



## Section-II

Government of Pakistan  
Ministry of Social Welfare and Special Education  
(Directorate General of Special Education)

# PROPOSED DRAFT NATIONAL PLAN OF ACTION (NPA)

## Proposed Draft National Plan of Action (NPA)

This draft National Plan of Action (NPA) responds to the approved National Policy for persons with Disabilities 2002 and is based on the findings of the situation analysis conducted between March to May 2004. This strategic plan has been developed after holding detailed individual and group consultations with over 100 governments, NGO and private sector stakeholders at federal and provincial levels; and is more focused for actions to be taken in next five years. However, recommendations upto 2025 have been made.

National Plan of Action is based on the philosophy that access, inclusion and equalization of opportunities for Persons with Disabilities (PWDs) cannot be achieved by isolated interventions and the services are to be designed in an integrated manner with the goal of full inclusion. Investments in PWDs cannot be realized if services are unable to work in a coordinated manner. To meet the philosophy, funds will have to be mobilized through several sources. Furthermore, the goal will only be met by extending the services to the rural areas (where two-third of the disabled live) that are currently neglected.

The areas for action are:

1.	Determining the extent of disabilities and distribution of causes.
3.	Improving prevention of injuries, deficiencies, diseases and other factors known to cause disabilities.
3.	Mobilizing early detection and intervention.
4.	Escalating the medical rehabilitation services.
5.	Strengthening of Special Education for children with severe and moderately severe disabilities.
6.	Promoting Inclusive Education for children with Special Education Needs (SEN).
7.	Expanding and reinforcing vocational training, employment and economic rehabilitation.
8.	Pursuing implementation of existing laws for PWDs.
9.	Creation of Barrier-free physical environment.
10.	Raising public acceptance and improving social integration and environment.

11.	Boosting capacity for production and supply of prosthetics, orthotic and assistive aids and other supporting items and facilitation in duty free imports.
12.	Increasing support to the NGOs for Service Delivery in Rural Areas.
13.	Linkages at Federal, Provincial and District level.

In order to achieve the above Actions successfully, there is a need to actively involve all stakeholders including relevant ministries, departments, district governments, associations of persons with disabilities and NGOs working for the disabled at national, provincial and district levels.

**Action 1: Determining the Extent of Disabilities and Distribution of Causes.**

<b>Goal/Outcome</b>	Accurate assessment of magnitude of the problem and their causes at district level for efficient planning and effective implementation of disability services.
<b>Identified Barriers:</b>	The available data on PWDs are not accurate and distribution of causes is not determined.
<b>Performance Indicators</b>	Reliable mechanisms instituted for collection of district level information.

<b>Mid. Term Steps (January 2006-June 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>
1.1 Design and adapt WHO's "International Classification of Functioning, Disability & Health" (ICF) for measuring disabilities and propagate the same at all levels i.e. from federal policy levels to service delivery points in the community. However till new data/statistics are compiled at National level, the present statistics provided through National Census 1998 be adopted.	DGSE, MOH with WHO's Technical Support.	January- June 2006.

1.2. Sample surveys be conducted in selected districts, based on standardized definitions to determine the distribution of causes and extent of the disabilities.	DGSE, Federal / Provincial Bureau of Statistics through professional firms	July, 2006- June, 2007.
1.3. Databanks on disability be established at Federal Provincial and District level, which should include statistics on causes, types and frequencies of disabilities, as well as available services and programmes.	Federal and Provincial Bureau of Statistics.	July 2007 onwards.
1.4 Data generated to be disseminated by posting on the web, through Associations of persons with disabilities and actively sharing with the government and NGOs officials working for the programme.	DGSE/NLRC	January 2008 onwards.
1.5. Carefully designed modules based on "International Classification of Functioning, Disability & Health" (ICF) be introduced in National Population Census and other public sector household surveys.	DGSE, FBS and Population Census Organization.	2008

**Action 2: Improving Prevention of Injuries, Deficiencies, Diseases and other factors known to cause disabilities.**

<b>Goal/Outcome</b>	Reduction in incidence of disabilities through primary and secondary prevention.
<b>Identified Barriers:</b>	The current programme has no role or linkage with prevention programmes.
<b>Performance Indicators.</b>	Formal inter-sectoral linkages are established at all programme levels.

