

Aawaz II

Inclusion, Accountability, Reducing Exploitation

From the Margins to the Centre

Social Inclusion and rights of women and girls with disabilities

Aawaz II Model

Policy Brief

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Disclaimer

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Contents

Highlights	iii
1. Overview	1
2. The problem and context	3
2.1 Disability is widespread, and systematically under-counted	3
2.2 Education	7
2.3 Economic participation, skills and registration	10
2.4 Institutional mechanisms in Punjab and KP	12
2.5 The cost of doing nothing	14
3. The barriers facing women and girls with disabilities	15
3.1 Gender-based violence against WWDs	16
3.2 What shifts the equilibrium	17
4. What Aawaz II did, and the evidence	19
4.1 A standing platform: the Special Interest Groups (SIGs) of WWDs	19
4.2 From awareness to action: measured behaviour change	21
4.3 The gateway document: disability certification	22
4.4 Citizen–state engagement that produced commitments	24
4.5 The return on inclusion	25
5. Programme learning and promising practices	28
6. Policy Recommendations	29
A. Inclusive governance and legislation	30
B. Make rights real: registration, certification and services	30
C. Behaviour change, knowledge and community engagement	31
7. The path to government ownership	32
8. Conclusion	33

Acronyms

AAC	Aawaz Aagahi Centre
ADP	Annual Development Programme
BHU	Basic Health Unit
CSO	Civil Society Organisation
C&W	Communication & Works Department
DHQ	District Headquarters Hospital
DPO	Disabled Persons' Organisation
FCDO	Foreign, Commonwealth & Development Office
GBV	gender-based violence
KAP	Knowledge, Attitudes and Practices
KP	Khyber Pakhtunkhwa
LG&CDD	Local Government & Community Development Department
NADRA	National Database and Registration Authority
P&D	Planning & Development Department
PCRDP	Provincial Council for the Rehabilitation of Persons with Disabilities
PWD	Person with disability
RHC	Rural Health Centre
S&GAD	Services & General Administration Department
SIG	Special Interest Group
SROI	Social Return on Investment
SWD	Social Welfare Department
TEVTA	Technical Education & Vocational Training Authority
UC	Union Council
WWD	Women and Girls with Disabilities

Highlights

There are 23.2 million persons with disabilities (PWDs) in the country who report some difficulty seeing, hearing, walking or climbing, remembering or concentrating, self-care, or communicating (census 2023), with higher reported disability rates in Khyber Pakhtunkhwa (KP) and Punjab.

- Approximately 7.5 million (3.1%), categorised as disabled, report a lot of difficulty or cannot do these activities at all.
- Less than 10% of these (0.72 million) are registered with National Database and Registration Authority (NADRA) (0.5 million men and 0.23 million women).
- Across all ages the registered count does not capture much more than half of those who report a functional limitation, and across the working-age and older bands it captures only about a quarter to a third.

The registration gap leads to policy invisibility in addition to the social invisibility PWDs experience.

- PWDs have limited access to education, lack equitable access to bank accounts, credit, employment and entrepreneurship, which pushes them into self-employment, low-paid work or the informal sector.
- Employment quotas are inadequately implemented and monitored; limited education or inadequate registration leaves PWDs ineligible.

Women with disabilities (WWDs) are multiply disadvantaged, experiencing heightened social stigma and attitudinal barriers. Any intervention that treats only one dimension, only gender or only disability, will under-deliver against the compounding of all four (gender × disability × poverty × rural).

- Approximately **4.9–6.3% of GDP a year**, an estimated **US\$ 11.9 -15.4 billion** is lost to Pakistan's economy every year by excluding persons with disabilities

The return on inclusion is high

A combined social return on investment of **3.12: 1** i.e. every £1 invested produced £3.12 of social value, delivered at a cost of £8.60 per person reached.

For one individual, roughly £99 spent helping someone obtain a disability certificate opens the door to employment, education, social protection and assistive devices.

Recommendations

- **Inclusion pays for itself.** Small investment now reaps large rewards later. The community architecture that delivers it has already been built and paid for; the marginal cost to government of owning and sustaining it is small relative both to the cost of rebuilding it from scratch and to the recurring, compounding cost of leaving WWDs outside the economy.
- **Legislate and resource:** pass Khyber Pakhtunkhwa's (KP) disability law without weakening it, enforce Punjab's 2022 Act, and fund both at district level.
- **Bring services to the people:** one-window registration and certification at the tehsil and Union-Council level, with mobile and assisted options. Include disability-sensitive gender-based violence (GBV) response and psychosocial services.
- **Make the everyday accessible:** schools, transport, public buildings and gender-based-violence (GBV) services that women with disabilities can use.
- **Open livelihoods:** increase and enforce the employment quota and fund skills and enterprise support for women with disabilities.

1. Overview

Pakistan does not lack a legal commitment to Persons with Disabilities. It ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011.¹ The Constitution of Pakistan guarantees equality before the law (Article 25) and free and compulsory education for every child aged five to sixteen (Article 25-A). Following the 18th Amendment, the provinces have legislated, most notably the Punjab Empowerment of Persons with Disabilities Act 2022, with its Rules of 2024, which reserves a three per cent employment quota and establishes a Fund financed by non-compliant establishments.² The scaffolding of rights, in other words, is largely in place.

What is missing is implementation, and, a shift in the social norms that decide whether a woman with a disability is treated as a rights-holder or as a “family burden.” The gap between statute and lived reality is the policy problem this brief addresses. As one provincial civil society leader, herself a person with a disability, put it:

“Before Aawaz II, persons, and especially women, with disabilities were scattered and excluded. The programme made them visible, and for the first time Persons with Disabilities secured recognition of their rights at the level of government.”

Female WWD, Aawaz II Provincial Forum; member, Provincial Council for the Rehabilitation of Persons with Disabilities (PCRD), Punjab.³

¹ United Nations. (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol. United Nations. (Ratified by Pakistan, 5 July 2011).

² Government of the Punjab. (2022). The Punjab Empowerment of Persons with Disabilities Act 2022 (Act XLII of 2022); and Government of the Punjab. (2024). The Punjab Empowerment of Persons with Disabilities Rules 2024.

³ Aawaz II. (2026). Key informant interview with a WWD, member of the Provincial Council for the Rehabilitation of Persons with Disabilities (PCRD), Punjab

This is the analytical heart of the brief: **the disadvantage of a woman with a disability in a poor, rural household is not the sum of four separate problems but their product. An intervention that treats only one axis, only gender or only disability, will under-deliver against the compounding of all four (gender × disability × poverty × rurality).** This is why a woman with disability is so often the last to be counted, the last to be registered, and the last to be served, and why she must be the starting point, not an afterthought, for policy.

“

Ayesha, a Special Interest Group (SIG) member for Women with Disabilities in Buner, Khyber Pakhtunkhwa, gained confidence and purpose through her engagement with Aawaz II. Despite being educated and employed, she had long faced social exclusion and limited opportunities to influence change in her remote community. Through the SIG platform, she began advocating for women and girls with disabilities, engaging community members and government stakeholders on issues of stigma, accessibility, and inclusion. Today, Ayesha actively raises awareness about disability rights and works to strengthen links between marginalized communities and service providers, demonstrating how Aawaz II empowers women with disabilities to take on leadership roles and support more inclusive decision-making.

