



ASSESSMENT

of Gender Based Violence (GBV)
Services in Balochistan with a Lens of
Disability Accessibility

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ACRONYMS & ABBREVIATIONS



The following list of acronyms and abbreviations is provided for ease of reference throughout this report.



Government / Public Sector

BISP

Benazir Income Support Programme

BRDCEP

Balochistan Rural Development and Community Empowerment Programme

CMCC

Chief Minister's Complaint Cell

DHO

District Health Office / Officer

NADRA

National Database and Registration Authority

NAVTC

National Vocational and Technical Training Commission

NSER

National Socio-Economic Registry

SW&HRD

Social Welfare and Human Rights Department

WDD

Women Development Department (Government of Balochistan)



Laws and Policies

CEDAW

Convention on the Elimination of All Forms of Discrimination Against Women

UNCRPD

United Nations Convention on the Rights of Persons with Disabilities

PPWVA

Punjab Protection of Women Against Violence Act

SDGs

Sustainable Development Goals

PWD Act (2017)

National Vocational and Technical Training Commission



Organizations and Programmes

CSO

Civil Society Organization

OPD

Organizations of Persons with Disabilities

STEP

Special Talent Exchange Program

UNFPA

United Nations Population Fund

UNICEF

United Nations Children's Fund

ILO

International Labour Organization

UN Women

United Nations Entity for Gender Equality and the Empowerment of Women



Research and Assessment Terms

FGD

Focus Group Discussion

KII

Key Informant Interview

MIS

Management Information System

ESP

UNFPA Essential Services Package for GBV Response

PSLM

Pakistan Social and Living Standards Measurement Survey

WG-SS

Washington Group Short Set (on Disability Statistics)



Other Terms

GBV

Gender-Based Violence

PWD

Persons with Disabilities

ICT

Islamabad Capital Territory

TAG

Technical Advisory Group

WWD

Women with Disabilities

NCRDP

National Council for the Rehabilitation of Disabled Persons

Ehsaas

National Social Protection and Poverty Alleviation Programme (Pakistan)

Message from Country Representative, UNFPA Pakistan



DR. LUAY SHABANEH

Country Representative,
UNFPA Pakistan

Gender-Based Violence (GBV) remains one of the most pervasive human rights violations in Pakistan, casting a long shadow over the health, safety, and dignity of women and girls. Yet, for women and girls with disabilities, this violence is compounded by a secondary, equally devastating injustice: the walls of physical exclusion, communication barriers, and systemic invisibility that lock them out of the very institutions built to protect them.

For too long, their experiences have not been reported due to a critical lack of empirical data. To dismantle this barrier of silence, UNFPA Pakistan in close partnership with the Social Welfare and Human Rights Department (SW&HRD), Government of Balochistan and the Special Talent Exchange Program (STEP) is proud to present this landmark Disability Accessibility Assessment of GBV Services in Balochistan.

This is more than a report. It is a mirror reflecting the structural realities of our protection systems, and a roadmap for urgent, rights-based reform.

While Balochistan has made progress within Pakistan's broader legal and policy framework on GBV, this assessment reveals a stark truth: policies have yet to translate into accessible and inclusive services on the ground. From inaccessible public infrastructure and limited disability-inclusive service provision to a near-total absence of sign language interpreters, the current GBV response system continues to exclude women and girls with disabilities.

By bridging the gap between national commitments, such as the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs) and the lived realities of survivors, this report provides a concrete foundation for:

- Targeted infrastructure retrofitting to ensure physical dignity.
- Inclusive communication systems so no survivor is forced to remain silent.
- Systemic capacity building and direct resource allocation to institutionalize disability-inclusive care.

We express our deepest gratitude to the Government of Balochistan, especially the SW&HRD, and the members of the Technical Advisory Group (TAG) for their visionary leadership. We also honor the tireless dedication of civil society organizations, disability rights advocates, and, most importantly, the survivors who courageously shared their experiences to illuminate the path forward.

UNFPA remains steadfast in its belief that a survivor-centered response must be an inclusive response. We call upon policymakers, development partners, and frontline service providers to use this assessment not merely as a resource, but as a catalyst for immediate, structural reform.

Together, let us build a Balochistan where every woman and girl, regardless of her ability, can access safety, demand justice, and claim her fundamental right to live free from violence.

Message from Secretary, Social Welfare & Human Rights Department, Government of Balochistan



ASMATULLAH QURESH

Secretary, Social
Welfare & Human Rights
Department,
Government of
Balochistan

I am pleased to present this report on the Disability Accessibility Assessment of Gender-Based Violence (GBV) Services in Balochistan, developed under the STEP–UNFPA initiative. The assessment responds to a pressing need to evaluate and strengthen the accessibility of institutional and community-based services for women and girls experiencing GBV, particularly those living with disabilities.

Despite progress in establishing legal and policy commitments to protect women and vulnerable populations, significant challenges remain in ensuring that GBV services are accessible, inclusive, and responsive to the diverse needs of survivors. Physical barriers, communication constraints, limited disability-sensitive capacities, and inconsistent service standards continue to impede equitable access to protection and support. These challenges are especially pronounced for Persons with Disabilities, who often encounter multiple layers of exclusion when seeking assistance.

This assessment provides an evidence-based analysis of the current state of accessibility across key GBV service delivery points, including health facilities, social welfare institutions, shelters, police services, and allied support mechanisms. It identifies systemic gaps while highlighting opportunities for institutional strengthening, reasonable accommodation, and disability-inclusive service design. The findings offer practical recommendations to inform planning, budgeting, and implementation across provincial and district levels.

The Social Welfare Department reaffirms its commitment to advancing disability inclusion within GBV response systems. In collaboration with relevant line departments, development partners, and civil society organizations, the Department will work to progressively address the identified accessibility gaps. This includes strengthening infrastructure and services within Dar-ul-Amans and protection facilities, enhancing the capacities of frontline service providers, and promoting standardized accessibility benchmarks across GBV-related institutions.

My sincere thanks are extended to UNFPA for its technical leadership, guidance and continued support. SW&HRD also gratefully acknowledges with appreciation the generous financial support of the Ministry of Foreign Affairs of the Kingdom of the Netherlands, for the development of this Report. I further extend sincere gratitude to the Special Talent Exchange Program (STEP) for its valuable facilitation support in coordinating consultations, engaging stakeholders, and supporting the compilation of the Report of the Assessment.

I encourage all stakeholders to utilize this report as a guiding tool for informed decision-making and coordinated action. Through sustained commitment, adequate resourcing, and cross-sector collaboration, we can move towards GBV service systems in Balochistan that are accessible, inclusive, and respectful of the rights and dignity of women and girls with disabilities.

Message from Director Projects, STEP



ABIA AKRAM

Director Projects,
Special Talent Exchange
Program (STEP)

Special Talent Exchange Program (STEP)

Women and girls with disabilities face a heightened risk of Gender-Based Violence (GBV) while simultaneously encountering significant barriers in accessing protection, justice, health, and social support services. Despite growing recognition of the rights of Persons with Disabilities, the accessibility of GBV prevention and response mechanisms remains an area requiring urgent attention, particularly in underserved and geographically dispersed contexts such as Balochistan.

It is with great pleasure that I present the Disability Accessibility Assessment of GBV Services in Balochistan, undertaken by the Special Talent Exchange Program (STEP) in partnership with UNFPA Pakistan. This assessment represents an important step towards understanding how accessible, inclusive, and responsive existing GBV services are for women and girls with disabilities and identifying practical measures to strengthen service delivery systems.

The assessment examines accessibility across multiple dimensions, including physical infrastructure, communication and information, institutional policies, service provider capacities, and reasonable accommodation practices. Through field assessments, stakeholder consultations, and engagement with service providers and Persons with Disabilities, the study highlights both persistent barriers and promising opportunities for advancing disability-inclusive GBV services across the province.

The findings underscore the need for a coordinated and systematic approach to disability inclusion within GBV programming. Accessible infrastructure, disability-sensitive service delivery, effective referral pathways, and the meaningful participation of Persons with Disabilities are essential to ensuring that no survivor is left behind. The report provides evidence-based recommendations that can guide policymakers, government departments, development partners, and service providers in strengthening inclusive systems of protection and support.

STEP remains committed to promoting the rights and inclusion of Persons with Disabilities and advancing equitable access to essential services. We believe that disability inclusion is not merely a technical consideration but a fundamental human rights obligation and a prerequisite for effective GBV prevention and response.

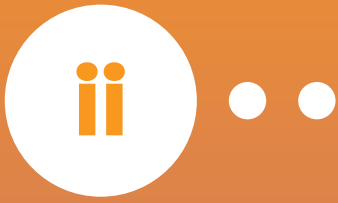
I extend my sincere appreciation to UNFPA Pakistan for its continued partnership and technical support, the Government of Balochistan for its collaboration, and all stakeholders, Organizations of Persons with Disabilities (OPDs), service providers, and community representatives who contributed to this assessment. We hope that this report will serve as a valuable resource for informed decision-making and collective action towards creating GBV service systems that are accessible, inclusive, and responsive to the rights, dignity, and needs of all women and girls.

CORE TEAM

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EXECUTIVE SUMMARY



This Accessibility Assessment of Gender-Based Violence (GBV) Services for Persons with Disabilities (PWDs) in Balochistan presents one of the first systematic efforts to examine the inclusiveness of the government-led relevant services to disability and gender based violence. Conducted under the partnership of the United Nations Population Fund (UNFPA) and the Special Talent Exchange Program (STEP) with the generous support from the Embassy of the Kingdom of Netherlands, the study provides an analysis of the accessibility, inclusivity, and institutional readiness of essential GBV services including police, judiciary, health, shelter, and women and girls' safe spaces. Using a mixed-methods approach, combining physical accessibility audits, key informant interviews (KIIs), and focus group discussions (FGDs), the study identifies the systemic and social barriers that limit access while highlighting practical examples of innovation and inclusion.

The assessment finds that disability inclusion remains largely absent from GBV prevention and response discourse, and it is rarely acknowledged within GBV frameworks. This mutual exclusion has left survivors with disabilities at the margins of both systems. Although policies such as the Balochistan Persons with Disabilities Act (2017) and the Balochistan Domestic Violence Act (2014) offer strong legal foundations, they operate in silos rather than as complementary instruments of protection. As a result, survivors with disabilities are recognized in principle but remain unsupported in practice.

Across all facilities assessed, the study recorded consistent gaps in accessibility and inclusion. Ramps, tactile pathways, and accessible toilets were either absent or non-functional, and communication accessibility was almost entirely lacking, no sign-language interpretation, accessible-format materials, or inclusive helplines were available. Disability inclusion was missing from operational manuals, referral protocols, and budgetary allocations. Frontline staff across sectors acknowledged limited capacity to manage cases involving Persons with Disabilities, citing the absence of structured training and procedural guidance. Coordination among police, courts, shelters, and health facilities remains largely informal, dependent on personal goodwill rather than institutionalized processes and systems.



