the last and only one that the Prophet undertook. For this reason, the sermon that the Prophet (PBUH) gave on this occasion is called 'Khutba-e-hujjatul Wida' (sermon of the last Haj or the Farewell Address).

In his Sermon, the Prophet addressed the following issues:

1. Freedom to all and sanctity of life, wealth and property.
2. Justice in front of the law and in front of Allah.
3. Equality of all races.
4. Women's rights and obligations.
5. Exploitation and monopoly.
6. Rights of others.

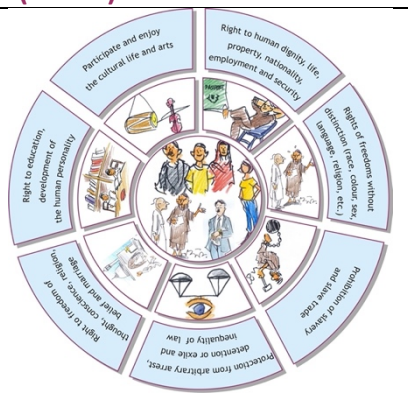
*O people, verily you have got certain rights over your **women** and your women have certain rights over you*

Fear Allah concerning women, for verily you have taken them on the security of Allah and have made their persons lawful unto you by words of Allah.

Source: *www.inter-islam.org, GBG Training Manual, UNDP*

Universal Declaration of Human Rights (UDHR)

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Following this historic act, the Assembly called upon all Member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."

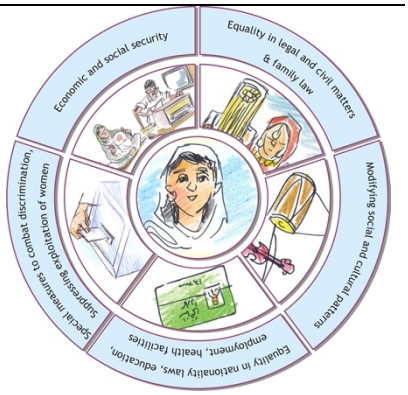


Constitution of Pakistan

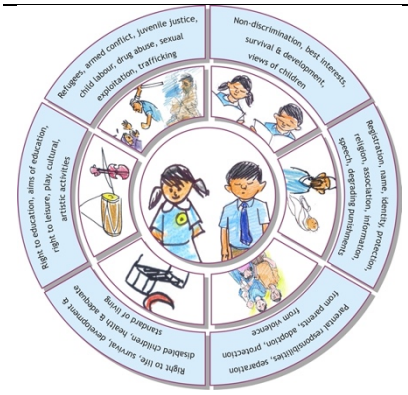
The 1973 Constitution of Pakistan is the supreme law of the country, and all laws passed should be in line with the Constitution. The basis of "fundamental rights" is laid out in Article 4 of the Constitution which states that 'it is the inalienable right (i.e. one which can never be taken away) of individuals (citizens wherever they may be as well as individuals currently in Pakistan) to enjoy the protection of law and be treated in accordance with law'. It also guarantees the protection of life, liberty, body, reputation & property of an individual.

CEDAW[13]

The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex are priority objectives of the International Community.



Convention on the Rights of the Child (CRC)



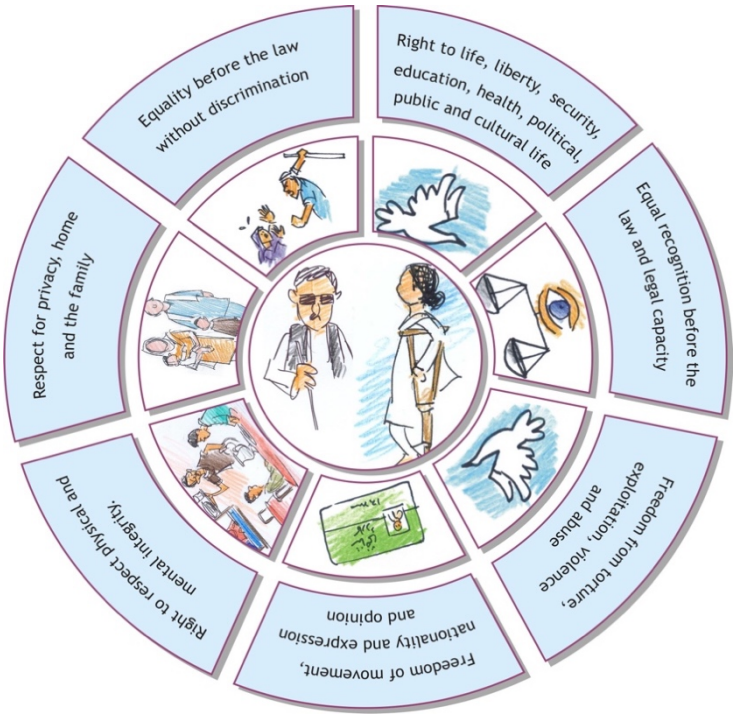
Since children do not have a direct voice in shaping policies, or making decisions that affect them, it is obligatory for responsible adults to ensure that children's rights are adequately addressed. The UN General Assembly adopted Convention on the Rights of the Child in 1989 with a view to ensuring that every single child on the face of the earth receives similar consideration.

Source: *www.pakistani.org/pakistani/constitution, GBG Training Manual, UNDP*

13 Convention on the Elimination of All Forms of Discrimination against Women

Convention on the Rights of Persons with Disabilities (CRPD)

The Convention was introduced in 2008 with a purpose to promote, **protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.** The convention cites that the principle of **Vienna Declaration and Programme of Action** that *"all human rights are universal, indivisible, interdependent and interrelated".* According to Human Rights Watch, estimates of the number of people living with disabilities in Pakistan wildly vary from 3.3 million to 27 million[14]. Pakistan ratified the Convention in 2011.



In the preamble, the signing countries (States Parties) have given reasons as to why they have found it appropriate to elaborate this international law instrument. For example, in paragraph (k) States Parties have put it on record that *"…persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world"*. The UNCRPD has a total of 50 articles[15]. In these articles, States Parties address the purpose of UNCRPD, its principles, the obligations undertaken by States Parties and a number of specific measures intended to give effect through concrete measures to the principles of the Convention.

Activity	In your groups Take few minutes, read the UNCRPD (50 Articles) and advise the key article related to Education and Health. **ERUM**, can we make this activity more interesting, any other dimension.

[14] Ministry of Human Rights, Pakistan, Official Website (http://www.mohr.gov.pk/NewsDetail/NDA2NDc4OWUtYjY2NC00M2MzLTg0MTktZjY1YzZiNzc0NWQw)

[15] UNCRPD articles are attached as Annex 00.

International Commitments

The Human-rights based approach to disability and the CRPD

According to the World Health Organization (WHO), disability refers to the interaction between individuals with a health condition and personal and environmental factors, ranging from negative attitudes, physical barriers, limited availability of services and social support.[16] The CRPD defines disability 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".[17] These definitions aim to create an understanding and awareness that impairment and disability are not necessarily mutually inclusive concepts: while impairment coupled with barriers create disability, impairment combined with accessible environment leads to inclusion.[18] As highlighted in numerous studies that aim to advance disability inclusion in various settings, disability should be regarded as contextual, resulting from interaction between societal and individual factors. It is argued that impairments in most cases are irreversible with root causes ranging from childbirth, medical issues, accidents, war, to natural disaster. Disability, on the other hand, is reversible when its key social, economic, political causes are effectively addressed, including lack of an accessible environment, poverty, poor educational and health opportunities, and discrimination.

As the first binding international human rights convention explicitly mapping out the protection framework for the human rights of PWDs, the CRPD was adopted in 2006 and came into force in 2008. With 164 signatories as of 2021, the Convention encompasses eight general principles guiding the universal disability rights framework:

1. respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
2. non-discrimination;
3. full and effective participation and inclusion in society;
4. respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. equality of opportunity;
6. accessibility;
7. equality between men and women;
8. respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.[19]

Concerning displaced PWDs, Article 11 of the CRPD affirms the protection and safety of PWDs in situations of risk, including armed conflicts, humanitarian emergencies and natural hazards.

Sustainable Development Goals (SDGs) and Disability

During the 2012 United Nations Conference on Sustainable Development (Rio+20, Member States agreed to launch a process to develop a set of sustainable development goals (SDGs) to succeed the Millennium Development Goals (MDGs), whose achievement period concludes in 2015. The SDGs are to address all three dimensions of sustainable development (environmental, economic and social) and be coherent with and integrated into the United Nations global development agenda beyond 2015. The envisaged SDGs have a time horizon of 2015 to 2030.

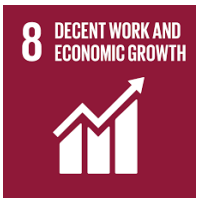
[16] WHO (2020) Disability and Health Factsheet

[17] Preamble (e), UN (2006) Convention on the Rights of Persons with Disabilities

[18] CBM (2017) Disability Inclusive Development Toolkit, p. 13

[19] UN Department of Economic and Social Affairs, Guiding Principles of the Convention

Disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs, for instance:

				
Goal 4 on inclusive and equitable quality education and promotion of life-long learning opportunities for all focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. In addition, the proposal calls for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.	In **Goal 8**: to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value.	**Goal 10**, which strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.	**Goal 11** would work to make cities and human settlements inclusive, safe and sustainable. To realize this goal, Member States are called upon to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. In addition, the proposal calls for providing universal access to safe, inclusive and accessible, green and public spaces, particularly for persons with disabilities.	**Goal 17** stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs are crucial. Member States are called upon to enhance capacity-building support to developing countries, including least developed countries (LDCs) and small island developing states (SIDS), which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.[20]

[20] SDG Knowledge Hub, The International Institute for Sustainable Development (IISD)

Pakistan's National Commitment

Constitutional Commitment

The Constitution of Pakistan (1973) guarantees the social and economic well-being of all citizens including Persons with Disabilities, regardless of sex, caste, creed, race, or any other basis. The Article 38 (d) of the Constitution of Pakistan states "provide basic necessities of life, such as food, clothing, housing, education and medical relief, for all such citizens, irrespective of sex, caste, creed or race, who are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness or unemployment." It also guarantees the freedom of thought, conscience, and expression. The Constitution, with a comprehensive catalogue of fundamental rights, social and ethnic inclusion of all citizens, is the basic source to protect the human rights and provides social justice to all citizens including PWDs. It serves as a shield against any infringement of rights of the PWDs.

Protection of Rights of Person with Disabilities

According to Human Rights Watch, estimates of the number of people living with disabilities in Pakistan wildly vary from 3.3 million to 27 million. Pakistan ratified the Convention on the Rights of Persons with Disabilities in 2011. In September 2020 Pakistan passed a new disability law ***(The ICT Rights of Persons with Disability Act 2020***[21]***)*** through a joint session of parliament, raising hopes that discrimination, especially in the workplace, against millions of Pakistanis could be curbed.

Rights of Persons with Disability Act 2O2O

Rights of Persons with Disability Act 2O2O passed by the National Assembly of Pakistan categorically commits to "promote, protect and effectively ensure the rights and inclusion of persons with disabilities in the communities in line with the Islamic Injunctions and provisions of the Constitution of the Islamic Republic of Pakistan to advance efforts for recognition of their respect and dignity in the society; Whereas, it is expedient to put in place legal and institutional framework to protect the rights of persons with disabilities in general and women, children and the elderly in particular, as called for by the United Nations Convention on the Rights of Persons with Disabilities, as well as other human rights treaties and conventions to which Pakistan is a state party."

Equal World campaign

The new landmark law comes after more than 5,200 Pakistanis signed a petition that was handed to parliament in December 2019. The petition was part of the Equal World campaign, launched in Pakistan by Sightsavers, the National Forum of Women with Disabilities and the Community Based Inclusion Development Network (CBIDN). The new law covers areas like the political participation of persons living with disabilities, equity in education and employment, equality before the law, ease of access and mobility, and protection from violent, abusive, intolerant and discriminatory behaviour.

> The **Supreme Court also ordered** the federal and provincial governments to discontinue the use in all official documents and correspondence of **derogatory terms such as "disabled," "physically handicapped,"** and "mentally retarded," and instead **use "persons with disabilities" or "persons with different abilities**[22]**."**

Pakistan's federal and provincial governments have a responsibility to not only implement this [Supreme Court] decision but to also reform laws and policies to ensure they are in complete conformity with the country's international human rights obligations.

---

21 Ministry of Human Rights (https://www.arabnews.pk/node/1735851/pakistan)

22 Ministry of Human Rights (https://www.arabnews.pk/node/1735851/pakistan)

COVID and Person with Disabilities

Encouraging public to provide special care to persons with disability to protect them from COVID-19, the Ministry of Human Rights (MoHR) issued guidelines on 21st of April 2020. As majority of persons with disability rely on the support of other for their daily chores, special measures are required to protect them from the coronavirus. The guidelines asks the family members to regularly disinfect the supporting stuff used by the persons with disability such as wheel chairs, sticks, white canes etc. Beside the standard SOPs, the guidelines highlight the importance of informing the caretakers about the special needs of the persons with disability during this crisis.

The guidelines also urge people to engage persons with disability in constructive activities while staying home and asks family members to encourage persons with special needs, especially children with disability, to use social media for education purposes and to connect to the friends and family.

Disability Rights under the Government of Khyber Pakhtunkhwa

The provincial government is enacting a law for full medical rehabilitation of persons with disabilities and their inclusion in the community, allocation of four per cent job quota in public sector departments, ensuring their education and making buildings accessible to handicapped people. The bill has been vetted by law department and is in the process placing before the provincial cabinet and then tabling it in provincial assembly to make it a law. The law would fulfil the demand of persons with disabilities regarding their self-respect and dignity, equal opportunities, making hotels and buildings accessible to them. It also covers the rights of children with disabilities. The draft law titled **'Khyber Pakhtunkhwa Empowerment of Persons with Disabilities Act, 2021**, will be extended to the entire province. Under the law, special days would be reserved in every month for issuance of disability certificate to people by medical board under the medical superintendents of the district headquarters.

Gender and Disability

Disability is not a gender-neutral experience. It has a different impact on women, men, girls, boys and other gender identities. Further, while all women and girls face inequality, women and girls with disabilities often face additional, severe disadvantage due to discriminatory social norms and perceptions of their value and capacity.

Why is the intersection of gender and disability an important issue for development cooperation?

First, there exists a huge gender gap in disability: Gender norms and values attributed to women and girls with disabilities vary enormously depending on the cultural context. But commonly "Women and girls with disabilities are (…) stereotyped as sick, helpless, childlike, dependent, incompetent and asexual, greatly limiting their options and opportunities."[23] Another gender inequality concerns the role of women and girls as daily caretakers for family members with disabilities. An additional gender inequality is the fact that generally the percentage of women and girls with disabilities is higher than that of men and boys with disabilities: Global disability prevalence estimates differ considerably due to various reasons; but most documents agree on the fact that disability prevalence within the female population is higher than within the male population. The World Report on Disability for example shows a female disability prevalence rate of 19.2% while it is 12% for men. "Women in general are more likely than men to become disabled because of poorer working conditions, poor access to quality healthcare, and gender-based violence. Another reason for the higher female prevalence is the fact that "As a result of aging and the longer life expectancy of women, the number of women with disabilities is likely to be higher in many populations than the number of men with disabilities.

