

Report on Participatory Reflection and Action (PRA) To Assess Situation of People with Disability

July 2008

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

Under a Joint Venture of



Table Of Contents

| | | |
|-------------------|---|-----------|
| Chapter 1: | Introduction | 1 |
| 1.1 | Methodology..... | 2 |
| Chapter 2: | Report on Stakeholders Analysis | 3 |
| 2.1 | Rohtas Special Education Centre for Visually Handicapped and Mentally Retarded Children | 3 |
| 2.2 | Al-Qasim Institute, Mohallah Islampura Jhelum city..... | 3 |
| 2.3 | Government Middle school for Hearing Impaired, Jhelum | 3 |
| 2.4 | District Deaf Welfare Society (Al- Markaz Council)..... | 4 |
| 2.5 | District Social Welfare department | 4 |
| 2.6 | Zila Bait-ul- Maal Council..... | 5 |
| 2.7 | District Zakat and Ushr Committee..... | 5 |
| 2.8 | District Health Department..... | 5 |
| 2.9 | District Education Department..... | 6 |
| 2.10 | Layton Rahmatulla Benevolent Trust..... | 6 |
| 2.11 | DHQ Jhelum..... | 6 |
| 2.12 | Punjab Institute of Preventive Ophthalmology (PIPO)..... | 7 |
| Chapter 3: | Results and Analysis..... | 8 |
| 3.1 | Prevalence of Persons with Disabilities in Villages | 8 |
| 3.2 | Prevalence of Persons with Disabilities in Union Councils | 8 |
| 3.3 | Disability Types among Persons with Disabilities | 9 |
| 3.4 | Levels of Disability among Persons with Disabilities | 9 |
| 3.5 | Various Age Groups of Persons with Disabilities | 10 |
| 3.6 | Age Groups of Persons with Disabilities on Gender Grounds | 10 |
| 3.7 | Gender Distribution of Persons with Disabilities | 11 |
| 3.8 | Literacy Level Among Persons with Disabilities | 11 |
| 3.9 | Skills Among the Persons with Disabilities | 12 |
| 3.10 | Skills Among The People Living With Disabilities by Gender Distribution | 13 |
| 3.11 | Sources of Income for Persons With Disabilities..... | 14 |
| 3.12 | Causes of Disabilities among Persons with Disabilities | 14 |
| 3.13 | Causes of Disability among Male and Female Persons with Disabilities | 15 |
| 3.14 | Nature of Assistance from CHIP Expected by Persons with Disabilities | 16 |
| 3.15 | Problems faced by Persons Living With Disabilities | 16 |
| 3.16 | Socialization of Persons with Disabilities..... | 19 |
| 3.17 | Ambitions of Persons with Disabilities | 20 |
| Chapter 4: | Conclusion | 22 |

List of Acronyms

| | |
|------|---|
| CCBs | Community Citizen Boards |
| CEO | Chief Executive Officer |
| CHIP | Civil Society Human and Institutional Development Programme |
| CWDs | Children with Disabilities |
| LHWs | Lady Health Workers |
| LZCs | Local Zakat Committees |
| MR | Mentally Retarded |
| MoU | Memorandum of Understanding |
| NAs | Northern Areas |
| NGO | Non Government Organization |
| NWFP | North West Frontier Province of Pakistan |
| PIPO | Punjab Institute of Preventive Ophthalmology |
| PRA | Participatory Reflection and Action |
| PWDS | People with Disabilities |
| SoPS | Standard Operating Procedures |
| SPSS | Statistical Package for Social Scientists |
| VH | Visually Handicapped |

Chapter 1: Introduction

Civil Society Human and Institutional Development Programme (CHIP) is initiating a project on ‘Social Inclusion of Persons with Disabilities (PWDs)’. CHIP is already working on issues of disabilities; in this regard the organization is implementing two projects. One project is being implemented in District Swabi of North West Frontier Province of Pakistan (NWFP) with main emphasis on ‘Social Inclusion of People with Blindness and Other Disabilities’. The second project is being implemented in District Skardu of Northern Areas (NAs), this project is mainly focused on ‘Community Based Rehabilitation of People with Blindness and Other Disabilities’. Both these projects were initiated keeping in mind the social status of people living with disabilities which is often undermined so consequently they are bound to live in isolation and sheer deprivation. They are denied very basic social and cultural rights especially right to live an active and healthy life, right to participate in decision making, right to self growth, right to education and right to skill development.

CHIP is interested to introduce a comprehensive model of development to streamline the interests of people living with disabilities in mainstream development issues. This ‘Inclusive Development Model’ is challenging the locally conceived ‘suitability’ paradigms regarding PWDs. Though the prime focus of this model is to facilitate PWDs in uplifting their standards of life but it is equally focusing the local communities for a behavioural change that they may well accommodate such people to live as active members of society. CHIP is vehemently interested to make rehabilitation of PWDs a social issue to be worked on and a political issue for the purpose of realizing the state to formulate policies for PWDs that they may enjoy equal rights as citizens of Pakistan.

The present report presents a brief analysis of Participatory Reflection and Action (PRA) conducted in *Tehsil Jhelum*. Initially 29 villages were surveyed and finally 19 villages were selected through a developed criterion to begin project interventions. Main objectives of PRA include:

- I. Demarcate the geographical locations where PWDs are presently residing.
- II. Collect the brief profiles of PWDs.
- III. Document the problems faced by PWDs.
- IV. Examine local infrastructure and institutions working on issues of disabilities.
- V. Determine socio-economic condition of PWDs.
- VI. Categorize PWDs into group to instigate project interventions.

PRA provided ample required information which was analyzed in a way that it will help in developing strategies for implementing the proposed project. At this time CHIP is considering this PRA report as a baseline but it is our past experience that a lot more data can be retrieved during the implementation stage. As it is our common observation in past experiences that community people and especially families of PWDs don’t talk so openly on the issues of disabilities so a lot more information regarding people with disabilities can be collected on a later stage when there is a confidence building between the local communities and the project team. There is a possibility of another PRA during the implementation phase.

1.1 Methodology

Step I: A team of a senior researcher and 9 field researchers (5 female and 4 male) was formed to undertake research. Senior researcher is a development sector specialist and the team members have strong background of social research and exposure to development process in Pakistan.

Step II: During a preparatory meeting Chief Executive Officer (CEO) CHIP introduced the field research team members and briefed about the project. CEO shared stakeholder analysis of the disability centres, hospitals, NGOs and other institutions involved in the rehabilitation and social inclusion of PWDs in District Jhelum.

Step III: Team of senior researcher, field researchers and CHIP field staff discussed on structure of interview guide and interview questionnaire. Structure of interview guide and questionnaire was finalized by incorporating valuable suggestions and recommendation by the research team.

Step IV: A rapport survey was carried out by the senior researcher where he met with the key informants to assess issues of disability and prevalence of disabilities in the area. The main key informants were Professor (retired) Abdul Razak who is running an organization working on issues of disabilities, Dr. Asad Mirza who is member of Al-Markaz Council working for people living with disabilities in District Jhelum, Mr. Amjad Iqbal an employee of Government Rohtas Special Education Centre, Mr. Allah Dad Ansari and Mrs. Sajida of Al-Qasim Institute for Mentally Retarded Children and Mr. Shafqat Butt of Social Welfare Department.

Step V: The research team collected basic data of 29 villages. Research findings and data of 29 villages was discussed. Finally 19 villages were selected for profiling of PWDs. A criterion was developed for the selection of village to begin the project interventions. As a result those villages were selected where there is high prevalence of disabilities and they are ranked low on socio-economic index.

Step VI: 19 selected villages were visited in detail. Firstly data for identification of people living with disabilities were collected from Lady Heath Workers (LHWs) and teachers from the government schools. Secondly a door to door survey was carried out to identify those PWDs which were missed in the list with LHWs.

Step VII: PWDs were met and interviewed. First day of the profiling of PWDs was considered as pilot testing of the developed questionnaire. At the end of each field day the senior researcher examined all the filled questionnaires that whether those were filled correct or not. In case of any ambiguous replies from the interviewees the concerned field researcher was concerned to explain the reply by the interviewee.

Step VIII: After collecting the required data the senior researcher and the field researchers returned to CHIP Head Office in Islamabad and a debriefing meeting about the data collection was organized. Senior researcher, field researchers, CHIP project team and Coordinator Research, Planning, Monitoring and Evaluation participated in the debriefing. The debriefing session begin with a comprehensive presentation of project findings especially the nature of disabilities prevalent in the areas and problem faced by PWDs. Research limitations were also discussed in the meeting.

Step IX: CHIP organized another meeting to review all filled questionnaire. Senior researcher, field researchers and Coordinator Research, Planning, Monitoring and Evaluation participated in the meeting. During the meeting field researchers discussed their own observations regarding conditions of PWDs. After review of questionnaires the data was finalized for data entry into a computerized statistical analysis database system.