**Physical
Barriers**



**Communication
Barriers**



**Institutional
Gaps**

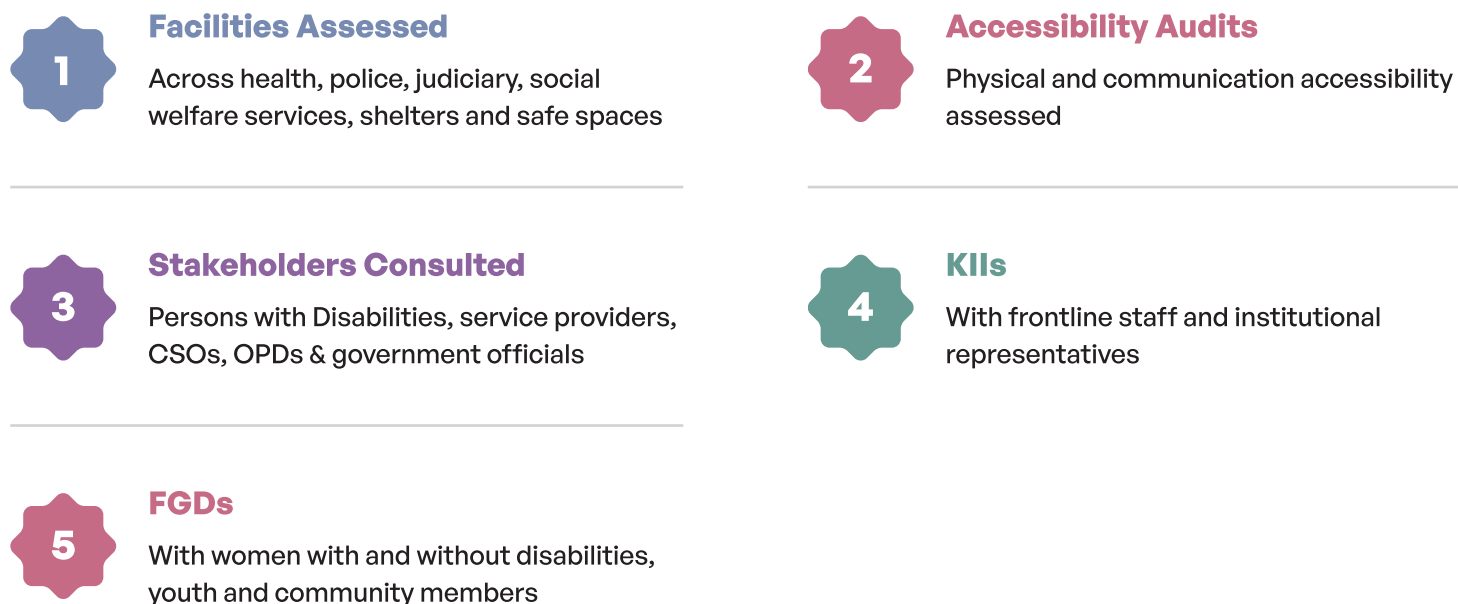


**Social & Cultural
Barriers**

Qualitative Findings

The qualitative findings provide a human perspective on these structural barriers. Social stigma, cultural taboos, and family pressure were repeatedly identified as obstacles to reporting GBV, especially for women and girls with disabilities. Many families conceal disability due to shame or fear of discrimination, while survivors are often pushed into silence or informal settlements through tribal and family structures. Women with disabilities experience compounded discrimination, limited marriage prospects, economic dependency, and social isolation, further constraining their autonomy. The study also highlights that boys and young men with disabilities experience sexual and physical violence, yet remain invisible in both policy and data, underscoring the need to engage men and boys as partners in GBV prevention efforts. Technology-facilitated GBV is emerging as a significant and largely unaddressed dimension of violence affecting women and girls with disabilities across Balochistan. Survivors frequently encounter online harassment, cyber-stalking, manipulation of images, and blackmail, yet current reporting platforms lack disability-accessible features such as sign-language support, Easy-Read formats, or screen-reader compatibility. These gaps deepen the invisibility of survivors with disabilities within digital spaces, where limited digital literacy, dependence on caregivers, and the absence of confidential reporting pathways further restrict their ability to seek justice.

Despite these challenges, the study identifies encouraging examples of commitment and innovation. In institutions such as Dar-ul-Aman and the Benazir Women Centre, female officers and shelter staff have developed informal coordination mechanisms to ensure timely referrals and protection. Across several settings, young outreach volunteers, both with and without disabilities, played an effective role in reaching remote communities, assisting survivors, and facilitating access to services. This model demonstrates how youth engagement can bridge gaps between survivors and institutions while fostering inclusion at the grassroots level.

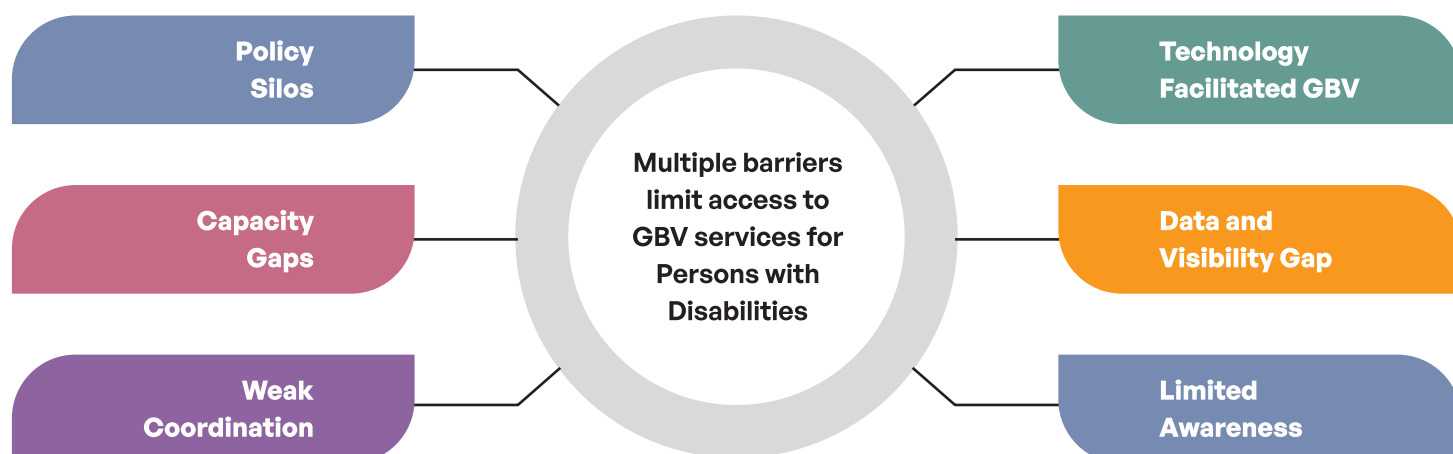


Civil Society Organizations

Civil society organizations, including STEP, the OPD Alliance, and local community-based groups, have contributed significantly through community awareness campaigns, local theatre, and radio broadcasts, helping to improve understanding of GBV and disability and their intersection. However, such efforts remain sporadic and largely dependent on external funding. The study concludes that awareness of the disability-GBV intersection remains minimal, calling for sustained advocacy and education to ensure its recognition across policies and services.

Key Findings

Overall, the findings indicate that while Balochistan possesses a progressive legal framework and dedicated frontline personnel, accessibility and inclusion are yet to be systematically embedded within GBV response systems and services. Institutional collaboration, targeted training, and infrastructure improvement remain essential to move from isolated initiatives toward a coherent provincial response.



Actionable recommendations emerging from the assessment emphasize feasible and contextually relevant measures to strengthen disability-inclusive GBV services:



1- Policy and Coordination:

Develop a Provincial Disability-GBV Action Plan aligning the 2017 Persons with Disabilities Act with the 2022 GBV Policy Framework under the leadership of GBV multisectoral coordination mechanism Balochistan, defining clear roles and coordination mechanisms across the Social Welfare, Health, Police, and Judiciary departments.



2- Accessibility and Infrastructure:

Conduct periodic accessibility audits and retrofit GBV-related facilities with ramps, tactile paths, accessible toilets, and assistive devices to meet universal design standards.



3- Institutional Capacity:

Integrate disability sensitivity and inclusive communication training into all relevant staff development programmes and establish Disability Desks in police and social welfare offices.



4- Inclusive Communication:

Upgrade helplines (1089, police helpline 15) for SMS and video accessibility, and produce information materials in Braille, large print, and audio formats to ensure universal reach. Addressing TFGBV requires deliberate integration of digital accessibility and cyber-safety mechanisms within the broader GBV service ecosystem.



5- Community Outreach:

Expand outreach through youth volunteers, OPDs, and religious and community leaders to promote awareness, build trust, and reporting among Persons with Disabilities. The Youth rely mostly on social media and digital technology therefore outreach could be expanded through social media platforms and different video conferencing apps such as Zoom, Google Meet, Microsoft Teams but in Balochistan the persistent internet issues could limit this.



6- Engaging Men and Boys:

Encourage the engagement of men and boys in GBV prevention for Persons with Disabilities, fostering empathy, accountability, and dialogue to counter violence normalization.



7- Monitoring and Data Management:

Integrate disability indicators into GBV databases and monitoring systems to track progress and enhance accountability.

The study concludes that the exclusion of Persons with Disabilities from GBV systems is not only a matter of infrastructure but a reflection of deeper institutional and cultural barriers. However, it also finds strong potential for change. The presence of motivated and trained staff, active youth engagement, and a robust legal framework offers Balochistan a unique opportunity to lead by example. By prioritizing accessibility, awareness, and participation, the province can develop a sustainable model of disability-inclusive GBV prevention and response, turning its policy commitments under the UNCPRD, CEDAW, and SDGs 5, 10, and 16 into visible progress for all citizens.

This report is both a recognition and a call to action: to rebuild systems of protection that reflect the principles of equity, empathy, and dignity, ensuring that every woman, girl, and boy, regardless of ability, can live free from violence and fear, and participate fully in shaping their community and future.

1 ..

BACKGROUND



1. Background

1.1

National Landscape of Persons with Disabilities in Pakistan

Evolution of Disability Discourse in Pakistan

Pakistan's understanding of disability has undergone a profound evolution, moving gradually from a welfare-based notion towards a rights-based and inclusive development paradigm. For decades, Persons with Disabilities (PWDs) were seen through the lens of charity, welfare and rehabilitation, often excluded from policy, data, and decision-making. The turning point came as Pakistan began aligning itself with global commitments under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), ratified in 2011. This alignment has reframed disability not as an individual impairment, but as a social and systemic barrier that limits participation and equality.

A major transformation has occurred in how disability is measured and understood nationally. The Pakistan Bureau of Statistics (PBS), through the Pakistan Social and Living Standards Measurement Survey (PSLM) 2019–20, adopted the Washington Group Short Set (WG-SS) of questions. This internationally recognized approach defines disability in terms of functional difficulty rather than medical diagnosis. It measures six domains, seeing, hearing, mobility, cognition, self-care, and communication, acknowledging that disability is shaped by interaction with the environment. This methodological shift has enhanced comparability, inclusiveness, and the policy utility of disability statistics, enabling a more accurate reflection of lived realities across diverse social contexts^[1].

The latest national data shows that 10.69% of individuals aged five years and above experience at least one functional limitation, while 3.41% fall under the more severe disability threshold^[2]. The BISP's National Socio-Economic Registry (NSER) 2021 estimates around 8.13 million Persons with Disabilities across Pakistan, with significant provincial variations: Punjab (3.86 million), Sindh (1.54 million), Khyber Pakhtunkhwa (1.75 million), and Balochistan (0.65 million)^[3]. These figures highlight both the scale and the uneven distribution of disability. While populous provinces have greater institutional infrastructure, marginalized regions like Balochistan face challenges of data invisibility, limited access, and resource scarcity.

[1] Government of Pakistan, Pakistan Social and Living Standards Measurement Survey (PSLM) 2019–20.

[2] Government of Pakistan, Pakistan Social and Living Standards Measurement Survey (PSLM) 2019–20.

[3] Pakistan Bureau of Statistics, Digital Population and Housing Census (2023).

District-level analysis further underscores this disparity. According to PSLM 2019–20, the prevalence of functional limitations is lowest in Balochistan (9.0%), compared to Punjab (11.47%). However, within Balochistan, certain districts reveal disproportionately high prevalence, Kohlu (30.9%), Gwadar (17.1%), and Shaheed Sikandarabad (14.5%), illustrating the deep intersection of geographic isolation, poverty, and social exclusion. The 2023 digital population census, using WG-based functional questions, recorded disability distribution led by mobility ($\approx 33\%$), followed by hearing (21%), seeing (19%), memory (16%), and communication (11%) difficulties. Balochistan’s reported rate of $\sim 2.1\%$ remains understated, given persistent underreporting, cultural stigma, and limited diagnostic outreach.

At the policy level, Pakistan’s constitutional and legislative landscape has matured to reflect these evolving understandings. Article 38(d) of the Constitution provides the foundational principle of inclusion, directing the State to ensure social security and basic necessities for those unable to earn due to infirmity or illness. This principle, anchored in equity and dignity, has informed a progressive legal architecture over time.

1.2

National Policy and Legal Framework on Disability

Constitutional and International Commitments

- Article 38(d) of Pakistan’s Constitution obliges the State to provide basic necessities to citizens unable to earn because of infirmity^[4].
- Ratification of the UNCPRD in 2011 established a national duty to ensure accessibility, participation, and equality.
- Pakistan is also a party to CEDAW and the Sustainable Development Goals (SDGs 5, 10, 16), reinforcing inclusion and justice^[5].

