

Research Report on
**Participatory Situation
Analysis**

In 29 villages of Shigar, Daghoni, Skardu and Gamba,
Gilgit-Baltistan Province

with Special Focus on Persons with Disability

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Introduction

Civil Society Human and Institutional Development Programme (CHIP) has been working on inclusive development, in Gilgit-Baltistan province, since 2006. In order to plan for fresh interventions in relatively new geographical locations, a survey for participatory situation analysis (PSA) has been conducted in 50 villages of Gilgit-Baltistan.

The following objectives were set for the survey:

1. Demarcate the geographical locations where the persons with disabilities are currently residing.
2. Collect the brief profile of the PWDs.
3. Examine the local infrastructure and institutions working on issues of disability.
4. Document and analyse the status of the PWDs in term of their health & hygiene, education, livelihood, social inclusion and empowerment.

Methodology

To conduct the PSA a survey was planned which included both in-depth interviews and personal observation. In view of the young age of some respondents and inability of some PWDs to respond, comments from household members were also accepted. Some check points were designed for the surveyors to record their personal observations regarding the status of health/hygiene of the respondents.

A format for profiling the target villages was developed. With the help of this format, the profile data of 50 villages was collected. After reviewing the village profiles against a certain set of criteria, 29 villages were selected for the survey.

After pilot testing of the questionnaire, a few modifications were incorporated into it. The data was collected from the 29 target villages and the responses from 488 PWDs were recorded. The data was cleaned and fed into the SPSS. Based on the analysed information, this research report is compiled.

In order to make the research comparable with WHO standards, the quality of life (QOL) indicators, examined in the questionnaire and observed during the survey, have been rearranged in this report under the CBR matrix. Thus, the PSA report can be used to compare the results of the baseline with any prospective mid-term and end-term reviews in the order of CBR matrix.

Analysis of Results

Profile

Gender wise number of PWDs interviewed in the PSA

488 PWDs were interviewed among which 38.1% (186) were female.

Disability types of the respondents

The most wide spread impairment observed among the respondent was vocal and hearing disability. 48% of the respondents suffered from it. The second biggest disability type was physical. About 36% of the respondents suffered from it. 'Blindness and low vision', 'multiple' and 'intellectual' disabilities were found to be 9.6%, 5.2% and 1.2%, respectively.

Age groups of the respondents

A large number (47.8%) of the respondents belonged to the age group 31-60 years. A large number (26.1%) of respondents were between the ages of 18-31 years. The remaining respondents were below 18 years of age.

Education Levels of the PWDs

It is very unfortunate that most of the PWDs (76.1%) were absolutely illiterate. Less than quarter of the PWDs had acquired some level of education and only 8.2% of the total PWDs had education above the primary level.

Marital Status of the PWDs

Excluding the PWDs below the age of 18 years, 37% of the PWDs are still unmarried. In view of the fact that marriages in young age are customary in Gilgit-Baltistan province, the percentage of unmarried PWDs appears high. The probable reasons are stigmatization and association of taboos with disability.

Prevalence of PWDs in villages

Tehsil	S No	Village	Number of Disables	%
Shigar	1	Braq Chan	14	2.9
	2	Giangpa	5	1.0
	3	Marapi Bala	13	2.7
	4	Marapi Pine	14	2.9
	5	Zoapi	23	4.7
Total Shigar			69	14.2
Dhagoni	6	Lahar	25	5.1
	7	Mandik	35	7.3
	8	Tapari	17	3.5
	9	Thana	7	1.4
	10	Trangzong	25	5.1
	11	Youskil	60	12.3
Total Dhagoni			169	34.7
Skardu	12	Haji Gram	12	2.5
	13	Hussainabad	27	5.5
	14	Manthal	9	1.8
	15	Nansoq	3	0.6
	16	Saythang	17	3.5
	17	Stiangdong	7	1.4
	18	Thorgu	24	4.9
	19	Yar Khor	3	0.6
Total Skardu			102	20.8
Gumba	20	Aliabad	7	1.4
	21	Gonopa	11	2.4
	22	Harzapa	6	1.2
	23	Kachura	17	3.5
	24	Mangar	8	1.6
	25	Parang	6	1.2
	26	Ranga	76	15.6
	27	Sandapa	6	1.2
	28	Thang	6	1.2
	29	Yar Khar	5	1.0
Total Gumba			148	30.3
Total PWD Respondents in four Tehsil			488	100

The frequency of PWDs in the target area has been up to 76 persons in a single village. On average, there are 16 PWDs in a village.