Step X: Finally data was entered into software named as Statistical Package for Social Scientists (SPSS) and was made ready for analysis.

Chapter 2: Report on Stakeholders Analysis

The senior researcher derived data about stakeholders from a report earlier prepared by CHIP project team. This report talks about some local institutions working for PWDs. The report analyzes both government and community run institutions. Following are few examples:

2.1 Rohtas Special Education Centre for Visually Handicapped and Mentally Retarded Children

Main roles of the centre include:

- Educate the Visually Handicapped (VH) and Mentally Retarded (MR) children
- Vocational training of VH and MR children
- Raising awareness about special education

Centre has following strengths:

- It has a dedicated staff
- The school enjoys a good reputation among NGOs and governmental departments

Centre can be beneficial for CHIP in the following ways:

- The Children with Disabilities (CWDs) in the target villages can be sent to the centre
- The staff working in the centre is willing to take part in training sessions and work voluntarily for PWDs

2.2 Al-Qasim Institute, Mohallah Islampura Jehlum city

Main roles of the institute include:

- Provide free of cost quality education to MR children
- Cater for healthcare and nutritional needs of the CWDs
- Provide vocational skills to CWDs

Institute has following strengths:

- The institute have a well educated and trained staff
- The institute houses the best facilities in any disability centre in the entire region
- Presence of a Shelter Workshop allows for the portrayal of artwork made by students and their subsequent sale.

Centre can be beneficial for CHIP in the following ways:

- The institute is willing for technical collaboration and providing assistance in the field of Special education
- CHIP can arrange workshops and training sessions in partnership with the institute
- The CWDs identified in the target region can be sent to the institute or its Domeli or Dina branches

2.3 Government Middle school for Hearing Impaired, Jehlum

Main roles of the school include:

- Provide modern education and technical training to the children living with hearing impairment up to secondary level
- Look after the education standard at daughter institutions established at Tehsil levels

School has following strengths:

- The Institute houses a hostel and hence children from remote areas of the district can also be enrolled
- It is the oldest Special education centre in Jhelum with experienced staff
- It houses an ear mould fabrication laboratory along with an audio-logy clinic
- Special machinery for woodwork is available

School can be beneficial for CHIP in the following ways:

- Identified children living with hearing impairment can be sent to the institute as it also possesses a hostel
- The teaching staff at such institutes can work for the special children and may also participate in training sessions.
- CHIP can assist in the school and work with the approval of the education department in its plan of raising awareness about special education through students enrolled in normal schools

2.4 District Deaf Welfare Society (Al- Markaz Council)

Main roles of the society include:

- Initiate awareness raising campaigns, seminars, celebrates special children days, walks and sports festivals for the CWDs especially the deaf; and promote the education and social welfare of these children
- Raise funds for society run school and provide human expertise and infrastructure to other disability Centres
- Helps other NGOs working for the disabled with its experience and knowledge

Society has following strengths:

- The members of society are extremely experienced, educated and socially renowned individuals, who are the pioneers of social welfare programs in Jhelum district (especially the chairperson), and have held extremely important positions in government and private organizations

Society can be beneficial for CHIP in the following ways:

- The society is one of the biggest NGO in Jhelum district, with huge experience in general welfare, outreach and linkages with development groups
- CHIP can collaborate with the society for social inclusion of CWDs already identified by the society, associated with the society in its present endeavours and can make referral of PWDs to the linked organizations

2.5 District Social Welfare department

Main roles of the department include:

- Registers all the NGOs and CCBs working in the district
- Disburse the funds allocated by the Bait-ul-Maal to the NGOs
- Monitor the performance of the NGOs
- Initiates collaboration among NGOs

Department has following strength:

- The department is effectively maintaining the record of all the NGOs and CCBs working in the district

Society can be beneficial for CHIP in the following ways:

- The department can assist CHIP in rapport building with other NGOs and CCBs

2.6 *Zila Bait-ul- Maal Council*

Main roles of the council include:

- The council is responsible for the distribution of Bait-ul-Maal funds
- It appoints the Bait-ul-Maal committee which identifies the *Mustahiq* (deserving)
- It compliments the Social Welfare department as NGOs are also given financial grants

Council has following strength:

- The Bait-ul-Maal council has adequate funds at its disposal ranging from 1.5-2.5 million a year

Society can be beneficial for CHIP in the following ways:

- Disabled also fall in the *Mustahiqs* and funds for their education and healthcare can be retrieved from the Council
- CHIP can pinpoint *Mustahiqs* who have been left out so far

2.7 *District Zakat and Ushr Committee*

Main roles of the committee include:

- The role of the Zakat and Ushr Committee overlaps that of The Bait-ul-Maal Council
- The committee distributes finances between the divorced, orphans, disabled, poor students, ill, old and the penniless
- The Committee has budgets ranging from 60-80 million Rupees a year to distribute

Committee has following strengths:

- The Committee has its penetration to the grass roots. Trough the presence of 300-350 committee members
- The committee has sufficient funds and channels for operation such as Local Zakat Committees (LZCs)

Committee can be beneficial for CHIP in the following ways:

- CHIP can identify potential receivers of the Zakat and Ushr Funds
- The LZC members can serve as a useful to deal with the rural population and identify the disabled
- They also have some record of PWDs in various parts of the District

2.8 *District Health Department*

Main roles of the department include:

- The department regulates the functioning of the whole healthcare system of the District
- Hospitals, Health centres and clinics, dispensaries, LHWs, vaccination programs, Healthcare initiatives and disease campaigns are initiated and regulated by the department

Department has following strengths:

- The Health department in Jhelum has a good infrastructural and human resource
- LHWs hired are bridging the gap between the community and the health centres (area Coverage:94%)
- Disease control programs are being adequately handled

Department can be beneficial for CHIP in the following ways:

- CHIP can work with the department for the creation of disability departments in the hospitals
- The department also recruits 2% of its employees from PWDs so PWDs can be encouraged to avail the opportunity

2.9 District Education Department

Main roles of the department include:

- Regulate the working of all the governmental educational institutions in the district and make plans for their expansion, establishment of new ones etc.

Department has following strengths:

- Jhelum ranks 5th in Punjab for literacy
- The department runs an efficient program to control dropout rate
- Through its efforts the education standard in the district is ranked alongside much larger cities in Punjab
- Department has huge budget
- Because of efforts made by department District Jhelum has good enrolment status

Department can be beneficial for CHIP in the following ways:

- The staff and students of the schools, colleges and other institutions can be trained in assisting PWDs in orientation and mobility
- Admission of capable special students in higher classes can be worked for (quota established)

2.10 Layton Rahmatulla Benevolent Trust

Main roles of the trust include:

- Provide free eye-care to the people from all regions
- Take actions to reduce blindness in Pakistan
- Introduce a quality patient care system

Trust has following strengths:

- Highly professional and competent staff and well equip facilities for eye care
- Eye facilities available all across Pakistan

Trust can be beneficial for CHIP in the following ways:

- CHIP can refer eye patients to the hospital run by the trust
- The hospital authorities are also willing to train ophthalmologic technicians so that the smaller ailments may be diagnosed in far flung areas, CHIP can identify and encourage potential people to get trainings from the trust

2.11 DHQ Jhelum

Main roles of the hospitals include:

- The hospital is to provide all kind of healthcare services (which are available) to the District population and refer those untreatable to larger govt. Hospitals
- It is also responsible to deal with the outbreaks of epidemics, diseases and work correspondingly in emergency situations

Hospital has following strengths:

- The hospital has a convenient location

- Staff which is available is competent
- It has many departments

Hospital can be beneficial for CHIP in the following ways:

- CHIP can facilitate the handicapped for treatment at the hospital
- Free medicines and injections are given at the hospital for the disabled; facilitation can be done in this regard
- Negotiate with the authorities to provide a certain quota for the disabled

2.12 Punjab Institute of Preventive Ophthalmology (PIPO)

Main roles of the organization include:

- Develop the infrastructure for District Comprehensive eye-care programs
- Train the required manpower for eye care programs
- Work with the existing NGOs and government institutions to fight against blindness and visual impairment
- Educate the society about blindness, low vision and visual impairment and its prevention, cure, support and rehabilitation

Organization has following strengths:

- The institute has adequate funds, facilities and trained manpower
- The Standard Operating Procedures (SoPs) employed are very professional
- Courses being taught at the institute are up to date with the latest advancements in eye-care and ophthalmology

Organization can be beneficial for CHIP in the following ways:

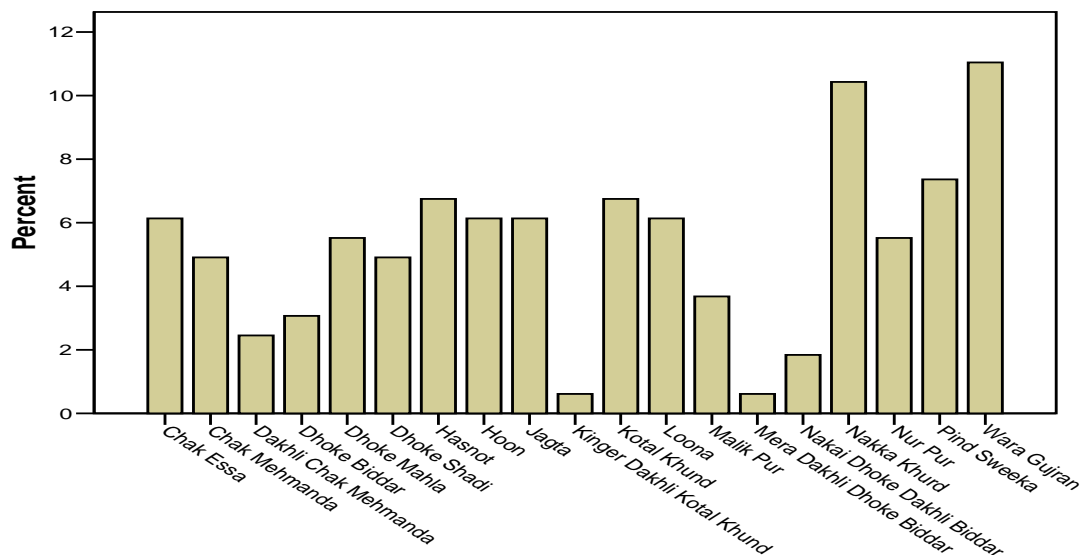
- CHIP, subsequent to signing an MoU can refer people suffering from blindness, low vision and visual impairment to the institute
- CHIP can collaborate with the institute in seminars, workshops and trainings being offered.

Chapter 3: Results and Analysis

3.1 Prevalence of Persons with Disabilities in Villages

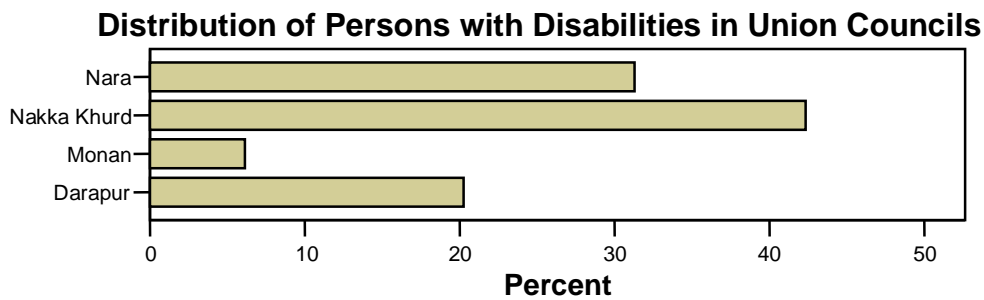
Analysis shows that there is high incidence of disability cases in Wara Gujran. In total 18 cases were reported in the village which makes 11% of the total cases reported in selected villages of Tehsil Jhelum. Nakka Khurd accommodates 17 people living with disabilities which make 10.4% of total reported cases, 7.4% of the reported cases live in Pind Sweeka. Each Kotal Khund and Hasnot is home to 6.7% of total reported cases. Each village Jagta, Hoon, Chak Essa and Loona has share of 6.1% in total reported cases from the selected villages. In the remaining villages PWDs are scattered with presence ranging from 0.6% to 5.5% of totally reported cases from the selected villages.

Prevalence of Disability Cases in Villages



3.2 Prevalence of Persons with Disabilities in Union Councils

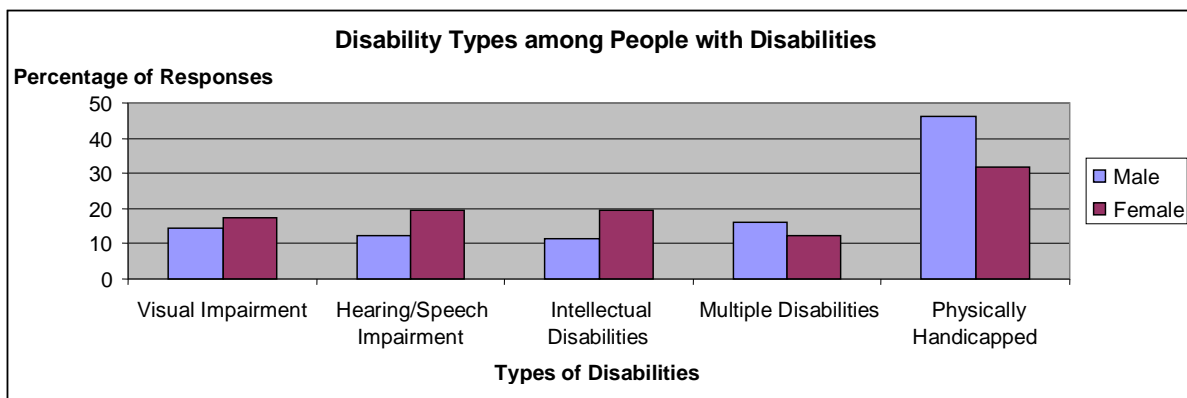
Data shows that there is high prevalence of disability cases in union council Nakka Khurd where 69 cases of disability were reported which make 42.3% of totally reported cases in the selected villages. 51 cases were reported in union council Nara with 31.3%. In union council Darapur 33 PWDs were identified which comprise 20.2% of total reported cases. Union council Monan accommodates 10 PWDs with its share of 6.1%.



3.3 Disability Types among Persons with Disabilities

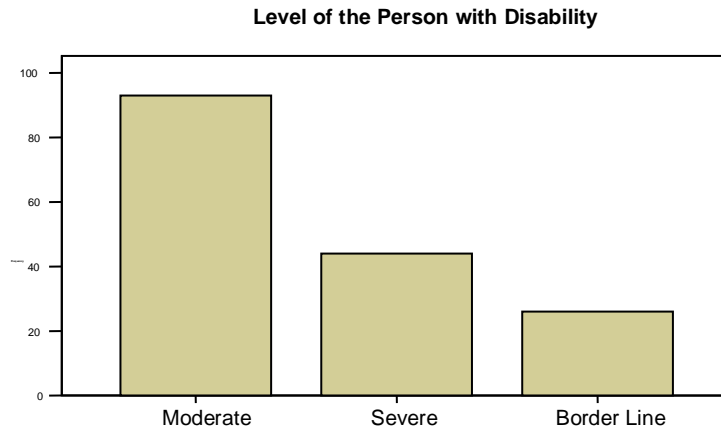
Among males living with disabilities, majority 46.2% are living with physical disabilities, 16% are under the category multiple disabilities, 14.2% are having visual impairment, 12.3% are living with hearing/speech impairment while 11.3% are living with intellectual disabilities.

Among females living with disabilities, similar like in males majority 31.6% are living with physical disabilities, 19.3% are living with hearing/speech impairment, another 19.3% are living with intellectual disabilities. It is important to note that number of persons living with intellectual disabilities is higher among females than males, this fact also speak about psychological problems faced by females in existing socio-cultural set ups. 17.5% of females with disabilities are living with visual impairment while 12% are living with multiple disabilities.



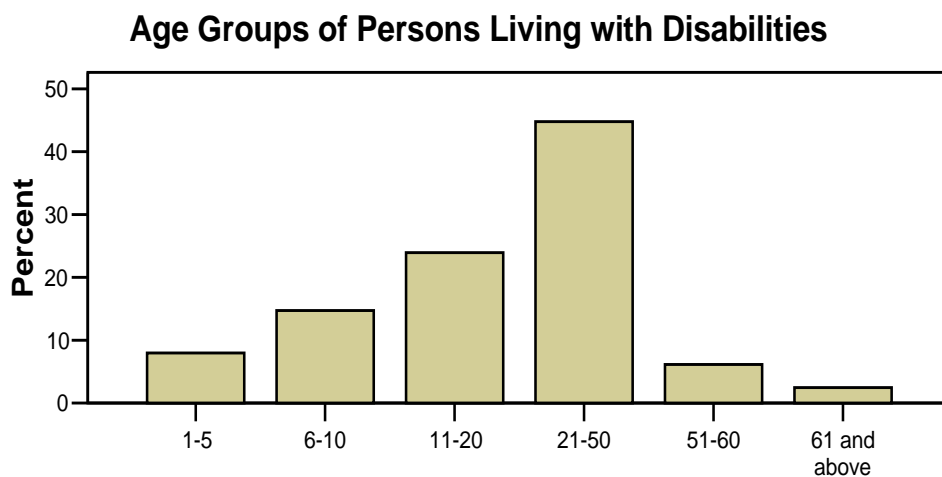
3.4 Levels of Disability among Persons with Disabilities

PRA also analyzed disability status of PWDs. Data depicts that a majority of them fall under category of moderate level of disabilities, PWDs in this category comprise 57.1% of the total targeted population of PWDs. 27% of them were reported to have severe form of disabilities while 16% were found on border line.



