

**Report on  
Participatory Situational Analysis (PSA) of People Living  
with Disabilities with Thematic Focus on ‘Community  
Based Rehabilitation and Social Inclusion of People Living  
with Disabilities’**

*November 4, 2008*

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**For**

**Dark and Light Blind Care (DLBC)**

**By**

**Civil Society Human and Institutional Development  
Programme (CHIP)**

## **List of Acronyms**

ADL	Activities of Daily Living
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CHIP	Civil Society Human and Institutional Development Programme
DLBC	Dark and Light Blind Care
O&M	Orientation and Mobility
PWB & LV	Persons with Blindness and Low Vision
PWD	Persons with Disabilities
PSA	Participatory Situational Analysis
Rs	Rupees (Pakistani)
SPSS	Statistical Package for Social Scientist

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## **1. Introduction:**

Civil Society Human and Institutional Development Programme (CHIP) and Dark and Light Blind Care (DLBC) share a common mandate to work for people living with visual impairment and other disabilities. This resolute commitment brought both the organizations together to uplift status of People Living with Blindness and Low Vision (PWB&LV) in the most remote and often neglected areas of District Skardu, Northern Areas of Pakistan. The joint venture initially received a shrugged response as the communities were completely bewildered about the conceived ideas of Community Based Rehabilitation (CBR). They looked at the approach awkwardly and often rankled 'Oh it's solely for PWBs&LVs, what's the general benefit of community in such project?' The local communities had such mind sets as if the PWBs&LVs belong to some other worlds and not the part of world they are living in, they simply dissociated themselves from the world of their special fellows. This raised another challenge for paving ways with marks for PWDs&LVs to be followed. At that standpoint CHIP was in dire need of developing rigorous awareness raising campaigns to confront the widespread ill ideas regarding PWBs. Though it took much of energies and time, CHIP with its local partners, made that possible and common men and women of local communities were not only made part of this project rather they played a vital role in accomplishing the objectives of this effort.

People living with blindness and low vision are on the move, with the help of surrounding common men and women they were able to break the shackles of confinement. They have entered the real world and now find it soothing and comfortable. In this newly discovered world some are amazed and taking time to get settle while other are enthusiastic and leaping new miles. After rehabilitation, they are earnest to take new steps to become vibrant part of the outer world. Now for CHIP, it is time to further the efforts made by PWDs&LVs and to give shapes to their aspirations. For our pride, the local communities are showing keen interest and entrusting commitments to align their efforts with the new beginning. They stressed a lot to increase the scope of the existing project and strongly recommended to include people living with other disabilities in upcoming initiatives. This is indeed a positive sign. Both DLBC and CHIP, along with local partners should relish seeing their agenda being fulfilled. But at the same time, the feelings of joy should not be allowed to sub-lead new share of responsibilities.

Being aware of their responsibilities DLBC-CHIP has shown their commitment to extend their efforts to include people living with all types of disability. In this regard, CHIP being aware of value of Participatory Situational Analysis (PSA) conducted a field survey to analyze the lifestyles of people living with different disabilities. Objectives of the PSA were as follows:

1. Profiling of PWDs in the selected 52 villages of Distirct Skardu;
2. Categorize PWDs according to their disability types;
3. Analyze problems faced by PWDs in their daily and social life;
4. Find out locally available livelihood activities for PWDs according to their own aspirations;
5. Determine socialization level of PWDs;
6. Explore locally existing skills to engage PWDs in those skills.

PSA has been conducted successfully and the data collected has yielded in variety of useful information which is vital for designing activities for PWDs. The information thus gathered well corresponds to the set objectives and will be helpful in pursuing the objectives of future interventions. It is first line of action to keep track of PWDs and to follow each case separately with set milestones. This document can be used a reference for conducting other studies in the areas which are focused on Inclusive Development or issues of disabilities.

## **2. Methodology:**

**Step I** Two senior researchers were assigned the task of conducting PSA. They went through literature review and discussed the research matter with different other people involved in similar type of researches.

**Step II** The assignee worked together for developing a detailed questionnaire. The questionnaire was further sent to Skardu Field Office team to give valuable input and feedback.

**Step III** Field Office team communicated the objectives of PSA to the representative of all seven partner CBOs that they can initiate the process of identification of PWDs well in advance and can arrange some key informants from communities to assist field researchers.

**Step IV** Field Office Team translated the questionnaire in national language that it can be easily understood by field researcher and he/she can easily explain questions in the local *Balti* language.

**Step V** Four teams of field researchers were hired through conducting interviews. Each researcher team comprised a male and a female field researcher. Each team had a team leader who was CHIP staff and had deep insight of CBR Project. Each of the partners Community Based Organization (CBO) provided a key informant who was native of that very community where research was conducted.

**Step VI** All team members were trained by the senior researchers in techniques of conducting interview. For conceptual clarity, all the team members were sensitised about disability and inclusive development approaches that they can clearly get information regarding local perceptions by using the designed questionnaire.

**Step VII** All participants were trained in the art of drawing social maps. This was for two purposes i) The map was part of Village Profile ii) It was to reach the exact location of PWDs to implement the activities in upcoming projects or to share it with any other organization interested in working with PWDs.

**Step VIII** Each field researcher along with team leader was asked to conduct mock interviews and fill questionnaires. Questions thus filled were assessed by the senior researchers and due feedback was given individually to each field researcher to improve quality of information being gathered.

**Step IX** All 52 villages were distributed into four clusters and each cluster was assigned to respective team. Contact numbers of the key informants and concerned CBOs were given to team leaders that he/she may make contact with the key informants well in advance to set location of meeting.

**Step X** Meeting with key informants, respective CBOs and other community people each team listed down name of PWDs and distributed number of people to be interviewed among them for profiling purposes. Each time accompanied by a person from community they interviewed PWDs.

**Step XI** For quality check the two senior researchers were providing on job assistance to team leaders and the field researchers. That also served the monitoring purpose.

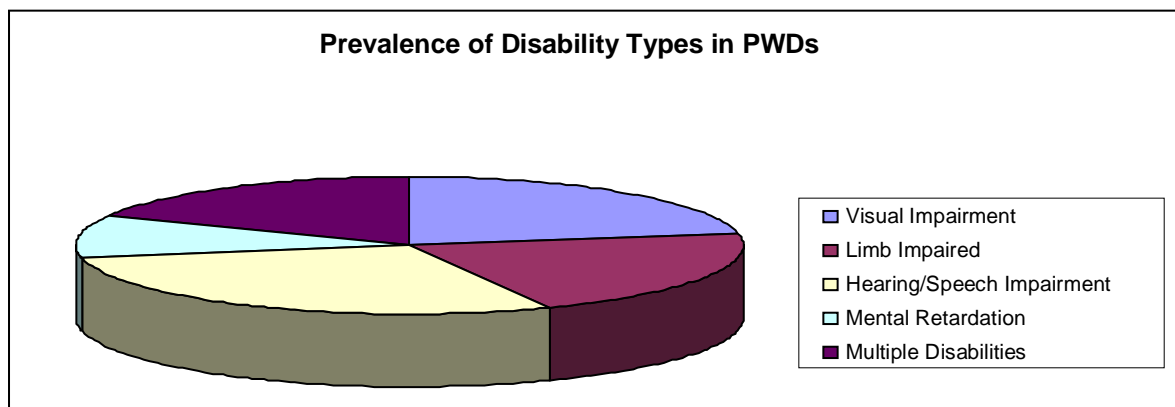
**Step XII** A data entry person, who also worked as a field researcher, entered the data in software called Statistical Package for Social Scientists (SPSS) that a multi-dimensional analysis yielding into required outputs can be carried out.

**Step XIII** A senior researcher along with a SPSS specialist made the final analysis of the collected data already fed in the software. The statistical analysis is the basis for report being presented here.

### 3. Results and Discussions:

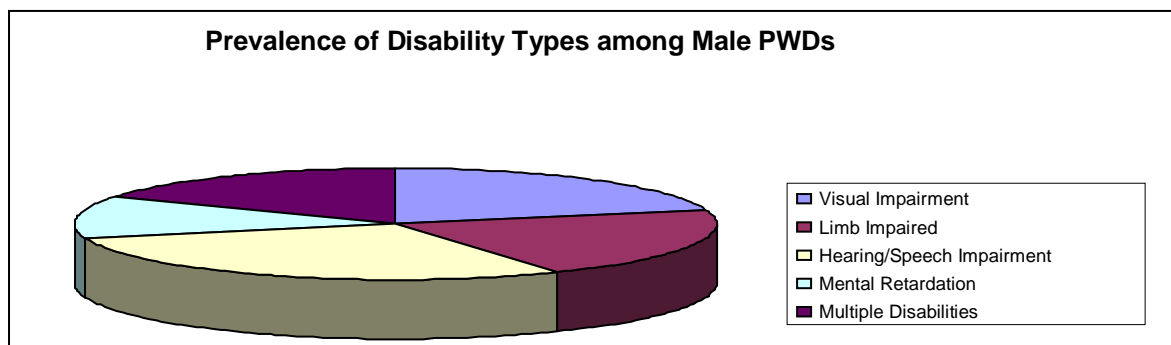
#### 3.1 Prevalence of Disability Types in PWDs

Among total 538 PWDs, 28.81% are living with hearing/speech impairment, 22.11% are visually impaired, 21% are having limb impairment, 17.65% carry multiple disabilities and remaining 10.4% are believed to be having intellectual disabilities. Data show that the maximum number of the PWDs comes under hearing/speech impairment group and the minimum number of the PWDs fell under intellectual disabilities group.



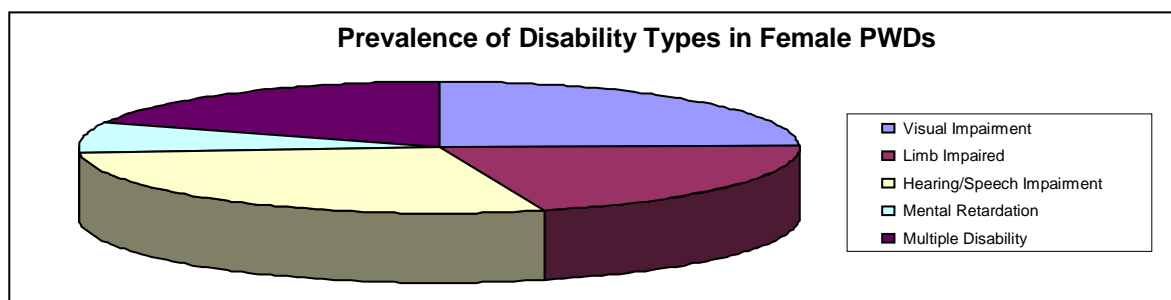
#### 3.1.1 Prevalence of Disability Types in Male PWDs

Among male PWDs 20.72% are living with visual impairment, 21.02% have limb impairment, 29.12% are hearing/speech impaired, 12.31% are believed to be living with intellectual disabilities and 16.81% are having multiple disabilities. Data shows that the maximum population of male PWDs have been categorised as hearing/speech impaired while the minimum male PWDs come under intellectual disabilities' categories.



#### 3.1.2 Prevalence of Disability Types in Female PWDs

Among female PWDs 28.29% are hearing/speech impaired, 24.39% live with visual impairment, 20.97% are having limb impairment, 19.02 live with multiple disabilities and 7.31% are believed to be living with intellectual disabilities. Among female the most prevalent disability type is hearing/speech impairment while the least prevalent type is mental retardation.

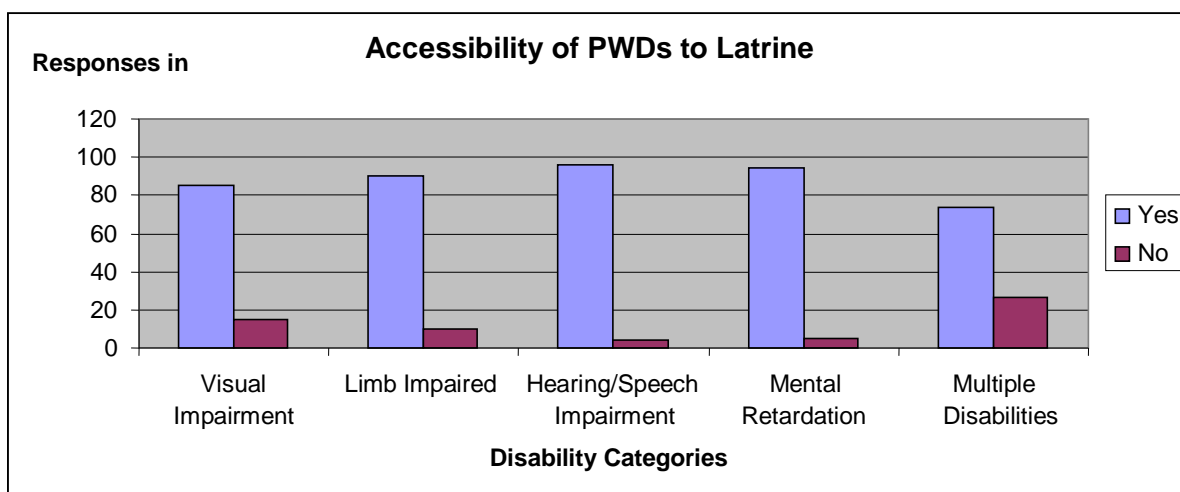


### 3.2 Accessibility of PWDs to Latrine

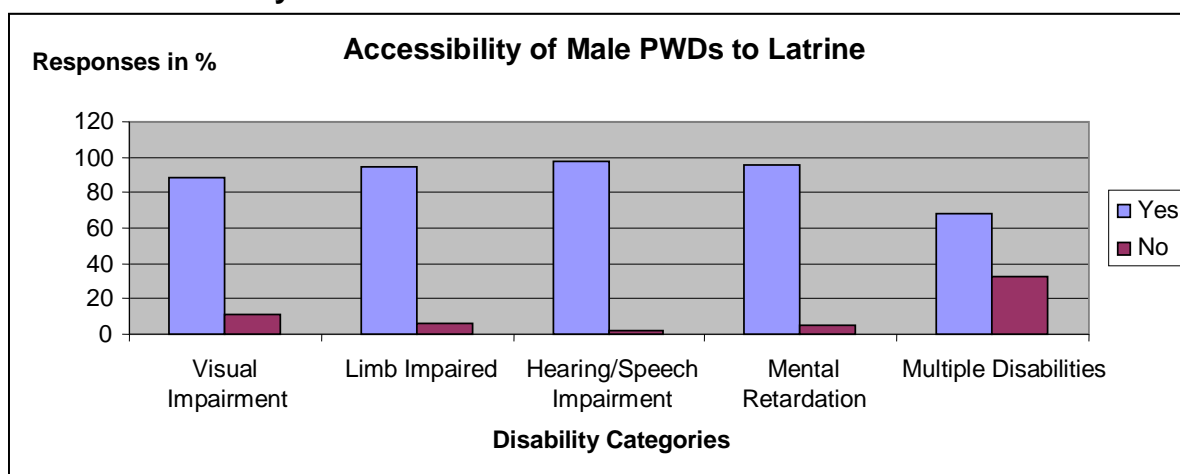
Data depicts that 15.61% PWDs use such latrines where there is no availability of water. This further exposed them to such an unhygienic environment where health risk is high. Such cases were also reported where PWDs go for open defecation where they are unable to clean themselves properly. Another problem which increases the health risk factor is that most of the latrines available to PWDs are not with modern specification like flush system with a European or Indian seats rather local people in District Skardu dig the ground, made a whole in that and put a potable drum in that, the human excretions gathered in the drums are thrown away in the open fields once the drum is full. People refer these types of latrines as *Desi* latrines means local latrines.

PWDs also reported that sometimes latrine is at certain distance either inside home or in a neighbouring home that make it difficult for PWDs to reach there. They face mobility problem and some PWDs also reported that they reach latrine by crawling.

Among 538 PWDs, 88.28% have access to latrine while remaining 11.71% don't have access to latrine. Among Visual impaired 84.87% have access to latrine while 15.12% don't have any access to latrine, data of PWDs under the category limb impairment exhibit that 90.26% can access latrine while remaining 9.73% can not access latrine. Among hearing/speech impairment 96.12% can access latrine and remaining 3.87% don't have any access. Among PWDs categorised as mentally retarded 94.64% can access latrine as compare to 5.35% who don't have any access. There is a different trend among people living with multiple disabilities as only 73.68% can access to latrine while remaining 26.31% don't have any access.