”

2. The problem and context

2.1 Disability is widespread, and systematically under-counted

Globally, the World Health Organization estimates that 1.3 billion people, about 16% of the population, live with a significant disability.⁴ Pakistan's 2023 Census, the country's first digital census and the first to use the internationally recognised Washington Group Short Set of questions, captures disability using two census-based measures. A third measure, based on administrative registration with NADRA, produces an even smaller count. The broadest measure counts everyone who reports at least some difficulty with any of six domains: seeing, hearing, walking or climbing, remembering or concentrating, self-care, or communicating. On this measure, 23.2 million people, or 9.6% of the population, have a functional limitation.⁵ A stricter measure applies the Washington Group's severe cut-off, counting only those who report a lot of difficulty with one or more of those same six activities, or cannot do them at all; the census records these people as disabled, 7.45 million people, or 3.1%.⁶

This brief uses three measures of disability, and it helps to separate them at the outset. Functional limitation is the broad measure: anyone reporting at least some difficulty with an everyday activity. Disability is the stricter measure: those with severe difficulty that the census classifies as disabled. NADRA registration is the administrative record, held by the National Database and Registration Authority, that a person needs to claim the disability certificate and the benefits attached to it. These terms are used consistently throughout, and the figures for each are set out in Section 2.1.

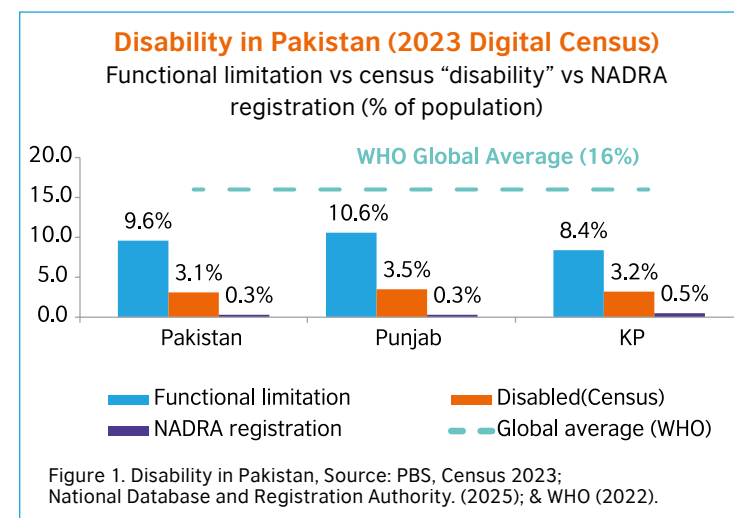
Smaller still is registration with the National Database and Registration

⁴ Global report on health equity for persons with disabilities. Geneva: World Health Organization; 2022. Licence.

⁵ Pakistan Bureau of Statistics. (2023). 7th Population and Housing Census 2023.

⁶ Pakistan Bureau of Statistics. (2023). 7th Population and Housing Census 2023, National Census Report (Section 4.5; Table 4.17).

Authority (NADRA), the administrative record that unlocks the disability certificate and the benefits that come with it: about 0.72 million people, or 0.3%.⁷ Moving from self-reported functional difficulty to census-defined disability and finally to NADRA registration, each stage captures progressively fewer people. From 9.6% who report a difficulty, to 3.1% the census records as disabled, to just 0.3% registered with NADRA. All three are shares of Pakistan's entire population, not of those already identified as disabled. Even the broadest figure 9.6% sits well below that 16% global benchmark, which suggests disability in Pakistan is not less common than elsewhere, only less often counted and least often of all recorded. For the policymaker, the gap between these two numbers is not a statistical curiosity. It is the measure of a population that the state cannot see, and therefore does not plan, budget or deliver services for. Under-counting is the first barrier from which the others follow.

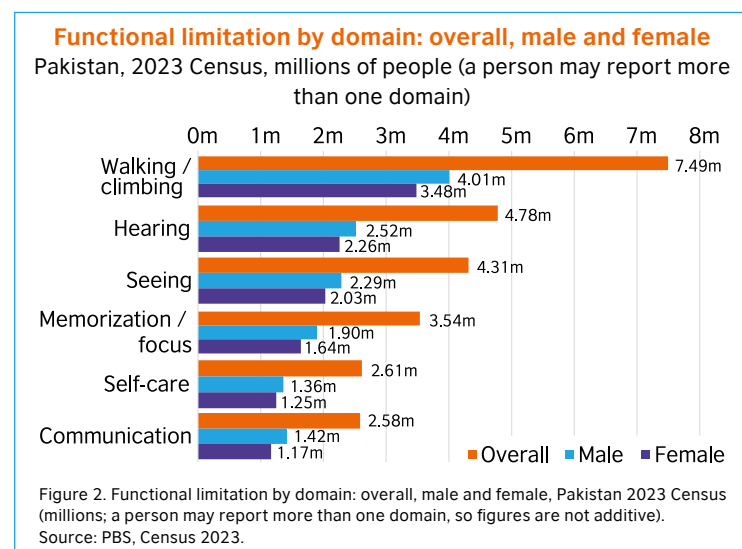


The three-layer gap for the country and its provinces are presented in Figure 1. Nationally, 9.6% of people report a functional limitation; the rate is 10.6% in Punjab and 8.4% in KP.

⁷ National Database and Registration Authority. (2025).

Far fewer are recorded as disabled by the census, 3.1% nationally, 3.5% in Punjab and 3.2% in KP, and NADRA registration is much smaller, at about 0.3% nationally and in Punjab, and 0.5% in KP. Only a small fraction of the population is registered with NADRA, millions fall through the registration gap.

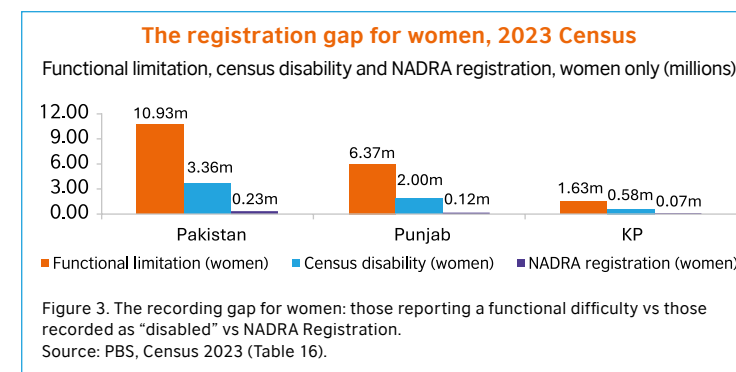
Functional difficulty by domain and sex: Figure 2 reveals mobility is by far the most common issue: about 7.49 million people report difficulty walking or climbing, followed by hearing (4.78 million) and seeing (4.31 million), with memory or concentration (3.54 million), self-care (2.61 million) and communication (2.58 million) less common but still substantial. Because a person may report more than one difficulty, these figures overlap and are not additive. The pattern by gender is consistent: in all domains men are recorded slightly more often than women (for example 4.01 million men against 3.48 million women for mobility, and 2.52 million against 2.26 million for hearing). This mirrors the headline gap of 12.2 million men with a functional limitation against 10.9 million women, and points to clear service priorities: accessible transport, ramps and mobility aids first, then hearing and vision support.