Second, gender and disability are only two elements of intersectional and multi-discrimination. The UNCRPD acknowledges officially the double discrimination based on gender and disability and confirms that "(…) women

[23] A step forward to the social inclusion of girls and women with disabilities in the Middle East - Multifaceted challenges and combined responses, Handicap International, 2014, p.12

and girls with disabilities are subject to multiple discrimination (…)".[24] This multiple discrimination is often linked to other factors like socio-economic status, age, ethnicity, HIV/AIDS and others.[25]

In combination with the gender gap in disability, girls and women with disabilities are not able to exercising their rights and still today they largely remain invisible in daily life. They do have many issues in common with other marginalized groups and poor non-disabled women, for example "(…) a lack of acceptable collateral, low self-confidence, few resources for business, lack of experience and training, illiteracy, heavy family responsibilities, unmarried status or discouragement from husbands."[26]

[24] Article 6, United Nations Convention on the Rights of persons with disabilities, 2006

[25] Addressing gender equality in the context of disability, Inputs from UN Women, p. 1/2.

[26] Gender and Disability: A Survey of InterAction Member Agencies. MIUSA, 2002, p. 60

Session III

Types and Categories of Disabilities

WHAT IS A DISABILITY?

"Definition of disability including types of disabilities and defines the meaning of the various models of disability. Disabilities can affect people in different ways, even when one person has the same type of disability as another person. Categories of disability types include various physical and mental impairments that can hamper or reduce a person's ability to carry out their day to day activities"

"A disability is defined as a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease"

International Classification of Functioning, Disability?

The International Classification of Functioning, Disability and Health, also known as ICF, is a classification of the health components of functioning and disability. The World Health Assembly on May 22nd, 2001, approved the International Classification of Functioning, Disability and Health and its abbreviation of "ICF." This classification was first created in 1980 and then called the International Classification of Impairments, Disabilities, and Handicaps, or ICIDH by WHO to provide a unifying framework for classifying the health components of functioning and disability. The World Health Organization (WHO) published the International Classification of Functioning, Disability and Health (ICF) in 2001 that covers:

- Activity
- Participation
- Body Structures
- Body Functions
- Personal Factors
- Health Conditions
- Activity Limitations
- Functional Limitations
- Environmental Factors
- Participation Restrictions

The ICF is structured around:

Physical	Environment	Participation
Structure and functions of the body.	Additional information on severity and environmental factors.	Activities (related to tasks and actions by an individual) and participation (involvement in a life situation).

CLASSIFICATIONS OF DISABILITIES[27]

Categories of disability types include various physical and mental impairments that can hamper or reduce a person's ability to carry out their day to day activities. These impairments can be termed as disability of the person to do his/her day to day activities. Disability can be broken down into a number of broad sub-categories, which include the following 8 main types of disability.

Sr.	Classification	Detail
1	**Mobility and Physical Impairments**	This category of disability includes people with varying types of physical disabilities including: - Upper limb(s) disability - Lower limb(s) disability - Manual dexterity - Disability in co-ordination with different organs of the body Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability.
2	**Spinal Cord Disability**	Spinal cord injury (SCI) can sometimes lead to lifelong disabilities. This kind of injury mostly occurs due to severe accidents. The injury can be either complete or incomplete. In an incomplete injury, the messages conveyed by the spinal cord is not completely lost. Whereas a complete injury results in a total dis-functioning of the sensory organs. In some cases spinal cord disability can be a birth defect.
3	**Head Injuries - Brain Disability**	A disability in the brain occurs due to a brain injury. The magnitude of the brain injury can range from mild, moderate and severe. There are two types of brain injuries: - Acquired Brain Injury (ABI) - Traumatic Brain Injury (TBI) ABI is not a hereditary type defect but is the degeneration that occurs after birth. The causes of such cases of injury are many and are mainly because of external forces applied to the body parts. TBI results in emotional dysfunction and behavioral disturbance.
4	**Vision Disability**	There are hundreds of thousands of people that have minor to various serious vision disability or impairments. These injuries can also result into some serious problems or diseases like blindness and ocular trauma, to name a few. Some of the common vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft.
5	**Hearing Disability**	Hearing disabilities includes people that are completely or partially deaf, (Deaf is the politically correct term for a person with hearing impairment). People who are partially deaf can often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life from several biologic causes, for example Meningitis can damage the auditory nerve or the cochlea.

[27] Official website: www.disabled-world.com

Sr.	Classification	Detail
		Deaf people use sign language as a means of communication. Hundreds of sign languages are in use around the world. In linguistic terms, sign languages are as rich and complex as any oral language, despite the common misconception that they are not "real languages".
6	**Cognitive or Learning Disabilities**	Cognitive Disabilities are kind of impairment present in people who are suffering from dyslexia and various other learning difficulties and includes speech disorders.
7	**Psychological Disorders**	Affective Disorders: Disorders of mood or feeling states either short or long term. Mental Health Impairment is the term used to describe people who have experienced psychiatric problems or illness such as: - Personality Disorders - Defined as deeply inadequate patterns of behavior and thought of sufficient severity to cause significant impairment to day-to-day activities. - Schizophrenia: A mental disorder characterized by disturbances of thinking, mood, and behavior. -
8	**Invisible Disabilities**	Invisible Disabilities are disabilities that are not immediately apparent to others.

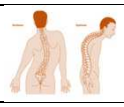
DIFFERENT TYPES OF DISABILITIES

There are innumerable types of disabilities that can affect a human being. Some of these conditions are more common than the others.

Some of the types of disabilities are recognized by the government in order to provide disability benefits to the needy ones.

Often people wonder what are the disabling conditions that are more prevalent. Here is the **list of 21 disabilities** identified by various disability experts.

Sr.	Disability	Disability	Detail
1	**Blindness**		Blindness is defined as the state of being sightless. A blind individual is unable to see. In a strict sense the word blindness denotes the condition of total blackness of vision with the inability of a person to distinguish darkness from bright light in either eye.
2	**Low Vision**		Low-vision means a condition where a person has any of the following conditions, namely: 1. Visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections 2. limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
3	**Leprosy Cured Person**		*Leprosy*, also known as Hansen's disease (HD), is a chronic infectious disease caused by a bacteria called *Mycobacterium leprae*. The disease mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes. Leprosy is known to occur at all ages ranging from early infancy to very old age. About 95% of people who contact *M. Leprea* do not develop the disease.
4	**Hearing Impairment**		Hearing impairment is a partial or total inability to hear. It is a disability which is sub-divided in two categories of **deaf** and **hard of hearing**. • *"Deaf"* means persons having 70 dB hearing loss in speech frequencies in both ears. • *"Hard of hearing"* means person having 60 dB to 70 dB hearing loss in speech frequencies in both ears.
5	**Locomotor Disability**		Strictly speaking Locomotor Disability means problem in moving from one place to another — i.e. disability in legs. But, in general, it is taken as a disability related with bones, joints and muscles. It causes problems in person's movements (like walking, picking or holding things in hand etc.)

6	**Dwarfism**		Dwarfism is a growth disorder characterized by shorter than average body height.
7	**Intellectual Disability**		Intellectual disability, also known as general learning disability and mental retardation (MR), is a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills.
8	**Mental Illness**		Mental illness or mental disorder refers to a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life. But it ***does not include*** retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.
9	**Autism Spectrum Disorder**		Autism Spectrum Disorder (ASD) is a neurological and developmental disorder which affects communication and behavior. Autism can be diagnosed at any age. But still it is called a "developmental disorder" because symptoms generally appear in the first two years of life. Autism affects affects the overall cognitive, emotional, social and physical health of the affected individual.
10	**Cerebral Palsy**		Cerebral Palsy (CP) is a disabling physical condition in which muscle coordination is impaired due to damage to the brain. It occurs at or before child birth. Cerebral Palsy is not a progressive condition; meaning it does not get worse with time. However, muscle disuse could increase the extent of disability over the period of time. At present there is no cure available for this condition. Thus, Cerebral Palsy is incurable and life-long condition, at present.
11	**Muscular Dystrophy**		Muscular Dystrophy (MD) is a group of neuromuscular genetic disorders that cause muscle weakness and overall loss of muscle mass. MD is a progressive condition; meaning that it gets worse with the passage of time.
12	**Chronic Neurological Conditions**		Examples of Chronic Neurological Conditions: 1. Alzheimer's disease and Dementia 2. Parkinson's disease 3. Dystonia 4. ALS (Lou Gehrig's disease) 5. Huntington's disease 6. Neuromuscular disease 7. Multiple sclerosis 8. Epilepsy Stroke
13	**Specific Learning Disabilities**		Specific Learning Disabilities is a group of disabling conditions that hampers a person's ability to listen, think, speak, write, spell, or do mathematical calculations. One or more of these abilities may be hampered.
14	**Multiple Sclerosis**		In Multiple Sclerosis (MS), the immune system of body attacks the Central Nervous System, which includes brain and spinal cord. As a result of MS, the **myelin sheath** covering on neurons gets damaged. This exposes the nerve fiber and causes problems in the information flow through nerves. With time, MS can lead to the permanent damage to nerves.
15	**Speech and Language Disability**		A permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

16	**Thalassemia**		Thalassemia is a genetically inherited blood disorder which is characterized by the production of less or abnormal hemoglobin. As we know, hemoglobin is a protein found in Red Blood Cells. Hemoglobin is responsible for carrying oxygen around in the body. Thalassemia results in large numbers of red blood cells being destroyed, which leads to anemia. As a result of anemia, person affected with Thalassemia will have pale skin, fatigue and dark coloration of urine.
17	**Hemophilia**		Hemophilia is a blood disorder characterized by the lack of blood clotting proteins. In the absence of these proteins, bleeding goes on for a longer time than normal. Hemophilia almost always occurs in males and they get it from their mothers. Females are rarely affected with hemophilia.
18	**Sickle Cell Disease**		Sickle Cell Disease is a group of blood disorders that causes red blood cells (RBCs) to become sickle-shaped, misshapen and break down. The oxygen-carrying capacity of such misshapen RBCs reduce significantly. It is a genetically transferred disease. Red Blood Cells contain a protein called hemoglobin. This is the protein that binds oxygen and carry it to all the parts of the body.
19	**Multiple Disabilities including Deaf-blindness**		Multiple Disabilities is the simultaneous occurrence of **two or more disabling conditions** that affect learning or other important life functions. These disabilities could be a combination of both motor and sensory nature.
20	**Acid Attack Victims**		An acid attack victim means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.
21	**Parkinson's disease**		Parkinson's disease (PD) is Central Nervous System disorder which affects movement. Parkinson's disease is characterized by tremors and stiffness. It is a progressive disease, which means that it worsens with time. There is no cure available at present.

Activity:	We can have 21 cards with picture and name of the diseases and distribute one card to one participant and ask them to explain what they understood with the name and picture of on the card. Then trainers/expert can explain the disability in detail. Each participant who explain it well as per the handout will be given a candy or sweet. **Debriefing of the session:** Why you should know about these disabilities. Which is the target disabilities in your project.

DIFFERENCE BETWEEN DISABILITIES & IMPAIRMENTS

Disabilities

A disability is "a physical or mental impairment that substantially limits one or more of the major life activities". Disabilities highlight barriers to access when they are introduced into places and events. A wide variety of disabilities affect individuals, and each requires its own assistance; the ability to recognize different types of disabilities helps with making proper accommodations.

<table>
<tr>
<td>Vision
 
Visual disabilities can cause an inability to see objects, perceive light or color, correctly judge distances, or access information in visual media like print, images, or video. Typical symptoms include total blindness, low vision, and color blindness. Vision impairments can be caused by genetic disorders such as retinitis pigmentosa, degenerative diseases like macular degeneration, or physical damage to the eye or brain.</td>
<td>Mobility
 
Mobile disabilities can cause difficulty with, or inability to use, the hands, feet, arms, or legs. Typical symptoms include tremors, muscle slowness, loss of fine motor control, or paralysis. Mobility impairments can be caused by conditions such as Parkinson's Disease, muscular dystrophy, cerebral palsy, or stroke.</td>
</tr>
<tr>
<td>Auditory
 
Auditory disabilities can cause partial or total inability to perceive sounds and access audio-based information presented in media. Symptoms include total deafness or varying degrees of hearing loss. Auditory impairments can be caused by inner ear nerve malformation or damage, neurological disorders, or physical trauma to the brain.</td>
<td>Neurological
 
Neurological disabilities can cause restricted sensory perceptions, mental processes, or motor functions. Typical symptoms include paralysis, tremors, memory loss, and cognitive malfunctions. Neurological impairments can be caused by genetic disorders affecting the brain or nervous system such as muscular dystrophy, degenerative diseases such as Alzheimer's disease, or seizure disorders such as epilepsy.</td>
</tr>
<tr>
<td>Cognitive
 
Cognitive disabilities can cause loss of memory, reduced attention span, restricted intellectual development, underdeveloped maturity and judgment, or limited problem-solving and logic skills. Typical symptoms include forgetfulness, extreme emotional changes, intellectual underdevelopment, and inappropriate decisions. Cognitive impairments can be caused by developmental disabilities or learning disabilities.</td>
<td>Medical
 
Medical disabilities can cause restricted endurance, attention, or mobility, various levels of pain, and fatigue. Typical symptoms include shortness of breath, low endurance in activity or sitting, or sudden weakness or pain. Medical impairments can be caused by musculoskeletal injuries, cardiovascular conditions, respiratory illnesses, immune system disorders, or digestive tract problems.</td>
</tr>
<tr>
<td colspan="2">Psychological
 
Psychological disabilities can cause memory loss, reduced attention span, difficulties regulating emotions, and more. Typical symptoms include difficulties concentrating, fatigue, short-term memory difficulties, heart palpitations, and others. Psychological impairments can be caused by genetic disposition, psychological trauma, or substance abuse.</td>
</tr>
</table>

Impairments

Impairments can be visible or invisible. Impairments have three different categories including permanent, temporary, or situational.

Sr.	Impairment	Examples of Impairments		
		Permanent	Temporary	Situational
1	Vision 	Blindness is a permanent vision impairment	Eye injury is a temporary vision impairment	Bright environment has a situational vision impairment
2	Hearing 	Deaf is a permanent hearing impairment	Ear infection is a temporary hearing impairment	Noisy room has a situational hearing impairment
3	Mobility 	Paralyzed person is a permanent mobility impairment	A broken arm has a temporary mobility impairment.	Carrying a large box is a situational mobility impairment
4	Cognitive 	Having dyslexia is a permanent cognitive impairment	Concussion has a temporary cognitive impairment	Distraction is a situational cognitive impairment
5	Speech 	Apraxia of speech has a permanent speech impairment	Laryngitis his a temporary speech impairment	Heavy accent has a situational speech impairment

Activity:	Task 1: Go back to 21 types of disabilities and mark the one you think is “disability” and “impairment”. Task 2: Look around in your community, surrounding and identify this impairment and its severity. Also pleas identify the responses and Behaviours of people and its reason.