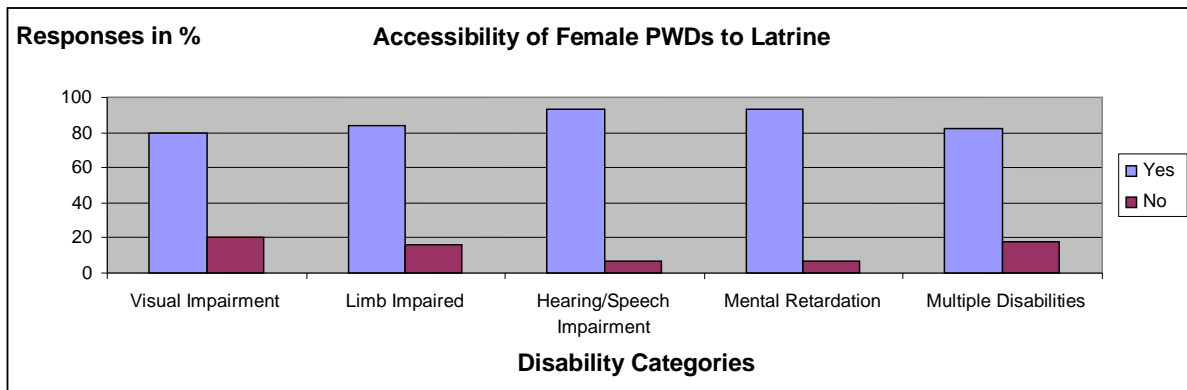
#### 3.2.1 Accessibility of Male PWDs to Latrine



Among males with visual impairment 88.40% can access latrine while 11.59% don't have any access, among males with limb impairment 94.28% can access latrine leaving 5.71% with no access. Among

males with hearing/speech impairment 97.93% have access to latrine while 2.06% are with no access. Among males with intellectual disabilities 95.12% have access to latrine while 4.87% are with no access. Among males living with multiple disabilities 67.85% and 32.14% can not.

### 3.2.2 Accessibility of Female PWDs to Latrine



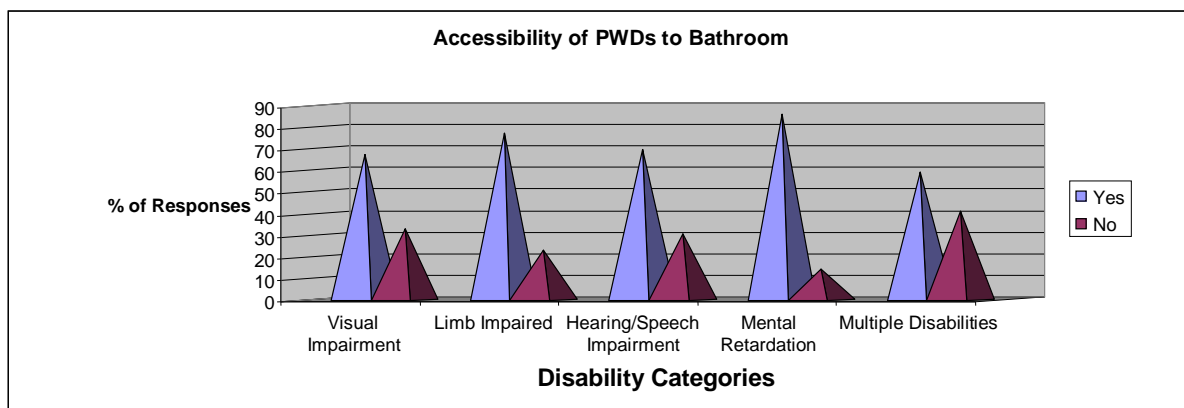
Among females living with visual impairment 80% can access latrine while 20% don't have such access. Data of females with limb impairment shows that 83.72% have access to latrine while 16.27% don't have access to latrine. Among females with hearing/speech impairment 93.1% have access to latrine while 6.89% don't have any access. There is a similar trend among females believe to be living with intellectual disabilities as 93.33% can access latrine and 6.66% can not access. Among females living with multiple disabilities 82.05% can access latrine while remaining 17.94% can not access latrine.

### 3.3 Accessibility of PWDs to Bathroom

Not taking a regular bath is if not a tradition then for sure it is an individual trait quite prevalent in District Skardu. PWDs are not an exception to this. One reason can be harsh weather of the area especially in winter but for many PWDs it is the question of accessibility to bathroom. Many family members of the PWDs and the PWDs themselves as well use their disability as an excuse for not taking bath for months. It was also observed that many PWDs go to riverside or nearby creeks to take bath from water available there. This also minimize their chances to take bath in winters, as water flowing in the river mainly comes from nearby melting glaciers and if they go to nearby springs even then the outdoor temperature is well below freezing point. For women the problem is of more critical nature due to cultural constraints, they have limited facilities at home and have no chances to take bath in open air so sometimes they don't take bath for months.

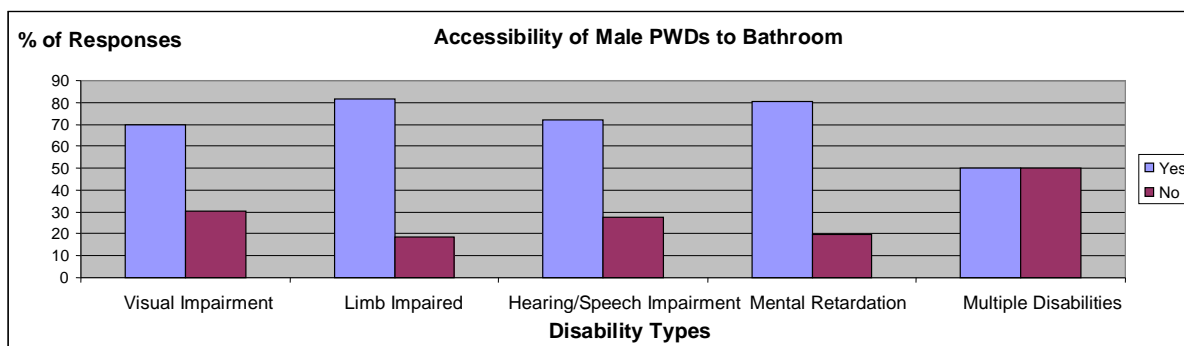
Projections to answer of the question of the accessibility to bathroom shows that 70.44% PWDs have access to bathroom and remaining 29.55% don't enjoy such access, among visually impaired people 67.22% of them have access to bathroom while other 32.77% are deprived of that. PWDs categorized under limb impairment depict that 76.99% can access bathroom that means remaining 23% are deprived of this facility. Surprisingly there is an unexpected trend has been observed in PWDs living with hearing/speech impairment, only 69.67% of them can access bathroom whereas 30.32% don't enjoy such access. Among people believed to be living with intellectual disabilities 85.71% have the opportunity to access bathroom leaving 14.28% not having any access. 58.94% persons living with multiple disabilities have access to bathroom while remaining 41.05% don't enjoy such facility. Analysis shows that PWDs under mental retardation category are more in numbers as compare to other categories in have access to bathroom. At the same time persons living with hearing/speech impairment are least in numbers as compare to other categories in terms of not having accessibility to bathroom.





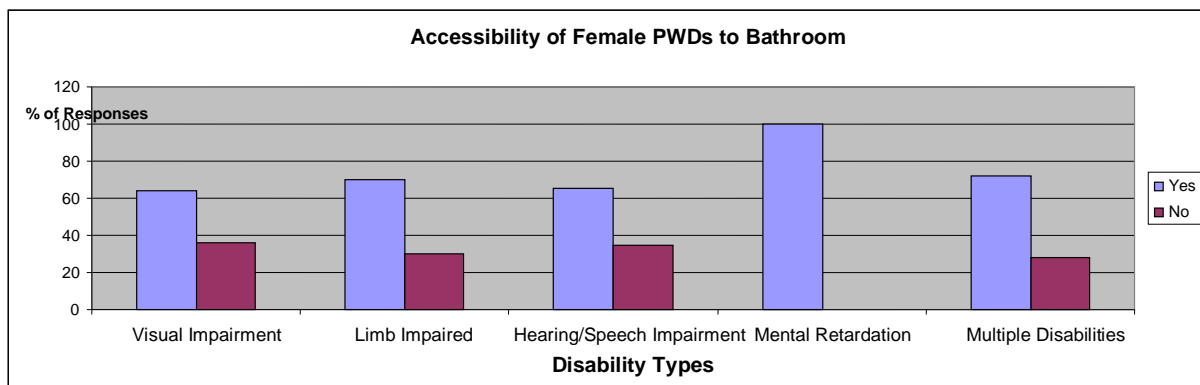
### 3.3.1 Accessibility of Male PWDs to Bathroom

In total 70.87% of male PWDs have access to bathroom while 29.12% can not access to bathroom. 69.56% males living with visual impairment can access bathroom while remaining 30.43% don't enjoy such facility. 81.42% males living with limb impairment have access to bathroom which means that remaining 18.57% other males in this category don't have any access. 72.16% hearing/speech impaired males have access to bathroom while remaining 27.83% don't have any access. Among males under mental retardation category 80.48% have access to bathroom, 19.51% don't enjoy the facility of having such access. Among males living with multiple disabilities 50% have access to bathroom while remaining 50% can not access bathroom. Analysis shows that males living with limb impairment are more in numbers in terms of accessing bathroom facility if compare to males living with other disabilities. Males living with multiple disabilities show the least trend to access bathroom.



### 3.3.2 Accessibility of Female PWDs to Bathroom

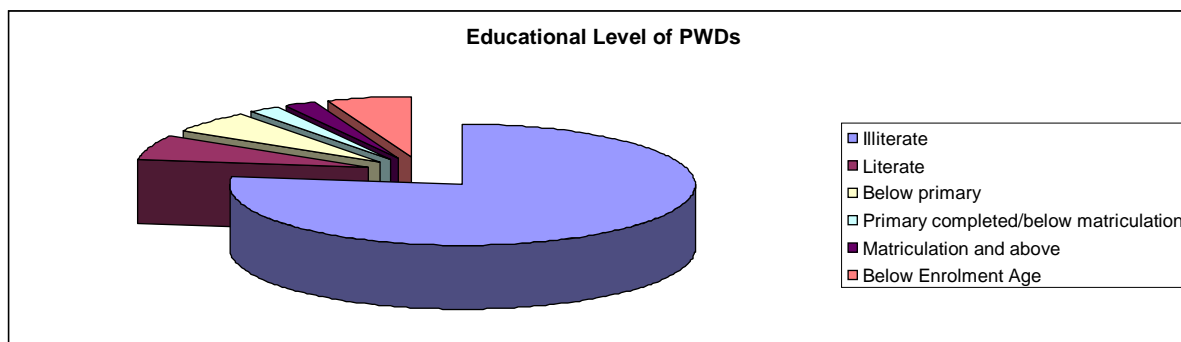
69.75% female PWDs have access to bathroom, which means 30.24% of them don't have such facility. Among female living with visual impairment 64% can access bathroom but other 36% can not have such access. Data depicts that 69.76% female with limb impairment have access to bathroom leaving other 30.23% with no access. Among hearing/speech impaired 65.51% can access to bathroom while remaining 34.48% can not access bathroom. Females believed to be living with intellectual disabilities shows that they all 100% have got access to bathroom. Among females living with multiple disabilities 71.79% enjoy access to bathroom, remaining 28.2% don't enjoy facility of having access to bathroom.



### 3.4 Educational Level of PWDs

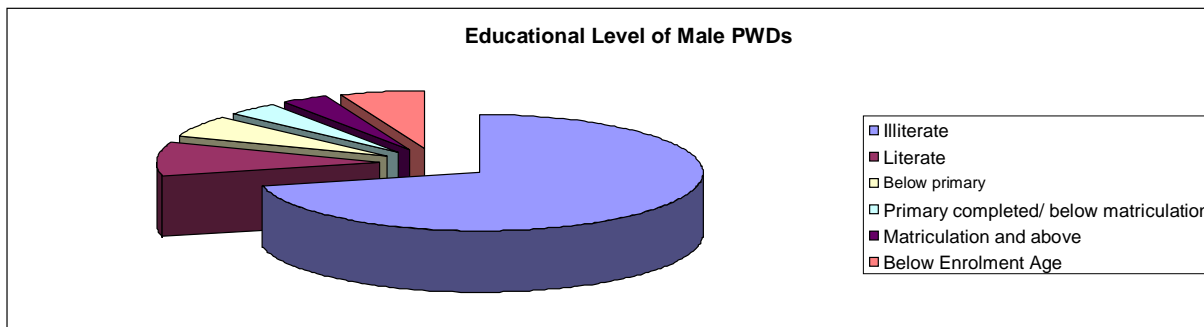
PWDs suffer multi facet problems both to start and continue their education. Firstly their families suspect their potential for education and secondly they are not sure that whether such systems exist which can facilitate PWDs to acquire education. If by any chance a child with disability gets admission in school even then he/she has to face a series of problems. The most crucial one is class room environment where teachers are not trained in how to accommodate a child with disability and his/her other class mates unaware about how to behave with a disable child. These problems increase incidence of dropouts. Also there is absence of a friendly infrastructure at school.

Though the literacy rate among people of Skardu is low but in case of PWDs its even worst. Data shows that 77.32% PWDs are illiterate, 6.69% have attended school for a little time. 5.57% attended the school but got dropped before completing primary education. 2.41% were able to complete primary education but left school before completing secondary level of education. Only 2.23% could complete secondary level of education. 5.76% haven't attained enrolment age yet.



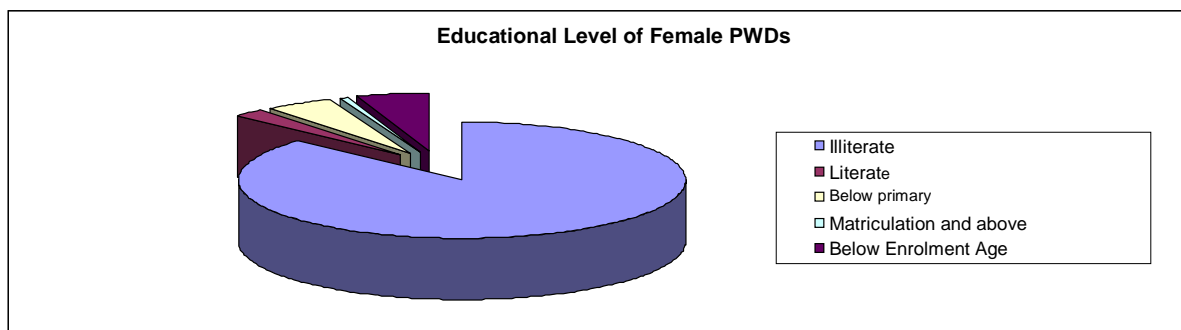
#### 3.4.1 Educational Level of Male PWDs

71.47% male PWDs are illiterate. 9.3% are literate at basic level, 6% could not reach up to primary level of education and were dropped out. 3.9% PWDs completed primary education but could not reach up to secondary level of education. Only 3.3% could acquire education till secondary level or above.



### 3.4.2 Educational Level of Female PWDs

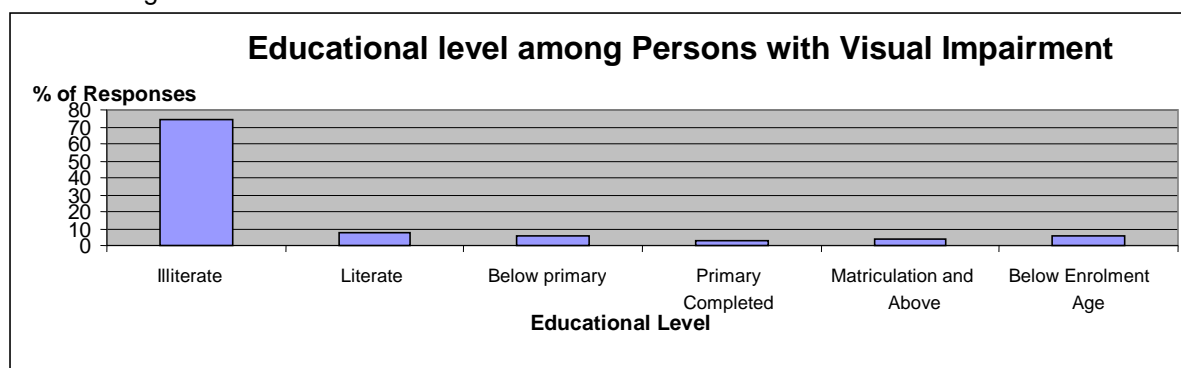
86.82% female PWDs are illiterate. 2.43% are literate at basic level, 4.87% started regular schooling but dropped out before reaching primary level of education. Only 0.48% could reach up to secondary level of education and above. 5.36% are below enrolment age.



