



A colorful illustration of six children playing together. A girl in a pink dress is on the left, holding a stick. A boy in a green shirt and yellow skirt is in the center, holding a stick. A boy in a blue shirt and red shorts is on the right, holding a stick. A girl in a pink shirt and blue shorts is on the top left, holding a stick. A girl in a pink shirt and yellow skirt with orange polka dots is on the top center, holding a stick. A boy in a blue shirt and green shorts is on the top right, holding a stick. A colorful beach ball is on the ground.

**SITUATION
ANALYSIS** on
CHILDREN with
DISABILITIES
in BANGLADESH
2014

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The principal author was Margaret de Monchy, former UNICEF Regional Advisor for Child Protection in the East Asia and Pacific Regional Office and the Eastern and Southern Africa Regional Office. She worked in close collaboration with Mosharraf Hossain, Bangladesh Country Director, Action for Disability and Development International.

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FOREWORD

It gives me great pleasure to introduce this Situation Analysis on Children with Disabilities in Bangladesh, which was jointly conducted with UNICEF Bangladesh.

Bangladesh was among the first countries to ratify the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and the Optional Protocol in 2008. The CRPD compels states to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities, including children and adolescents. As this Situation Analysis documents, while there are significant challenges impacting the inclusion of children with disabilities in our society, there is also promising progress.

Significant undertakings by the Government have occurred in recent years which demonstrate our ongoing commitment to removing barriers in society that prevent the full participation of children with disabilities. In the last year, the Disabled Persons' Rights and Protection Act 2013 and the Neurodevelopmental Disabled Persons Protection and Trust Act 2013 were passed following the tireless effort of both government and committed civil society actors. The government's network of one-stop service centres which provide disability services has also been expanded. A nationwide disability survey is about to be completed. These and many other actions like them reaffirm our commitment at the very highest level to realizing the rights of children with disabilities.

We now need to maintain this momentum and continue to actively listen to children and adolescents with disabilities and their families to ensure goals and deliver outcomes that truly reflect their needs. We need to further unite across sectors to ensure that whatever work we undertake, is inclusive of children with disabilities.

Space is there to attain much progress to fully realise the rights of children with disabilities, however their inclusion in society is not only possible, but is imperative for our country's overall progress. The Government of Bangladesh will continue to strive to ensure a progressively more enabling environment for the fulfilment of the rights and dignity of children with disabilities so that our society can be enriched by the invaluable and diverse contributions they make.

Sincerely



Nasima Begum ndc

Secretary-in-charge

Ministry of Social Welfare

Government of the Peoples' Republic of Bangladesh

June 2014



PREFACE

This Situation Analysis is grounded on the conviction that all children should be equally valued, as advocated in the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD was the first human rights convention of the 21st Century and the Government of Bangladesh was among the first countries to ratify it, demonstrating their commitment to the fulfilment of rights of persons with disabilities, including children.

Bangladesh has made significant gains on many Millennium Development Goal (MDG) targets including progress on reducing poverty, maternal mortality, child mortality and undernutrition, increasing enrolment in primary education and achieving gender parity in education, and increasing access to safe water.

But do we know how children with disabilities have been impacted by this progress? National averages can sometimes mask deeply entrenched disparities. There is evidence to suggest that people with disabilities, including children, often lag well behind national averages of progress on MDG targets due to various social, cultural and economic barriers. In Bangladesh, there is also a growing realization that the main constraint faced by children with disabilities is not the child's impairment, but widespread prejudice and discrimination. Children with disabilities and their communities would both benefit if society focused on what those children can achieve, rather than what they cannot do.

This Situation Analysis aims to make the lives of children with disabilities more visible. For many children with disabilities, exclusion begins in the first days of life with their birth going unregistered. Lacking official recognition, they are cut off from the social services and legal protections that are crucial to their survival and future ambitions. Their marginalization only increases with discrimination. For children with disabilities to count, they must be counted – at birth, at school and in life.

Children with disabilities are the least likely to receive healthcare or go to school. They are among the most vulnerable to violence, abuse, exploitation and neglect, particularly if they are hidden or put in institutions – because of social stigma or the economic cost of raising them. Children living in poverty are among the least likely to attend their local school or clinic but those who live in poverty and also have a disability are even less likely to do so. Gender is a key factor, as girls with disabilities are less likely than boys to receive food and care.

This Situation Analysis acknowledges that much work still needs to be done to fully realise the rights of children with disabilities in Bangladesh. The report nevertheless conveys a strong sense of optimism that ground-breaking progress is possible, if the many opportunities identified in the report are seized and taken forward through the combined efforts of all duty bearers, Government, civil society organisations and non-governmental organisations, municipalities, private sector, media, academia, development partners and influential individuals, and by rights holders, the children themselves.

We would like to congratulate the Government of Bangladesh on the efforts it has made to nationalize their commitments to the CRPD, and assure them of UNICEF's ongoing support to meet the rights of children with disabilities, so that no one is left behind.



Pascal Villeneuve, Representative
UNICEF Bangladesh

June 2014

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ACRONYMS

| | |
|---------------|---|
| ADD | Action for Disability and Development |
| BPF | Bangladesh Protibondhi Foundation |
| CBR | Community-based rehabilitation |
| CRC | Convention on the Rights of the Child |
| CRP | Centre for Rehabilitation of the Paralysed |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSID | Centre for Services and Information on Disability |
| DPO | Disabled persons organization |
| DSS | Department of Social Services |
| EPI | Expanded Programme on Immunization |
| ESCAP | Economic and Social Council of Asia and the Pacific |
| ESTEEM | Effective Schools through Enhanced Education Management |
| ICF | International Classification of Functions (WHO) |
| ILO | International Labour Organization |
| JPUF | Jatiyo Protibondhi Unnayan Foundation (also known as the National Foundation for the Development of the Disabled Persons) |
| MDG | Millennium Development Goal |
| MOHFW | Ministry of Health and Family Welfare |
| MOPME | Ministry of Primary and Mass Education |
| MOSW | Ministry of Social Welfare |
| MOWCA | Ministry of Women and Children Affairs |
| NGO | Non-governmental organization |
| PEDP | Primary Education Development Programme |
| SWID | Society for the Welfare of Intellectually Disabled |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | Water, sanitation and hygiene |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

Bangladesh was among the first countries to ratify and bring into force the two most significant global treaties that protect the rights of children with disabilities: the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.



When the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD) in 2006, it reflected a major shift in addressing disabilities – from a charity-based to a rights-based approach and to disability-inclusive development. In line with these developments, in 2007 UNICEF issued ‘Programme Guidance on Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusion’. In response, the UNICEF Bangladesh country office, in conjunction with the Department of Social Services, Ministry of Social Welfare (MOSW), undertook this situation analysis as a first step towards strengthening support to the Government of Bangladesh to meet its obligations to promote the rights of children with disabilities.

Bangladesh was among the first countries to ratify and bring into force the two most significant global treaties that protect the rights of children with disabilities: the Convention on the Rights of the Child (CRC), in 1990, and CRPD, in 2007. The country has also taken a number of legislative and policy actions towards nationalizing these global commitments, including the Children Policy, adopted in 2011; a new Children Act, passed in June 2013 and the Rights and Protection of Persons with Disabilities Act 2013, which was passed in October 2013; Ratification of the CRPD enhanced a comprehensive government structure for accountability and coordination. This is reinforced by a vibrant civil society, which plays a key role in promoting human rights and equity through provision of basic social services for children with disabilities.

(Left) Nasrin, 16 talks about some of the challenges she faces accessing services in her community as an adolescent girl with a disability. Nasrin lives with her mother (right) Anya Begum in a remote area of Dacope Upazilla.

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Challenges to realization of the rights of children with disabilities need to be understood within the context in which they live. Bangladesh is one of the most densely populated countries in the world, with about 150 million people and 57.5 million children below 18 years of age.¹ Despite notable progress in poverty reduction, over 31 per cent of Bangladeshi households still live below the national poverty line.² The country has one of the world's highest rates of adolescent motherhood – 30 per cent of adolescent women aged 15-19 are mothers. Bangladesh is also one of the world's most disaster-prone countries, with 97.1 per cent of its area and 97.7 per cent of its population at risk of multiple hazards. The impact of such hazards plays out in reduced food intake, reduced levels of sanitation and hygiene, limited health expenditures and withdrawal of children from school for work.³

¹ Government of Bangladesh, Bangladesh Population and Housing Census 2011.

² Government of Bangladesh, Bangladesh Household Income and Expenditure Survey 2010.

³ UNICEF, Bangladesh Country Programme Document 2012-2016, 2011.

The analysis reviewed the situation, progress achieved and key challenges in Bangladesh related to realization of a number of specific rights of children with disabilities based on the CRC and CRPD.

RIGHT TO EQUITY AND NON-DISCRIMINATION

Discrimination in the family, the community and the workplace is at the core of most violations of the rights of children with disabilities in Bangladesh. The belief that disability is a curse and a punishment for sinful behaviour permeates all levels of society and affects access to adequate care, health services, education and participation. While progress is slow, changes have been noted due to policy modifications and social mobilization. For children with disabilities this includes increased access to school and to opportunities for skills development and employment. Now that they are seen as contributors rather than burdens, their status in the family and the community is improving.

However, the paradigm shift – from viewing children as having disabilities to viewing their 'abilities' and from a welfare approach to a rights-based approach – is yet to be



developed. Social beliefs are deeply rooted and exist at all levels. Despite great improvement, laws and policies continue to discriminate, are slow to be implemented and are often not adequately funded. Most initiatives for children with disabilities are specialized and separate rather than addressed within mainstream programmes and services. Furthermore, data from a variety of sectoral programmes at national level are not disaggregated by disability, this contributing to the 'invisibility' of children with disabling and inhibits planning that factors in disability inclusion in mainstream programmes.

RIGHT TO RESPECT FOR HOME AND FAMILY

The majority of children with disabilities in Bangladesh are cared for at home by their families. In some cases, the parents are strong advocates for realization of their rights and have managed to improve their access to education and health care. However, for a large number of children with disabilities treatment at home is not equitable or supportive. Families, often very poor, are concerned about the economic, social and educational dimensions associated with having a child with disabilities

and often see the child as a burden. With limited knowledge and support, families often keep them sequestered at home, in some cases to avoid shame, and many children are neglected or exploited. The Government and non-governmental organizations (NGOs) are working to increase support to families caring for children with disabilities, through policy development, training and social protection mechanisms. However, social protection does not yet reach a large number of these families, and procedures to access these services are often not family friendly or disability friendly.

As reported by the MOSW in 2012, 1,720 children with disabilities are residing in institutions and 280 students with disabilities are residing in residential schools. The institutional care environment in most cases is inadequate and violates many rights of the child. However, under the Rules to be developed for implementation of the Children Act 2013, guidance will be provided on alternative care options and minimum standards of care in residential institutions. These will apply to all children, including children with disabilities.



(Left) Shaila, an eight year old girl with a disability, is helped by her mother Ambia (right) to get dressed. Shaila's mother, receives cash transfers from the Ministry of Social Welfare that have helped her buy a sewing machine to support their livelihood. © UNICEF/BANA2013-00680/Ahsan Khan

RIGHT TO HEALTH AND REHABILITATION

The CRPD maintains that children with disabilities should have the same access to general health services in their communities as do their peers. Overall, the rights of children with disabilities to quality health care are not yet realized in Bangladesh. They receive limited attention in health sector plans and reports, and disaggregated data are difficult to find or do not exist. Training of mainstream health professionals to provide services to people with disabilities is insufficient. Most quality health services for children with disabilities are specialized and not mainstreamed. Therefore, they tend to reach a small number of children, primarily in wealthier groups, and are often available only in urban areas. Community-based rehabilitation (CBR) programmes, while more accessible, are mostly supported by non-governmental agencies, have limited geographic coverage and lack the resources to respond to the immediate rehabilitation needs of children with disabilities. A concern for these children is prevention of secondary or tertiary conditions.