Mid. Term Steps (January 2006-June 2009)	Responsibility	Timeframe
2.1 Vigorously pursue strict enforcement of relevant road safety laws such as those for helmet, car seat belt use and mobile phone use etc.	DGSE / Ministry of Communication, Ministry of Interior /provincial Home Departments, NHA, Traffic Police.	January 2006 onwards.
2.2 Amicable collaborative efforts with MOH should be initiated to strengthen current disability prevention programmes and take new initiatives: <ul style="list-style-type: none"> <li>- Measles Immunization</li> <li>- IDD Control</li> <li>- Iron Supplementation</li> <li>- Training of Skilled birth attendants</li> <li>- Genetic Counseling at Teaching and other Hospitals.</li> </ul>	MOH/ DGSE/ Provincial Health Departments.	January 2006 onwards.
2.3 Plan and conduct in collaboration with Associations of disabled and NGOs working for disabled, a series of seminars and workshops in schools and colleges on prevention of disabilities, both in rural and urban areas.	DGSE, MOH, Provincial Health Departments/District Governments.	January 2008 (after survey of causes of disabilities)
2.4 Introduce disability prevention as a subject of training for boy scouts and girl guides all over the country at district level.	DGSE/Girl Guides/ Boy Scouts Associations / District Governments.	January 2007 onwards.
2.5 Implement programmes to raise public awareness of consequences of violence against women and children that lead to disabilities.	Federal and Provincial Departments of Women Development, National Commission for Child Welfare and Development (NCCWD) and Women NGOs	July, 2006 onwards.

Long Term steps (July 2009-June, 2025)	Responsibility	Timeframe
2.6. Forcefully advocate the implementation of Occupational Health and Safety (OHS) laws in industries in both formal and informal sectors, particularly those that are hazardous.	DGSE, Ministry of Labour, Provincial Labour Departments, Trade Unions.	July 2009 onwards.
2.7. Vigorously, pursue the Mental Health Ordinance 2001, which has a potential in significantly impacting psychiatric impairments.	DGSE, Ministry of Health Provincial Health Departments, NGOs.	July 2009 onwards.

**Action 3: Mobilizing Early Detection and Intervention.**

<b>Goal/Outcome</b>	Minimize the incidence and impact of disabilities.	
<b>Identified Barriers:</b>	Early detection and interventions are being carried out at a minimal level in public and NGO sectors.	
<b>Performance Indicators.</b>	Enhanced rates of early detection and intervention in public service delivery system and NGO centres.	
<b>Immediate Steps (January-December 2005)</b>	<b>Responsibility</b>	<b>Time frame</b>
3.1. Courses should be developed/adopted for refresher trainings for on-the-job teachers'/Lady Health Workers, etc.	DGSE, Ministry of Health/Ministry of Education / Provincial Education Departments.	July-December 2005
3.2 NGOs who have demonstrated successful implementation of out reach and mobile services in early detection and interventions finding difficulty to reach such areas should be financially supported for further expansion.	NTD, Provincial SW &SE Depts. & District Governments.	July 2005 onwards.

Mid. Term Steps (January 2006-June 2009)	Responsibility	Timeframe
3.3 Modules to be developed and in-service training of pediatricians, psychiatrist, clinical psychologists and speech therapist at DHQ Hospitals on "Early Childhood development" (ECD) should be initiated.	DGSE, Ministry of Health, Provincial Departments of Health.	January 2006 onwards.
3.4 Initiatives being taken in the private sector for training of medical and paramedical staff on ECD, should be evaluated and if feasible be supported for countrywide expansion.	DGSE, MOH & NGOs	January, 2007.
3.5 A course focusing early detection should be developed in collaboration with NGO sector and incorporated in the curriculum of regular B.Ed and M.Ed. courses.	DGSE, Ministry of Education / Health / Provincial Health Departments.	January 2007
3.6 DHQ Hospitals should be strengthened to provide early intervention with necessary trained staff and provision of assistive aids including orthotics and prosthetics.	Provincial Health Departments.	July 2007
3.7 Initiate establishment of referral services delivery points and propagate at district level.	District Government / DHQ Hospitals.	January 2008
Long Term Steps (July 2009- June 2025)	Responsibility	Timeframe
3.8 Early Childhood Development (ECD) should be incorporated in the curricula of paramedical, nursing and medical colleges.	DGSE, PMDC & PNC	July 2009

3.9 Training of Medical Officers, LHVs, LHWs at Rural Health Centres and Health Units on Early Childhood Development should be planned and conducted.	DGSE, Ministry of Health, Provincial Health Departments, District Governments.	July, 2009 onwards.
3.10 Modules for LHWS to be developed and Provided training in screening early childhood development delays. (Should be conducted in those areas where doctors at BHU, RHC and consultants at DHQ have been trained).	DGSE, Ministry of Health, WHO.	January 2012 onwards.

