MEASURING SDGS FOR INCLUSION, LEARNING & EQUITY
LESSONS FROM ASER PAKISTAN
Guaranteeing equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities

Promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market

Emphasizing the social, economic and political inclusion of persons with disabilities

Creating accessible cities and water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces

Underlining the importance of data collection and monitoring of the SDGs, emphasis on disability disaggregated data

ALL GOALS ARE UNIVERSAL

Disability is included in the following GOALS:

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The importance of 'inclusive education' for all children is widely recognised and voiced (United Nations 2006). SDGs 2030 have further reaffirmed attention to this necessity in SDGs 4.5 and 8.5 committed to the core principles of equity and inclusion for ALL. However, the very first step towards achieving the much talked about goal of raising learning outcomes for all is surely identifying all the children in the first instance and then targeting those who are not learning. In identifying and rectifying this vicious circle of disadvantage, we argue that there is a need to focus on potentially the most marginalised individuals in Pakistan – the disabled children and youth – who are likely to face multiple disadvantages. The Global Monitoring Report (2013-14) highlights that children who are disabled, are also less likely to go to school. The area of disability and special education has remained fragmented in Pakistan. There is no comprehensive legal and policy apparatus to protect the rights of people with intellectual and/or physical disabilities. Furthermore, there is no evidence and data collected on regular basis to quantify the dearth of the problem. In the 1998 census, the prevalence rates for people with disabilities were noted as 2.38 percent of the total population. Ironically, this figure is much lower at 0.48 percent, in the recently concluded 6th Population and Housing Census 2017 (Pakistan Bureau of Statistics, 2017). Both these figures are significantly low and one of the main reasons is how disability questions are framed in Census and other large scale surveys.

The first effort to take care of disabled persons was initiated in 1981 with the promulgation of “Disabled Persons (Employment and Rehabilitation) Ordinance 1981” that came in response to the proclamation of the year 1981 as an International Year of Disabled Persons (IYDP) by the United Nations (UN). Thirty three years have elapsed since the ordinance was passed, but it still remains poorly implemented. In order to ensure the implementation of legislation formulated in 1981, the Government of Pakistan introduced the “National Policy for Persons with Disabilities” in 2002 followed by “National Plan of Action (NPA) for Persons with Disabilities” legislated in 2006. The efforts lost momentum in the wake of 18th Amendment to the Constitution which devolved powers from the federal government to the provinces leading to a confusing patchwork with each province working through different agency.

The Right to Free and Compulsory Education Act 2012 (Government of Pakistan, 2012), which ensures free education to children aged 5–16 years, as enshrined in Article 25A of the constitution, makes reference in definitions pertaining to children and institutions with disabilities (2 c and 2 m). The only mention of disability (termed "handicapped") is in the 2009 National Education Policy (Government of Pakistan, 2009), where under the section 'aims and objectives' it is noted (as point 15 of 20 bullet points): “to equalize access to education through provision of special facilities for girls and boys alike, under-privileged/marginalized groups and handicapped children and adults”.

In two out of four provincial laws (Sindh -2013 and Punjab-2014) and sector plans, reference is made to the needs of special children. The Sindh Right of Children to Free and Compulsory Education Act is perhaps the first act to define special education as “educational programmes and practices designed for students, as handicapped or gifted students, whose mental ability, physical ability, emotional functioning, require special teaching approaches, equipment, or care within or outside a regular classroom”. However, the policy and actions for implementation need to be more informed by better evidence and wider political and administrative commitment.

For the upcoming general elections 2018, it is promising to see major political parties’ manifestos invested in a section on inclusive education and making it a part of their commitments. Below are excerpts taken from their released manifestos:

**Pakistan Peoples’ Party**
PPP (Separate Section – pp. 15-16)

- More Inclusive Society- Integration of Differently-Abled Persons
- Provide full fee exemptions to differently-abled people studying in public sector educational institution
- Implementation of UN CPRD
- Introduce legislation /law to ensure significant fee discounts for differently-abled people studying in private sector educational institutions
- Improve the literacy rate among differently-abled people in the country. Full fee exemption to DAPs (PWDs)
- Education & Training
- Accessible Environments
- Health Care for DAPs- DAP Cards – Access to Justice

**Pakistan Tehreek-e-Insaaf**
PTI (separate section in manifesto) pp.

- Rights-based approach to provide the necessary resources and infrastructure to diagnose, facilitate/assist and integrate differently-abled persons (PWDs) into mainstream society. Implement UNCRPD; Regularly conduct nationwide surveys on disability prevalence. Issue specialized CNIC / disability certificates for privileges and facilities Ensure 2% job quota fulfilment for PWD; provide training, skills & finance through PPPs & income support for PWDs Invest in the provincial Special Education Departments and Institutions to uplift their infrastructure, human resource and assistive technologies. PTI will put in place the most ambitious education agenda in Pakistan's history, spanning reform of primary, secondary, tertiary, vocational, and special education.
Pakistan Muslim League-N
PML-N

- Extend access to quality education for children with special needs
- Include awareness about human rights in school curricula to eliminate preconceived notions about minority groups.
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Muttahida Quami Movement
MQM (not under education)

- Ensuring facilities and awareness about the problems faced by disabled people so that they have easy access to healthcare and quality of life improves.

Awami National Pary
ANP (Separate Section)

- ANP will ensure protection of rights, development and welfare of people with disabilities. ANP shall strive for their meaningful participation in decision making at all levels. It will make serious efforts to improve safety and accessibility in public and work places and will ensure implementation of existing quotas in letter and spirit.
Thus in this context, where the political commitments have still to commensurate with their promises, ASER Pakistan, for the first time in the year 2014, took the initiative to capture data on the status of disability prevalence in Pakistan. To achieve this objective, in collaboration with the REAL Centre at the University of Cambridge, questions were adapted from the Washington Group Questions on Disability. The survey was piloted in several regions of Pakistan. The questionnaire was aimed to assess a child’s functioning in the following areas:

1. Sight
2. Hearing
3. Mobility
4. Self-care
5. Speech
6. Memory
ASER PAKISTAN JOURNEY

The Annual Status of Education Report (ASER) Pakistan, managed by Idara-e-Taleem-o-Aagahi (ITA, www.itacec.org) is a citizen-led movement which assesses and is committed to improving the state of learning outcomes of children. The ASER Pakistan in highlighting the gaps on a district by district basis in terms of access and quality of education for children aged 3 – 16 years, covering the age group stipulated by Article 25-A (5-16 years). Based on a tested methodology, ASER collects data from households, government and private schools on the status of schooling, and tests mothers and children on very basic learning instruments, which are reading and arithmetic, in local languages (Urdu/ Sindhi / Pashtu), English and Mathematics. A set of core questions are designed which are adapted and expanded each year to explore different dimensions of schooling and learning at the elementary stage. This ensures that the data is comparable and easily collected by the surveyors.

