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Accessibility and Quality of Special Education Services for Children with Autism in Pakistan's Public and Private Sectors

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ABSTRACT

The early detection of Autism Spectrum Disorder (ASD) has been vital in enhancing developmental outcome but in rural parts of Pakistan, this is a challenge due to the many obstacles that delay the diagnosis. This in-depth literature review examines such hindrances and suggests the evidence-based and culturally acceptable measures of this region. The results identify three related barrier areas. On the one hand, the pursuit of medical care is impeded by sociocultural parameters such as absence of public awareness, widespread stigma within the society, and the use of traditional healers. Second, patient Bro Systemic barriers the healthcare system deficiencies, e.g. shortage of qualified specialists, a lack of training in primary care teaching about developmental screening, and referral systems that are disjointed, create systemic barriers. Third, socioeconomic and geographic inaccessibility (caused by poverty and accessibility to faraway urban diagnostic facilities) includes making the services unavailable to the majority of rural households. In order to surpass these difficulties, a comprehensive strategy is required. The suggested measures are aimed at the empowerment of the Community Health Workers (CHWs) to conduct basic developmental surveillance and the initiation of community development awareness campaigns. These initiatives work to be accompanied by the reinforcement of the primary healthcare system through extending screening services to ordinary visits, applying the examples of task-shifting, and using the telehealth technologies. Lastly, optimal policy and educational changes are essential in creating a long-term, the step-by-step system of care. There is a need to make a serious concerted effort of political leaders, health care providers, and community stakeholders to establish an efficient pathway of timely diagnosis and intervention to improve the outcomes of the multiplicity of children with ASD nationwide.

Keywords: Autism Spectrum Disorder (ASD), Special Education Services, Accessibility, Service Quality, Public Sector Education, Private Sector Education, Special Education.

Introduction

ASD is a complicated disorder of neurodevelopment, and the condition usually manifests between the ages of two years (Xiao et al., 2014). The first signs may start with changes in the way senses are responding, less eye interaction, and repetitive actions. The importance of early intervention is critical since children with access to high-quality support before the age of 30

months improve significantly in the manifestations of ASD and developmental areas (Saifuddin et al., 2025). The window of attending the child is an essential avenue to commence the implementation of intervention focused strategies and which influences immensely the level at which a child develops in life. ASD is relevant and particularly timely regarding special education, which implies individually prescribed and systematically tracked teaching processes. However, the practical application of special education in Pakistan can hardly be crowned with success (Aftab et al., 2024).

In the global domain, the autism prevalence of children was estimated to be 1 or 100 by the World Health Organization (WHO) in 2022 (Abbasi et al., 2024). One of the major problems in Pakistan is that there are no consolidated or reliable national data on ASD prevalence. This gap in data is mostly caused by the existing social stigma around psychiatric illnesses stopping the families to seek professional assistance, as well as resulting in extreme underreporting. Although there are no official figures, the Pakistan Autism Society suggested that in 2020, there are 350,000 children with ASD in the country (ASLAM, 2023). An obvious rise in the number of cases has also been noted by health specialists especially in the large cities (Ibid).

Special education uses individual differences and special needs to empower students so that they attain greater independence. Specially designed education based on ASD among children is the most important aspect of child improvement, which sometimes even involves learning sign language, communication therapy, and professional education. Early intervention has shown to be especially useful in the treatment of ASD symptoms as well as encouraging developmental advancements (Saifuddin et al., 2025). Inclusive education is not the rule but rather an exception in Pakistan, special schools tend to lack competence and knowledge to deal with problematic behaviour of children with autism. Most children with ASD cannot get quality education because of this disconnect and their inadequate infrastructure and lack of trained personnel. Disability in Pakistan is in line with the UN Convention on the Rights of Persons with Disabilities (CRPD) where the concept of disability is impairments that interfere with full participation in society.