**Action 4: Escalating the Medical Rehabilitation Services.**

<b>Goal/Outcome</b>	Provision of timely and effective medical rehabilitation services for people disabled by disease, injury or congenital impairments.
<b>Identified Barriers:</b>	At present, mainstream government led system is not fully geared and hence does not contribute its full potential in addressing the issue.
<b>Performance Indicators.</b>	A specialized network of medical rehabilitation services are established at district level in next 10 years.

Immediate Steps (January - December 2005)	Responsibility	Timeframe
4.1 Criteria for various levels of rehabilitation services (Basic and Comprehensive) should be established in consultation with professionals in the field.	Rehabilitation Medicine Departments, Mayo Hospital, Lahore/ AFIRM NIH/ DGSP	July-December 2005.

Mid Term Steps (January 2006 - June 2009)	Responsibility	Timeframe
4.2 Departments of Orthopaedic at DHQ Hospitals be expanded to minimally provide basic medical rehabilitation services.	Provincial Health Departments, District Headquarters Hospitals.	July, 2006 onwards.
4.3 The NIH should be restructured and reorganized to serve as rehabilitation medicine training centre for various disciplines. The current courses should be upgraded for accreditation nationally or externally.	MOH, College of Physicians and Surgeons (CPSP) and DGSE.	January - December 2006.
4.4 At provincial level, at least one institute should be identified and strengthened for training of paramedics for medical rehabilitation.	DoH and DGSE	July 2006 - June 2009
Long Term Steps (July 2009 - June 2025)	Responsibility	Timeframe
4.5 Steps should be taken to establish "Rehabilitation Medicine" departments in all public and private teaching hospitals.	Ministry of Health, CPSP & DGSE.	July 2009 to December 2020.

**Action 5: Strengthening of Special Education for Children with Severe and Moderately Severe Disabilities**

<b>Goal / Outcome:</b>	All children with SEN have opportunity for quality education from kindergarten to class 10 level and develop fullest capacity for economic and social integration that promote self confidence and empowerment*
<b>Identified Barriers:</b>	About 1-2% children with disabilities have access to commensurate SE centers (SEC). Rural children have no access to SEC.
<b>Performance Indicators:</b>	By year 2025 all children with SEN have access to quality educational services.

\*An important point to note is that it has been assumed that severely handicapped and moderately severely handicapped children will continue to require special education centers, while moderately handicapped and mildly handicapped can acquire inclusive education in regular schools. Hence, it is being proposed to work in both directions, i.e. increase the number of SECs and also promote inclusive education.

<b>Immediate Steps (January - December 2005)</b>	<b>Responsibility</b>	<b>Timeframe</b>
5.1 Define criteria for classifying the degree of disability into four categories such as profound, severe, moderate and mild.	NIH / DGSE, Ministry of Health.	December, 2005
5.2 Develop assessment and diagnostic tools for assessment of type and extent of disability.	NIH/NISE/DGSE	December, 2005

5.3 Formation of "National Curriculum Committee on Disability" (NCCD) for standardizing disability specific curricula for education and diploma courses.	DGSE/NISE, Ministry of Education / Board of Education.	December, 2005
5.4 NLRC should be developed on modern lines.	DGSE	December, 2005
<b>Mid Term Steps (January 2006-June 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>
5.5 DGSE to establish chapters in provinces in collaboration with professional institutions on the pattern of NISE.	NISE/DGSE	January - December 2007
5.6 The approach for in service training courses for SEC teachers requires improvement. Training needs assessment to be conducted and training programmes duly recognized and accredited be developed, accordingly.	NISE / DGSE and similar training Institutions of Provinces.	July - December 2007.
5.7 Evaluation and if necessary preparation/ revision of syllabus in consultation with concerned boards of education and examination.	NISE, Boards of Education.	January - December 2006
5.8 Mechanisms for monitoring and follow up of teachers to be instituted for ensuring quality education.	NISE / DGSE and similar training Institutions of Provinces.	July 2006 onwards
5.9 The curricula of masters level courses offered by the universities to be updated and laboratories and model schools to be established (or formally linked with existing SECs).	HEC, Universities and DGSE.	January 2006- June 2009.