ASER Pakistan is a part of South-South Initiative, a People’s Action for Learning (PAL) Network of developing countries in Asia, Africa and Latin America who conduct similar assessments and are coordinated by the PAL Network secretariat. The PAL Network (www.palnetwork.org) was formally established in July 2015 democratically by members of organizations that had been conducting this unique measurement and also offers opportunities for new countries to join.

Over the years ASER has become well reputed for its novel approaches to learning issues in the field as a unique tool in the region, and at the global level too. The results of ASER survey are representative at district, provincial and national level. The findings are disseminated widely to generate evidence and exert pressure for quality education from a citizens’ perspective, legitimately asking questions: How do we know that our child learns adequately? How do we measure it? How do we track it? How do we engage with schooling options and facilities? How do we rate schools’ performance that impacts our children’s learning outcomes? What can WE do about improving their learning outcomes?
METHODOLOGY

ASER Pakistan, made the first attempt to capture data on disabilities in 2014. To achieve this objective, research expertise from academics based at the University of Cambridge was used to devise seven key questions on disability and health and functioning.

The disability module from the ASER survey covers six main aspects of functioning: the ability to see, hear, walk, self-care (such as feeding or dressing), being understood and being able to remember or memorise. Given the complete absence of existing information on disability, and practical limitations of space in the existing ASER survey, which already addresses a range of dimensions, the questions on disability drew on the Washington Group Short Survey Questionnaire, with adaptations in language based on the UNICEF-MICS insights. The questions highlighted the most recent advances in thinking on disability and are in line with the United Nations Convention of the Rights of Persons with Disabilities.

All questions were asked of parents or primary caregivers of children aged 3-16 years and included an important precursor: “Compared with children of the same age does your child have difficulty”. The coded responses that parents or primary caregivers could choose from included the following: “no difficulty at all”, “some difficulty”, “a lot of difficulty” and “cannot function”. The questions included in the ASER survey are provided in the box below:

### DISABILITY QUESTIONS IN ASER PAKISTAN QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Disability</th>
<th>1. No, No difficulty</th>
<th>2. Yes - some difficulty</th>
<th>3. Yes-a lot of difficulty</th>
<th>4. Cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have difficulty in seeing, even if wearing glasses?</td>
<td>Compared with children of the same age does your child have difficulty hearing, even if wearing hearing aids?</td>
<td>walking? with self-care such as feeding or dressing?</td>
<td>in being understood by others using customary/usual language?</td>
<td>in remembering things that s/he has learned?</td>
</tr>
</tbody>
</table>

Whilst this is an unprecedented initiative, it was fraught with challenges. The results generated are only meant to be indicative and a source of informing future discussions and data collection efforts. One of the biggest challenges faced in 2014 was how the questions were misinterpreted by some enumerators. Keeping this in mind the country team undertook more focused training of the enumerators on the disability questions in 2015 and 2016.
DATA SET & RESULTS

As a pilot study, the questionnaire was administered by ASER volunteers in 9 districts (some rural and urban areas): Quetta Rural, Quetta Urban, Shikarpur Urban, Bajaur Agency Rural, Peshawar Urban, Lahore Rural, Lahore Urban, Multan Rural, Multan Urban. In the year 2015, ASER Pakistan took a step forward and collected information from all districts of Punjab (i.e. 36 in total) reaching out to 60,000 children (3-16 years). Followed in the year 2016, ASER Pakistan not only collected information from Punjab but also from Khyber Pakhtunkhwa (KP) with a sample size of 100,912 children aged 3-16 years.

Overall, findings from 2016 suggest a low prevalence of disability in all aspects of functioning, with the highest prevalence in Punjab being related to visual difficulties (1.38% incidence) whereas the highest incidence in Khyber Pakhtunkhwa is speech-related difficulties (1.10% incidence). In general, the prevalence of these difficulties is similar across the two provinces, with Punjab showing higher prevalence of children with visual difficulties whereas Khyber Pakhtunkhwa shows higher prevalence in walking, self-care, speech and memory. Finally, parents or caregivers reported very similar prevalence of children with hearing difficulties in both provinces, around 0.23 to 0.26 percent prevalence.

By taking into account the degree of functioning or functionality affected by any of these difficulties, we further find that of all the children with difficulties in Punjab, 1,237 children (2.1%) reported mild difficulties and 616 (1.1%) reported moderate to severe difficulties (as per Figure 1 below). For all children with difficulties in Khyber Pakhtunkhwa, 1,137 children (2.9%) reported mild difficulties and 300 (0.7%) reported moderate to severe difficulties. Cumulatively the disability prevalence for Punjab is 3.1% and for KP it is 3.5%.

Figure 1: Prevalence of mild, moderate to severe difficulties by Province
GOING FORWARD

Clearly there is a need to 'dig deeper' for engaging with inclusion to understand better at multiple levels and more importantly to take actions. There is a need to expand the list of functioning to the Washington Group’s survey, as other surveys with extended functioning on a small population reveal a prevalence rate of 11.2% (TEACH, 2017). ASER Pakistan is thus undertaking proactive actions in 2018-2019 with support from Department for International Development (UKAID) and in partnership with several organizations engaged in research, service delivery and capacity building. These include the Special Education Departments across provinces, SightSavers (https://www.sightsavers.org/), Family Education Services Foundation (FESF, http://www.fesf.org.pk/), REAL Centre (Univ. of Cambridge) and IDEAS (www.ideaspak.org). On the one hand, the ASER tool will be expanded/adapted further to record disability prevalence on broader functioning, whilst on the other, its learning tools will be specifically adapted for hearing and visually disabilities for one on one child assessment (5-16-year olds). This work will clearly support stated commitments at the national and international levels for better data generation, planning, policies, laws, awareness, assessments and above all measurable actions. After all, this is what is being committed to not just in the manifestos of the political parties in the upcoming General Elections 2018 but also in the Charter of the first Global Disability Summit being co-hosted by UK and Kenya (July 2018).
Disability can be defined as the interaction between the health's condition of people and barriers of the environment with which they are and prevent them from participating fully and effectively in society. In Mexico, policies have been created to include children in schools. However, there is little information about the prevalence of disability within the education system, about children with disabilities who do not go to school, and about the result of basic learning they have.