Notable progress is being made in prevention of impairments. The main causes of preventable disabilities in Bangladesh are related to undernutrition of mothers and children; disease,

delivery and congenital conditions; and accidents. An initiative of the Ministry of Health and Family Welfare to improve community maternal and neonatal health was launched in 2007 with the support of three United Nations agencies. Achievements include an increase in the proportion of births in health facilities from 14.6 per cent to 28.8 per cent and an increase in births attended by skilled health personnel from 21 per cent to 32 per cent⁴ The priority in health is for children with disabilities to have access to the services they require in the most inclusive settings in their communities, with recognition that appropriate steps should be taken to prevent impairments.

Improving the water, sanitation and hygiene situation in Bangladesh has been a priority for the Government. Bangladesh has made significant gains through reducing open defecation from 32 per cent in 1990 to 4 per cent in 2011,⁵ an achievement credited to the implementation of a large sanitation programme that encouraged households to build latrines. Furthermore, by 2011, 27 per cent of sanitation facilities were shared and 55 per cent were classified as 'improved', a dramatic improvement from 38 per cent in 1990. Despite the significant progress made in reducing open defecation and increasing access to improved latrines, most of the facilities in schools and communities have not been designed in a disability-accessible manner.

The Government has also included injury prevention as one of five priority areas for public health intervention, in response to the issues raised in the 2005 Bangladesh Health and Injury Survey Report. It noted that an estimated 13,134 children acquire permanent impairments due to injuries each year. Drowning was found to be the lead cause of death among children aged 1 to 4, and suicide was the lead cause for adolescents aged 15 to 17. (It should be noted that not all injuries lead to long-term impairment and thus disability, so these injury data need to be checked to determine if they relate to impairments and disability.) Response to the findings led to development of an Action Plan

⁴ Government of Bangladesh, National Institute of Population Research and Training (NIPORT), Mitra and Associates and ICF International, Bangladesh Demographic and Health Survey 2011, NIPORT, Mitra and Associates, and ICF International, 2013.

⁵ WHO / UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 'Progress on Drinking Water and Progress on Sanitation and Drinking Water – 2013 update', 2013.

and Strategy on Road Safety as well as a Swim Safe project supported by UNICEF, which trains adolescents and adults to teach swimming and lifesaving techniques through a free 15-day swimming course; and in-school activities on safety.

While the Government provides free health services at the community level (with some specific fee-for-service items such as laboratory investigations), challenges in the health care system as a whole contribute to the barriers faced by children with disabilities to realize their right to quality health care. As reported by the Government, these include lack of sufficient drugs, staff shortages (especially in remote facilities due to staff retention difficulties), poor prioritization of spending and pervasive problems of management and coordination.⁶ In addition, many medical professionals and health care workers are not yet sensitized and educated on disability issues. Community workers report that caregivers of children with disabilities often face humiliation and even rejection when seeking health care, especially from public sector clinics near their homes. It is also unclear whether immunization campaigns are reaching children with disabilities. For some children with disabilities, non-governmental agencies are helping to provide health services and to advocate for them to receive mainstream health care.

Most areas of progress concern children with developmental and neurological impairments. The Global Autism Public Health Bangladesh initiative, started in July 2011 with unanimous ratification of the Dhaka Declaration on Autism Spectrum Disorders, is taking systematic steps to address issues related to autism and other neuro-developmental disabilities. It is working to strengthen and improve coordination of actions to promote accessibility to quality health services, both regionally and globally. This successful initiative has also completed a Situation Analysis on Autism and Neurodevelopmental Disabilities, which was followed by the development and implementation of a strategic and convergent action plan.

Additionally, recognizing the importance of addressing psychosocial disabilities and ensuring the rights of people with these disabilities, the Ministry of Health and Family Welfare is formulating a law relating to mental health.

⁶ Government of Bangladesh, Bangladesh Health, Nutrition and Population Sector Programme Annual Programme Review, vol. I, Main Consolidated Report Key Findings, Conclusions and Recommendations By the Independent Review Team, 10 May 2009.

Another major initiative is establishment of *Shishu Bikash Kendra* (Child Development Centres) in government tertiary medical colleges for early assessment, diagnosis and intervention for children identified with potential developmental delays, although it will be beneficial to ensure their scope remains broad to enable identification of a wide range of disabilities. These centres also offer training and support for parents of children with disabilities. Centres with trained multidisciplinary teams are now located in 10 government medical hospitals (3 in Dhaka and 7 outside), and there are plans for replication in all 17 government hospitals and 20 district hospitals. In addition, the Centre for Neurodevelopment and Autism in Children, launched in 2011, represents the first governmental initiative to establish a nationwide paediatric neurodevelopment and autism-related management training and research centre in Bangladesh.

Many children with disabilities do not have access to appropriate rehabilitation services or habilitation, also called for in the CRPD. Rehabilitation services in Bangladesh are provided by the Government under direction of the MOSW and by NGOs. They are separate from mainstream health services and vary greatly in quality. One-stop service centres for people with disabilities (*Protibondhi Seba O Sahajay Kendra*) are operated by the Jatiyo Protibondhi Unnayan Foundation (JPUF), under the auspices of the MOSW, to provide physical, occupational, speech and language therapy; hearing and vision tests; and assistive devices and mobility aids free of cost. Sixty eight centres were established and operationalized in all 64 districts of the country from 2009 to 2013, with support from the World Bank. Other rehabilitation services are provided by a multitude of NGOs. These programmes tend to focus on specific types of disabilities. They vary in size and quality and depend on external donors, both national and international. CBR programmes, which combine service delivery with community development and advocacy for equitable treatment of persons with disabilities, are supported primarily by NGOs, but they have limited coverage and financing.

The right to nutrition for children with disabilities is extremely important. UNICEF is committed to this area and is part of the Global Partnership on Children with Disabilities. Malnutrition is a major issue and a major cause of disability in Bangladesh. There are no disaggregated data to clarify the number of children with disabilities among children who are malnourished, or the care and feeding practices for children with disabilities, especially in

the context of food insecurity. However, efforts to ensure that children with disabilities are reached by nutrition interventions are beginning, and thus the percentage of children with disabilities who are reached will need to be routinely monitored through disaggregation of data by disability.

RIGHT TO QUALITY EDUCATION

In Bangladesh children with disabilities have clearly been among the most marginalized when it comes to education. It was reported in 2002 that out of an estimated 1.6 million children with disabilities in the primary school age group, only 4 per cent had access to education in areas with no disability services,⁷ and the majority were children with mild to moderate physical impairments.

However, since then there have been some achievements. Inclusive education was introduced in the Primary Education Development Plan II (PEDP-II) 2004-2011, and efforts were initiated to address some of the barriers faced by children with disabilities. The priorities for PEDP-III (2012-2017) include making schools more accessible. It also introduces stipends to support marginalized and disadvantaged children, including those with disabilities. The Bangladesh Primary Education Annual Sector Performance Report 2013 reported that the number of children with disabilities enrolled in government primary schools and registered non-government primary schools had increased significantly, exceeding the target set in the PEDP-II. This was particularly true for children with physical disabilities and visual impairments.

Despite these achievements, the inclusive education concept and practice is at a nascent stage of development in Bangladesh. Awareness and understanding of inclusive education is limited, and the mainstream school system is not well equipped to meet the varied needs of children with disabilities.

The Education Policy 2010 addresses children with disabilities, as does the Comprehensive Early Childhood Care and Development

Policy approved in November 2013. Children with disabilities are adequately addressed in these policies, with emphasis on inclusion beginning with early learning centres/preschools and other early childhood development centres. Fewer initiatives are visible for secondary students with disabilities. However, the Department of Social Services in the MOSW provides a resource teacher and a resource room in 64 secondary schools to support students with visual impairments. It also provides Braille books and other teaching aids. Nevertheless, secondary school enrolment tends to be lower among children with disabilities, as they are often forced to drop out of school due to lack of accommodation for taking exams.

Education services for children with disabilities are not always mainstreamed. Various services are provided in Bangladesh through the MOSW and by NGOs and other civil society organizations. The limited involvement of the Ministry of Primary and Mass Education (MOPME) in non-mainstream education services affects standardization of curricula, secure funding, support for expansion, access to school-based health and nutrition programmes, and smooth access to higher education. Schools are not yet available for all children who require specialized education services, and the schools run by NGOs are dependent on donor funding, which is not sustainable in the long term. The majority of government-supported programmes cater to children with physical, visual and hearing impairments and serve close to 10,000 students. Special education services for children with autism or intellectual impairments are primarily being provided by JPUF, NGOs and private organizations.

Establishment of the Bangladesh Institute of Special Education in 1998 was a major advance. The Institute, opened by the Bangladesh Protibondi Foundation with approval of and in affiliation with the National University, offers bachelor's and master's degrees in special education. It also facilitates short- and long-term training courses for teachers and related personnel of various agencies. Another major step was establishment of a department of special education in the Institute of Education and Research at Dhaka University in 1993. It offers a four-year honours bachelor's degree, a one-year master's degree in special education and a master of philosophy, leading to a Ph.D. in special education. In addition the National Institute

⁷ Centre for Services and Information on Disability (CSID) and Cambridge Consortium, 'Educating Children in Difficult Circumstances: Children with disability', Effective Schools through Enhanced Education Management (ESTEEM) II Study, Directorate of Primary Education, Government of Bangladesh, 2002.



(Centre) Shova, a six year old girl with a vision impairment, is provided with support to attend a mainstream class at a pre-school in Maulvibazar, Sylhet in 2012.

© UNICEF/BANA2012-02006/Mawa

for the Intellectually Disabled, the Society for the Welfare of the Intellectually Disabled (SWID), includes a special education teachers' training college and laboratory model school for persons with intellectual disabilities as well as clinical and other services. The Trust for the Welfare of the Intellectually Disabled, a part of SWID, acts as the guardian for individuals with intellectual disabilities in the absence of their guardians. However, it should be acknowledged that fewer children with disabilities need special education or specialized services. The majority can be included in the mainstream school system when teachers have the right training.

Vocational training, in addition to education, is important for many children with disabilities. When barriers to skill development training and employment are removed, they can

become contributing members of communities versus being seen as a burden to families and society. While most of the immediate benefits affect older adolescents and adults with disabilities, progress made towards inclusive skills development and employment also promotes future opportunities for children with disabilities and societal changes in attitude that will also benefit them. The National Skills Development Policy 2012, developed with technical support from the International Labour Organization (ILO), includes mainstreaming of disability in all governmental training programmes. The aim is to ensure reasonable accommodation and to develop disability-inclusive training modules and curricula. Additionally, a National Strategy for Inclusion of Persons with Disabilities in Skills Development was drafted in 2013 and will assist in strengthening disability inclusion in the sector. A number of organizations working with

and for children and adults with disabilities, including disabled people's organizations (DPOs) and special education schools, support vocational training. The concern is that even after being trained, students have difficulty finding jobs.

RIGHT TO PROTECTION FROM EXPLOITATION, VIOLENCE AND ABUSE

Information on exposure to exploitation, violence and abuse of children with disabilities remains limited. The most informative studies are small-scale assessments conducted by NGOs. These studies, focused on child labour and violence against women and girls with disabilities, reported high incidence of abuse and violence, especially targeted at girls. Equally violating is the emotional abuse faced daily by children with disabilities in their homes and communities due to the pervasive negative attitudes about disability.

While notable progress is being made towards improving protection legislation, systems and services for children in Bangladesh, most of the services being developed in support of a comprehensive child protection system cannot yet address the various barriers faced by children with disabilities. The lack of justice procedures for child victims with disabilities and limited sensitivities of staff in the justice system are especially critical.

RIGHT TO PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORT

While there are a number of specialized sports and cultural activities for children with disabilities, they are usually not mainstreamed into programmes for children. They benefit a limited number of children with disabilities, and these children face problems accessing public swimming pools, amusements parks and gymnasiums due to lack of adequate ramps and sanitation facilities. Attitudinal barriers also prevent their participation in indigenous games and cultural programmes in rural areas.