Under-recording of disability, and the wider gap for women:

Women report a functional difficulty at a slightly lower rate than men (9.4% vs 9.9%), and far fewer women hold a NADRA registration (0.23 million women against 0.50 million men).⁸ The likeliest reasons for under-reporting are not biological but social: stigma, isolation, lower help-seeking, and assessment systems women find harder to reach, so a woman's difficulty is simply less likely to be written down.⁹

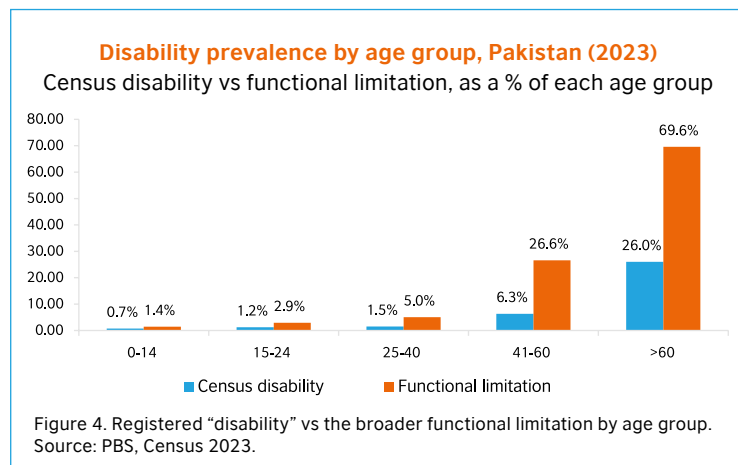
Figure 3 traces the same three steps for women. Nationally, 10.9 million women report a functional limitation, 3.4 million are recorded by the census as disabled, and only 0.23 million are registered with NADRA, the record that unlocks the disability certificate. The provinces follow the same pattern: in Punjab, 6.4 million women report a functional limitation, 2.0 million are recorded as disabled, and 0.12 million are registered; in Khyber Pakhtunkhwa, the figures are 1.6 million, 0.6 million and 0.07 million. Because the stipend, assistive device, reserved job and transport concession all flow from that certificate, the great majority of women with disabilities cannot claim them: even among the 3.4 million recorded as disabled, only about one in fifteen hold a NADRA registration. The policy task is to close that registration gap, for both sexes and for women.



⁸ PBS, Census 2023; British Council / Aawaz II, Situation Analysis of Persons with Disabilities in KP and Punjab (2026).

⁹ National Commission on the Status of Women, United Nations Population Fund, Aawaz II, & Special Talent Exchange Program. (2024). Disability accessibility assessment of government gender-based violence services. United Nations Population Fund Pakistan.

Disability across the life course: Disability is strongly age-related, which matters for planning. The census captures it at two levels of severity, and Figure 4 shows both rising steeply with age. Functional limitation (any difficulty with an everyday activity) rises from about 1.4% of children (0-14) to almost 70% of people over 60 years of age. The narrower group the census records as having a disability, those with a lot of difficulty, or who cannot do a task at all, rises from under 1% to about 26% across the same span. Consider jointly, the two lines show where need is concentrated overwhelmingly among older people. What the census reveals, the service system has yet to reach even among those it records as disabled, only a fraction are registered with NADRA and hold the certificate that unlocks stipends, devices and the reserved quota. With most people over 60 reporting a difficulty, and an ageing population overall, demand for assessment, assistive devices and accessible health care will grow, not shrink, and the registration system will have to reach much further to keep pace.



2.2 Education

Education is often where exclusion begins, and where girls with disabilities face some of the greatest disadvantages. National data suggest only about **31% of young persons with disabilities have**

ever attended school.¹⁰ Children with disabilities in Pakistan are far less likely to be enrolled than women and girls without disabilities and, even when they are in school, learn substantially less, so the disadvantage is one of both access and quality, and disability is among the strongest predictors of being out of school and not learning.¹¹ The same pattern holds across low- and middle-income countries, where children with disabilities are markedly less likely to attend school than children without.¹²

Enrolment, though, is only the first hurdle; retention and completion are the next. Where children with disabilities do start school, their continued participation is fragile, easily broken by ill health, distance, cost and inaccessible classrooms, so they drop out earlier, complete fewer grades and leave with fewer years of schooling than non-disabled children. The supply side compounds the problem: the Annual Status of Education Report (ASER) 2019 found that only about 22% of government schools and 17% of private schools had even one child with a disability enrolled, barely 2% had a ramp, and fewer than one in twenty government schools had a disability-friendly toilet (Figure 5).¹³ A core driver of exclusion is the segregated system that channels children with disabilities into special-education schools rather than mainstream ones. Mainstream schools lack the infrastructure (ramps, accessible toilets), the specialised materials (Braille, sign-language resources) and the trained educators needed to support diverse learners.¹⁴

Stigma compounds the problem. Disability is too often seen as a deficit or a source of embarrassment, and gender exacerbates

10 British Council. (2026). Situation Analysis of Persons with Disabilities in KP and Punjab. Aawaz II; British Council; UNICEF. (2021). Seen, counted, included: Using data to shed light on the well-being of children with disabilities. UNICEF.

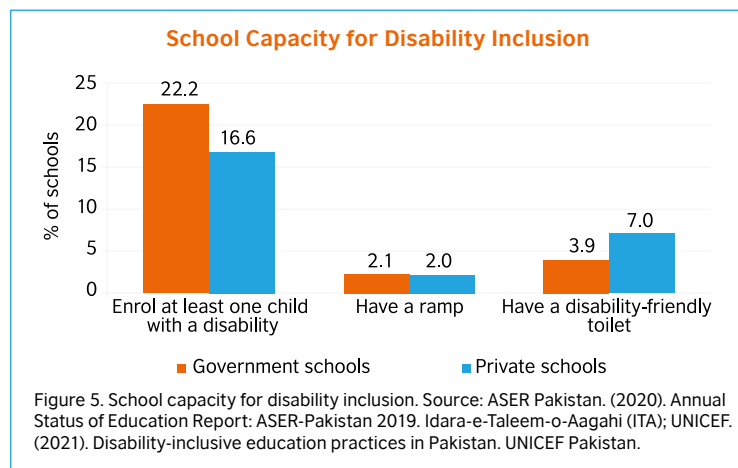
11 Malik, R., Raza, F., Rose, P., & Singal, N. (2020). Are children with disabilities in school and learning? Evidence from a household survey in rural Punjab, Pakistan. Compare: A Journal of Comparative and International Education, 52(2), 211–231.

12 Mizunoya, S., Mitra, S., & Yamasaki, I. (2018). Disability and school attendance in 15 low- and middle-income countries. World Development, 104, 388–403.