## 3.5 Disability Wise Educational Level of PWDs

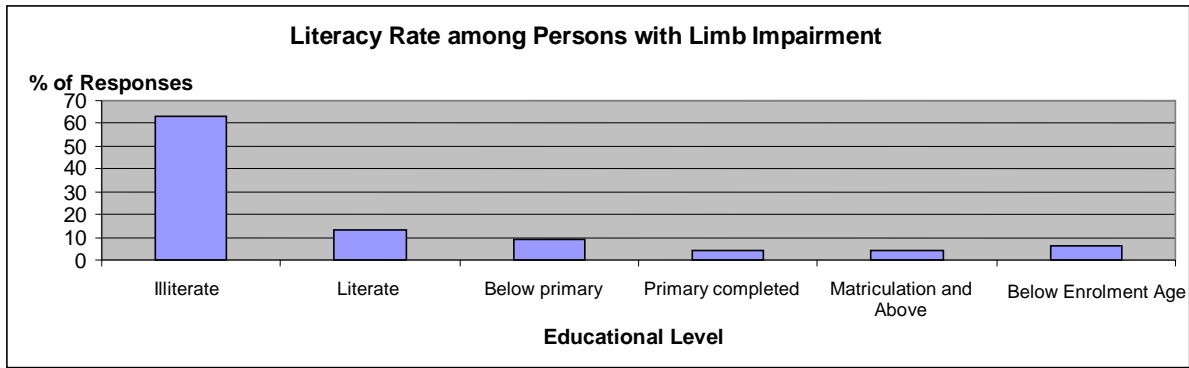
### 3.5.1 Literacy Rate among Persons living with Visual Impairment

Among persons living with visual impairment 73.94% are illiterate. 7.56% are literate at basic level, 5.88% could not reach up to primary level, 2.52% have completed primary level but they are below secondary level, however 4.2% could complete their secondary education. 5.88% were found below enrolment age.



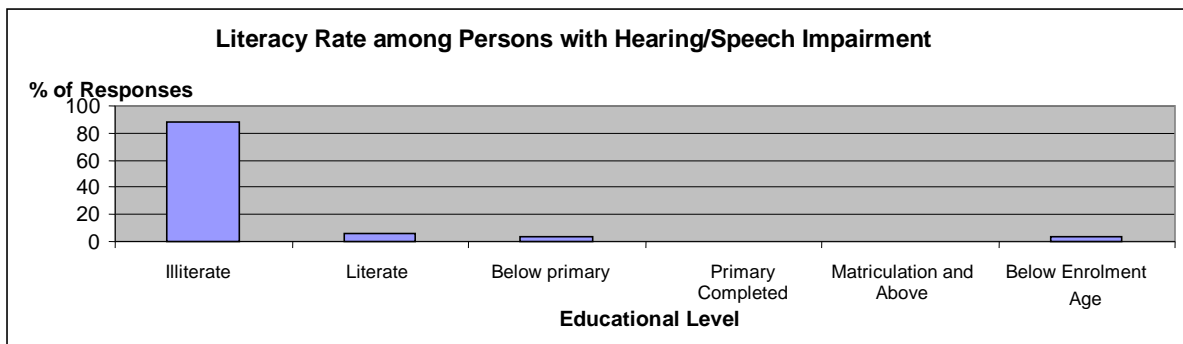
### 3.5.2 Literacy Rate among Persons living with Limb Impairment

Among persons living with limb impairment 62.83% are illiterate, 13.27% are literate at basic level, 8.84% obtained education below primary level. 4.42% could manage to complete primary level of education but they are below secondary level of education. There are 4.42% who completed their secondary education. 6.19% are said to be below enrolment age.



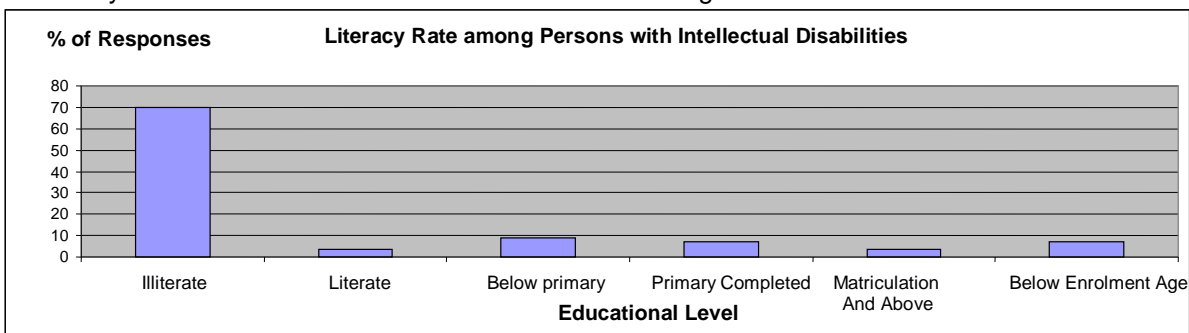
### 3.5.3 Literacy Rate among Persons living with Hearing/Speech Impairment

Among persons living with hearing/speech impairment 87.74% are illiterate, 5.8% are literate at basic level. Only 3.22% could acquire education below primary level, none could go higher than this or reached up to secondary level or above.



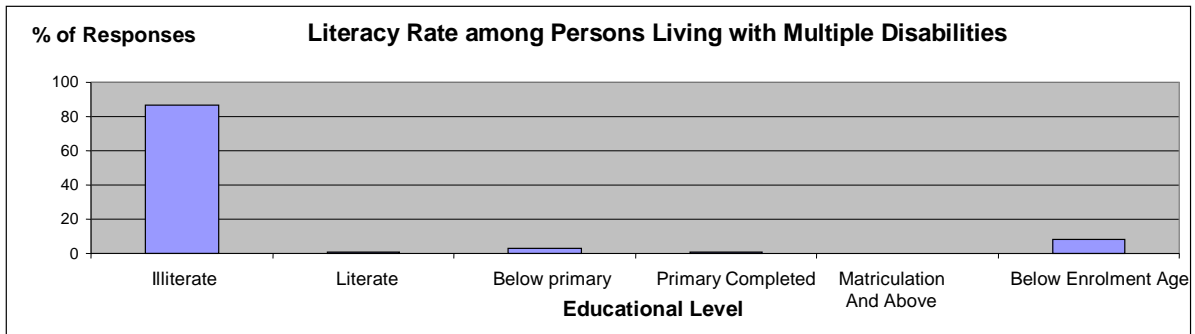
### 3.5.4 Literacy Rate among Persons living with Intellectual Disabilities

Among people living with intellectual disabilities 69.64% are illiterate. 3.57% are literate at basic level, 8.92% could not complete their education up to primary level. 7.14% managed to complete their primary level of education but were dropped out before secondary level. Only 3.57% could complete secondary level of education. 7.14% are below enrolment age.



### 3.5.5 Literacy Rate among Persons living with Multiple Disabilities

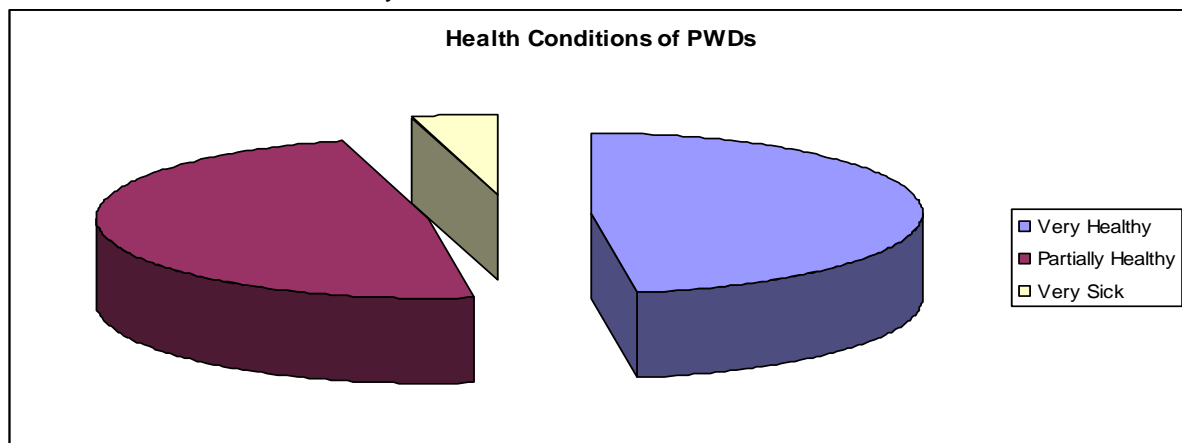
Among people living with multiple disabilities 86.31% are completely illiterate, 1.05% are literate at basic level. 3.15% could not reach up to primary level of education. 1.05% reached up to primary level but could not reach up to secondary level of education. None could complete secondary education. 8.42% were found below enrolment age.



### 3.6 Health Conditions of PWDs

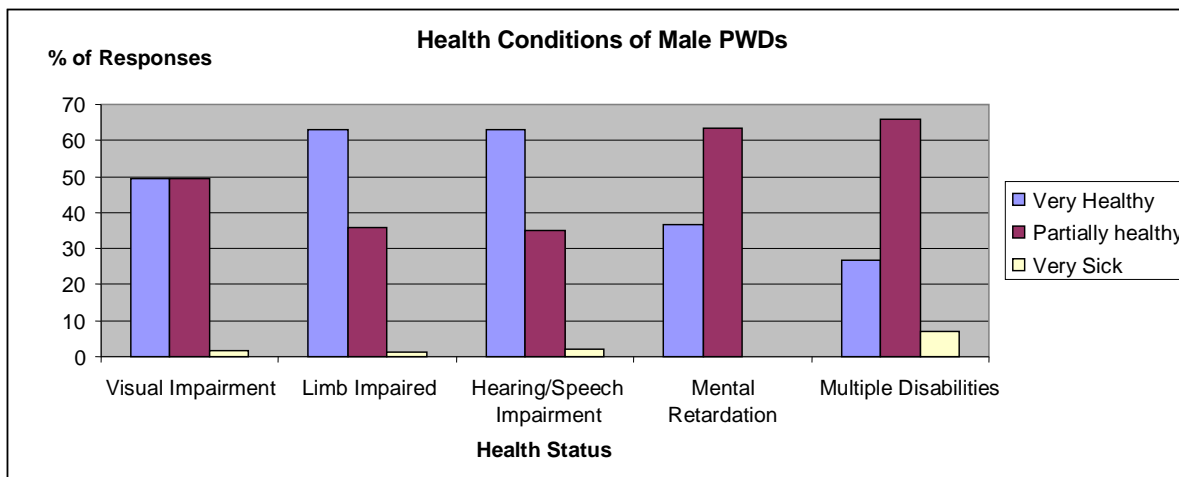
Health condition is completely a relative term. Sometimes people completely ignore the fatal outcomes of certain disease which are difficult to diagnose. It is mainly due to limited resources and unawareness that people can not visit local surgeries regularly or when needed. It is also noted that some of the major causes of visual and hearing impairment are due to ignoring medical check up or treatment of certain diseases. Ignoring medical check ups sometimes become cause of multiple disabilities. PWDs also suffer from some serious ailments such as stomach diseases, diarrhoea and tuberculosis. These diseases leave bad consequences on health of PWDs.

47.95% PWDs said that they feel partially healthy, 47.76% of them claimed that they enjoy good health, while 4.27% said that they often feel sick.



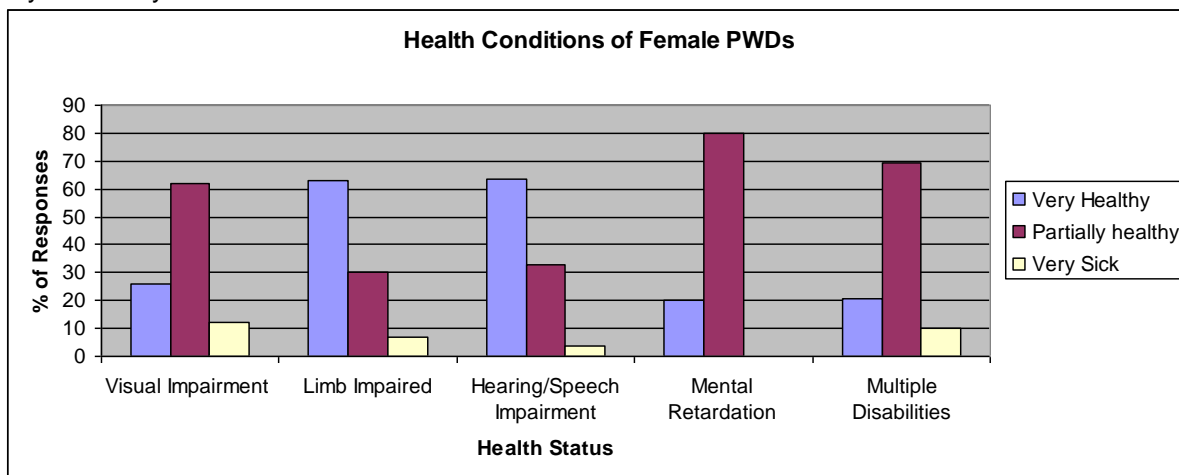
#### 3.6.1 Health Conditions of Male PWDs

Among males living with visual impairment 49.27% said that they are enjoying a good health, equally 49.27% believed that they are partially healthy while 1.44% said that their health conditions are bad. Males living with limb impairment shared that 62.88% of them are in good health conditions, 35.71% are partially healthy and remaining 1.42% said that often they feel sick. Among males living with hearing/speech impairment 62.88% said that they are in good health, 35.05% believe they are partially healthy while remaining 2.06% say that they often feel sick. Among males living with intellectual disabilities 63.41% say they feel partially well. 36.58% claimed good health, while none said feeling sick. Among male with multiple disabilities 66.07% reported that they are partially healthy 26.78% said that they are in good health, while remaining 7.14% said that they often feel sick.



### 3.6.2 Health Conditions of Female PWDs

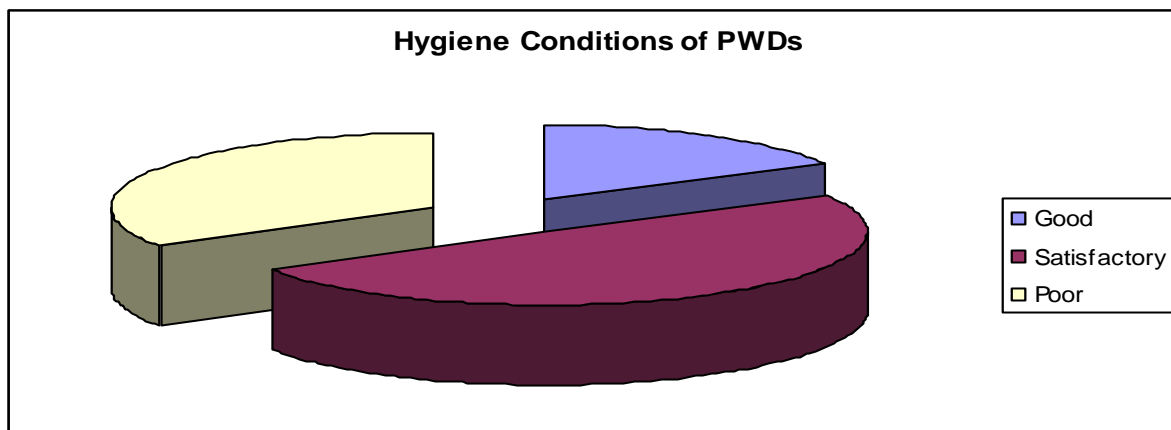
Females living with visual impairment reported that 62% of them feel partially healthy, 26% said that they live in good health while 12% feel that often they remain sick. Among females living with limb impairment 62.79% said that they enjoy a good health, 30.23% feel they are partially healthy and remaining 6.97% reported that they often feel sick. Females living with hearing/speech impairment show that 63.79% of them are healthy, 32.75% are partially healthy while 3.44% think that they often get sick. Among females living with intellectual disabilities 80% feel they are partially healthy, 20% feel they are healthy while none feel that she remain sick most of the time. Females living with multiple disabilities responded to the health question and data shows that 69.23% consider themselves partially healthy, 20.51% of them consider themselves healthy and there are 10.25% who says that they often feel sick.



### 3.7 Hygiene Conditions of PWDs

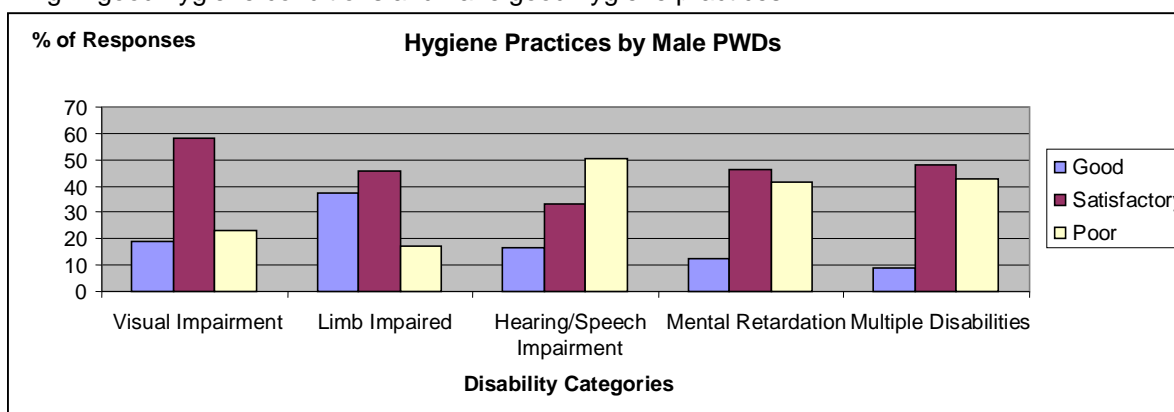
The general hygiene conditions in District Skardu, especially in the targeted villages, are worst. One will find dirt and animal dung even in houses or neighbourhoods. Apart from this the general health hygiene practices of community people are poor. Especially people don't take bath regularly, don't trim their nails timely and often don't clean their teeth for months. Use of soap, toothpaste and other cleaning material is very limited. This adversely affects the health of the all community members and sometimes exposes them to such diseases which become causes for disability.