Though not mainstreamed, some achievements have increased opportunities for children with disabilities to participate in cultural and sports activities and are contributing to changing attitudes and beliefs about individuals with disabilities in society. The Special Olympics and Paralympic programmes are well

developed, and the success of the Bangladesh teams in the World Games and regional events is beginning to be recognized nationally. Though these activities are not mainstreamed, these organizations should be recognized for providing opportunities for participation in sport and recreation activities. Additionally, a sports complex will be established at Savar designed for use by competitors with disabilities.

The Ministry of Cultural Affairs has included a performance by children with disabilities in its cultural delegation, which performs for national and regional events. Every year the Ministry of Cultural Affairs also provides monetary support to some cultural artists, including some with disabilities. Further, JPUF will be introducing a symphony orchestra with participation of artists with disabilities. Additionally a number of NGOs working with children with disabilities have organized community-level cultural programmes that promote social mobilization as a tool to raise awareness on disability while supporting the children's cultural development. Through traditional folk performances called *Pot* and *Gomvira*, children and adolescents with disabilities perform and raise issues that affect their lives.

RIGHT TO HUMANITARIAN RESPONSE IN EMERGENCIES

Bangladesh is a disaster-prone country and people with disabilities face heightened vulnerability. Targeted measures are needed to reduce their risk and ensure that emergency response reaches them in time. Children, especially those with disabilities, are not on the official agenda of the Ministry of Disaster Management and Relief. However, there have been some positive legislative and policy developments in this area, for example the 2010 Standing Order on Disaster addresses issues facing people with disabilities and requires, amongst other provisions, that all new cyclone centres have ramps. A social protection initiative of the MOSW, supported by partners including UNICEF, includes a conditional cash transfer programme that covers children with disabilities and their caretakers, for whom there is a 5 per cent target set for participation in the initiative. Mobile child-friendly spaces, which provide the same services to children both with and without disabilities and in the same places, are reaching areas affected by flooding, and documentation is growing of the issues faced by children with disabilities during disasters.



Bristi, 10, and Hridoy, 9, who both have disabilities, enjoy dancing with their friends during leisure time at a child friendly space.

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Bangladesh is also hosting refugees in two camps for Rohingya refugees from Myanmar. Refugee children with disabilities often face double discrimination in accessing mainstream services due to negative attitudes of teachers and health service providers, as well as facing difficulty accessing water, sanitation and hygiene facilities. Violence and exploitation are severe in both the host and the refugee communities, making children and adolescents with disabilities more vulnerable. However, recognition of the rights of persons with disabilities is increasing in programmes supported by the United Nations High Commissioner for Refugees (UNHCR), as well as national and international NGOs providing services in cooperation with the Ministry of Disaster Management and Relief, including data collection on refugees with disabilities. Children with disabilities receive services in the UNICEF-supported child-friendly spaces programme established close to refugee camps, which provide basic services including psychosocial support.

KEY CROSS-CUTTING ISSUES

A number of cross-cutting issues were found to hinder progress towards realization of the rights of Bangladeshi children with disabilities. Lack of physical access continues to be a major barrier to full realization of their rights, especially to education, health and participation. Progressive policies have been established. Building codes require ramps in all newly built schools; all new public buildings are required to be accessible to persons with disabilities; a 2002 Executive Order from the Office of the Prime Minister called for actions to reduce barriers in public transportation; and efforts are under way to provide assistive devices free of charge. However, these policies and rules are slow to be implemented and often are not funded.



Capacity and expertise to mainstream services for children with disabilities are also a critical issue. While some excellent training programmes are operated by private institutions and NGOs in cooperation with the Government, the majority of mainstream service providers lack adequate training to implement current policies for inclusive health, education and protection services. Lack of commitment and capacity to implement policies and programmes among government officials results in lack of adequate resources.

Insufficient coordination between the Government and civil society partners continues to hinder progress. While the commitment is strong, government coordination committees have tended to be weak, often not fulfilling their mandate and the allocation of business among different government ministries and divisions, which maintains disability is officially only the domain of the MOS, hampers coordination further. Representation by DPOs is also often not adequate in decision-making, policy development and design of programmes to ensure the disability perspective. In addition, frequently people without disabilities speak on behalf of people with disabilities, and competition and conflict among NGOs reportedly sometimes weakens their efforts to influence the Government.

Limited budget allocations also affect implementation of policy towards full realization of rights. Children with disabilities are not yet fully recognized in mainstream development plans, and programmes that support their equal access to services depend heavily on external funding and individual corporate donations from within the country. An encouraging sign is a steady increase since 2010 in expenditures for programmes operated by the MOSW in support of children with disabilities. In the 2012-2013 Annual Development Budget the Government allocated 2.5 per cent of gross domestic product and 15 per cent of the total budget for social protection programmes, including programmes for children with disabilities.⁸

⁸ Government of Bangladesh, Fifth Periodic State Party Report on the Convention on the Rights of the Child, 2012.

CONCLUSIONS AND RECOMMENDATIONS

The realization of rights for children with disabilities in Bangladesh is quite uneven. For the lucky few there are highly developed inclusive and specialized intervention models meeting international standards and state-of-the-art training programmes. For the majority there are limited capacities and inadequate basic services. Underlying this situation is pervasive discrimination against persons with disabilities at all levels. The good news is that positive change is notable, along with numerous opportunities to improve the situation. Bangladeshi children with disabilities are increasingly speaking up for their rights and finding support from advocates, ranging from the highest levels of Government, to a group of committed professionals and dedicated parents, to a strong and vibrant mass of civil society actors.

The following recommendations are organized by stage of the life cycle, with additional recommendations on cross-cutting issues and in the context of the UNICEF programme of cooperation in Bangladesh.

Early childhood

- Strengthen efforts to ensure that immunization and nutrition campaigns reach children with disabilities.
- Support increased interventions for keeping young children safe.
- Support continued replication of models for early detection and intervention services.
- Develop and distribute information materials on services available for young children with disabilities or developmental delays.
- Promote inclusive early childhood development.
- Ensure every child with disabilities without parental care receives quality alternative care.

Primary school age

- Support institutionalization of initiatives to prevent accidents and injuries.
- Support extension of school-based prevention initiatives to reach children in inclusive, integrated and special schools.
- Promote greater protection for children with disabilities, especially girls and children with developmental and intellectual impairments.
- Cooperate in efforts to make schools disability friendly and to monitor progress.
- Promote inclusive education and devise innovative ways of using the expertise in the special education system to promote it.
- Support improvement of mainstream pre-service and in-service teacher training based on principles of inclusive education, and include training on behaviour and classroom management techniques.
- Advocate for establishment of a national coordination committee on inclusive education.
- Support strengthening the Upazilla Resource Centres to provide more support to teachers for inclusive education.
- Support documentation and sharing of successful models of inclusive education for children with disabilities.
- Advocate for the MOPME to oversee all integrated and special education schools.

Secondary school age

- Strengthen prenatal and neonatal care through existing programmes for adolescents and support inclusion of adolescents with disabilities in such care.
- Incorporate activities to address adolescent injury prevention in existing programmes.
- Support improving access to secondary schools for children with disabilities.
- Promote realization of the right to participation, recreation and sport, especially in UNICEF-supported activities.
- Support increased awareness of the protection issues faced by girls with disabilities.
- Advocate with partners to include adolescents with disabilities in income generation, vocational training and job placement programmes.

CROSS-CUTTING ISSUES

Legal reform

- Provide technical assistance to harmonize national legislation and policies with the CRPD.

Awareness-raising activities

- Ensure that the rights of children with disabilities are addressed in awareness-raising activities.
- Include more images of children with disabilities in UNICEF communication materials.
- Continue to address different types of disabilities in the *Meena* series.
- Support awareness-raising activities on the 'abilities' of children with disabilities through videos and in the mass media.
- Incorporate information on children with disabilities into adolescent-focused child development training.
- Identify and support local champions for children with disabilities.
- Ensure that the rights of children with disabilities are addressed in UNICEF-supported activities and events.

Data collection planning and reporting

- Incorporate a method to review the focus on children with disabilities in the UNICEF programme planning and reporting procedure.
- Advocate for and provide technical assistance to increase the visibility of children with disabilities in government reports.
- Cooperate with the Bangladesh Bureau of Statistics to develop tools and capacity for disability-sensitive data collection, especially on children.
- Advocate for and support development of a disability audit tool.

Disaster risk reduction and humanitarian response

- Mainstream disability in disaster risk reduction and humanitarian responses, particularly measures to address inclusion of children with disabilities.
- Continue improving physical accessibility of disaster shelters and implement accessible communication systems.
- Ensure people with disabilities are represented on disaster management committees.

Capacity building

- Support high-level advocacy to address human resource issues in all sectors.
- Support and provide technical assistance to strengthen training of government service providers on the rights of children with disabilities.
- Advocate and provide technical assistance to establish standards for NGO services for children with disabilities.
- Provide training on inclusion of children with disabilities for staff of all institutions working with children, including administrators, policymakers and educators, as well as UNICEF staff.

Information sharing and collaboration

- Promote consultation and collaboration with persons with disabilities.
- Collaborate with partners to increase dissemination of information on services.
- Keep the rights of children with disabilities on the agenda.



yet

change is happening, and there has never been a more opportune moment to advance realization of the rights of children with disabilities.





INTRODUCTION

1

Despite commitments to international treaties by many nations, children with disabilities are one of the most marginalized groups of children in terms of realizing their rights to health, education, protection and participation. While the main normative framework remains the Convention on the Rights of the Child (CRC), evidence from monitoring implementation of the CRC shows that governments have not given enough consideration to the rights of children with disabilities.

Yet change is happening, and there has never been a more opportune moment to advance realization of the rights of children with disabilities. A key impetus has been the Convention on the Rights of Persons with Disabilities (CRPD), which entered into force in May 2008. In coordination with the International Disability Caucus, UNICEF successfully advocated for including child-specific references in the CRPD. Bangladesh ratified it in 2007, reinforcing the country's commitment to children with disabilities and bringing new attention to the issue. The CRPD has also promoted a major paradigm shift. It has encouraged a move away from a charity-based approach to a rights-based approach and shifted to disability-inclusive development, which recognizes that individuals with disabilities are critical to the country's development.



Mafia Akhter Payel, 14, gives a speech during the launching ceremony of The State of the World's Children 2013 in Dhaka on 23 June 2013. During her speech she urged the government to modify her school and provide ramps and other accessibility options, to improve access within the school.

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Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date – goals agreed to by more than 180 world leaders at the United Nations Millennium Summit in September 2000.

– World Bank President James Wolfensohn,
3 December 2002

Also in 2007, UNICEF issued Programme Guidance on Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusion. This document states: “Disability is an issue of concern to all sectors – and one which can be addressed through a range of methods, including information and advocacy, strengthening policy and developing selected services. While it may not require new programming, it will necessitate increasing priority to disability in ongoing efforts through new analysis, partnerships and strategies.”

In 2009 the United Nations Expert Group Meeting on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All met at the World Health Organization (WHO). The next year, the 2010 *MDG Report* was the first to mention disabilities, noting the limited opportunities open to children with disabilities and the link between disability and marginalization in education (see box 1). The United Nations General Assembly concluded its High Level Meeting on the MDGs in September 2010 by adopting the resolution ‘Keeping the Promise: United to Achieve the Millennium Development



Goals'. It recognizes that "policies and actions must also focus on persons with disabilities, so that they benefit from progress towards achieving the MDGs".

Since then, the momentum towards a disability inclusive development agenda has continued to grow evidenced in partnerships and publications of global significance such as the formation of the Global Partnership on Children with Disabilities in 2011,⁹ the release of the World Report on Disability in 2011 by WHO and the World Bank and the release of UNICEF's annual State of the World's Children report focussing on the rights of children with disabilities in 2013. Furthermore, in September 2013, the United Nations General Assembly held a high level meeting on disability and development followed by release of the outcome document 'The Way Forward, A Disability-Inclusive Development Agenda Towards 2015 and Beyond'.

⁹ The Partnership, whose coordination is currently led by UNICEF, is a network of more than 240 organizations, including international, national and local NGOs, DPOs, governments, academia and the private sector, working to advance the rights of children with disabilities at global, regional and country levels.

In response to the programme guidance, UNICEF Bangladesh, in conjunction with the Department of Social Services (DSS) in the MOSW, undertook this situation analysis as a first step towards strengthening support to the Government of Bangladesh to meet its obligation to promote the rights of children with disabilities.