3.5 Various Age Groups of Persons with Disabilities

There is representation of almost all age groups in the reported cases. However it is noted that age group 21-50 has strong representation as 73 persons living with disabilities fall under this group, they make 44.8% of the total identified cases. The second large group is 11-20 with 39 persons living with disabilities; they make 23.9% of total identified cases. There are 24 PWDs which fall under the age group 6-10 which makes 14.7% of the total identified cases. Children in age group 1-5 are 13 in numbers with their share of 8%. 10 PWDs are in the age group 51-60 with representation of 6.1% in the total reported cases. The age group 61 and above has least representation as only 4 PWDs fall under this group with its share of 2.5% to the total identified cases.

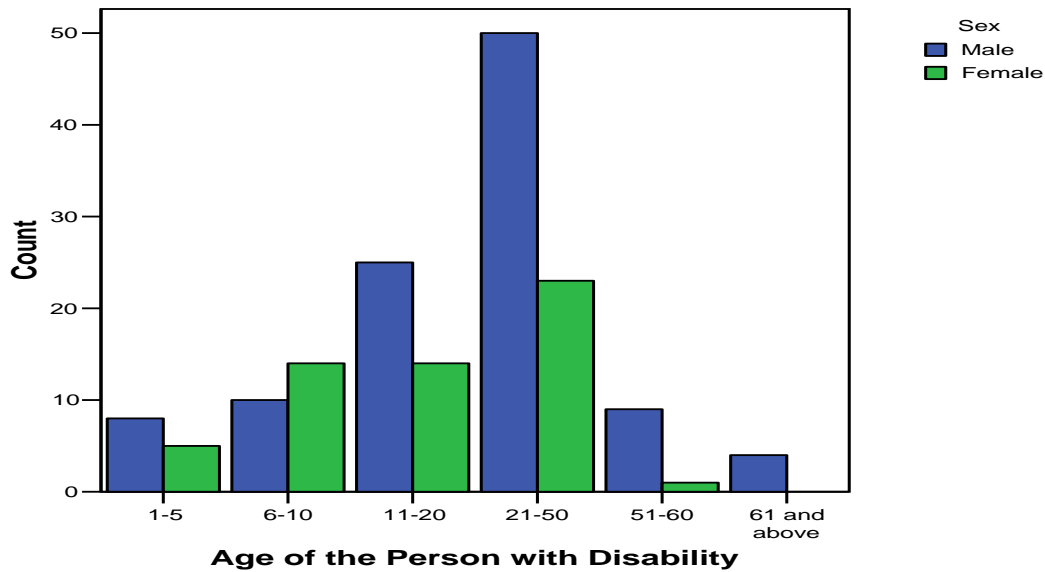


3.6 Age Groups of Persons with Disabilities on Gender Grounds

Among males living with disabilities majority 47.2% fall under the age group 21-50, 23.6% come under age category 11-20, 9.4% are under 6-10. A little less 8.5% are under age group 51-60, relatively small 7.5% are categorized under 1-5 while the least 3.8% are under age group 61 and above.

Among females living with disabilities, majority 40.4% fall under the age group 21-50, 24.6% are categorized under group 11-20, another 24.6% come under the age group 6-10,

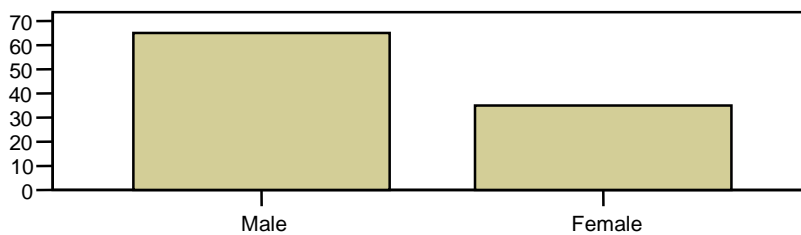
8.8% are categorized under group 1-5 and a very small portion of 1.8% come under 51-60. None of females with disability has been categorized under age group 60 and above.



3.7 Gender Distribution of Persons with Disabilities

Among reported cases, there are 106 cases of men which comprise 65% of total identified cases. Whereas 57 cases are that of female with 35% of total identified cases. Seeing the socio-cultural settings of Tehsil Jhelum It can be assumed that people are generally hesitant to speak about female living with disabilities. CHIP experienced that more cases regarding women disability are reported once the project has begun and there is confidence building between the communities and the project implementing organization.

Sex Distribution of Persons with Disabilities

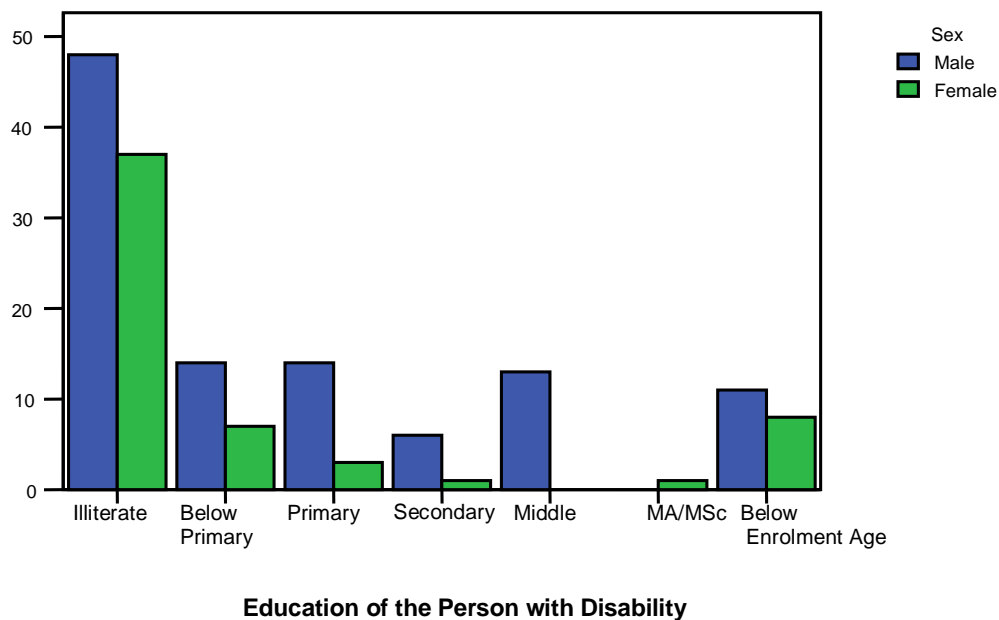


3.8 Literacy Level Among Persons with Disabilities

It is observed that illiteracy is predominant among PWDs in the selected villages. Data shows that 48 males are illiterate which comprise 29.4% of total identified cases. 37 females are

illiterate comprising 22.6% of the total identified cases. Among literate the numbers are highest in Below Primary group as 21 PWDs fall under this group, among these 14 are males and 7 are females, collectively they comprise 12.9% of total reported cases. 17 PWDs studied up to Primary level, among these 14 are males and 3 females. They comprise 10.4% of the total identified cases. 7 PWDs reached up to Secondary level, among these 6 are male and 01 female, they constitute 4.3% of the total identified cases. 13 PWDs have completed their education up to Middle level and they are all males, they are 8% of total identified cases.