5.10 The serving faculty members in Department of SE in Universities need to be sent abroad for higher education to acquire state-of-the-art knowledge and skills.	HEC, Universities and DGSE.	July 2006 onwards.
5.11 Information sharing conferences to be held at national/provincial/district level biannually.	DGSE, Provincial and District Governments.	July 2006 onwards.
5.12 Incremental up-gradation of SECs from primary level onwards.	DGSE, Provincial Special Education Departments.	January 2007
5.13 Researches to be conducted to strengthen the programme. Provide small grants to students of departments of sociology, social works, anthropology, psychology, public health etc. for this purpose.	DGSE, HEC, Provincial Governments/District Governments, Universities.	July 2007 onwards
<b>Long Term Steps (July 2009-June 2025)</b>	<b>Responsibility</b>	<b>Timeframe</b>
5.14 Existing SECs under management of DGSE located in districts may function as model centres for replication by the respective district government.	DGSE, District Governments.	July-December 2009
5.15 To meet the increasing demand of SE teachers certificate/diploma course in special education be initiated at provincial level.	NISE / DGSE and Provincial Governments.	July 2010 onwards

**Action 6: Promoting inclusive Education for Children with Moderate and Mild Disabilities.**

<b>Goal /Outcome</b>	Inclusive Educational opportunities are available to large number of children with moderate and mild level disabilities from kindergarten to class 10 in cost effective ways.		
<b>Identified Barriers</b>	Regular schools are not geared to accommodate children with special needs.		
<b>Performance indicators.</b>	All regular schools have provision for children with special needs.		
<b>Immediate Steps (January-December 2005)</b>	<b>Responsibility</b>	<b>Timeframe</b>	
6.1 In light of current Development Plans and EFA 2015, the MOE should bring out a written policy on inclusive Education (IE) in collaboration with DGSE.	MOE and DGSE / MoSW & SE	July, 2005	
<b>Mid Steps (January 2006-June 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>	
6.2 Initiate modifications in physical environment of regular schools to make them less restrictive for special children.	Ministry of Education, Provincial Education Departments, District Governments.	January 2006 onwards	
6.3 Sensitization, orientation and training of regular school teachers on the special educational needs of children with disabilities.	Ministry of Education Provincial Education/ Departments, District Governments.	July 2006 onwards	
6.4 Provision of resource material and specialized aids in selected districts to be followed by wider expansion.	District Governments.	July 2006 onwards.	

6.5 Incremental provision of IE in regular schools from kindergarten to class 10	Ministry of Education Provincial Education Departments, District Governments.	January 2006 onwards.
6.6 At least one Inclusive Education unit per Union council and one Special Education Unit at Tehsil level along with hostel facilities to be established by Provincial/District governments or NGOs over a period of 15 years, wherever required.	DGSE, Provincial Governments/District Governments/ NGOs	July 2010- December 2025

**Action 7: Expanding and Reinforcing Vocational Training Employment and Economic Rehabilitation**

<b>Goal /Outcome</b>	Empowerment of disabled to achieve the level of competencies and abilities required to generate income leading to economic empowerment.	
<b>Identified Barriers</b>	Limited vocational training and vocational rehabilitation opportunities available for PWDs in Pakistan.	
<b>Performance indicators.</b>	The ratio of disabled generating income for their needs should be proportionate to that of comparable general population.	
<b>Immediate Steps (January-December 2005)</b>	<b>Responsibility</b>	<b>Timeframe</b>
7.1 Conduct labour market surveys to identify disability specific vocations at district level.	Federal Bureau of Statistics / Provincial Bureau of Statistics / District Governments.	July, 2005 onwards.
7.2 Pursue and implement 5% quota for admission of PWDs in government sector technical training institutions.	DGSE, NCRDP, PCRDP, Provincial Labour Departments.	July, 2005 onwards.