The Disabled Persons (Employment and Rehabilitation) Ordinance of 1981 established a 2 per cent quota of employment, which was backed by poor oversight and execution (Gul, 2020). Pakistan currently uses inclusive education manifesting itself in the need to make education accessible to kids with disabilities with specific education. The Special Education Department (SpED) in Punjab has grown tremendously, with more than 34,000 students including in Special Education (Oxford Policy Management, 2020). Nevertheless, over 95 percent of disabled citizens do not have access to special schools to date (Hameed & Manzoor, 2016). Such marginalization of people with disabilities is counterproductive to the potential of individuals, and it has a cost to the economy, where it is estimated that Pakistan may be losing between 4.9 to 6.3 of its GDP because of marginalization of people with disabilities.

Pakistan Special Education Policy/Legal Framework

In 1981, the Disabled Persons (Employment and Rehabilitation) Ordinance was the first piece of legislation to give persons with disabilities in Pakistan legal relevance, as the initial legal instrument that defined the concept of disability and founded the National Council for the Rehabilitation of Disabled Persons (NCRDP) (Haider, 2024). It also required 2 percent employment quotas but its tracking and enforcement have always been poor (Ibid). Social and economic security of all people including Persons with Disabilities (PWDs) are generally guaranteed by the Constitution of Pakistan which was enacted in 1973 (Naznin & Khan, 2025). In

2006, the National Plan of Action on Persons with Disabilities proposed dialogue improvements, such as wheelchair access in buildings to be required in buildings (Ministry of Human Rights, 2021). Another important recent thing is the approval of the Disability Rights Act, which took place in 2022, and offers an extensive legal framework to ensure rights of individuals with disabilities in all regions of Pakistan. Barring further discrimination by any institution whether public or private, equal protection is guaranteed by Act, 2020, which is the act concerning the rights of the persons with disability on the ICT of Islamabad (Asian Development Bank, 2020). It prescribes additional measures to come up with successful inclusiveness via appropriate education and training, and the practicality of access to the buildings and transport available to the public (Asian Development Bank, 2020). Despite such legislative instruments, there remains a major issue of delay between the legislation and its execution with only weak monitoring and implementation leading to minimal practical implementation.

UNCRPD and local implementation (International Commitments)

It was on September 25, 2008, and July 5, 2011, that Pakistan formally signed the Convention on the Rights of Persons with Disabilities (UNCRPD), at the United Nations and became a signatory country (Ministry of Human Rights, 2021). In this commitment, the definition of disability contained in the CRPD is adopted. In 2010, with the 18 th Amendment to the Constitution, it transferred the responsibilities pertaining to disability to the provinces (Ministry of Human Rights, 2021). On the national front, Ministry of Human Rights has been made in charge of UNCRPD implementation (Ministry of Human Rights, 2021). Such decentralization does pose a risk of creating uneven implementation and unequal quality of service delivery across the provinces due to lack of coordination and political will to undertake the same. This pitfall can be demonstrated by the evidence that Khyber Pakhtunkhwa (K-P) still does not have even one autism center 14 years after its formation.

Provincial Initiatives: The special education policy in Punjab and the recent Acts

Punjab has become a leader in the formulation of particular policies and infrastructure on special education. As the issue of Special Education is more about offering holistic education to the children with disabilities, a novel policy in this direction was introduced in the provincial outfit to guide about the four-pronged major categories of disabilities. An important element is the Inclusive Education Strategy (IES) which was created under the guidance of the FCDO (2019-2024) and applies specifically to the children with mild to moderate disabilities (Kamrann& Bano, 2025). The IES will also have the mission of making the School Education Department (SED) a leader in terms of inclusive education, including child-centered learning, inclusive curriculum, professional development of teachers, and engagement of the private sector. One of the major achievements has been the act on Punjab Autism School and Resource Centre, 2025 passed unanimously by the provincial assembly (The Nation, 2025). This has been done by the act of establishing a modern Autism School and Resource Centre in Lahore, the first in Pakistan. It will have specialized educations and therapy, training of professionals, research aid, and awareness to society. With its own Board having diverse members and it is chaired by the Chief Minister, this would also mean direct voice of the affected families. Sub-campus and utilizing both the public and the private resources are also provided in the act. The efforts in Punjab may be critical example to rest of the provinces (The Nation, 2025).