49.1% PWDs say that their level of health hygiene practices is satisfactory, 34% say that they have bad health hygiene practices while only 16.9% said that they have good health hygiene practices. Here a thing is worth mentioning that these are the actual responses by PWDs and in real the PWDs have the worst sort of health hygiene practices and there is a need to raise awareness among them on this issue.



### 3.7.1 Hygiene Conditions of Male PWDs

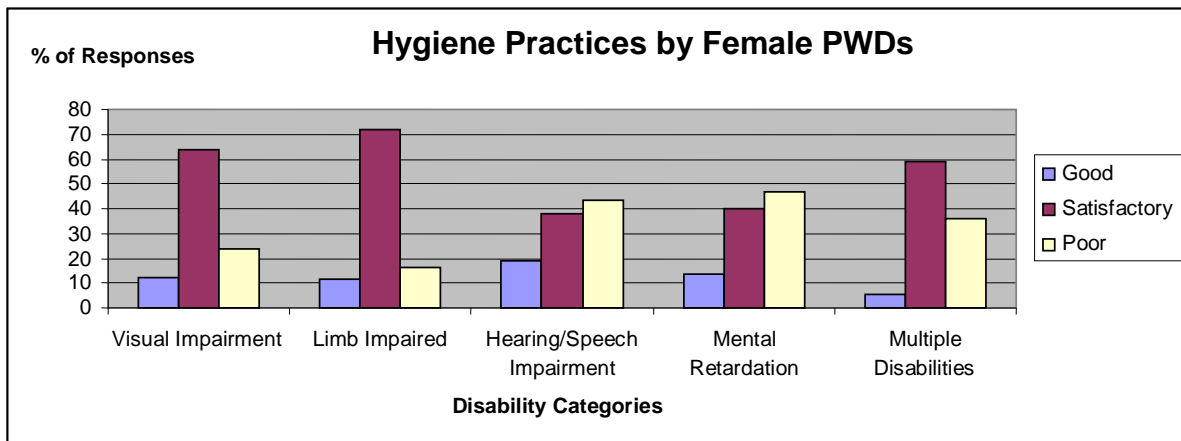
Among males with visual impairment 57.97% said that their health hygiene conditions and practise are satisfactory, 23.18% believe that they live in poor health hygiene conditions and so are their practices while only 18.84% claimed that they practice and live in good hygiene conditions. Males living with limb impairment show that 45.71% are satisfactory with their health hygiene practices and conditions, 37.14% of them practice and enjoy good hygiene conditions while 17.14% believe that they live in poor hygiene conditions and so are their practices. Among males living with hearing/speech impairment 50.51% say that they live in bad hygiene conditions and their practices are also poor, 32.98% are satisfied with their hygiene conditions and practices while 16.49% claim to be enjoying good hygiene practices and conditions. Among males believed to be living with intellectual disabilities 46.34% say their conditions and practices are satisfactory, 41.46% are believed to be having poor hygiene practices and conditions while 12.19% are living in good health hygiene conditions and so are their practices. Data about males living with multiple disabilities show that 48.21% are satisfied with their hygiene conditions and practices, 42.85% believe that they live in poor conditions and have similarly poor health hygiene practices while 8.92% of them claim to be living in good hygiene conditions and have good hygiene practices.



### 3.7.2 Hygiene Conditions of Female PWDs

The data of female living with visual impairment shows that 64% feel satisfactory about their hygiene practices and conditions, 24% believe that they live in poor hygiene conditions and so are their practices; however 12% claim to have good hygiene conditions and practices. Among females living with limb impairment 72.09% say that the level of their hygiene conditions and practices is satisfactory, 16.27% think that they live in poor hygiene conditions and so are their practices while 11.62% claim to have good hygiene practices and conditions. Among females living with hearing/speech impairment 43.1% believe that neither the hygiene conditions nor their practices are good, 37.93% says that they are satisfied with their hygiene conditions and practices while 18.96% of them claim that they live in good hygiene conditions and they have good hygiene practices. Among females living with intellectual disabilities 46.66% believe that they live in poor hygiene conditions and their practices are also poor, 40% say the level of their hygiene conditions and their practices is

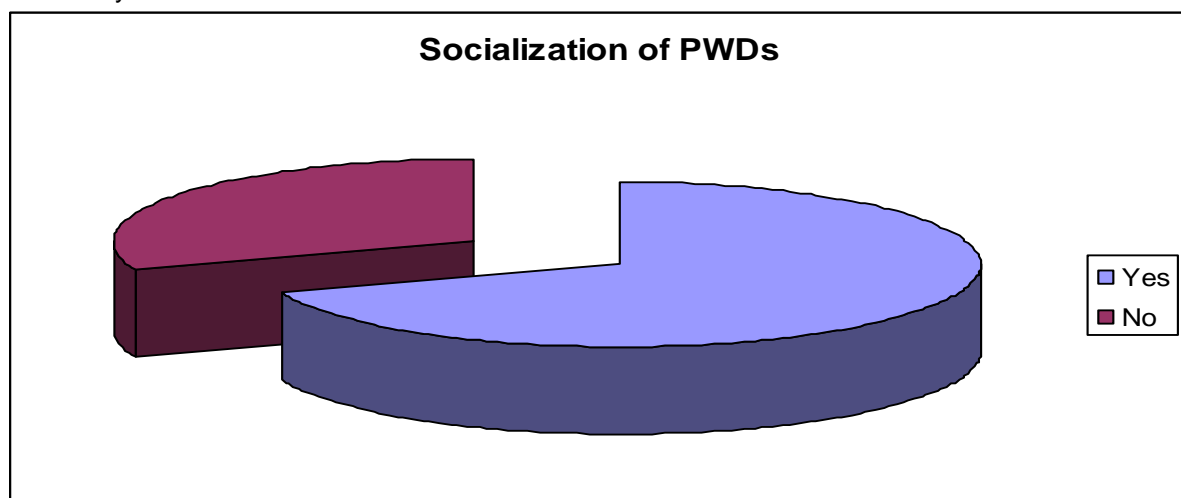
satisfactory however 13.33% believe that they enjoy good hygiene conditions and have good hygiene practices. Analysis shows that among females living with multiple disabilities 58.97% say that they are satisfied with their hygiene conditions and practices, 35.89% says that they are living in poor hygiene conditions and same are their practices while 5.12% live in good hygiene conditions and have good practices.



### 3.8 Socialization of PWDs

Due to community perceptions about disabilities PWDs suffer a lot of socialization problems. These problems include lack of general interaction with community members, not becoming a part of social events and having strained relations with immediate family members and the peers. Here all these connotations have been given the name 'friendship'. There are several factors which determine socialization of an individual in society; friendship is one such important factor. Friendship not only provides integration into society but for times it is very important for self growth and emotional health of an individual. There are several reasons behind weak relations of PWDs with other members of community. The foremost reasons are lack of confidence to act in a positive way, difficulty in communication, problems in expression their feelings/emotions and limited mobility or lack of mobility among PWDs. Due to unawareness communities don't encourage PWDs to become active members of society.

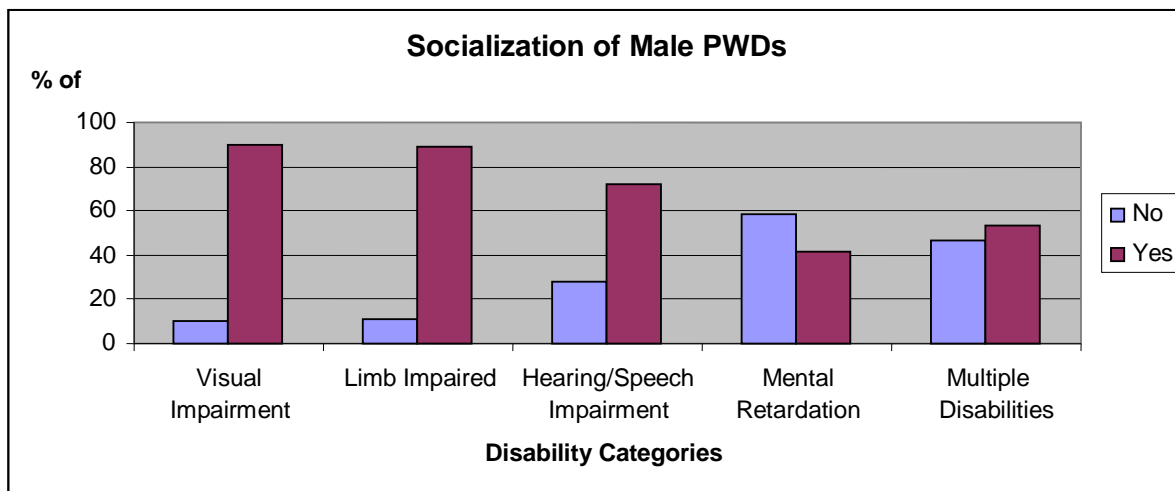
Data shows that 69.5% PWDs claimed that they have friends while remaining 30.5% said that they don't consider anybody their friends as they don't have intimate relations with any of neighbours or community members.





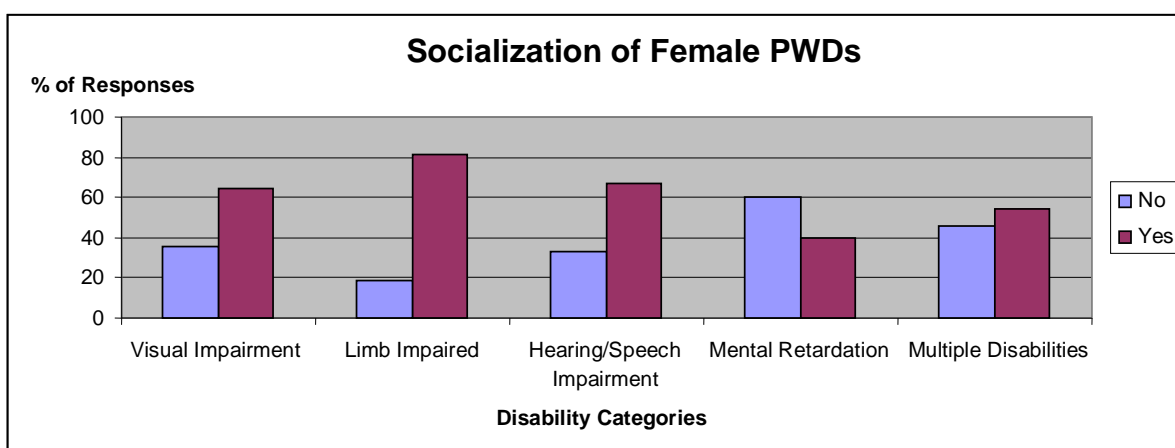
### 3.8.1 Socialization of Male PWDs

Among males living with visual impairment 89.85% said that they have friends while remaining 10.14% said that they don't have friends. Data shows that among males living with limb impairment 88.87% have friends but 11.42% of them don't enjoy such relationship. 72.16% males living with hearing/speech impairment claim to have friends while 27.83% say that they don't have any friends. Among males living with intellectual disabilities 41.46% have friends while remaining 58.53% don't have any friends. Data of males living with multiple disabilities show that 53.57% of them have friends but 46.42% have no friends.



### 3.8.2 Socialization of Female PWDs

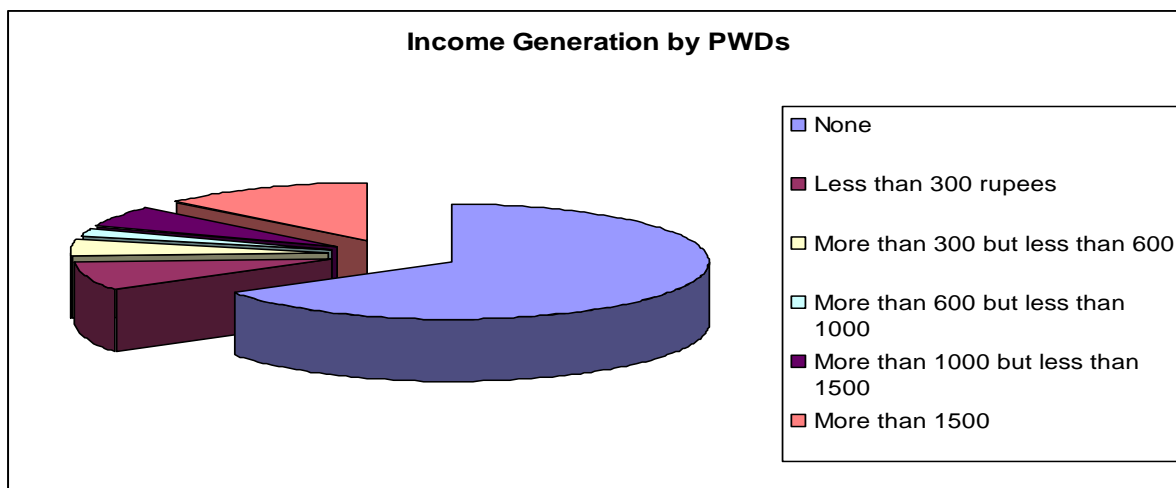
Among females living with visual impairment 64% claimed that they are having friends while 36% said that they don't consider anybody their friend. In the limb impaired category 81.39% mentioned that they have friends in local communities while remaining 18.6% said opposite to this. Among females living with hearing/speech impairment 67.24% claimed for having friends leaving 32.75% with claims of having no friends. Data of females living with intellectual disabilities show that 60% don't have friends while 40% of them claimed to have friendships. In the multiple disabilities' category 53.84% said that they have friends and remaining 46.15% said the opposite.



### 3.9 Income Generation by PWDs

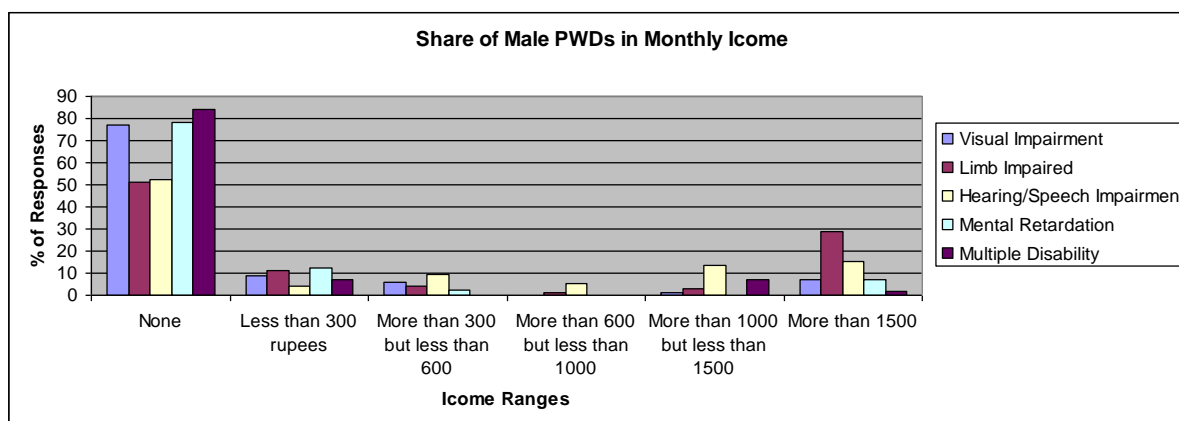
Economic stability is one of the key indicators of a smooth and independent living. But due to social exclusion of PWDs a lot of them having due potentials are still not involved in income generation. Even those who made efforts in this direction couldn't excel in utilizing fullest of their potentials. The main reason is lack of opportunities for PWDs but other than that a key factor is unavailability of facilities of skill development. Though a small portion of PWDs is involved in income generation however it is very important to analyse data to see their present status for involving them in

respectable livelihood activities. The data shows that 65.76% are not involved in income generation; only 13.21% are earning more than 1500 rupees a month while 8.1% are earning mere less than 300 Pak Rupees (Rs) in a month (nearly \$4), 5.1% are earning more than 300 but less than 600 a month, 1.8% are earning more than 1000 but less than 1500 rupees.