Period	Key Legislation / Policy	Core Focus / Outcome
1981	Disabled Persons (Employment & Rehabilitation) Ordinance	Introduced job quotas and established the National Council for Rehabilitation.
2008	Special Citizens Act	Mandated accessibility in public buildings and transport.
2011	Ratification of UNCPRD	Shift toward rights-based inclusion and accountability.
2019-2020	Adoption of WG-SS by PBS	Transition to functional-difficulty model; improved data quality.
2020	ICT Rights of Persons with Disabilities Act	Codified accessibility, non-discrimination, and participation.

[4] Government of Pakistan, Constitution of Pakistan.

[5] United Nations, SDG Framework for Pakistan (2023).

Together, these instruments mark Pakistan’s gradual movement toward recognizing Persons with Disabilities as rights-holders and active agents of social change, aligning national frameworks with global inclusion standards.

National Institutional Mechanisms

-  National Council for Rehabilitation of Disabled Persons (NCRDP) under the Ministry of Human Rights oversees coordination and registration.
-  BISP / Ehsaas Registry integrates disability classification into targeting^[6].
-  National Policy for Special and Inclusive Education (2019) promotes inclusive schooling^[7].
-  Public–Private Pilots (ILO/Sightsavers) link disability rights with employment and accessibility^[8].

1.3

Provincial Legal Landscape: Focus on Balochistan

The Balochistan Persons with Disabilities Act, 2017 (Act II of 2017) represents a milestone in provincial inclusion efforts. It establishes a Provincial Council on the Rights of Persons with Disabilities, mandates universal accessibility in all public and private buildings, and explicitly provides for special measures for women, children, and elderly Persons with Disabilities. The Act also criminalizes abusive or violent conduct against Persons with Disabilities and directs authorities to ensure their protection and rehabilitation through accessible infrastructure, assistive technologies, and equitable employment opportunities.

Complementing this legal foundation, the Balochistan Domestic Violence (Prevention and Protection) Act, 2014 (Balochistan Act VII of 2014) further strengthens protection mechanisms for vulnerable populations. Notably, Section 2 of the Act defines an “aggrieved person” as any woman, child, man, or vulnerable person, explicitly including individuals who are vulnerable “due to old age, mental illness, handicap, or physical disability.”

This legal recognition places Persons with Disabilities within the protection scope of domestic-violence law, an important, though often underutilized, entry point for inclusive justice. The Act requires the Government to ensure wide public awareness, and to periodically train police, judicial officers, and government staff (Section 3[b]), a mandate that, if implemented, could integrate disability sensitivity into the broader GBV protection system.

[6] BISP, *National Socio-Economic Registry (NSER) 2021*.

[7] Ministry of Federal Education, *Policy for Special and Inclusive Education (2019)*.

[8] Sightsavers, *Corporate Disability Inclusion Landscape Study (2023)*.

Further, Sections 14–21 establish Protection Committees, Protection Officers, and Service Providers responsible for recording cases, providing medical and legal assistance, arranging shelters, and coordinating relief. These structures, by design, can, and should, be leveraged to identify, refer, and support GBV survivors with disabilities. Yet, as institutional audits and interviews indicate, these mechanisms rarely adopt a disability-inclusive approach in practice. Neither accessibility standards nor communication supports (e.g., sign language, Braille, or assistive devices) are integrated into their operating procedures. Thus, while the Domestic Violence Act recognizes vulnerability, it stops short of operationalizing accessibility or reasonable accommodation for Persons with Disabilities.

Legal Instrument Disability-Relevant Provisions Implementation Implications

Balochistan Persons with Disabilities Act, 2017, Special measures for women and children with disabilities (Section 6); protection from violence (Section 8); mandatory accessibility standards (Sections 10–12), creates the legal base for inclusive GBV facilities and disability-sensitive referral systems.

Balochistan Domestic Violence (Prevention and Protection) Act, 2014 Defines “Vulnerable Person” to include those with physical or mental disabilities (Section 2); obliges awareness and staff training (Section 3[b]); mandates service providers to ensure safe housing and medical support (Section 21). Recognizes Persons with Disabilities as at-risk but lacks explicit accessibility mandates, implementation can integrate 2017 Act standards to bridge this gap.

The dual framework therefore presents an opportunity for convergence: the 2017 Disability Act ensures accessibility as a right, while the 2014 Domestic Violence Act guarantees protection as a legal remedy. Together, they can anchor a disability-inclusive GBV system in Balochistan, if their provisions are interpreted and enforced holistically.

Programmatic Framework: The Kumak Programme

The Balochistan “Kumak” Programme, launched under the Social Welfare and Human Rights Department with Women Development Department support, aims to strengthen provincial GBV response and coordination. It operates through District Coordination Committees, Women and Girls Friendly Spaces (WGFS), and referral linkages with health and protection institutions^[9].

Field assessments show that the Kumak Programme has introduced promising practices for survivor-centred response, such as one-stop service centres, trained female police wings, and local referral protocols. However, disability inclusion remains limited. None of the Kumak-supported facilities have formal accessibility standards, and sign-language interpretation or assistive technologies are absent. Some of the UNFPA supported WGFS facilities, particularly in Quetta, have introduced broader pathways and well-lit interiors, an encouraging start but still dependent on individual initiative rather than systemic policy.

Despite these constraints, the Kumak Programme’s structure, built on multisector coordination, safe spaces, and capacity-building, provides a strong foundation for mainstreaming disability inclusion. Integrating accessibility audits, disability training for Protection Committees and Officers (as per the 2014 Act), and collaboration with Organizations of Persons with Disabilities (OPDs) would align Kumak’s practice with both provincial laws and international standards under the UNCPRD.

^[9] <https://www.app.com.pk/domestic/balochistans-kumak-program-marks-historic-milestone-supporting-30-000-persons-with-disabilities/>

Consolidated Insight

The Balochistan Domestic Violence Act and the Persons with Disabilities Act collectively frame an enabling legal environment that acknowledges vulnerability and mandates protection. Yet, the gap between recognition and operationalisation remains stark. While the former addresses domestic abuse through procedural protection and institutional mechanisms, and the latter guarantees accessibility and inclusion, neither explicitly integrates the other's provisions.

The Kumak Programme represents the first provincial effort capable of bridging this divide by turning legal mandates into accessible realities, if disability audits, infrastructure retrofitting, and inclusive service protocols are systematically embedded. Integrating these instruments will ensure that protection from violence becomes a lived right for women and girls with disabilities, rather than a policy aspiration. The Balochistan Persons with Disabilities Act 2017 (Act II of 2017) remains one of Pakistan's most comprehensive provincial laws, aligning closely with the UNCRPD.

Key Provisions

- 1 Establishes a Provincial Council on Rights of Persons with Disabilities for oversight and coordination.
- 2 Mandates accessibility measures for buildings, transport, and public spaces.
- 3 Introduces a minimum 2 percent employment quota for Persons with Disabilities.
- 4 Prioritizes women, children, and elderly Persons with Disabilities as vulnerable groups.
- 5 Criminalizes abuse and violence against Persons with Disabilities.
- 6 Requires provincial standards for mobility aids and accessible transport.

Translating Laws and Policies into Practice: Balochistan

Despite its strong legal framework, implementation has been uneven. Findings from the Balochistan Rural Development and Community Empowerment Programme (2022–23) and the Provincial Disability Assessment Report (2025) show:

- No functional provincial strategy or coordination body.
- Limited enforcement of quotas and standards.
- Under-resourced district social welfare offices.
- Sparse presence of Organizations of Persons with Disabilities (OPDs) beyond Quetta and Turbat.

Though not explicitly for Persons with Disabilities, nevertheless, the Act offers a solid foundation for embedding GBV protection and referral mechanisms into social welfare, health, and police systems.

1.4

Disability and GBV Nexus in Pakistan

The nexus of disability and Gender-Based Violence (GBV) speaks to deeply compounded layers of vulnerability. Even as GBV has gained significant policy, institutional, and public attention, including within Pakistan's devolved service delivery mechanisms, the dimension of disability remains largely under-addressed within that discourse. At the same time, disability rights in Pakistan have traversed from a narrow welfare paradigm to recognition as a fundamental human-rights challenge. Yet, despite both areas' evolution, the intersection between disability and GBV remains invisible: the disability agenda tends to treat GBV as a marginal problem, whereas GBV frameworks typically cast Persons with Disabilities in the periphery of "Additional Vulnerability" rather than as central actors in service access and justice.

Persons with Disabilities, particularly women and girls, face heightened exposure to GBV due to dependency, stigma, and exclusion^[10]. Global evidence shows that young Persons with Disabilities are significantly more vulnerable to violence than their non-disabled peers, with children with disabilities being almost four times more likely to experience violence and nearly three times more likely to be subjected to sexual violence, particularly among girls^[11]. Survivors encounter additional barriers to reporting and justice access^[12]. Findings from FGDs in Balochistan further highlighted that families often conceal disability because of shame; cases of violence are resolved through tribal mediation rather than formal courts.

Participants also identified mental and emotional abuse as an under-recognized issue contributing to isolation and psychological distress among youth and women with disabilities^[13].

The intersection of disability and GBV increasingly extends into digital environments, where women and girls with disabilities face heightened exposure to harassment, stalking, and exploitation. Limited control over personal devices, low digital literacy, and reliance on family members for communication create conditions where online abuse can occur undetected and unreported. For many survivors, technology becomes an extension of pre-existing power imbalances, replicating the same dependency and vulnerability that restrict their autonomy offline. As a result, TFGBV remains deeply under-reported, further reinforcing institutional blind spots and the perception that such cases are rare. Integrating digital risk factors into GBV analysis is therefore essential for an accurate understanding of the barriers faced by disabled survivors.

[10] UNFPA, *Barriers to Access and Uptake of GBV Services in Pakistan* (2024).

[11] UNFPA, *YOUNG PERSONS WITH DISABILITIES: GLOBAL STUDY ON ENDING GENDER -BASED VIOLENCE, AND REALISING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS* (2018)

[12] WHO & UNFPA, *Guidelines for Disability-Inclusive GBV Services* (2022).

[13] Human Rights Commission of Pakistan (HRCP), *State of Human Rights in Pakistan* (2023).

Table 1.1 - Disability and GBV Nexus in Pakistan

Dimension	Current Status / Gap	Implication for Persons with Disabilities
Legal Protection	GBV laws (e.g. PPWVA 2016, Anti-Rape Ordinance 2020), Anti-Rape (investigation and Trail) Act, 2021) do not explicitly recognize Persons with Disabilities as at-risk groups.	Women with Disabilities remain unrecognized in protection protocols.
Physical Accessibility	GBV courts and police stations lack ramps and toilets.	Survivors cannot safely report or seek support.
Communication Access	Absence of sign-language and easy-read formats.	Deaf or intellectually disabled survivors excluded.
Service Coordination	Weak coordination across police, health, and social welfare.	Survivors “fall through the cracks.”
Awareness & Training	Limited staff capacity for disability-inclusive GBV response.	Reinforces institutional neglect.

1.5

Disability and GBV in Balochistan

Balochistan’s geographic isolation and cultural conservatism heighten GBV risks for Persons with Disabilities. FGD participants described a context of shame, dependence, and limited mobility. Districts like Kohlu (30.9 %), Gwadar (17.1 %), and Shaheed Sikandarabad (14.5 %) show high disability prevalence but weak GBV service coverage^[14]. Cases of violence are often settled informally, perpetuating impunity^[15].



[14] STEP & OPD Alliance, *Provincial Disability Assessment Report (2025)*.

[15] UNFPA & UNICEF, *Global Programme to End Child Marriage: Annual Report (2023)*

Legal Entry Points for Integration

Sections 6, 8, and 10–12 of the 2017 Act mandate special measures for women with disabilities, protection from violence, and universal accessibility standards^[16]. These clauses can anchor disability-inclusive GBV provisions within provincial gender and social protection policies.