13 ASER Pakistan. (2020). Annual Status of Education Report: ASER-Pakistan 2019. Idara-e-Taleem-o-Aagahi (ITA).

14 UNICEF. (2021). Seen, counted, included: Using data to shed light on the well-being of children with disabilities. UNICEF.

exclusion further.¹⁵ Girls with disabilities are even more likely to be out of school than boys, with distance from a specialised school prompting early withdrawal. Persistent data scarcity obscures the full scale of exclusion and hinders evidence-based responses.¹⁶



The field interviews add a dimension the statistics miss, that even enrolled children struggle to stay in school for reasons of health and continuity of care:

“The persistent problem is regular school attendance, which is often disrupted by children’s health conditions. One student, a child living with thalassaemia, was performing well and recited Qirat and Naat at many school functions, but, owing to his health condition, he is now bedridden.”

Female district officer, Social Welfare Department, KP.¹⁷

¹⁵ Malik, R., Raza, F., Rose, P., & Singal, N. (2020). Are children with disabilities in school and learning? Evidence from a household survey in rural Punjab, Pakistan. Compare: A Journal of Comparative and International Education, 52(2), 211–231.

¹⁶ ASER Pakistan. (2024). *Children with disability deprived from basic right to education, lack of accessible facilities: Evidence and call for action from ASER 2023*.

¹⁷ Aawaz II. (2026). Key informant interview with the District Officer, Social Welfare Department, KP.

The pipeline narrows sharply beyond primary, which is exactly where Pakistan’s wider school system is thinnest: for every four primary schools there is only one offering education above the primary level. The British Council’s study of young persons with disabilities found that only about 27% had reached any post-secondary education and just 4% held a bachelor’s or master’s qualification; higher education remains largely inaccessible, and where universities do admit students with disabilities they seldom meet basic accessibility or accommodation standards, despite a dedicated Higher Education Commission policy that is weakly implemented.¹⁸ Secondary and higher education are therefore not a second-order concern but the stage at which most young people with disabilities are lost from the system altogether.

2.3 Economic participation, skills and registration

PWDs are far less likely to be in work than the rest of the population: across countries their employment-to-population ratio is about half that of people without disabilities.¹⁹ A World Bank study puts the employment rate of working-age PWDs in Pakistan at about 29%, against 52% for people without disabilities, with the gap widest in cities (23% versus 50%).²⁰ They lack equitable access to bank accounts, credit, employment and entrepreneurship, which pushes them into self-employment, low-paid work or the informal sector, even more so for WWDs. The gap is wider still for women with disabilities, who are held back by educational, physical and attitudinal barriers and by employment quotas that are weakly enforced and rarely monitored.²¹ Disability and poverty reinforce each other: lower earnings and higher costs trap households, and women with disabilities, with the least access to credit, jobs and enterprise

¹⁸ British Council. (2019). *Moving from the margins: Young persons with disabilities in Pakistan*. British Council.

¹⁹ United Nations, Department of Economic and Social Affairs. (2018) *Disability and development report: Realizing the SDGs by, for and with persons with disabilities*. New York: United Nations.

²⁰ Mitra, S., Posarac, A. and Vick, B., 2011. Disability and poverty in developing countries: A snapshot from the World Health Survey (Pakistan profile, p. 178). World Bank (SP Discussion Paper No. 1109).

²¹ British Council. (2026). *Situation Analysis of Persons with Disabilities in KP and Punjab*.

support, are pushed furthest into dependence.²² Employment quotas in both provinces are sporadically implemented and rarely monitored,²³ and are often unfilled because limited education or inadequate registration leaves PWDs ineligible.

Registration is the primary gateway to legal recognition, social protection, rehabilitation and quota eligibility, and the Social Welfare Department (SWD) holds the mandate for it. SWD district offices operate on standardised budgets allocated by population size rather than need, that fails to account for district-specific geography, accessibility and vulnerability. The KP key informant describes a registration architecture that has been deliberately re-engineered to close these gaps:

“Previously the procedure was manual, so only a few applied and women with disabilities went unseen. Now we run a one-window operation: Social Welfare, the DHQ hospital and the Employment Board sit together, the applicant comes with the E-form, a medical specialist and the board assess the disability, the certificate is issued and submitted to NADRA. If a person cannot come, a relative can bring the documents and the board assesses the case on that basis,”

Female district officer, Social Welfare Department, KP.

The Punjab government passed a notification in 2021 for establishing the Disability Assessment Boards at Tehsil level. Aawaz II extensively advocated for that and was able to notify Disability Assessment Boards in multiple Punjab Tehsils e.g. Tehsil Shujaabad Multan, Tehsil Duniyapur Lodhran among others. Similarly, in KP Disability Assessment Boards were established in several tehsils e.g. Tehsil Alai, District Battagram due to advocacy by the programme.

The opportunity, on this evidence, is to extend that one-window

²² Banks, L. M., Kuper, H., & Polack, S. (2017). Poverty and disability in low- and middle-income countries: A systematic review. PLOS ONE, 12(12), e0189996.

²³ Aawaz II, Situation Analysis of Persons with Disabilities in KP and Punjab (2026).

model to the tehsil, Rural Health Centre and Basic Health Unit, and to pair it with skills and finance. A leader of a disabled persons organisation (DPO) illustrates the supply side that a quota alone cannot provide: support to move PWDs from the child B-Form to the Computerised National Identity Card (CNIC), the manufacture of wheelchairs (including customised wheelchairs), white canes and hearing-assistive devices, and skills training, certification and start-up equipment for PWD-run enterprises, in partnership with the Technical Education and Vocational Training Authority (TEVTA). The binding constraint named by both respondents is the same:

“To take assessment down to the tehsil and Basic Health Unit level, the Department needs additional human resources and logistics. With external support this is achievable, but at present there is no government mechanism to reach the remote areas.”

Female district officer, Social Welfare Department, KP.

2.4 Institutional mechanisms in Punjab and KP

Punjab's Empowerment of Persons with Disabilities Act 2022 sets out broad rights, education, health, employment, rehabilitation, accessibility, non-discrimination, quotas, financial support and protection from abuse. Institutional measures include the Himmat Card financial-support programme; the Council on Rehabilitation of Persons with Disabilities (PCRD), Punjab; rehabilitation-service mapping; the SWD helpline; and the Disabled Persons Management Information System (DPMIS) as a central data repository.²⁴ District Welfare and Rehabilitation Units act as local hubs for services and grievances, and mobile platforms now ease access to assistive devices. The Punjab Rules 2024 go further, free health services for all registered PWDs, free wheelchairs and assistive devices on SWD registration, identification of PWDs (often at birth) by Local

²⁴ Government of the Punjab. Disabled Persons Management Information System (DPMIS); Aawaz II. (2026).

Government with SWD/NADRA verification, and District and Tehsil Inspectors empowered to monitor compliance and fine non-compliant entities.²⁵

In KP, the Federal Ordinance of 1981, adapted through the KP Disabled Persons (Rehabilitation and Employment) Act 2012 governs the disability portfolio, as the province has yet to enact a modern, UNCRPD-aligned law and remains the only province in Pakistan without one.²⁶ KP Empowerment of Persons with Disabilities Bill was prepared in 2021 however, it has not yet been finalised. The province has formed Assessment Committees and District Disability Boards to examine individuals and issue certificates; announced plans to raise the employment quota from 2% to 4% (awaiting enforcement); and, in early 2025, included PWDs in the Sehat Card programme, with stipends for severe disabilities under Ehsaas/Umeed.²⁷

“The Social Welfare Department is the main entry point where certification begins; we oversee special schools, pick-and-drop transport and assistive devices, and collaborate with the Zakat Department, through which eligible PWDs receive PKR 5,000 a month. In the past the Department’s reach did not extend to remote villages; through Aawaz II, it now reaches the remote rural areas.”