### 3.9.1 Income Generation by Male PWDs

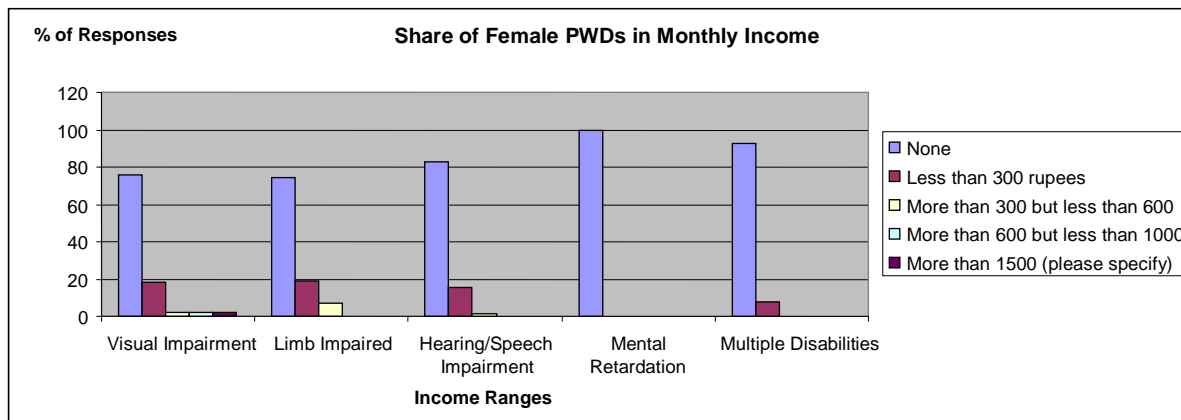
Among males living with visual impairment 76.81% are not involved in income generation activities, 8.69% are earning less than Rs.300 a month, 7.24% somehow manage to earn an amount of Rs.1500 or above, 5.79% are earning more than Rs.300 but less than Rs.600, 1.44% of them generate an amount more than Rs. 600 but less than Rs. 1500,. In the limb impaired category 51.42% said that they are not involved in income generation, 28.57% shared that they are earning more than Rs. 1500 a month, 11.42% said that they are earning less than Rs. 300 a month, 4.28% said that they are earning more than Rs. 300 but less than Rs. 600, 2.85% have an income more than Rs. 1000 but less than Rs. 1500, 1.42% of them told that their share is more than Rs. 600 but less than Rs. 1000.



### 3.9.2 Income Generation by Female PWDs

Among females living with visual impairment 76% said that they are not generating any income, 18% said that they are earning less than Rs. 300 a month, 2% said that they are earning more than Rs. 300 but less than Rs. 600 a month, another 2% told that they are earning more than Rs. 600 but less than Rs. 1000 a month, again 2% of them claimed that they are earning more than Rs. 1500 a month. In limb impaired category 74.14% said that they are not involved in income generation, 18.6% told that they are earning less than Rs. 300 a month, 6.97% said that they are earning more than Rs. 300 but less than Rs. 600 a month, in this category none could go beyond this. Among females living with hearing/speech impairment 82.75% are not involved in income generation activities, 15.51% earn an

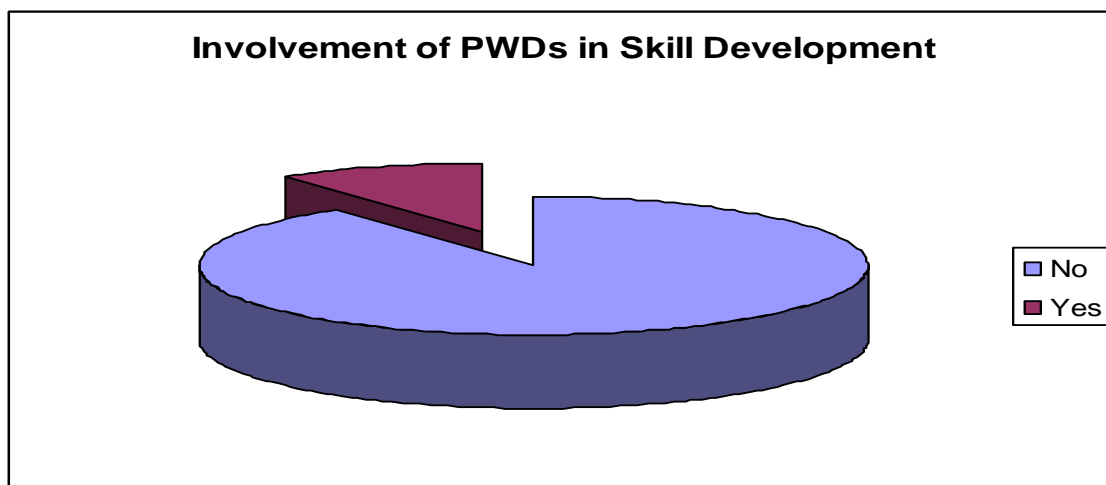
amount less than Rs. 300 a month, 1.72% are earning more than Rs. 300 but less than Rs. 600 a month, none could cross limit of Rs. 600 in this category. Females living with intellectual disabilities are not involved in any sort of income generation activities. Among females living with multiple disabilities 92.3% said that they are not involved in income generation, only 7.69% of them are earning less than Rs. 300 a month.



### 3.10 Skill Development among PWDs

As people with disabilities generally have not become integrated part of society so they also feel problem in either to attain certain skills or to acquire certain job occupations. Their difficulties in this regard are closely related to issues of self growth, self esteem and realization about one's own potentials. Secondly there isn't a single local skill development institute which encourage PWDs to get enrolled providing an inclusive environment. Though families in general make futuristic plans for children and youth however children and youth with disabilities are out of such plans with such belief among family members that they don't have potential for learning any skills. Having limited interaction with society to broaden their world views PWDs underestimate their potentials and remain out of skill development hence can not engage themselves in income generation activities.

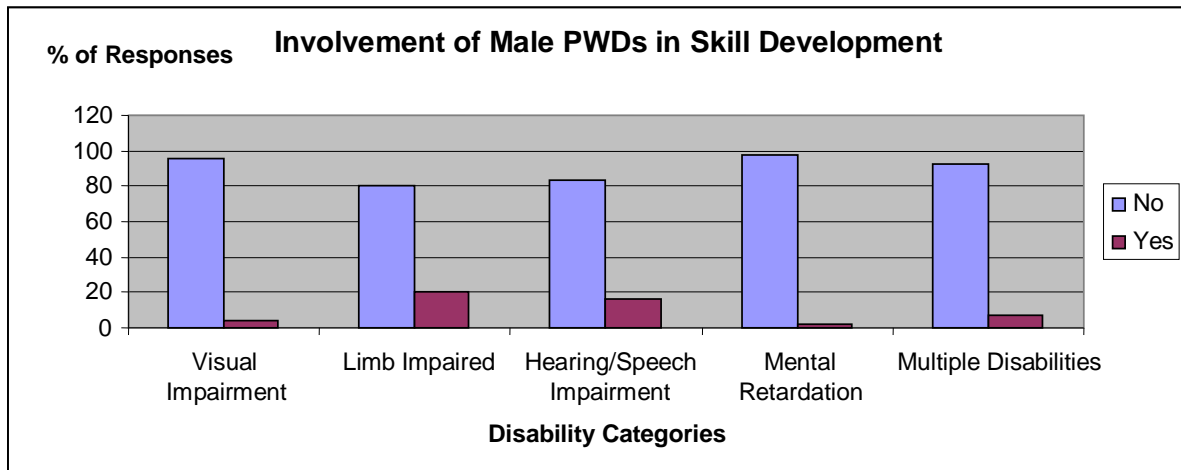
89.96% never tried or go for skill development, responses show that only 10.03% PWDs claim that at certain point in their lives they acquired some skills.



#### 3.10.1 Skill Development among Male PWDs

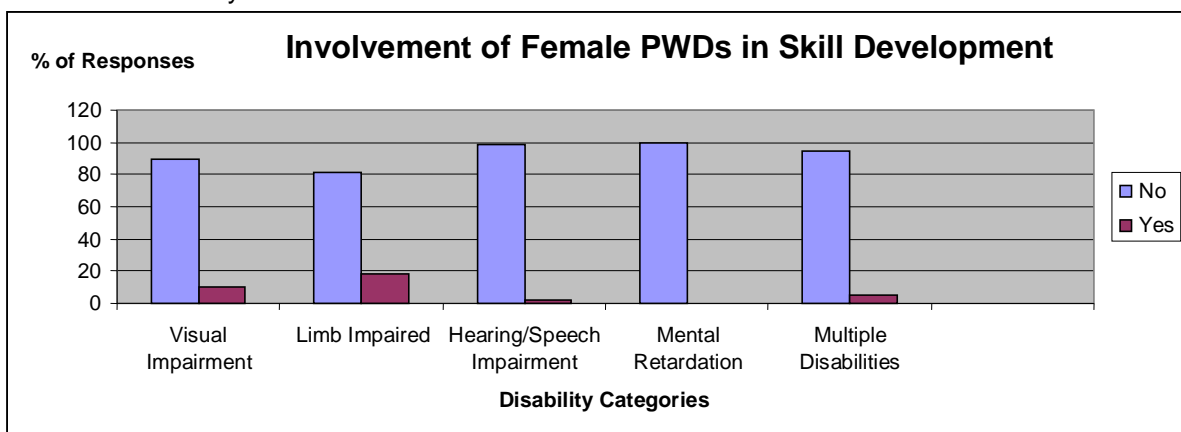
Among males with visual impaired 95.65% claimed that they never acquired any skill to maintain their livelihoods, only 4.34% claim that they have learned certain skills. In the limb impaired category 80% said that they never learned any skill while 20% said that they have certain skills. Among males living with hearing/speech impairment 83.5% said that they were never involved in skill development

process, only 16.49% said they acquired some skills. Among males living with intellectual disabilities 97.56% said that they didn't acquire any skill, mere 2.43% said that they were involved in skill development process. 92.85% males categorised under multiple disabilities said that they don't have any skills, only 7.14% claimed to have some skills.

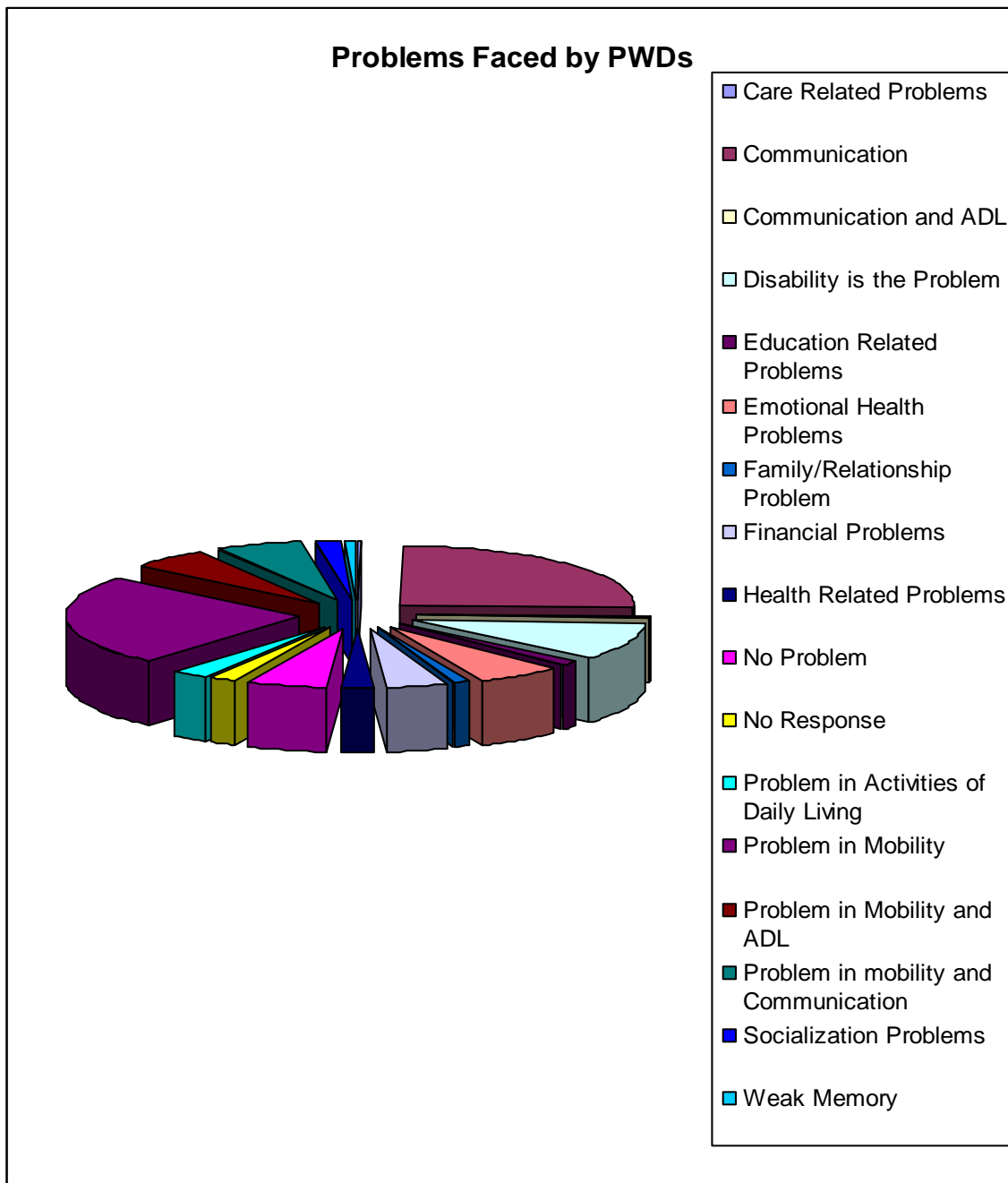


### 3.10.2 Skill Development among Female PWDs

Among females with visual impairment 90% said that they don't have any skills, only 10% said that they have certain skills. In the limb impairment category 81.39% don't have any skill, only 18.6% females have acquired some skills. Among hearing/speech impairment 98.27% don't have any skills only 1.72% claimed to have skills. None of females living with intellectual disabilities have any skills. Among females living with multiple disabilities 94.87% said that they don't have any skills however 5.12% said that they have learnt some skills.



### 3.11 Problems Faced by PWDs



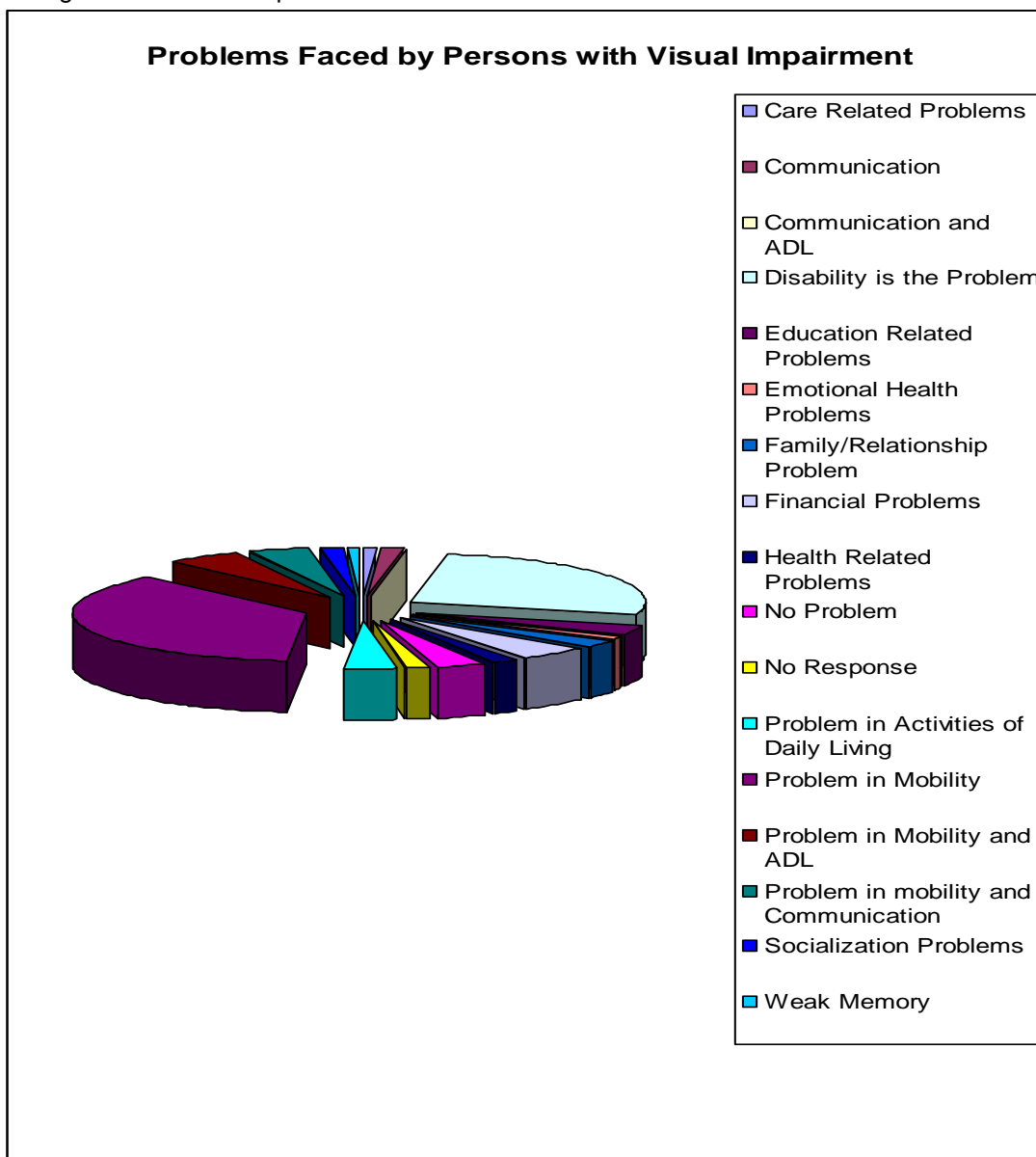
Persons with disability face variety of problems in their routine life. These problems are of diverse nature. The main problems faced by them are difficulty in communicating, problems in independent mobility and living, problems in getting socialized due to unfriendly behaviour of other community members. Many of them also reported that they face problems in maintaining good relations with their family members as they are left alone unnoticed. A number of PWDs told that they are not enjoying good medical conditions and consequently remain sick. A segment of PWDs also reported that due to their disabilities they are either not able to maintain a marital life due to social unacceptability of disability or if got married are facing problem in maintaining a good marital life. Though poverty is widespread in District Skardu however PWDs are special victims of this menace. Other than these mentioned problems the aged PWDs made several complaints that they feel extremely isolated as nobody take care of them when they need support and help from the family.