6 General Types of Disabilities in Education Sector

Sr.	Disability	Detail
1	**Vision** 	"Legally Blind" describes an individual who has 10% or less of normal vision. Only 10% of people with a visual disability are actually totally blind. The other 90% are described as having a "Visual Impairment." Common causes of vision loss include: • Cataracts (cloudy vision – treatable) • Diabetes (progressive blindness) • Glaucoma (loss of peripheral vision) • Macular Degeneration (blurred central vision) • Retinal Detachment (loss of vision) • Retinitis Pigmentosa (progressive blindness)
2	**Hearing** 	• "Deaf" describes an individual who has severe to profound hearing loss. • "Deafened" describes an individual who has acquired a hearing loss in adulthood. • "Deaf Blind" describes an individual who has both a sight and hearing loss. • "Hard of Hearing" describes an individual who uses their residual hearing and speech to communicate.
3	**Mobility** 	• Includes physiological, functional and/or mobility impairments • Can be fluctuating or intermittent, chronic, progressive or stable, visible or invisible • Some involve extreme pain, some less, some none at all • Characteristics of "Progressive" conditions and examples: • These disabilities get worse over time but can fluctuate. • Multiple Sclerosis – neurological deterioration • Muscular Dystrophy – muscular disorders • Chronic Arthritis – inflammation of the joints • Characteristics of "Non-Progressive" conditions and examples: • These disabilities are non-progressive and remain stable. • Cerebral Palsy – neurological condition • Spina Bifida – congenital malformation of the spinal cord • Spinal Cord Injury – neurological damage resulting from trauma • These disabilities are non-progressive but can fluctuate. • Fibromyalgia – chronic pain condition • Chronic Fatigue Syndrome – chronic fatigue condition.
4	**Cognitive** 	Mental health disabilities can take many forms, just as physical disabilities do. Unlike many physical illnesses though, all mental illnesses can be treated. They are generally classified into six categories: • Schizophrenia – The most serious mental illness, schizophrenia affects about 1% of Canadians. • Mood Disorders (Depression and Manic Depression) – These illnesses affect about 10% of the population. Depression is the most common mood disorder. • Anxiety Disorders – These affect about 12% of Canadians. They include phobias and panic disorder as well as obsessive-compulsive disorder.

		▯ Eating Disorders – They include anorexia nervosa and bulimia and are most common in men and women under the age of 30. ▯ Personality Disorders – There are many different personality disorders. People with these disorders usually have a hard time getting along with other people. They are the most difficult disorders to treat. ▯ Organic Brain Disorders – These disorders affect about 1% of people. They are the result of physical disease or injury to the brain (i.e., Alzheimer's, Stroke, Dementia).
5	**Intellectual** 	▯ Characterized by intellectual development and capacity that is significantly below average. ▯ Involves a permanent limitation in a person's ability to learn. ▯ Causes of Intellectual (or Developmental) Disabilities include: ▯ Any condition that impairs development of the brain before birth, during birth, or in childhood years ▯ Genetic conditions ▯ Illness affecting the mother during pregnancy ▯ Use of alcohol or drugs by pregnant mothers ▯ Childhood diseases ▯ Poverty — Children in poor families may become intellectually disabled because of malnutrition, disease-producing conditions, inadequate medical care, and environmental health hazards.
6	**Learning** 	▯ A learning disability is essentially a specific and persistent disorder of a person's central nervous system affecting the learning process. ▯ This impacts a person's ability to either interpret what they see and hear, or to link information from different parts of the brain. ▯ One of the most common indicators of a learning disability is a discrepancy between the individual's potential (aptitudes and intellectual capacity) and his or her actual level of achievement. ▯ Having a learning disability does not mean a person is incapable of learning; rather that they learn in a different way. ▯ Many people with a learning disability develop strategies to compensate for or to circumvent their difficulties.

We may need an activity here..

Education
Health
Project Staff

Session IV

Inclusiveness in EHS

Disability and Inclusive Development

Disability-inclusive development promotes effective development by recognizing that, like all members of a population, people with disabilities are both beneficiaries and agents of development. An inclusive approach seeks to identify and address barriers that prevent people with disabilities from participating in and benefiting from development. The explicit inclusion of people with disabilities as active participants in development processes leads to broader benefits for families and communities, reduces the impacts of poverty, and positively contributes to a country's economic growth.

To be effective in reducing poverty, development must actively include and benefit people with disabilities. People with disabilities are the largest and most disadvantaged minority in the world. They make up 15 per cent of the global population (about one billion people)[28] and one-in-five of the world's poorest have a disability.[29]

Disability-inclusive development provides opportunities for people with disabilities to participate on an equal basis with others and realize their full potential. This enables countries to harness the potential contribution of all citizens, maximizing opportunities for poverty reduction and sustainable economic growth. Effectively addressing the needs of those who experience greatest vulnerability, including people with disabilities, provides the bedrock for social cohesion and contributes to a resilient and prosperous region.

As a party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), Germany and Pakistan have committed to support each other implement the CRPD, including through ensuring the development programs and humanitarian efforts are inclusive of and accessible to people with disabilities.[30]

When developing and implementing disability inclusive programs, it is incumbent upon development practitioners to understand the nuances of disability, as well as the resources required for quality and equitable access to services for PWD.

"Nothing About Us, Without Us"

This adage of the disability community conveys the strong conviction that policies, programs, and other activities addressing disability should be prepared and put into action with the full and direct participation of persons with disabilities and their organizations. This means working towards including people with disability in all our development and humanitarian assistance efforts in a genuine manner.

28 World Bank and World Health Organization, World Report on Disability, p. 261.

29 World Bank and World Health Organization, World Report on Disability.

30 United Nations Convention on the Rights of Persons with Disabilities, Articles 11 and 32

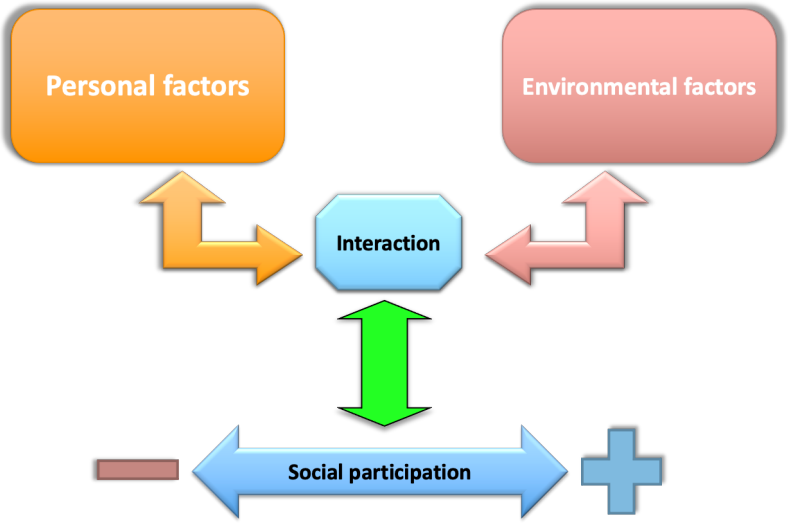
Exercise

Based on the abve learning.
Review you program and its activities (Annex 05) and advise:

How the disability is included at policy and program level.
How the disability is included at activity and impolementatino level
How the disability is ensured at community level
How the disability will be ensured at monitoring an evalauton level

Group 1 – Education
Group 2 – Health
Group 3 – Organizational and project level

Factors Affecting Disabilities



Personal Factors

Physical (inherent)

- male/female
- skin colour
- visual impairment
- hearing impairment
- physical impairment
- intellectual impairment
- psychosocial impairment
- fit / not fit

Socioeconomic (individual impact)

- rich
- middle class
- poor
- connected
- isolated
- educated
- illiterate

Environmental Factors

Accessibility of environment (physical and informational)

- Hilly / flat
- Lack of accessibility
- Partial accessibility
- High levels of accessibility

Legal/policy

- Charity approach
- Anti-discrimination
- Supportive
- Measures (quotas...)
- Good enforcement
- Poor enforcement

Socioeconomic

- Rural / city / big city
- Rich / poor
- Strong negative attitudes and prejudice
- Positive awareness
- Open to change / closed
- Pro-poor

Services

- Inclusive school/not inclusive
- Inclusive health care/not inclusive
- Inclusive youth centres/not inclusive
- Inclusive livelihood support/not inclusive
- Technical aids
- Community-based services
- Social support services
- Public / private
- Affordable

MODELS RESPONDING THE DISABILITIES

Several models of defining disability have been developed to try to address the many types of disabilities. Models of disability provide a reference for society as programs and services, laws, regulations and structures are developed, which affect the lives of people living with a disability. The primary models of disability used are the Medical Model, Functional Model, and Social Model.

Medical Model – The medical model describes disability as a consequence of a health condition, disease or caused by a trauma that can disrupt the functioning of a person in a physiological or cognitive way. This model is a conceptualization of disability as a condition a person has and focuses on the prevention, treatment or curingof the disabling condition.

How medical model….

Sees Disability	Treat Disability	Respond the Disability
• Persons with disabilities need to be cured • Persons with disabilities play the passive role of patients • Persons with disabilities are considered abnormal • Persons with disabilities are unable to live independently	• Persons with disabilities need as much rehabilitation as possible to reach the best extent of normality, in order to access rights and participate in society	• Doctors and health authorities • Often health Department

Human Rights and Functional Model – This model is similar to the medical model in that it conceptualizes disability as an impairment or deficit. Disability is caused by physical, medical or cognitive deficits. The disability itself limits a person's functioning or the ability to perform functional activities.

How HR and functional model….

Sees Disability	Treat Disability	Respond the Disability
• Ensures full and equal enjoyment of all human rights to persons with disabilities, and promotes respect for their inherent dignity • Focuses on equal opportunities, non-discrimination on the basis of disability and participation in society • Requires authorities to ensure rights and not restrict them • Views persons with disabilities as rights-holders	• Enforce laws to ensure full inclusion in all social aspects (school, family, community, work, …) • Apply policies to raise awareness • Respect equal recognition before the law • Regulate the private sector	• State • All relevant departments • Society

Social Model – This model focuses on barriers facing people with disabilities instead of concentrating on impairments and deficits of the person with a disability. In this model a person's activities are limited not by the impairment or condition but by environment and barriers are consequences of a lack of social organization.

How Social model….

Sees Disability	Treat Disability	Respond the Disability
• Disability is the result of a wrong way of organizing society: thus, persons with disabilities face bias and barriers that prevent their equal participation • Disability is not an individual problem and mainly lies in the social environment that can be limiting or empowering depending on many factors • Persons with disabilities can and should participate in society	• Eliminate environmental barriers that constrain the participation of persons with disabilities, including attitudinal barriers • Enable the participation of persons with disabilities in public policymaking • Make all public services and polices accessible and inclusive • Ensure accessibility	• State • All relevant departments • Society

EXERCISE

DOES THESE MODELS EXISTS?

EXPLAIN THE MEDICAL, FUCTIONAL AND SOCIAL IN YOUR RESPECTIVE WORKING AREA I.E.

- Education Sector (School with teachers and children)
- Health Facilities (all categories)
- Projects (implementors and beneficiaries.

Need your advise to make it interactive and productive?

Raheem's Case Study

	**Raheem is a 5-year-old boy, who is in a wheelchair. He would like to attend the local primary school, but the classes are held in a 2-storey building, with many stairs. Raheem's parents go to the school to discuss his options. What do you think is the best option for Raheem?**

1. The class he wants to attend should be held on the ground floor of the building, so Raheem can go to school.
2. Raheem' parents should arrange for him to study from home: it is not the school's responsibility to change things for just one pupil.
3. Vuthy should have private lessons at the school arranged just for him and other pupils like him who have disabilities.
4. The school should create wheelchair access areas (ramps, lifts) to ensure all persons with disabilities, be they pupils or teachers, have access to the building.

Tajmina's Case Studuy

	**Tajmina is a 32-year-old woman with two children, Shafi (5) and Sofia (3). Maria is deaf and partially blind. She wants to take her children to the market nearby her village. She has been to the market many times before by herself. It is a 10-minute walk along a busy road. Which option do you recommend?**

1. Tajmina should not go to the market with her children: the road is busy and it is too dangerous for someone with Tajmina's disabilities to make the trip with them.
2. Tajmina should go only with another person and her kids to the market: the trip is dangerous, and if she goes alone she is likely to be rejected by the shopkeepers, owing to her disabilities.
3. If Tajmina is happy to make the trip, she and her two children should walk to the market together: Tajmina knows best what she is capable of doing.
4. Tajmina should take a rikshaw and make sure the driver waits for them.

Ahmed's Case Study

	**Ahmed, a 55-year-old man, has been diagnosed with a mental illness. The illness causes him to have mood swings and sometimes he behaves erratically. However, he is taking medication for his illness and it has improved his life a lot. He has just completed a course in mechanics. A job advertisement has recently been placed for a mechanic, for which he would like to apply. Should the manager at mechanic shop consider his application?**

1. No. Ahmed is mentally ill, and cannot be trusted to fulfil the duties of the job. The manager should just ignore his application.
2. No. Ahmed's illness may mean that he is in danger when working as a mechanic: his mood swings might make him behave strangely, and he could injure himself or others.
3. Yes. Ahmed is managing his illness, and the manager does not have any reason to think Ahmed cannot do the job of a mechanic: it would be unfair to prejudice his application by thinking otherwise.

Twin-track Approach

It is imperative to adopt a twin-track approach to disability-inclusive development which includes a:

Reasonable accommodation

Reasonable accommodation is the provision of support, modifications, and/or adjustments that meet the individual needs of people with disabilities to enable them to participate in, and benefit from, EHS interventions and investments (targeted and mainstreamed). The reasonable accommodation can include the provision of accessible transportation, sign-language interpreters, support for an individual's caregiver to attend meetings, and documents being made available in accessible formats as requested by a specific participant. Some adjustments can be implemented at little or no cost, and some can require allocation of a modest budget to facilitate equitable access for people with disabilities.

Enhancing communication accessibility of blind girls in Kenya

In Kenya, persons with visual impairments, particularly young girls, continue to live in situations that make them vulnerable to violations of their sexual and reproductive health rights. Survivors of gender-based violence who have visual impairments often face double discrimination, not only in their communities but also while accessing services.

In an effort to respond to these challenges the GIZ Health Sector Programme cooperates with the Kenyan Union for the Blind (KUB). KUB is a non-governmental, non-profit membership organisation for visually impaired persons in Kenya that was established in 1959. Its goal is to empower persons with visual impairment, raise their living standards, improve the societal image of blindness and ensure equity in access to services as well as social, economic and political participation.

GIZ has technically and financially supported the KUB in establishing a resource centre for persons with visual impairments to enable them to access reproductive health and rights information and at the same time create income-generating facilities for girls with severe disabilities. GIZ has supported the installation of multi-format conversion software that converts materials to text, MP3, digital talking books, large print and Braille for use by persons with visual impairment. The centre offers free internet access and computer training to youth with visual impairments.

GIZ also supported the KUB in translating Kenya's Sexual Offences Act into Braille. This has enabled visually impaired persons, particularly girls and women, to have access to information on their rights and on the legal framework regarding sexual offences. At policy level, the GIZ Health Sector Programme advocates for a human rights-based approach to increase access to quality health care for poor and vulnerable groups in Kenya, including persons with disabilities.

Source: Project documents from GIZ, Kenya Health Sector Programme, 2011
www.gtzkenyahealth.com

Ensuring Access of sanitation for persons with disabilities in Nepal

About 2.9 million people in Nepal – approximately 10% of the population – live with some form of impairment. The protection and promotion of their rights is enshrined in art. 13 of the current Interim Constitution of Nepal. Furthermore, art. 26 of the Interim Constitution proposes special provisions in health, education and social security. However, the policies are not always implemented and traditional attempts to increase coverage of sanitation still marginalise and exclude the needs of persons with disabilities.