1.1 OBJECTIVE

This situation analysis was undertaken to support the development of practical strategies to advance policy and programming towards realizing the rights of children with disabilities in all relevant sectors, and especially to guide the work of the UNICEF Bangladesh country office and strengthen support to the Government of Bangladesh to meet its obligations to promote the rights of children with disabilities. It addresses issues related to national policy and development and implementation of strategies to support realization of the rights to non-discrimination, health, nutrition, education, water and sanitation, family-based care, protection and participation. The situation analysis aims to briefly summarize the issues and challenges faced by children with disabilities and their families in

BOX 1**Links between disability and selected Millennium Development Goals**

| | |
|---|---|
| MDGs Goal 1 Eradicate extreme poverty and hunger | Disability and poverty are mutually reinforcing, and disabled people and their families represent a substantial proportion of the poor, especially the extremely poor. The World Bank estimates that people with disabilities account for as many as one in five of the world's poorest people. Thus disability threatens their ability to break out of poverty and obtain sufficient food to avoid hunger. |
| MDGs Goal 2 Achieve universal primary education | With less than 2 per cent of the estimated 150 million children with disabilities attending school worldwide, it will be impossible to achieve this goal unless they are explicitly brought into the equation. |
| MDGs Goal 3 Promote gender equality and empower women | Women and girls with disabilities face a complex and layered experience of discrimination and disadvantage. The target of eliminating gender inequality in all levels of education by 2015 will not be reached without considering disability. |
| MDGs Goal 4 Reduce child mortality | In the developing world mortality rates for children with disabilities under 5 can be as high as 80%. Early detection and follow-up of childhood disability has to become a routine part of under-five primary health care if Goal 4 is to be achieved. |
| MDGs Goal 6 Combat HIV/AIDS, malaria and other diseases | An international survey commissioned by the World Bank concluded that HIV/AIDS is a significant and almost wholly unrecognized problem among disabled populations worldwide. Young people with disabilities were found to be excluded from prevention and care services. |

Source: UNICEF Programme Guidance: *Children with Disabilities – Ending Discrimination and Promoting Participation, Development and Inclusion*, 2007

order to identify specific gaps and realistic actions, as well as key potential partners to address prevention and promote inclusion.

The analysis was performed within the context of the obligations of the State Party to promote the rights of children with disabilities, based on global commitments and standards and national legislation and policy. It also focuses on recommendations that can be made within the framework of the UNICEF country programme of cooperation with the Government of Bangladesh and the United Nations Development Assistance Framework for Bangladesh, both covering 2012-2016. Additionally it takes into consideration the UNICEF comparative advantage and areas of influence.

1.2 METHODOLOGY

The situation analysis was undertaken through the following activities:

Desk review

A literature review was conducted to assess (1) global and regional standards and guidelines on the rights of children with disabilities; (2) obligations of the Government of Bangladesh under global and regional treaties and the degree to which these have been nationalized in legal and policy frameworks; (3) national accountability, coordination and monitoring structures; and (4) current global and national data.

Key stakeholder meetings

Two meetings were held with key stakeholders. The initial meeting was to inform civil society stakeholders about the situation analysis and to obtain their cooperation and inputs. Participants included 47 representatives of civil society

organizations working on issues related to children with disabilities, NGOs and DPOs. The second was a debriefing meeting to discuss preliminary findings and recommendations, with individuals representing the Government, UN agencies, NGOs and civil society organizations.

Further consultation with a variety of government ministries and departments as well as civil society organizations occurred through the convening of a roundtable and additional formal consultations convened by the Director General of the DSS. Submissions with additional input were received from different government agencies including the Ministries of Youth and Sport, Health and Family Welfare, Disaster Management and Relief, Women and Children Affairs, Education, Cultural Affairs, Primary and Mass Education and Social Welfare (DSS and the Jatiyo Protibondhi Unnayan Foundation [JPUF, also known as the National Foundation for the Development of Disabled Persons, which is in the process of transforming into a department under the MOSW]) as well as various civil society organizations including Global Autism Public Health (GAPH) Bangladesh and the National Forum of Organisations Working with the Disabled.

Key informant interviews

Interviews were held with government officials including from the Office of the Prime Minister; the Ministries of Social Welfare, Women's and Children's Affairs, and Disaster Management; UN agencies, including ILO, United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP) and WHO; development partners, including the UK Department for

International Development, Save the Children International and BRAC International; and UNICEF Bangladesh staff from nearly all sections.

Site visits to service providers and programmes

Visits were made to 11 sites providing services and programmes:

- Six government-run centres:
 - Dhaka:** One Stop Service Centre for Disability (JPUF); Shishu Bikash Kendra Child Development Centre (Ministry of Health and Family Welfare); Shaheed Suhrawardy Medical College Hospital
 - Chittagong:** 'Institute for Mentally Retarded Children'; 'Centre for Visually and Hearing Impaired Children'
 - Gazipur:** Urban Partnerships for Poverty Reduction project; Local Government Division and UNDP
- Five non-governmental programmes:
 - Dhaka:** Autism Welfare Foundation; BPUF
 - Savar:** Centre for the Rehabilitation of the Paralysed
 - Chittagong:** BRAC Inclusive Education (pre-school and basic primary)
 - Manikganj:** Disabled Rehabilitation and Research Association
 - Centre for Rehabilitation of Children with Disability.

Focus group discussions

Three focus group discussions were held with adolescents with disabilities and parents of children with disabilities, all in Dhaka.

- Badda Disabled People's Organization supported by Action for Disability and Development (ADD)
- Mirpur Vocational Training Centre (supported by ADD)
- Parents Forum.



disability

is neither purely biological nor purely social, but
instead the interaction between impairments and
environmental and personal factors.





OVERVIEW OF THE SITUATION OF CHILDREN WITH DISABILITIES IN BANGLADESH

2

To assess the situation of children with disabilities and develop realistic actions that support achievement of their full potential and promote participation in society, it is important to have a general overview of the context in which they live (see box 2).

BOX 2. Bangladesh key facts

- Population: 150 million
- Gross domestic product per capita (purchasing power parity): \$1,568
- Life expectancy: 69 years
- Human Development Index ranking: 146 out of 186 countries

Source: Census 2011 and Human Development Report 2013

2.1 THE BANGLADESH CONTEXT

Overpopulation and poverty: Bangladesh is one of the most densely populated countries in the world. It has about 150 million people and 57.5 million children below 18 years of age,¹⁰ and over 31 per cent of households still live below the national poverty line.¹¹

¹⁰ Government of Bangladesh, Bangladesh Population and Housing Census 2011.

¹¹ Government of Bangladesh, Household Income and Expenditure Survey 2010.



High levels of malnutrition: Malnutrition and micronutrient deficiencies continue to impair the full cognitive and physical development of millions of children in Bangladesh. Stunting among children under 5 is reported to be 54 per cent in the poorest groups.¹² Compared to Bangladesh's decline in child mortality, progress on reduction of stunting has been much slower.¹³ Iodine deficiency disorders were found among 40 per cent of school-age children in 2011. Child marriage and early pregnancy, anaemia and inappropriate food intake during pregnancy are resulting in low birthweight and foetal growth retardation.¹⁴

High rates of child marriage and adolescent motherhood: Bangladesh has one of the world's highest rates of adolescent motherhood. Thirty per cent of adolescent girls aged 15 to 19 are already mothers with at least one child, and another 6 per cent report having their first child before age 15. Early motherhood has deleterious effects on the health of both

mothers and children.¹⁵ and child marriage is the most pervasive violation of girls' rights.

Natural disasters: Bangladesh is ranked as one of the world's most disaster-prone countries, with 97.1 per cent of its land area and 97.7 per cent of its population at risk of multiple hazards.¹⁶ Frequent flooding, cyclones and droughts affect large numbers of households, with certain areas at high risk. In addition to the risk of loss of life, victims of natural disasters face reduced food intake, reduced levels of sanitation and hygiene, limited access to health care and withdrawal of children from school for labour.¹⁷

Governance issues: The Government of Bangladesh is highly centralized, which limits local officials' authority and flexibility to adapt services to local capacities and demands. Planning tends to be top down, with inadequate resources and reference to local circumstances. Efforts towards decentralization are much discussed and long promised. In practice, however, genuine progress remains a challenge.¹⁸

¹² Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

¹³ Ibid.

¹⁴ UNICEF, Situation Assessment and Analysis of Children and Women in Bangladesh, 2009.

¹⁵ Ibid.

¹⁶ UNICEF, Bangladesh, Country Programme Document 2012-2016, 2011.

¹⁷ Ibid.

¹⁸ UNICEF, Situation Assessment and Analysis of Children and Women in Bangladesh, 2009.

Strong civil society involvement: NGOs and other civil society groups have been key development partners in Bangladesh since independence. They have made major contributions to promote realization of human rights through advocacy, research, provision of services and development of state-of-the-art models of service delivery, both mainstream and specialized. Parents of children with disabilities have played an especially critical role in advocating for the rights of their children and in developing programmes and services.

2.2 IDENTIFYING AND QUANTIFYING CHILDREN WITH DISABILITIES

The understanding of disability and people with disabilities has evolved considerably over time. An important aspect of this evolution has been the recognition that disability is neither purely biological nor purely social, but instead the interaction between impairments and environmental and personal factors. This is clearly stated in the CRPD. In article 1 it defines persons with disabilities as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

In 2007, WHO issued the *International Classification of Functioning, Disability and Health: Children and Youth Version (ICF-CY)*, which considers three components when conceptualizing disability:

- An impairment in body function or structure, such as a cataract, which prevents the passage of light and sensing of form, shape and size of visual stimuli;
- A limitation in activity, such as the inability to read printed text or move around;
- A restriction in participation, such as exclusion from school.

The term ‘children with disabilities’ covers a wide range of types and degrees of disability in terms of limitations in activity. The disability may result from the interaction of attitudinal, institutional and environmental barriers in society with visual, hearing or speech impairments; other physical impairments such as loss of limbs, cerebral palsy, spina bifida, muscular dystrophy or traumatic spinal cord injury; and intellectual and

neuro-developmental impairments including Down syndrome and autism spectrum disorders. Some children are born with a disabling health condition or impairment, while others develop an impairment following illness, injury or poor nutrition. A number of children have a single impairment while others have multiple impairments. Considering the complexities of the types and degrees of impairment and environmental and personal factors, it is important to remember that each child’s experience of disability is different.

Data on children with disabilities in Bangladesh are limited and often not reliable, or underestimate the prevalence due to varying definitions of disabilities and data collection processes. The estimate of people with disabilities ranges from 1.4 per cent¹⁹ to 9 per cent²⁰ of the population, according to surveys conducted by the Government in the last decade.

Estimates of the proportion of children with disabilities in Bangladesh are even more varied, ranging from less than 1.4 per cent²¹ to 17.5 per cent.²² Given the estimated child population of 57.5 million,²³ the number of children with some form of disability could range from under 805,000 to 10 million.

In 2006 WHO estimated that nearly 200 million children worldwide have a disability and that a disproportionate number live in developing countries.²⁴ A 2007 review of the literature in low- and middle-income countries reported child disability prevalence from 0.4 per cent to 12.7 per cent depending on the study and assessment tool.²⁵ The 2011 *World Report on*

¹⁹ Government of Bangladesh, Bangladesh Population and Housing Census 2011.

²⁰ Government of Bangladesh, Household Income and Expenditure Survey 2010.

²¹ Government of Bangladesh, Bangladesh Population and Housing Census 2011.

²² Government of Bangladesh and UNICEF, multiple indicator cluster survey 2006.

²³ Government of Bangladesh, Bangladesh Population and Housing Census 2011.

²⁴ WHO, concept note, *World Report on Disability and Rehabilitation*, 2006. Available at:

www.who.int/disabilities/publications/dar_world_report_concept_note.pdf

²⁵ P.K. Maulik and G.L. Darmstadt, ‘Childhood Disability in Low- and Middle-Income Countries: Overview of screening, prevention, services, legislation, and epidemiology’, *Pediatrics* 2007; 120 (Supplement 1):S1-S5.