MIA, a Mexican citizen-led assessment, captures data on learning levels of children along with other indicators. MIA project used the data for the states of Puebla, Campeche, Tabasco, Veracruz, and Quintana Roo for the years 2015-2016 to capture additional information on disability. In total, 12,279 children and adolescents between 5 and 16 years old were interviewed. The MIA instrument was applied to measure reading and basic mathematics, an adapted version of a disability questionnaire that contains most of the CIF dimensions, and a questionnaire to measure mental health. The information was analyzed with parametric and nonparametric descriptive statistics. Key findings are below:

1) 31.1% of the subjects surveyed reported at least one disability condition and 55.5% reported at least one mental health symptom.

2) Of the total number of subjects who presented at least one disability, 97.4% attended school and 2.6% were not in school.

3) 21% of children with at least one 5th grade disability symptom could not read a simple story and 39% could not solve subtraction.

4) Subjects with at least one disability show lower performance than children without disabilities.

5) Both disability and mental health are negatively related, low but significant, with the basic learning analyzed.

The high percentages of symptoms of disability and mental health show a latent problem that affects the learning capacity of children, despite successful inclusion policies in education systems. There is a need to generate a more specific research agenda on the different types of disabilities and their relation to learning.

Website: http://palnetwork.org/mia
FINDINGS ON DISABILITY / HEALTH FUNCTIONING
The 'unseen, unheard and uncounted' in Pakistan

Nidhi Singal, Dr Monazza Aslam, Sehar Saeed, Mohammad Usman

The importance of providing an 'inclusive education system' to all children is widely recognised and voiced (United Nations 2006)\(^1\). However, the very first step towards achieving the much talked about goal of raising learning outcomes for all is surely identifying all the children in the first instance and then targeting those who are not learning. In identifying and rectifying this vicious circle of disadvantage, we argue that there is a need to focus on potentially the most marginalised individuals in Pakistan—children and youth with disabilities—who are likely to face multiple disadvantages. The Global Monitoring Report (2013-14) shows children who are at a higher risk of disability are less likely to be attending school. For example, in Iraq, the Report highlights that whilst 10% of 6-10 year olds who were not at risk of disability had never been to school compared to 19% with a risk of hearing impairment, and 51% with mental disability in 2006\(^2\).

The area of disability and special education has remained fragmented in Pakistan. There is no comprehensive legal and policy apparatus to protect the rights of people with disabilities. It has singularly chalked out in 25-A legislations in all provinces (KPK not passed yet) and ICT and the post 2015 proposed goal/targets Muscat and SDGs\(^3\). Early efforts to provide for the needs of persons with disabilities were initiated in 1981 with the promulgation of “Disabled Persons (Employment and Rehabilitation) Ordinance 1981”, which was primarily in response to the United Nations (UN) proclamation of the year 1981, as the International Year of Disabled Persons (IYDP). Over three decades later, the ordinance remains poorly implemented. In recent past, the Government of Pakistan introduced the “National Policy for Persons with Disabilities” in 2002 followed by “National Plan of Action (NPA) for Persons with Disabilities” legislated in 2006. These efforts lost momentum in the wake of 18th Amendment to the Constitution which devolved powers from the federal government to the provinces leading to a fragmentation of responsibilities and the lack of coherent and comprehensive planning. Even in provincial laws and sector plans, no reference is made to the needs of special children. The Sindh Right of Children to Free and Compulsory Education Act is perhaps the first act to address education of children with disabilities under the purview of “special education”, which it defines as “educational programmes and practices designed for students, as handicapped or gifted students, whose mental ability, physical ability, emotional functioning, require special teaching approaches, equipment, or care within or outside a regular classroom” (p. 2).

Thus in this context, where this area is largely being ignored and little knowledge is available about the prevalence of children with disabilities, ASER Pakistan, for the first time this year, took the initiative to capture data on the status of disability prevalence in Pakistan. To achieve this objective, research expertise from academics based at the University of Cambridge was used to devise seven key questions on disability and health and functioning. These questions drawing on the Washington Group Short Survey of Disability were included in the ASER survey and were designed to be piloted in a sample of surveyed households. The questions focused on assessing a child’s functioning in the following six areas: sight, hearing, mobility, self-care, speech and memory. Questions which captured the child’s use of any assistive aids such as spectacles, hearing and mobility aids etc., were also included. In addition to these, questions aimed at the individual within the household, additional questions were included in the school observation questionnaire to quantify whether schools were aware of the presence of children with disabilities in their settings and also whether they have any kind of specific facilities for children with disabilities (such as ramps, modified teaching and learning materials). As a pilot study, the questionnaire was administered by ASER volunteers in 9 districts (some rural and urban areas): Quetta Rural, Quetta Urban, Shikarpur Urban, Bajaur Agency Rural, Peshawar Rural, Lahore Rural, Lahore Urban, Multan Rural, Multan Urban. Whilst this is an unprecedented initiative, it is fraught with challenges and lessons and the

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\(^1\) As suggested in a report by the Japan International Cooperation Agency (2002:5)
\(^4\) http://www.rtepakistan.org/
The graph collating findings from all 9 districts indicates that there is a significant incidence of reported disability across the different competencies. Almost 8% of the sample from which these data are drawn, report difficulties in seeing ranging from mild to significant. The incidence of hearing, mobility, speech and memory are reported to be 5% among the sample who were asked the questions on health and functioning. A significantly large number of individuals also report using aids to assist their functioning. How do these figures compare to prevalence across the world? According to one estimate, ‘93 million children under age 14, or 5.1% of the world’s children, were living with a ‘moderate or severe disability in 2004. Of these, 13 million, or 0.7% of the world’s children experience severe disabilities’ (Box 1.2.3 in GMR, 2013-14: p. 56). The prevalence of reported disability ranges from 3% in Uzbekistan to as much as 49% in the Central African Republic (GMR 2013-14: p. 56). The reported figures from this pilot initiative undertaken by ASER, therefore, are not too far off the mark and provide a first snapshot of the incidence of disability amongst children (3-16) in these regions in the country.

