

List of Acronyms

BMZ	German Federal Ministry for Economic Cooperation and Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DPO	Disabled People's Organization
EHS	Strengthening Education and Health Services for Refugees and Host Communities
LDCs	Least Developed Countries
M&E	Monitoring & Evaluation
MDG	Millennium Development Goals
OPD	Organization for Disabled People
PWD	Persons with Disabilities
RWD	Refugees with Disability
SDG	Sustainable Development Goals
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

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1. Overview

This conceptual framework outlines the approach proposed in the EHS Project (**Strengthening Education and Health Services for Refugees and Host Communities**) to ensure disability-inclusive development and identifies main entry points for disability inclusion within the project's implementation/management cycle. EHS project has been 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 Khyber Pakhtunkhwa Pakistan.

The framework aims to guide the EHS project team, its Implementing Partners and government counter parts how to incorporate and promote inclusive and participatory approaches while implementing the project and ensure inclusion of Persons with Disabilities (PWDs) as a cross-cutting theme of EHS project. However the scope of this Framework will particularly focus upon the interventions of EHS project in Education and health sectors of Khyber Pakhtunkhwa.

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.¹ 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

“Within German development policy, the inclusion of individuals with disabilities is considered a major element of a development process that is moving towards a society in which every individual has an equal opportunity to develop his or her full potential. If we are able to shine a spotlight on the situation of persons with disabilities in our partner countries by actively supporting these individuals and addressing them as a target group in our programmes, then we will unlock opportunities for them to participate in societal, economic and political life. Diversity makes us stronger, but we will only succeed if we work together as policy makers, businesses and civil society to tackle the issues.”

Dr Gerd Müller,
Member of the German
Bundestag Federal Minister for
Economic Cooperation and Development

¹ Inclusion of persons with disabilities in German development cooperation – BMZ Strategy paper 2019

2. Guiding parameters for the Framework

While this Framework attempts to compliment the strategies outlined in the BMZ's strategy paper on Inclusion of persons with disabilities in German development cooperation, it also considers guidance from the following national and international documents:

I. 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.² 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”.³ 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.⁴ 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 (Pakistan has ratified the Convention in 2011), 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.⁵ 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.

II. Sustainable Development Goals (SDGs) and Leaving No One Behind

During the 2012 United Nations Conference on Sustainable Development (Rio+20, Member States agreed to launch a process to develop a set of SDGs to succeed the 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.

The 2030 Agenda for Sustainable Development reflects the needs of persons with disabilities and commits Member States to ensuring their inclusion and participation in society. The SDGs explicitly take persons with disabilities and the inclusion of their rights into account under seven targets however, all goals are considered relevant for persons with disabilities as part of the general population of countries. In addition, the global indicator framework for the

² WHO (2020) Disability and Health Factsheet


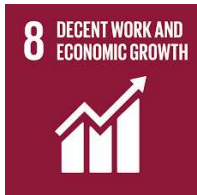
³ Preamble (e), UN (2006) Convention on the Rights of Persons with Disabilities

⁴ CBM (2017) Disability Inclusive Development Toolkit, p. 13

⁵ UN Department of Economic and Social Affairs, Guiding Principles of the Convention

SDGs calls for data disaggregation by disability, where relevant.⁶ Furthermore, there is also a pledge to leave no one behind in our development efforts and to reach the furthest behind first. People get left behind when they lack the choices and opportunities to participate in and benefit from development progress. Those who experience disadvantage, who cannot realize their rights and have limitations to their choices and opportunities relative to others in society are at risk of being left behind. Unfortunately, as the world’s largest minority group, persons with disabilities have been consistently left behind in development gains and in their participation in development processes. Persons with disabilities and their representative organizations should therefore be actively engaged in our efforts to support the SDGs, not only as a group that has been consistently left behind, but also as invaluable partners in our efforts towards inclusion.

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:

				
<p>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.</p>	<p>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.</p>	<p>Closely linked is 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.</p>	<p>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.</p>	<p>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.⁷</p>

⁶ United Nations, Report of the Secretary-General. Mainstreaming disability in the implementation of the 2030 Agenda for Sustainable Development, 22 November 2016.

⁷ SDG Knowledge Hub, The International Institute for Sustainable Development (IISD)

III. Brief on Protection and Promotion of PWDs’ Rights by the Ministry of Human Rights, Government of Pakistan

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.

Moreover, Pakistan ratified the UNCRPD on 5th July, 2011. Ministry of Human Rights is the Focal Ministry to coordinate and facilitate implementation and reporting of the UNCRPD. The Ministry is accordingly making efforts in collaboration with the relevant Federal and Provincial stakeholders to ensure implementation of the Convention.

Rights of Persons with Disability Act 2020 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.”*

IV. 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 the law department and is in the process of 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 every month for issuance of disability certificate to people by medical board under the medical superintendents of the district headquarters. It is important to note here that Department of Social Welfare, Government of Khyber Pakhtunkhwa has launched an online application, developed by GIZ Pakistan for the registration of PWDs. PWDs are registered for certification through this Application.