Woman district officer, Social Welfare Department, KP.

The clear opportunity is to convert these mechanisms into reach. In KP, that means finally enacting the long-pending Bill; in both provinces, it means extending one-window registration down to the Union-Council level and resourcing the staff and logistics that the certification gateway still lacks.

²⁵ Government of the Punjab. (2024). The Punjab Empowerment of Persons with Disabilities Rules 2024.

²⁶ Government of Pakistan. (1981). Disabled Persons (Employment and Rehabilitation) Ordinance 1981, as adapted for Khyber Pakhtunkhwa through the Khyber Pakhtunkhwa Disabled Persons (Employment and Rehabilitation) (Amendment) Act, 2012 (Act No. XVI of 2012).

²⁷ Social protection initiatives by the provincial governments.

2.5. The cost of doing nothing

The cost of doing nothing is not zero. The British Council’s *Moving from the Margins* (2014), researched by the Economist Intelligence Unit, estimated that excluding PWDs from economic life costs Pakistan between US\$11.9 billion and US\$15.4 billion a year, equivalent to 4.9–6.3% of GDP in lost productivity and earnings.²⁸ That estimate is no outlier: the ILO’s *Price of Exclusion*²⁹ and the *Costs of Exclusion and Gains of Inclusion review*³⁰ both place the cost of excluding PWDs from work at 3–7% of GDP across low- and middle-income countries, the band that applies to Pakistan. To this must be added the public and private costs of violence, untreated health conditions, and intergenerational poverty transmitted through children kept out of school. Exclusion is already being paid for; it is simply being paid for in the most expensive possible way.



Aawaz II Young Change Agents

²⁸ British Council & Economist Intelligence Unit. (2014). *Moving from the margins: Mainstreaming persons with disabilities in Pakistan*. British Council.

²⁹ Backup, S. (2009). The price of exclusion: The economic consequences of excluding people with disabilities from the world of work (Employment Working Paper No. 43). International Labour Office.

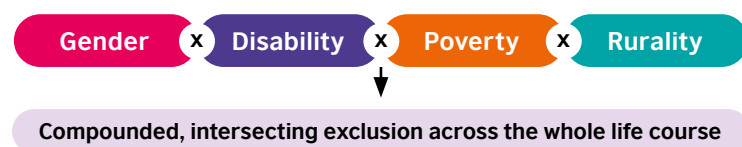
³⁰ Banks, L. M., & Polack, S. (2014). The economic costs of exclusion and gains of inclusion of people with disabilities. ICED, LSHTM & CBM.

3. Barriers experienced by women and girls with disabilities

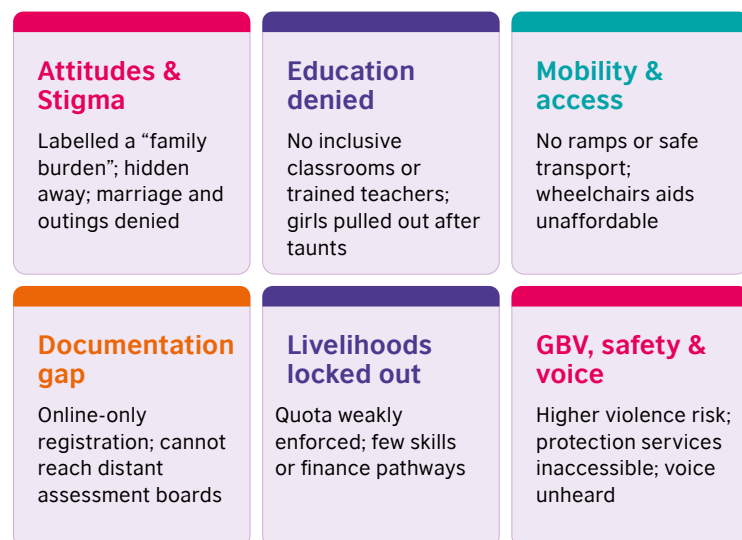
Synthesising the Aawaz II district and community dialogues and primary data against the national and international literature, yields a consistent map of where exclusion is manufactured, and where it can be undone. The barriers are not free-standing; each reinforces the others, and each bears down hardest on women, in poorer households, in rural locations (Figure 6).

Disadvantages compounds for women and girls with disabilities

An intersectional lens; the disadvantages multiply, they do not simply add



Barriers reported across the 15 Aawaz districts



Sources: Aawaz II WWDs district & community dialogues (2025); UNFPA; CRPD General Comment No. 3

Figure 6. An intersectional reading of exclusion.

Four axes of disadvantage compound into barriers that recur across the life course, from the denial of a school place to the denial of a livelihood, a safe public space and a political voice.

The field testimony aligns. Asked which barriers matter most for women with disabilities, the Punjab respondent was unambiguous:

"Around 70% of women with disabilities live in poverty. Exclusion is more severe for women, their marriage rates are much lower, and they are particularly exposed to gender-based violence. In rural areas, basic services such as education and employment are largely missing, and support relies on charity rather than on rights; in urban areas, where services are available, women are more aware of their rights."

WWD member of the PCRDP

Attitudes and stigma sit upstream of everything else, girls labelled "family burdens," hidden to avoid "humiliation," denied marriage and excluded from gatherings. Education is denied through inaccessible classrooms, untrained teachers, a shortage of aids and distance, and, as the KP interview shows, lost again to interrupted attendance when health support fails. Mobility and the built environment exclude physically. The documentation gap is self-defeating: assessment boards are distant, and online-only portals lock out precisely those in far-flung areas. Livelihoods are foreclosed by a quota set low, weakly enforced, and unsupported by skills or finance. And gender-based violence (GBV), safety and voice form the sharpest edge, higher exposure to violence, protection mechanisms that are physically and procedurally inaccessible, and near-absence from the committees where decisions are made.

3.1 Gender-based violence against WWDs

The sharpest edge of the intersection is violence. As noted by the UN Committee on the Rights of Persons with Disabilities (CRPD), Women

and Girls with Disabilities face multiple and intersecting discrimination that cannot be relieved by gender policy and disability policy operating in parallel.³¹ UNFPA estimates that, globally, Women and Girls with Disabilities are **up to ten times more likely to experience gender-based violence** than their peers.³² Adults with disabilities are about 1.5 times more likely to experience violence, rising to nearly four times for adults with mental-health conditions; children with disabilities are about 3.7 times more likely to suffer violence.³³ Beyond violence, women with disabilities face child marriage, denial of inheritance, lack of access to reproductive-health information, and social stigma that drives isolation.

Yet the systems meant to protect them are largely out of reach. A national accessibility assessment found that health, social and justice GBV services in both provinces lack the facilities, trained staff and financing to accommodate women with disabilities, and that shelters, protection centres, police stations and helplines need major accessibility upgrades.³⁴ The KII put the lived reality plainly:

“In practice these protection systems do not work for women with disabilities. They lack the basic facilities and the trained staff to assist them, and in any case they remain out of reach because of strong prevailing gender norms.”