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1 It must be noted that for the purposes of this note, the range of difficulty reported – ‘some’ or mild difficulty to inability to function at all – are all collated due to small sample sizes.
Schooling status and learning outcomes for children with disabilities

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This is the second year running that ASER has included questions on disability, both for identification and assessment of learning purposes. This is a significant undertaking given that children with disabilities remain largely excluded from mainstream education policy debates.

Similar to last year, questions on disability in the ASER survey did not adopt an individual deficit approach rather questions posed in the survey drew on WHO’s ICF model of disability, which frames disability not being only about the body but as a bio-psycho-social condition. The questions in the ASER survey focused on capturing the difficulties children experienced in basic activities and the barriers to their participation. These questions drew heavily on the Washington Short Survey Questions with adaptation in language based on the UNICEF-MICS insights. Hence the question on disability was not simply about, ‘Do you have a child with disability’- Yes/No, rather it was more detailed and shaped by the use of terms such as ‘difficulties’ and ‘functioning’.

Additionally, drawing on field experiences of the previous year, the questions were slightly modified to account for difficulties in translation and also within the larger ASER survey Questionnaire, they were positioned in a different place to allow for better flow and minimise chances of the section being seen as an ‘add-on’. One of the biggest challenges we faced last year was how the question was misinterpreted by some enumerators. Keeping this in mind the country team undertook more focused training of the enumerators on the disability questions.

Below we present the main findings from the ASER 2015 survey that captured information on disability from all rural districts (36) of Punjab:

1. Identification
Based on the analysis of approximately 60,000 children in 36 rural districts of Punjab, our findings suggest that 1.15% of children were reported as having a moderate to severe difficulty in seeing, hearing, walking, caring, understanding or remembering. Of these the majority of children were reported to have difficulties in caring, where 0.42% of the children were located. There is also a gender dimension in the reporting of moderate to severe difficulties whereby a higher percentage of girls being reported as having moderate to severe difficulties in comparison to boys.

Our findings also suggest that 3.8% of children reported 'mild difficulties' in seeing, hearing, walking, caring, understanding or remembering. Majority of the children reported to have mild difficulties were in the category of caring (1.41%), followed by seeing (0.90%) and remembering (0.87%).

The vast majority of the children surveyed were using glasses (6.11%), with an additional 3.36% using other kinds of assistive devices, while only a very small minority were using hearing aids (0.12%) or mobility devices (0.10%).

2. Educational status
At first glance it seems that children reported to have any difficulty (type and severity) are only very slightly less likely to be in school. Survey results suggest that while 78% of children identified as not having any difficulty are currently enrolled in school, a similar percentage i.e. 75% of children reported to have some difficulty are currently enrolled in school too. They are also less likely to be out of school (6% for those without any difficulties and 5.3% for those with any level of reported difficulty). The most notable difference is in the never enrolled category wherein 20% of children reported to have some difficulty are never enrolled, in contrast to 16% of children without any difficulties.

However patterns for exclusion from schooling become more pronounced when we look at children with difficulties reported to have moderate to severe difficulties in comparison to those with mild difficulties and no difficulties at all. Across the different difficulty types, children with moderate to severe difficulties are most likely to have never been enrolled (25%) and least likely to be currently in school (70%). Notably, what is interesting here that they are more likely to stay on in school if enrolled, given that there out of school rates are comparable to those with mild difficulties and very slightly less than children reported to have no difficulties.

Examining the data for type of difficulty and schooling, highlights that among children who were reported to have moderate to severe difficulties in hearing, 30% of them have never been enrolled in schools. Of the children who were reported as having moderate to severe difficulties in caring, 40% of them had never been enrolled in school. Of the children reported with moderate
to severe difficulties in walking, 26% have never been enrolled to school. Finally, 18% and 11% of children being reported with moderate to severe difficulties in seeing and in understanding have never been enrolled in school, respectively.

What is clear from the survey results is that irrespective of the type of reported difficulty, children reporting even mild difficulties are slightly more likely to have never been enrolled in school when compared to children reported to have no difficulties at all.

Consistently across the type of difficulties, those even with mild difficulties are slightly less likely to be currently enrolled in schools compared to children reported to have no difficulties at all.

The patterns of out of school are more varied, wherein some difficulties, such as those in seeing and understanding are more likely to drop out compared to those with no difficulties, while those with caring are less likely to drop out, while those with reported mild difficulties in hearing and walking are as likely to be out of school as those without any reported difficulties.

3. Type of institution attended

Children reporting mild difficulties are more likely to be attending government schools (58% in comparison to 39% in private schools), a pattern which also holds for those without any reported difficulties. Interestingly, children reported to have moderate to severe difficulties are as likely to be enrolled in government schools (49%) as private schools (48%). They are also more likely to be in Madrassah’s (2.4% in comparison to 1.8% for mild and 1.3% for no difficulty categories).

4. Learning levels for children reported to have any difficulties

There are some stark commonalities across the different types of assessments—Reading, Arithmetic and English:

- Across the types of difficulties, children reported to have moderate to severe difficulties are all clustered at the lowest level of the learning scale. For example, in reading 60% of children reported to have moderate or severe difficulties are at the Beginner level, in contrast with 14% for those reporting mild or no difficulty. The same is the case for Arithmetic where 61% of children with moderate to severe difficulties are placed, in comparison to 14% for the children with no difficulties, and 16% for those with mild difficulties. This pattern is seen even in the case for English, where 64% of children with moderate and severe difficulties are placed, in contrast to 16% for no difficulties and 17% for mild difficulties.

- Children with moderate to severe difficulties in seeing and hearing face the highest challenge in terms of achieving learning outcomes. These children were all clustered in the beginner’s level scale across all types of assessment; with no child with these reported disabilities being above the beginner level i.e. being able read and perform other learning tasks in the tools.
ASER Pakistan has collected information on the prevalence of disability in Punjab for the second year running and for the first time in another large province, Khyber Pakhtunkhwa. The disability module from the ASER survey covers six main aspects of functioning: the ability to see, hear, walk, self-care (such as feeding or dressing), being understood and being able to remember or memorise. These questions draw on the Short Set of Questions developed by the Washington Group on Disability Statistics. All questions were asked of parents or primary caregivers of children aged 3-16 years and included an important precursor: “Compared with children of the same age does your child have difficulty”. The coded responses that parents or primary caregivers could choose from included the following: “no difficulty at all”, “some difficulty”, “a lot of difficulty” and “cannot function”. If the question was left without response it was taken as missing and therefore not included in the following analysis.