3. The Intersection of “Gender and Disability” in International Development Cooperation

Disability is not a gender-neutral experience. It has a different impact on women, men, girls, boys, transgender and other gender identities. Further, while all women and girls and transgender face inequality, women and girls and transgender with disabilities often face additional, severe disadvantages 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.”⁸ 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 per cent while it is 12 per cent for men. “Women in general are more likely than men to become disabled because of poor 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 and girls with disabilities are subject to multiple discrimination (...)”.⁹ This multiple discrimination is often linked to other factors like socio-economic status, age, ethnicity, HIV/AIDS and others.¹⁰

In combination with the gender gap in disability, girls and women with disabilities are not able to exercise 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.”¹¹

Transgender person with disabilities face additional barriers due to the compounded effects of prejudice towards transgender identity and prejudice towards disability. Transgender individuals with disabilities often experience double stigma that may involve institutional barriers such as unemployment, educational discrimination, or denied access to health services (Mizock & Lewis, 2008). In addition, transgender persons with disabilities report ableism, such as being stared at, avoided, infantilized, harassed, threatened, or ignored (Clare, 2001). Experiences of mistreatment may vary depending on the degree to which a person’s transgender identity, or physical disability, is visibly discernible to others.

⁸ 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

⁹ Article 6, United Nations Convention on the Rights of persons with disabilities, 2006

¹⁰ Addressing gender equality in the context of disability, Inputs from UN Women, p. 1/2.

¹¹ Gender and Disability: A Survey of InterAction Member Agencies. MIUSA, 2002, p. 60

4. Gender & Disability – Picture from Pakistan

Persons with disabilities form Pakistan’s largest overlooked minority because they are ‘unseen, unheard and uncounted’ in the country.¹² There are various estimates of the number of persons with disabilities living in Pakistan, ranging from 3.3m to 20m. According to the 6th Population and Housing Census of 2017, the population of Pakistan is around 207 million.¹³ Considering the WHO estimate of 15 percent prevalence of global disability,¹⁴ around **31 million** people in Pakistan are expected to be living with some form of disability. But there are no reliable statistics on disability in Pakistan.¹⁵ So far, there has been no large-scale national survey to document the true burden of disability in Pakistan. The last national census to document disability was conducted in 1998.

Since Pakistan’s last official count of persons with disabilities was in 1998, quantifying the size of this minority is in many ways anyone’s guess. If we take the world average and apply this to Pakistan, the number of persons with disabilities could be approximately 31m, larger than the total resident population of Sweden, Austria and Switzerland combined. In fact, the number may yet be conservative considering factors particular to the country: high poverty rates, the prevalence of endemic debilitating diseases (including malaria, dengue fever and polio), injuries sustained through natural disasters and conflict, and cultural factors that increase the likelihood of children being born with a disability.

Persons with disabilities (percentage of total population), 1998

Administrative unit	Total disabled population	Blind	Deaf/Mute	Crippled	Insane	Mentally retarded	Multiple disability	Others
Pakistan	3,286,630	8.06	7.43	18.93	6.39	7.6	8.23	43.37
Rural	2,173,999	7.92	7.53	20.52	5.94	7.32	8.23	42.55
Urban	1,112,631	8.32	7.24	15.81	7.28	8.15	8.22	44.97
Khyber Pakhtunkhwa	375,752	7.24	7.69	31.73	5.9	7.43	8.11	31.9
Rural	327,638	7.46	7.52	32.25	5.81	7.26	8.22	31.48
Urban	48,114	5.71	8.84	28.21	6.55	8.63	7.31	34.75
Punjab	1,826,623	8.48	8.17	20.83	6.75	7.87	8.07	39.84
Rural	1,338,410	8.58	8.16	20.84	6.29	7.63	8.18	40.32
Urban	488,213	8.22	8.2	20.79	7.99	8.51	7.77	38.52
Sindh	929,400	7.48	6.18	10.56	6.13	7.45	8.92	53.29
Rural	385,984	6.24	6.02	11.25	5.34	6.81	9.06	55.28
Urban	543,416	8.36	6.29	10.07	6.69	7.91	8.82	51.86
Baluchistan	146,421	8.42	5.24	14.81	4.6	5.61	6.35	54.96
Rural	117,971	7.11	5.2	14.31	4.25	5.53	6.24	57.36
Urban	28450	13.87	5.42	16.86	6.03	5.97	6.83	45.02
Islamabad	8,434	9.22	12.09	29.89	12.46	8.05	4.55	23.73
Rural	3,996	9.78	12.16	29.65	6.03	8.63	4.02	29.73
Urban	4,438	8.72	12.03	30.1	18.25	7.53	5.05	18.32

Note: The disability group classification and terminology used in this table is as per the census report.

Source: Pakistan National Census 1998.

¹² Sheikh, A. et al; Assessment of Approaches and Practices of Disability Network Organizations in Pakistan; Sightsavers

¹³ Pakistan Bureau of Statistics. Population Census. Available from <http://www.pbs.gov.pk/content/population-census> [Accessed on 7th October 2019].

¹⁴ World Bank. World report on disability: Main report (English). Washington, DC: World Bank. 2011 Available from <http://documents.worldbank.org/curated/en/665131468331271288/Main-report> [Accessed on 7th October 2019]

¹⁵ United Nations. International Day of Persons with Disabilities 3 December. Background. Available from <https://www.un.org/en/events/disabilitiesday/>

Pakistan did, in fact, make early attempts at including persons with disabilities in the 1980s with the introduction of education and employment policies, setting up special schools for persons with disabilities, for example, and mandating businesses to employ persons with disabilities through a quota-based system and levies. But although these were celebrated achievements in the early years, they proved to be ineffective in including persons with disabilities. Persons with disabilities still have difficulty exercising their civil and political rights, attending quality schools and finding gainful employment, among other activities. This ultimately means that they are being excluded as productive members of society, leading to economic losses of as much as US\$11.9bn-15.4bn, or 4.9-6.3% of Pakistan's GDP.¹⁶ Globally, and in Pakistan, policy approaches to disability have largely been focused on rehabilitation, welfare handouts and related charity. This has been changing since the UNCRPD, which became operational in 2008. Pakistan ratified the treaty in 2011, but progress around building an inclusive society has been slow.