The role and initiatives of the Federal Government

The federal government is intending on an exclusive autism resource center in Islamabad. Project Concept-I (PC-I) of this project with an estimate cost of Rs1.34 billion has been approved and construction is scheduled in the next two years. The visualization of this facility consists of a complex rehabilitation center of children with developmental disorders with minimum capacity of 300 children with ASD. It is set up to provide quality rehabilitative services in education and therapy such as thorough speech therapy, occupational therapy, behavior therapy, sensory integration. It will boast of smart classrooms, skill development labs and simulated learning. More importantly, the early diagnostic and assessment unit suitable to conduct regular screenings on persons with early developmental indicators of autism will be formed to identify the possible cases in their early stages and provide early intervention. This commitment symbolizes an increased understanding of autism as a specific policy in trend, which is a strategic shift into an alternative type of intervention and bumpier and more focused.

Availability of Special Education Services of Children with Autism

Of great concern is the urban rural dagger in provision of services. Being mostly in the private sector, inclusive schools are available mostly in large cities and in the urban area, thus inaccessible to the children with a disability into remote or rural areas. Metropolitan areas such as Karachi, Lahore, and Islamabad have better diagnostic and treatment provisions and most of the time autism goes undiagnosed in the countryside (Aftab et al., 2024). Another considerable barrier is related to transportation. Physical access barriers to specialized facilities and travel barriers to work creation increased access. Although over 600 buses are operated by the Special Education Department of Punjab to support pick-and-drop services (Parveen et al., 2023), and eight new buses are to be acquired by the planned Federal Autism Resource Centre to provide free-of-charge transportation (Abbasi, 2025), transportation issues remain, especially in the areas of South Punjab (Iqbal et al., 2024). In addition, the general infrastructure is also not optimal. The needs of students with disabilities are often not met as regular schools are simply unprepared to address their physical and psychological needs, not having the relevant adaptations or resources in place. Because there are no specific workplace accessibility laws in Pakistan in general, there is also the lack of such systems in place which contributes to the poor overall inclusion. This is a deep-cutting urban-rural fissure that is complicated by inadequate transportation and subpar infrastructure, posing a formidable systemic obstacle since the majority of the kids with ASD in the countryside lack educational-therapeutic assistance.

Access to Diagnosis and Early Intervention Aids in a Timely Fashion

One such widespread problem is the considerable time it takes the families to acquire an autism diagnosis (Hamdani et al., 2020). However, the diagnostic process can be lengthy as other parents find the child is exhibiting the symptoms before his/her first birthday or about 18-24 months. The wait period to obtain testing was eight months in one family, and because of the late diagnosis, it was later than age four years (Saifuddin et al., 2025). One of the mothers took three months to find a doctor to initiate a consultation (The Express Tribune, 2025). This is also caused by the fact that not much is known by the childcare specialists about early detection and home-based interventions on ASD. There is a tendency of general practitioners and pediatricians not to have expertise to detect new symptoms early on and there may be missed or delayed diagnoses. Much research has already revealed the overwhelming advantages of timely exposure to high-quality Applied Behavior Analysis (ABA) programs, especially when therapy is started at the age between 18 and 30 months, resulting in significantly greater improvements in ASD

symptoms and overall development (Saifuddin et al., 2025). Intervention strategies that have significant effects on development and quality of life among children can only be deployed when the condition is diagnosed early. This widespread problem of late diagnosis, fueled by a lack of understanding on the part of medical providers, serves to add another layer to development outcomes, given that children do not receive early intervention at the appropriate stage of their development.

Socio-Cultural, and Economic Barriers to Special Education Services to Children with Autism

Children who have Autism Spectrum Disorder (ASD) in Pakistan encounter massive socio-cultural and economic limitations to accessing, as well as the quality of special education services, provided to them. Probably the most widespread of the impediments is social stigma. Disability, such as autism, is widely regarded as a godly punishment, and this explains why the families involved withdraw into a path of shame and hide their children. Autistic people are also marginalized with derogatory language and deeply held beliefs. Myths- including that autism can be caused by bad parenting or suggesting an inability to learn- continue to persist. Indeed, the absence of precise knowledge among medical workers is causing delays in diagnoses, misdiagnoses, and mixed judgments, even among the circle of health professionals. Low levels of awareness in the school staff can contribute to lack of academic support that furthers the exclusion and educational dilemma. Social exclusion affects not only the child but also adds a burden to the mind of parents and caregivers (Manj, 2019).