1.6

Emerging Practices and Gaps

Table 1.2 - Emerging Practices and Gaps

Area	Current Status	Required Action
Service Accessibility	Most shelters and crisis centres lack inclusive design.	Conduct accessibility audits and retrofit facilities.
Justice & Police Interface	Weak coordination between Social Welfare and Police Gender Desks.	Create disability desks and train officers in sign language.
Awareness & Prevention	No province-wide disability GBV campaign.	Launch OPD-led awareness initiatives.
Monitoring & Data	Disability indicators missing in GBV MIS.	Add disability identifiers to reporting formats.

[16] Government of Balochistan, Persons with Disabilities Act 2017 (Act II of 2017).

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METHODOLOGY



2. Methodology

2.1

Overview

This study employed a mixed-methods approach to generate comprehensive, evidence-based insights into the accessibility, inclusivity, and institutional readiness of Gender-Based Violence (GBV) services for women and girls with disabilities (WWDs) across Balochistan. The methodology combined quantitative and qualitative techniques to ensure that findings captured both structural realities (through physical audits) and human experiences (through interviews and focus group discussions). This approach allowed the research team to triangulate numerical data with contextual narratives, producing a multidimensional analysis of the barriers and opportunities for inclusive GBV service delivery^{[17][18]}.

2.2

Research Design

The design adopted three integrated data-collection components:

1

Physical Accessibility Audits

to assess infrastructural readiness and universal-design compliance.

2

Key Informant Interviews (KIIs)

to capture institutional perspectives and operational practices.

3

Focus Group Discussion (FGD)

with representatives of Persons with Disabilities to explore lived experiences of Persons with Disabilities, caregivers, community members and service providers.

[17] UN Women, *Field Research Toolkit on Gender and Disability Inclusion* (2023).

[18] Creswell, J., *Designing Mixed-Methods Research* (2018).

The methodology was aligned with UNFPA's Essential Services Package for Women and Girls Subject to Violence and WHO's Guidelines for Disability-Inclusive Health and Justice Systems^[19].

2.3

Study Sites and Sampling

Data were collected from 15 GBV service facilities across four districts, Quetta, Loralai, Noshki, and Chaman, representing provincial diversity in geography, service delivery, and institutional type. The sample encompassed facilities from five sectors: Police, Health, Judiciary, Social Welfare (shelters), and Administration. Women and Girls Safe Spaces coordinated by Commissionerate of Afghan Refugees, and National Cybercrime Investigation Agency (NCCIA) included to assess TFGBV and women's access to services and referral pathways. Purposive sampling ensured inclusion of both urban and semi-rural institutions relevant to survivor referral pathways^[20].

Table 2.1 - Physical Accessibility Audit – District-wise Coverage

Area	Quetta	Noshki	Chaman	Loralai	Total
Police Stations	1	1	1	1	4
Health Facilities (Hospitals & BHUs)	1	--	1	1	3
GBV Courts	1	1	1	--	3
Dar-ul-Aman	1	--	--	--	1
Benazir Women Shelter Home	1	--	--	1	2
Women and Girls Friendly Spaces	1	--	--	--	1
DHO Office	--	1	--	--	1
Total	6	3	3	3	15

[19] WHO & UNFPA, *Guidelines for Disability-Inclusive Health and Justice Systems* (2022).

[20] STEP & UNFPA, *Accessibility Assessment Field Protocol* (2023).

2.4

Data-Collection Tools and Collection of the primary data

Physical Accessibility Checklist

A structured audit tool, the Physical Accessibility Checklist, was adapted and contextualised for Pakistan from a standardized tool originally developed by the United Nations Population Fund (UNFPA) Asia and the Pacific Regional Office (APRO), covering 65 indicators across five domains, Building Exterior, Reception/Waiting Area, Interior Rooms, Toilets, and Internal Movement, was used to evaluate accessibility. Each criterion was scored on a binary or ordinal scale to assess compliance with universal-design standards and the Balochistan Persons with Disabilities Act, 2017.

Qualitative Instruments



Extensive Literature Review:

Key policy documents including legal instruments were reviewed to extract insights, lessons and replicable practices from the global, national and provincial gender equality and social inclusion frameworks.



Key Informant Interviews (n = 10)

included officials from police women wings, health services, shelters, and the judiciary, NCCIA, and CAR representative for Shelter in the refugee village.



Focus Group Discussion (n = 1)

was held with representatives of OPDs, from across the province. The instrument was semi-structured to allow flexibility for contextual probing and reflection.



Observational Notes:

Constant fields' notes supported by a series of debriefing sessions were conducted to document field observation.



Technical Advisor Group: (n= 2)

Two meeting with government notified technical advisory group, engaging with the officials from UNDP, UNICEF, UNHCR, UNFPA, NCCIA, Ministry of Social Welfare and Human Rights and Planning and Development Departments.

Data-Collection Process

Physical accessibility was primarily led and conducted by Persons with Disabilities enumerators, going through the simulation to not only assess the accessibility but to document the physical decorum of the accessibility to the critical infrastructures for Persons with Disabilities. Data were collected by a five-member research team comprising a lead researcher, co-consultant, two enumerators with disabilities, and a STEP project officer, under technical oversight of UNFPA. The tools were validated and refined through a Technical Advisory Group (TAG) meeting with representatives from government departments, UN agencies, and civil-society organizations.

2.5

Data Processing and Analysis

All qualitative data from KIIs and the FGD were transcribed, coded, and thematically analysed to identify recurring patterns in accessibility, inclusion, and institutional practice. Quantitative data from the physical audits were compiled using standardized scoring to determine sector-wise performance levels against established benchmarks. The integration of both datasets and the observational notes enabled triangulation, linking statistical evidence (e.g., inaccessible toilets or absence of tactile signage) with narrative evidence (e.g., staff attitudes or survivor experiences).

2.6

Ethical Considerations

The study adhered to UNFPA's Ethical Guidelines for Research on GBV and Vulnerable Populations^[21]. All participants provided informed consent, and confidentiality was maintained through anonymized transcripts and secure data storage. Special care was taken to ensure voluntary participation of Persons with Disabilities, avoiding traumatization or exposure to stigma. Enumerators with disabilities were engaged to enhance trust and authenticity during field interactions but no GBV survivors were interviewed or consulted due to the sensitivity of the topic.

[21] UNFPA, *Ethical Guidelines for Research on Gender-Based Violence* (2023).

2.7

Limitations

While the research employed rigorous design, several constraints were acknowledged:



Limited Geographic Scope:

Selected facilities in four districts were included; results may not represent the full provincial picture.



Infrastructure Constraints:

While the majority of the selected facilities were physically present and accessible for assessment, the comprehensive audit revealed that most of the facilities were not functionally accessible, with key infrastructure barriers limiting their usability.



Sensitivity of GBV Reporting:

Since GBV is a sensitive topic therefore, reaching to the survivors was not the mandate of this assignment.



Data Fragmentation:

In online system Disability-disaggregated GBV related data is missing therefore institutions were reached out pointing that data remains scarce in the systems.

Despite these limitations, the dataset offers the first systematic evidence base on GBV service accessibility for women and girls with disabilities in Balochistan.

2.8

Methodological Strengths



Participatory Design:

Inclusion of enumerators with disabilities strengthened authenticity and capacity-building.



Cross-Sectoral Coverage:

The assessment covered UNFPA Essential Services Package for GBV Response (ESPs) across the justice, health, police, and social welfare sectors, enabling comparative analysis of accessibility and service provision across key service delivery domains.



Mixed-Methods Rigor:

Integration of qualitative narratives with quantitative scores provided depth.



Policy Alignment:

A structured audit tool, was adopted and contextualised for Pakistan from a standardized tool originally developed by the United Nations Population Fund (UNFPA) Asia and the Pacific Regional Office (APRO). Tools were designed in alignment with CRPD Articles 9, 16, and 19^[22], and with the Balochistan Persons with Disabilities Act (2017) and Balochistan Domestic Violence Act 2014. Additionally, these tools were tested in 2023 for the evidence generation studies conducted in Punjab and KP^[23].

[22] United Nations, *Convention on the Rights of Persons with Disabilities* (2006).

[23] <https://pakistan.unfpa.org/en/publications/disability-accessibility-assessment-government-gender-based-violence-services>

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FINDINGS



3. Findings

3.1

Overview

The Disability Accessibility assessment of Gender-Based Violence (GBV) services in Balochistan helped identify gaps in the GBV services particularly failing to meet the needs of women and girls with disabilities. Across all sectors, justice, health, social welfare, and policing, the research documented systemic barriers that hinder access, reinforce stigma. The findings derive from 14 institutional audits, 10 Key Informant Interviews (KIs), and 1 Focus Group Discussion (FGD) conducted across four districts: Quetta, Loralai, Noshki, and Chaman. Together, these assessments reveal patterns of physical inaccessibility, policy gaps, weak coordination, limited staff capacity, and persistent cultural stigma, all of which significantly restrict Persons with Disabilities (PWDs) from accessing essential GBV services. The analysis further indicates that accessibility disparities are most visible across sectors: health institutions show relatively better infrastructure and lighting, but accessibility features primarily serve patient mobility rather than inclusion. Social-welfare and protection centres, especially the Women and Girls Friendly Space (WGFS) in Quetta, demonstrate isolated examples of inclusive design – such as smoother internal circulation and more welcoming reception areas – yet these remain driven by individual initiative rather than policy.

Police and judicial institutions remain least accessible, emphasizing functionality and security over universal design. FGDs underscored that domestic violence is the most pressing GBV concern among Persons with Disabilities in Balochistan, consistent with the Disability-Inclusive Referral Pathways report. Participants highlighted that boys with disabilities are also exposed to sexual and domestic violence, yet these incidents often remain unreported due to stigma and lack of awareness.

Persons with Disabilities' dependence on caregivers further compounds risk; caregivers can act as both protectors and potential abusers. This dependency reinforces invisibility, limiting survivors' capacity to report violence or seek justice.

Service providers, predominantly male, were reported to lack basic sensitivity and training on disability and GBV, reinforcing survivors' hesitance to engage with formal institutions. Balochistan's community outreach and inclusive helpline systems, evolving, as compared to KP and Punjab.

3.2

Physical Accessibility of GBV Service Facilities

Audits across 15 institutions confirmed that most GBV-related facilities in Balochistan remain structurally inaccessible. Key barriers include the absence of ramps, tactile flooring, accessible toilets, and signage. Only one facility partially met accessibility standards, while none provided gender-inclusive toilets with grab bars or emergency call mechanisms. Although some recently constructed buildings included ramps, these were often too steep or lacked handrails.

Lighting and narrow corridors restricted movement for wheelchair users, and no institution provided tactile or visual guidance for persons with sensory impairments. Across all institutions, toilet accessibility emerged as the most consistent and critical gap. Likewise, reception and waiting areas – though comparatively better in social-welfare facilities – lacked communication aids, tactile guidance, or Braille signage. Reception and waiting areas lacked Braille signage, easy-read materials, or communication aids, rendering them functionally exclusionary. Punjab and Khyber Pakhtunkhwa have made modest progress in universal design adaptation, but Balochistan continues to lag behind^[24].

Table 3.1 - Sector-wise Accessibility Scores (Out of 65 Points)

Sector	Outside Building	Reception & Waiting	Rooms & Halls	Accessible Toilets	Movement Inside	Total Score	Accessibility Level
Health Institutions	14/15	10/14	6/8	1/17	9/11	40/65	High
Social Welfare Centres	12/15	11/14	6/8	1/17	8/11	38/65	Good
Administrative Facility	10/15	9/14	6/8	1/17	9/11	35/65	Moderate
Judicial Institutions	10/15	9/14	5/8	1/17	8/11	33/65	Partial
Police Stations	10/15	9/14	5/8	1/17	7/11	32/65	Partial

Overview: Accessibility Audit Tool

The physical accessibility assessment used a standardized audit tool consisting of 65 indicators distributed across five domains:

- Outside Building (15 indicators)**

ramps, gradient, handrails, pathway width, signage, parking, entrance steps

- Reception & Waiting Areas (14 indicators)**

ramps, gradient, handrails, pathway width, signage, parking, entrance steps

[24] UNFPA, *Essential Services Package for Women and Girls Subject to Violence* (2021).