Quality of Life Indicators under CBR Matrix

Health

Ability of the PWDs to maintain personal care and hygiene

The PWDs were asked some basic questions to ascertain if they had access to personal hygiene facilities and if they were able to maintain their personal care.

From the 488 PWDs, 2.7% respondents reported to have no toilet at home. In 92% cases, the toilet was of traditional type. In view of the nature of the abilities involved, those with intellectual or vocal and hearing disability were excluded from the inquiry. The responses from the remaining 246 PWDs were recorded as follows:

11% of the PWDs cannot eat meal independently;

40% of the PWDs cannot change their clothes;

34% of the PWDs cannot put their shoes on; and

20% of the PWDs can neither clean their teeth nor can they comb their hair.

Status of personal hygiene

The surveyors/enumerators were directed to record their observations regarding the status of personal hygiene of the subject PWDs. The results were heart rendering and deplorable:

62% of the PWDs had stains on their faces;

60% of the PWDs had stains on their clothes and gave off bad odour from their mouths;

64% of the PWDs had no combed hair; and

77% of the PWDs had unclean teeth.

Ability to move independently

In order to enquire the mobility of the PWDs, certain questions were posed to the 220 respondents who suffered from blindness, low vision and lower body impairment. The statistics of their responses are given below:

6.8% of the PWDs could not sit independently;

24.1% of the PWDs could not stand independently;

58% of the PWDs could not move outside their houses (it is important to note here that none of the houses was accessible);

25% of the PWDs could not even move within house;

42% of the PWDs were unable to climb stairs; and

58% of the PWDs could not use local transport on their own.

The PWDs with blindness and low vision were posed a slightly different question to examine their abilities to move. The number of such respondents was 63. Their responses were as follows:

38% of the PWDs did not understand directions; and

40% of the PWDs could not go outside their home independently.

Ability to manage daily life activities

Remaining within the socio-geographical context of the subject PWDs, the respondents were asked some questions on their daily life activities and house chores. The responses were as below:

36% of the PWDs did not help in fetching water to home;

81% of the PWDs did not participate in shopping for home; and

51% of the PWDs did not help in collecting fodder and managing the livestock.

The female PWDs were asked if they washed pans and cleaned house. The reply of 60% respondents was negative.

Access to health facilities and services

About one third of the respondents had no access to any public or private health facility. 14% of the respondents depended on private doctors and 11% of the respondents relied on traditional *Hakeems* for their treatment.

Access to assistive devices

92% of the PWDs had no assistive devices. Those who had any assistive device had managed it from their own resources and no NGO had provided any assistive device to the target PWDs thus far. 18% of the small number of PWDs, who had some assistive devices, did not use them for various reasons. The most popular assistive device used by these PWDs was 'walking stick'; 56% respondents with assistive devices used it. Professionally customised assistive devices such as KAFO/AFO and spinal jackets were unknown to these respondents.

Education

Access to education

124 PWDs were observed to be within the school going age (i.e. 4-16 years). Therefore, only these PWDs were asked the questions related to access to education. The responses revealed the following information:

Slightly less than 50% of the respondents were engaged in any kind of education. 57% of them were receiving education through government schools while 6.5 % received education through community based schools. Rest of them received education either in *Madrassah* or through any other private/informal education systems. Some other data, depicting the dismal conditions of the PWDs, is as follows:

12% PWDs complained that the fellow students and teacher did not much help with their studies;

83% of the PWDs complained that their school building was not accessible;

21% of the PWDs had no toilet in their school building; and

96% opined that the existing toilets in schools could not be used by a person with lower body impairment.

Livelihood

Inclusion in economic activities

It is pitiful to see that 68% of the PWDs, who are above the age of 18 years, are engaged in no economic productive activity. Only a small number of PWDs participate in income earning activities such as livestock management, shop keeping and farming etc. The income level of these PWDs who are engaged in livelihood activities is also low. 37% of them earn less than Rs. 3,000 (less than 32 USDs) per month.