Mitali, 15 recounts how she developed a hearing impairment following a near drowning experience as a young child. Mitali attends her local school as well as a Child Friendly Space in her remote village in Dacope Upazilla.

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*Disability*²⁶ states that one of the most reliable global estimates for children living with disability comes from the *Global Burden of Disease Report*. It estimates the number of children up to age 14 years experiencing “moderate or severe disability” at 93 million (5.1 per cent), with 13 million children (0.7 per cent) experiencing severe disabilities.

Discrepancy in estimates is not unusual. The 2011 *World Report on Disability* notes that “estimates of the prevalence of children with disabilities vary substantially depending on the definition and measure of disability”. Other issues include the limitations of census and household surveys to capture childhood disability, the absence of registries in most low- and middle-income countries, and poor access to culturally appropriate clinical and diagnostic services. The Government’s second Primary Education

Development Plan (PEDP-II, 2004-2011) noted that disability is not included in any routine data collection or surveillance system in the health sector in Bangladesh, but it has been included in the national census since 1982. In addition, the prevalence data do not indicate the severity of the disability.

Disability prevalence rates from different studies reflect inequalities in society. Most notable is the interaction between poverty and disability. People with low levels of income, food security, education and access to sanitation are more likely to have disabilities. For example, the Household Income and Expenditure Survey 2010 reported higher prevalence in rural areas than in urban areas (10 per cent versus 8 per cent). It found the incidence of disability was higher among females than males (10 per cent versus 8 per cent). A study titled *Educating Children in Difficult Circumstances: Children with Disabilities*,

²⁶ WHO and World Bank, *World Report on Disability*, 2011.

conducted by the Centre for Services and Information on Disability (CSID) in 2002 found that only 11 per cent of the children with disabilities had received some form of education. The urgent need for improved data collection methodologies and procedures is recognized globally, especially with the growing attention to the issue following adoption of the CRPD.

New methodologies and guidelines are needed in Bangladesh to generate a better knowledge base that can inform policy and implementation of programmes. A number of initiatives are in process, through the National Census and the Education Management Information System. The DSS is undertaking a Disability Detection Survey (2013-2014). It aims to register all people with disabilities in the country, provide identification cards to each person and develop a database containing their relevant information.

2.3 THE MAJOR CAUSES OF DISABILITY IN BANGLADESH

The main immediate causes of disability among children are related to inadequate and/or inaccessible health care, poor nutrition, inadequate water and sanitation, and accidents. These result from limitations in national systems, poverty and discriminatory beliefs and behaviours.

Limitations to adequate health care, especially maternal and perinatal health care:

High levels of anaemia in mothers and babies and insufficient prenatal and post-natal care are major problems. This is complicated by a tradition of limiting food intake during pregnancy to ease delivery, especially among the high number of adolescents giving birth before their bodies are fully developed. In addition, 71 per cent of deliveries are home births.²⁷

Inadequate nutrient intake: More than three quarters (79 per cent) of children aged 6-23 months do not obtain a minimum acceptable diet in quantity or diversity.²⁸ Forty one per cent of children under 5 are stunted (26 per cent in the

wealthiest households),²⁹ and new research has shown that stunting has severe effects on brain development. Low levels of folic acid in pregnancy can lead to spinal defects (spina bifida) and cleft palate. Iodine deficiency disorders, the leading cause of preventable intellectual disability and impaired psychomotor development in young children, were found among 40 per cent of school-age children in Bangladesh.³⁰ According to the National Rickets Survey 2008, about 47 per cent of children aged 1 to 15 years with rickets had calcium deficiency.³¹ As a result of successful nutrition initiatives blindness related to lack of vitamin A is becoming rare, as is cretinism related to lack of iodine.

Injuries, both intentional and unintentional: The 2005 Bangladesh Health and Injury Survey Report estimated that 13,134 children develop permanent disabilities each year due to accidents. The most prevalent types of accidents affecting children are drowning, traffic accidents, falls and animal bites. Non-fatal transport injuries were observed in all age groups of rural and urban children, highest among adolescents aged 15 to 17. Intentional injuries resulting from violence were found to double in number among adolescents. The survey found that intentional injuries resulted in more severe injuries than unintentional injuries.

²⁹ Ibid.

³⁰ Icdrr, UNICEF, GAIN, Institute of Public Health and Nutrition, National Micronutrient Status Survey 2011-2012.

³¹ Icdrr, Rickets Interest Group, CARE Bangladesh, UNICEF, National Nutrition Programme, National Rickets Survey in Bangladesh, 2008.

²⁷ Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

²⁸ Ibid.

since

ratification of the CRPD, there has been an effort to move from a welfare-based approach to an inclusive, rights-based approach that encourages participation of citizens with disabilities.



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LEGISLATION, POLICY AND COORDINATION

3

The Government of Bangladesh prides itself on being an active participant in all efforts to promote human rights and eliminate discrimination. This is based on the Constitution of 1972, which proclaims all citizens equal before the law and includes commitments to ensure “equality, human dignity and social justice” for all. Bangladesh was among the first countries to ratify many international human rights conventions and to follow up with actions to harmonize national legislation and policies. Problems arise in the country’s lack of capacity, political will or prioritization of resources, which prevent implementation of these laws and policies. Nevertheless, the Government of Bangladesh drafted a Rights and Protection of Persons with Disabilities Act in an effort to harmonize disability legislation with the CRPD. The Act was passed by Parliament in October 2013.



3.1 OBLIGATIONS UNDER GLOBAL AND REGIONAL TREATIES

With its ratification of the CRC in 1990 and the CRPD in 2007, the Government of Bangladesh was among the first countries to ratify and bring into force the two most significant global treaties protecting the rights of children with disabilities. Both treaties highlight that these children have the same rights as other children to health care, nutrition, education, social inclusion and protection from violence, abuse and neglect. They both obligate State Parties to promote these rights in order to prepare children with disabilities for full and meaningful participation as adult citizens. unintentional injuries.

The CRC specifically references children with disabilities in two places: in article 2, on non-discrimination, and in article 23, which outlines some specific rights of children with disabilities.

The CRPD is a landmark international human rights instrument that provides the most detailed rights specific to children with disabilities. Its stated purpose is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (article 1). It has 30 substantive articles related to protection of the rights of people with disabilities, many of which are relevant to children, and one article specific to children:

ARTICLE 7 – CHILDREN WITH DISABILITIES

1 States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2 In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3 States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

The Government of Bangladesh is also a State Party to a number of other international and regional treaties and agreements specific to children and adults with disabilities. Most significant in relation to protection of the rights of children with disabilities are:

- **World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs, Jomtien, Thailand, 1990:** Bangladesh was among the 155 governments and NGOs that adopted this declaration, which reaffirmed the notion of education as a fundamental human right and urged countries to intensify efforts to address the basic learning needs of all children.

- **Salamanca Statement and Framework for Action on Special Needs Education, Salamanca, Spain, 1994:** The Government of Bangladesh and NGOs from the country were among the 300 participants representing 92 governments and 25 international organizations at this conference, organized in recognition of the fact that extra efforts were needed to ensure inclusion of children with special learning needs in the Education for All commitment.
- **Dakar Framework for Action, Education for All: Meeting our Collective Commitments, World Education Forum, 2000:** Ten years after the Education for All Declaration, with many countries far from reaching this goal, the international community met again to reaffirm its commitment to achieving education for all by 2015. The Government and NGOs of Bangladesh played an active role in the proceedings and in developing desired outcomes.
- **A World Fit for Children, United Nations Special Session on Children, New York, 2002:** The Prime Minister of Bangladesh was among the 69 world leaders who attended and spoke during the United Nations Special Session on Children in May 2002, a landmark for children and human development. It was the first Special Session of the General Assembly devoted exclusively to children and the first to include them as official delegates. The Special Session culminated with 180 nations adopting the outcome document, A World Fit for Children. The new agenda for and with the world’s children included 21 specific goals and targets for the next decade and specifically addressed children with disabilities:

“We will take all measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs, to ensure the recognition of their dignity, to promote their self-reliance, and to facilitate their active participation in the community.”



- **Declaration of Biwako Millennium Framework for Action and ESCAP Millennium Second Decade for Disabled Persons (2003-2012), 2002:** As a Member State of the Economic and Social Council for Asia and the Pacific (ESCAP), the Government of Bangladesh and NGOs participated in formulating agreements and action plans to promote the rights of people with disabilities in the region. This Declaration outlines issues, action plans and strategies leading to an inclusive, barrier-free and rights-based society for individuals with disabilities. Under priority areas, the Declaration includes four targets that address early detection, early intervention and education:
 - **Target 6.** Children and youth with disabilities will be an integral part of the population targeted by Millennium Development Goal 2 of ensuring that by 2015 all boys and girls will complete a full course of primary schooling.
 - **Target 7.** At least 75 per cent of children and youth with disabilities of school age will, by 2010, be able to complete a full course of primary schooling.
 - **Target 8.** By 2012, all infants and young children (birth to 4 years old) will have access to and receive community-

based early intervention services, which ensure survival, with support and training for their families.

- **Target 9.** Governments should ensure detection of disabilities at as early an age as possible.

In May 2012, ESCAP adopted Resolution 68/7, establishing a third Asian and Pacific Decade of Persons with Disabilities, 2013-2022, with a view to addressing both remaining and emerging challenges.

- **Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities, 2011.** This declaration was adopted at a high-profile regional conference hosted by the Government of Bangladesh with assistance from the Bangabandhu Sheikh Mujib University's Centre for Neurodevelopment and Autism in Children, MOSW and WHO. Government leaders and policymakers, health experts and civil society representatives from 11 countries adopted the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities. The commitment endorses priority actions to meet the health care needs of children with developmental disabilities including:

- Increasing awareness and social responsibility
 - Strengthening capacities of health systems and professionals at various levels of primary health care and specialized services
 - Mobilizing and allocating increased human and financial resources
 - Supporting provision of care as close as possible to homes
 - Promoting a supportive national legislative and policy environment to ensure social inclusion
 - Ensuring effective collaboration mechanisms across sectors.
- **UN General Assembly Resolution 67/82, Addressing the Socioeconomic Needs of Individuals, Families and Societies Living with Autism Spectrum Disorders and other Developmental Disabilities, 2012.** This resolution, tabled by the Government of Bangladesh and supported by 71 cosponsors, was unanimously adopted on 12 December 2012. The resolution builds on the principles of the CRC and CRPD and aims to enhance support for individuals, families and communities affected by autism spectrum disorders worldwide. It calls for Member States, international NGOs and UN agencies to enhance services, increase public and professional awareness of autism spectrum disorder, build research expertise, and promote inclusive education and the full participation of individuals with autism and developmental disabilities in all facets of society.
 - **World Health Organization Executive Board resolution 133/4, adopted 30 May 2013.** Co-sponsored by 53 countries, it calls for comprehensive and coordinated efforts for the management of autism spectrum disorders. It will be formally placed at the Sixty-eighth World Health Assembly in 2014.

3.2 NATIONAL LEGISLATION AND POLICIES ON DISABILITY RIGHTS

Over the years the Government has taken a number of legislative and policy measures to implement provisions of the Constitution and nationalize global and regional commitments on the rights of people with disabilities. These steps have been taken partly in response to advocacy from civil society, especially organizations of people with disabilities and parents of children with disabilities.

A National Coordination Committee on Disability, established under the MOSW in 1993, led to adoption of the first National Disability Policy in 1995. It establishes guidelines, including measures aimed at prevention of disabilities, identification of people with disabilities, early intervention, education, rehabilitation, human development, employment, research, accessibility, information, recreation, self-help organizations and implementation and coordination of the Policy. In 2001, the Government adopted the Disability Welfare Act, which aimed to ensure equal opportunities and provide other benefits and privileges to individuals with disabilities. The law emphasized the necessity of identifying all persons with disabilities and providing them with identity cards to assist them in accessing public and private services and amenities/utilities.