Understanding situation of women, girls and transgender with disabilities is extremely important because these categories of PWDs are the lowest ebb of social, economic and cultural marginality. Generally, in Pakistani society, these groups are suppressed and oppressed. They do not have many opportunities to speak for their rights and are at an increasing risk of sexual, physical and psychological abuse and exploitation.

Situation Analysis - woman and transgender with disabilities in Pakistan:

i) Challenges around Data Collection:

One of the obstacles standing in the way of obtaining accurate statistics on, generally persons with disabilities and particularly women and transgender persons with disabilities is the failure of successive governments to carry out an exhaustive national census.¹⁷ In addition, the various surveys that have been taken are not comparable because of their different coverage and sample sizes and because they only capture prevalence rates by gender and administrative unit. In the absence of more recent official data, policies dealing with disability often cite the prevalence rate of the 1998 census, in which persons with disability accounted for 2.54% of the total population of 132m recorded that year. "The prevalence rate is an understatement of the highest order," says Omair Ahmad, CEO of the Network for Organizations Working for People with Disabilities, Pakistan (NOWPDP),¹⁸ a nongovernmental organization (NGO) based in Karachi. In the 24 years since the census was taken Pakistan's total population has grown to 207m. For persons with disability, this has put them at a double disadvantage: the government data in the 1998 census about the number of persons with disability were small to begin with, and while the population has grown since then, the corresponding rise in the number of persons with disability has not been accounted for.

It was only in 2017 that an attempt was made to collect data on transgender population in Pakistan. According to The country's sixth Population and Housing Census the total population of transgender people reported is 10,418. There is no reliable data available on transgender population with disabilities.

ii) The socio-cultural dimension to disability in Pakistan:

Stigma & Shame: Another challenge for data collection and meaningful policy changes is that individuals and families are reluctant to admit disability. Disability is a stigma in Pakistan, and culture norms are a hindrance to inclusion. In the deeply conservative circles of Pakistani society a person who is born with or develops a disability may be perceived as suffering from an affliction from God. The family can often retreat into a state of shame, fearing that they have been punished for some misdeed or placed in adversity as a test of their faith. The stigma is so potent that

¹⁶ Economist Intelligence Unit estimates based on analysis by Robert L. Metts, "Disability issues, trends and recommendations for the World Bank", World Bank, 2000.

¹⁷ [http://www.sdpi.org/publications/files/W13- Disabled%20Population%20 in%20Pakistan.pdf](http://www.sdpi.org/publications/files/W13-Disabled%20Population%20in%20Pakistan.pdf)

¹⁸ Interview with The Economist Intelligence Unit in Karachi on March 19th 2014.

families can resort to hiding their children, or in cases where the disability is mild or less pronounced, deny that there is any disability at all.

Hidden and forgotten: The grave lack of sensitivity when dealing with persons with disability, both women and men, often means that they are denied access to even the most basic services. It has often been the case that instead of sending children to the few “special education schools” that exist in Pakistan, they may be kept at home without education or dispatched to a madrasa, where they are given religious instructions by rote learning. Most of the girls will not even get a similar opportunity.

According to some austere social traditions, children with disabilities are seen principally as objects of pity. Even in Pakistan’s largest cities, there is a dominant impulse to see persons with disability as deserving of charity rather than equality (this idea is further entrenched because persons with disabilities are often seen working as street beggars). When politicians wish to make a gesture of support for persons with disability, it typically involves the distribution of free wheelchairs or walking canes in front of television cameras. This, in turn, creates a hierarchy of disabilities, where the most visible physical disabilities receive most of what limited attention is available. Persons with hearing, visual or speech impairments get some attention, and persons with mental disorders receive almost no attention at all.¹⁹

Marriage is a challenge: Attitudinal barriers also play a role in marriage, but the experience is different for men and women. For the few men with disabilities who successfully complete school and university, their families accept that they will pursue a career and, alongside it, marriage. For women, there is double discrimination. It could be said that the only thing tougher than being a girl in Pakistan is being a girl with a disability in Pakistan. They have limited access to education, employment and face challenges in finding a life partner. Abia Akram, chair of Pakistan’s National Forum of Women with Disabilities, explains that parents tend not to send a daughter with a disability to school for fear of harassment (especially when she requires someone to help her when moving from a wheelchair to a seat, for example). With limited education, there are even fewer options for gainful employment. As a result, these women remain in the family as caretakers of the household, and depending on the nature of their impairment, housework can be difficult. Marriage is especially difficult for women with disabilities: “Culturally, marriage is seen as an important life goal for women in Pakistan, and women are important in keeping the house together, handling the chores and cooking. But when women have a disability, whether it is physical, hearing, speech or intellectual, she is seen as unable to fulfil these duties and a burden,” explains Ms Akram. There are no official estimates of the number of women with disability who are employed or married, but she admits that both marriage and employment prospects are significantly better for men who have disabilities.²⁰

iii) Legal provisions for persons with disabilities limited in scope:

Part of the problem is a lack of political will to have a department that specifically handles disability affairs. With shared responsibilities, there is confusion among persons with disabilities about where they can seek redress. Another reason for the lack of access to redress and real progress towards enacting a comprehensive law is the absence of parliamentary representation. Although women and ethnic minorities are represented in parliament, there is not one seat reserved for persons with disabilities.