- **Rooms & Halls (8 indicators)**

internal access, door width, manoeuvring clearance, flooring, emergency exits

- **Accessible Toilets (17 indicators)**

door width, grab bars, turning radius, seat height, slip-free flooring, emergency alarm

- **Movement Inside (11 indicators)**

corridor width, ramps, stairs, tactile pathways, visual alarms, navigation signage

Each indicator was scored yes/1 (meets standard) or No/0 (does not meet standard). The maximum score possible per facility was 65 points. A detailed version of the checklist, including item-by-item scoring criteria, is provided in **Annex (B)**.

Scoring Rubric and Threshold Definitions

To ensure clarity, consistency, and reproducibility, facilities were classified using the following scoring thresholds:

Accessibility Level	Total Score (Out of 65)	Interpretation
High Accessibility	40–65	Facility meets key structural accessibility benchmarks; major areas allow safe movement but gaps may remain in communication aids or toilets.
Good Accessibility	36–39	Facility shows meaningful progress but lacks one or more essential universal-design elements.
Moderate Accessibility	30–35	Facility provides partial accessibility; several functional areas remain non-compliant and pose barriers for Persons with Disabilities.
Partial Accessibility	Below 30	Limited compliance; facility is largely inaccessible to most Persons with Disabilities and requires major retrofitting.

Reproducibility and Verification of Scoring

To enable independent verification, the audit tool includes:

- Full checklist and scoring matrix (Annex A)
- Raw facility-level scoring tables (Annex B)
- Indicator-by-indicator scoring sheets (one sheet per facility)
- Photographic evidence collected for 12/15 facilities (available upon request)

3.3

Institutional Capacity and Service Readiness

Fragmented and Non-Inclusive Service Provision

GBV service provision remains fragmented across all sectors. Law enforcement, health, and social welfare institutions lack standardized disability-inclusive protocols and clear referral mechanisms. Police Women Wings and health service providers offer general assistance; however, a disability-inclusive response grounded in survivor-centred care principles remains lacking. Shelters offer holistic services but remain physically inaccessible. Judiciary systems lack interpreters, assistive devices, and survivor support staff^[25].

KIs and FGDs revealed that many officials recognize Persons with Disabilities as potential survivors of violence but do not acknowledge disability and GBV as intersecting vulnerabilities. This highlighted that survivors are being treated through generic GBV frameworks that overlook their specific needs. No institution has operational guidelines or budgets for disability inclusion, accessible information materials, or sign-language support.

Policy and Budgetary Deficits



Across all sectors, GBV services operate in isolation with no standardized disability-inclusive protocols.



Law Enforcement: Police Women Wings perform protection and referral functions but lack disability-sensitive training or designated accessibility measures.



Health Facilities: Provide general care but no structured GBV case management or psychosocial support.



Shelters and Protection Centres: Offer holistic services (shelter, legal aid, protection) but remain physically inaccessible.



Judiciary: GBV courts function without interpreters, assistive devices, or survivor-support systems^[25].



The KIs further revealed a conceptual and attitudinal gap: many officials acknowledge that Persons with Disabilities can be GBV survivors but fail to recognize disability and violence as intersecting vulnerabilities. As a result, survivors are processed through standard GBV frameworks that disregard mobility, communication, and dependency barriers, effectively erasing the disability dimension from both data and service delivery.



No institution had a written protocol or operational guideline for disability inclusion. No dedicated budget lines exist for accommodations such as ramps, sign-language services, or accessible IEC materials. Decision-making remains ad-hoc and dependent on individual initiative rather than institutional policy^[26].

[25] Government of Balochistan, *Persons with Disabilities Act, 2017 (Act II of 2017)*.

[26] UN Women, *Policy Gaps in Disability-Inclusive GBV Response in Pakistan (2023)*.

3.4

Staff Competency and Coordination Gaps

Interviews revealed a weak but evolving inter-agency collaboration.



No Structured Training:

None of the sectors had implemented certified programmes on disability-inclusive GBV response or informed-consent procedures.



Weak Coordination:

Communication between police, health, and social-welfare offices is informal, reliant on personal contacts.



Cultural Barriers:

Attitudinal resistance, stigma, and community interference deter survivors from seeking help^[27].

This limited institutional awareness sustains a cycle of inaccessibility and invisibility: the absence of reported disability-related GBV cases is often used as justification for not prioritizing inclusion, while survivors remain unable to report precisely because systems are inaccessible. Breaking this cycle requires embedding disability considerations into all GBV training curricula, performance metrics, and supervision mechanisms.

Positive Exceptions:

- ✓ Dar-ul-Aman and the Benazir Women Centre maintained active coordination with police and judiciary, showing potential for institutional replication.
- ✓ Loralai Police Station exhibited informal cooperation across sectors despite systemic constraints.

[27] Ministry of Human Rights, National Disability Framework (2022).

3.5

Communication and Feedback Accessibility

Communication channels systematically exclude survivors with disabilities.

- No facility had sign-language interpreters or alternative communication tools for the deaf or hard of hearing.
- IEC materials were available only in standard print, none in Braille, audio, or pictorial formats.
- Existing helplines lacked SMS options or operators trained in disability communication.
- Complaint mechanisms were neither accessible nor confidential^[28].

FGD participants emphasized that accessible helplines, visual signage, and easy-read materials could significantly enhance reporting rates and trust in institutions. Without these, survivors who are deaf, blind, or intellectually disabled remain excluded from every stage of the reporting and referral process.

3.6

Lived Experiences and Social Barriers

The discussions highlighted that the invisibility of disability within GBV response stems not only from weak infrastructure but from social attitudes that conflate disability with dependency and shame. Survivors with disabilities, particularly women, face compounded layers of vulnerability gender-based, disability-based, and economic. Psychological and emotional abuse were widespread but under-recognized, causing long-term distress and social isolation. Boys with disabilities were also reported to experience sexual and domestic violence, echoing patterns documented in Punjab and KP. In several districts, participants reported that Persons with Disabilities are excluded from education, employment, and decision-making at household and community levels.

Economic dependence compounds vulnerability; survivors rely heavily on caregivers who often control mobility and decision-making. This dependence limits access to justice and recovery. Participants recommended community-based outreach and disability-friendly mobile services as equally important as physical accessibility within institutions.

Access to justice remains constrained for most Persons with Disabilities. Cases of sexual or domestic violence, particularly among refugee and marginalized communities, are often resolved through informal mediation rather than legal recourse, perpetuating impunity^[29].

[28] UNFPA, *Barriers to Access and Uptake of GBV Services in Pakistan* (2024).

[29] Human Rights Commission of Pakistan (HRCP), *State of Human Rights in Pakistan* (2023).

Gendered and Intersectional Vulnerabilities

Women with Disabilities

Face dual discrimination, gender-based and disability-based. Their cases of abuse often go unreported or are resolved informally through tribal mediation.

Social Stigma

Social stigma and structural neglect intersect to silence survivors with disabilities. Disability is commonly associated with dependency and shame, reinforcing invisibility.

Invisible Violence

Psychological and emotional abuse emerged as a serious but under-recognized issue, leading to mental distress, substance abuse, and suicidal tendencies among youth.

Economic Dependence

Women with disabilities are frequently denied inheritance and property rights, leaving them vulnerable to exploitation and control by relatives^[30].

Access to Justice

Persons with Disabilities have limited access to formal justice response services. Participants reported that sexual-violence cases involving refugee or marginalized girls are often resolved through community elders rather than courts, perpetuating impunity. Survivors are discouraged from registering complaints by police skepticism or logistical hurdles^[31].

3.7

Institutional Coordination and Governance Gaps

The study found no formal coordination mechanism between the Social Welfare, Police, Health, and Women Development Departments. Existing GBV training lacks follow-up systems or focal points. Most Organizations of Persons with Disabilities (OPDs) remain unregistered, underfunded, and excluded from policy forums. Their absence in monitoring or consultation processes contributes to weak accountability and data invisibility. However, emerging goodwill and motivation among frontline staff, especially female officers, demonstrate readiness for improvement if supported with resources and capacity building.

[30] UNFPA & UNICEF, *Global Programme to End Child Marriage: Annual Report (2023)*.

[31] Legal Aid Society Pakistan, *Access to Justice for Vulnerable Populations (2022)*.

3.8

Promising Foundations for Inclusion

Despite systemic gaps, the assessment identified encouraging entry points:

Committed Frontline Personnel:

Staff in shelters and police wings expressed empathy and willingness to adopt inclusive practices.

Informal Inter-Agency Collaboration:

Shelters, courts, and police maintain referral linkages that can be institutionalized.

Existing Communication Infrastructure:

Helplines such as 1089 (Benazir Women Centre) and the Police Women Wing hotline can be upgraded for accessibility.

Linguistic Diversity:

Staff fluency in Pashto, Brahvi, and Hazaragi enhances communication with survivors from diverse backgrounds.

Emerging Awareness:

Field officers increasingly acknowledge the importance of accessibility audits and disability inclusion^[32].

These elements represent an important foundation for systemic reform, demonstrating that progress is possible with sustained investment, policy enforcement, and structured training.

[32] Sightsavers, *Corporate Disability Inclusion Landscape Study* (2023).

3.9

Cross-Sector Comparative Summary

Sector	Key Strengths	Critical Gaps
Law Enforcement	Legal procedures, cooperation with judiciary.	No inclusive protocols; untrained staff; inaccessible infrastructure.
Health Sector	Medical support, relatively better physical design.	No GBV-specific services; poor privacy; weak referral systems.
Shelter & Protection	Holistic approach, inter-agency coordination.	Physical inaccessibility; limited psychosocial and reintegration support.
Justice Sector	Legal adjudication, confidentiality.	No accessibility, interpreters, or survivor-support mechanisms.
Administration	Oversight role.	No dedicated data systems or disability-inclusive monitoring.

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BEST PRACTICES



4. Best Practices

Emerging Models and Enablers for Disability-Inclusive GBV Response in Balochistan

4.1

Overview

Despite the systemic barriers documented in this study, several encouraging practices and institutional assets were identified across police, social welfare, judicial, and health sectors in Balochistan. While these do not yet constitute a fully integrated model, they represent practical entry points for building an inclusive GBV response framework aligned with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and UNFPA Essential Services Standards^[33].

These practices demonstrate that progress is possible through localized innovation, individual commitment, and adaptive coordination, even in resource-constrained environments.

4.2

Committed and Empathetic Frontline Personnel

Across districts, frontline officers, particularly female police staff and shelter workers, demonstrated a consistent commitment to survivor-centred response.

[33] UNFPA, *Essential Services Package for Women and Girls Subject to Violence* (2021).

In Dar-ul-Aman Quetta and Benazir Women Centre, staff ensured confidentiality and emotional support despite limited training or resources.

Police Women Wing Quetta established informal referral channels with the GBV court and shelter homes to expedite case handling.

Officers reported a strong moral motivation to “do what is right,” even without institutional mandates^[34].

This intrinsic empathy provides a human foundation for capacity-building efforts and highlights the potential for scaling inclusion through certified training and incentives.

4.3

Informal but Functional Coordination Mechanisms

Though unstructured, informal collaboration among institutions has led to improved survivor referrals in certain cases:



Shelter homes

maintain contact lists of police focal persons to ensure immediate protection.



GBV courts

occasionally liaise with Dar-ul-Aman or Benazir Centre for safe shelter placement.



Health officials

in Quetta have coordinated with local CSOs to provide assistive devices on request.

[34] Government of Balochistan, Women Development Department GBV Policy Framework (2022).

These examples reveal that existing goodwill and interpersonal coordination can evolve into formalized referral pathways under a provincial GBV–Disability coordination mechanism.

4.4

Accessible Communication Infrastructure

Existing helplines and information systems can be upgraded for inclusivity:



GBV Helpline Balochistan (1089) and Police Women Wing Quetta hotline provide functional channels that could incorporate SMS-based reporting and sign-language operator training.



Staff already show linguistic competence in Pashto, Brahvi, and Hazaragi, enhancing outreach among ethnolinguistic minorities.

FGD participants acknowledged that multilingual and female-operated helplines increased trust and comfort when seeking help, particularly for survivors in conservative communities^[35].

4.5

Integration of Women with Disabilities in Field Research

A unique best practice of this audit was the inclusion of enumerators with disabilities in data collection. Their participation enhanced the study’s legitimacy, improved rapport with respondents, and ensured representation of diverse experiences. This participatory approach aligns with the principle of “Nothing About Us Without Us” enshrined in the UNCRPD and can serve as a replicable model for other provincial programs^[36].