Based on the data collected on 100,912 children aged 3-16 years in the two provinces in 2016, Table 1 illustrates the prevalence of disability according to the six aspects of functioning. The indicator of ‘difficulty’ aggregates any difficulty reported by the parent or caregiver, whether this was some difficulty or a severe difficulty. This was done as the number of observations in each of the categories was relatively low to obtain insightful estimates of the prevalence of the degree of difficulties for each type. Overall, findings suggest a low prevalence of disability in all aspects of functioning, with the highest prevalence in Punjab being related to visual difficulties (1.38% incidence) whereas the highest incidence in Khyber Pakhtunkhwa is speech-related difficulties (1.10% incidence). In general, the prevalence of these difficulties is similar across the two provinces, with Punjab showing higher prevalence of children with visual difficulties whereas Khyber Pakhtunkhwa shows higher prevalence in walking, self-care, speech and memory. Finally, parents or caregivers reported very similar prevalence of children with hearing difficulties in both provinces, around 0.23 to 0.26 percent prevalence.

By taking into account the degree of functioning or functionality affected by any of these difficulties, we further find that of all the children with disabilities in Punjab, 1,237 children (2.1%) reported mild difficulties and 616 (1.1%) reported moderate to severe difficulties (see Figure 1). For all children with difficulties in Khyber Pakhtunkhwa, 1,137 children (2.9%) reported mild difficulties and 300 (0.7%) reported moderate to severe difficulties.

![Figure 1: Prevalence of mild, moderate to severe difficulties by Province](image_url)
Identifying disability in household surveys: Evidence on education access and learning for children with disabilities in Pakistan

February 2018
Authors:
Professor Pauline Rose and Dr Nidhi Singal (REAL Centre, University of Cambridge, UK), and Dr. Faisal Bari and Dr. Rabea Malik (Institute of Development and Economic Alternatives) with the support of Sahar Kamran.

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The Teaching Effectively All Children (TEACh) project, funded by the UK Economic and Social Research Council (ESRC) and Department for International Development (reference: ES/M005445/1), is studying links between teaching, learning and disadvantage in Punjab, Pakistan and Haryana, India. For further information, see: http://www.educ.cam.ac.uk/centres/real/researchthemes/qualityteachers/effectiveteaching/
Any errors are that of the authors.
Key messages

1. It is vital and feasible to adopt approaches that identify children with different types and severity of disability in surveys in order to understand the challenges they face in their schooling experiences, and identify strategies to support them.

2. Inclusive education in a context like Pakistan needs to be understood broadly, taking into account disadvantages arising from the intersection of disability, poverty, gender, location and other factors.

3. Evidence from our new data shows that children with disabilities are attending mainstream (government and private) schools. It is important to identify strategies to support their learning in these settings.

Introduction

This policy brief presents key findings from data on education of children with disabilities in Pakistan with respect to both access and learning. It draws on data from on-going research as part of the ESRC-DFID funded Teaching Effectively All Children (TEACh) project, along with data from ASER Pakistan.

The aims of this policy brief are to:

• Outline current approaches to identifying children with disabilities in surveys in Pakistan, with the aim of understanding their schooling experiences.
• Present emerging findings on education and disability in Pakistan.
• Highlight lessons from these data to inform approaches to identification of children with disabilities.
• Identify strategies to improve education provision for children with disabilities in Pakistan’s primary schools.

Identifying disability through surveys in Pakistan

Identifying children with disabilities is not straightforward. Until relatively recently, information on the prevalence of disability in large scale surveys in Pakistan, as elsewhere, relied on questions which were unlikely to collect accurate information on disability. For example, the 1998 census asked the question, “Do you suffer from any type of disability: physical disability, visual impairment, hearing impairment, mental disability, or overlapping?” Such questions were extremely limited in their usefulness as they understood disability as a binary category, rather than reflecting the diversity in severity and types of disabilities. Also there was likely to be high underreporting as labelling individuals as ‘disabled’ in questions could be stigmatising in many societies.

In the National Census 2017, a similar question focusing on the presence or absence of disability has been incorporated. The question on disability was introduced after much lobbying by disability groups, and included under the ‘sex’ column of the census form. Initially the census form had allotted three codes: ‘1’ was for male, ‘2’ was for female and ‘3’ was for transgender residents. On the orders of the Supreme Court, two additional codes were added to the code sequence: ‘4’ for disabled man, ‘5’ for disabled woman and ‘6’ for disabled transgender person. The incorporation of a complicated question in mid-cycle of census collection has raised concerns around reliability of the data gathered.

As an alternative to this approach, disability prevalence can also be established through assessment and diagnostic measures undertaken by health professionals. This approach was used in the 2012 Pakistan Alleviation Fund – Disability Evaluation Report. The sample survey, conducted after the 2005 earthquake, covered 80,000 households in 7 districts. However this approach is expensive and difficult to undertake on a large scale, given the paucity of trained health professionals in many developing contexts.

There has been considerable progress in recent years in developing internationally-recognised approaches to identifying people with disabilities in surveys based on approaches that do not involve medical diagnosis. These have been developed by the Washington Group on Disability Statistics, established under the United Nations Statistical Commission to “…Address the urgent need for cross-nationally comparable population based measures of disability.”

Questions on disability developed by the Washington Group represents the most recent thinking around disability and draw support from the United Nations Convention on the Rights of Persons with Disabilities. Here disability is defined more broadly as, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNCRPD, 2007, p.4).
Over the years, the Washington Group has developed three sets of questions:


2) The Extended Set of Questions on Functioning: a long set of questions focused assessing functioning of adults.