WWD member PCRD, Punjab

3.2 What shifts the equilibrium

The enabling factors. Leadership by women with disabilities

³¹ UN Committee on the Rights of Persons with Disabilities. (2016). General Comment No. 3 (2016), Article 6: Women and girls with disabilities (CRPD/C/GC/3).

³² UNFPA. (2018). Women and young persons with disabilities: Guidelines for providing rights-based and gender-responsive services. UNFPA.

³³ Hughes, K., Bellis, M. A., Jones, L., et al. (2012). Prevalence and risk of violence against adults with disabilities. *The Lancet*, 379(9826), 1621–1629; Jones, L., et al. (2012). Violence against children with disabilities. *The Lancet*, 380(9845), 899–907.

³⁴ National Commission on the Status of Women, UNFPA, Aawaz II, & STEP. (2024). Disability Accessibility Assessment. UNFPA Pakistan.

themselves is the most powerful: peer role models change what families believe is possible. Safe, structured platforms aggregate isolated voices into collective advocacy and link them upward. Family and community dialogue is where norms actually move. Linkage to duty-bearers converts grievance into commitment. An economic anchor, a device, a certificate, a small enterprise, transforms a “burden” into a contributor. And, increasingly, better data: the 2023 census’s adoption of the Washington Group questions allows the state to see whom it must serve.

“

In Vehari, persons with disabilities, especially women, face strong social exclusion due to stigma and limited awareness of their rights. Amaritha, a Christian woman born without arms or hands, experienced discrimination in education, religious exclusion, and barriers to services such as banking and minority documentation. Her journey changed when she joined an Aawaz II Special Interest Group for women with disabilities, gaining confidence and awareness. With training and mentorship, she became an Aawaz Change Agent and implemented a Social Action Plan (SAP) to improve access to disability services. She helped over 25 persons with disabilities obtain disability certificates, financial assistance, wheelchairs, and travel concession cards, while advocating for more inclusive public services.

”

4. What Aawaz II did, and the evidence

Aawaz II was implemented in 37 districts of KP and Punjab (Jan. 2020-March 2026)³⁵. A key focus of the programme was promoting social inclusion and addressing discriminatory social and gender norms affecting women, religious minorities, persons with disabilities (particularly women with disabilities), and transgender persons. Between July 2024 and March 2026, Aawaz II was operating across fifteen districts reaching 500,940 direct beneficiaries, including 16,149 Persons with Disabilities (7,670 women and 151 transgender persons), through a four-tier community architecture of Village Forums, Aawaz Aagahi Centres (AACs), District Forums and Provincial Forums. On disability, its distinctive contribution was to enhance visibility of PWDs and create awareness and behaviour change in communities against the harmful impact of discrimination. It focused on providing safe spaces for WWDs, facilitating their voice and agency and moving from passive beneficiaries to active leaders.

4.1 A standing platform: the Special Interest Groups (SIGs) of WWDs

The programme established one SIG of Women with Disabilities in each of its fifteen districts, 247 active members in total (**Figure 7**). The composition matters for policy: the membership is young (about two-thirds aged 18–35), socially diverse, and present in places the state's disability machinery may not reach.

³⁵ Aawaz II, implemented by British Council, and funded by Foreign, Commonwealth and Development Office (FCDO), worked through a network of local partners, facilitating community led forums to change social discriminatory social norms and enhance citizen-state engagement.

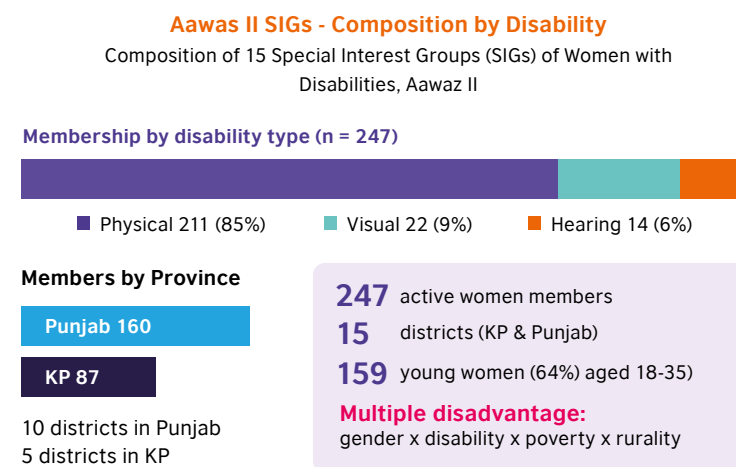


Figure 7. Aawaz II SIGs: composition by disability, across 15 districts.
Source: Aawaz II, Report on WWDs (2025).

The platform is vertically linked: district SIGs connect to the provincial policy level and disability forums of both government and civil society. One member sits on the PCRDP, Punjab. Both key informants, one in government, one in civil society, independently credit the model with the same mechanism: visibility, organisation and rights-based voice.

“Before, women with disabilities were neither visible nor organised. The SIGs gave them leadership and visibility, and helped them translate their grievances into well-framed, rights-based demands. The main weakness is the budgetary constraint faced by implementing partners in serving such diverse groups.”

Zahida Hameed (key informant interview, Punjab).

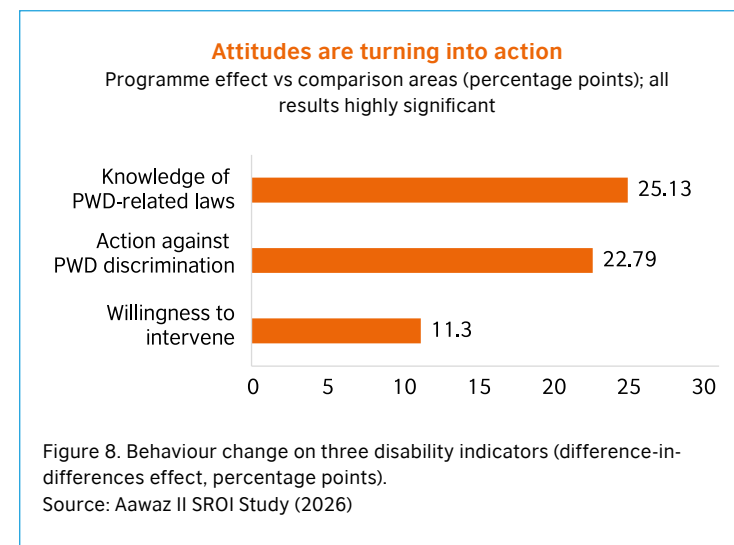
4.2 From awareness to action: measured behaviour change

Aawaz II assessed attitudinal change and impact, evaluating measured outcomes through pre- and post-programme Knowledge, Attitudes and Practices (KAP) surveys. It used a difference-in-differences design against a comparison group and reporting only effects that cleared a $p \leq 0.10$ credibility threshold under robust inference.³⁶ On the three disability indicators, **knowledge of disability law, action against disability discrimination, and willingness to intervene as a bystander**, the results were significant at $p < 0.001$.