The scope of coverage for persons with disabilities in general and for women with disabilities in particular is very limited. Different pieces of legislation provide for rehabilitation, training and employment, financial assistance, the manner of detention in psychiatric or other facilities, protection from abuse and inhuman treatment, and compensation for injuries. Anti-discriminatory legislation mandating equal treatment for persons with disabilities,

¹⁹ James I Charlton, *Nothing About Us Without Us: Disability Oppression And Empowerment*. University of California Press, August 2000.

²⁰ “Moving from the Margins”, *Mainstreaming persons with disabilities in Pakistan* - British Council

laws on early detection and intervention services for women and children with disabilities, access to specialized health care and standards in special education are missing.²¹

iv) Access to Education:

The Constitution declares primary education to be a fundamental right. Provincial laws, such as the Punjab Compulsory Primary Education Act 1994 and the recently enacted Sindh Right of Children to Free and Compulsory Education Act 2013, provide for the education of young children but make no reference to the educational needs of children with disabilities. The Sindh Right of Children to Free and Compulsory Education Act is probably the first statute to define special education as “educational programmes and practices designed for students, as handicapped or gifted students, whose mental ability, physical ability, emotional functioning, require special teaching approaches, equipment, or care within or outside a regular classroom”. The definition is progressive in that it recognises that differentiated teaching approaches may be required either within or outside a regular classroom for children with disabilities. Unfortunately, this is not incorporated in any other provision of the statute, rendering it meaningless.

v) Healthcare:

In Pakistan, accessibility and quality of healthcare services are largely determined by an individual’s socio-economic and geographical conditions. Women with disabilities in rural areas and without the financial means to pay for disability-related services, which are often required on a long-term basis, are not protected by the law to receive state funded disability-related quality services. Since the prevalence of disability is higher in rural communities, a significant demand for service delivery remains unmet. Government healthcare policies demonstrate a gap in recognising the general or disability-related healthcare needs of persons with disabilities. For instance, the Health Sector Strategy 2012-20 for Sindh recognises mental health as a special area of focus, but it does not address the healthcare needs of persons/women with disabilities. This situation is similar in Punjab and Khyber Pakhtunkhwa. Such exclusion of the identification, prevention and treatment of disabilities and service delivery for persons with disabilities goes against some of the objectives of the National Policy for Persons with Disabilities of 2002.

This, once again, underlines the lack of co-ordination between various ministries. Persons with disabilities may receive financial assistance to cover healthcare costs through the Rehabilitation Fund established under the Employment Ordinance, and this is geared towards assisting persons with disabilities with assistive technologies and medical treatment. However, it has limited capacity and cannot accommodate the large demand for support and does not clearly indicate support available for women with disabilities. Gender inequality and discrimination faced by women and girls adds another layer to it puts their health and well-being at risk. Women and girls with disabilities often face greater barriers than men and boys to accessing health information and services. These barriers include restrictions on mobility; lack of access to decision-making power; lower literacy rates; discriminatory attitudes of communities and healthcare providers; and lack of training and awareness amongst healthcare providers and health systems of the specific health needs and challenges of women and girls with disabilities.

vi) Welfare in Pakistan: A two-track system:

In the absence of a strong legal framework there exists a parallel system that offers an alternative protection programme: the family. Persons with disabilities, especially women are often cared for by their parents, siblings and the wider family network. It’s a very strong system, however, “overly sympathetic”, as defined by many persons living with disability in Pakistan. Part of this is a culture heavily based on kinship: “People support each other, and this is called the maintenance system in Arabic, which is obligatory. In that sense, one can say that the state remains largely out of the picture,” explains Mohammed Ghaly, professor of Islam and biomedical ethics at Hamad Bin Khalifa University in Qatar. However, when Pakistan like other Muslim-majority countries embraced the idea of modern statehood, they failed to embrace the welfare role that states now play. This has created a gap in provision by the state. Part of the problem is, of course, that many of these countries also happen to be low-resource countries that simply do not have the means to offer the same social welfare protection that rich-world countries afford their

²¹ ibid

citizens. However, the focus should not be solely on a social welfare protection programme, which again is based on the charity approach to disability; the focus should be on developing a rights-based approach to empowering individuals and removing barriers and discrimination.²² Welfare programmes are important, but should still be viewed in terms of a rights-based approach of “what comes next”. Beyond simply giving money or a wheelchair, countries need to be thinking about general accessibility and access to education, health and employment.

vii) Gender based violence:

A survey on women with disabilities shows that 77% of such women and girls face physical violence and among them, 72% never complained to anyone. The survey was conducted for a research study supported by **Federation Handicap International**. The research is the first of its kind in Pakistan primarily because it focuses on women and girls with disabilities and the challenges they face because of their gender. The study frame included two cities of Khyber Pakhtunkhwa (Charsadda, Nowshehra) and Islamabad. Around 28% of respondents to the survey said that they have also faced gender based violence whereas only 1% acknowledged having faced mental and emotional violence. The discussions with women with disabilities revealed that emotional abuse is rampant for disabled persons yet assumed as a natural and therefore not acknowledged as violence.