Access to vocational skills

Excluding those below the age of 16, a total number of 381 PWDs were interviewed on their access to vocational skills. Only nine PWDs reported to have learnt some kind of skill from some personally known skilled person. Five of them had learnt tailoring. None of them had access to any formal vocational training centre.

Social Inclusion

Ability to Communicate

73 respondents suffered from low vision. They were asked some questions to probe their ability to communicate. While a majority of the respondents showed good basic communication abilities, 7% of the respondents were reported to be unable to understand and convey their messages. As many as a quarter of the respondents reported their inability to express their views. 260 respondents, with hearing and speech disability, were asked some questions on sign language and it was revealed that about 9% of them did not understand sign language. It is important to note that those who claimed to understand the sign language did not use standard signs. Therefore, when asked if others understood their sign language, almost all of them named their family. 31% of the respondents reported that their friends did not understand them; 58% stated that the community at large did not understand them and 38% said that their teachers were unable to understand them.

Status of socialization

Approximately one third of the surveyed PWDs reported that neither did they attend social events nor did they participate in religious festivals. This is despite the fact that the target community is broadly religious and religious festivals are frequently organized in nearby mosques and *Imam Bargahs/Khanqahs*. When asked if they felt comfortable in a group of people, about half the respondents replied that they felt either bad or shy.

Participation in sports

Participation in sports and recreational activities is a far off dream for most of the surveyed PWDs. Only 21% of the participants reported to be engaged in sports. However, for a majority of them sports meant only indoor games and recreational activities. Only about 6% of the PWDs claimed to be a regular member of some outdoor sports team.

Empowerment

Access to various certifications

Having documents and certificates is an initial step towards empowerment. The situation of access to various certifications was dismal among the surveyed PWDs. About 15% PWDs do not have the

Form B yet; 99% of the PWDs do not have the disability certificate yet, which entitles them to various government facilities such as access to disability quota etc. Even among the grownups, amongst those who are above the age of 18 years, 14% do not have the CNIC; the basic document to claim any rights granted to a Pakistani citizens.

Engagement in Communal Activities

Only a marginal number of PWDs (3.1%) were part of any organized structure such as community based organization (CBO). However, this membership was mostly symbolic as about half of the respondents, who reported to be a member of some organization, told that they did not participate in meetings. Even those few who attended the meetings mostly complained that they were not listened to and their opinion in decision making was not considered.

Access to public social support services

Most of the PWDs belonged to poor families and needed support services and resources. However, only 6.6% of the respondents reported to have received any support from public social support services such as Benazir Income Support Programme (BISP), Zakat Department and *Baitul Mal*.

Availability of accessible constructions

Not even a single house of the surveyed PWDs was found accessible. Only two out of 211 persons with blindness/low vision or lower body impairment disability reported that they had accessible toilets. Only 3.3% of these PWDs had paved homes and streets.

Conclusion

The PSA has successfully achieved the objectives of the research by providing valuable information and insights on the lives of the PWDs in the target villages. The major highlights of the study are summarized here.

29 villages have been successfully identified where there is a dire need to introduce interventions to improve the quality of life of people with disabilities.

The PSA informs us of the poor health conditions of the PWDs and calls for interventions in the form of disability assessment, medical care, physiotherapy, and provision of assistive devices in many cases.

The PWDs are generally neglected in mainstream education system. Both society and educationist need to be made aware of the rights of the PWDs to education. They also need facilitation and support to provide equitable education to the PWDs.

Worthful information has also been obtained on economic status of the poor which can be improved by introducing skills training and offering support for establishing small enterprises.

The PSA also unveils the general behavior of society towards the PWDs which is adulterated with taboos, stigmas and misperceptions. There is a big room for taking corrective measures and raising awareness at family and community levels.

The PSA emphasizes the overall status of disempowerment of the PWDs. They are cut off from mainstream and are deprived of their basic rights as a human and as a citizen of Pakistan. Their information on to their rights needs to be increased and their access to their fundamental rights needs to be ensured. They need to be organized and made an active part of community. The process can be initiated by facilitating them in obtaining basic documents such as disability certificates and including them into self help groups and community organisations.