Figure 8 shows a consistent pattern across the three disability indicators. The largest improvement was in knowledge of disability rights (+25.1 percentage points), followed by action against disability discrimination (+22.8 percentage points) and willingness to intervene as a bystander (+11.3 percentage points). The progression from knowledge to action is noteworthy. Increased awareness of disability rights was accompanied by measurable changes in behaviour, including a greater willingness to challenge discrimination and support persons with disabilities when mistreatment occurred.³⁷ The “action against PWD discrimination” indicator required no deadweight or displacement adjustment, indicating that the change was neither likely to have occurred in the absence of the intervention nor achieved by shifting the problem elsewhere. Attribution to Aawaz II is therefore robust.

³⁶ British Council / Aawaz II. (2026). Social return on investment and value-for-money evaluation.

³⁷ The difference-in-differences effect reported here is from the SROI evaluation commissioned by Aawaz II.



4.3 The gateway document: disability certification

For a person with a disability in Pakistan, the disability certificate is the single most consequential piece of paper they will ever hold, the gateway to the stipend, assistive devices, the reserved quota and transport concessions. Aawaz II treated certification (Figure 9) as a concrete, monetizable outcome, supporting it through the community based and led Aawaz Aagahi Centre (AAC) service-navigation and bulk documentation camps. Registration rose from 15% to 40% an attributable increase of 22.8 percentage points, equivalent to 1,140 women and men gaining formal recognition of their right to state support.



The finding is corroborated, unprompted, from inside government:

“Yes, the rise from 15% to 40% is consistent with our experience, if anything, the programme’s contribution on the ground was even greater. Aawaz II gave Persons with Disabilities the motivation to come forward, through the SIGs, the Village Forums and the Aawaz Aagahi Centres, and the documentation process has speeded up. So far the reforms are sustained and the Department remains on board; but without the programme it would be difficult to keep reaching the remote areas.”

Female district officer, Social Welfare Department, KP.

Valued conservatively at the replacement cost of equivalent government provision (about £99 per completed certificate), this single outcome generated roughly £0.10 million in direct social value; the wider “inclusive access” theme covering PWDs and religious minorities was valued at a net £283,000. These are deliberately cautious figures, counting only documented cases, not population-level extrapolations.

4.4 Citizen–state engagement that produced commitments

On the International Day of Persons with Disabilities (December 3, 2025), SIG members in all fifteen districts presented district specific *Charter of Demands* to senior district officials, converting community grievances into formal asks of the state. The dialogues produced specific, trackable commitments: directives to Public Works and Local Government to ensure ramps in public buildings; District Transport Authority undertakings on transporter sensitisation and concessions; coordination with NADRA for registration drives with numerical targets; and, in Bahawalnagar, a District PWD Task Force folded into the 2026 planning cycle. Participants pressed repeatedly for the employment quota to be raised from 2% to 4%. As the Assistant Commissioner in Sahiwal put it, *“Meaningful change requires more than laws. It needs implementation and a shift in attitudes”*.

For the women who led this engagement, what changed was not only what government promised, but being heard at all.

“Receiving an electric wheelchair was life-changing, but travelling to Lahore to access it was very hard. This platform helped me know my rights and advocate not just for myself, but for others in my community.”

A woman SIG member with a disability, Punjab.

“Aawaz II gave women with disabilities a platform to speak about their problems and connected them to government, and one concrete result was the Punjab Empowerment of Persons with Disabilities Act 2022, which the programme supported.”

WWD member PCRDP, Punjab

At provincial level the programme convened WWD summits in both provinces and advocated for WWD seats on the PCRDP. An Aawaz II Provincial Forum member, herself a WWD and member of PCRDP successfully lobbied for a subcommittee on WWDs which she now Chairs.

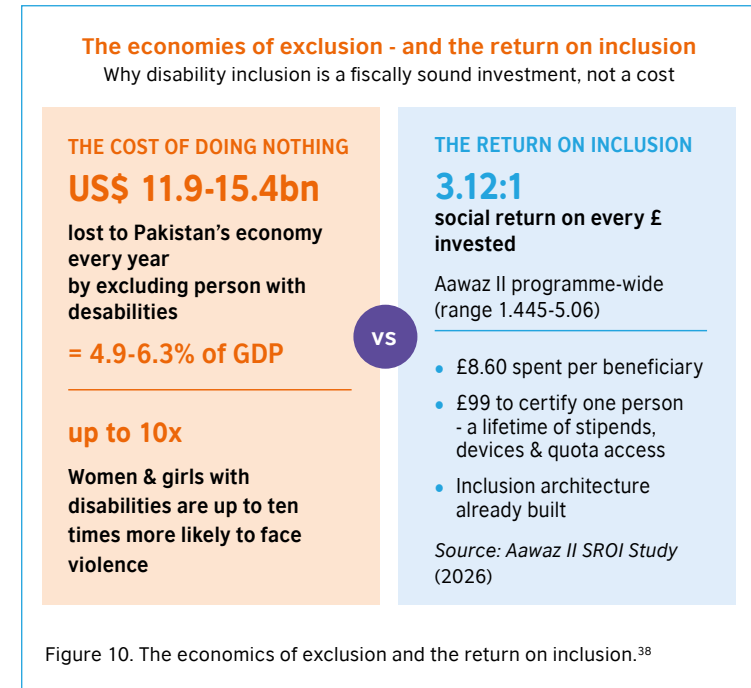
A District Social Welfare Officer in Khyber Pakhtunkhwa credited the programme with reaching places the state's own machinery had not:

“Aawaz II is itself the evidence of how this can be done, given the way it reached right down to the village level.”

Female district officer, Social Welfare Department, KP.

4.5 The returns on inclusion

It is tempting to frame disability inclusion solely as a moral obligation. That framing is correct but incomplete: in any value-for-money assessment of competing budget claims, a moral argument without an economic one will not carry the decision. The stronger case is economic, figure 10 shows it runs in two directions: the cost of continued exclusion (discussed in section 2.5), and the return on inclusion.



The return on inclusion is high, and proven. The Aawaz II Social Return on Investment (SROI) study measured the programme's value three ways: what it would cost the government to provide the same results itself, the extra spending those results create in the local economy, and the money the state saves in its own services under FCDO Green Book guidance. It found that every £1 invested produced about £3.12 of social value, combined social return on investment of 3.12:1 (sensitivity range 1.45–5.06), delivered at a cost of £8.60 per

³⁸ British Council & Economist Intelligence Unit. (2014). Moving from the margins: Mainstreaming persons with disabilities in Pakistan. British Council; UNFPA. (2018). Women and young persons with disabilities: Guidelines for providing rights-based and gender-responsive services. UNFPA; British Council / Aawaz II. (2026). Social return on investment and value-for-money evaluation

person reached.³⁹ For one individual, roughly £99 spent helping someone obtain a disability certificate opens the door to a lifetime of stipends, assistive devices and access to the reserved job quota. Inclusion pays for itself: a small amount spent now saves far more later. The community architecture that delivers it has already been built and paid for; the marginal cost to government of owning and sustaining it is small relative both to the cost of rebuilding it from scratch and to the recurring, compounding cost of leaving WWDs outside the economy.



Aawaz II Women with Disabilities Summit



Aawaz II Village Forum Meeting

³⁹ British Council / Aawaz II. (2026). Social return on investment and value-for-money evaluation.