The Office of the Prime Minister reinforced the importance of the 2001 Disability Welfare Act by issuing an Executive Order with a set of short-term and long-term implementation activities to be undertaken by the Government. The short-term activities addressed access to public transportation and public buildings and a complaint mechanism to deal with harassment of persons with disabilities. Long-term action called for a 20 per cent increase in government financial grants to the JPUF to provide services to people with disabilities.

Another supportive action is the National Disability Action Plan, prepared in 2006. It was developed by the National Coordination Committee on Disability to implement the activities identified in the Bangladesh Disability Welfare Act 2001 and the directives of the Executive Order issued by the Office of the Prime Minister in 2002. Under the responsibility and coordination of the MOSW, it holds 14 ministries and departments accountable for specific actions. It also recognizes civil society groups, including DPOs and networking organizations that support implementation of the Executive Order.

Since ratification of the CRPD, there has been an effort to move from a welfare-based approach to an inclusive, rights-based approach that encourages participation of citizens with disabilities. The recently passed Rights and Protection of Persons with Disability Act 2013 was created to replace the 2001 Disability Welfare Act in order to harmonize national law with the

CRPD. This Act promotes the rights and dignity of people with disabilities and emphasizes the need to address barriers they face to equal and full participation in social, economic and cultural activities of the State. The law also extends the accountability and coordination structure down to the Upazilla (subdistrict) and city levels and recognizes the involvement of DPOs and other civil society groups. Additionally, the Neurodevelopmental Disabled Persons Protection and Trust Act 2013 was passed in November 2013. The Act provides for a trust to be set up for the benefit of people with neurodevelopmental disabilities.

3.3 LEGISLATION AND POLICIES SPECIFIC TO CHILDREN WITH DISABILITIES

The Bangladesh Constitution of 1972 laid the groundwork for recognizing the rights of children with disabilities (see box 3). By recognizing the concept of inclusive education for the first time, PEDP-II (2004-2011) marked a major policy step towards realizing the right to education for children with disabilities. The objective of the PEDP-II Action Plan was to provide education for all children in Bangladesh, including children with disabilities

and special needs, in line with the commitment to Education for All and the Salamanca Statement and Framework for Action. The Action Plan included strategies to address reforms needed in policies; accessibility to school facilities; awareness-raising on social attitudes; teaching methodologies to encourage a child-centred approach; teacher training on inclusive education; and incentives for teachers to encourage responsibility. It also emphasized the mainstream classroom as the first education option for children with disabilities.

This was followed, in 2009, with adoption of the Disability Related Integrated Special Education Policy. It mandates the MOSW to support central institutions and schools of special education and set regulations for certain schools to ensure the education of children with autism and intellectual disabilities throughout the country.

BOX 3

Human rights provisions in the Bangladesh Constitution reflecting the rights of children with disabilities

Article 15

Provision of basic necessities:

(c) Secures "[...] the right to social security, that is to say to public assistance in cases of underserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases".

Article 17

Free and compulsory education:

Says that the State shall adopt effective measures for "establishing a uniform, mass-oriented and universal system of education and extending free and compulsory education to all children to such stage as may be determined by law"

Article 28

Discrimination on grounds of religion, etc.:

(3) "No citizen shall, on grounds only of religion, race, caste, sex or place of birth be subjected to any disability, liability,

restriction or condition with regard to access to any place of public entertainment or resort, or admission to any educational institution."

(4) "Nothing in this article shall prevent the State from making special provision in favor of women or children or for the advancement of any backward section of citizens."

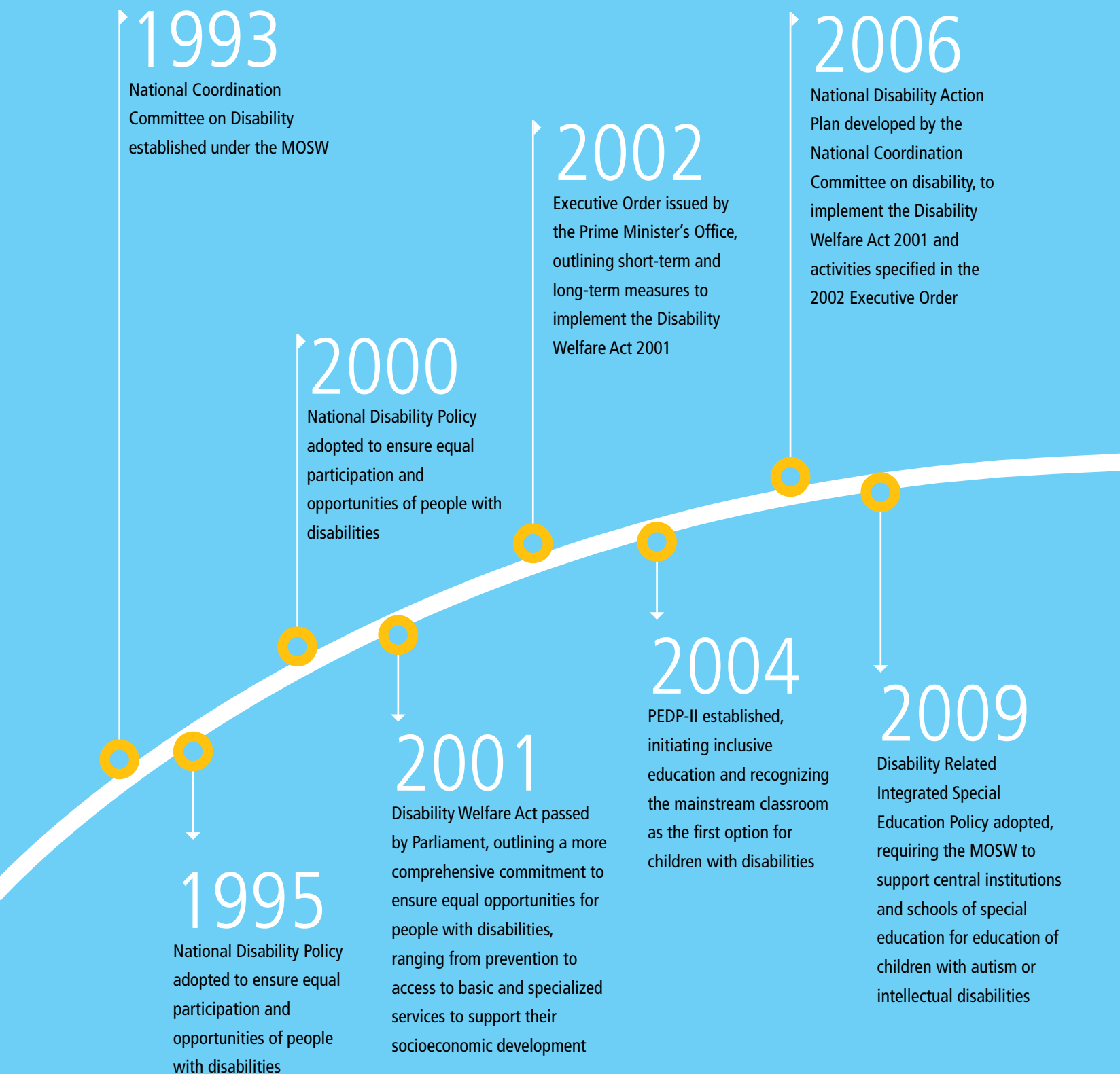
Article 29

Equality of opportunity in public employment:

(3) Nothing in this article shall prevent the State from (a) making special provision in favour of any backward section of citizens for the purpose of securing their adequate representation in the service of the Republic;

Source: Constitution of the People's Republic of Bangladesh, 1972

Legal and policy actions taken by the Government of Bangladesh to address the rights of children with disabilities since 1993





2010

National Education Policy adopted with one major objective, "to ensure the education of the physically and mentally challenged learner"; it promotes inclusive and special education and vocational and technical education for students with disabilities

2011

National Children Policy adopted, harmonizing national law with the CRC, including defining a child as up to age 18 years and providing specific articles on the rights of children with disabilities

2013

Rights and Protection of Persons with Disability Act passed by Parliament, replacing the Disability Welfare Act 2001 and harmonizing national law with the CRPD, including shifting from a welfare-based to a rights-based approach.

2011

PEDP-III developed based on lessons learned from PEDP-II, focusing on reducing disparities in achieving education for all children through stipends for vulnerable and hard-to-reach children and block grants for schools

2013

Children Act 2013 enacted to support the new Child Policy and harmonize the law with international standards on child rights in the CRC

2013

Neurodevelopmental Disabled Persons Protection and Trust Act 2013. The Act provides for a trust to be set up for the benefit of people with neurodevelopmental disabilities.

The Third Primary Education Development Plan (PEDP-III, 2012-2017) focuses on ensuring participation and reducing disparities. It took advantage of lessons learned from PEDP-II, which found over 1 million children of primary school age who were not attending formal schools, along with a high number of dropouts. It introduces stipends for children of very poor families, children with disabilities and developmental delays, children from minority groups and children who had dropped out. Supplementing this action is a block grant programme that provides funds to assist schools in mainstreaming inclusive education and improving teaching quality.

Adoption of the Children Policy in 2011 was an effort to bring national policy in line with the CRC. A significant change is the definition of a child as “a human being below the age of 18 years”. The revised Policy is also far more comprehensive, clearly specifying child rights principles of non-discrimination, best interest of the child, child survival and development, child participation and accountability of duty-bearers. It addresses the primary areas of rights for all children without discrimination and includes specific articles for vulnerable groups. Two sections specifically address children with disabilities, section 6.8 on “special activities for children with disabilities”, and section 6.9 on “special programmes for autistic children”. The unusual separation of the two groups is based on strong advocacy by parents and professionals focused on children with autism and other intellectual and developmental disabilities.

Following adoption of the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities in 2011, the Strategic and Convergent Action Plan for Autism and Neurodevelopmental Disorders was developed. Managed by the Ministry of Health and Family Welfare, the Action Plan outlines minimum government commitments to implement the Declaration. It requires harmonized efforts of eight ministries and cooperation with major non-governmental players.

Overall, the Government of Bangladesh has been active in developing a policy and legal framework to promote and protect the rights of adults and children with disabilities (see box 4). Numerous national legislative measures, policies, rules, executive orders, manifestos and action plans have been developed that lead gradually from a welfare-based approach to a rights-based

approach. Though people with disabilities and their advocates have concerns about some major policy gaps, primarily in terms of justice for children and social welfare, the major challenge is in implementation of existing policies and legislation. It is hampered by a very centralized government structure, procedural barriers, poverty and the impact of natural disasters, as well as prevailing social norms and behaviours rooted in discriminatory beliefs and attitudes.

3.4 ACCOUNTABILITY AND COORDINATION STRUCTURE

A comprehensive structure for accountability and coordination to ensure implementation of legislation and policies related to persons with disabilities was established by the Disability Welfare Act of 2001 (see figure 1) and was enhanced following ratification of the CRPD and has now been updated in the Rights and Protection of Persons with Disability Act 2013. It consists of a National Advisory Committee headed by the Prime Minister and a number of structures under the responsibility of the MOSW.

Government structure

The MOSW is mandated as the lead government agency responsible for coordinating and implementing the Rights and Protection of Persons with Disability Act 2013 and the National Disability Policy and Action Plan. Coordination and implementation of programmes for persons with disabilities is undertaken through two administrative bodies under the auspices of the Ministry, the DSS and the JPUF. The entities involved in coordination and implementation are:

- **National Coordination Committee on the Rights and Protection of Persons with Disabilities**, chaired by the Minister of Social Welfare, is responsible for coordinating all disability initiatives by the Government of Bangladesh.
- **National Executive Committee on the Rights and Protection of Persons with Disabilities**, headed by the Secretary of the MOSW, is responsible for implementing the decisions adopted by the Coordination Committee.
- **District Committees on the Rights and Protection of Persons with Disabilities**, constituted in all 64 administrative districts of Bangladesh, are chaired by the Deputy Commissioner. The Committees are responsible for implementing directions from the Government or

National Coordination and Executive Committees as well as coordinating and monitoring the activities of the Upazilla and Town Committees which will be newly constituted under the Rights and Protection of Persons with Disability Act 2013.