Other forms of therapy such as occupational and speech therapy are introduced at PKR 500 per session (Justdial, n.d.). In other areas such as Khyber Pakhtunkhwa, there are no public autism centers and families have to resort to expensive non-governmental services or pay attention to online consultations (The Express Tribune, 2025). Prices In Peshawar: The cost of a given therapy in Peshawar can amount to PKR 60,000 to 100,000 per month, which may compel some families to liquidate assets to cover the treatment. The heavy burden of costs makes one parent, typically the mother, quit working to take care of the child, which depresses income further. Inadequate social support and limited income are associated with greater stress in parents and mental health conditions, as well as lower quality of living. In the absence of affordable, accessible and high-quality interventions, not all autistic children receive the necessary developmental support, which only solidifies the cycles of marginalization and reduces the possibility of autistic children leading rewarding lives.

Quality of Special Education Services to the Children with Autism

In children with Autism Spectrum Disorder (ASD), the quality of the special education can be evaluated by the criteria of accessing support in time, thorough assessments, determined medical requirement, client-experience, and significant therapy effects (Saifuddin et al., 2025). Quality improvement indicators in ABA services would encompass complying with medically necessary treatment, maximizing the use of prescribed intervention, the level of client satisfaction survey response rates, and gains on Vineland Adaptive Behavior Composite (ABC) scores (Saifuddin et al., 2025). Detailed evaluations that determine strengths and necessary needs must be carried out, which was achieved by ACES with 99 percent of clients having initial assessment appointment within 15 days after authorization (Saifuddin et al., 2025).

In Pakistan, the Higher Education Commission (HEC) updated the curriculum of 4-year BS/BE degrees in Special Education in 2011, where the curriculum includes such required courses like English, Mathematics, Islamiyat, Pakistan Studies, and ICT as well as discipline specific courses,

e.g. Introduction to Special Education, Human Growth and Development and Teaching Strategies and the Planning and Implementation of Individualized Education Plans (Higher Education Commission, 2011). Nevertheless, education of children with any special needs is still poorly funded (Hafeez, 2020). Science studies get the least priority among such students (Hafeez, 2020), and the previous policy reviews did not outline curriculum goals and suitable teaching approaches (Hafeez, 2020). The successful teaching of autistic students would require eclectic practice that embraces the concepts in multiple kinds of research-based practices, assessment, alternative and augmentative communication systems, and programs that parents implement to teach them with systematic evaluation. The transitions between strategies that teachers have to use should be handled accordingly so that the transition does not intimidate the autistic students. Nevertheless, the majority of schools in Pakistan are ill equipped, not only in terms of infrastructure and/or trained personnel, but also with no knowledge on how to meet these needs.

The quality of special education services lies in the field of professional competence. Special training of teachers and healthcare actors is required in Pakistan. To be qualified in this autism-specific therapy, training as an International Behavior Therapist (IBT) or International Behavior Analyst (IBA) qualification is accepted, including the certification of the Pakistan Centre of Autism (PCA) with requirements to train 40-hour workshop attendance and 300 hours of supervised practice. IBT and IBA certifications, including online education and the practical time, are also provided by SPARK Therapy Services. Such programs are used to enhance clinical skills, promote ethical conducts, and update professionals.

The important element of an effective special education of children with ASD is parental involvement. Parents are primary caregivers, which means they have to be aware of the symptoms and react properly. Most parents use self-education and the Internet to find out about therapists and the nature of the symptoms without any formal support due to the lack of awareness and resources (Hamdani et al., 2020). Others serve as home tutors even though they are under several burdens (Autism Society of Pakistan, n.d.). Other organizations offering counseling, guidance, and certified courses to parents to promote their knowledge and skill in management of people with autism are the Autism Society of Pakistan and PCA.