7.3 Financially support NGOs to replicate successful CBR models such as that of VREDP and others.	NTD	July 2005 onwards.
7.4 Reorganize NCRDP and PCRDP by providing necessary manpower, required logistic resources and effective mechanisms for successful implementation of the employment ordinance.	Ministry M/o, SW & SE and Provincial SW Departments.	July - 2005 onwards.
<b>Mid Term Steps (January 2006-June 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>
7.5 All SECs that are upgraded to class 10 to have a strong vocational training programme based on their district market research survey.	District Governments Provincial SW Depts. and NTCSP.	July 2006 onwards.
7.6 For CBR, create opportunities for on the job apprenticeship for different vocations in association with business unions like trader's union, shopkeeper's union, agricultural and dairy producers union, and chambers of commerce etc.	NCRDP/ PCRDP, provincial SW/SE Depts., Chamber of Commerce etc.	January 2006 onwards
7.7 Work done on Community Based Rehabilitation Programmes be supported for successful implementation in rural areas and urban slums.	DGSE, NTD, CBOs.	July 2005 onwards.
7.8 Take necessary steps to actively involve Ministry/Department of labour in implementation of 2% employment quota.	NCRDP, PCRDP, Ministry and Depts. of Labour & Manpower.	July 2006 onwards
7.9 Include assessment of employment status of PWD in annual Labour Force Survey (LFS).	NCRDP / PCRDPs and Federal Bureau of Statistics.	January 2007.
7.10 The existing VTCDs are to revise their training programmes and provide trainings in market appropriate trades.	DGSE (NTCSP) and Provincial SW Dept.	July 2006

Long Term Sfepts (July 2009-June 2025)	Responsibility	Timeframe
7.11 All micro credit institutions and banks should develop and promote a special micro credit product with simplified procedures for disabled	NCRDP/ PCRDPs SMEDA, FWBL, Khushali Bank, First Micro Credit Bank etc.	July 2009 onwards

**Action 8: Pursuing Implementation of Existing Laws for PWDs.**

<b>Goal /Outcome</b>	All existing laws for prevention of disabilities or rehabilitation/employment of disabled be implemented in letter and spirit and required new laws are drafted and enforced.		
<b>Identified Barriers</b>	Current implementation status of Disabled Employment Ordinance 1981, Workmen Compensation, Social Security and Occupational Health Safety Acts is weak.		
<b>Performance indicators.</b>	Tangible progress in enforcement of all relevant laws.		
<b>Immediate Steps (January-December 2005)</b>	<b>Responsibility</b>	<b>Timeframe</b>	
8.1 Take effective measures to remove known constraints (administrative, financial and logistical) hampering functioning of PCRDPs.	Ministry of SW & SE/Provincial S.W. Departments.	December 2005	
8.2 Modify and improve the currently used disability assessment tools to accommodate candidates with a variety of disabilities	NCRDP/PCRDP in collaboration with Departments of Rehab Medicine.	December, 2005	
<b>Mid Term Steps (January 2006-June 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>	

8.3 Action required for expending processing of employment applications of PWD in all District Employment Exchanges.	NCRDP, Provincial Departments District Governments, PCRDP, Labour	July 2006 onwards
8.4. Expand the membership of the assessment board by including members from associations of disabled and NGOs.	PCRDP	January 2006
8.5. Sensitize informal and unregulated sectors employing women and children to obey disability protection laws.	NCCWD, NGOs and Associations of disabled.	January 2006 onwards.
<b>Long Term Steps (July 2006-June 2025)</b>	<b>Responsibility</b>	<b>Timeframe</b>
8.6. Ensure implementation of Workmen Compensation, Social Security and OHS Acts.	Ministry and Departments of Labour & Manpower.	July 2009 onwards.

**Action 9: Creating Barrier-Free Physical Environment.**

<b>Goal /Outcome</b>	Barrier free access for PWD in all public, private and commercial buildings and public places.
<b>Identified Barriers</b>	The present physical environment is not user friendly for people with disabilities, elderly, children, expectant women, infirm and weak.
<b>Performance Indicators.</b>	Physical environment designed and equipped for PWDs in all new development/civil works.