Analysis shows that 25.46% face problem in communication, 25.09% face problem in mobility, 10.22% consider disability itself a problem, 6.13% face problem in mobility and communication,

5.94% are having emotional health problems, 5.57% said that they don't feel any problem which they think is caused by their disability, 5.2% face problem in performing mobility and ADL, 4.27% say that they can not meet their financial needs, 2.6% face problem in ADL, 2.23% feel that their bad health condition is their biggest problem. 1.85% didn't respond to the question asked. 1.67% told that they face problems in getting socialized with people. 1.3% said that their problems are education related. 0.92% said that they feel problems in maintaining good relations with families/spouses, 0.74% mentioned weak memory as their problem, 0.37% reported that they face problem in communication and ADL, another 0.37% said that they are having care related problems.

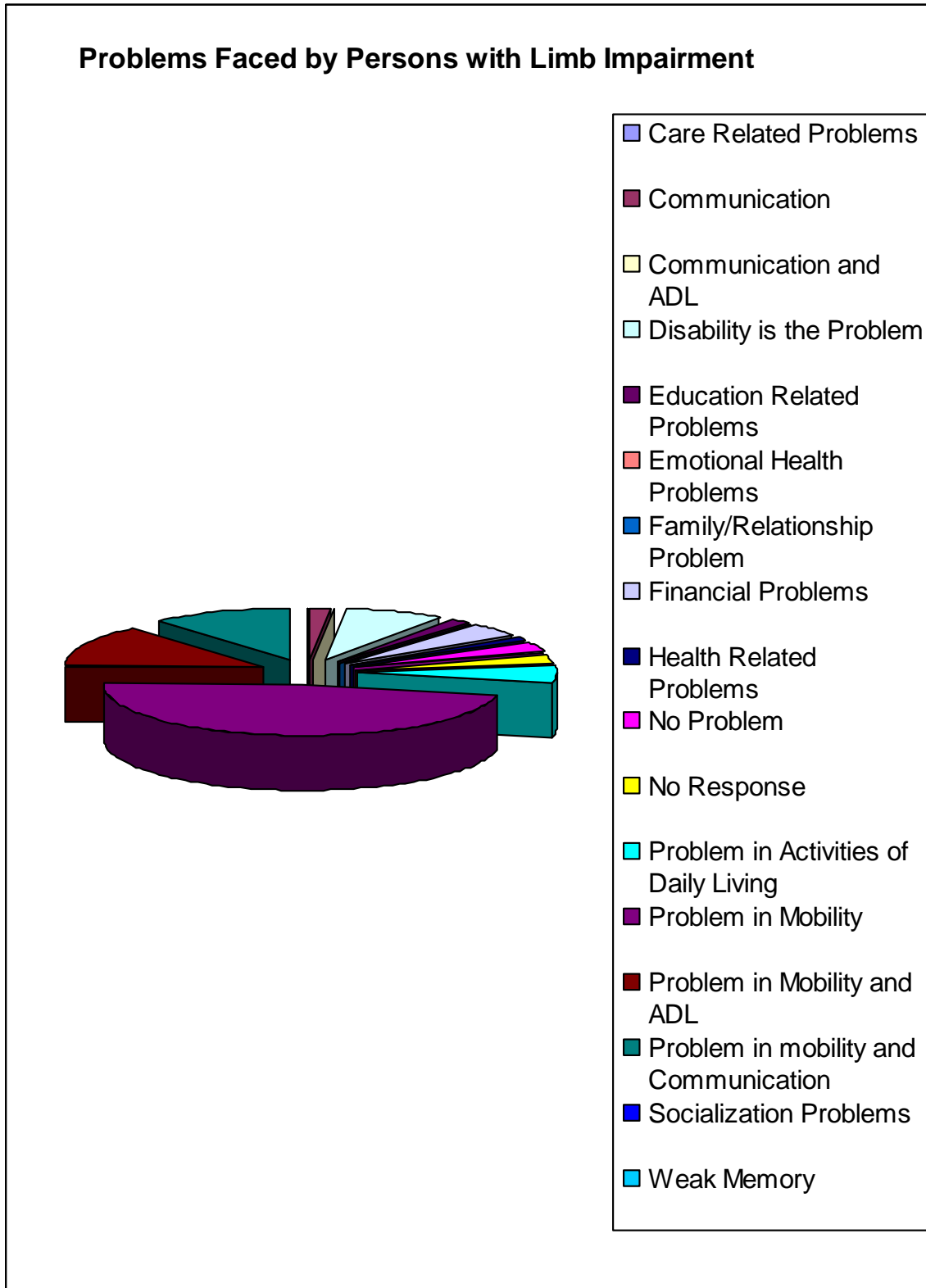
### 3.11.1 Problems faced by Persons living with Visual Impairment

36.97% said that they face problem in mobility, 26.89% consider disability itself a problem, 5.04% consider maintaining finances as their problems, another 5.04% said that they feel problem in both mobility and ADL, 4.2% are having problems in mobility and communication, 3.36% face education related (reading/writing) problems, another 3.36% said that they don't face any problem due to their disability, equal 3.36% mentioned that they feel difficulty in ADL, 2.52% are having family/relationship problems, 1.68% are having problems in communication with other people, another 1.68% think their bad health as problem. Equal 1.68% didn't respond to the question, another 1.68% face problem in getting socialized, 0.84% are having problem with their memory as they think its getting weak, another 0.84% feel that they are having care related problems, equal 0.84% are having emotional health problems.



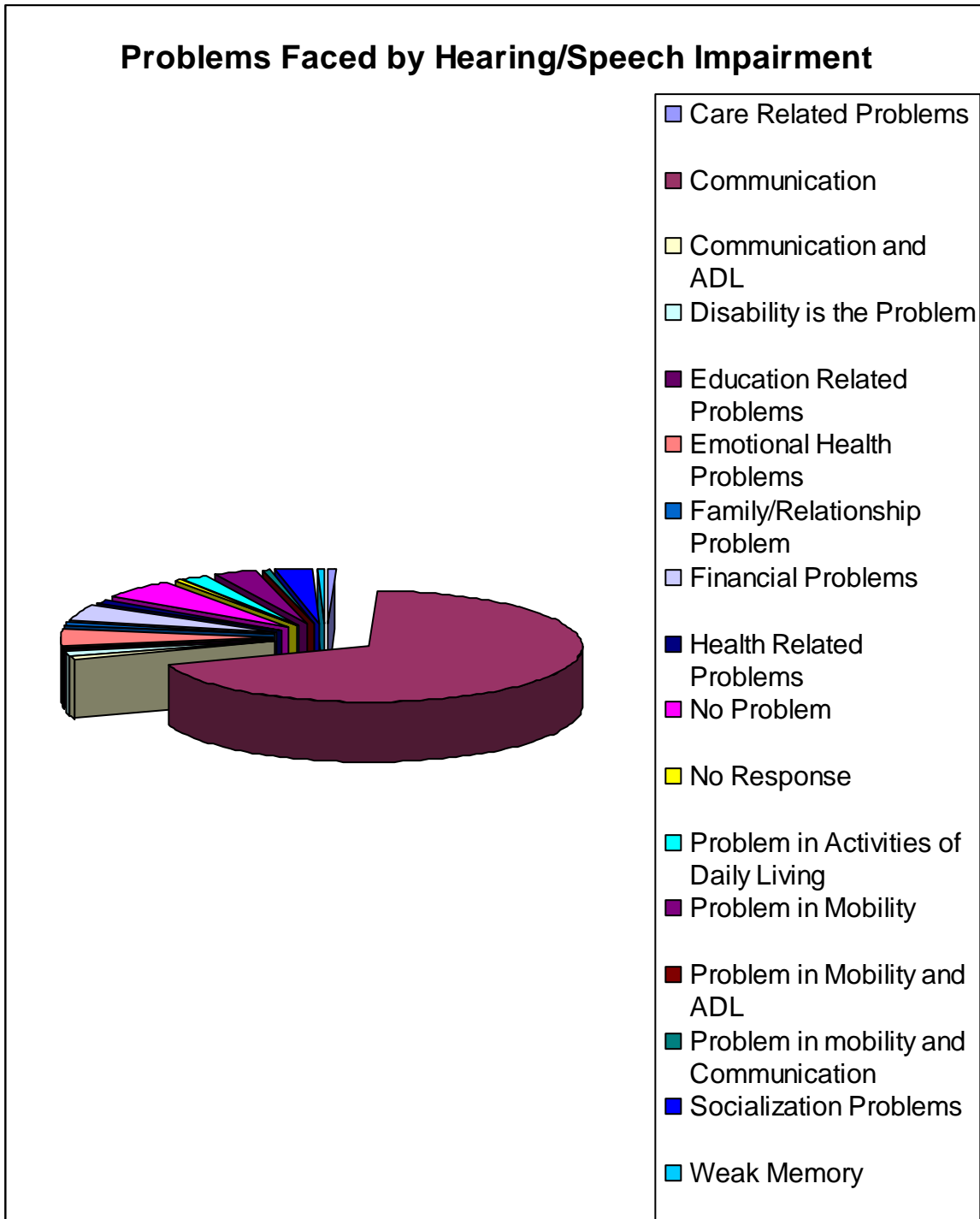
### 3.11.2 Problems faced by Persons living with Limb Impairment

46.9% face problem in mobility, 13.27% face problem both in mobility and ADL. 11.5% told that they face problem both in mobility and communication, 7.96% consider disability itself a problem, 5.3% said that they are having problems in performing ADL, 4.42% are facing financial problems. 3.53% said that they don't feel any problem in day to day life. 2.65% didn't respond to the question, 1.76% persons living with limb impairment said that they are having problems in communication, another 1.76% have education related problems, 0.88% consider their health problems a major concern.



### 3.11.3 Problems faced by Persons living with Hearing/Speech Impairment

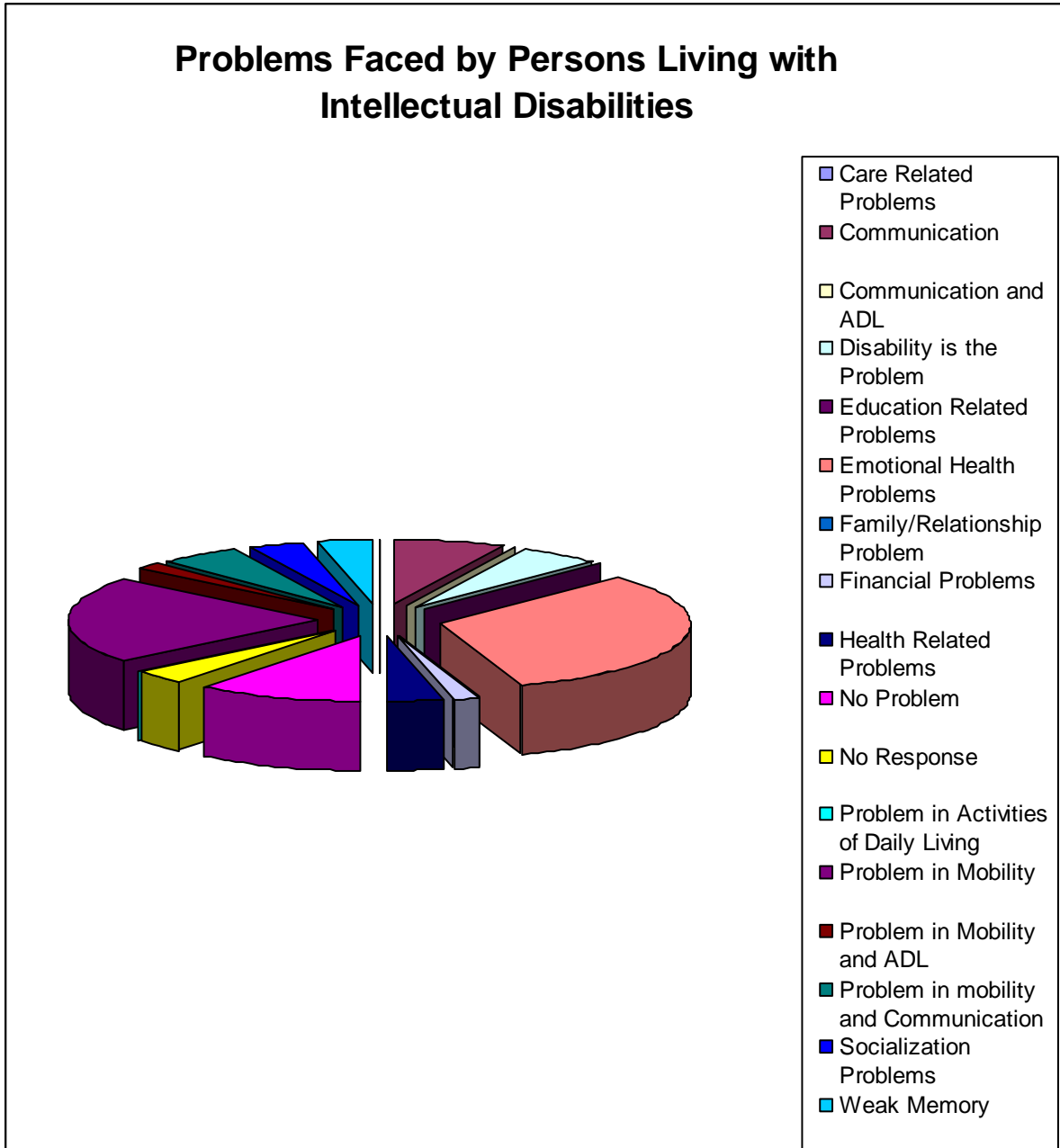
69% asserted that they are having problems in communication, 5.8% claimed that they are not having any sort of problem, 4.51% believe managing finances is the biggest problem for them, 4.15% reported emotional health problems, 3.22% said they face problem in mobility, 2.58% face problem in getting socialized, 1.93% face problems in ADL, 1.29% consider disability itself as a problem, 1.29% face problem both in communication and ADL, 1.29% said that they are having family/relationship problems, another 1.29% said that they face problem due to bad health conditions. Among the persons living with hearing/speech impairment, 0.64% face care related problems, equal 0.64% are having education related problems while 0.64% didn't respond to the question. 0.64% said that they face problem in both mobility and communication, another 0.64% said they face problem due to their weak memory.