The research says that women and girls with disabilities are more vulnerable than other women and rarely report the violence that they face primarily because the perpetrators of violence are family members who are also the care givers. Women and girls with speech impairments and intellectual disabilities are more susceptible to both physical and sexual violence because they are unable to identify the perpetrator. Around 72% of the women said that despite facing violence they have never complained to anyone about it while 20% complained to the DPO and 8% complained to the family yet no action was taken and the 38 per cent women who sought help were unable to get it.

viii) Transgender, disability, gender based violence:

There is no single definition of a transgender person in international standards. Most working definitions, such as the one used by the Commissioner for Human Rights for the Council of Europe, are premised on the notion that people may have a gender identity that is different from the gender assigned to them at birth, as well as those people who wish to portray their gender identity in a different way from the gender assigned at birth.²³

In theory, Pakistan has progressive laws that protect trans rights. Historical references to the gender-diverse community go back thousands of years in South Asia, and Pakistan is one of only 12 countries in the world that recognises transgender identity on national ID cards. However, in recent years, violence against trans people has been on the rise. The transgender community face stigma, discrimination and violence much more than any other non-marginalised groups. Transgender people, and transgender women in particular, face harassment, mistreatment and exclusion from society, from the public health care system, education system, employment and other institutions of government. They face different forms of abuse, ranging from exclusion from society to brutal murder. They are subjected to trafficking, extortion and forced prostitution. After the Trans Protection Act of 2018, things have slowly started to change. However, for the proper inclusion of transgender people in society and the acknowledgment of their basic human rights, the government will have to take a number of measures to address the gravity of the situation.

There is an absolute dearth of data on transgender in Pakistan. It was only in 2017 that the government made an attempt to include transgender population in the census. The country’s total population of transgender people reported in the sixth Population and Housing Census is 10,418.²⁴ Khyber Pakhtunkhwa houses 913 transgender people. There is no data available on transgender living with disabilities.

²² ibid

²³ PROTECTING HUMAN RIGHTS OF TRANSGENDER PERSONS – Council of Europe <https://rm.coe.int/1680492119>

²⁴ COMPENDIUM ON GENDER STATISTICS OF PAKISTAN 2019, PAKISTAN BUREAU OF STATISTICS

Despite its limitations, the Transgender Persons (Protection of Rights) Act, 2018,²⁵ is an affirmative federal law that allows for self-identification as the basis of legal gender recognition. This is a crucial progressive improvement in the legal status of transgender people in Pakistan since it recognizes the autonomy, agency and freedom of any person to determine their own gender identity and gender expression in line with international standards. Based on this provision, transgender people have the right to have all their official documents changed and reissued in line with their self-identified gender, which makes the Act one of the most far-reaching in the region, if not the world over.

One of the areas of concerns outlined in the Trans Protection Act of 2018 is ‘Rehabilitation’ and make a reference to disability. The recommendation under this concern does not make a direct reference to disability, however, it clearly states “Remove references to “rehabilitation” from the law and frame the Government’s duty in concrete, affirmative terms, such as the duty to provide housing, as well as medical and psychological care in line with international guidelines in protection centers and other facilities to transgender and intersex people.”²⁶

5. The Importance of Disability-Inclusive Development

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)²⁷ and one-in-five of the world’s poorest have a disability.²⁸⁴

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 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.²⁹

a) Definition of disability-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.

6. 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.³⁰ 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

²⁵ Pakistan: Transgender Persons (Protection of Rights) Act, 2018 – A Briefing Paper, March 2020

²⁶ *ibid*

²⁷ World Bank and World Health Organization, World Report on Disability, p. 261.

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

²⁹ United Nations Convention on the Rights of Persons with Disabilities, Articles 11 and 32

³⁰ 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.

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.³¹ 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.

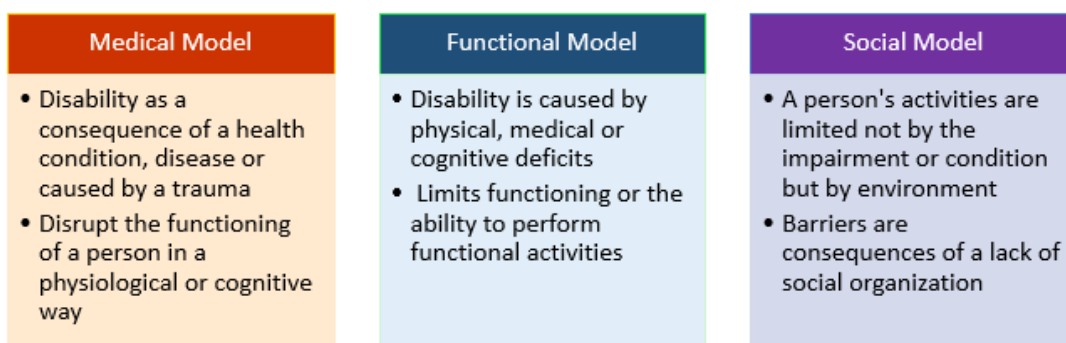
7. Models of Disability

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 curing of the disabling condition.

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.

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 impairment or condition but by environment and barriers are consequences of a lack of social organization.