3) Child Functioning Questions: these are for two different age categories (i) for children under 5 years (ii) for children 5 to 17 years. All questions are asked of child’s parents/primary care givers. To focus the respondent on the functioning of their own child with reference to that child’s cohort, where appropriate, questions are prefaced with the clause: “Compared with children of the same age…”

Overall, questions developed by the Washington Group provide a simple, sensitive and nuanced way of capturing disability, even in contexts where there are concerns that stigma could prevent direct reporting of disability. The questions provide the opportunity for international comparability, and have been developed using a rigorous methodology.5

Versions of the Washington Group questions have been adopted to identify children with disabilities in surveys in Pakistan, including as part of the citizen-led assessment (ASER) data collection, and the Teaching Effectively All Children research project (Table 1). The ASER and TEACh household surveys, for example, each identify a range of difficulties that children might face (Table 2). As shown in these tables, ASER uses the Washington Group set of Short Questions supplemented with questions which ask about child’s ability understand and remember things, while TEACh uses the full set of questions listed in the ‘Child Functioning’ for children aged 5 to 17 years. In addition, the World Health Organization has undertaken a Model Disability Survey pilot using Washington Group questions in Tehsil Pendi Geheb, which is currently under preparation.

Table 1: ASER Pakistan and TEACh approaches to identifying disability

<table>
<thead>
<tr>
<th>Source for the Questions on disability</th>
<th>ASER</th>
<th>TEACh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses the set of the ‘Short questions’ developed by the Washington Group, together with questions on ‘understanding’ and ‘remembering’ taken from an earlier version of the Washington Group’s child functioning set of questions.</td>
<td></td>
<td>Uses the full set of questions listed in the ‘Child Functioning’ for children aged 5 to 17 years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Parents/ carers are the respondents.</th>
<th>Parents/ carers are the respondents.</th>
</tr>
</thead>
</table>

|----------------|---------------------------------|---------------------------------|

| Sample (children aged 8-12)6 | 22,000 children across Punjab province | 1,549 children in 3 districts in Central Punjab |
Table 2: Types of functionings included in ASER Pakistan and TEACh surveys

<table>
<thead>
<tr>
<th></th>
<th>ASER</th>
<th>TEACh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hearing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Walking</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self-care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Understanding of child's speech (within and outside the household)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Learning</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Remembering</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Controlling behaviour</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Focusing</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Routine (accepting changes)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Making Friends</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Worry</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sad</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

What is the prevalence of disability in Pakistan?

Key messages:
- Previous surveys suggest that prevalence rates for disability range from 1% to 2%. The TEACh survey suggests that prevalence rates are higher, with at least one in ten children experiencing difficulties that have a significant impact on an aspect of their daily functioning.
- TEACh data also identified that childhood disability and household poverty appear to be related.
- In order to do meaningful disaggregation of data a large sample size is needed. This enables better understanding of how different types of disabilities intersect with other variables such as gender, poverty, location and ethnicity.

Identifying the prevalence, type and severity of disability in Pakistan

Approaches that have used direct questions on disability, as in the Pakistan national census, have been found to result in low prevalence rates (WHO, 2011 p. 4). While approaches using a functional approach to disability, as proposed in the Washington Group questions, identify higher rates of disability prevalence. Comparing moderate to severe disabilities across these different sources identifies prevalence rates ranging from around 1% to 11% (Table 3).

The 1998 National Census in Pakistan, asking a binary yes/no question, identified a prevalence rate of just 2.5%. The Pakistan Poverty Alleviation Fund’s Survey in 2012 was based on medical diagnosis similarly identified a low prevalence rate of around 2%. ASER also found low prevalence rate of less than 1%. This could be explained by the fact that it used a sub-set of the Washington Group questions (see Table 2).

Using the Washington Group child functioning questions, TEACh estimates a prevalence rate of 11.2% among children. This is considerably higher than in other surveys in Pakistan. It is, however, more in line with global figures estimated by the World Health Organisation. The World Disability Report notes that “over a billion people (or about 15% of the world's population) were estimated to be living with disability” (WHO, p. 53).
Table 3: Prevalence rates of disability in censuses and surveys in Pakistan

<table>
<thead>
<tr>
<th>Survey or census</th>
<th>Age range in estimate</th>
<th>Prevalence rate of moderate to severe disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Census 1998</td>
<td>Total population</td>
<td>2.5%</td>
</tr>
<tr>
<td>Pakistan Poverty Alleviation Fund - Disability Evaluation Report 2012</td>
<td>Across different ages</td>
<td>2%</td>
</tr>
<tr>
<td>Annual Status of Education Report 2015</td>
<td>8-12 year olds</td>
<td>1%</td>
</tr>
<tr>
<td>Teaching Effectively All Children</td>
<td>8-12 year olds</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

While TEACh used the full set of child functioning questions, the estimate in Table 3 excludes questions related to children being ‘sad’ or ‘worried’. Including these questions increases the prevalence rate to 16% (Table 4). Higher reporting on these questions has also been found by the Washington Group in other countries. As a consequence, the Washington Group has adapted the questions to introduce the word ‘very’. For example, in the earlier version the question around worry was framed as: How often does (name) seem anxious, nervous or worried? Would you say: daily, weekly, monthly a few times a year or never? Now the question reads: How often does (name) seem very anxious, nervous or worried? Would you say: daily, weekly, monthly a few times a year or never? It is hoped that this change will provide a more reliable picture on difficulties in these areas of functioning.

We undertook factor analysis to ascertain whether some of the functionings were more closely associated with each other, and should be clustered together in the analysis. Based on factor analysis of the 13 different functionings of the Child Functioning Module, we noted that all of the dimensions were closely related with the exception of ones associated with ‘sad’ or ‘worried’. Given concerns around the validity of the questions associated with being sad or worried in other countries, combined with the results of factor analysis of our data which also raises questions about what is being measured, we have chosen to exclude these functionings from the analysis that follows. We recognise, however, that questions related to children’s mental health are extremely important, and further work to identify robust ways to include information on this in surveys will be vital.

Given the close association between the other functionings (excluding those associated with being sad or worried) in the factor analysis, it is appropriate to cluster these together in the analysis that follows (see Table 4 for prevalence rates). This close association is perhaps not surprising given that children who face difficulty in one area, such as seeing are also likely to have difficulties in walking without the required aids and appliances.