5. Programme learning and promising practices

Six features of the Aawaz II model account for its results and are, in principle, transferable to government delivery.

Promising practice	Why it works, and the learning for scale
Lived experience as the intervention	WWD leaders facilitating dialogues changed family attitudes more durably than external messaging. The behaviour-change effects (Figure 8) are the aggregate of this mechanism.
Organise, don't just serve	Constituting WWDs as 15 SIGs created a standing forum with a collective voice, not a transient activity that ends with the funding.
Pair demand with supply	Mobilisation was tied to service-navigation and documentation camps (the AAC model), so awareness translated into completed certificates and referrals, corroborated by the KP SWD's "documentation has speeded up."
Engage at every level	Issues unresolved at village level escalate to District and Provincial Forums and national platforms, a multi-level architecture that mirrors the state itself.
Multi-modal norm change	Storytelling, awareness sessions, religious and youth engagement, media and written action plans together, consistent with meta-evidence that norm change works best through multiple modalities.
Document the commitment	Charters of Demand, WhatsApp monitoring groups, review meetings and a District Task Force turn verbal goodwill into trackable obligations.

6. Policy Recommendations

The recommendations below are grounded in the demands that WWDs themselves placed before government through Aawaz II, and district level primary data from Aawaz II. They are deliberately low-cost, most leverage existing departmental mandates and budget lines, and also specify the responsible body. Figure 11 sequences them over time.

A roadmap to government ownership of disability inclusion

Sequenced, low-cost actions that build on structures already in place

NOW 0-12 months & FY2026-27 budget

- Activate tehsil Disability Assessment Boards; certify at BHUs / Rural Health Centres
- One-window registration at Union Council; doorstep delivery of the disability allowance / cash-support card
- Mandatory accessibility in public buildings: ramps, toilets, transport
- Notify WWD SIG leaders onto PCRDP & district committees

SWD - LG&CDD - Health - P&D

NEXT 1-2 years

- Increase the employment quota to 4% (KP) and enforce 3% (Punjab), with WWD/PWD consultation
- Enforce the non-compliance Fund in both provinces - managed transparently, with WWDs/PWDs on the committee
- Inclusive education: accessible schools, trained & sign-language teachers, scholarships
- TEVTA quota & finance for WWD enterprise

Assembly - SWD - Education - TEVTA

SUSTAIN beyond programme closure

- Reserve WWD seats in Parliament & local government (per the WWD Charter)
- Mandatory women's seats on the Rehabilitation Councils (KP & Punjab)
- Disaggregated disability data on provincial monitoring dashboards
- Scale the model through the Annual Development Programme

PCRDP - P&D - Finance

Figure 11. A sequenced, low-cost roadmap to government ownership of disability inclusion.

A. Inclusive governance and legislation

- **Pass the KP Empowerment of Persons with Disabilities Bill:** Notify its Rules of Business to unlock district budgets, and increase the quota to 4% and strengthen the non-compliance Fund provisions, finalised through genuine consultation with PWDs and WWD leaders. (*Provincial Assembly · SWD · Law*)
- **Decentralise budgets and build intersectional protection** at provincial and district levels, including disability access in GBV protection centres for women with different disabilities. (*Finance · P&D · SWD · Women's Protection Authorities*)
- **Coordinate across departments** at district level (LG&CDD, SWD, NADRA, Health, Education, protection and justice bodies) and **track service use** with data disaggregated for WWDs, transgender persons and religious minorities. (*Deputy Commissioners · P&D · SWD*)
- **Enforce accessibility standards** in public buildings, transport, schools and health facilities. (*LG&CDD · C&W · Building Control · Health*)

B. Make rights real: registration, certification and services

- **Take assessment to the people:** activate tehsil-level assessment boards, certify at BHUs/RHCs, and run one-window registration at Union-Council level, directly closing the staff-and-logistics gap both interviews identified. (*SWD · Health · PCRDP / KP Council*)
- **Offer mobile, home-based and assisted options**, including doorstep delivery of cash support and offline application help for those without internet. (*SWD · LG&CDD · NADRA*)
- **Make entitlements transparent and accountable** at district level for CNICs, stipends, welfare schemes, quotas, loans and scholarships. (*SWD · S&GAD*)

- **Expand livelihoods:** mandate PWD internships in public offices, and partner with CSOs and donors on market-relevant skills, start-up grants and TEVTA-linked enterprise support for women with disabilities. (*Establishment · TEVTA · SWD*)

C. Behaviour change, knowledge and community engagement

- **Keep citizen-state engagement regular,** and institutionalise the SIGs of women with disabilities within the PCRDP/KP Council and district committees as a standing monitoring framework. (*SWD · PCRDP / KP Council · P&D*)
- **Train public officials** in disability inclusion, and **train teachers** for inclusive education so every child can exercise the right to schooling under Article 25-A. (*Establishment · Education Departments*)
- **Run sustained mass-media campaigns** for parents, teachers, religious leaders and peers, and budget to reach those who are illiterate, without smartphones, or in far-flung villages. (*I&PR · SWD · CSOs*)
- **Improve GBV-response staff knowledge** of disability and inclusion, and build long-term CSO/donor partnerships for community awareness. (*Women's Protection Authorities · SWD · CSOs*)

7. The path to government ownership

None of the above requires a costly new programme. It requires the provinces to move from partnership to ownership of structures that already exist and already work. District level key informants converge on this point, that the architecture is built, and the task now is institutional absorption:

Route	What it involves	What it needs
Co-ownership	A line department and the community jointly run the SIGs and forums.	A directive from SWD or LG&CDD; district focal officers; modest operating funds.
Absorption	Departments formally take the structures in: SIG leaders notified onto the PCRDP and district committees; AAC navigation adopted as a citizen-facilitation function.	Administrative notification; existing staff assigned to oversee.
Replication	Departments reproduce the WWD-leadership and documentation-camp model through the Annual Development Programme.	Inclusion in work plans and budget lines; adapted training.

“The programme has built the architecture; the task now is for the SIGs and civil society to make it grow. But this is difficult without government support, if the Social Welfare, Health and Employment bodies absorb these initiatives, the forums will keep their platform.”

Zahida Hameed (WWD, PCRDP member).

The single most consequential, and least costly, first step is administrative: **notify the WWD SIG leaders as members of the Rehabilitation Councils, the PCRDP Committee on WWDs and district committees, and reserve seats for women with disabilities in Parliament and local government**, as the WWD Charter asks. This converts a donor-built network into a permanent feature of the state’s own disability machinery.

“The architecture Aawaz II has developed is highly impactful; on co-ownership, the provincial directorate can give further guidance.”

Female District Officer, KP

8. Conclusion

The case for acting now rests on an unusual alignment of the moral and the fiscal. Pakistan has the laws; it has, through Aawaz II, a tested and verified model; and it has, in 247 organised women leaders across fifteen districts, and 30,000 community volunteers, the human infrastructure to carry it. The evidence shows that attitudes have begun to turn into action, that the gateway of certification has widened, and that the return on this kind of investment is real and measurable. What remains is a decision: to absorb and sustain what has been built, at small marginal cost, or to allow it to dissipate and to continue paying the far larger, recurring price of exclusion.

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