After studying the barriers to latrine use faced by persons with disabilities, Water Aid-Nepal partner NEWAH embarked on the „Sanitation Access for Disabled People Project" in eight Village Development Committees of the Baglung district, addressing the different barriers.

This programme supported families in addressing environmental barriers, adapting latrine designs to make them more accessible in a way that is suited to the terrain and local culture. District level workshops involving persons with disabilities, their families and other stakeholders, resulted in a District Disabled Support Committee under the leadership of District Development Committee, to provide institutional support for programmes targeting disabled persons. Other advocacy activities have helped make the district, the village development committees and other stakeholders more sensitive to the needs of disabled people. Workshops and media coverage of disability issues have also increased awareness among the public, influencing national policy and programmes.

Despite the progress, more work is still needed to increase awareness, monitor services and adapt sanitation designs.

Source: UNICEF / Water Aid / Water Supply and Sanitation Collaborative Council: Equity and Inclusion in Sanitation and Hygiene in South Asia. A Regional Synthesis Paper, 21.03.2011

www.wsscc.org/sites/default/files/publications/wsscunicefwateraid_equity_inclusion_in_sanitation_hygiene_southasia_sacosan_2011.pdf

Taking disability into account in decentralization and municipal development

In 2003 Ghana adopted the Local Government Service Act and delegated powers to the local authorities, allowing them to make decisions regarding investments for poverty reduction. With support from KfW Entwicklungsbank and other donors, the Ghanaian Government set up the District Development Facility in 2009 to finance local development efforts.

The District Development Facility is a performance-based grant mechanism for financing local service delivery. This means that districts only receive funds when they comply with a set of minimum conditions. Furthermore, the level of allocation each district receives depends on the extent to which they fulfil the performance measures.

Existing statutory and regulatory requirements were jointly chosen by the Ghanaian Government and external development partners to measure performance. One indicator is the extent to which annual action plans of districts focus on vulnerable groups (women, children, aged, persons with disabilities and people living with HIV/AIDS). Another indicator is the accessibility for physically disabled persons. District authorities have to forward information on plans and efforts that have been put in place during the preceding three years to enhance access for physically disabled persons to offices, schools, sanitation facilities, water points, and markets. Thus, local authorities are motivated to compete with each other and improve their services towards persons with disabilities, if they want to increase the amount of funds they receive from the District Development Facility.

Between 2006 and 2009 the performance of districts with regard to measures enhancing accessibility for physically disabled persons greatly improved. However, progress regarding the inclusion of vulnerable groups in the annual action plans of districts remained low.

Source: Project documents from KfW Entwicklungsbank

Promoting Inclusive Early Childhood Education in Chile

Chile ratified the CRPD in 2008. From 2008 to 2011 GTZ/GIZ supported the Chilean social protection reform process. In a pilot project the Chilean national institution for early childhood education (Junta Nacional de Jardines Infantiles, JUNJI) started to develop and implement a model of inclusive early childhood development. JUNJI is a decentralised agency in charge of 1700 kindergartens throughout the country. The majority of children in JUNJI facilities come from poor households.

In 2005 JUNJI started to integrate children with disabilities in pre-school facilities. Between 2006 and 2010 it played a key role in implementing the Chilean integrated system of social protection for the child, which reinforced support mechanisms for poor and disabled children.

The project followed a multi-level approach. At the policy level, standards for inclusive education were incorporated in the curriculum of all early education institutions. At the institutional level, management and technical guidelines were elaborated for the inclusion of children with special needs. Existing teaching and evaluation methodologies were adapted. In cooperation with universities, educators and teachers were trained. A dialogue was encouraged between the different stakeholders, including parents, on the rights of children with disabilities.

Between 2008 and 2011 the number of children with special needs included in JUNJI facilities increased from 1430 to 2800. Their learning capabilities evolved as well as the capacity of teachers and parents to understand impairments and disability. A broad dialogue took place in the education and social sectors on the rights of children with disabilities. At the end of the project, a national model for early childhood development had been elaborated and introduced.

Source: GIZ /JUNJI: Development of a National Model for Inclusive Education in Chile - Presentation at the International Conference on Inclusive Early Childhood Development, Germany, February 2011; GIZ /JUNJI Project Documents.

Streengthening the Capacity of DPOs

Handicap International has been working together with DPOs for more than two decades and is supporting DPOs in their role as civil society organisations representing people with disabilities. The SHARE-SEE (Self Help and Advocacy for Rights and Equal Opportunities in South East Europe) programme was one of the first large DPO support programmes of HI.

The project developed internal (individual and organisational) capacities as an important first step for the DPOs to be able to fulfill their representative role efficiently. Within the SHARE- SEE programme peer counselling offered skills and knowledge through coaching and mentoring from one DPO to another, sharing of good practices and facilitating the integration of grassroots DPOs into the disability movement. Formal in-house training aimed at teaching the required knowledge and skills, for example on financial management, project implementation, advocacy etc. Through regular consultancies specific technical assistance was provided in complex organisational development processes.

Following the capacity development process a scheme of micro-grants helped the DPOs to put the acquired knowledge into practice. The micro-projects were often the first visible advocacy intervention conducted by the DPOs themselves. The scheme offered a chance of learning by doing and gave the DPOs an opportunity to implement the spirit and vision of the SHARE-SEE programme.

Source: Handicap International Strategy paper: Support to Organisations Representative of Persons with Disabilities, 2011.
www.hiseminars.org/uploads/media/Support_to_Organizations_Version_electronique__2__02.pdf

Comprehensive Empoermetn of Persons with Disabilities in Cameroon

CBM supports the Socio-Economic Empowerment of Persons with Disabilities (SEEPD) Programme in the Northwest-Region of Cameroon which is funded by AusAID. 170,000 persons in this region are estimated to have a disability.

The objective of SEEPD is to ensure that persons with disabilities are socially and economically empowered. The programme consists of five components: medical and rehabilitation service provision; education of children with disabilities; economic empowerment of persons with disabilities; communication; and research. SEEPD follows a comprehensive approach by raising the awareness of all stakeholders on disability, addressing stigma and discriminatory attitudes in the community, strengthening the provision of health services, introducing inclusive education in schools, facilitating the access of persons with disabilities to micro-finance institutions and building the advocacy skills of persons with disabilities and DPOs. All relevant stakeholders (DPOs, service providers, government institutions) are being involved in the planning and implementation of the programme.

An external evaluation commissioned by CBM in 2011 concluded that through the programme persons with disabilities had become more aware of their rights and that service utilisation increased. Likewise, the commitment of other stakeholders to accept and support persons with disabilities had risen. Despite the success, challenges remained regarding the sustainability and the scaling up of the initiative.

Source: MDF Training & Consultancy: Evaluation Report of the CBC – Programme Socio-Economic Empowerment for Persons with Disabilities (SEEPD) (2009 - 2011) in the North West Province of Cameroon, February 2011.

Accountability Mechanism and Rights of Persons with Disabilities

Judicial mechanisms include judicial reviews of executive acts and omissions, high courts or constitutional decisions, for example obliging the government to review discriminatory laws regarding persons with disabilities.

Quasi-judicial mechanisms include national human rights institutions and regional or international human rights treaty bodies, such as the UN Committee on the Rights of Persons with Disabilities. National human rights institutions can take many forms and range from human rights commissions to ombudspersons. They may examine complaints, request governments to change legislation and urge governments to respect, realise and protect the rights of persons with disabilities.

Administrative mechanisms include complaint desks to which persons with disabilities may file grievances when they face discrimination or inadequate care. They also involve applying appropriate monitoring methods to assess the extent to which a government is making progress on fulfilling the rights of persons with disabilities.

Political mechanisms include parliamentary reviews of budgetary allocations and use of funds and democratically elected local councils. Persons with disabilities should have the opportunity to participate in such processes.

Social mechanisms include the involvement of civil society and DPOs in budget monitoring, public hearings and social audits.

Source: Adapted from Potts, Helen: Accountability and the Right to the Highest Attainable Standard of Health, University of Essex, 2008.

Basic Criteria for the Universal Desing of Water Supply and Sanitation Facilies

- Sanitation facilities must meet the needs and capacities of users: ask persons with disabilities what they need!
- Sanitation projects should go beyond technical solutions and address institutional and attitudinal barriers to accessible sanitation as well.
- Facilities should use appropriate and affordable technologies!
- Distances to the homes or shelters of persons with disabilities should be minimised.
- Access to water points should be smooth and water lifting devices easy to use.
- Easy access to latrines should be ensured: enough space should be allowed to move a wheelchair at the entrance and within the facility. The facilities should also include handrails and ropes for support to move to and from the seat and to close the doors.
- Privacy is important: it should be possible to open and close the door from inside the latrine.
- Sanitation facilities should be easy to clean and maintain.
- Water and cleansing material should be easy to reach.

Source: Water Aid / Share: Briefing Note, Including Disabled People in Sanitation and Hygiene Services, 2011.

Supporting Children and youth with Disabilities to Participate in Community Life

Kindernothilfe supports projects which promote the sustainable development of children and young people, awaken their potential and improve their chances in life. In accordance with international human rights treaties, Kindernothilfe aims to achieve the right of all children to be protected from violence, abuse and neglect, to be provided with health, education, social security and to participate in all issues affecting them.

Kindernothilfe supports several projects and organisations in developing countries to promote the integration of children with disabilities in society. One example is the Children's Rehabilitation and Development Foundation "Simon of Cyrene" in the Philippines, an organisation with extensive experience in community-based rehabilitation for persons with disabilities and their families.

"Simon of Cyrene" works in several municipalities to enhance the inclusion of children with disabilities in day care centres and regular schools. It also strives to develop the competence of children and youth with disabilities to participate fully in community life. For example, children´s groups are encouraged to express their needs, recognise their rights and formulate their own plan of action. Parents, children and youth with disabilities are trained to enhance their skills and stand up for their right to access the services they need. Advocacy activities are being held to discuss with education authorities the issues and concerns related to the right to education of children with disabilities.

Source: Simon of Cyrene, Children's Rehabilitation and Development Foundation, Inc.: Community-Based Children's Advocacy for Rights and Empowerment, Annual Report 2010.

Action Planning

The EHS project will have 05 Action and review session to ensure the inclusion of PWDs as per EHS project mandate. The follow-up action and review session will have a theme as follows:

Action Plan Phase 1 – Policy Inclusion

Action	Inputs	Output Indicators
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Action Plan Phase 2 – Infrastructure and Facility

Action	Inputs	Output Indicators
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Action Plan Phase 3 – Learning and Service Delivery

Action	Inputs	Output Indicators
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Action Plan Phase 4 – Behaviour Change (Staff and Community)

Action	Inputs	Output Indicators
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

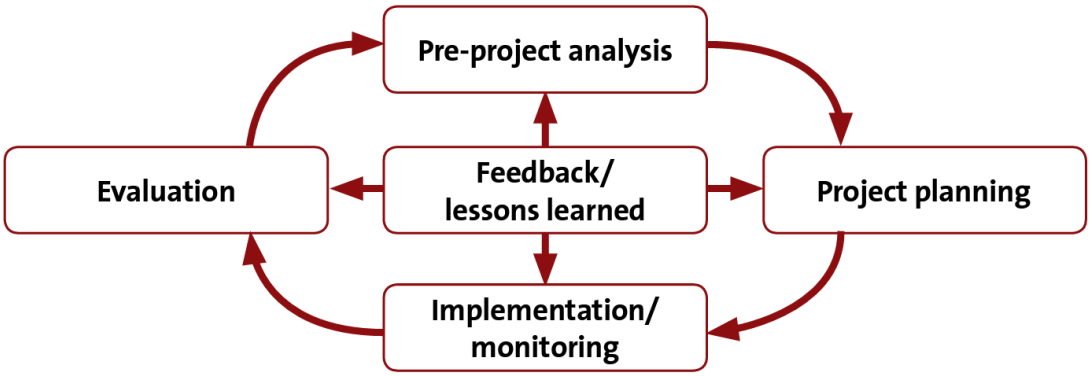
Action Plan Phase 5 – Gender Considerations

Action	Inputs	Output Indicators
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Inclusive Development Practice within the Project Cycle

a) Key messages

- Understand how disability impacts a program and community so as to assist in effective planning.
- Recognize the potential of people with a disability in their active contribution to programs at all stages.
- Gather the variations in experiences of people living with a disability from within the community.
- If a disability perspective is omitted during planning, people with a disability can be unintentionally excluded.
- It is smarter, easier, cheaper and more effective to be disability inclusive from the start.
- Recognize unique differences and skills of people with a disability as each person can respond to their disability differently and requirements of disability groups will vary.



Practice PWDs Inclusive Project Management with Twin Track Approach

Entry points in EHS project management

Disability inclusion should be considered at all stages of the development program management cycle – in policy and planning, design and procurement, implementation and performance management, and review and evaluation. There are entry points throughout the development program management cycle to strengthen the disability objectives and outcomes, including:

- Identifying key challenges and barriers to disability inclusion in the province including through consultations with people with disabilities and their representative organizations (known as disabled people's organizations (DPOs) or organizations of people with disabilities (OPDs).
- Identifying opportunities to address these challenges, and the best way to do so, through a targeted and a mainstreamed approach to disability inclusion.
- Making disability inclusion actions clear in all program documentation including designs, risk assessments, analyses, contracts and grant agreements, evaluation frameworks, and in any program reviews and evaluations.
- Ensuring adequate funding has been set aside (approximately 3 to 5 per cent of the budget should be allocated specifically for ensuring the program or strategy development process is inclusive and accessible) to cover potential costs associated with ensuring people with disabilities and their representative organizations can participate in and benefit from the program.
- Building disability inclusion into monitoring and evaluation.
- Finding opportunities to leverage other work and engage in policy dialogue to promote disability inclusion (e.g. using a political economy lens to identify when, where and through whom policy change on disability inclusion might be possible or most effective).
- Supporting people with disabilities and their representative organizations to promote disability inclusion.

- Understanding the diversity of disability and the different levels of disability-related barriers is key for the participation of persons with disabilities in development activities.
- Encouraging partner government/provincial government to ascertain disability prevalence by incorporating the Washington Group[31] questions in national censuses and administrative surveys, alongside sex disaggregation.
- Using the Washington Group questions to disaggregate program-level data by disability (and by sex where it is possible) and ensuring there are qualitative data collected which enables processes and outcomes related to disability inclusion to be measured.

Twin Track Considerations at Pre-project Analysis phase

Checklist	Twin Track Approach
☐ Are key stakeholders aware of the need to include people with a disability from the initial phase of the proposed program? ☐ Are people with a disability involved in raising awareness themselves? ☐ Are people with a disability aware of their rights and entitlements to be included in the program? ☐ Are people with a broad range of disabilities participating in the pre-project analysis? ☐ Are people with a disability attending regular consultation and stakeholder meetings? ☐ Are venues fully accessible including water, sanitation and hygiene facilities? ☐ Are measures being taken to ensure all voices are heard equally? ☐ Have disability-specific data and relevant statistics been considered? ☐ Have people with a disability been involved in necessary research or data collection?	☐ Identify and disaggregate national, regional or local data and statistics on the basis of disability type. If this data does not exist, consult with local disability stakeholders to undertake research where possible. ☐ Ensure that when additional data needs collecting, specific questions regarding people with a disability are included. ☐ Ensure that this will continue throughout the program. ☐ Identify disability specialist supports relevant to enable inclusion. ☐ Identify mainstream opportunities for disability inclusion.