- **Upazilla Committees on the Rights and Protection of Persons with Disabilities**, led by Upazilla Nirbahi Officers, will implement and monitor government disability programmes throughout the Upazilla.
- **Town Committees on the Rights and Protection of Persons with Disabilities**, will be chaired by the Chief Executive Officers of City Corporations or Municipalities and will oversee government disability related programmes in their respective area.
- **National Monitoring Committee**, formed following ratification of the CRPD in 2007, monitors implementation of the CRPD and related national initiatives. It consists of 46 focal points, one from each of the ministries and departments with responsibility for implementation of disability-related activities.

Additionally, in April 2012 the National Steering Committee on Autism and Neurodevelopmental Disabilities was established with representatives from key ministries and departments. The committee is supported by the National Advisory Committee for Autism and Neurodevelopmental Disabilities and a Technical Guidance Committee which is comprised of parents and experts.

While the accountability and coordination structure is comprehensive in theory, in practice the committees have tended to be weak and often do not fulfil even their mandate to hold meetings. The levels of trust and cooperation between the Government and civil society are also insufficient to harness the full range of coordination and potential impact. Moreover civil society groups including DPOs express concern that there is not enough representation of and collaboration with persons with disabilities.



Civil society structure

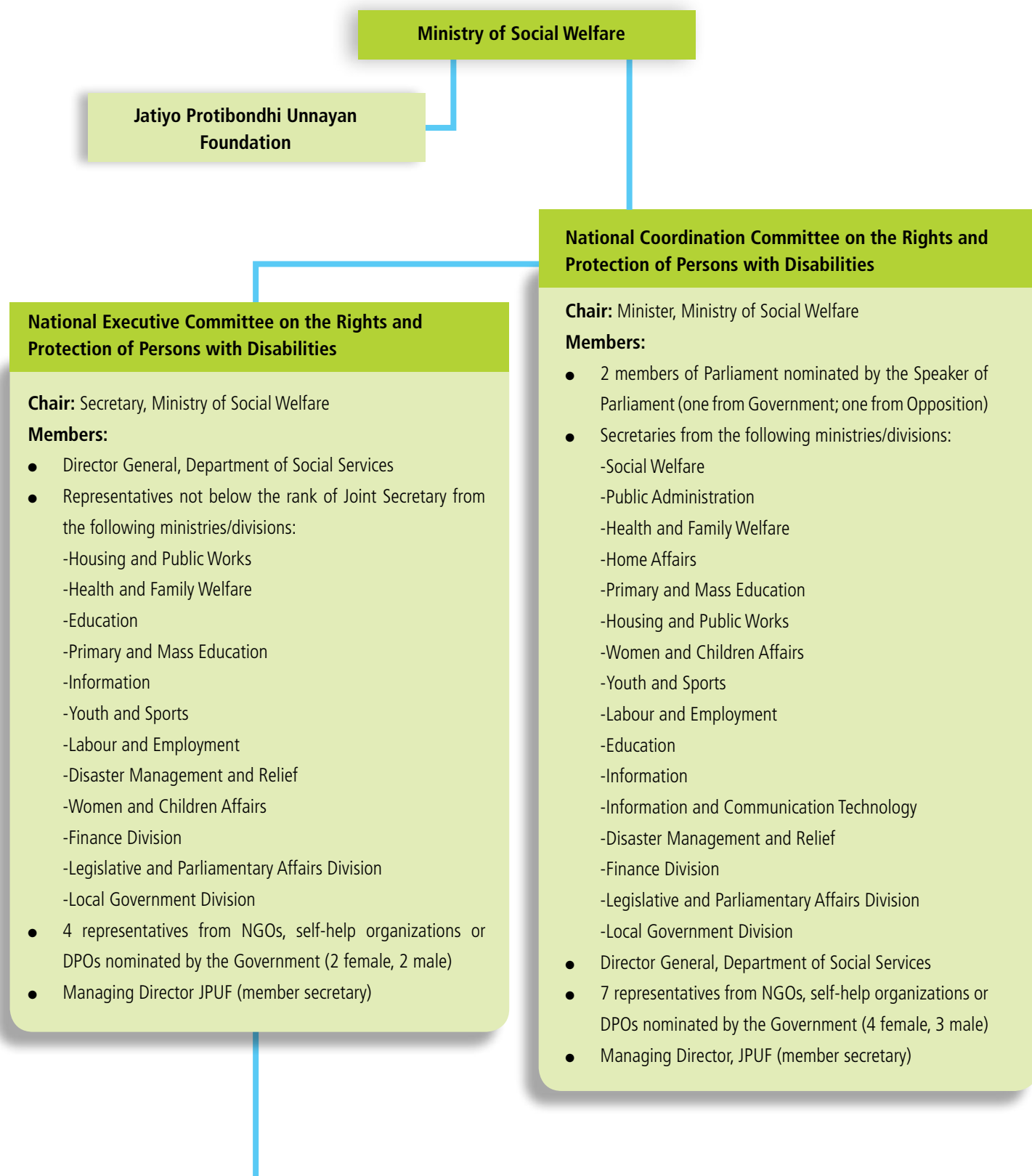
NGOs have played a key role in promoting human rights and equity in provision of basic social services for children with disabilities in Bangladesh. They cooperate with the Government in developing policies and programmes and also hold it accountable for implementation. NGOs have established a number of structures to facilitate collaboration for advocacy and cooperation with the Government to encourage implementation of legislation and policies. These umbrella groups include alliances of DPOs, forums for organizations working with persons with disabilities and federations of specialized groups such as those representing people with hearing and sight disabilities.

Parents of children with disabilities also play a critical role in promoting their children's rights through advocacy for development of quality services. Networks have been formed most notably to address realization of the rights of children with autism and intellectual disabilities.

Despite efforts to coordinate activities among non-governmental groups, competition and conflict are reported to be a problem. This sometimes weakens their efforts to influence the Government to fully implement rights legislation and policies.

Section 5.3 covers government and civil society structures in further detail.

Figure 1. Government of Bangladesh structure of accountability for implementation of disability-related legislation (from the Rights and Protection of Persons with Disabilities Act 2013)



District Committees on the Rights and Protection of Persons with Disabilities

Chair: Deputy Commissioner (DC)

Advisor: 1 member of Parliament from the concerned district (nominated by the Speaker of Parliament)

Members:

- Superintendent of Police
- Civil surgeon
- District Education Officer
- District Primary Education Officer
- Executive Engineer, Public Works Department
- Executive Engineer, Local Government Engineering Department
- District Information Officer
- District Women Affairs Officer
- General Secretary, District Legal Aid Committee
- Disability Affairs Officer of Protibondhi Seba O Sahajjay Kendra (where applicable)
- 1 Social Work Representative nominated by the DC
- 2 Representatives from NGOs, self-help organizations or DPOs nominated by the DC (1 female, 1 male)
- Deputy Director, District Social Services (member secretary)

Upazilla Committees on the Rights and Protection of Persons with Disabilities

Chair: Upazilla Nirbahi Officer (UNO)

Advisor: Chairperson, Upazilla Parishad

Members:

- Upazilla Health and Family Planning Officer
- Upazilla Engineer, Local Government Engineering Department
- Officer in Charge of Police Station
- Upazilla Secondary Education Officer
- Upazilla Education Officer
- Upazilla Women Affairs Officer
- Chairperson, Upazilla Legal Aid Committee
- If there is any municipality, one representative nominated by the Mayor
- One person involved in social work in the concerned Upazilla nominated by UNO
- 2 representatives from NGOs, self-help organizations or DPOs nominated by UNO (1 female, 1 male)
- Upazilla Social Services Officer (member secretary)

Town Committees on the Rights and Protection of Persons with Disabilities (City Corporations)

Chair: Chief Executive Officer or Regional Executive Officer of City Corporation

Members:

- Any appropriate officer nominated by relevant Deputy Commissioner
- Upazilla or Thana Education Officer or both
- Medical Officer of City Corporation or relevant regional office
- District Women Affairs Officer or appropriate officer nominated by him/her
- Officer in Charge of Police Station
- 2 representatives (at least 1 female) from NGOs, self-help organizations or DPOs nominated by the Chief or Regional Executive Officer of City Corporation
- Town Social Services Officer (member secretary)

Town Committees on the Rights and Protection of Persons with Disabilities (Municipalities)

Chair: Chief Executive Officer of Municipality

Members:

- Upazilla or Thana Education Officer
- Medical Officer of the Municipality
- Upazilla Women Affairs Officer or appropriate officer nominated by District Women Affairs Officer
- Officer in Charge of Police Station
- 2 representatives (at least 1 female) from NGOs, self-help organizations or DPOs nominated by the Mayor of the Municipality
- Town Social Services Officer (member secretary)

equally

important is the strong and persistent advocacy on the part of parents of children with disabilities, persons with disabilities themselves and NGOs working with and for them. These groups have forced policy changes and supported expansion of inclusive services, making children with disabilities more visible.





PROGRESS AND CHALLENGES IN REALIZING RIGHTS

4

This chapter details the progress made in realizing the rights of children with disabilities in the key areas covered by the two conventions: the right to equity and non-discrimination; to respect for home and family; to health and rehabilitation; to quality education; to protection from exploitation, violence and abuse; to participation in cultural life, recreation, leisure and sport; and to humanitarian response in emergencies. Each section summarizes the issue, the progress achieved and the key challenges remaining.



4.1 RIGHT TO EQUITY AND NON-DISCRIMINATION

The Declaration on *A World Fit for Children* points out (in paragraph 20) that discrimination gives rise to a self-perpetuating cycle of social and economic exclusion and undermines children's ability to develop to the fullest. The signatories pledged, "We will make every effort to eliminate discrimination against children, whether rooted in the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."

The CRPD and the CRC explicitly pledge rights to equitable treatment and protection from discrimination. In article 2, titled 'Non-discrimination', the CRC states:

The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis. [Emphasis added]

Similarly, in article 5, titled 'Equality and non-discrimination', the CRPD pledges:

2 State Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

3 In order to promote equality and eliminate discrimination, State Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

The CRC elaborates specific rights for children with disabilities in article 23:

Children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives.

1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2 States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3 Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

4 States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

Violations of the rights of children with disabilities to equity and non-discrimination play out in every aspect of Bangladeshi society – in the family, the community and the workplace – and they are experienced by the majority of persons with disabilities. Beliefs persist that disability is a curse and a punishment for sinful behaviour by a family member, most often the mother. This belief permeates all levels of society and affects access to adequate care, health services, education and participation.

The social stigma contributes to family tendencies to hide children with disabilities, out of shame or for their protection, and to avoid seeking appropriate care. This may also be a factor which could lead some families to be reluctant to register the birth of a child with a disability, an issue that mainstream protection systems need to address. Supportive parents also face the need to protect their child from negative attitudes in the community and struggle to get access to appropriate health and



education services. With limited understanding of disability and limited parenting support, the parents often see the child as a burden, with little possibility of contributing to the family income through work or marriage.

Discrimination in the community reinforces these beliefs. Discriminatory attitudes also contribute to low public investment and slow progress towards inclusion, especially in urban slums and remote areas. In focus group discussions, adolescents with disabilities report that health workers and teachers often turn them away from clinics and schools. They also report being turned away from public transportation and discouraged from participating in community activities, despite new legislative orders. Often there is little respect for the rule of law when it conflicts with other social norms. Changing attitudes and behaviours takes time.

Girls with disabilities face discrimination based on both their disability and their gender. They are less likely to be enrolled in school and are more vulnerable to sexual violence and

exploitation in the home. They are discouraged from getting married and becoming mothers due to prevailing attitudes that they are not capable of fulfilling a reproductive role or of contributing to family well-being. They also suffer from the superstition that a person with a disability brings misfortune and bad luck to the whole family. Only 2 per cent of young women with disabilities are married.³²

Discrimination against children with disabilities is experienced on different levels that all reinforce each other. As noted by ADD International, "institutional discrimination builds and reinforces attitudinal discrimination and condones environmental discrimination. In many cases, people know that the law requires them to send their primary aged children to school, except their children with disabilities; bus drivers can throw disabled passengers off the bus with impunity or charge extra for carrying wheelchairs; and bank managers can refuse disabled people

³² CSID, 'The Feminine Dimension of Disability: A study on the situation of adolescent girls and women and disabilities in Bangladesh', September 2002.