4.6

Existing Policy Foundations

The Balochistan Persons with Disabilities Act (2017) and the Women Development Department’s GBV Policy Framework (2022) provide a solid policy base for disability integration. National Cybercrime Investigation Agency’s multi-channel reporting system, which offers 24/7 helpline access, an online complaint portal, and email-based reporting options. With modest adjustments, such as screen-reader optimization, sign-language video support, Easy-Read complaint forms, and trained cybercrime focal persons for disability inclusion, these mechanisms could evolve into an important protective pathway for survivors facing technology-facilitated GBV.

[35] UN Women, *Disability Inclusion in Humanitarian and Development Settings* (2023).

[36] United Nations, *Convention on the Rights of Persons with Disabilities* (2006).

Key enabling provisions include:

- **Section 6 and 8** of the 2017 Act: Mandate protection and access to justice for women with disabilities.
- **Section 12:** Requires accessibility measures in all public institutions.
- **GBV Policy Framework:** Prioritizes survivor-centred service delivery and inter-departmental coordination^[37].
- **Curbing TFGBV for Persons with Disabilities:** Leveraging these provisions can institutionalize inclusion rather than treating it as ad-hoc or project-based.

4.7

Local Civil-Society Leadership

Civil-society organizations and Organizations of Persons with Disabilities (OPDs), though under-resourced, play an instrumental role in community awareness and social mobilization. Examples include:

1

STEP and OPD Alliance conducting disability-registration drives in Quetta and Noshki.

2

CSOs in Loralai collaborating with police to mediate cases of domestic violence involving women with disabilities.

3

Community volunteers supporting awareness sessions on GBV prevention and inclusion through local radio and mosque announcements^[38].

These efforts show how localized civil-society leadership can sustain awareness and advocacy even with minimal funding.

^[37] Government of Balochistan, *Persons with Disabilities Act, 2017 (Act II of 2017)*.

^[38] STEP & OPD Alliance, *Provincial Disability Assessment Report (2025)*.

4.8

Gender-Sensitive and Survivor-Centred Practices

Several institutions displayed positive efforts toward gender sensitivity and survivor protection:

Women police stations ensured female-led complaint recording.

Shelter homes maintained confidentiality by separating survivor intake from administrative spaces.

Health centres practiced prioritization queues for women, including those with visible disabilities.

Such micro-level adaptations reflect institutional readiness to adopt inclusive universal design and survivor-centred protocols when provided with adequate resources^[39].

4.9

Participatory Awareness and Community Dialogue

FGD participants proposed the use of creative mediums, including community theatre, painting exhibitions, and storytelling sessions, to promote empathy and awareness about GBV and disability. Some local OPDs have piloted art-based campaigns emphasizing coexistence, inclusion, and non-violence. These participatory awareness initiatives have shown measurable success in shifting community attitudes, particularly among youth^[40].

[39] WHO & UNFPA, *Guidelines for Disability-Inclusive Health and Justice Systems* (2022).

[40] UNFPA Pakistan, *Community Awareness and GBV Prevention Initiatives in Balochistan*

4.10

Synthesis: Building Blocks for Systemic Change

Collectively, these best practices illustrate that progress in disability inclusion does not necessarily depend on high-cost infrastructure, but rather on **human motivation, empathy, coordination, and localized leadership**. The following lessons emerge:

Empathy precedes policy:

Frontline motivation is the strongest enabler of inclusive practice.

Informal coordination can evolve:

Personal networks already bridge institutions; they need structure and support.

Representation matters:

Involving Persons with Disabilities in service delivery and data collection increases legitimacy.

Awareness is transformative:

Creative, community-driven dialogue can reshape perceptions and reduce stigma.

Existing infrastructure is a foundation:

Retrofitting and upgrading existing helplines, courts, and shelters can yield rapid gains.

These building blocks should be consolidated under a provincial Disability-Inclusive GBV Action Plan, operationalizing the commitments of the Balochistan Persons with Disabilities Act (2017) and aligning with Pakistan's obligations under the UNCRPD and CEDAW^[41].

[41] CEDAW Committee, General Recommendation No. 35 on Gender-Based Violence (2017).

5



RECOMMENDATIONS



5. Recommendations

Toward a Disability-Inclusive GBV Response System in Balochistan and Pakistan

Findings confirm systemic exclusion of Persons with Disabilities, particularly women and girls, from GBV protection, justice, and recovery. Recommendations below combine policy reform, institutional strengthening, community outreach, coordination, and social protection, mirroring UNFPA's Essential Services architecture and the Referral Pathways study evidence base.

5.1

Policy and Legislative Reforms



Formulate a Balochistan Disability–GBV Action Plan linking the 2017 Persons with Disabilities Act and the GBV Policy Framework, with roles, budgets, and coordination mandates.



Integrate disability-specific indicators into National and Provincial GBV Coordination Mechanism and Essential Services Guidelines via MoHR and UNFPA.



Amend the Pakistan Penal Code and workplace harassment laws to recognize Persons with Disabilities, especially women, as at-risk, with enforceable protections addressing intersecting vulnerabilities such as gender, disability, and poverty.



Reactivate the Provincial Council on the Rights of Persons with Disabilities as the oversight and consultation platform.



Notify, budget and enforce provincial accessibility standards for GBV response facilities—including courts, police stations, shelters and health facilities—while ensuring these requirements are integrated into PC-Is, and current departmental budgets.

5.2

Institutional Strengthening and Service Delivery



Conduct annual accessibility audits and fund retrofitting (ramps, accessible toilets, tactile/visual signage, and assistive tech) in GBV facilities.



Add Washington Group Short Set identifiers to GBV MIS; enable data-sharing between Social Welfare, Police, and BISP/NSER systems.



Establish Disability & Accessibility Desks in women police stations and district social welfare offices staffed by trained/SL-certified personnel.



Encourage collaboration between CSOs and Universities to standardize and institutionalize disability-sensitive, survivor-centred training across police, judiciary, health.



Upgrade helplines (1089, Police WW) for SMS, audio prompts, sign-language video; roll out Braille/large-print/audio IEC at facility entry points.



Introduce disability-inclusive digital reporting pathways across GBV and cybercrime services. This includes screen-reader-friendly portals, Easy-Read complaint forms, accessible WhatsApp channels, and sign-language-enabled helplines to ensure that survivors with sensory, cognitive, or mobility impairments can confidentially report technology-facilitated abuse.

5.3

Social and Community-Level Interventions



Deploy mobile outreach in remote districts for disability registration, counselling, and GBV awareness; leverage community radio for reach.



Run province-wide campaigns on psychological GBV and mental health, prioritizing youth, caregivers, and boys exposed to domestic/sexual violence.



Guarantee representation of women with disabilities in district coordination committees and local bodies; fund OPD-led legal literacy and peer support.



Develop community-based digital safety awareness programmes tailored for Persons with Disabilities, particularly young women and adolescent girls. These should cover safe online interaction, recognizing cyber-stalking and extortion, privacy settings, and steps to preserve digital evidence. Simple-language leaflets, audio messages, and visual formats should be used to reach remote or low-literacy communities.



Sensitize and engage social groups including religious and community leaders to address stigma and family shame attached to GBV disclosure and help-seeking.

5.4

Inter-Sectoral Coordination and Accountability



Strengthen and maintain the existing Technical Advisory Group (TAG) to lead with Health, Police, Judiciary, and OPDs; meet quarterly on inclusion KPIs.



Introduce performance indicators for inclusion in departmental ADPs; publish quarterly progress on accessibility, training, and disability case data.



Contract OPDs/rights-based CSOs for independent audits, awareness, and monitoring; create a pooled provincial fund for accessibility upgrades.



Formalize institutional coordination including the systematic collection and sharing of disability-disaggregated data on digital violence between GBV service providers and the National Cybercrime Investigation Agency (NCCIA) through the establishment of standardized referral pathways for cases of technology-facilitated Gender-Based Violence (TFGBV) affecting Persons with Disabilities.

5.5

Integration with Social Protection and Economic Empowerment



Use BISP's National Socio-Economic Registry (NSER) to geo-target women with disabilities in high-risk zones for cash assistance and protection bundles.



Link Persons with Disabilities GBV survivors to skills, microfinance, and employment quotas; prioritize home-based and accessible livelihoods.



Bundle psychosocial rehabilitation and legal aid into social protection to reduce dependence and increase dignity.

5.6

Research, Evidence, and Knowledge Building



Institutionalize biennial disability–GBV assessments; publish district scorecards for accountability.



Use participatory research with enumerators with disabilities; standardize tools for comparability across provinces.



Facilitate cross-provincial exchanges with Punjab and KP on inclusive helplines, referral SOPs, and court adaptations.

5.7

Synthesis of Priority Actions

Strategic Area	Immediate (0–1 Year)	Medium Term (2–3 Years)	Long Term (4–5 Years)
Policy & Legal	Disability–GBV Action Plan; activate Council; formally recognize TFGBV within provincial GBV policy instruments	Amend laws; notify standards; integrate PECA–GBV cross-referral provisions	Institutionalize inclusive GBV monitoring including TFGBV indicators
Service Delivery	Accessibility audits; Disability Desks; initiate accessible digital reporting pilots (SMS, Easy-Read, sign-language video)	Inclusive MIS & helplines; certification programmes; integrate NCCIA referral protocols for TFGBV	Universal design across all GBV facilities and fully accessible digital platforms
Community Outreach	Campaign on mental/psychological GBV; launch digital safety awareness for Women with Disabilities and caregivers	OPD-led prevention & peer networks; community cyber-safety groups for Persons with Disabilities	Normalize inclusion in public discourse including safe digital participation
Coordination & Accountability	Establish coordination mechanism; formalize GBV–Cybercrime–Disability referral pathways	Track inclusion KPIs quarterly; publish TFGBV disaggregated case trends	Mainstream inclusion in ADPs and budgets including digital accessibility financing
Social Protection & Empowerment	Targeted assistance to Women with Disabilities via BISP’s National Socio-Economic Registry; emergency digital protection support for TFGBV survivors	Livelihood & training access; digital skills and safe-technology use for Women with Disabilities	Full integration into economic programmes and safe digital labour participation

Roadmap for Actionable Recommendations – Disability-Inclusive GBV System

Strategic Area / Recommendation	Key Actions	Lead Agency	Supporting Partners	Timeline	Performance Indicators / Outputs
Policy & Legal Reforms	Formulate Balochistan Disability-GBV Action Plan linking PWD Act 2017 and GBV Policy Framework 2022 and formally embed TFGBV protections and digital accessibility obligations.	Women Development Department (WDD)	Social Welfare Dept., MoHR, UNFPA, CSOs	0–1 Year	Action Plan approved and notified; TFGBV protocols included; digital access standards defined
Policy & Legal Reforms	Amend PPC and workplace harassment laws to include Persons with Disabilities as at-risk groups; incorporate intersectionality clauses and reference technology-facilitated abuse.	MoHR / Law Dept.	NCSW, OPD Alliance, HRCP	2–3 Years	Amendments drafted and tabled; TFGBV recognized in at least two laws
Policy & Legal Reforms	Notify and enforce Provincial Accessibility Standards for GBV facilities under Section 12 of PWD Act including digital reporting accessibility standards.	SW&HRD Dept.	Persons with Disabilities Council, WDD, Local Govt., P&D Dept.	1–2 Years	Accessibility standards adopted; digital accessibility checklist notified
Institutional Strengthening & Service Delivery	Conduct annual accessibility audits and fund retrofitting (ramps, toilets, signage, and assistive tech) for GBV facilities and NCCIA front desks where possible.	SW&HRD Dept.	Persons with Disabilities Council, UNFPA, Local Govt., Works Dept.	0–2 Years	Accessibility audits completed in 80% facilities; 50% TFGBV digital access usability achieved