Table 4: Prevalence of of disability in the TEACh survey

<table>
<thead>
<tr>
<th>Survey or census</th>
<th>No Disability</th>
<th>Mild Disability</th>
<th>Moderate to severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Total (including all 13 functionings)</td>
<td>876</td>
<td>56.6</td>
<td>426</td>
</tr>
<tr>
<td>Worried and sad only</td>
<td>1292</td>
<td>83.4</td>
<td>155</td>
</tr>
<tr>
<td>Total excluding worried &amp; sad</td>
<td>1017</td>
<td>65.6</td>
<td>359</td>
</tr>
</tbody>
</table>

Source: TEACh data

Identifying intersections between disability and other forms of disadvantage, such as gender and poverty

Data from the TEACh survey suggests that prevalence rates for disabilities for girls and boys are similar in the sample areas (Figure 1). However, it is noticeable that children with disabilities are more likely to be in poorer households: around 15% of children in the poorest quartile of the sample are reported to face moderate to severe difficulties compared with 7% of those in the richest quartile. It should be noted that this translates into relatively small numbers overall (for example, 24 children from the richest quartile in the sample are reported to have a moderate to severe difficulty), so caution is needed in the analysis. Even so, the larger ASER Pakistan survey shows a similar pattern for gender and poverty intersections with disability.
Are children with disabilities in school?

Key messages from TEACh data:

- A large proportion of children with disabilities are in mainstream schools, even though they are more likely to be out of school than their peers.
- Children with moderate to severe disability are most likely to be out of school.
- There is variation in school attendance according to type of disability: children with communication and physical disabilities are most likely to be out of school.
- Some children with disabilities are attending private schools, although at a slightly lower rate than their peers.
- Private school enrolment is more likely amongst boys with disabilities, while girls with disabilities are more likely to be out of school.

Data from the TEACh survey identify that there are variations in school enrolment depending on severity and type of disabilities. It should be noted that Central Punjab, the area selected for the TEACh survey, has higher levels of enrolment than some of the more disadvantaged areas of the country. For example, according to ASER Pakistan data, Central Punjab has an overall enrolment rate of 90%, compared with 83% in Southern Punjab, or 66% in Sindh. In the TEACh sample, the vast majority of 8-12 year olds without disability were in school, with only around 6% out of school (Figure 2). By comparison, around 23% of those identified with moderate to severe disabilities were out of school. Interestingly, a significant proportion of those facing difficulties in walking are out of school, although the sample size is small: nine out of 15 children reported to have moderate to severe difficulties in walking are out of school. ASER Pakistan data also find a relatively high proportion of children facing physical difficulties are out of school. This could suggest the lack of basic adapted facilities in schools, such as ramps, aids and appliances, adapted teaching and learning materials which might prevent these children from accessing schools and the curriculum.
In this context where a reasonable proportion of children are in school, including those with disabilities, it is also notable that some children identified with disabilities are in private schools (Figure 3). The proportion in these schools is higher for boys, suggesting that parents are more likely to be willing to invest in their son's education whether or not they have a disability. By contrast, a larger proportion of girls, irrespective of their disability status, are likely to be out of school. Even so, the fact that around one quarter of boys and one-fifth of girls with moderate to severe disabilities are found enrolled in private schools deserves further investigation. It should again be noted that the absolute numbers in these categories is very low given the small sample sizes of the sub-categories, so caution is needed in drawing policy conclusions directly from these data.
Are children with disabilities learning?

The TEACh survey included assessment of children using ASER and Young Lives tests. The test was administered to children aged 8-12 years old in the household, regardless of whether the child was in school or not. Drawing on the ASER test, the data suggest that learning outcomes for children with disabilities are lower than those for children without disabilities for both literacy and numeracy, particularly for those with moderate to severe disabilities (Figure 4a). However, it is notable more generally that the ability of children to read a story or do division is low for all children aged 8-12 years in the sample, regardless of whether they have a disability. Similar results were found using the Young Lives survey. These low levels of learning for all children suggest that there is a need to improve the quality of education for all children. At the same time, the greater disadvantage for children with moderate to severe disabilities suggests a targeted approach is also needed.

Nonetheless, being in school matters for learning both for children with and without disabilities. The gap in learning is narrower between children with disabilities and those without disabilities who are in school (Figure 4b), compared to their peers who are out of school (Figure 4c).

Figure 4a: Learning of children by severity of disability using ASER test (including children both in and out of school)

Figure 4b: Learning of children by severity of disability using ASER test (children in school)

Figure 4c: Learning of children by severity of disability using ASER test (out of school)
For those children in school, children with disabilities are more irregular in their attendance and more likely to repeat classes compared to children without disabilities (Figure 5). They are also more likely to have repeated a year. Their greater likelihood of absenteeism could contribute both to the higher chance of repetition as well as lower learning. As such, the reasons associated with their absenteeism and ways to minimise this deserves further investigation.

**Figure 5: Absenteeism and repetition by disability**

![Bar chart showing absenteeism and repetition by disability](Source: TEACh data)
Key recommendations

Overall our analysis of data on children with disabilities in Punjab provides three key lessons for Pakistan as well as more widely:

(1) Identification of children with disabilities is vital and feasible.

Our TEACh survey shows that it is feasible to incorporate child functioning questions from the Washington Group in household surveys with appropriate training of data collectors to ensure sensitivity and accuracy in the way the questions are asked. These internationally recognised and standardised questions can provide important disaggregated data to understand the schooling experiences of children with disabilities. If introduced in surveys more systematically, these data can allow for comparisons across time and settings. Disaggregation can provide important insights into relationships with poverty, gender, location, ethnicity etc. It is, therefore, important to determine a sufficient sample size in surveys to allow for such disaggregation. Crucially, information gathered using the Washington Group questions can be useful in identifying individuals who would benefit from more rigorous diagnostic processes in order to receive the kind of support that might be necessary to function effectively in their surroundings.

(2) Addressing access and learning of children with disabilities is an important issue for policy.

Our analysis shows that, in the setting of Central Punjab, Pakistan, parents of children with disabilities are sending their children to school. Children with disabilities are attending mainstream schools, and in some cases parents are paying for private education, particularly for boys. While it is not possible to generalise from this setting to other parts of Pakistan, and it is also important to be cautious given sample sizes, the findings do suggest that further consideration is needed to recognise the value that parents appear to place on the schooling of their children with disabilities. This suggests that policymakers need to work together with parents as important partners in identifying solutions to the education of children with disabilities.

(3) Approaches to inclusive learning are necessary to support children with disabilities once they are in school.

Many countries, including Pakistan, have a separate government department with responsibility for the education of children with disabilities. In Pakistan, the Special Education Department functions separately from the Basic Education Department, and has responsibility for special schools. Given the number of children who are attending mainstream government and private schools, it is vital that there is no separation of the responsibilities between these departments. Rather, these departments need to come together to share expertise in ways that ensures an inclusive learning environment for all children.