³¹ Handicap International. (2015). Disability in humanitarian contexts: Views from affected people and field organizations (pp. 1–30).

8. Barriers for PWDs in the contexts of forced displacement

Persons with disabilities commonly face a range of barriers to fully participate in society and benefiting from development investments. Refugees/displaced people living with disabilities face similar barriers, however, they become more significant because of their circumstances.

The types of barriers include:

- **Physical Barriers:** these are Physical and / or environmental barriers (such as stairs, inaccessible buildings, transport, facilities)
- **Social Barriers:** these are Attitudinal and / or societal barriers (such as stigma, shame, isolation)
- **Institutional barriers:** Policy and / or systemic barriers (such as legislation, policies and procedures that explicitly or implicitly discriminate against persons with disabilities)
- **Communication Barriers:** (such as information not being made available in accessible formats or available in one format only, language barriers)
 - very limited or no information about the rights of PWDs
 - very limited or no information about governmental services and opportunities for PWDs and about non-governmental organizations carrying out advocacy work for the rights of PWDs
 - The disconnection between refugees, refugee organizations, disability organizations and disability service providers also result in assistance, service, and social gaps for RWDs



9. Inclusive Conceptual Framework for EHS Project

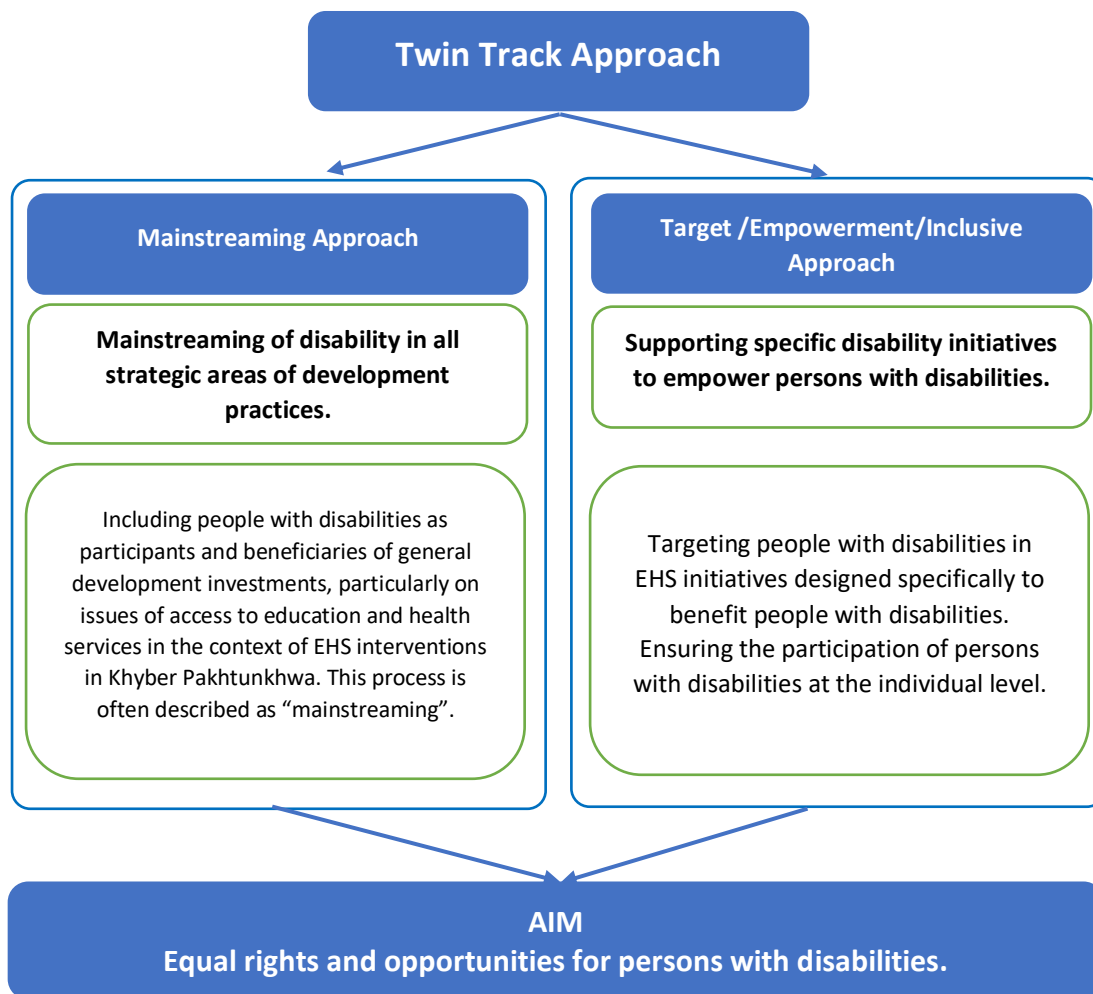
When developing and implementing disability inclusive programs, it is incumbent upon development practitioners to understand the nuances of disability and how to integrate response mechanisms within the project life cycle, as well as the resources required for quality and equitable access to services for PWD. It is important to note here that the Inclusive Conceptual Framework for EHS project will operate within the EHS scope of work. The EHS scope work categorically outlines, “assist PWDs with mild disability by directly responding to their needs and follow a referral mechanism for moderate and severe disabilities”.

“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 persons with disabilities in all our development and humanitarian assistance efforts in a genuine manner remaining within the scope of work.