Planning, Policies and Programming

- Does your organization clearly promote the principle of disability inclusion in all aspects of programming in order to mainstream disability into all program development (staffing, advocacy, awareness raising, activities, monitoring, etc.)?
- Does the organization have this principle reflected in their policies?
- Make sure services are carried out in an integrated way, that any separate programs for people with disabilities are separate because of necessity, and that there is a choice of participating in "regular" programs?
- Does your program provide reasonable accommodations such as alternative communication formats (Braille, large-print, sign language interpreters, etc.), environmental access, transportation access, programmatic access and economic access?
- As part of long-range and annual planning, do you address accessibility issues with regard to facilities and/or services and include them as a cost of your operations?
- Are your answers to the questions above true for HQ as well as all field offices and programs?
- Have the People with Disabilities and Disabled Persons Organizations are included at all level.

[31] The Washington Group's short set of six questions is recommended by the United Nations for use in all national censuses and household surveys to provide internationally comparable disability data: Washington Group on Disability Statistics, Short Set of Questions on Disability, viewed 3 December 2020,

- Do you engage directly with Disabled People's Organizations in order to ensure an inclusive approach to the program's design, implementation, monitoring, and evaluation?
- Do you ensure that volunteers and interns with disabilities have an equal opportunity to participate?
- Do you ensure that staff and potential contactors have an equal opportunity to be hired?
- Are people with disabilities included on your board, advisory boards and committees?
- Have you identified people with disabilities who can provide input about access to your services, programs, and facilities?
- Are staff and consultants with disabilities paid adequately for their work? Are their credentials and expertise acknowledged?
- Are your answers to the questions above true for HQ as well as all field offices and programs?

Twin Track Considerations at Planning Phase

Checklist	Twin Track Approach
- Does the project design refer to people with a disability and demonstrate consideration of specific requirements? - Is disability referred to in the ToR? - Will the project clearly benefit people with a disability? - Will there be any negative impacts? - Have people with a disability participated in the assessment and planning process? - Is their ongoing participation in the project being planned? - What strategies will the project apply in order to encourage people with a disability and their families to actively participate in the project design? For example, outreach, budgeting, staffing, resources, program venue and training. - In what way will involvement empower people with a disability? - Have attitudes, physical environments, communication and policy barriers been considered? - What strategies will be applied to ensure the accessibility needs of people with a disability are appropriately addressed? - Does the project budget include a line item for costs related to disability-specific measures? - Are there disability-specific indicators built into project design? - Is there any other planned reporting on disability? - If a project has been identified as 'highly' disability relevant, has a separate appendix outlining the disability dimension of the project been attached to the proposal?	- Determine the link between disability and the project's core goals. Consider what aspects of the project could be of particular relevance and importance to people with a disability. - Make disability a line item in the budget. Experience suggests that placing disability in the budget will help keep disability a priority as well as ensure funds are available for some disability specific components. - Review planning procedures to safeguard 'inclusion'. - In addition to the project proposal, organisational and institutional policies, procedures and project decisions should be reviewed and updated wherever necessary to ensure their disability inclusiveness.

Implementation and performance management

- Baseline data (quantitative and qualitative) to be established from the outset to measure progress on disability-inclusion. (In case not possible now, a lack of data should not prevent action on disability-inclusion.

- Both quantitative and qualitative indicators used to track progress on disability-inclusive development outcomes within the M&E framework
- Disability disaggregated data to be collected and analyzed using the Washington Group short set of questions. This data should also be disaggregated by sex and age to assess the impacts on women, men, girls, and boys with disabilities.
- Ensure the indicators for disability-inclusion in place for monitoring and evaluation (with sufficient resources allocated)
- Ideally, systems must be established (from the outset) to capture disability information for investment monitoring, particularly on the extent to which: (a) The investment actively involves people with disabilities and/or disabled people's organizations in planning, implementation and monitoring and evaluation. (b) The investment identifies and addresses barriers to inclusion and opportunities for participation for people with disabilities to enable them to benefit equally from the investment.
- The implementing partners' performance on addressing disability inclusion should be monitored as part of the monitoring and evaluation framework.
- PWD expertise (including people with disabilities and/or their representative organizations and experts) participate in the development of the M&E framework and actively engaged in monitoring and evaluation activities.

Twin Track Considerations at Implementation and monitoring phase

Checklist	Twin Track Approach
- Does the project's ME&L and data collection system include an overall disability perspective as well as disability-specific indicators? - Are people with a disability able to access project interventions as envisaged in the project design? - Are disability-specific budget lines being spent according to the plan? - Are people with a disability or DPOs continuing to be involved in consultation and decision-making about ongoing implementation of the project? - If a disability perspective was not included in the analysis and planning phases, have steps been taken to actively minimise the possible negative impacts of this and the unintended effect on people with a disability in implementation?	- Ensure the ME&L system developed includes a disability perspective, including reviewing different utilization rates for people with a disability, comparing these between women and men and exploring the reasons behind these results. - Develop a disability checklist to ensure representation of specific requirements of people with a disability within mainstream programs. - Consider developing disability specific indicators in relation to mainstream inclusion.

Review and Evaluation

1. Terms of references for the EHS project evaluation to include performance questions specific to disability inclusion which would enable assessment of disability inclusion (both as a process and an outcome).
2. The evaluation and the final investment reporting to assess how well the investment performed on disability inclusion and detail lessons learned.
3. Local PWD expertise (including people with disabilities and/or their representative organizations) must actively engage in and contribute to program evaluation activities.

Twin Track Consideration during Evaluation

Checklist	Twin Track Approach

□ Are project owners, authorities and other stakeholders aware of the importance of including a disability perspective? □ Does the scope of the evaluation and relevant ToRs include a disability perspective? □ Are people with a disability being included as stakeholders or facilitators in the evaluation? □ Are venues and facilities being used for the evaluation accessible for people with a disability? □ Does the ME&L system include indicators and other measurements of disability inclusion?	□ Explore how the project did or did not implement initiatives on both tracks of the twin track approach. □ How was a disability perspective mainstreamed as a cross-cutting theme? □ What disability-specific initiatives were there to ensure full and equal participation and access of people with a disability to the project? □ Was data gathered and disaggregated to identify numbers of participants with a disability and disability groups included?

Additional questions for evaluations

- □ Has the awareness and understanding of disability increased amongst program staff? Has this occurred in the community? What can be learned about the initiatives undertaken? Were some more successful than others?
- □ Do people with a disability have a better understanding of their rights and entitlements?
- □ Did the project alter power relations or enhance the capacity of people with a disability?
- □ Were people with a disability able to access the full range of services offered? What difficulties did people with a disability have in accessing the services?
- □ What are recommendations for addressing the barriers in the future?
- □ Do people with a disability have the choice/opportunity to be involved as active participants in decision-making processes (e.g. speaking at meetings, direct communication with service provision regarding their needs)? What types of disabilities are represented?
- □ Have project personnel received knowledge and training on the specific requirements of people with a disability?
- □ Has the community's knowledge regarding disability rights and participation strategies increased? If so, how?
- □ Has the community formed a deeper respect and understanding for people with a disability and their families including decreased stigma and discrimination and increased appreciation of capacities and contribution?
- □ Have project proposal, organizational policies, procedures and project decisions been reviewed and updated to be disability inclusive?
- □ What partnerships have been made?
- □ Within the project, how do stakeholders settle interest conflicts? Are project objectives relating to the needs and rights of people with a disability openly discussed? How are project priorities set, and by whom?

Mainstreaming Disabilities with Gender Lens

In order to incorporate gender mainstreaming and targeted, women-specific policies and programs, as well as positive legislation in all aspects of disability inclusive EHS project,

- □ Use CRPD, CEDAW and other relevant normative instruments to impact the rights of women with disabilities and achieve gender equality, including measures to end physical and sexual violence experienced by women with disabilities.

- Strengthen the collection, compilation and analysis of national disability data and statistics, disaggregated by sex and age, using existing guidelines on disability measurement.[32]
- Increase the leadership and participation in decision-making of women and girls with disabilities, identifying key factors, strategies or approaches that can be shared in this regard.
- Include the rights and empowerment of women and girls with disabilities, and their inclusion in development policies, programs, monitoring and evaluation with gender based budgeting at all levels, including international cooperation.

[32] These include (a) the Principles and Recommendations for Population and Housing Censuses, Revision 2; (b) the Guidelines and Principles for the Development of Disability Statistics; (c) the work and methods on disability statistics as approved by the Statistical Commission; and (d) other recently revised tools, such as the WHO disability assessment schedule 2.0.

Disability Accessibility & Inclusion Checklist
EDUCATION Sector

Facts Sheet
☐ Approximately one billion people experience some form of disability. Of those, it is estimated that 93 to 150 million are children[33]. ☐ Children with disabilities are 10 times less likely to go to school than other children and when they do attend school[34]. ☐ Children with disabilities have very low rates of initial enrolment[35]. ☐ Children with disabilities are also at increased risk of school violence and bullying, preventing the safe enjoyment of their right to education[36] These facts and figures reflect the impact of the significant ongoing barriers to education faced by many persons with disabilities, which include: ☐ Lack of accessibility, both in terms of physically inaccessible school buildings and unsuitable learning materials ☐ Discrimination and prejudice which prevents people with disabilities from accessing education on equal terms to others ☐ Exclusion or segregation from mainstream school settings (also referred to as 'regular schools') ☐ Inferior quality of education, including in mainstream settings where children with disabilities have been 'integrated' into the existing non-inclusive system

Disability Accessibility & Inclusion Checklist in Education Sector

Corporate Commitment

- ☐ Does school management affirm its commitment to inclusion of individuals with disabilities in corporate mission statement, descriptions, policies and procedures?
- ☐ Does school management highlight a disability-friendly and inclusive image in community outreach materials, including appropriate language about inclusivity and information about available accommodations?
- ☐ Do images of people with disabilities appear in advertisements, newsletters, prospects, collateral materials and external communications?
- ☐ Are all teachers and employees trained and provided with continuing education on disability awareness and inclusive behavior?
- ☐ Does school management create natural supports for teachers/staff/students of all abilities, such as redirection, asking questions, positive reinforcement, demonstration and feedback among supervisors and colleagues?
- ☐ Are all staff / students treated as valued and respected members of the workforce?
- ☐ Does company have a reasonable accommodation policy and process in place?
- ☐ Do logistics for classes, meetings, training courses and school events include provisions for accessibility, including sign language interpreters, materials in alternative accessible formats and accessible locations?
- ☐ Is there an staff/student affinity group focused on disabilities?
- ☐ Is there an established mentor program for person with disabilities?

[33] Work Bank, Oct 10, 2021

[34] Include Us! A study of disability among Plan International's sponsored children, Plan International, 2013

[35] Work Bank, Oct 10, 2021

[36] UNESCO, School violence and bullying: Global status report, 2016

- Does school management periodically assess the impact of steps taken to enhance disability inclusivity in the school?
- Is there a written plan or strategy to demonstrate your commitment to equal opportunity
- and/or a diversity programme.

Policies

- Does the school clearly promote the principle of disability inclusion in all aspects of learning in order to mainstream disability into all development (staffing, advocacy, awareness raising, activities, monitoring, etc.)?
- Does the school management have this principle reflected in their policies?
- Has the school informed their staff of their nondiscrimination / accessibility / accommodation policies?

Websites

- Have you evaluated your website for accessibility for all.
- Your website and digital communications are accessible for people who are vision impaired and/or use screen readers e.g. font type, colours, use of images.
- External content has appropriate and inclusive language and images of people with disability.
- Student with disability are considered in the design and delivery of your material or services.

Outreach and Awareness

- Did the school (or education department) conducted campaign with influential (religious leaders, political leaders, senior citizens, retired teachers, etc.) to enroll children with disabilities in schools.
- Is the staff/teacher aware of how to interact with students and person with disabilities, and does they treat them with courtesy and dignity?
- Does the staff/teachers have informed the people with disabilities of an emergency in the school/area and how to assist them in leaving the school in safe manner?
- Does the school has a list of student with specific to their disabilities?
- Does the education department have reached out to the children with disabilities to encourage and enroll them in school.
- Has the education department / school have informed the respective community about their specific services for student with disabilities?
- Does the school (or education department) have hired teacher / staff to attend person with disabilities.
- Does your staff/teachers know how to obtain accessible transportation, sign language interpreters, and other accommodations when providing or arranging transportation for students with disabilities?

Admissions and Recruitment

- Is there an actively encouragement for admission and job applications from people with disability.
- Are the job/admission advertisements are available in accessible formats (e.g. large font and screen reader, visual adds, reachable and readable, compatible) and descriptions include information about the accessibility of school facilities, working spaces and other flexible working arrangements that may be possible.
- Does the admission, interview process is accessible and adaptable.
- Are disabilities specific staff and teachers recruited?
- Do school literature and job advertisements affirm commitment to hiring/admiting individuals with disabilities?
- Is the term “disability” specifically mentioned in diversity and inclusion materials?
- Are teaching and learning materials available in alternative formats, e.g., braille, large print, electronic?
- Is admission / interview process accessible or adapted for all students/applicants?

- Did the interviewee/recruiters receive training on interviewing candidates of all abilities?
- Are employee/staff/teachers orientation programs structured or adapted for all abilities?

Service / Programs Delivery

- Do you make sure your services are carried out in an integrated way, that any separate programs/methods for people with disabilities because of necessity, and that there is a choice of participating in “regular” programs?
- Does your school provide reasonable accommodations such as alternative communication formats (Braille, large-print, sign language interpreters, etc.), environmental access, transportation access, programmatic access and economic access?
- As part of long-range and annual planning, do the school address accessibility issues with regard to facilities and/or services and include them as a cost of their operations?
- Has the People with Disabilities and Disabled Persons Organizations included at any level.
- Does your school engage directly with Disabled People’s Organizations in order to ensure an inclusive approach to the curriculum’s design, teaching/learning and examination?
- Does your school ensure that volunteers and interns with disabilities have an equal opportunity to participate?
- Are people with disabilities included in school Board, advisory boards and committees?
- Are teachers and tutors with disabilities paid adequately for their work? Are their credentials and expertise acknowledged?

Presentations

- During videos, DVDs or television broadcasts, audio- visual presentations, make them accessible to people with disabilities by adding captions, provide sign language interpretation, live caption, etc.?
- Teachers should reminded that if the video contains any text that is not accompanied by voice over, the text will be read by the presenter.
- Any images/photos shown/included in presentations should be described and explain.
- Any text that is specifically referred to on the screen should be read (that is, teacher do not say “As you can all see or read …”)

Monitoring & Evaluation

- Does the school MIS have specific variable to report, record and analyse the situation of person with disabilities in the school.
- Does the reporting mechanisms specifically include indicators for people/student with disabilities and around disability inclusion?
- Does schools evaluation process mandate that the data be disaggregated by disability to ensure that students with disabilities are included in all learning events and actvitieis.?