Immediate Steps (January-December 2005)	Responsibility	Timeframe
9.1 Implement 14 actions (Annex-I) approved by the federal cabinet for improving access in buildings, Parks, foot-paths and public places (offices, shops factories, schools universities, hotel restaurants, cinemas bus and train stations airports etc).	Ministry of Housing and Works / Provincial Housing and Physical Planning Depts. / Development Authorities.	July, 2005 onwards.
Mid Term Steps (January- 2006 June 2009)	Responsibility	Timeframe
9.2 Sensitize key policy makers such as city planners and developers, building control authorities and professional associations of architects and engineers. The said component should also be included in their curricula.	Pakistan Engineering Council (PEC), Pakistan Council of architects and town planners (PCATP), District Governments etc.	July, 2006 onwards.
9.3 Ministry of Law and justice to draft laws for provision of barrier free access to PWDs in new public, private and commercial buildings and public places in urban and rural areas for promulgation.	Ministry of, SW & SE /Ministry of Law.	July, 2006 onwards.
9.4 The legal department of town planning and building control authorities in districts should only approve all new designs that are based on the requirements of barrier free access law.	District Government	January, 2008 onwards.

9.5 All airports, railways stations should have provisions for wheelchair passengers. Airport to have appropriate facilities such as tactile guide ways and with in transit terminals and stops.	Ministry of SW & SE/ Civil Aviation Authority/Ministry of Railway.	July 2008
<b>Long Term Steps (July 2009-June 2025)</b>	<b>Responsibility</b>	<b>Timeframe</b>
9.6 Design new buses, taxi, minibuses and wagons as far as practical to include facilities which can accommodate PWDs.	Ministry of Transport and Communication and District Motor Vehicle Fitness Office.	July 2009 onwards
9.7 Incentives-disincentives approach be applied in implementation of barrier free access policy. Incentives to be given like soft loans, government subsidies, tax reductions etc. to implementers of barrier free access policy.	Central Board of Revenue, HBFC, Nationalized Commercial Banks.	July 2009

**Action 10: Raising Public Acceptance and improving Social Environment and Integration.**

<b>Goal /Outcome:</b>	Socially supportive environment for PWDs and their inclusion in all aspects of life.		
<b>Identified Barriers</b>	Disability is stigmatized and considered a taboo and PWDs are marginalized from the social mainstream and often perceived as objects of pity and charity.		
<b>Performance indicators.</b>	Positive perceptions and attitudes towards PWDs.		
<b>Immediate Steps (January-December 2005)</b>	<b>Responsibility</b>	<b>Timeframe</b>	

10.1 Propagation of extent and gravity of social stigma attached with disabilities through mass Media, both print and electronic etc. including production of Dramas and projection of role models.	Ministry of Information and Broad Casting / Provincial Depts. of Information / Press Clubs etc.	July, 2005 onwards.
10.2 Encourage the invitation of representatives of Associations of Disabled in high level political, social and cultural gatherings and events including diplomatic and UN function.	Ministry of SW & SE and other line Ministries/ Provincial /District Governments.	July 2005 onwards.
10.3 Promotion and creation of Sports facilities for disabled persons at various levels.	DGSE/ Ministry of Youth, Sports and Culture.	December, 2005.
<b>Mid Term Steps. (January 2006 - June 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>
10.4 Studies be conducted to assess the perceptions and attitudes towards the persons with disabilities.	Anthropology, Psychology, Sociology and Social Work Departments of Universities Medical Colleges.	July 2006 onwards.
10.5 Reserve seats for PWD at National Provincial Assemblies and District Councils.	Ministry of SW & SE/ Ministry of Parliamentary Affairs/ Provincial/District Governments.	Initiate action by January 2007.
10.6 Sensitivity to issues of disability should be inculcated in school children through cross visits and social interactions.	DGSE/Ministry of Education / Provincial Education Depts. / District Govt. / Associations of private Schools.	January 2007 onwards.