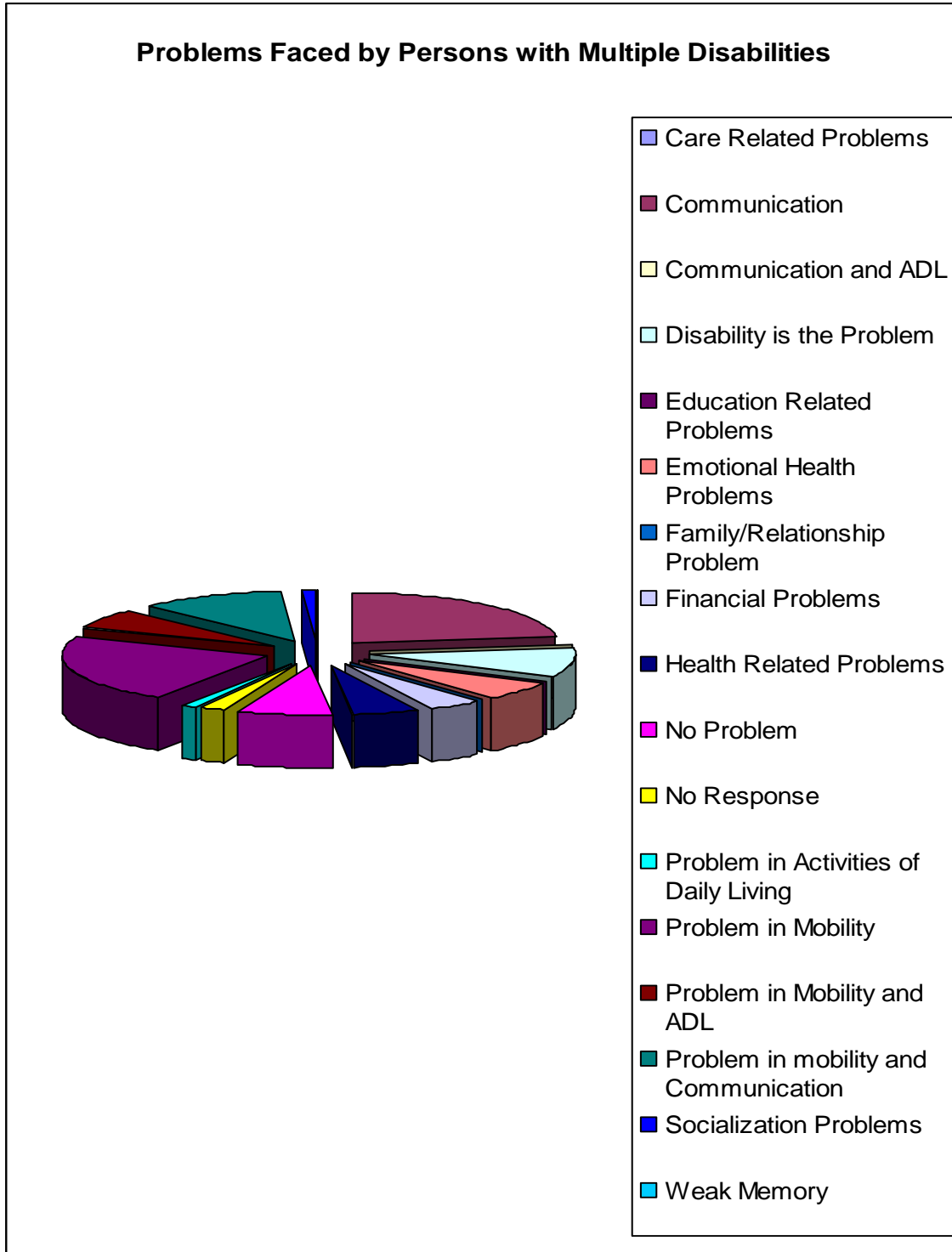
### 3.11.4 Problems faced by Persons living with Intellectual Disabilities

32.14% said that they are having emotional health related problems, 21.42% shared that they face problems in mobility, 10.71% told that they don't feel any problem in their present state of living. 7.14% face problems in communication, 5.35% think that their disability itself is a problem, 3.57% said that their bad health conditions are a problem for them, another 3.57% face problem in mobility and communication, equal 3.57% face problems in getting socialized. 3.57% said they have weak memory 3.57% didn't respond to the question asked. 1.78% said they face problem both in communication and mobility, 1.78% told that managing finances is a major concern for them, another 1.78% face problem in mobility and ADL.

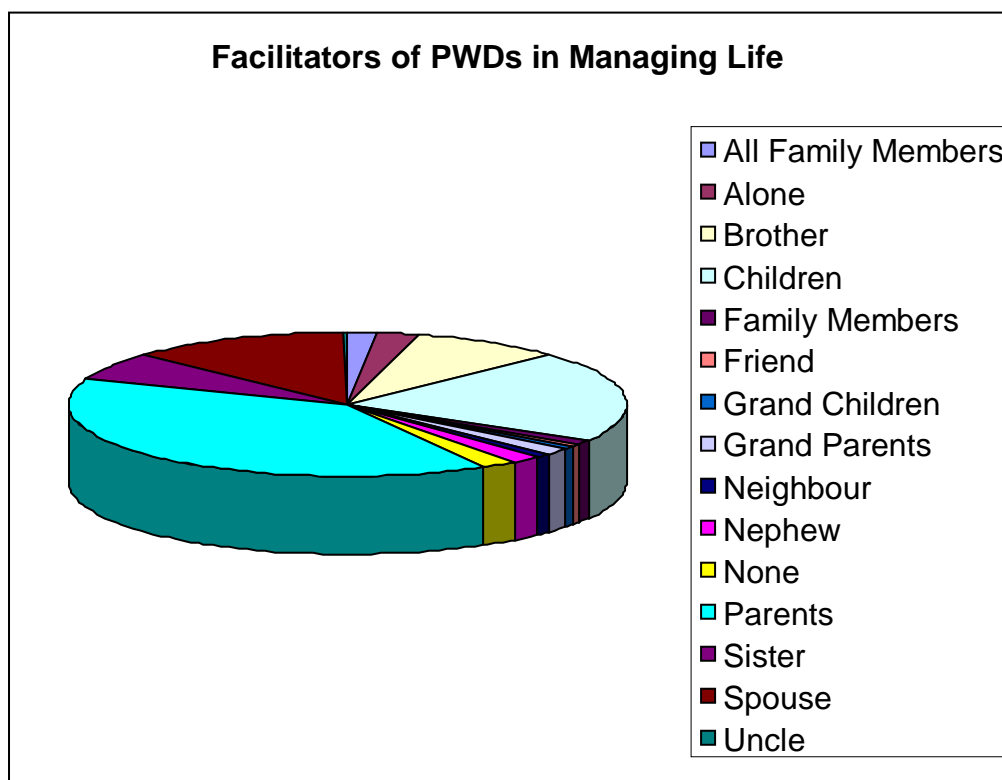


### 3.11.5 Problems faced by Persons living with Multiple Disabilities

23.15% of persons living with multiple disabilities said that they are having problems in communication, 22.1% said that they have problems in mobility, 11.57% face problem in mobility and communication, 9.47% consider disability itself a problem, 7.36% said that they don't face any problem, 6.31% said that their problems are emotional health related, another 6.31% have problems both in mobility and ADL , 5.26% consider their bad health as a problem, 4.21% said that they face problems in managing their finances, 2.1% didn't respond to the question and 1.05% face problem in getting socialized.



### 3.12 Facilitators of PWDs in Managing Life



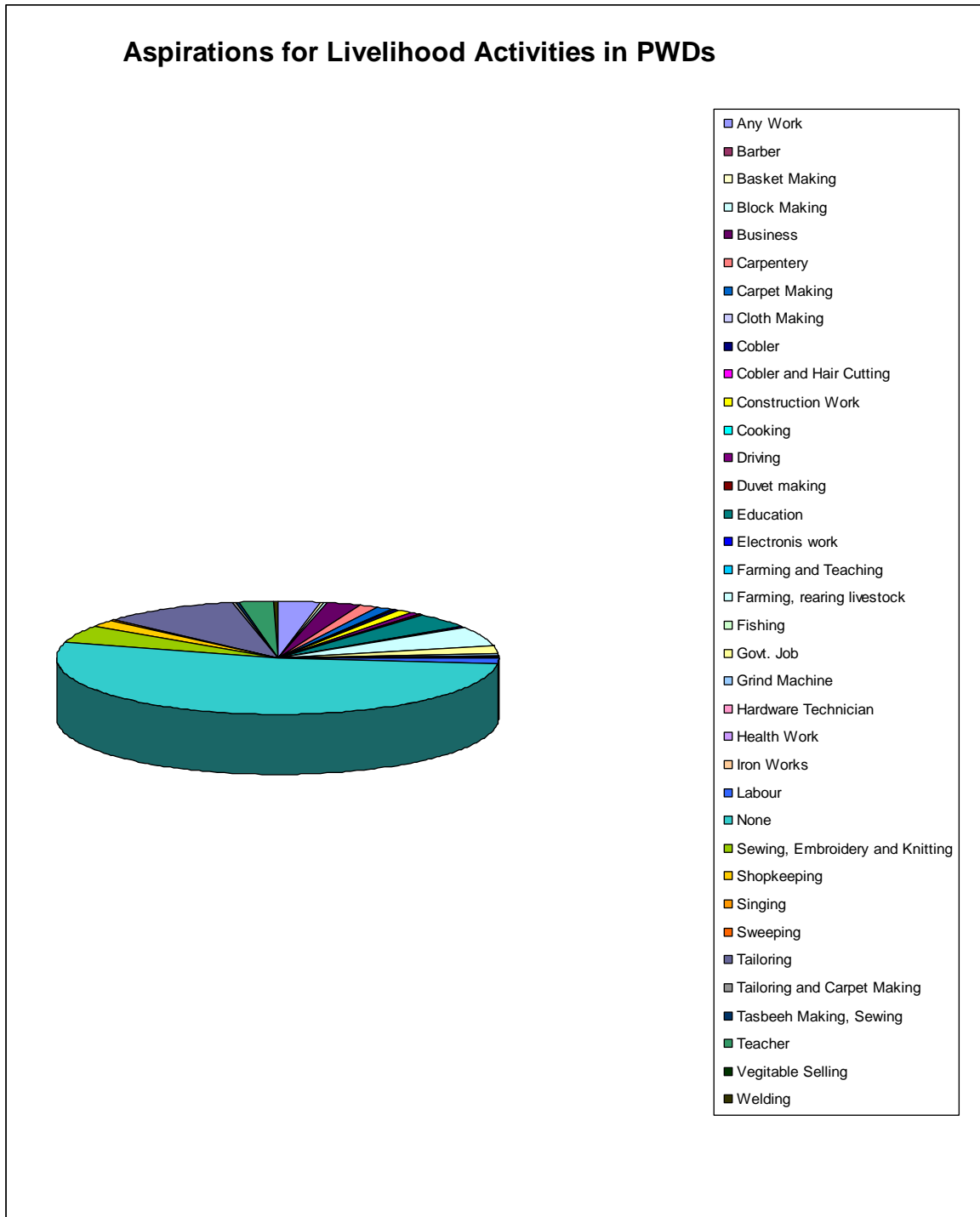
Majority 38.66% said that their parents help them to manage routine life activities, 20.63% told that their children facilitate them to manage life, 12.63% said that spouse help them to manage life, 8.36% said that brother is the person who help them, 6.31% said its sister, 2.6% said that they are living alone hence they can't take help of any family member, 2.23% said that nobody helps them 1.85% said nephew, 1.67% PWDs said that all their family members help them in managing their daily routine, 1.48% said its their grand parents, 1.3% said some of the family members help them in routine life activities, 0.37% said that their friends are their helpers, 0.92% said their grand children help them in everyday life, , 0.55% said neighbours, 0.37% said uncle is their main helper.

### 3.13 Aspiration of Livelihood Activities in PWDs

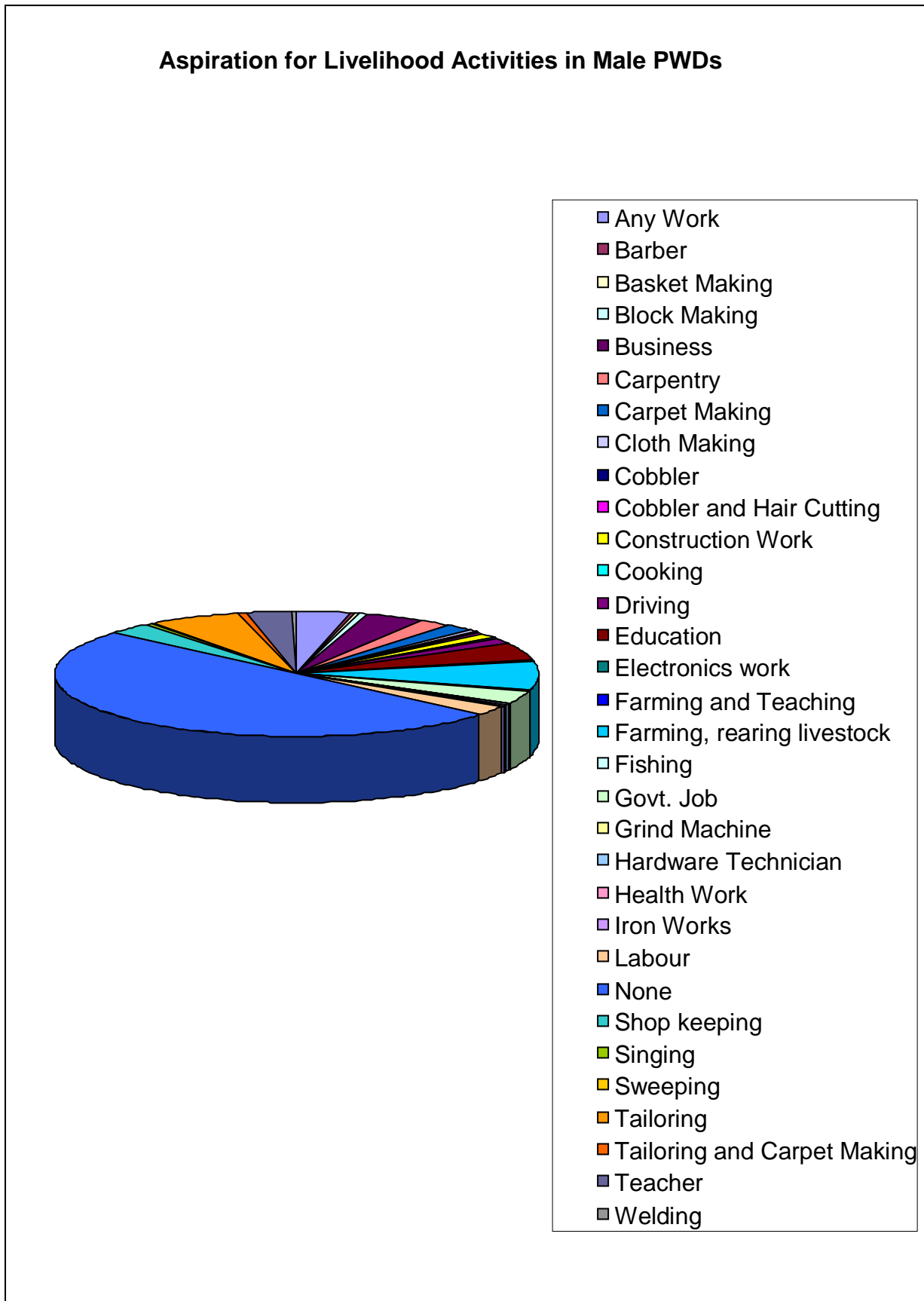
It is unfortunate that majority of PWDs are living a life of social exclusion, the least interaction with wider society has not allow them to grow with broaden thinking. This is also a misery of society that PWDs were not encouraged to demonstrate and prove their potentials in different skills. That certainly halted their entry to income generation activities. The less involvement of PWDs in skills is directly related to the depleted thinking of society and lack of self initiative among PWDs due to low self esteem. This is the reason that a lot of PWDs can not answer to the question when asked that what sort of economic occupation they want in life. Replying the question they feel lost as they never tried to realize their own skills and potentials. It is only after telling them that there are a lot of possibilities for them, they start thinking in a positive way and start scratching their minds to find aspirations for earning an honourable livelihood. It is imperative to analyse that PWDs wished for such skills which are locally available with a perspective scope. Though there are skill development institute available locally but none provide facilities for PWDs and there isn't a single institute available which separately caters skill development needs of PWDs.

A big portion 52.78% either didn't show interest in any skill or didn't respond to question. PWDs showed variety of interest in terms of their aspirations for livelihood opportunities. 9.85% said they want to learn tailoring, 5.57% told that they want to affiliate themselves with farming and livestock rearing, 5.01% want to learn embroidery, sewing and knitting. 4.27% said that they either want to get education or want to go for higher education, 2.97% said that they can go for any suitable work which will pay them back financially, 2.41% said that they want to do business at smaller scale in their localities, 2.41% want to become teachers, 2.23% said that they want to acquire government jobs,

2.04% went for shop keeping, 1.67% want to be in labour work, 1.3% said they want to learn carpentry, another 1.3% showed interest in carpet making, 0.92% want to affiliate themselves with construction work, 0.74% said that they want to take driving as profession, 0.37% went for cement block making, 0.37% said that they want to be small home based industry such as grind machine for pulses and grains, 0.37% said tailoring and carpet making, 0.18% showed interest in becoming barber; another 0.18% told to become expert in basket making, 0.18% said cloth making is their choice, 0.18% want to become cobbler and another 0.18% want to become either cobbler or hair dressers, 0.18% went for cooking, 0.18% told about duvet making, 0.18% showed interest in electronics work, another 0.18% said that they want to go for farming and teaching, 0.18% want to be in fishing, 0.18% want to become hardware technician, 0.18% want to become health workers, 0.18% are interested in iron work, 0.18% want to be in music, 0.18% said sweeping, 0.18% said *tasbeeh* making and sewing, 0.18% want to be in vegetable selling and another 0.18% want to learn welding.