Infrastructure

- Does the school have outside facilities such as car park and entrance are easily accessible for person with disability and free of hazards.
- Is the inside facilities are accessible for person/student with disability (e.g. wide doorways and hallways, accessible restrooms, non-slip floor coverings, good lighting and quiet spaces).
- Do you ensure that classes, halls, sports clubs, assembly places and activities are accessible? If they are not, do you make any changes to make them accessible?
- Do you ensure that staff and volunteers accurately inform students and parents of accessible features of your school?
- Does the school regularly evaluate its physical facilities for accessibility for students with various disabilities?

Technology Access

- Is the school's IT department knowledgeable about accessible technology?
- Does the arrangement made for person with disabilities (visibility, sound, lights, accessibility, etc.) in IT labs.
- Essential internal technology tools and systems (computers, printers, plotters, tabs, screens, multimedia, etc,) are accessible for student with disability.

Mobility & Transportation

- If transportation is provided, is it equally accessible to all including students with disabilities?
- Is there a restriction for non-disable person to touch mobility aides such as, wheelchair, unless permitted or requested.
- Has the student with disability are located in the nearest class room to avoid access mobility?
- Has the instruction provided to transport staff to give priority to student with disabilities?

Communication (Teaching Learning, etc.)

- Does the communication tools promote disability inclusion and use language that is respectful, humanizing, and non discriminatory (i.e. "person with disability" rather than "disable" or disable person"[37])?
- Does the distribution materials (e.g. brochures, forms, exhibits, hand-books) are readable, legible and understandable to all (in all formats, such as Braille, electronic format, recorded tape or disk)?
- Do interact and address the students with a disability rather their parents and guides.
- During class teaching, voice all printed / visual information. (Provide verbal descriptions of content being discussed – don't point or show objects without auditory description).
- During question and answer session, have one speaker at a time and encourage the person with disability to answer in their convenient way.
- Position yourself at eye level with a person in a wheel chair when talking one on one.
- Feel free to ask a person with a speech difficulty to repeat if not understood and encourage to repeat.
- Teacher should always identify themselves when talking to a vision impaired person
- Teacher and student should inform their movements when they are heading to low vision / hearing impaired person.
- Teacher / staff / student should explain acronyms in full when referred to for the first time.
- Develop large size posters and charts with good colour contrast for events and activities. Include visual advertisement to make sure low vision and low hearing impaired student can understand that too.
- If there is a large gathering, seminar, meeting, event, a sign language interpreter should be arranged.
- Teaching material and methods should be accessible and as adaptable to all.
- Provide teacher training and ongoing guidance on disability awareness and inclusiveness.

Venue

- All classes, corridors, game rooms, halls should be wheelchair accessible. Student who use wheelchairs can enter, exit and move about easily
- Special toilets for person with disability (wide doors for wheelchair access) should be available.
- Arrange proper Audio/Video system (microphone and speakers) for meetings/events in a space with poor acoustics or with 16 or more people
- Special seats should be allocated for students with disability (or have mobility issue) close to accessible public transport, toilets and accessible parking.
- The speakers platform should be accessible for students who use wheelchairs or have mobility issue.
- Reception desk is at a height that is accessible for people who use wheelchairs or have mobility issue.
- Ensure venue has ramp access, accessible toilets, hand rails, etc.

[37] As per supreme court notification.

Layout of room

- Provide option of front row seating for participants with a disability (optional only – dependent on individual preference).
- Make sure to have sufficient circulation space exists for student who use wheelchairs.
- Ensure the seating for student who use wheelchairs is reserved at the front or middle of the room if possible (not always at the back!)
- If a sign language interpreter will be present, seats are reserved at the front for people who are deaf or have a hearing impairment so they have direct line of sight and are close to the interpreter.

Annex 03

Disability Accessibility & Inclusion Checklist
HEALTH Sector

Facts Sheet[38]
15%of the global population approximately 1 in 7 people worldwide) have a disability.
Women, older people and poor people are more likely to have a disability.
Approximately 20% of the world's poorest people in developing countries have a disability.
Everyone will experience conditions that contribute to disability at some point in their lives.
People with disability need to access health services for the same reasons as people without a disability.

***The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is the first global legally binding instrument to uphold the rights of people with disability. CRPD* upholds the rights of people with disabilities to have the same access to health services as people without disabilities.**

H*ealth* Specific Articles:

- Article 4 calls for administrative, legislative or other measures to implement the CRPD.
- Article 9 calls for accessibility, including to medical facilities and to information.
- Article 22 asserts the equal rights of people with disabilities to privacy, including privacy of personal health information.
- Article 25 requires that states ensure equal access to health services for people with disabilities, with specific mention of sexual and reproductive health services, population- based public health programmes, and disability-related health services. Health information and services should be of the same quality as those available to the rest of the community.
- Article 26 requires that states take measures to strengthen and extend habitation and rehabilitation services, including promoting the use of assistive devices.

SDGs and Health - Disability-Inclusive health services are essential to achieving the global Sustainable Development Goals

The Millennium Development Goals (MDGs) were widely criticized by disabled people's organizations (DPOs), disability advocates and researchers for failing to recognize the specific issues experienced by people with disability in efforts to address global poverty. It is well established that people with disability lack equitable access to resources such as education, employment and health care, and that this results in their being disproportionately likely to experience poverty. There is increasing recognition that the exclusion of people with disability from the MDGs made it harder for these global development targets to be met.

The current SDGs, the follow-up to the MDGs and current global development framework, are built on the principle of leaving no one behind and explicitly emphasize the importance of including people with disability in efforts to achieve sustainable development for all. SDG 3 (good health and well-being) emphasizes the importance of UHC and universal access to health-care services. Addressing the barriers to health services experienced by people with disability\ will be an essential part of achieving this goal.

[38] World Health Organization (WHO), 2020

Barriers to Accessing Health Services

Awareness and Understanding Barriers

- People with disability commonly report experiences of prejudice, stigma and discrimination by health service providers and other staff (including receptionists and security guards) at health facilities.
- Many service providers have limited knowledge and understanding of the rights of people with disability and their health needs, and have inadequate training and professional development about disability.
- Many health services do not have policies in place to accommodate the needs of people with disability. Such policies could include allowing longer and flexible appointment times, providing outreach services, and reducing costs for people with disability.
- Women with disability face particular barriers to sexual and reproductive health services and information. Health workers often make the inaccurate assumption that women with disability are asexual or are unfit to be mothers.
- People with disability are rarely asked for their opinion, or involved in decision-making, about the provision of health services to people with disability.

Physical Barriers

Health services are often physically inaccessible to people with disability. They may:

- be located far away from where most people live or in an area not serviced by accessible transport options;
- have stairs but no ramps at the entrance to buildings, or have key services located above the ground floor and not have accessible elevators.
- have inaccessible toilets, passages, doorways and rooms that do not accommodate wheelchairs or are difficult to navigate for people with mobility impairments
- not have height-adjustable examination beds and chairs - fixed-height furniture can be difficult for people with disability to climb onto
- be poorly lit, not have clear signage that explains where key services are, or be laid out in a confusing way that makes it hard for people to find their way around.

Communication Barriers

- A key barrier to health services for people who have a hearing impairment is the limited availability of written material or sign language interpreters at health services.
- Health information and/or prescriptions may not be provided in accessible formats, including Braille or large print, which presents a barrier for people with vision impairment.
- Health information may be presented in complicated ways or use a lot of jargon. Making health information available in easy-to-follow formats - including plain language and pictures or other visual cues - can make it easier for people with cognitive impairments to follow.

Financial Barriers

- Over half of all people with disability in low-income countries cannot afford proper health care.
- Many people with disability also report being unable to afford the costs associated with travelling to a health service and paying for medicine, let alone the cost of paying to see a health service provider.

09 WORRIES of Person with Disabilities Prior Accessing the Health Facilty

When persons with disabilities think about their own health they may have to face multiple barriers at different stages of their journey to accessing health services or facility. These barriers either make them more vulnerable during the visit or discourage them and drop the idea.

Sr.	Worry	
1	**Awareness of health Services**	☐ Am I aware of health service and transport?
2	**Experience of health Services**	☐ Am I willing to access health services based on prior experiences?
3	**Leaving the house**	☐ Am I able to leave their house? Do they need help to do this?
4	**Finances**	☐ Am I able to afford health service and transport?
5	**Transportation**	☐ Can I access and afford transport? (By car? By taxi? By public transport?
6	**Entering the Health Services**	☐ Will there be clear signs to reach there? ☐ Wil the entrance be accessible? ☐ Will the staff (guard, reception, doctors, paramedical) welcome me, will they let me in?
7	**Waiting for Appointment**	☐ Will the reception desk and waiting area be accessible? ☐ Will there be an accessible toilet, if I needed? ☐ Do they have special information about me and my disability? ☐ Does registration system include information about disability?
8	**During the Appointment**	☐ Will the health worker respond to my needs? ☐ Will the health worker communicate in plain language and accessible formats? ☐ Will the examination tables or diagnostic equipment accessible?
9	**After the Appointment**	☐ How I will be communicated with follow-up with appointments? ☐ Are medications and follow-up interventions affordable? ☐ Can I be referred to appropriate specialist or rehabilitation services and linked to respective institutions if required?

Polices

- ☐ Is there an inclusion policy available? Does the policy have special provisions, facilitation and support available?
- ☐ Is there an inclusion officer (or person to deal with PWDs needs and support) to ensure the compliance of PWD policies?
- ☐ Does the health service PWD policy included all categories (including, disable person, old age, children, women, transgenders, etc.)
- ☐ Is there a policy to provide information to Persons with disability will receive in a format that will enable them to access the information as readily as other people are able to access it.
- ☐ Same level and quality of service will be provided to people with disability.
- ☐ Persons with disability (staff and patients) will have the same opportunities as other people to provide feedback and make choices about their health care.
- ☐ Persons with disability (staff and patients) have the same opportunities as other people to participate in any public consultation.

Health service budget and planning

- ☐ Is there a budget line for reasonable accommodation (adjustments for accessibility and inclusion), including staff training, accessible communication formats and accessible infrastructure?
- ☐ Have costs for disability inclusion been accounted for in the overall health service budget?
- ☐ Are there additional funds available to health service to support disability inclusion?

Service Affordability

- ☐ Is there a policy or possibility to reduce service fees (or scale fees) for people with disability and their families/households?
- ☐ Are people with disability entitled to a concession/ discount/rebate due to their disability? If so, are health service providers aware of this, and is it being promoted?

Transport options

- ☐ Does the service provide transport options to support people with disability to reach the health service (e.g. organize a pick-up and drop-off service, or an established patient transfer process)?
- ☐ Do staff provide outreach services to people with disability (e.g. house visits, or through a fortnightly/ monthly visits, medical camps or rehabilitation centre)?

Appointments

- ☐ Are flexible/extended appointment durations available for people with disability?
- ☐ Is the staff (guard, reception, registration) informed about this flexibility?
- ☐ Do the health facility have flexible/extended opening hours (once weekly or fortnightly) for person with disability?

Human resources

- ☐ Is demonstration of disability-inclusive practices included in job descriptions and performance evaluations of the staff?
- ☐ Have the health facility considered employing people with disability as health service staff?

Facilities

- ☐ Does the health facility have even and accessible pathways to entrances or between buildings.
- ☐ Does the steps/stairs at entrances have ramp access?
- ☐ Doe the doors, rugs and other walkways are hazard free?
- ☐ Does the different floors stairs accessible in the building.

- ☐ Does the door openings are wide enough to fit a wheelchair.
- ☐ Are the doors handles are heavy enough to handle the weight and pressure?
- ☐ Is space in toilets are sufficient for wheelchairs or a carier to assist, grip t grab rails and doors are inward-opening?
- ☐ Is the height of tables is adjustable or low for examination and easier to transfer on and off from.
- ☐ Is the diagnostic equipment such as x-ray or mammography equipment are accessible and moveable into different positions?
- ☐ Is the height of desk at reception is reachable for wheelchair users?
- ☐ Is the furniture in hallways are accessible without hurdles?
- ☐ Is the drinking-water and handwashing facilities are accessible?

Transportation & Parking

- ☐ Transportation to and from health-care facilities is a not a barrier for persons with disability. This is especially the case in rural areas where distances may be greater or terrain more difficult - many people with disability are unable to easily get to clinics, community centres or other places where health services are available.
- ☐ Is the public transportation that could take them to services is accessible and affordable.
- ☐ Is the transport vehicle is accessible, suitable and appropriate for those with physical impairments?
- ☐ Does the health facility have sufficient mobility equipment such as tricycles or prostheses, personal assistance services, or financial support to be able to reach health services.
- ☐ Are there parking spaces strictly observed for person with disability?
- ☐ Are reserved parking spaces for person with disability close to the building entrance?

Reception and waiting areas

- ☐ Is the pathway from entrance to reception/ triage clearly signed?
- ☐ Is pathway from entrance to reception/triage clear of obstacles?
- ☐ Is there space for wheelchairs in the waiting area?
- ☐ Is drinking-water available at a height/location accessible for all people (especially for person on the wheelchair)?

Route & Entrances Services

- ☐ Are kerb ramps built into the footpath, especially for access from parking area/road to public transport?
- ☐ Does the building have a ramp at the entrance?
- ☐ Are road crossings clearly signed and safe for passage?
- ☐ Is the pathway to building entrance clear of steps?
- ☐ Is the pathway to the building clear of obstacles? (e.g. vehicles, plants, electrical wiring)
- ☐ Are pathways level with minimal breaks?
- ☐ Is the building entrance accessible for people with mobility impairments?
- ☐ Can the door be opened easily without much effort?
- ☐ Is the door width wide enough to fit a wheelchair?
- ☐ Is door handle at a height that can be reached from a wheelchair?
- ☐ Is service signage readable, e.g. in Braille or large print, understandable symbols (for accessible entrances, toilets)?
- ☐ Are door staff/security staff aware of any policies regarding priority of treatment for people with disability?

Service buildings - internal environment

- ☐ Is there level access to all relevant areas where health service provision takes place?
- ☐ Is ramp at least 1.2 meters wide?
- ☐ Is ramp gentle enough for wheelchair users to self-propel or be pushed easily by a carer

- ☐ Is the ramp surface non-slippery?
- ☐ Are there handrails on either side of the ramp?
- ☐ Are there any steps inside the service buildings?
- ☐ Is there a ramp or lift that can be used as an alternative?
- ☐ Do steps have contrast strips for people with vision impairment?
- ☐ Are there handrails along corridor walls?
- ☐ Are corridors free from obstacles?
- ☐ Are floor coverings non-slip?
- ☐ Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?

Examination rooms

- ☐ Are doorways to examination/treatment rooms wide enough to fit a wheelchair?
- ☐ Are examination tables height adjustable or of a height that allow a person from a wheelchair to transfer easily?
- ☐ Is floor covering non-slip?

Toilet & hygiene facilities

- ☐ Are toilets accessible?
- ☐ Is there signage indicating toilet is accessible?
- ☐ Is doorway wide enough to fit wheelchair?
- ☐ Do doorways slide or swing outwards?
- ☐ Is there turning space inside the toilet cubicle for a wheelchair?
- ☐ Are there grab rails near the toilet?
- ☐ Are bins available for disposal of menstrual hygiene products?
- ☐ Are hand basins, taps and soap at a height that can be reached from a wheelchair?
- ☐ If toilet is a squat style toilet is there any adaptive seating device?