A basic first step to include children with disabilities in school is an inclusive infrastructure in schools which such as ramps, provision of aids and appliances and the availability of appropriate teaching and learning materials.

Evidence from the TEACh survey indicates that in Punjab many children with disabilities are getting access to school. This implies that stigma and discrimination might not always be as apparent as feared in relation to school access. However, our survey indicates that children with disabilities who do go to school have very low levels of learning. Hence it is important the children and their teachers are supported. This can be facilitated through changes in the classroom such as seating children appropriately, with those with difficulties in reading the blackboard towards the front, to more systemic changes, such as providing teachers better training, use of adapted teaching and learning materials and even support from specialist professionals. For example, in some states in India, under the Sarva Shiksha Abhiyan (SSA) programme, state governments have appointed Inclusive Education Resource Teachers to support teachers in government schools who have children with disabilities in their class. These teachers are trained special educators and support teachers with the development of Individualised Educational Plans and advice on effective teaching strategies.
Endnotes

5. Details of the field and cognitive testing undertaken by the Washington Group is available at: http://www.washingtongroup-disability.com/methodology-and-research/testing-methodology/
6. The numbers for ASER in this note – for comparison – are for 3 districts and for 8-12 year olds only. The complete sample for ASER is 60,000 (3 – 16 year olds) across the 4 provinces.
8. Results of the factor analysis are available from the authors on request.
10. See http://aserpakistan.org/tools for ASER tools and http://younglives.qeh.ox.ac.uk/what-we-do/access-our-data for information on Young Lives tools (TEACh adapted Young Lives learning assessment tools from India for use across both countries).
Disability: Situation in Pakistan

Dr. Kausar Waqar Aga Khan University May 2014

World Health Organization defines disability as any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Of the total world population, approximately 15% or about one billion fit the above definition with a mild, moderate or severe nature. 93 million of these are children. In Pakistan, in the absence of regular Census, approximate or projected numbers estimate that, total population of people with disability (PWDs) is 5.035 million, more than the population of Norway, New Zealand, Lebanon or Kuwait. Current annual growth rate of disabilities is at 2.65% per annum more than the annual growth rate (2.03%) of total population of Pakistan. Only 14% percent of persons with disabilities are in work, rest are reliant on family members for financial support.

The number of children with disability is 43.4% of total PWDs population, 58.4% male and 41.6% female (Reference: Population Census 1998). The number of males with disability is greater than females, possibly because of the high incidence of female infanticide caused by social discrimination, preference for the male child, and deep rooted gender insensitivity within households. It is estimated that around 1.4 million (28.9% of total number of PWDs) are the children of school-going age who do not have access to education.

Government of Pakistan addresses the needs of PWD through a Directorate General of Special Education & Social Welfare (under the Capital Administration & Development Division) and a number of institutes and centers established in the Islamabad Capital Territory (ICT). The Government of Pakistan has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on 5th July, 2011 in UN General Assembly and implementation of UNCRPD is mandatory for the Government of Pakistan. DGSE & SW established a cell called UNCRPD secretariat for the implementation of UN Convention in January, 2012. It is clear that the Governments (Federal and Provincial) need to implement various Policies and Action Plans particularly the UNCRPD, integrating the needs of PWDs also into national Millennium Development Goals (MDGs) agendas.
Like all children, children with disability require that they be provided with all basic rights and facilities for living a peaceful productive life. These basic rights include the right to quality education. Pakistan has signed and ratified the UN conventions on human rights and rights of people with disabilities UNCRPD which call for equal rights and opportunities for all people including those with disabilities. After 18th Constitutional Amendment, it becomes the responsibility of both the Federal and Provincial governments to undertake immense and aggressive planning in order to fulfill the commitments of this convention.

Chapter 4: Responsibilities of Private Schools for Free and Compulsory Education

Article 10, sub-section (b): “shall admit in class-I and subsequent classes not less than tenPercent of the strength of that class to disadvantaged children;”

People and children with disabilities face many hardships, not all of them as a result of their disability. Social ostracization as a result of stigmatization is one of them. They are excluded from social, economic and political decision-making. Focusing attention on the life chances of persons with disabilities translating the notion of inclusive development into ground reality is a dire need in face of various challenges. Raising awareness amongst the people, media, government and nongovernment organizations, as well as academic and other sectors of the society is a way forward.

Inclusion in education process or Inclusive education is “the process of increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools”. This clearly focuses on all children who are excluded for whatever reason, disability being one of these reasons.

Experience from the countries who have adopted IE has shown that it benefits all children. Academically as well as Socially, because children learn to be more tolerant and accept each others’ differences and develop a cooperative spirit. IE reduces segregation and isolation of children and families, giving a chance to implement the right to all to education. Rehabilitation with equipment, improved access and attitudinal change in the society will pave the way for an Inclusive society with opportunities to reach their potential for ALL.

Sindh Right of Children to Free and Compulsory Education Act, 2013

Article 25 A on Right to Education for ALL children 5-16 years of age has been enacted in 2 provinces and ICT however to date rules have not been made for implementation. The Sindh Right of Children to Free and Compulsory Education Act 2013 was assented by the Governor of Sindh on March 6th, 2013 and published thereafter as an Act of legislation. In reference to this Act, the following articles refer to disabilities:

Chapter 1: Preliminary
Article 2, sub-section (o): “special education means educational programs and practices designed for students, as handicapped or gifted students, whose mental ability, physical ability, emotional functioning, require special teaching approaches, equipment, or care within or outside a regular class room;”

Chapter 3: Duties of Government, Local Authority and Parents
Article 4, sub-section (c): “ensure that the disadvantaged child is not discriminated against and prevented from, on any grounds whatsoever for pursuing and completing education;”
The Government of Punjab must immediately abolish and replace the title of Deaf /Hearing and Defective from all its institutions catering for those challenged by hearing impairments. It is against constitutional, human rights, right to education /25 A enactments and international conventions.

References:

- http://www.mocad.gov.pk/gop/index.php?q=aHR0cDovLzE5Mi4xNjguNzAuMTM2L2NhZC8uL2ZybURldGFpbHMuYXNweD9vcHQ9bWlzY2xpbnRldmF0ZUZldGhkPTEz
- http://directory.nowpdp.org/cities/jhang