Literacy among Persons with Disabilities



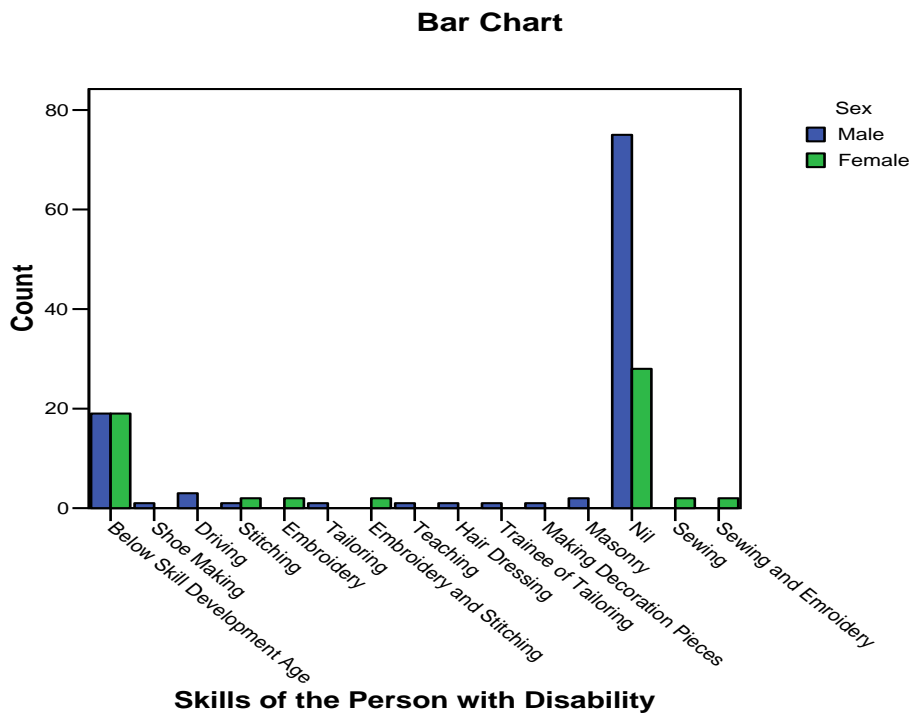
3.9 Skills Among the Persons with Disabilities

It can be clearly analyzed that the high ratio of the PWDs are unskilled. The statement is true for 103 out of 163 cases. It comprises a ratio of 63.2%. However some of the PWDs are engaged in the professions like stitching, driving, sewing, hair dressing. It is well determined that most of the PWDs are deprived of any skill to improve the quality of life by getting involved in income generation activities.



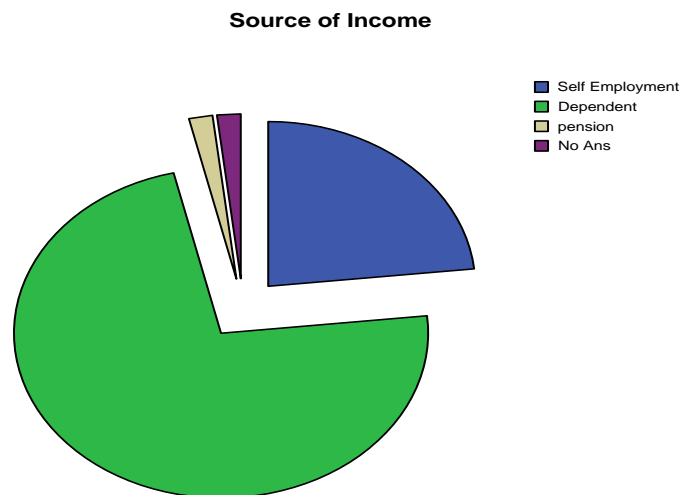
3.10 Skills Among The People Living With Disabilities by Gender Distribution

Among male PWDs, 70.8% have not acquired any type of skills, 17.9% fall under the below skill development age category. Remaining 11.3% somehow acquired skills like driving, hair dressing, making decoration pieces, masonry, shoe making, stitching, tailoring and teaching. Among female PWDs, 49.1% didn't acquire any skill, 33.3% were categorized under below skill development age. Only 17.6% reported that they have acquired some skills, these skills include embroidery, stitching and sewing.



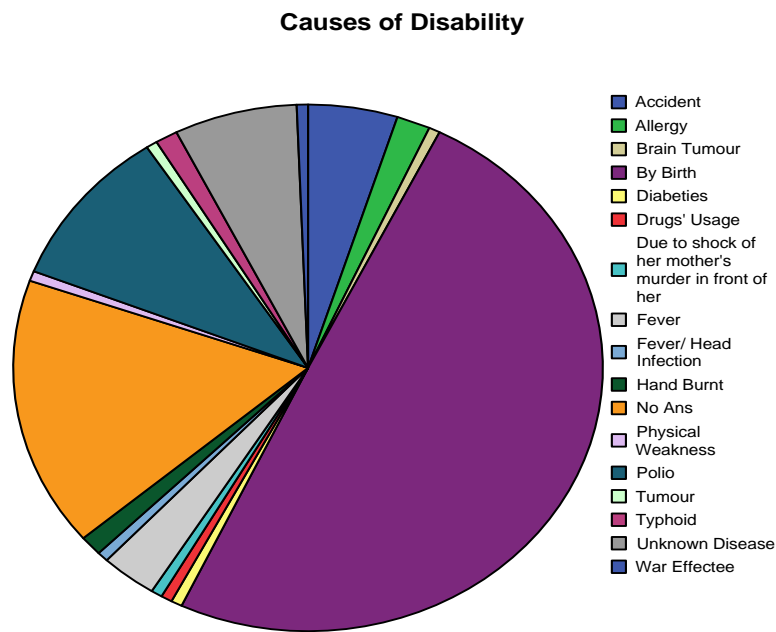
3.11 Sources of Income for Persons With Disabilities

Source of income stands at an important place to analyze the data how PWDs are meeting with their daily needs, how many of them are skilled or dependent to the others. Here the obtained data has given information about the subject people. It is clearly seen that the highest number of PWDs are dependent in this context with the total number of 119 and relatively the highest percentage of 73% in the total cases identified, whereas 38 PWDs are involved in self employment with the 23.3% of the ratio in the whole scene. The lowest representation is of PWDs living on pension or have not answered the question constitute 1.8% each.



3.12 Causes of Disabilities among Persons with Disabilities

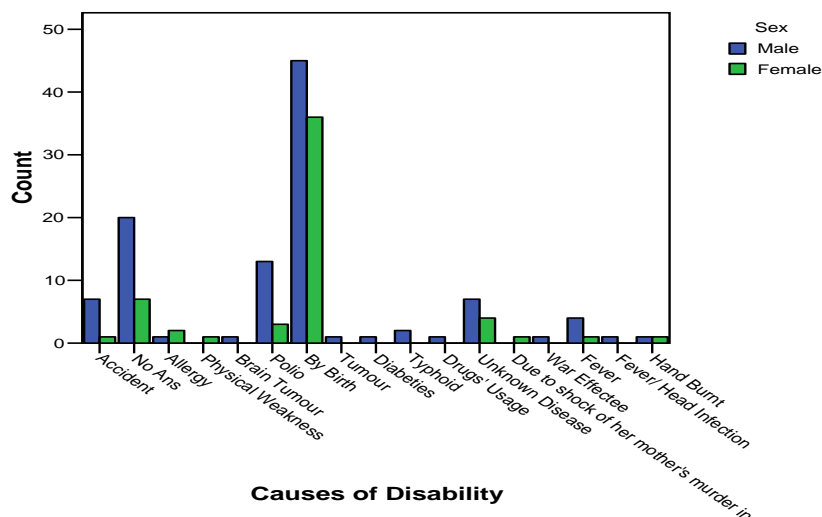
The received information shows that the most of PWDs are living with disability since birth, the figure stands 81 out of total number of cases 163, It comprises 49.6%. 27 PWDs which constitute 16.6% of the total targeted population did not reply to the question. Furthermore 16 PWDs which make a 9.8% told polio as a direct cause of their disability. 11 PWDs responded that some unknown diseases resulted them disability, such cases constitutes 6.7% of the total reported cases. 8 PWDs, 4.9%, told that their disability is a direct consequence of accident injuries. However some persons with disability named allergy, brain tumor, diabetes, drugs' use, psychological shock, fever, head infection, hand burn, physical weakness, tumor and typhoid as major causes of disability.



3.13 Causes of Disability among Male and Female Persons with Disabilities

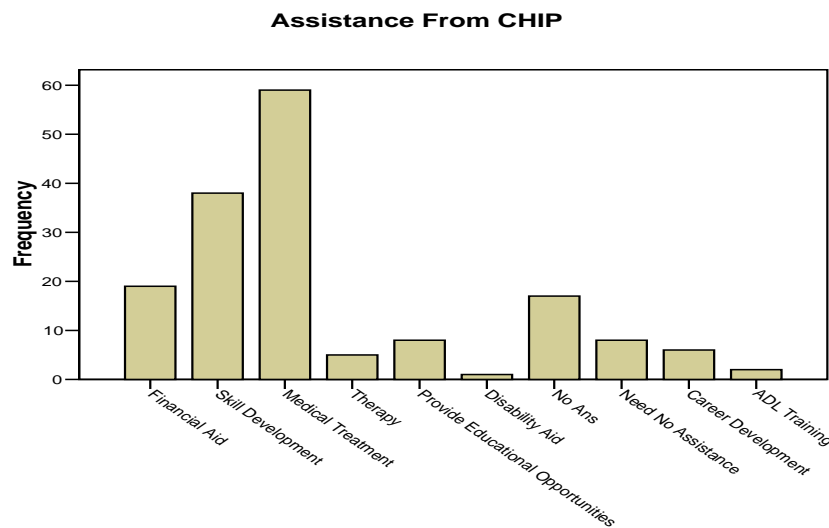
Among males PWDs, 42.5% said it is by birth, 18.9% didn't answer to the question. 12.3% reported that their disability is a direct consequence of polio. 6.6% said that it was caused by some unknown diseases; another 6.6% shared it as result of accident. Remaining described it a consequence of allergy, brain tumor, drug usage, diabetes, fever, hand burn, war injuries, typhoid and physical weakness.