Service provider information

- ☐ Is health information available in accessible formats, e.g. large print, Braille, sign language interpreters, simplified for people with intellectual disability?
- ☐ Are people with communication difficulties requiring assistance able to access support and/or interpreters?

Establishing Rapport

- Listen to the person, ask them why they have come and how you can help (do not assume the reason for their visit is because of their disability - focus on the information and issue they present with rather than their disability)
- Check with the person and their support person about how they would like information to be presented.
- Communicate directly with the person, not their carer (e.g. look at the person with disability when speaking, even when using an interpreter).
- Acknowledge the person's expertise in managing their own disability. People with disability often understand their own health problems better than anyone else and can make decisions about their own treatment.

Consent

- Assume that the person with a disability can provide consent, unless there is evidence to indicate otherwise (this includes people with intellectual disability who are sometimes assumed to be unable to provide consent, even when they can).
- Use an adapted consent process to check whether a person with intellectual/ cognitive impairment understands the information provided and can retain and use it to make decisions. This may involve asking the person about different elements of the information provided to assess their capacity to provide informed consent to a treatment or procedure.
- Ensure that the person with disability has all the necessary information (in an accessible format) to voluntarily consent to a specific health treatment or procedure, including an explanation of the treatment; information about alternatives, benefits and risks of the treatment; and knowledge about the consequences of no treatment.

Prior to Examination

- Say your name when introducing yourself.
- Ask the person (through their interpreter/assistant if necessary) to indicate their preferred form of communication.
- Face and talk to the person with the vision impairment and not just to a family member or carer who may be with them.
- Make sure you have the individual's attention before speaking. If s/he is not facing you, touch them gently on the shoulder.
- Allow for adequate time for interpretation to take place and speak slowly.
- Have a list of terminology with definitions available for the person and their interpreter so they can become familiar with the terms.
- Offer to describe the environment.
- Identify others that are involved in the consultation.
- Be specific in giving directions.
- Make sure that written information (in particular, consent forms, medication labelling and instructions) is available in accessible formats, including Braille and large print.

During Examination

- Do not shout or exaggerate your speech.
- Look directly at the person, and do not cover your mouth with anything (except incase of COVID SOPs restrictions).
- Offer explanations via an oral or sign language interpreter or through lip-reading, depending on the person's preference and abilities.

- Universal signs for many medical terms are limited and words may need to be spelled out by the interpreter for the person to understand.
- Use diagrams or three-dimensional models to explain health issues.
- Use the name of the person with low vision to ensure they are aware that you are talking to them.
- Identify the room where the person is if they cannot see sufficiently to recognize surroundings. State whether they are in a waiting room or a small consultation room.
- Read any written information that is not accessible, including the risks and rights related to treatment.
- Do not leave the person alone in the centre of a room. Make sure they can touch a table, chair or wall to maintain orientation to their surroundings.
- **When guiding a person who is vision impaired,** Always ask the person if they would like to be guided and where they would like to go.
- Offer your arm for the person to hold just above the elbow.
- This will allow them to walk slightly behind you, following you as you turn or step up or down.
- Walk at an average pace.
- Mention when you are arriving at a turn, step or obstacle.
- Ask the person to repeat something you do not understand.
- Ask questions the person can answer by indicating yes or no.
- Let the person take as much time as they need to explain their health problem. Be patient.
- Train health workers to communicate with people who have problems speaking clearly.
- It might be helpful to provide pen and paper, or gadgets to write or type on (tablet/phone/computer).
- Communication aids or boards with letters, words or images may also be helpful.
- Provide verbal descriptions of actions and visual information to the person during the examination.
- Use three-dimensional models and make sure that the person is correctly oriented to the model.
- Orient the person to the examination room so they know where furniture and equipment are located, where to place their belongings and sit, and how to position themselves on the examination table
- During examinations, talk to the person throughout and explain each procedure before touching any part of their body.

Physical examinations

- Undertake a comprehensive assessment.
- Explain accurately, directly and in everyday language exactly what is being done.
- Describe the examination, ensure the safety of the person with disability during the examination and give immediate feedback about the examination
- Supply the person with a mirror so that they can see what is happening.
- Raise the head of the examination table (in particular, during gynaecological examinations with women who are deaf or hard of hearing).
- Make sure the person can always see the health practitioner's face.
- When demonstrating the use of various examination methods, different procedures or health issues, allow time for the person to focus on the speaker or interpreter to understand the words first, then on the demonstration of how particular methods are used (e.g. do not talk and demonstrate at the same time)

Post Examination Communication

- Ask the person or their companion to explain their understanding of what you have said to check it is clear and understood.
- Sometimes communication is slower when you are not familiar with communicating with someone with a disability.
- Repeat the prescription and use of medicines, precautions.
- Ask if they have any questions or clarifications prior to leave the examination room.

Teachers Exclusive, Inclusive Toolkit for Person with Disabilities and Impairments

Ice Breaking Inclusive Tips

- Show respect, serve the students using all the senses and be knowledgeable about their disabilities.
- Relax! If you don`t know what to do or say, allow the student at ease.
- Acceptance of the student with a disability by the teacher is often a prerequisite to acceptance by other students. Teachers, staff, and volunteers are role models!
- Teach how to develop capabilities, not focus on disabilities.
- Remember that difficulties the student may be facing may stem more from society`s attitudes and barriers than from the disability itself.
- Relate them with normal behaviours that we all have the right to fail; we learn from our failures.
- Encourage personal choice and independence.
- Don`t expect perfect finished products or performance. Participating in the group may be an accomplishment in itself for the participant.
- Focus on the dos, not the do nots. Behaviour is not limited but redirected.
- We are not caregivers, we are teachers.
- Establish a friendly environment where student value each other.
- Think of it as not doing "more", but doing "different".
- Ask the students if they need assistance before automatically helping them. Doing too much for a person may develop a dependence instead of independence.
- Strive to appreciate and understand the student`s personality as well as their disability.
- Emphasize the things student have in common rather than their differences.
- Remember that we all have disabilities; on some of us they show.
- Above all, relax and have fun!

Teaching Tips for Learners with Varying Abilities

- Appeal to a variety of learning styles and avoid concentrating solely on verbal instruction. Instead, think of a number of ways to explain the concept using all of the senses.
- Focus learning on doing and sharing. Present the students with the information, then reinforce learning through activities which emphasize a practical and interactive approach to the subject.
- Keeping the attention of the student can be a difficult task when their attention span is short. Explain the concept in a concise manner and then reinforce it with experiential learning opportunities.
- Be a role model. Encourage the students to ask you questions as this will reinforce their understanding of the information.
- Establish purposeful roles for all students. When there are a variety of learning levels, it is important that everyone has a role during the activity. This encourages an appreciation of one`s self and of others.
- Participation does not mean that everyone does everything specified in the activity. Encourage some type of participation at all times, partial participation is acceptable.
- Redirect inappropriate behaviours of fellow students to appropriate behaviours.
- Ask if the students would like your help.
- Don't help too much too soon, however, if the students appears to be confused, losing interest, or frustrated step in.

Teaching a Student who has hearing impaired or uses a Sign Language Interpreter

1. Meet with the interpreter beforehand
   - Clarify unique vocabulary, technical terms, acronyms, jargon, seating arrangements, lighting and other needs.
   - Provide interpreter with any written materials ahead of time.

2. Reserve seats of the participant who is deaf or hard of hearing
   - Provide a clear view of the teacher and interpreter.
   - Students who are deaf or hard of hearing may still choose to sit elsewhere.

3. Interpreter should be in the students sight line
   - This allows the student who is deaf or hard of hearing to pick up visual cues and the expressions of the speaker.
   - In small group discussions, consider using a circle or semi-circle seating arrangement instead of a theatre style arrangement.

4. Be aware of lighting
   - Provide good lighting so the interpreter or teacher can be seen.
   - If lights will be turned off or dimmed, be sure the interpreter/teacher can still be seen clearly (use spotlight or small lamp to direct light toward the interpreter).

5. Talk directly to the person who is deaf or hard of hearing
   - Maintain eye contact with the participant who is deaf or hard of hearing
   - Avoid directing comments to the interpreter (i.e. “Tell him…” or “Ask her…”), respond directly to the person who is deaf or hard of hearing

6. Speak naturally
   - Speak at your normal pace. Allow students to ask you to slow down or repeat if necessary.
   - Interpreters listen for concepts and ideas, not just words, to render an accurate interpretation.

7. Avoid private conversations – everything will be interpreted
   - Whatever the interpreter hears will be interpreted. Do not ask the interpreter to censor any portion of the conversation
   - Ask the participant who is deaf or hard of hearing directly to find out if they are following the conversation.

8. One person should speak at a time
   - Teacher should only accommodate one speaker at a time. Encourage the class to follow this rule.
   - While facilitating a group discussion, be aware that the persons with disabilities may be several seconds behind.
   - Pause before the next topic will allow the students to finish with the current content.

9. Avoid asking the interpreter for opinions or comments regarding the content or subject.
   - Interpreters follow a code of ethics which requires impartiality and confidentiality with all assignment related information.
   - Do not assume the interpreter has prior knowledge of the participant who is hard of hearing or deaf.

10. Provide a short break every hour. Interpreting is mentally and physically taxing. Do not expect the interpreter to interpret

Teaching a Hearing-Impaired Person

Hearing Loss or Hearing Impairment (both terms are acceptable)... is a general term to describe all types of hearing losses.

Hearing Loss does NOT... affect the mental ability of an individual. When a person who has a hearing loss seems not to understand or is confused, please don`t consider this to be a reflection of their intelligence. But, consider the possibility that the participant's hasn`t heard part of your statement or conversation.

Environmental Considerations

- Use a circular or u-shape seating arrangement so the student who has a hearing loss can see the other students of the group.
- Seat the students who has a hearing loss away from sources of external noise. The extra noise can be very distracting to students who have a hearing loss.
- Provide adequate lighting that does not create shadows on the teacher`s lips. Also, seat the class students with their back to the light, so light falls on you, the teacher or volunteer. The students with a hearing loss doesn`t necessarily need to sit in the front seat because this angle may cause strain to their neck.
- Face the students who has a hearing loss when you speak--the student with a hearing loss needs to see your face. Please keep your hands away from your face.
- Be conscious that hearing aids amplify all sounds in the environment, whether instructional or not. Try to keep extraneous noise to a minimum.
- Speak as clearly as possible without over-exaggerating your speech.
- Use facial expressions and body language, but avoid a lot of moving, turning around, and distracting hand movements.
- Be as specific as possible as you present information.
- Remember that weather conditions (humidity) and the mood and attitude will affect how a person with a hearing loss is hearing on a specific day.

Instructional Considerations

- Be aware that the degree of hearing loss or hearing impairment will vary with students, as will the ability to use auditory and visual cues in understanding spoken communications.
- The teacher should consult the students before class starts to learn if any classroom adaptations are necessary.
- When a student who has a hearing loss does not understand a word or phrase, repeat it, and/or reword your statement. You may need to say things in a variety of ways to build concepts, be creative! If all else fails, use pad and pencil to communicate.
- Use visual aids as much as possible.
- Encourage the students with a hearing loss to ask questions during and/or after class to clear up any confusion they may have from class discussions.
- When an interpreter is used to interpret speech into sign language, don`t consider it a lasting distraction to you or the class. The class` curiosity wears off quickly and it doesn`t present a continuing problem of interference with class attention.
- Because students who have a hearing loss are unable to attend simultaneously to visual and oral stimuli due to the need to attend to speech visually, allow the students who has a hearing loss time to shift his/her attention from the visual material to the teacher`s lips for the verbal explanation whenever visual aids are presented.
- Constant visual attention is fatiguing for people who have a hearing loss. Using gestures and facial expressions as you speak will convey meaning and emphasis as well as variety.
- Beware of false interpretations; a nod of the head does not necessarily mean `I understand.`

Teaching a Person with Learning Disability

A Learning Disability is NOT a form of developmental disability or an emotional disorder.

- Use multisensory input when teaching.
- Show the class students how to do the task, while explaining it verbally.
- Break down instructions into very short tasks.
- Give information both orally and in written form to avoid confusion.
- Give the students a longer time than other class members to complete a task.
- Change activities before his/her attention is gone, watch for early signs of attention loss.
- Alternate tasks that are difficult with those that are more relaxing.
- Provide adequate opportunities for questions and answers.
- Make sure that the students understands directions.
- Limit written requirements, allow more time for getting responses written on paper.
- Encourage the students to finish a task before moving on to another task.
- DON`T ask him/her to read aloud. Always ask class students to volunteer when oral reading is required.

Teaching a Person with Metal Illness

Mental Illness is NOT...the same as a developmental disability. Students living with mental illness are usually of normal intelligence although sometimes they may have difficulty performing due to their illness.

Instructional Considerations

- Mental illness may be one of the `hidden disabilities`, but if your class students has been identified to you as living with a mental illness, these instructional considerations may be helpful.
- Prejudice, stigma, and discriminations are very real enemies of people living with mentally illness. Your acceptance as the teacher may be the prerequisite to their acceptance by peers.
- People living with mental illness whose symptoms are active will usually isolate and not attend a class or event.
- Fears of failure and criticism are intense for the students that is living with an emotional disability. Thus, if failure occurs, don`t dwell on it. Remember, give ample, genuine, enthusiastic support and praise for their efforts.
- Don`t be afraid of saying or doing the wrong thing. If you make a mistake apologize as you would normally, just be sincere.
- As a teacher working with a student who lives with a mental illness, it is important that you be patient, hopeful, caring and reality-oriented.
- Remember, the student who lives with an emotional disability may be trying valiantly to fight through and overcome intense feelings of worthlessness, hopelessness and helplessness.

Teaching a Person who has a Physical Disability

Environmental Considerations

- Check with your student to see if he/she knows which entrances of the building are handicap accessible.
- Arrange for a classroom large enough to accommodate easy movement of a wheelchair.
- Consult with the student to see what, if any, special needs they may have to be comfortably accommodated.
- Provide ample space near the table, desk or interest centre to store crutches or a walker.

- Provide tables high enough for wheelchairs to be pushed up to them, and chairs that are easy to get into and movable, yet heavy enough to prevent slipping away as a person sits.
- Keep areas free of sharp objects.
- Check to see if bathrooms are accessible with inward doors.

Instructional Considerations

- Let the students do as much as possible for themselves.
- Provide a lap board or table space for the students using a wheelchair.
- Keep materials within easy reach of the students with a mobility impairment.
- Some students who have physical disabilities may also have speech problems. Listen attentively and patiently to her/him.
- Expect adequate performance, but make allowances when the disability prohibits `full participation`.

When you are with a Person Using a Wheelchair (Wheelchair etiquette)

- In greeting the person, feel free to extend your hand to shake hands. Use a very gentle grip and do not squeeze.
- Talk directly to the person using the wheelchair rather than to someone with them. People using wheelchairs are capable of speaking for themselves.
- If conversation lasts more than a few minutes, sit down in order to share the same eye level. It is uncomfortable for a seated person to look straight up for a long period of time. If this is not possible, stand back from the person so they do not have to look sharply upwards.
- Do not be sensitive about using words like "walk" or "run". People using wheelchairs use the same words.
- Do not lean against, hang on or hold on to a person`s wheelchair. It is part of their body or personal space.
- N ever start pushing a wheelchair without first asking the person if you may do so.
- When assisting someone using a wheelchair to go up or down a curb, or in and out of an elevator, ask if the person prefers to go forward or backward.
- In guiding a wheelchair down an incline, hold the handles so that the chair does not go too fast or out of control.
- Learn the location of wheelchair accessible ramps, restrooms, elevators and telephones.