I. Twin-track Approach

It is imperative to adopt a twin-track approach to disability-inclusive development as explained in the picture below:



The removal of barriers alone will not create inclusion for persons with disabilities. Conditions should be present to foster the individual participation of persons with disabilities. 'Mainstreaming' is not the only answer, at the same time there must also be specific focus on people with disabilities and disability issues to enable persons with disabilities to become empowered participants. For example, you can make a school's infrastructure accessible, and train a teacher on disability inclusion (mainstream approach) but if a child is deaf or has a vision impairment these changes will not lead to equitable access without a sign language interpreter or provision of the necessary assistive technology (magnifier or screen reader) (targeted approach).

II. 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.

III. Principles of Disability Inclusion

The following principles will help guide the work of EHS staff and partners in addressing both the specific needs of persons with disabilities and including them in EHS project and services, consistent with the twin-track approach to disability inclusion.

ix) Non-discrimination

Non-discrimination means ensuring that all persons with disabilities (including men and women; girls and boys; and persons with physical, sensory, intellectual, mental and/or psychosocial disabilities) have equal opportunities to access and benefit from EHS services and programs and that no action by EHS contributes to creating or reinforcing barriers.

In practice, this means:

- Condemning and eliminating all forms of discrimination against persons with disabilities, including by guaranteeing equal access to services for all persons with disabilities.
- Ensuring all programs and services are fully accessible to persons with disabilities and that persons with disabilities have the opportunity to participate in the planning, design, implementation, and monitoring of the programs and services.
- Implementing reasonable accommodation measures to make necessary and appropriate modifications or adjustments to ensure that a person with disability is able to access services on an equal basis with others.

x) Awareness Raising

awareness of disability and its implications is the first step in enabling progress towards disability inclusion. For example, creating awareness about disability in a school can help to increase the acceptance of children with disabilities and improve the interaction between children with and without disabilities. A teacher who knows about disability is more likely to identify the additional learning needs of a child in his/her classroom and to help facilitate simple changes and adaptations that can make a great difference in the accessibility of the school to persons with disabilities. In practice, this means:

Raising awareness of and ensuring the adoption by EHS staff and partners of a social model understanding of disability. This can help to make clear that it is the barriers created by society (including attitudinal barriers) that

exclude persons with disabilities and hinders their access to services and that identifying strategies to remove these barriers is a crucial element of non-discriminatory service provision.

Facilitating increased awareness on disability rights among EHS staff and partners, as well as beneficiaries (including persons with disabilities), their families, the wider community and partner organizations. This can be done through both formal (, workshops) and informal (home visits, project steering committees, staff meetings) opportunities.

xi) Participation

Participation by persons with disabilities is essential to ensure EHS project and services will be relevant and effective and will meet the needs of all beneficiaries. Persons with disabilities are the ones who best understand the barriers they face and the possible solutions. “Nothing about us without us” has been the slogan of persons with disabilities and their representative organizations, known as ‘DPOs’ and should also be a guiding principle, in accordance with the CRPD. Participation can also empower and build the confidence of persons with disabilities and raise broader community awareness of the abilities and contributions persons without disabilities can make. In practice, for EHS staff this means:

- Facilitating the meaningful and active involvement of persons with disabilities (and their representative organizations) in the coordination and monitoring, and evaluation of programs and services.
- Based on the expected prevalence of disability as per international estimates, ensure at least 15 per cent of the total sample for consultation processes undertaken within mainstream programs are persons with disabilities and/or their representatives. Ensure that the persons with disabilities included represent diversity of age, gender and range of impairments as far as possible.

xii) Accessibility

Accessibility involves removing the physical, communication, attitudinal and institutional barriers that persons with disabilities face in accessing and participating in EHS programs and services. Accessibility does not apply only to buildings or external environments. The CRPD defines comprehensive accessibility as including accessibility of services, roads, transport, and information and communication. Comprehensive accessibility also includes an economic accessibility element, in terms of ensuring the affordability of services. The principles of universal design need to be applied to enable all individuals to access built and urban environment on an equal basis with others.

Good accessibility is built around the principle of an unbroken chain of movement, highlighted by the ‘RECU’ (Reach, Enter, Circulate, Use) concept: **Reach** – being able to move around the community to get to the service you wish to use (requires accessibility of roads, transportation, signage, etc.) **Enter** – being able to get inside the facility you wish to use (requires steps, ramps, handrails, wide doorways, appropriate door handles, etc.). **Circulate** – being able to move about inside the entire facility, including from one building to another or one floor to another (requires wide corridors and doors, absence of high steps and thresholds, resting places, adequate light, clear and adapted signage, etc.). **Use** – being able to use all services and facilities within the building (requires appropriate dimensions and design of internal furniture, equipment, information and communications, etc.)

In practice, for EHS staff this means:

- Applying the principles of universal design and the RECU concept to all new construction which set out requirements to ensure accessibility for persons with physical, sensory, or mental/ psychosocial impairments.
- Undertaking accessibility audits (in partnership with persons with disabilities) to identify the physical, communication, policy and attitudinal barriers that may prevent persons with disabilities from effectively and safely using EHS services and participating in EHS programs and deciding on priority adaptations required to ensure accessibility

IV. 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 DPOs or OPDs).
- Identifying opportunities to address these challenges, and the best way to do so, through a targeted and a 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 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 Group³² 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.