Among females PWDs, 63.2% said it is by birth, 12.3% didn't answer to the question. 7% told that it is due to some unknown diseases, 5.3% said that their disability is a consequence of polio, 3.5% ascribed it with allergy. Remaining shared that their disabilities were caused by accident, psychological shock, fever, hand burn and physical weakness.



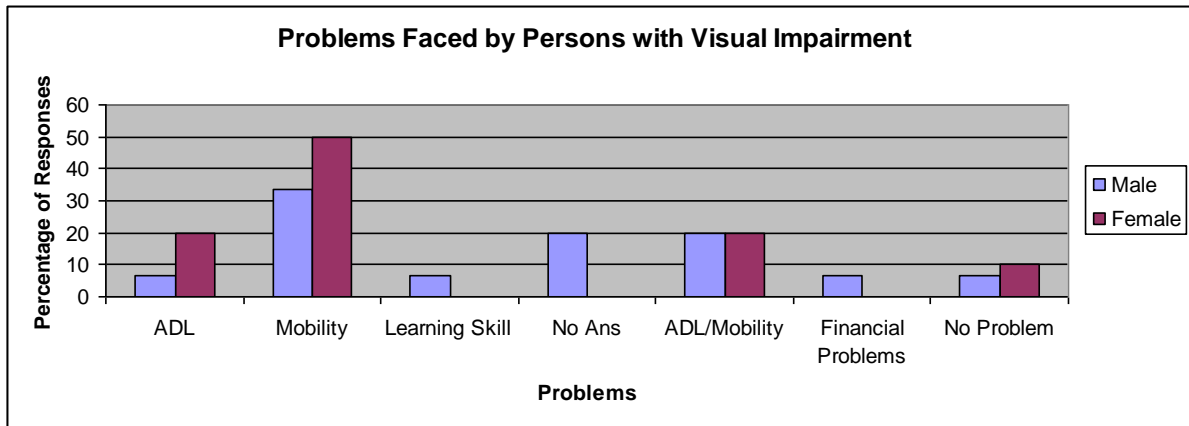
3.14 Nature of Assistance from CHIP Expected by Persons with Disabilities

PWDs openly shared their expectations from the project, 36.2% said that there should be provision of medical treatment, 23.3% said that they are interested to be trained in certain skills, 11.7% shared that they are in need of financial assistance. 10.4% didn't reply to the question, 4.9% said that they want availability of educational services near to their homes; another 4.9% said that they are not in need of any assistance. Remaining told that they want facility of physiotherapy, helping aids for disable persons, career counselling and trainings in Activities of Daily Living (ADL).

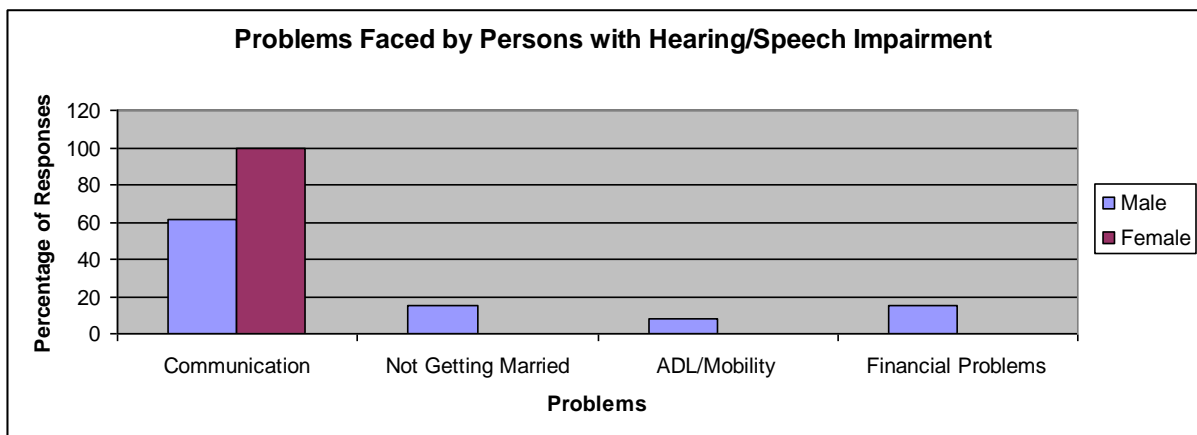


3.15 Problems faced by Persons Living With Disabilities

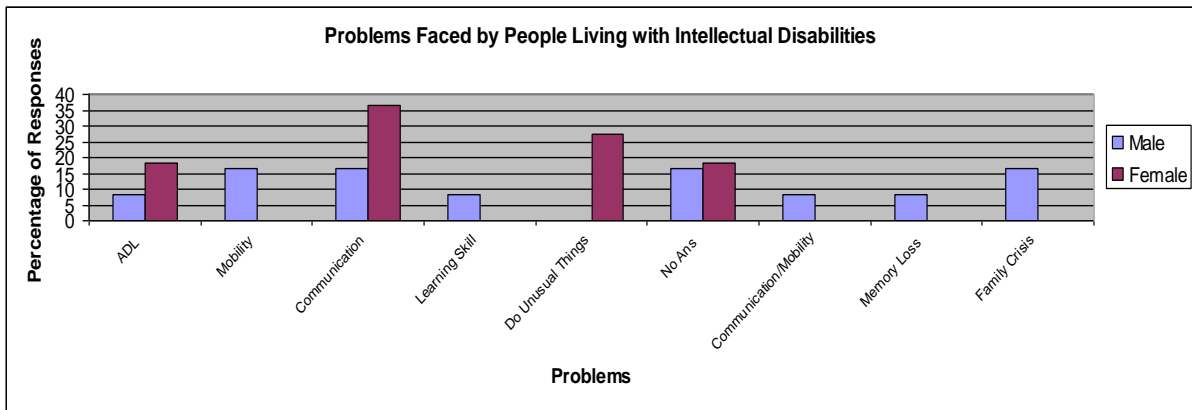
Among males living with visual impairment, 33% said that they face problem in mobility, 20% shared about their difficulties in both performing Activities of Daily Living (ADL) and mobility, another 20% didn't not reply to this question. 6.7% told about their problems in performing ADL, another 6.7% said that they are not included in skill development process so that's their problem. Again 6.7% said that they are not financially strong hence consider it their basic problem; another 6.7% said they don't think they face any problem due to disability. Analysis of females living with visual impairment shows that most of them 50% face problem in mobility, 20% feel problem in performing ADL, another 20% face problem both in ADL and mobility while 10% said that they don't feel problems as such.



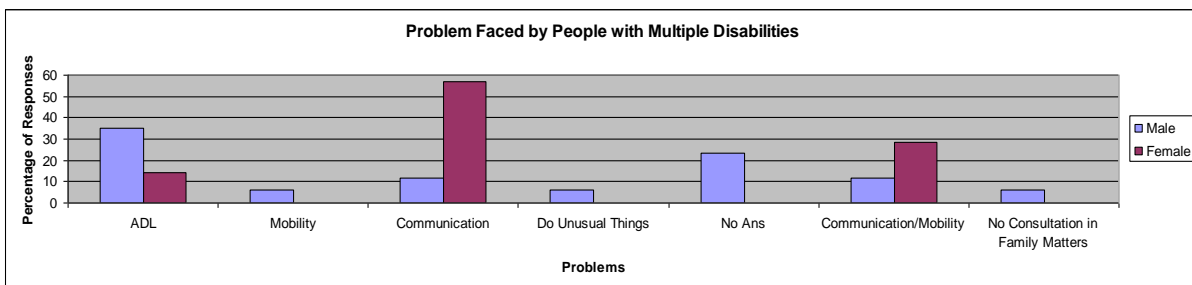
Among males living with hearing/speech impairment, 61.5% said that they face problem in communication, 15.4% shared that they are unable to begin a marital life just because of their disability, another 15.4% told that they are facing financial problems. 7.7% said that they face problems in mobility and performing ADL. Among females living with speech/hearing impairment all 100% said that they face problem in communication and expressing themselves.