"Remember that I have many interests other than those associated with my disability. I am a person like anyone else.... I just happen to have a disability."

Teaching a Person who has a Seizure Disorder

Seizure Disorder … is a disorder of the central nervous system. The most common seizure disorder is epilepsy, which is characterized by repeatedly occurring seizures or convulsions that result from a storm of uncontrolled electrical discharges in the brain. Epilepsy is classified according to the type and severity of the seizure experienced. Most adult people with a seizure disorder will have one of the following common types of epilepsy.

Classroom Considerations

- Most people who have a seizure disorder are taking medication that controls their seizures, so it may be rarely, if ever, that a person would have a seizure in your classroom.
- Keep calm when a seizure occurs. You cannot stop a seizure once it has started. Do not restrain the individual or try to revive them.
- Clear the area around him/her of hard, sharp or hot objects which could injure them. Place a rolled-up coat as a pillow under their head.
- Do not force anything between their teeth.

- Turn the individual`s head to the side and make sure that their breathing is not obstructed. Loosen tight clothing but do not interfere with any movement.
- Carefully observe the individual`s actions during the seizure for a full medical report later. Time the seizure if possible.
- When the seizure is over, let the individual rest if (s)he wishes.
- Seizures lasting more than five minutes require medical intervention, call doctor.
- Passing from one seizure to another also indicates a need for medical attention.
- As a teach your job will be to help calm the other students.

Teaching a Person with Speech Impairment

Participants with congenital or other disabilities may have difficulty speaking. These tips are to help you understand their speech.

- Face the students so you can watch their mouth for cues to the word they are saying.
- Speak directly to the student not to a friend or companion.
- Have them say one word at a time and allow you to repeat each word after the learner. (Sometimes it helps to write down the words as you figure them out. You can concentrate on what is being said rather than on remembering the previous words.)
- Don`t pretend you understand. It is better to show the student you really want to understand than to pretend to understand when you do not. Repeat what you did understand and ask him/her to continue from there.
- You may admit you don`t understand and ask them if you may ask their family members or friends to help you understand.
- Occasionally, assume some of the responsibility for the communication difficulty by making comments such as, "I`m sorry. I`m not understanding you well today."
- Even though you are trying to simplify the process of communicating, try to keep your tone as adult-like as possible. Stay away from the tendency to talk very loudly or exaggerate each word.
- Look for staff that are conversing with a person without speech as role models.

Augmented Communications

- Have the student show you how they use their communication device.
- BE PATIENT. It may take a while for the user to construct a message.
- RELAX and get into a slower rhythm of exchanging information.
- DO NOT finish the student`s sentences or words for him/her unless you get permission.
- Interact at eye level if at all possible. If the student is seated, then sit down.
- Be honest. If you do not understand, admit it. Ask the student to try again.
- Talk directly to the student, not to his/her staff or friend, unless you ask the user for permission first.
- Be a role model for other students on how to communicate with the student of a communication device.

Teaching a Person who has a Visual Impairment

Classroom Considerations

- A classroom is needed that has adequate balanced lighting, but without glare. It is the teacher`s responsibility to request relocation if the classroom assigned for class does not meet this need.
- Seat the student with their back to the light.
- Acquaint the students with the location of materials and furniture in the classroom.
- Reorient the students if you must move furniture or materials.
- Alert the students to location of any breakable or otherwise dangerous articles.
- Keep the classroom doors open or closed, never half open.

Consideration For The Person Who Is Partially Sighted

- Use a heavy black marking pen to make worksheets or assignments.
- Record any reading materials used in class.
- Provide a magnifying glass for the students who is partially sighted when large print materials are not available.
- Allow the student to feel and thus see the objects.
- Reinforce visual lessons with verbal cues.

Considerations For The Person Who Is Totally Blind

- Always say your name when beginning to speak to the student who is blind.
- Encourage students to do the same until the students has learned to recognize everyone`s voice. Don`t play `"guess who", identify yourself. Use the student`s name to identify who you are speaking to.
- Identify a partner to assist the students, as needed, but do not be over solicitous. Identify yourself when entering or leaving the room.
- Encourage the students who is blind to move about the classroom area as freely and independently as they are able.
- Be aware that a student with blindness may have additional disabilities.
- Provide Braille, a recorded resource, or a reader if necessary.
- Realize the student may have difficulty in relating to instruction or information which utilizes visual cues.
- Common verbal expressions may be meaningless to one who has never had vision.
- The student may have some disorientation and difficulty in finding buildings or locations within buildings.
- Ask the student if (s)he would like assistance. DON`T assume the participant needs help.
- Speak first before touching a student who is blind to avoid startling him/her.
- Speak in a normal voice. Most student who are blind are not deaf.
- Remember to speak directly to the student, not through a companion or third party.
- It is OK to use `look` or `see` as they are in everyone`s vocabulary. Do avoid pointing or saying `over here` or "over there."
- Give the student who is blind the respect and dignity due to any individual.
- Walk along side and slightly ahead of the student with a visual impairment who you are assisting.
- Never hold the person`s arm while walking; instead, let the person hold your arm. The motion of your body tells the person what to expect.
- Do not pet a `"service" dog in a harness. The dog is working and cannot play.

Operational Plan

Strengthening Education and health services for vulnerable Afghan refugees and host communities

Output-1

The capacity of state actors to provide services in the education sector, taking into account the needs of vulnerable Afghan refugees and members of host communities, including women, youth, and persons with disabilities, is improved.

Sr.	Work Package	Activities	Actor
1.1	**Development and Implementation of Inclusive District Education Plans**	Development of TORs for consulting firm (inclusive strategy and sensitization process), hiring of consultants	SRSP
		Development of Inclusive strategy for participatory planning process	SRSP/Consulting firm
		Compile district profiles, review previous district plans	SRSP
		Participatory planning workshops (Circle, Sub-division, District, Community, PTCs etc:)	SRSP
		Support partners in development of DEP (data analysis, compilation, strategy, finalization)	SRSP
		Implementation of current DEP s, Monthly data analysis of EMA dashboard & presentation on DEP indicators (IDPS)	SRSP
		Organize annual provincial workshops to present the inclusive District Education plans	SRSP
1.2	**Development and Implementation of Schools-specific inclusive Plans**	Need assessment of targeted schools (Participatory approach)	SRSP
		Develop schools-specific inclusive education plan	SRSP
		Implementation of school-specific education plans	
1.3	**Capacity Development of Parents Teachers Councils (PTCs)**	Conduct general body meetings with school heads, PTCs and community members)	SESP
		Onboarding of PTCs of the selected schools	SRSP
		One day orientation of newly/re-formed PTCs	SRSP
		Conduct TNAs for PTCs	SRSP
		Finalize training materials and Manual	SRSP
		Conduct PTC trainings	SRSP
		Monitor PTCs monthly meetings	SRSP
		PTCs Develop Inclusive School Improvement Plans	SRSP
		Implementation of School Improvement Plans (SIP) (Minor repair, provision of school supplies, oversee teacher attendance, community mobilization etc:)	SRSP
		Interviews with PTCs	IMS
		Assessment of PTCs performance (two times in project life)	SRSP
1.4	**Capacity Development of Education officials (District & Provincial)**	Develop TORs for hiring resource person / organization (Govt) and selection	SRSP
		Conduct TNAs of district education staff (all tiers)	SRSP
		Develop training materials/manual	SRSP
		Conduct trainings	SRSP
		3 days training of educaiton officials on gender	GIZ

		3 days training of educaiton officials on vulnerability and disability inclusion	GIZ
		3 days training of educaiton officials on SDGs	GIZ
1.5	**Support to District Education Offices**	Needs assessment of selected offices Equipment support to District Education Offices	GIZ
		Selection of vendors/contractors	GIZ
		Procure office supplies	GIZ
		Distribute office supplies	GIZ
		Printing of District Education Plans 2021-22	GIZ
1.6	**Support to provincial Ed. Dpt., incl. Policy support**	Support district and provincial communication and coordination system	GIZ
		Develop a research paper on SNC	GIZ
		Panel discussion on SNC	GIZ
		Develop a research paper on Inclusion of Refugees in National Education	GIZ
		Panel Discussion on Impact of COVID-19 on Education for Vulnerable groups	GIZ/SDPI
		Develop a policy paper on Impact of COVID-19 on Education for Vulnerable groups	GIZ /SDPI
		Revision of PTC manual	GIZ
1.7	**Mobilization and Community outreach**	Identification of youth activist for selected schools	SRSP
		Development of Training manual and materials	SRSP
		Training of youth activists in supporting awareness campaigns	SRSP
		Facilitate coordination meetings of PTCs with CIs, locally elected representatives, the district administration, the district education officials, and the URMU	SRSP
		Facilitate youth activists to plan and roll-out awareness sessions in their respective communities	SRSP
		PTCs support identification of OOSC and enrollment campaigns	
		PTCs, Cis (Youth activists) networking at circle, sub divisional and district level, supporting community awareness campaigns	
		Organize Manager Conferences to foster linkages between PTCs, PCMCs, and relevant stakeholders particularly Afghan refguees and	SRSP
		Organize annual district level recognition events to appreciate PTCs/PCMCs for improving services in their localities	SRSP
		Organize social cohesion events for host and Afghan populations	SRSP
		Stakeholder meetings/workshops at Provincial level	SRSP

Output-2

The capacity of state actors to provide services in the health sector, taking into account the needs of vulnerable Afghan refugees and members of host communities, including women, youth, and persons with disabilities, is improved.

Sr.	Work Package	Activities	Actor
2.1	**Development and Implementation of Inclusive District Health Plans**	Advocacy at Provicial Health Department for Development of DHPs	SRSP
		Cross-learning/experience sharing between education and health departments	SRSP/Consulting firm
		Development of TORs for consulting firm (inclusive strategy and sensitization process)+ Selection and hiring of consultancy firm	SRSP
		Development of Inclusive strategy	SRSP/Consulting firm
		Compile district profiles, review previous district plans	SRSP
		Participatory planning workshops (DHO Offices, Health facility staff, Community, PCMC etc:)	SRSP
		Support partners in development of DHP (data analysis, compilation, strategy, finalization)	SRSP
		Support District Health staff on the implementation of DHPs	SRSP
		Conduct Monthly Progress reviews and data analysis on DHP indicators	SRSP
2.2	**Development & implementation of health facility-specific inclusive plans**	Need assessment of targeted health facilities (Participatory approach)	SRSP
		Develop health facility-specific inclusive health plan	SRSP
		Organize annual provincial workshops to present the inclusive plans	SRSP
2.3	**Capacity Development of Primary Health Care Management Committees (PCMCs)**	Onboarding of PCMCs in selecting representative members for vulnerablity inclusion	SRSP
		Organize one-day briefing for the newly notified PCMCs on their roles and responsibilities	SRSP
		Prepare and deliver training course for PCMCs on social cohesion, social and gender inclusion, community mobilization and advocacy,	SRSP
		Facilitate PCMCs in developing/implementing/reviewing Inclusive Health Improvement Plans	SRSP
		Extend support to PCMCs in HIPs improve service delivery for vulnerable host and Afghan communities	SRSP
		Facilitate PCMCs in organizing regular monthly meetings and maintaining meeting minutes	SRSP
		Facilitate coordination meetings of PCMCs with CIs, locally elected representatives, the district administration, the district health officials, and the URMU regularly every quarter	SRSP
		Identify/train community-based 60 Health Actors through engagement of PCMCs in target health facilities of target districts	SRSP
		Facilitate trained 60 Health Actors to plan and roll-out health awareness sessions in their respective communities	SRSP
		Conduct Appreciative Inquiry Tool to assess maturity of PCMCs	SRSP
2.4	**Support to provincial Health Deptt.,**	Support district and provincial health offices on need basis (after the need assessemnt)	GIZ
		Develop a dashboard of NGOs/INGOs working in health sector of KP	GIZ

	incl. Policy support		
2.5	**Capacity Development of health actors**	Develop TORs & hiring of consultant	SRSP
		Conduct TNAs of Health staff	SRSP
		Selection/nomination of HCFs staff for training from the targeted area	SRSP
		Develop training materials/manual) for 60 Health Actors/Healthcare providers	SRSP
		Conduct trainings of health actors in target districts	SRSP
		Regular follow-up & technical support to health actors to conduct awareness sessions to the target communities including afghan refuges and vulnerable groups	SRSP
2.6	**Capacity Development of Health Officals on Specific Themes**	3 days training of 50 health officials on gender	GIZ,
		3 days training of 50 health officials on disability inclusion	GIZ,
		3 days training of 50 health officials on SDGs	GIZ,
		Training on use of data and evidence based management at the District level of 25 Health Managers	GIZ,
2.7	**Mobilization and Community outreach**	Identification of 180 health activist for selected health facility in each target district	SRSP
		Development of Training manual and materials	SRSP
		Training of 180 health activists in supporting awareness campaigns in their respective communities	SRSP
		Facilitate coordination meetings of PCMCs with CIs, locally elected representatives, the district administration, the district health officials, and the URMU	SRSP
		Facilitate Health Activists to plan and roll-out health awareness sessions in their respective communities	SRSP

Output-3

Cooperation between the Commissionerate for Afghan Refugees in Khyber Pakhtunkhwa and sub-national governance structures has improved through pilot activities to address the needs of vulnerable Afghan refugees and members of host communitie.

Sr.	Work Package	Activities	Actor
3.1	**Urban Refugee Management**	CAR Needs Assessment WS	GIZ, Tayyab
		Concept for provision of needs	GIZ, Tayyab
		Development of ToR for URMU & staff	GIZ, Tayyab
		Urban Refugee Needs Assessment	IMS
		Services Mapping / Referal System with Education and Health Departments	GIZ
		Provision of basic IT training for Desk officers	GIZ
		Provision of Trainings as identified	GIZ, Int Consulting
		Equipment support to URMU	GIZ
		Development of IMS	GIZ, Int Consulting
		Outreach & Awareness Campaign regarding URMU	GIZ, Int Consulting
3.2	**Digital innovation call roll out**	Development TORs for digital innovation call	IMS
		Call for ideas / proposals	IMS
		Support to teams submitting ideas	IMS
		First round of competition	IMS
		Support to teams who made it into second round	IMS
		Pitch of second round participants to audience and jury	IMS
		Selection of winners	IMS
		Piloting of projects	IMS
3.3	**Sensitization of District SDGs Committees, Districts officials and locally elected representatives on the implementation of SDG 3,4,5,16**	TORs development for hiring of consultant	GIZ, Int Consulting
		Development of orientation material on SDGs	GIZ, Int Consulting
		Introductory meetings with District Authroities on SDG 3,4,5,and 16	GIZ, Int Consulting
		Orientation of district officials on SDG 3,4,5,and 16 and linkages to EHS project objectives	GIZ, Int Consulting
		Orientation of locally elected representatives on SDG 3,4,5,and 16 and linkages to EHS project objectives	GIZ, Int Consulting
		Develop advocacy tools for EHS Interventions in targeted facilities	GIZ
		Support for voluntary networking of lcoally elected reps with education & health sector actors.	GIZ