Institutional Strengthening & Service Delivery	Establish Disability & Accessibility Desks in women police stations and district social welfare offices with capacity to guide TFGBV survivors.	Police Dept., SW&HRD Dept.	WDD, OPDs, UN Women, CSOs	0–1 Year	Desks operational in all district HQs; TFGBV referral guidance available
Institutional Strengthening & Service Delivery	Integrate disability identifiers (Washington Group Short Set) into GBV MIS and Protection Centre registers and add TFGBV tagging category.	SW&HRD Dept.	BISP, MoHR, Police Dept., IT Dept.	1–2 Years	GBV MIS updated; TFGBV cases disability-disaggregated
Institutional Strengthening & Service Delivery	Upgrade GBV helplines (1089, Police WW hotline) for SMS, audio prompts, sign-language video support and secure WhatsApp reporting for TFGBV.	WDD, Police Dept.	UNFPA, IT Dept., Telecom Partners	0–2 Years	Helplines fully accessible; minimum one TFGBV digital reporting channel operational per district
Social & Community-Level Interventions	Deploy mobile outreach teams for disability registration, counselling, and GBV awareness in remote districts including TFGBV and cyber-safety education.	SW&HRD Dept.	Local CSOs, Radio Pakistan, BRSP, OPD Alliance	1–2 Years	10 mobile outreach units operational; TFGBV awareness reached in at least 8 districts
Social & Community-Level Interventions	Launch province-wide campaign on psychological GBV and mental health, targeting youth and caregivers and online harassment risks.	WDD / Health Dept.	UNFPA, UNICEF, MoHR, Youth Affairs Dept.	0–1 Year	At least 10 district campaigns completed; TFGBV messaging integrated

Assessment of GBV Services in Balochistan With a Lens of Disability Accessibility

Social & Community-Level Interventions	Engage religious/ community leaders to challenge stigma and promote equal rights for Persons with Disabilities including safe digital behavior and reporting.	Auqaf & Religious Affairs Dept.	CSOs, OPDs, WDD, Local Media	0–3 Years	Community dialogues held in all divisions; reduced stigma toward online reporting
Inter-Sectoral Coordination & Accountability	Establish Provincial GBV–Disability Coordination Committee led by WDD & SWD with formal NCCIA participation for TFGBV.	WDD & SW&HRD	Health, Police, Judiciary, OPDs, UN Agencies	0–1 Year	Committee notified; TFGBV included in TORs; quarterly reviews conducted
Inter-Sectoral Coordination & Accountability	Introduce performance indicators for inclusion in departmental ADPs and publish quarterly progress reports including TFGBV response indicators.	P&D Dept., WDD	Finance Dept., UNDP, CSOs	1–2 Years	Inclusion KPIs mainstreamed; TFGBV KPIs tracked quarterly
Inter-Sectoral Coordination & Accountability	Create pooled provincial funds for assistive technology, retrofitting, and communication inclusion including digital accessibility and cyber-support tools.	Finance Dept., SWD & HRD	UNFPA, Donors, Private Sector CSR	2–3 Years	Fund established; at least 2 TFGBV digital-access projects financed annually
Social Protection & Economic Empowerment	Leverage NSER to target women with disabilities in GBV risk zones for cash and protection assistance including emergency support for GBV survivors.	BISP / SW&HRD Dept.	UNFPA, Local Govt., NADRA	0–1 Year	Targeted beneficiaries identified; TFGBV survivors included in cash assistance

Social Protection & Economic Empowerment	Link survivors to vocational training, microfinance schemes, and employment quotas with safe digital skills integration.	Labour & Industries Dept.	NAVTTTC, SMEDA, OPDs, Banks	1–3 Years	At least 500 Women with Disabilities trained; 30% digitally enabled for safe online work
Social Protection & Economic Empowerment	Integrate psychosocial rehabilitation and legal aid into social protection packages for survivors including TFGBV trauma counselling and cyber-legal aid.	SW&HRD Dept.	Health Dept., Legal Aid Society, UNFPA	1–2 Years	Psychosocial and legal aid incorporated; TFGBV legal/ mental health cases supported

Bridging the Divide: Toward a More Inclusive GBV Response in Balochistan

Over the past decade, Pakistan has progressively shifted from a welfare-based understanding of disability toward a rights-based and inclusion-oriented policy framework. This transition, guided by the UN Convention on the Rights of Persons with Disabilities (UNCPRD) and reinforced through the Balochistan Persons with Disabilities Act (2017), has established a sound legal basis for inclusive governance. However, the findings of this assessment indicate that these commitments have not yet translated into consistent practice for women and girls with disabilities in Balochistan. The gap between legal recognition and service delivery remains shaped by structural limitations, socio-cultural barriers, and institutional capacity constraints that continue to weaken protection and access to justice for survivors of Gender-Based Violence (GBV).

Evidence from field assessments, key informant interviews, and focus group discussions shows that women with disabilities remain among the most underserved and least visible groups within the provincial GBV response system. Their exclusion stems not only from physical inaccessibility of services, but also from entrenched stigma, family control, and social norms that discourage disclosure. In many rural and tribal contexts, disability is still concealed within households, often framed as a private matter or a source of shame. This context contributes to the persistence of domestic, psychological, and emotional violence that remains largely unreported. The lack of accessible reporting mechanisms, disability-sensitive communication, and trained service providers further reinforces this pattern of invisibility.

At the same time, the assessment documents practical forms of resilience within existing systems. Frontline officers, shelter staff, and health personnel, particularly women working at service delivery points, frequently demonstrate commitment and adaptability despite limited formal training or resources. Informal coordination across police, shelters, and health facilities, although not institutionalized, shows that basic referral linkages already exist and can be strengthened through structured protocols. Civil society organizations, including Organizations of Persons with Disabilities (OPDs), continue to play an important role in awareness-raising, disability registration, and community trust-building, particularly in districts where state outreach remains limited.

The findings also clarify that inclusion requires more than infrastructure improvements alone. Effective access depends on institutional practices, communication modalities, data systems, and accountability mechanisms. Practical steps such as introducing disability identifiers within GBV Management Information Systems, conducting routine accessibility audits, and establishing Disability and Accessibility Desks within police and social welfare offices are necessary to translate policy into operational change. These measures address not only physical barriers, but also procedural and communication gaps that currently prevent survivors from navigating the protection chain.

Psychological and emotional violence emerges as a particularly under-recognized dimension of harm. Participants across districts consistently described patterns of isolation, mental distress, and prolonged emotional abuse affecting youth and women with disabilities. The limited availability of mental health services and community-based psychosocial support increases vulnerability and constrains recovery. Strengthening linkages between GBV response mechanisms and mental health services is therefore a functional priority for improving survivor outcomes.

Technology-facilitated GBV represents an additional layer of risk for some women and girls with disabilities, particularly where access to mobile phones is mediated through caregivers and digital literacy is low. While digital abuse is not yet a dominant reporting category, the absence of disability-accessible complaint mechanisms means that existing cases are likely under-detected. Integrating basic digital accessibility and referral protocols within existing helpline and cybercrime mechanisms is therefore a practical extension of the broader inclusion agenda rather than a standalone intervention.

Balochistan currently has the core legislative instruments and programmatic structures required to strengthen disability inclusion within GBV prevention and response. The priority now lies in operationalizing these frameworks through enforceable accessibility standards, routine institutional training, dedicated budget lines for inclusion, and regular coordination with OPDs and community organizations. Progress will depend on incremental system improvements, sustained financing within existing provincial programmes, and clear accountability across departments.

Ensuring that women and girls with disabilities can access protection, justice, and recovery services is both a legal obligation and a matter of public interest. The evidence generated through this assessment provides a practical roadmap grounded in existing institutional scope rather than abstract ambition. With targeted adjustments to infrastructure, procedures, coordination, and data systems, the provincial GBV response can become more responsive to the needs of survivors with disabilities, reducing their exposure to prolonged harm and strengthening institutional credibility over time.

ANNEXURE A

Tools, Policies, Capacities and Communication

SECTION 1 - General Information

1	Name of GBV service provider	
2	Name of respondent	
3	Designation	
4	Town	
5	District/City	
6	Address of GBV Service Facility	
7	What services are provided to GBV survivors and Persons with Disabilities?	
Start Time:		End Time:

SECTION 2 - Inclusionary Policies

8	What policies do you have/follow concerning GBV and persons (especially women) with disabilities? Can we see these policies?	
9	What laws do you have/follow concerning GBV and persons (especially women) with disabilities?	
10	How these policies are enforced/used, and by whom? (e.g., strategy for recruiting employees, board and committee members and other volunteers with disabilities, trained staff, case management)	
11	Do you have budget available for adaptations or adjustments for women and girls with disabilities and other disability-inclusive actions (e.g., training staff; producing information in alternative communication formats; providing transportation and assistant costs; and making facilities accessible and inclusive for women)?	
12	Are organizations for Persons with Disabilities, including women and girls with disabilities, consulted in the design, implementation, and evaluation of policies and services?	

SECTION 3 - GBV Staff Capacities, GBV Services, and Data Management

13	Have you or anyone in your institution/facility received training on responding to GBV against women and girls with disabilities? If yes, what specific topics did the training include, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?	
14	Are staff trained on informed consent / assent and strategies to support women and girls with disabilities to make their own decisions?	
15	What are the common channels through which a GBV survivors and person with disabilities can outreach /report GBV to you? (Helpline, email, online complaint mechanism)	
16	What measures do you have in place to support survivors with disabilities and their families? For example, provision of transportation to services, interpreters and support people, and other accommodations / adaptations (Shelter - is it safe and accessible for PWD) If shelter available, how many people are in the camp?	
17	How do you ensure the confidentiality and protection of survivors with disabilities during your support? How can you provide support keeping cultural sensitivity intact and how is it altered for PWDs (especially women)? (Available private interview space, location – PWD access)	
18	Do you have a coordination mechanism to work with other service providers of GBV and disability? If yes, who are the service providers? how you coordinate?	
19	What are some of the challenges that you face in responding to GBV against women with disabilities? How do you think these challenges could be addressed?	

SECTION 4 - Communication

20	Is staff in your institute able to communicate effectively with women with disabilities including hearing and speaking impaired? available for local languages?	
21	Do you offer interpreters for participants who are deaf or hard-of-hearing?	
22	Do you use IEC materials for GBV survivors including Persons with Disabilities seeking services? Are materials available in alternate formats (e.g., audio tape, large print, Braille) which are understandable to persons with visual, hearing, learning and cognitive impairments (disabilities)? If yes are they available in local languages.	
23	Do GBV information, education and communication materials feature positive representations of Persons with Disabilities as part of the general community?	
24	What channel does your institute/agency use to share information? If the institute has a functional web site, is it accessible?	
25	Does the institute use specific telephone number for GBV survivor to access? If yes, who will operate it and what are the timings?	
26	Are feedback and complaints mechanisms accessible to women and girls with disabilities? What adaptations have been made to ensure that women and girls with disabilities know about and can use these mechanisms? Is the grievance policy available to the public? Is the policy posted where women and employees have easy access to it?	

ANNEXURE B

Physical Accessibility Tentative list of GBV Services to be covered:

UNIVERSAL DESIGN/ASSESSMENT TOOL

Details of the Facility			
Facility:			
Town:			
District:			
Details of the Team			
1	Name	Title	Organisation
2			
3			
4			
5			
6			
7			
8			
Start Time:		End Time:	
Date:			
General comments / observations:			

1 - OUTSIDE THE BUILDING

Please tick yes “ü” if available and tick no “û” if not available and please note in the comments box if found any issues of each facility mentioned below in the table.

S No.	Identification	Yes ü	No û	Comments
1.1.	Can you easily identify the building?	☐	☐	
1.2.	Is there parking? If no, go to Question 1.5	☐	☐	
1.3.	Are there spaces reserved for people with disabilities? If no, please go to question 1.5	☐	☐	
1.4.	If yes, do they meet the accessibility standards? Please refer to the guidelines “1.2 Parking” and note any issues	☐	☐	
1.5.	Is there any pathway at least 90cm wide, flat, smooth, non-slippery and free of all obstacles and hazards (equipment, boxes etc.) (from the parking) to the entrance?	☐	☐	
1.6.	Is there any tactile paving of contrasting color?	☐	☐	
1.7.	Is the entrance clearly signed?	☐	☐	
1.8.	Are there any steps or stairs at the entrance? If no go to question 1.10	☐	☐	
1.9.	If yes, do the steps or stairs meet the accessibility standards? Please refer to the guidelines “2. Steps and stairs” and note any issues	☐	☐	
1.10.	Is there a ramp? If no, go to question 1.12	☐	☐	
1.11.	If yes, does the ramp meet the accessibility standards? Please refer to the guidance “3. Ramps” and note any issues	☐	☐	
1.12.	Does the entrance door meet the criteria for manual doors? Please refer to guidelines “4. Doors” and note any issues.	☐	☐	
1.13.	Are wheelchairs available near the entrance for patients who need them?	☐	☐	
1.14.	Is the entrance free of all obstacles and hazards (equipment, boxes etc.)?	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

2 - RECEPTION AND WAITING AREA

Please tick yes “ü” if available and tick no “û” if not available and please note in the comments box if found any issues of each facility mentioned below in the table.