3.13.1 Aspiration for Livelihood Activities in Male PWDs



Among males living with visual impairment 55.07% don't have any aspiration for any kind of livelihood activities, 8.69% said that they want to be in farming and rearing livestock, 7.24% either want to be in education or want to acquire higher education, 5.79% want to be shop keepers, 4.34% said that they can go for any suitable work for income generation, another 4.34% told that they want to establish small businesses in their localities, same number 4.34% want to be teachers, 2.89% showed interest in carpet making while 1.44% learning carpentry. 1.44% are eager to learn cloth making, another 1.44% want to get employment with government, 1.44% showed interest in music for adopting it as a profession and 1.44% want to learn skills of tailoring.

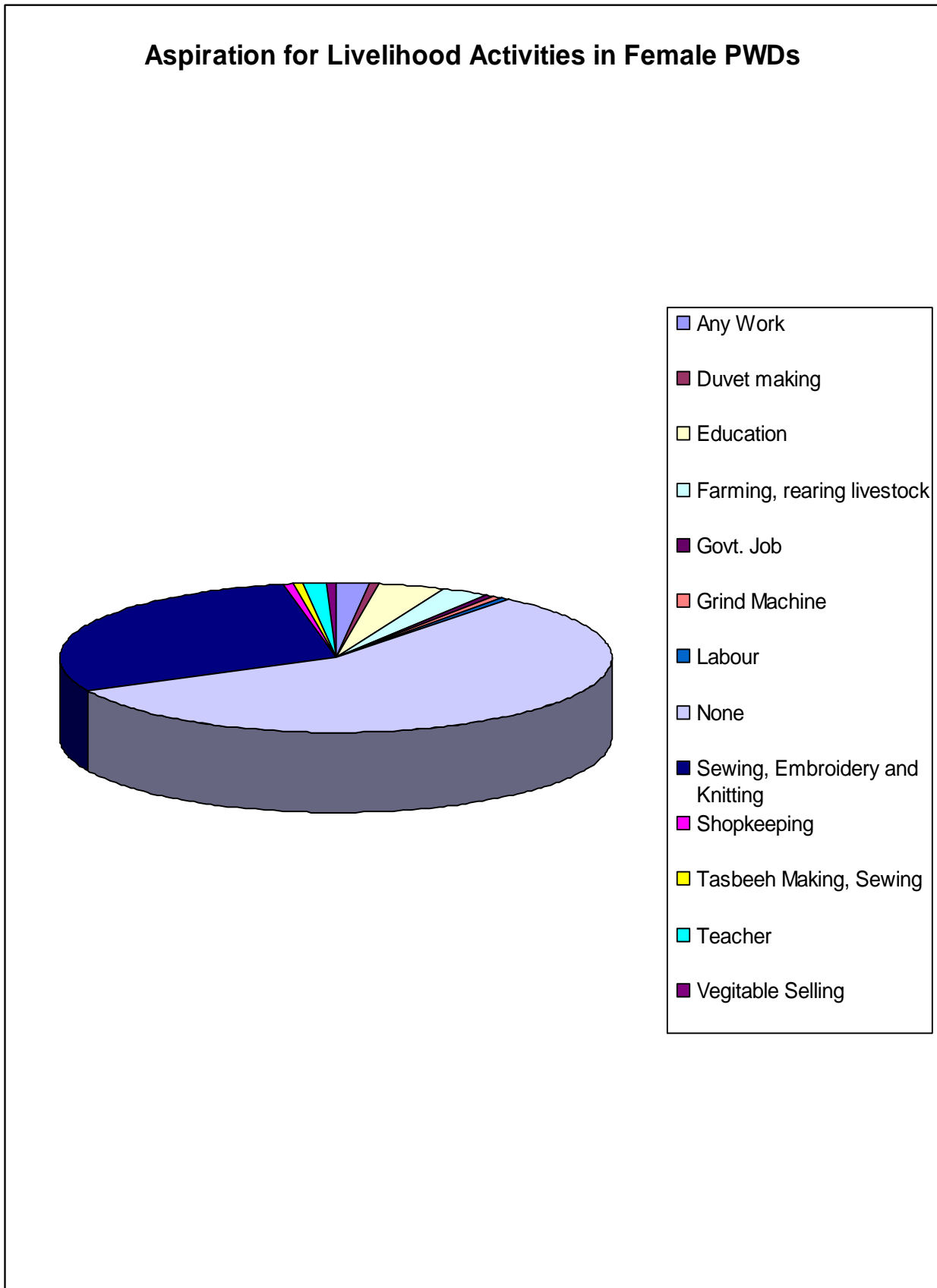
Among males living with limb impaired, 22.85% either don't want to go for any profession or they didn't share that with survey team, 15.71% want to affiliate themselves with tailoring, 11.42% want to be either in education or go for higher education, another 11.42% want to be in small business. 8.57% want to be in teaching profession, 5.71% are interested in farming and rearing livestock, another 5.71% want to acquire government employment, equal number 5.71% want to be shopkeepers, 4.28% said that they have potential to learn driving and they want to affiliate themselves with this profession. 1.42% said that they can go for any suitable income generation activity, 1.42% want to learn basket making, 1.42% are interested in carpet making and another 1.42% are said that they want to adopt cooking as skill to earn money, 1.42% want to adopt either farming or teaching as a profession, 1.42% want to become health workers.

Males living with hearing/speech impairment also demonstrated variety of interests for adopting livelihood skills. 41.23% either don't want to learn any skill or they didn't respond to the question, 8.24% want to be in farming or rearing livestock, another 8.24% want to be in labour work, 6.18% said tailoring will be their choice for income generation, another 6.18% said that they can go for any suitable work for earning livelihoods. 5.15% want to learn carpentry, another 5.15% want to affiliate themselves with construction work, 4.12% are interested in carpet making, 2.06% want to be in cement block making, another 2.06% want to run small businesses, 2.06% said it can either be tailoring or carpet making. 1.03% showed interest in becoming barber, 1.03% want to become cobbler, another 1.03% want to be either cobbler or hair dressers. 1.03% want to become electricians, 1.03% want to adopt fishing as a profession, another 1.03% want to acquire government employment, 1.03% more want to work on grind machine for grinding grains and pulses, 1.03% want to be in iron work and another 1.03% showed interest in welding.

Among males living with intellectual disabilities 73.17% either not willing to learn any skill or did not reply to the question, 7.31% want to acquire government employment, 4.87% said that they can go for any suitable work, 4.87% told that they want to be in farming and rearing livestock, 4.87% said that they want to become professional tailors, 2.43% said that they want to learn carpentry, 2.43% showed interest in sweeping.

Among males living with multiple disabilities 76.78% either don't want to learn any skill or they didn't reply to the question when asked about their choice of skills. 7.14% want to be in farming or rearing livestock, 3.57% said that they either want to be in education or want to go for higher education, another 3.57% want to acquire government employment. 3.57% said that they want to become shopkeepers, 1.78% said that they want to learn driving, 1.78% showed interest in learning hardware work and another 1.78% said that teaching is their choice for profession.

3.13.2 Aspiration for Livelihood Activities in Female PWDs



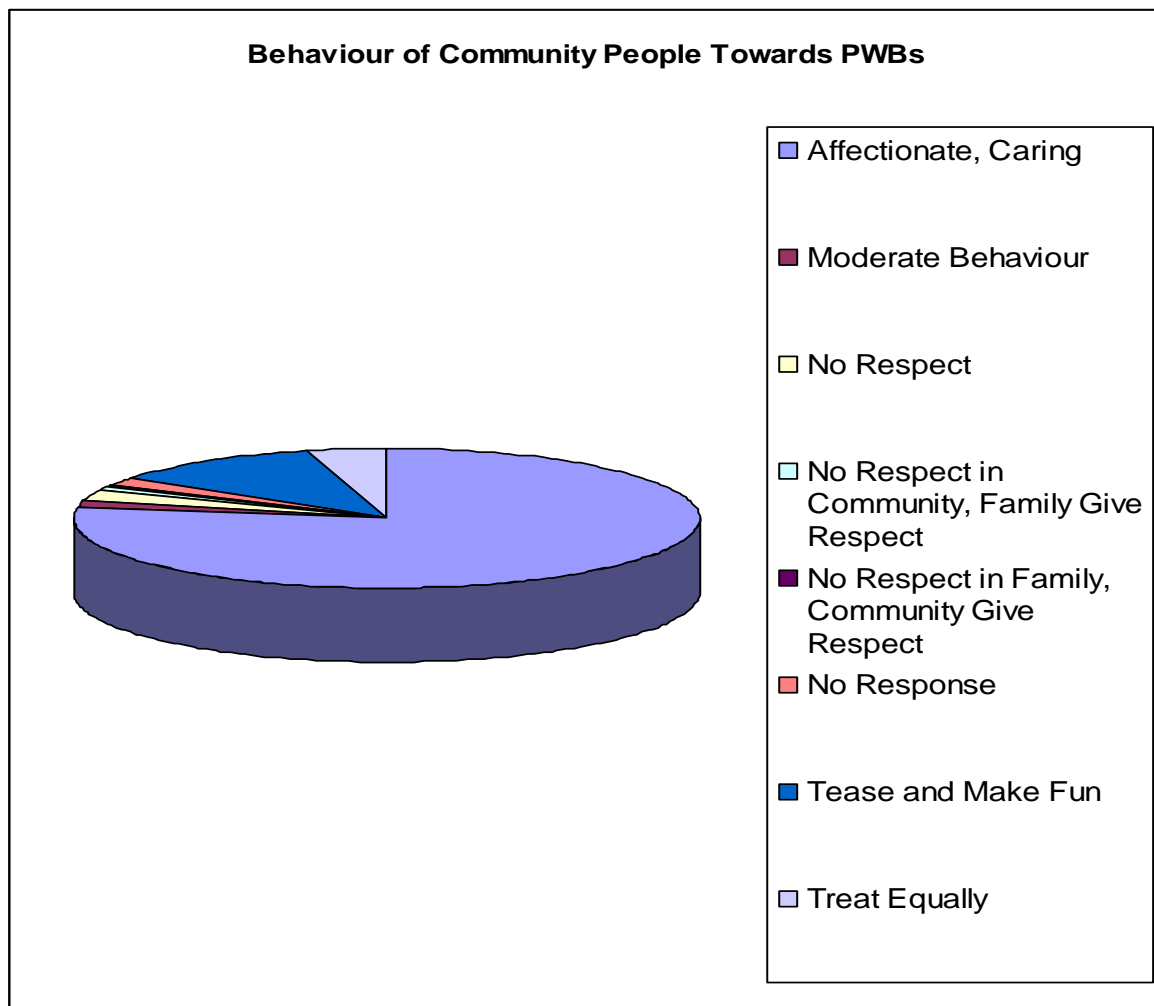
Among females living with visual impairment 66% told that they are not interested in learning any skill. 18% said that they want to learn sewing, embroidery and knitting. 4% said that they either want to get education or want to go for higher education; another 4% said that they want to be in farming or rearing livestock. 2% said that they want to acquire government employment, another 2% said that they want to become shopkeeper, 2% more said they want to make beads' chains (*Tasbeeh*) on regular basis, another 2% want to adopt teaching as a profession.

Among females living with limb impairment 48.83% told that they want to learn sewing, embroidery and knitting for income generation. 34.88% said that they are not interested in learning any skill. 11.62% either want to get education or go for higher education, 2.32% are interested in farming and rearing livestock and another 2.32% showed interest in selling vegetables.

Among females living with hearing/speech impairment 32.75% showed great interest in sewing, embroidery and knitting. 51.72% said that they are not interested in learning any skill. 6.89% said that they can go for any suitable livelihood activity, 5.17% said that they are interested in farming or rearing livestock, 1.72% said that they either want to get education or want to go for higher education and another 1.72% wants to take teaching as profession.

Among females living with intellectual disabilities 73.33% told that they don't want to learn any skill to earn their livelihoods, 26.66% said that they are interested in learning sewing, embroidery and knitting.

### 3.14 Behaviour of Community People Towards PWDs





77.5% PWDs told that people behave with them in affectionate and caring manners, 10.96% PWDs mentioned that community people not only have bad behaviour with them rather they also tease them and make fun of them. There are 4.27% PWDs who think that community people treat them equally. 2.78% think that people don't pay them any respect. 1.85% PWDs didn't respond to the asked question. 1.48% think that people have moderate behaviour towards them. 0.55% think though community people don't treat them well but attitude of their family members is very nice with them, contrary to this another 0.55% told that though nobody in the family pay them respect however people from community maintain good relation with them.

## **4. Conclusions and Recommendations:**

### **4.1 Disability Types**

Though CHIP field team at Skardu Office is still searching for disability cases in the targeted area however so far 538 cases have already been documented. These disability cases have been categorized as cases with visual impairment, limb impairment, hearing/speech impairment, mental retardation and multiple disabilities, respectively these cases are 119,113,155, 56 and 95 in numbers. It is observed that number of cases with hearing/speech impairment (155), visual impairment (119) and limb impairment (113) are most in numbers. As all these are distinct categories with special attributes of strengths and weaknesses so it is imperative to design activities for these categories accordingly to avoid any impinge effects.

It is also worth mentioning that social perception about each disability category varies, so this fact should be properly incorporated in designing awareness raising campaigns.

### **4.2 Water and Sanitation Facilities**

Though majority of PWDs claimed that they have access to water and sanitation facilities but observations taken by field researchers indicate that these two areas of their lives need immediate attention. The local adaptation of water and sanitation services are so adverse to health of local people that instead of getting any benefit of these services they often become victim of a range of dangerous diseases. So it is highly recommended that PWDs along with their families/ community should be made aware of new and healthy ways of local adaptation of modern water and sanitation services.

### **4.3 Inclusive Education for PWDs**

Though literacy rate in District Skardu is low but in case of PWDs it is worst. Local communities in general take it as a fact that there is no way that children living with disabilities may get enrolled with local schools. Similarly teachers at schools are unable to accommodate children with disabilities in schools as they are not versed into such teaching methodologies which can facilitate in teaching of children with disabilities. The established infrastructures of local schools also don't facilitate children with disabilities which discourage them to get enrolled into schools. If by any chance a child with disability takes admission in school, he can not take pressure of peers who usually adopt a neglecting attitude for such children.

### **4.4 Health Conditions of PWDs**

Most of the PWDs have adapted a specific lifestyle due to their disability. Family members of these PWDs take it very normally and think that PWDs are destined to have such living conditions. In their present living conditions they are bound to go for unhealthy practices which consequently damage their health conditions. Women, due to low mobility and less exposure, are special victims in this regard. Their life is further jeopardised as they often don't communicate their health problems even with their family members. So there is a dire need to initiate a comprehensive health hygiene programme with such strategies of helping PWDs in adopting healthy lifestyles.

### **4.5 Socialization of PWDs**

So far disability has not been accommodated culturally in District Skardu; this is the reason that PWDs are living a poor social life. A lot of PWDs are deprived of some essential social relations such as friendships, this deprivation damage not only their psychological conditions but also adversely effect their self growth. PWDs are generally not made part of the usual social events such as marriages, funeral ceremonies of relatives, religious congregations and local fairs and festivals.

Sometimes situation is so much worsened that PWDs are teased, mocked and people make fun of them. People even with mild intellectual disorders have been declared as 'mentally retarded' and they

are treated accordingly and now they believe that they are mentally retarded. There is need to develop culturally sensitive awareness raising campaigns along with developing socializing activities for PWDs.

#### **4.6 Daily Life Problems Faced by PWDs**

PWDs are facing number of problems in their routine life. Main problems mentioned in this regard are inability to communicate properly, problems in mobility and ADL, emotional health problems due to strained family relations, negligence by the family members, education related and livelihood problems. Some of the problems mentioned here demand concentrative counselling of PWDs and their families and other demands technical support to be provided to PWDs. There is need to design such activities which will increase the capability of PWDs to communicate in a comfortable manners, additionally more important is to build their capacity in techniques of Orientation and Mobility and ADL.

#### **4.7 Livelihood Opportunities for PWDs**

CHIP team has come to know that some of the PWDs want to actively participate in income generation and livelihood activities. Some of them are already doing a little bit but they often lack guidance and technical support to develop certain skills for earning their livelihoods. Sometimes its lack of required paraphernalia for acquiring a skill and sometimes it is due to unawareness that PWDs remain deprived of even those skills which they can learn very easily. Another problem observed in this regard was that some PWDs have already learned certain skill but they can not capitalize those skills due to lack of social and professional interaction with wider society and market. A multifaceted strategy is needed to be developed and that should not ignore link of the recommended profession with disability type.