It is important to proactively integrate practical actions to address inequalities and promote disability inclusion, be explicit about what we aim to achieve and be clear about implementation.

V. Implementation and performance management

- Baseline data (quantitative and qualitative) to be established from the outset to measure progress on disability-inclusion.
- Both quantitative and qualitative indicators used to track progress on disability-inclusive development outcomes within the M&E framework

³² 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,

- 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 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) participate in the development of the M&E framework and actively engaged in monitoring and evaluation activities.

VI. 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.

VII. Recommended Actions for gender mainstreaming in the Framework

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.³³
- 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.

³³ 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.

Annex: Glossary of Key Terms

Disability is the result of the interaction between impairment and barriers in attitudes and surrounding environments, which hinders a person's effective participation in society on an equal basis with others.

Discrimination is prohibited conduct from any person employed by the Agency in a work-related situation and may constitute misconduct. Disability-related discrimination includes treating a person less favorably because of disability in comparison to another person without disability in the same situation. Denial of reasonable accommodation constitutes discrimination on the basis of disability.³⁴

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers hinder their full participation in society on an equal basis with others.

Impairment is a problem with body function or body structure due to disease, illness, injury or genetic factors. An impairment can cause a loss or difference in functioning. Impairments can be from birth (congenital) or acquired later in life. Impairments can be categorized as physical, sensory (visual, hearing, communication), intellectual and mental/psychosocial.

Barriers are obstacles that hinder the participation of persons with disabilities on an equal basis with others. Barriers can be attitudinal, physical (including structural and communication) and institutional.

Accessibility involves removing the physical, communication, attitudinal and institutional barriers that persons with disabilities face in accessing and participating in society. An accessible environment is an environment which allows for the freedom of movement and use in total safety, regardless of age, gender or impairments, of a space or product that can be used by all, with no obstacles, with dignity and with the highest possible levels of independence.³⁵

Universal design refers to the design of a product, procedure, service, information, building, space or environment so that it can be readily accessed, understood and used by all people, regardless of age, size, ability or disability. Universal design has equity as its goal and uses an inclusive approach, aiming to allow everyone to participate independently in activities and to achieve equivalent results.³⁶

RECU concept of accessibility includes four steps in a chain of movement: (1) Reach – being able to move around the community and get to the service/facility; (2) Enter – being able to get inside the facility; (3) Circulate – being able to move about inside the entire facility including from one building to another or one floor to another; and (4) Use – being able to use all services and facilities within the building.

Twin-track approach is an approach³⁷ to ensuring disability inclusion which combines: (1) providing targeted disability-specific support to persons with disabilities, and (2) ensuring all mainstream programs and services are inclusive and accessible.

Reasonable accommodation means making necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, that are reasonable and needed in a particular case, to

³⁴ UN Convention on the Rights of Persons with Disabilities, Article 2

³⁵ Handicap International (2009), 'Accessibility Policy Paper'

³⁶ For more information see <http://universaldesign.ie/What-is-Universal-Design/Definition-and-Overview/>

³⁷ CBM, 'Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC'.

ensure that persons with disabilities are able to exercise, on an equal basis with others, all human rights and fundamental freedoms.³⁸

Assistive devices (and assistive technology) are devices and technologies such as wheelchairs, artificial limbs, mobility aids, hearing aids, spectacles and other visual aids, and specialized computer software and hardware that increase mobility, hearing, vision and communication capacities. With the aid of these technologies, people with a loss in functioning are better able to live independently and participate in society. For examples of assistive devices and technologies, see the WHO 'Priority Assistive Products List'.³⁹

Disabled Person's Organizations (DPOs) are organizations run and controlled by persons with disabilities, with a majority of staff, membership, and representatives of the governing body being persons with disabilities.

³⁸ UN Convention on the Rights of Persons with Disabilities, Article 2

³⁹ Available at: http://www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en/

Additional Resources

- ❑ INCLUSION MADE EASY: A quick program guide to disability in development
https://www.cbm.org/fileadmin/user_upload/Publications/cbm_inclusion_made_easy_a_quick_guide_to_disability_in_development.pdf
- ❑ Delivering together for inclusive development: digital access to Information and knowledge for persons with disabilities <https://unesdoc.unesco.org/ark:/48223/pf0000369088>
- ❑ Disability Rights, Gender, and Development A Resource Tool for Action
<https://www.un.org/disabilities/documents/Publication/UNWCW%20MANUAL.pdf>
- ❑ UNHCR Integration Handbook on Meeting the Rights of Refugees with Disabilities
<https://www.unhcr.org/handbooks/ih/age-gender-diversity/disability>
- ❑ “Working to Improve Our Own Futures”: Inclusion of Women and Girls with Disabilities in Humanitarian Action <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Strengthening-Networks-of-Women-with-Disabilities.pdf>
- ❑ UNRWA disability inclusion guidelines for Palestinian Refugees
https://www.unrwa.org/sites/default/files/content/resources/disability_inclusion_guidelines.pdf
- ❑ Let’s break silos now! Achieving disability-inclusive education in a post-COVID world
https://blog.hi.org/wp-content/uploads/2020/11/Study2020_Inclusive-Educ_Lets-Break-Silos_EN_FINAL.pdf
- ❑ DISABILITY-INCLUSIVE HEALTH SERVICES TOOLKIT
<https://iris.wpro.who.int/bitstream/handle/10665.1/14639/9789290618928-eng.pdf>