Pakistan ratified the UN Convention on the Rights of Persons with Disabilities in 2011. Prior to ratification, the main law related to PWD was the Disabled Persons (Employment and Rehabilitation) Ordinance 1981 – and the subsequent parallel provincial acts following the 18th Amendment. These stipulate quotas for persons living with disability (PWDs) in all establishments: originally 2 percent and now revised to 8 percent for the Islamabad Capital Territory (ICT); 5 percent in Sindh; 4 percent in KP and 3 percent in Punjab; 2 percent in Balochistan pending the approval of a proposed 5 percent. Quotas remain unmet as noted with concern by the Supreme Court in its 2020 ruling (Civil Petition No.140-L of 2015) and none specify the inclusion of women with disabilities.

No accurate data is available on the prevalence of disabilities and estimates vary hugely between 3.3 million to 27 million. In contrast to the WHO estimates of a 10 percent prevalence of PWDs in developing countries, Pakistan’s 1998 population census recorded only 2.38 percent. Of concern is that the 2017 census puts this at merely 0.48 percent or just one million, raising doubts regarding...
reliability. Terms used for disabilities are still not aligned with international standards – some are highly derogatory.

Numerous bodies intended for rehabilitation, assistance and relief of PWDs exist at the federal, provincial, and district level, but few seem to be functioning well and none include women PWDs in their decision-making bodies. There are special national identity cards (CNICs) for PWDs, but obtaining these depends on a multi-stage process of registration and certification.

**The Impact of COVID-19**

The COVID-19 pandemic and resultant lockdown accentuated all the pre-existing problems faced by persons living with disabilities (PWDs) and created new ones for women and girl with disabilities.

**Violence and maltreatment** increased as heightened families were cooped up. Gender-based violence increased across the board, but several added factors catalysed violence against female PWDs. The additional bathroom time they require became a trigger in households – sharing a single toilet. Social distancing and fear of catching the virus deprived most PWDs of attendants skilled in their care, rendering them dependent on family members who rarely know how to cope with disabilities. **PWDs in employment** faced further maltreatment as they were the first to be laid off from jobs on the pretext that their immunities are weak and they cannot work as companies did not want to be liable for it.

Aggravating matters PWDs were deprived of **therapy** because institutions closed down, reducing already limited mobility and self-care. Fathers in particular taunted mothers for having given birth to such a child, and some mothers took out their frustrations on the PWD. Menstrual hygiene management became a major challenge. The net result was women and girls losing dignity, self-confidence and even self-respect. Dignity was stressed by all PWDs interviewed.

**Relief was difficult to access:** only exceptionally were efforts focused on PWDs; many female PWDs had no CNIC to qualify for government relief schemes; few have digital technology and devices to apply – in one site, only an estimated 30 percent of women PWDs who applied received aid. Only a few women-oriented relief efforts provided sanitary napkins; none provided specialized products essential for PWDs (e.g. urine bags). Shops were inadequately prepared to cater to PWDs: the one-person-only COVID-19 entry rule barred attendants; ramps, when available, were often too steep for self-propelled wheelchairs. Single sites for relief distribution were difficult to access for PWDs as these were usually crowded or required unaffordable transport. Catering to PWDs requires an accurate

“Because of this COVID, everyone has been affected but women with disabilities even more so.”

(Afshan Afridi, female PWD, entrepreneur and PWD organization, Peshawar)

“During quarantine, women with disabilities are left even more isolated and prone to gender-based violence.”

(Abia Akram, Chairperson, National Forum of Women with Disabilities)
database and sometimes doorstep deliveries.

Information on COVID-19 and safety precautions was rarely in PWD-friendly formats. The Ministry of Human Rights did launch a booklet in Braille, but none of those interviewed was aware of, or had seen this. Information was not tailored to the specific circumstances of PWDs who may be at greater risk of contracting the disease because, for example, most propel wheelchairs with their hands; the visually impaired feel/touch their surroundings to help guide their mobility.

Psycho-social support was an unmet felt-need of many women with disabilities during these trying times, as was the need for families being oriented on how to cope during the emergency, as well as in the longer term.
RECOMMENDATIONS

As stated by the UN, COVID-19 response and recovery should be disability-inclusive, protect the rights and needs of persons with disabilities and place them at the centre of efforts, as envisaged in the Convention on the Rights of Persons with Disabilities as well as the 2030 Agenda for Sustainable Development. Disability-inclusive local, national and global responses require cooperation, investment and direct support from all stakeholders, including governments, the UN System, humanitarian actors, civil society, PWD representatives, and the private sector. Actions are needed in immediate responses, as well as for longer-term recovery efforts – sometimes the same actions are required for both.