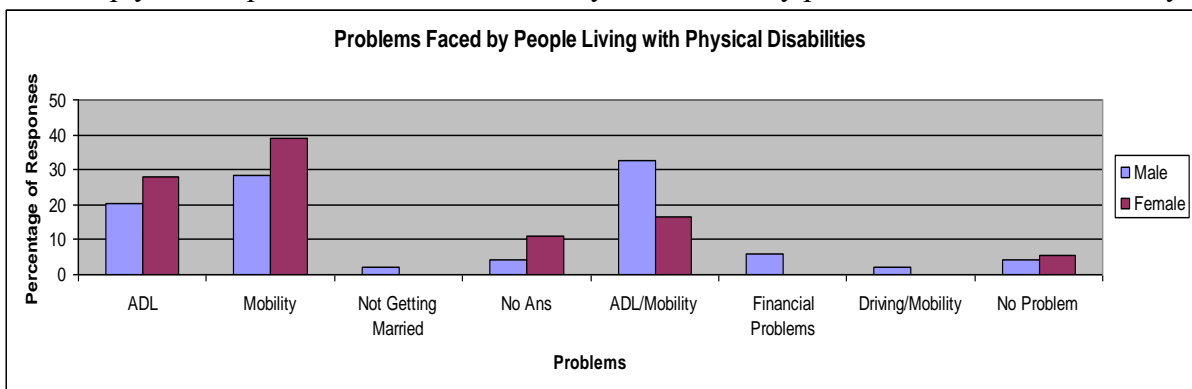
Among males categorized under intellectual disabilities, 16.7% face problems in communication, another 16.7% in mobility and equally 16.7% told that their family life is in crisis. Another 16.7% didn't reply to the question. 8.3% reported problem in ADL, another 8.3% in learning skills, equal number 8.3% in communication and mobility while again 8.3% said they suffer from memory loss. Trends in females living with intellectual disabilities show that majority of them 36.4% are having problems in communication, 27.3% were reported to be doing unusual things, 18.2% shared that they are facing problems in ADL while another 18.2% didn't reply to the question.



Among persons living with multiple disabilities, majority 35.3% said they are having problems in ADL, 23.5% didn't reply to the question, 11.8% shared problem in communication, another 11.8% told that they face problems both in communication and mobility. 5.9% said that they feel difficulties in mobility; another 5.9% were reported to be doing unusual things, again 5.9% shared that they are not consulted in important family matters.

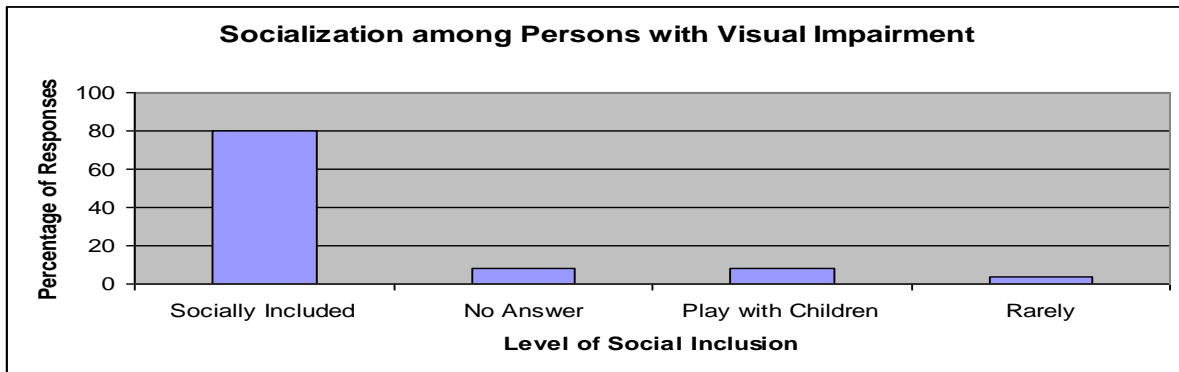


Among persons living with physical disabilities, 32.7% reported to be facing problem in mobility and ADL, 28.6% told that they face problems in mobility, 20.4% said that they are having problem in performing ADL. 6.1% claimed to be having financial problems, 4.1% shared that they don't face any problem, another 4.1% didn't reply to the question. 2% shared that they don't have acceptance in society hence they cant start their marital life, another 2% told that they are having problem in mobility and also in driving. Among females living with physical disabilities, majority 38.9% reported problems in mobility, 27.8% said they face problems in ADL, 16.7% shared that they face problem both in mobility and ADL, 11.1% didn't reply to the question. 5.6% told that they don't face any problem because of disability.

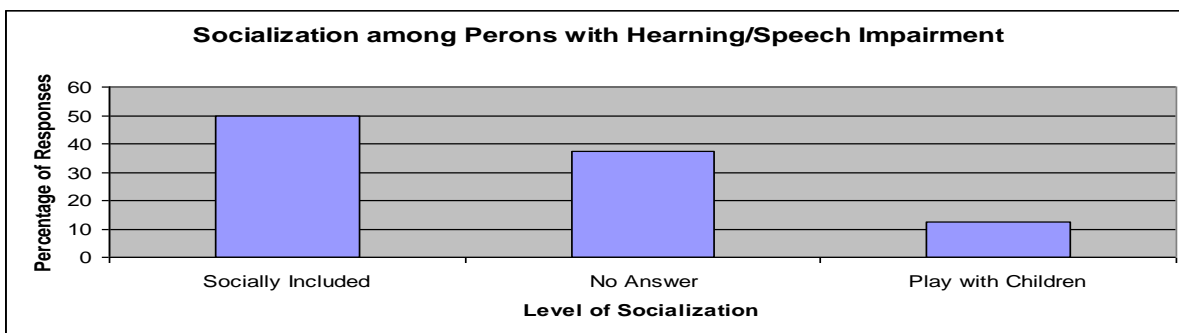


3.16 Socialization of Persons with Disabilities

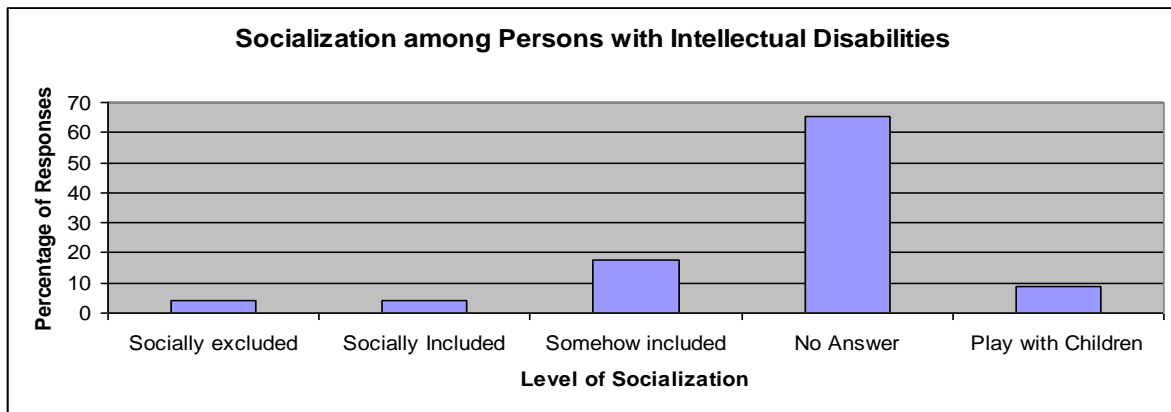
Among persons living with visual impairment, 80% said that they often take part in social activities taking place in their surroundings, children among these persons told that they sometimes take part in domestic sports' activities, such children constitute 8% of the total persons with visual impairment, 4% of persons with visual impairment told that they rarely become part of social activities.



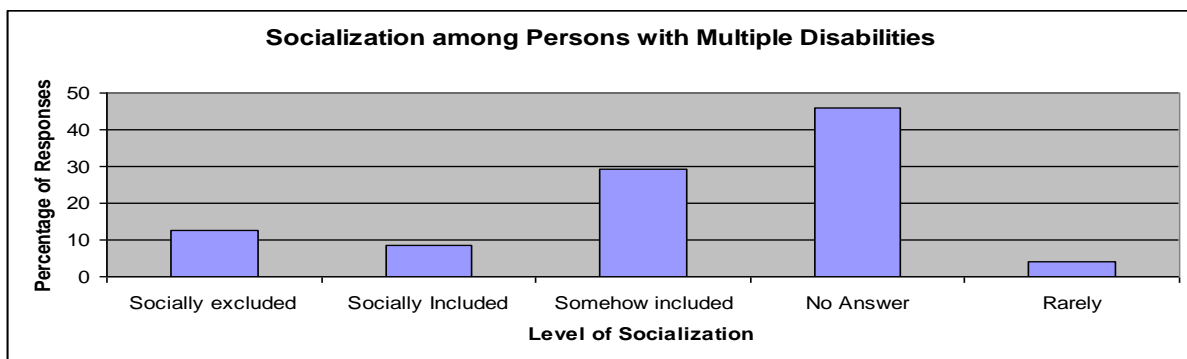
Among persons living with hearing/speech impairment, 50% said that they often take part in social activities, 37.5% didn't reply to the question but through observation it can be assumed that more or less they are living life in isolation. 12.5%, mainly children shared that they sometimes take part in sports played in their neighborhood.