Known as both an evidence-based and evidence-informed therapeutic method used on ASD and other developmental disorders, Applied Behavior Analysis (ABA) has been the talk of the town, with some reputable sources including but not limited to the Pakistan Centre for Autism (n.d.), SPARK Therapy Services (n.d.), and Autism Point (n.d.). It employs the theory of behaviorism to interpret the environmental impact on behavior and enhance communication skills, social practices, academics, and general living skills. The elements of behavioral testing, quantifiable objectives, a positive reinforcement, functional behavioral analysis, an Antecedent-Behavior-Consequence (ABC) approach, promoting and fading, generalization, and maintenance can be called key (Pakistan Centre for Autism, n.d.; Autism Point, n.d.). In Pakistan, there is Autism Point, PCA, and SPARK Therapy Services (Autism Point, n.d.; Pakistan Centre for Autism, n.d.; SPARK Therapy Services, n.d.), which provides ABA. Although it has been proven as efficient, it is limited in availability because of high prices, shortage of qualified therapists especially in the public sector and rural population (The Express Tribune, 2025).

The delivery of quality in special education of children with autism in Pakistan needs quantifiable quality criteria, trainings to the professional bodies, inclusive curriculums, parental

participations, and available evidence-based treatment approaches. In the absence of such measures, inequality will continue to exist and children with ASD will not be able to get meaningful results in their development and education.

Position of other stakeholders and Non-Governmental Organizations (NGOs)

The contribution of other stakeholders and non-Governmental Organizations (NGOs) to assist children with autism in Pakistan is also of the essence, especially in the light of the constraints in the public sector provisions as well as the commercialization of the provisions of the private sector. As part of the state welfare deficit, NGOs, among other interested parties like parents associations, lobby groups, foreign aid agencies, and even local grassroots level organizations have emerged as actors who have come in to fill in the gaps left loose by the state. Their activities have not only led to enhanced access to education opportunities but have as well helped to create awareness, foster policy making and delivery of new practices in special education. NGOs have in the past been critical in providing specialized schools and centers in Pakistan to help children with disabilities including autism. Most of these agencies were the pioneers in providing organized intervention; speech therapy; occupational therapy; and behavior modification in situations where the government was deficient in details and capacity. They still offer a range of services including diagnostic evaluations, individual educational programs and training services as well as those vocational training opportunities at subsidized or charitable funded rates.

Such organizations constitute an indispensable source of support to families in a lower- and middle-income level who want to ensure their children with autism have at least some opportunity to receive an education and care. In addition to their direct service delivery, NGOs and advocacy networks have also played an important role in stimulating awareness campaigns to demystify stigmatization of autism. Such campaigns are revolutionary in a society where there is hesitation because of misconceptions and the cultural hindrance in addressing family issues in order to get an early intervention. NGOs have facilitated the transgression of autism and special education through seminars, workshops and media outreach that have made the topics normal to discuss. They have also played a significant role in educating educators, carers, and healthcare providers, hence, alleviating high staff shortage in the sector. The other value which NGOs and stakeholders bring is policy advocacy. The representation of organizations operating at the provincial and national levels has pressured the incorporation of autism and other developmental disabilities into the scope of public policies. Their work has impacted on laws being discussed in societies and as such there has been creation of disability rights laws and inclusive school policies.

Moreover, NGO collaborations with government agencies have at times resulted in pilot projects in which models of inclusive education were tried out in mainstream schools. Even though these efforts are currently on a small scale, they do indicate the possible outcomes of cross-sector partnerships in solving structural issues. IPs and donor agencies also contribute hugely in the sense that they fund local initiatives, technical expertise and connect faith organisations in Pakistan with international best practice. They have also proposed evidence based interventions like Applied Behavior Analysis (ABA) and TEACCH as well as assistive technologies that have slowly been adopted by the local practitioners. Nonetheless, sustainability is an issue of concern since most initiatives are supported by external funding without long-term engagements in the public systems. The community stakeholders and parents associations are also powerful. They

also serve as pressure groups to claim the provision of better services as well as networks of peer support to families.

In other scenarios, parent themselves pass on small groups or centers that grow into full-fledged non-governmental organizations, which is indicative of the strength and agency of families in adapting to systemal failures. In spite of all these constructive inputs, there are challenges. NGOs service coverage is not even and services are located in the urban metropolises leaving the rural communities to languish. There is also the problem of quality assurance because not every organization is operating according to the comparable guidelines or regulatory control. Moreover, the coordination among NGOs, government institutions, and the private is usually poor resulting in duplication of efforts, and fragmentation in service delivery. Conclusively, NGOs and other stakeholders take centre stage in the landscape of special education and help of children with autism in Pakistan. They supplement the small size of the state enterprises and offer alternative to costly privatized services. They serve as change agents by providing some educational, therapeutic and advocacy support. Nevertheless, they must be more integrated with the governmental frameworks, more robust regulations and equal distribution of services nationally, in order to have the desirable effect. Such collaborative efforts are the only way to make Pakistan a better place and more effective in terms of inclusive and more efficient system of special education among children with autism.