10.7 Civil society at large and youth in particular should be encouraged to attend sports events of special people.	Sports Club, NGOs and Associations of Disabled.	July, 2006.
10.8 Sensitize traffic police departments with instruction to help PWD in road crossing and necessary assistance in other public places. Further traffic rules be appropriately modified to accommodate rights of PWDs.	DGSE NM & ITC and Police Departments.	July, 2006.
10.9 Add to the existing list of presidential awards, special awards for work on disability and/or for the PWD attaining outstanding achievements.	Ministry of SW & SE/ Cabinet Division.	January, 2006.
<b>Long Terms Steps (July 2009 - June 2025)</b>	<b>Responsibility</b>	<b>Timeframe</b>
10.10 Schemes such as "adopt a special child" or "mentor a special child" should be launched in all public and private SECs in collaboration with NGOs and Media.	DGSE, District EDO Community Development and Education /Private schools Association.	January 2010 onwards.
10.11 Secure membership for PWD in social forums providing opportunities for fellowship public speaking, drama and intellectual discourse.	NGOs for Disabled Rotary and Lions Clubs, Readers. Clubs etc.	July 2009 Onwards.
<b>Action 11: <u>Boosting Capacity for production and Supply of assistive Aids including prosthetics, Orthotics and other supporting items and facilitation in Duty Free Imports.</u></b>		
<b>Goal /Outcome</b>	All disabilities are helped by assistive aids ie. Prostheses, orthotics and other supporting items.	
<b>Identified Barriers</b>	The existing production facilities in both public and private sectors are deficient in quantity, and quality and have not kept pace with international technological advances.	

<b>Performance indicators.</b>	Research and Development (R&D) capacity building and enhanced production capability of quality products up to tehsil level.	
<b>Mid Term Steps. (January - December 2025)</b>	<b>Responsibility</b>	<b>Timeframe</b>
11.1 Improve distribution of free of cost supplies of assistive devices to deserving students in public/ private sector SECs.	NCRDP/ PCRDPs	July 2005 onwards.
<b>Mid Term Steps. (January - June, 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>
11.2 Conduct Research and Development (R&D) of assistive devices/aids in collaboration with international disability NGOs and technical institutes.	NCRDP and PCRDPs.	January 2007 onwards.
11.3 Interest free or soft loans be given to NGOs and private entrepreneurs at tehsil level to set up manufacturing units for assistive aids including prosthesis, orthotics.	DGSE/ SMEDA Khushali Bank and First Micro Credit Bank and Commercial Banks.	July, 2007 onwards.
11.4 Obtain tax exemptions for public and NGO sectors for the import of buses for SECs, equipment and assistive devices /parts/raw material and teaching aids and books.	NCRDP and CBR	July 2006.

**Action 12: Increasing support to the NGOs for Service Delivery in Rural Areas.**

<b>Goal /Outcome</b>	Disability services available in rural areas through NGO participation	
<b>Identified Barriers</b>	Currently very few disability NGOs are receiving very small grants from the government.	
<b>Performance indicators.</b>	Service delivery in rural areas at union council level by NGOs.	
<b>Mid Term Steps. (January - 2006 June, 2009)</b>	<b>Responsibility</b>	<b>Timeframe</b>

12.1 Conduct listing and in-depth review of existing NGOs to identify their capacity, services and potential for delivering services in the rural areas.	NTD through private sector	July-December 2006
12.2 Form an Autonomous Board (AB) at the federal level to fund NGOs.	NTD	January 2006 onwards.
12.3 The proposed AB be made responsible to bring disability specific NGOs and Associations under a common platform for exchange of technical and program related issues and problem solving.	NTD	July 2006 onwards.
12.4 Disabilities specific NGOs and associations of higher stature and experience should train and mentor rural based CBOs for disabilities related work.	NTD, NGOs and Associations of Disabled.	January 2007 onwards.

**Action 13. Linkages at Federal, Provincial and District level.**

<b>Goal/Outcome:</b>	The core national body entrusted to work for the disabled is empowered to adopt a holistic approach towards the issues of Persons with Disabilities (PWDs).	
<b>Identified Barriers:</b>	The current mandate of DGSE is limited, without a coordinated function with Federal line Ministries and Provincial/District Governments.	
<b>Performance Indicators:</b>	Implementation of the identified necessary steps/Actions with a holistic approach.	
<b>Immediate Steps (January-December 2005)</b>	<b>Responsibility</b>	<b>Time frame</b>
13.1 The Ministry of Social Welfare and Special Education shall establish a "National Coordinating Council for Special Persons" (NCCSP) with membership of relevant ministries represented by their Secretaries or authorized officers such as Education, Health, Labour & Manpower, Sports and Culture and Media and the	M/O Social Welfare, Federal line Ministries and Provincial and District Governments.	December, 2005.