I. Reducing Violence by changing attitudes of families and communities

The violence suffered by women and girls with disabilities stems from widespread prejudices and families’ lack of know-how to cope. Women stress that community and societal attitudes will only improve when families understand and accept PWD relatives. Where most families consider girls as a burden, those with disabilities are perceived as even more burdensome. To overcome these obstacles:

i. Institute orientation sessions for PWD families – parents, siblings and other household members – on how to care for PWDs living with them;

ii. Carry out mass public awareness campaigns to promote acceptance and a valorisation of PWDs, including via social media to stimulate others to spread the message further;

iii. Consider government support schemes for children with disabilities so families consider the PWD an asset not burden;

iv. Establish widely publicized helplines, with skilled staff offering psycho-social for girls and women with disabilities and general counselling for families on how to cope during the emergency and in the longer-term.

II. Medical Treatments & Therapy under Emergencies

PWDs stress that for some people physiotherapy is as critical as eating – without this their muscles weaken and/or their pain increases. The distance to District Hospitals for such therapies is challenging. For this:

i. Develop a list of crucial PWD therapies and include these in the list of essential services

ii. Develop and put into place SOPs to ensure a safe continuity of such services

iii. In the longer term, take measures to ensure that as many services as possible are available in BHUs RHC and THQ hospitals.

III. Accessing Relief

To facilitate relief to PWDs during emergencies:

i. Include PWD organizations and women with disabilities in designing and delivering prevention and response plans and their participate in local and national coordination mechanisms;

ii. Develop a list of essential medicines and consumable items for different disabilities and make this available online to facilitate philanthropist and government and private sector responses;

iii. Institute and activate psychosocial support systems in appropriate accessible formats for women and girl PWDs.
IV. Access to Information
i. Develop and widely disseminate disability-inclusive public health messaging accessible to all that addresses the special situations of female PWDs and ensure this is circulated to affected people.

V. Towards preparedness: Enhance risk reduction and in-country preparedness
i. Accelerate efforts to issue identity cards (CNICs) to women PWDs;
ii. Consider how best to provide women PWDs access to digital technology and android phones and assistance for usage.

VI. Legal & Policy Frameworks
Viable effective solutions require high coordination amongst various actors and the inclusion of PWDs who are their own best experts. For this:
ii. Include PWDs and their CSOs in all policy-making and monitoring;
iii. Establish a single multi-stakeholder platform bringing together the concerned government departments, PWDs, PWD-CSOs, experts, multilateral and bilateral donors and UN agencies;
iv. UN and donor agencies supporting the Government should engage directly with relevant institutions and centres to better understand the situation on the ground;
v. Revise policies to be inclusive in light of the National Disability Policy and the Supreme Court ruling of 2020;
vii. Take immediate steps to ensure effective implementation of the Supreme Court ruling of 2020 (Civil Petition No.140-L of 2015), inter alia:
   a. Fulfil existing job quotas for PWDs at all levels
   b. Authorities to take steps to ensure they can effectively perform their jobs including accessible infrastructure, assistive technology, modifications to the work environment
   c. Eliminate the use of derogatory terms in all official documents and replace with “persons with disabilities” or “persons with different abilities”
iv. Revise quotas to ensure women with disabilities are included and equally facilitated;
v. Revisit and revise the operations of federal, provincial and district bodies on PWDs to
   a. Include women with disabilities in decision-making,
   b. Provide each body specified policy goals and planning,
   c. Set annual targets for each body;
iv. Enact legislation in Punjab, Khyber Pakhtunkhwa, Balochistan and ICT on the pattern of the Sindh Act for the empowerment of PWDs;
   a. The Government of Sindh to expedite all necessary mechanisms for implementing its Act.

VII. Accurate Database, PWD registration & CNICs:
Relief efforts in emergencies are gravely impeded by the lack of an accurate database, lack of CNICs and registration. Moreover, the singular use of a wheelchair icon on PWD CNICs fails to properly guide those to see this in the absence of the concerned person, leading to multiple inappropriate responses such as people with hearing disabilities or needing a crutch being provided wheelchairs. For this:
i. Undertake a country-wide survey using the same standardised operational definitions of various forms of disability disaggregated at least by gender and location;
   a. Consider using the Washington Group UNICEF Child Functioning Module for children or/and the Washington Group Short Set of Disability Questions⁶
The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.

---

The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 transpersons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.