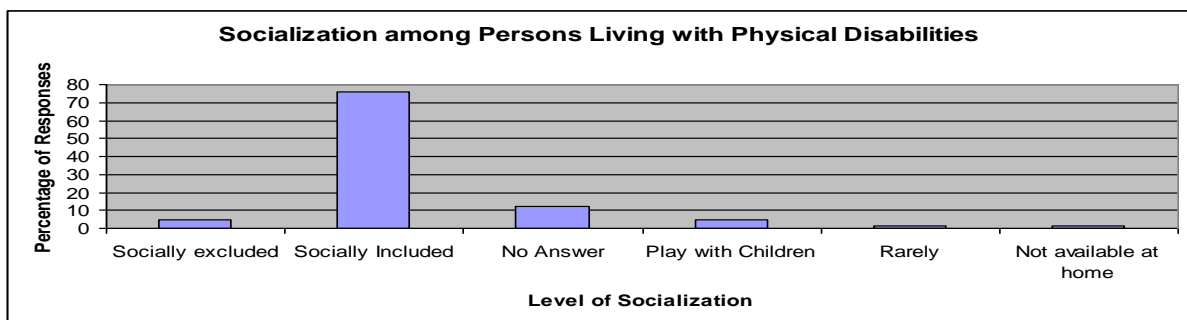
Among persons living with intellectual disabilities, 65.2% didn't reply to the question and through observation it can be well assumed that they are socially excluded. 17.4% told that they feel somehow included but they can not say that they are appreciated to take part in all routine live social activities. 4.3% told that they feel socially included while another 4.3% plainly said they are not socially included. 8.7% are reported to be taking part in neighborhood sports activities but occasionally, most of the children gave this statement.



Among persons living with multiple disabilities, 45.8% didn't answer to the question but their situation well determine that they are not socially included, 29.2% claimed that they feel somehow socially included but they cant say that they are fully socially included. 12.5% straightaway said that they utterly feel socially excluded. However a small number 8.3% shared that they feel socially included, another very small number 4.2% told that they rarely feel socially included.



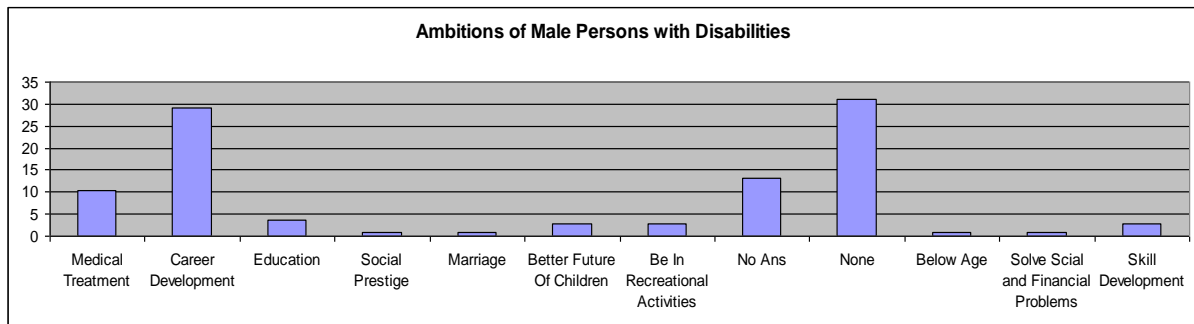
Among persons living with physical disabilities, 76.1% shared that they feel socially included, 11.9% didn't reply to the question but their situation tells that they are not often neglected for taking part in social activities, 4.5% plainly told that they feel socially excluded while another 4.5% said that they sometimes take part in neighborhood sports activities, most of them giving this reply are children. A small number 1.5% shared that they rarely feel socially included and another 1.5% were not available at home hence could not be asked.



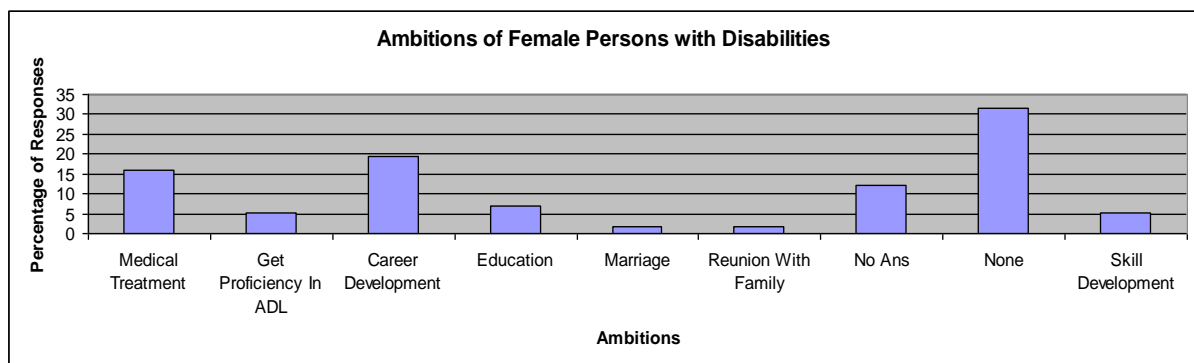
3.17 Ambitions of Persons with Disabilities

Among males PWDs, majority 31.13% told that they don't have anything in their mind regarding their future, 29.24% shared that they want to have such careers which help them in

income generation, 13.2% didn't answer to the question and it can be assumed that they also don't have anything in their mind regarding future life. 10.37% shared that they want medical treatment for betterment of their lives, 3.77% said that they have plans for education. 2.83% show interested to be in recreational activities, another 2.83% said that they want to see a bright future of their children; again 2.83% show interest in skill development. 0.94% talked about earning social prestige, another 0.94% shared that they want to begin their marital life, again 0.94% told that they want to solve their social and financial problems. 0.94% could not answer the question being minors.



Among females living with disabilities, 31.57% said that they don't have anything in mind regarding their future, 19.29% wished to have better careers for income generation that they can lead an independent life, 15.78% shared that they want to have medical treatment for betterment of their lives, 12.28% didn't answer to the question and it can be assumed that they don't have anything in their mind. 7.01% told that they want to have a prosperous educational career, 5.26% showed interest in skill development, another 5.26% want to learn managing ADL. 1.75% wished that they want to start marital lives, another 1.75% want reunion with their family.



Chapter 4: Conclusion

PRA was designed and information gathered about villages, conditions of PWDs, locally available infrastructure to facilitate PWDs has provided an insight into local socio-economic, health, education and social security systems to make future plans of action.

The PRA covered 29 villages of *Tehsil* Jhelum and finally a detailed analysis of 19 villages was carried out. The data thus gathered provides in detail information about PWDs, this include their villages of residence, union councils of their villages, exact addresses of their locations. PRA also take a detailed account of present status of PWDs, their disability types, problems faced by them and their future ambitions. As a result of PRA CHIP reached following inferences:

- There are human, social security and medication related resources available at local level but unfortunately most of the PWDs are not aware of availability of such resource or they don't know how to approach the existing opportunities. Therefore a framework is in need which will facilitate and link up PWDs to the existing resources.
- There is concentration of PWDs in some villages; these villages can be turned into focal points/local resource centers to facilitate PWDs in their respective communities. These centers can also serve purpose of connecting PWDs with existing government and non-government setups working for PWDs. These centers can also be used as platform to propagate themes of inclusive development through awareness raising.
- Most of the PWDs fall under the age groups 11-20 and 21-50, however there is a need to design the activities according to age groups, gender aspects should also be kept in mind while designing activities.
- Low literacy rate has been observed among PWDs, therefore concentration should also be on awareness raising of existing schools that they may enroll and facilitate PWDs.
- It was found that a very small number of PWDs are involved in income generation through skill development. Hence the awareness raising campaign should work on parallel lines to sensitize PWDs on one hand and to make families of PWDs & local communities aware on the other hand. Such actions will assist to create conducive environment which encourages and facilitate PWDs for skill development.
- Though majority of PWDs are having disabilities by birth but it is also noted that negligence in treatment of certain diseases lead to disability, communities should be made aware of such diseases and their causes. In this regard project should include aspects of health and hygiene.
- Though the present plight of PWDs present a gloomy picture however it is imperative to mention that a hope kindle in their hearts. PWDs can be turned into positive players in society through restoring their self esteem; in this regard self growth activities with them will certainly play an important role.
- Unfortunately most of PWDs are living a life of sheer dependency so there is need to make them accustomed to independent living. This will play a pivotal role for them in all aspects of life; by this way they will get a chance to live an active social life which will facilitate them in career development.
- Most of PWDs were found living in a bewildered state of mind, however some of them shared their ambitions with great interest. These ambitions include a better educational career, yearning for skill development, desire for participating in income generation activities and determination to live an independent life. There is need to creating a facilitating environment where PWDs will have chance to fulfill their ambitions.