<p>relevant Provincial Government Departments etc. Similar Chapters should be established at provincial (PCCSP) and district levels (DCCSP). Representatives of Associations of Disabled and NGOs working for Disabled should be included as members with proportionate representation. This is important to establish formal inter ministerial linkages at federal, provincial and district levels.</p>		
<p><b>Mid. Term Steps (January 2006-June 2009)</b></p>	<p><b>Responsibility</b></p>	<p><b>Timeframe</b></p>
<p>13.2 Role of each Ministry should be defined in the holistic disability services programme and formal inter-ministerial institutional arrangements be established.</p>	<p>National Co-ordinating Council for Special Persons (NCCSP). Provincial Council Co-ordination for Special Persons (PCCSP) and District Council Co-ordination Council for Special Persons (DCCSP).</p>	<p>June, 2006.</p>
<p>13.3 To strengthen the work for persons with disabilities, orientation of the elected representatives to be organized at provincial/ Districts levels.</p>	<p>Self Help Organizations (SHOs), line Departments, DGSE.</p>	<p>July 2006 onwards.</p>
<p>13.4 To conduct periodic review/monitoring of progress on NPA, on annual bases.</p>	<p>NCCSP, PCCSP and DCCSP.</p>	<p>July, 2006 onwards.</p>

**MEASURES APPROVED BY FEDERAL CABINET FOR IMPROVING  
PHYSICAL ACCESS OF PWDS.**

1. Ramp in building, at entry to building, parks/public places and at split-level change in floors.
2. Lifts, Wide enough to accommodate wheel chairs and multi story buildings with recorded vocal announcement of the floor reached and tactile information.
3. Railing besides the ramps and corridors with engraving Braille, giving direction.
4. Metal bar in corridors for the visually handicapped allowing continuous sliding of hand along it without obstruction.
5. Well-lit building to facilitate persons with low vision.
6. Tactile maps (Braille) on both sides of entrance for easy location.
7. Wide doors for people on wheel chairs and frames.
8. At least one toilet at each floor for disabled with grab bars, Wash Hand Basin with lever handles mixture and access for wheel chair.
9. Yellow color one square foot dotted flooring.
10. Space reserved in parking for disabled near the entrance.
11. Recreational facilities in parks and public places for disabled with necessary safety measure.
12. Emergency bells in lift and bath rooms.
13. Switches and Security lights to be easily accessible for the disabled.
14. Grills for safety of the disabled at required places.

ACRONYMS

AFIRM	Armed Forces Institute of Rehabilitative Medicine.
BHU	Basic Health Unit.
CBOs	Community Based Organizations.
CBR	Community Based Rehabilitation.
CPSP	College of Physicians and Surgeons of Pakistan.
DCCSP	District Coordinating Council for Special Persons.
DGSE	Directorate General of Special Education.
DHQ	District Headquarters.
ECD	Early Childhood Development.
EDO	Executive District Officer.
FBS	Federal Bureau of Statistics.
FWBL	First Women Bank Limited.
HBFC	House Building Finance Corporation.
HEC	Higher Education Commission.
ICF	International Classification of Functioning, Disability & Health.
IE	Inclusive Education.
LHVs	Lady Health Visitors.
LHW	Lady Health Worker.
MoH	Ministry of Health
Mo SW &SE	Ministry of Social Welfare and Special Education.
NCCSP	National Coordinating Council for Special Persons.

NCCWD	National Commission for Child Welfare and Development, Islamabad.
NCRDP	National Council for Rehabilitation of Disabled Persons.
NGOs	Non-Governmental Organizations.
NHA	National Highway Authority.
NIH	National Institute for Handicapped, Islamabad.
NISE	National Institute of Special Education, Islamabad.
NLRC	National Library and Resource Centre.
NM & ITC	National Mobility & Independence Training Centre, Islamabad.
NPA	National Plan of Action.
NTCSP	National Training Centre for Special Persons, Islamabad.
NTD	National Trust for Disabled.
OHS	Occupational Health and Safety.
PCCSP	Provincial Coordinating Council for Special Persons.
PCRDP	Provincial Council for Rehabilitation of Disabled Persons.
PWD	Persons with Disabilities.
RHC	Rural Health Centre.
SEC	Special Education Centres.
SEN	Special Education Needs.
SHO	Self Help Organization.
SMEDA	Small Medium Enterprise Development Agency.
VTCD	Vocational Training Centre for Disabled.
WHO	World Health Organization.