Conclusion

Underreported Prevalence and Systemic Neglect: lack of credible nation-wide data on an ASD prevalence surrounds Pakistan in most parts because of its stigma and a low level of awareness. Lack of this presence means that the reality of the challenge is not clearly understood in the policy making and allocations of resources hence systematic neglect. **Gap Between the Laws and Practice:** Although some great strides in law have been made in recent years, in the form of laws on protection of people with disabilities, there is still a great gap between the enactment and adoption of such laws on the one hand, and actual implementation on the other hand. Most of the children with ASD do not get satisfactory support. **Deep Urban-Rural Inequality:** Renal transplantation facilities are very much concentrated in big cities making them inaccessible to children in rural and remote locations. Poor access to transportation and general unfriendliness of an environment towards a disabled person further contributes to this geographic disparity. **Delayed Diagnosis and Treatment:** A large number of people are not aware of ASD and its implications and a massive disparity exists between the diagnosis and treatment of patients who have these disorders. Children often lose the critical time of early intervention which has been proven to produce the best results in terms of development. **Economically Exorbitant:** The exorbitant costs of privately funded special interventions and schooling is putting a crushing burden on families and quite simply limiting access to high quality care to only the wealthier. Such financial obstruction could be described as a major cause of disadvantage and, in many cases, it has led families into a state of deep financial turmoil.

Inequality in Player - Shortages in Professionals: On one hand, the privatized realm is more specialized, evidence-based and has better-trained personnel but is so expensive as to be closed off to precarious individuals. The major issues affecting the public sector are limited access to specialist materials, inadequate preparation of staff in relation to the needs of autism and uneven delivery of the curricular content. Another crucial place of NGOs **Vital role of NGOs** Non-governmental organizations have an indispensable role in filling in service gaps, delivering direct

services, professional training, awareness campaigns and effort to change policies. Their work is, nevertheless, not enough to substitute the lack of a system.

Recommendations

According to these inferences, there is need of multi pronged, coordinated and sustained action that has to be taken to improve the accessibility and quality services offered to ASD children within the Pakistani context;

- **Create a National Autism Registry and Data Collection System:** Enact a national registry mandate seeking to collect data concerning the ASD diagnoses that is centralized and collect information through a regular epidemiological survey that collects reliable and disaggregated information. This plays an important role in the evidence-based policy and resource distribution.
- **Establish Mass Publicity:** Roll out mass awareness, respectful to culture, that aims to eliminate the outliers and dispel myths and other potentially myths, reduce blame, familiarize people with the symptoms, and promote the support that is accessible. Dedicated professional and community leader activities are needed.
- **Enhance Professional Training/Capacity Building:** Inclusion of in-depth and specialised modules on autism in medical, psychological, and academic education. Create and develop accredited courses of specialized therapists, teachers, respecting the standards of teachers all over the world, and offer practice throughout the whole life.
- **Increase investment in countrywide public autism infrastructure and services:** Enhance government funding of establishment and outfitting of dedicated public facilities to serve autism across the country in both city and rural underserved communities. Make sure such centers are complete access to evidence-based services offered at low or no cost, and improve access to transportation. Inclusive education models in the mainstream public schools should be created.
- **Financial Assistance and Incentives:** Implement government sponsored subsidy programs or vouchers to encourage low-income households to make use of private specialized therapies. Set higher monthly stipends and health cards coverage of the disabled. Research on public-private partnerships to give motivation to affordable services.
- **Standardize Curriculum and Provide Quality Assurance:** Formulate a standardized evidence-based national curriculum of children with ASD and can be adapted to the needs of the child. Develop strong quality assurance and quality/monitoring systems in every institution of special education to make sure that the standards and ethical practice are followed. Encourage autism education research and development in the Pakistani environment.

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