S No.	Identification	Yes ü	No û	Comments
2.1.	Is there a reception counter or area which is clearly identifiable from the entrance? If no, go to Question 2.5	☐	☐	
2.2.	Can a wheelchair user use the counter comfortably – enough space to allow privacy in communications?	☐	☐	
2.3.	Is there a sign at reception that gives priority for people with disabilities?	☐	☐	
2.4.	Is information on the services at the building/premises available in easy-to-read, large print format and provision of sign language interpretation?	☐	☐	
2.5.	Is there a waiting area equipped with chairs and space for wheelchairs users? If no, go to Question 2.7.	☐	☐	
2.6.	Is there a sign in the waiting area that gives priority for people with disabilities, older people, adults with children, and pregnant women?	☐	☐	
2.7.	Is the surface level, smooth, non-slippery, and clear of any obstacles and hazards?	☐	☐	
2.8.	Is there enough light so all the information be clearly seen? (This can be through natural or artificial light)	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

3 - ROOMS AND HALLS

Please mark on your floor plan and note in the comments rooms and doors that do not meet the accessibility standards in your guidance.

S No.		Yes ü No ü (For Each Room)		Room		Comments	
		1	2	3	4	5	
3.1.	Does the room have a door that meets the accessibility standards? Please refer to guidelines "4. Doors" and note any issues.	☐	☐	☐	☐	☐	
3.2.	Is there a sign outside the room that meet accessible standards? Please refer to guidelines "8. Internal signage" and note any issues	☐	☐	☐	☐	☐	
3.3.	Is there sufficient space inside the room to maneuver a wheelchair, floor material non-slip and non-glare, move in the room easily with an interpreter/support person and clear of any obstructions or hazards?	☐	☐	☐	☐	☐	
3.4.	Is there enough light? (Natural or artificial)	☐	☐	☐	☐	☐	
3.5.	Are obstacles in room in contrasting colors e.g., cabinets and tables clearly visible etc.	☐	☐	☐	☐	☐	
3.6.	Can people with sensory, physical and intellectual disabilities use relevant equipment?	☐	☐	☐	☐	☐	
3.7.	Are there functioning fire alarms with visual and audible signal installed?	☐	☐	☐	☐	☐	
3.8.	Is there clear signage indicating accessible escape routes?	☐	☐	☐	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

4 - ACCESSIBLE TOILETS

Please mark on your floor plan and note in the comments toilets that do not meet the accessibility standards in your guidance

S No.	Identification	Yes ü	No ü	Comments
4.1.	Are there functioning accessible toilet facilities with directional signage indicating the location reserved for people with disabilities? If no, go to section 5. Moving around the building/premises	☐	☐	
4.2.	Can the accessible toilet be used by people of all genders?	☐	☐	
4.3.	Is the accessible toilet clearly labelled with signage which meets the accessibility standards? Please refer to the guidelines “9. Internal signage” and note any issues	☐	☐	
4.4.	Does the accessible toilet have a sliding door or a door that opens outwards, and which meets the accessibility standards? Please refer to the guidelines “4. Doors”.	☐	☐	
4.5.	Can the accessible toilet door be locked from inside and can be released from outside by authorised staff in case of emergency?	☐	☐	
4.6.	Is there sufficient space inside the accessible toilets to manoeuvre a wheelchair, floor material well drained, waterproof, non-slip, space available for assistants and interpreters and non-glare?	☐	☐	
4.7.	Are a toilet paper dispenser and/or bidet shower and flush control located within easy reach and easy to use?	☐	☐	
4.8.	Is there an accessible sanitary bin?	☐	☐	
4.9.	Is the toilet seat at a height between 45-48 cm?	☐	☐	
4.10.	Is there a washbasin which allows knee space and the tap is easily operable? If no, go to question 4.12	☐	☐	
4.11.	Is the rim of the washbasin mounted at a height of 86.5 cm maximum from the floor?	☐	☐	
4.12.	Are soap and paper towel provided through accessible dispensers?	☐	☐	

4.13.	Are there grab bars in the accessible toilet (for toilet, urinal and washbasin) which meet the accessible criteria? Please refer to guidelines “10.2 Handrails / Grab bars in toilets”.	☐	☐	
4.14.	Does the colour of the toilet/washbasin/grab bars contrast with the background?	☐	☐	
4.15.	Is there a functioning fire alarm with both visual and audible signals installed in the accessible toilet?	☐	☐	
4.16.	Is there enough light?	☐	☐	
4.17.	Is the accessible toilet clear of any obstructions or hazards?	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

5 - MOVING AROUND INSIDE THE BUILDING/PREMISES

Please note on your map and in the comments section any obstructions or issues with corridors, doors, ramps, steps and stairs.

S No.	Identification	Yes ü	No û	Comments
5.1.	Is there enough space for wheelchair users, a clear path of 120 cm wide and turning spaces of at least 150 cm?	☐	☐	
5.2.	Are the paths and corridors free of all obstacles and hazards (boxes, tables, cupboards etc.), and the surface is flat, non-slip and non-glare?	☐	☐	
5.3.	Are obstacles in the corridors in contrasting colours e.g., columns of a different colour from the background etc.	☐	☐	
5.4.	Are there clear signs providing directions to rooms with colour contrast, non-glare, large print and pictures, and have clear signage indicating accessible escape routes?	☐	☐	
5.5.	Is there any tactile paving with colour contrast?	☐	☐	
5.6.	Is there enough light along the paths and corridors?	☐	☐	

5.7.	Are there functioning fire alarms with both visual and audible signals?	☐	☐	
5.8.	If there are corridor doors, do they meet the accessibility requirements? Please refer to guidelines “4. Doors” page 16 and note any issues.	☐	☐	
5.9.	If there are steps and stairs along the corridors, do they meet the accessibility requirements? Please refer to guidelines “2. Steps and Stairs” page 8 and note any issues.	☐	☐	
5.10.	If there are ramps along the circulation paths, do they meet the accessibility requirements? Please refer to guidelines “3. Ramps” page 12 and note any issues.	☐	☐	

Comments:

Please refer to the guidelines and detail any obstructions or recommendations for adjustment

ANNEXURE C: FOCUS GROUP DISCUSSION

Focus Group Discussion (FGD) Tool specifically tailored for two sessions:

- One with Disability Persons' Organizations
- One with GBV Caseworkers

This tool explores the nexus of GBV and disability, barriers to accessing GBV services

Topic for Discussion	FGD with Disability Welfare Organizations	FGD with GBV Caseworkers
1. Nexus of GBV and Disability	What types of GBV are most common for Persons with Disabilities? How does disability increase vulnerability to GBV?	How often do you encounter GBV cases involving Persons with Disabilities? How does disability affect the nature of cases handled?
2. Cultural and Social Barriers to Accessing GBV Services	What cultural beliefs restrict Persons with Disabilities (especially women/girls) from accessing services? Are there community or family norms that silence survivors?	What cultural or social attitudes do you observe that hinder disabled survivors from seeking help? Do caregivers or families delay reporting?
3. Physical Accessibility Challenges	Are GBV service facilities physically accessible (ramps, signage, transportation, etc.)? What adaptive resources are most lacking?	Are your facilities equipped to serve clients with physical, sensory, or cognitive impairments? What challenges do you face in ensuring accessibility?
4. Stigma Associated with Reporting	How is a disabled survivor treated after reporting GBV? What is the length and severity of stigma? Are there variations by gender or disability type?	What fear and stigma do you observe among survivors with disabilities in reporting and seeking help?
5. Service Provider Sensitivity and Capacity	How do you rate the willingness and competence of GBV services to support access of disabled survivors? Are service providers trained in disability inclusion?	Are GBV staff trained to respond to disabled survivors respectfully and effectively? What tools or knowledge do you lack in handling such cases?
6. Differences in GBV Service Response	Are disability-specific needs met during medical, legal, or psychosocial support? Are PWDs treated differently than others?	Is the response for disabled survivors different from non-disabled? Are reasonable accommodations made?
7. Coordination with Other Actors	Are you consulted in GBV service planning or training? Do you have referral partnerships with GBV actors?	Do you coordinate with DPOs or disability experts during case management or outreach?
8. Recommendations	What should be done to improve inclusive access and reduce barriers for survivors with disabilities?	What do you need to better support GBV survivors with disabilities (tools, training, infrastructure)?

TAG Notification

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GOVERNMENT OF BALUCHISTAN
SOCIAL WELFARE DEPARTMENT
(COORDINATION SECTION)
OUR FAITH CORRUPTION FREE PAKISTAN
Dated Quetta the 11th July 2025.

NOTIFICATION

NO. SO(Coord.)2-16/SW/2024-25/ 1134 - 54 : With prior approval of the competent authority, (i.e.) Hon'ble Chief Minister, Balochistan is pleased to constitute and the Provincial Technical Group (TAG) Balochistan, for Disability Inclusion and support to conduct the study on "Disability Accessibility Assessment of Gender Based Violence (GBV) services" in Balochistan by "Provincial Technical Advisory Group (TAG)" for effective implementation of the "National Action Plan on Human Rights" in Balochistan at the grassroots level consisting of the following:

1. The Secretary, Social Welfare Department, Government of Balochistan.	Chairperson
2. Representative from the United Nations Population Fund (UNFPA).	Co-Chairperson
3. Representative from the Social Welfare Department, Government of Balochistan. (not below the rank of BPS-18)	Member
4. Representative from the Women Development Department, Government of Balochistan. (not below the rank of BPS-18)	Member
5. Representative from the Home Department, Government of Balochistan. (not below the rank of BPS-18)	Member
6. Representative from the Police Department, Government of Balochistan. (not below the rank of BPS-18)	Member
7. Representative from the Federal Investigation Agency (FIA), Cyber Crime Wing. (not below the rank of BPS-18)	Member
8. Representative from the Health Department, Government of Balochistan. (not below the rank of BPS-18)	Member
9. Representative from P&D Department, Government of Balochistan. (not below the rank of BPS-18)	Member
10. Representative from Commissionerate Afghan Refugees. (CAR)	Member
11. Representative from STEP.	Member
12. Representative from UNFPA.	Member
13. Representative from UNHCR.	Member
14. Representative from UNICEF.	Member
15. Representative from UN Women.	Member
16. Representative from Quetta Online.	Member
17. Representative from Aurat Foundation.	Member
18. Representative from Islamic Relief Pakistan.	Member

Individual Field Expert:

1. Ms. Zarghoona Wadood.	Disability Expert
2. Ms. Qamar Unnisa.	GBV Expert
3. Mr. Abdul Ali.	Development Expert

P.T.O

SPECIFIC OBJECTIVES OF TAG:-

- The TAG is constituted to provide strategic technical guidance, develop inter-sectoral collaboration, and support the mainstreaming of disability inclusion across all relevant government and non-government sectors in Balochistan.
- This is a voluntary advisory role. All members' contributions will be formally acknowledged in relevant publications and documentation.
- Copyright of all TAG-related documents will rest jointly with SWD and UNFPA.
- Detailed ToRs are attached for perusal and comprehension of the working of TAG.

(ASMAT ULLAH QURESH)
SECRETARY

The Comptroller,
Printing and Stationery Department,
Balochistan, Quetta.

Distribution:-

- The Principal Secretary to the Chief Minister Balochistan, Quetta.
- The Additional Secretary (Staff) to the Chief Secretary, Balochistan.
- All Members of the Provincial Task Force.
- P.S. to Secretary, Social Welfare, Balochistan, Quetta.
- Office Copy.
- Master File.


Section Officer (Coord.)



<https://swd.balochistan.gov.pk/>



Social Welfare Department, Brewery Road / Barwari Road, Quetta, Balochistan



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