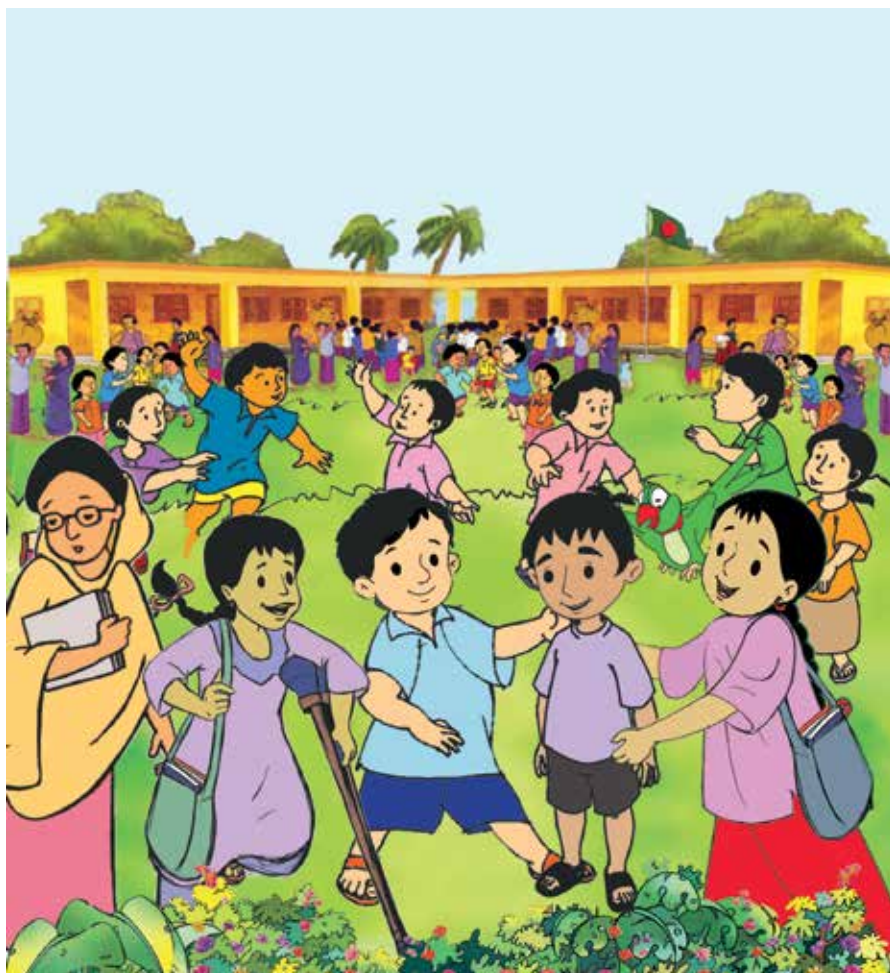
(Right) Shima, a 14 year old adolescent with a disability, and her mother Meri, take Shima's cows for feeding. Shima purchased the cows and is learning how to take care of them after receiving a stipend through the Ministry of Women and Children Affairs Enabling Environment for Child Rights project, which is supported by UNICEF.

© UNICEF/BANA2013-01012/Kiron

an account, simply because they are disabled. This leads to the general perception that these actions are valid. Together they have a logic, and people use their fears, suspicions and prejudices to build a supporting rationale. Negative attitudes prevent spending on the necessary measures to overcome an inaccessible environment.”³³

For children living on the street, having a disability worsens their already devastating situation. A 1999 situation analysis of children with disabilities living on the street noted that they confronted negative attitudes every day. It said, “These children are seldom addressed by their actual names; rather they are called by their disability in its rudest and cruelest interpretation. Very often they are mistreated and teased for their impairment and disability. If they are employed they receive a very low rate

³³ Rebecca Yeo, ‘Chronic Poverty and Disability’, Chronic Poverty Research Centre Working Paper No. 4, ADD International, Somerset, United Kingdom, 2001.



This *Meena* cartoon was produced to assist in improving attitudes towards children with autism. The caption reads: "Autism is not a barrier to learning where pupils support their peers".

of wages. They are also excluded from entertainment, games, collective events etc." Most of the children with disabilities living on the street reported that they had been either refused access to or discouraged from attempting to participate in recreational events such as cinema, theatre and children's parks. They were left out of social interactions and mainstream development.³⁴

Progress achieved

Progress is slow in Bangladesh, as everywhere, but changing attitudes and beliefs about disability are evident at all levels. This can be attributed first to the strong commitment of the Prime Minister, such as through the 2002 Executive Order declaring actions to implement the 2001 Bangladesh Disability Welfare Act. As part of the short-term activities in the Executive Order,

the DSS established a complaint box to begin to address the harassment of people with disabilities. Second and equally important is the strong and persistent advocacy on the part of parents of children with disabilities, persons with disabilities themselves and NGOs working with and for them. These groups have forced policy changes and supported expansion of inclusive services, making children with disabilities more visible. Specific examples of progress include the following.

- **Visibility of disability issues is growing.** Changes in legislation and policy have brought greater attention to disability issues. One of the five 'Fundamentals' in the 2011 National Children Policy is "Elimination of all kinds of discrimination and persecution toward children" (section 4.3). Progress has also been made in education policy, on inclusion of children with disabilities; in social welfare policy, on provision of stipends; and in transportation policy. While change may be slow to take place and initially more evident in urban areas, advocacy groups have noted a gradual

³⁴ Human Development Research Centre, 'Situational Analysis of the Street Children Involved in Begging in Dhaka City', 2012, adapted from CSID, 'Situation Analysis and Needs Assessment on Street Children with Disabilities In Dhaka City', 1999.

change in attitudes throughout the country. Children and adolescents have experienced progress in access to education, employment, transport, cultural activities and social protection.

- **Increasing access to services is changing community attitudes.** When children with disabilities gain access to health services and education opportunities, it not only fulfils their rights but also increases their visibility and participation. This leads gradually to changes in social beliefs and behaviours. For example, the Director of the BRAC Inclusive Education for Children with Special Needs Unit explained that the initiative to mainstream children with disabilities into pre-primary and primary schools initially generated a negative response from some parents who feared having their children interact with a child with disabilities. However, as the children have interacted together the attitudes of many parents have changed.
- **Growing support for skills development is changing family attitudes.** Expansion of governmental and non-governmental programmes to help adolescents with disabilities develop skills and access employment opportunities is influencing attitudes in the family and the community. Distribution of stipends and small loans is raising the status of children with disabilities in the family. The new resources help to ease the sense of burden associated with having a child with disabilities and give the family a new sense of the child's competence and future possibilities.
- **Social campaigns and other communication initiatives are addressing social change.** A number of initiatives are being supported to address cultural norms and behaviours related to children with disabilities. For example:
 - UNICEF has developed episodes on children with disabilities in the popular *Meena*³⁵ cartoon series, most recently involving a child with autism spectrum disorder, and a girl using crutches (linked to a polio immunization campaign) was introduced in all *Meena* posters for the 2003 campaign.
 - Documentaries about the experience of children with disabilities have been produced, such as the 2002 film *Bihongo*, the success story of a young girl working as a maid who becomes paralyzed because of an accident. The film, produced by the Centre for Rehabilitation of the Paralysed (CRP) in 2002, has been shown in commercial cinemas and succeeded in raising awareness.
 - Sign language has been introduced in national television news broadcasts.
 - A number of national NGOs have organized community cultural programmes for children and adolescents with disabilities. Traditional folk performances known as *Pot* and *Gomvira* help to communicate messages about how disability affects their lives.
 - Parents of children with disabilities, most often middle and upper income, have organized mass rallies with their children.
 - Many national and regional workshops are raising awareness among family members, teachers and community workers, such as Creating Barrier-Free Inclusive Communities and a Rights-Based Society for Children with Disability, organized by the Bangladesh Protibondhi Foundation (BPF) in 2004, the Regional Conference on Autism and Developmental Disabilities, organized by the Government in 2011 and the Asian Centre for Inclusive Education's International Conference on Inclusive Education in Dhaka, 2013.
 - Peer-support activities such as the Child to Child Network, which address social change in relation to child labour, child marriage and corporal punishment, are making efforts to emphasize inclusion of children from marginalized groups, including children with disabilities.
 - The new group of child journalists supported by UNICEF will include a child with disabilities.
 - Annual celebration of the International Day of Persons with Disabilities by the Government and civil society raises awareness and visibility.

Key challenges

Despite notable progress towards reducing discrimination against children with disabilities in Bangladesh, the challenges to ensuring equity and inclusion remain large. As a result many children with disabilities remain invisible, contributing to fear and stigma associated with disabilities.

³⁵ Communication and advocacy materials centering on stories around a girl child protagonist named Meena.

- **Efforts to change attitudes and behaviours remain limited in scope.** Social beliefs are deeply rooted at all societal levels. Strategies for change must focus on all levels of society and address individuals, families and communities simultaneously. Such strategies need to be both inclusive and specialized. For example the media rarely represents children with disabilities as respected members of society. When they are represented, their disability is the central focus, rather than their abilities.
- **Implementation of disability-related legislation and policies is slow and often not funded.** Inclusion of children with disabilities in schools, sports and other activities contributes to changing attitudes and behaviours. However, not all government service providers are adhering to new legislation requiring inclusion. This institutional discrimination is due to negative attitudes resulting from lack of awareness and lack of enforcement and monitoring. For example, despite the new inclusive education policies, many children with disabilities report being turned away from school by teachers and because of barriers preventing their access. They also report that some community health professionals refuse to serve them in clinics.

Furthermore, in the five annual national budgets that followed enactment of the Disability Welfare Act in 2001, no funding was allocated against its implementation.³⁶ In order to fully implement the often excellent legal reforms, they first need to be costed and funded.

- **Legislation continues to discriminate.** Despite legislative changes, areas remain in which the rights of children with disabilities are not yet recognized. For example some protective laws do not specifically cover people with disabilities, such as the Prevention of Repression Against Women and Children Act 2000. Considering the vulnerability to violence for children with disabilities, especially girls, the legislation needs to cover both prevention of violence against them and response to it.
- **Many initiatives are separate rather than inclusive.** Progress in realizing the rights of children with disabilities

often consists of specialized services. While these are necessary, eliminating discrimination also requires inclusion of children with disabilities in mainstream activities and services. For example, many initiatives for children supported by the Government and international and local organizations do not yet make efforts to include children with disabilities as the norm; instead they support specialized activities for those with disabilities. This also limits opportunities for these children to express themselves and make their own case for inclusion.

4.2 RIGHT TO RESPECT FOR HOME AND FAMILY

As pointed out in many treaties, policies and statements, the family is the basic unit of society and has the primary responsibility for the protection, upbringing and development of children. As such it should be strengthened. As noted in *A World Fit for Children* (para 15), "All institutions of society should respect children's rights and secure their well-being and render appropriate assistance to parents, families, legal guardians and other caregivers so that children can grow and develop in a safe and stable environment and in an atmosphere of happiness, love and understanding, bearing in mind that in different cultural, social and political systems, various forms of the family exist." The two conventions likewise call for respect for the home and family. Article 9 of the CRC notes that children shall not be separated from their parents against their will, except when authorities find that such separation is necessary for the best interests of the child. It adds, "Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents..."

Article 23 of the CRPD, titled 'Respect for home and family', notes that:

3 States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

³⁶ Disability Rights Watch Group, State of the Rights of Persons with Disabilities in Bangladesh, 2009, Dhaka.

5 States Parties shall, where the immediate family is unable to care for the child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

4.2.1 CHILDREN WITH DISABILITIES IN FAMILIES

The majority of children with disabilities in Bangladesh are cared for at home by their families. In some cases, parents are strong advocates for realization of their child's rights and have managed to improve their access to education and health care. This is most notable among urban-based middle- and upper-class parents of children with autism spectrum disorder and other developmental and intellectual disabilities. In Dhaka, they have established a Parents Forum and a number of model programmes for early detection and intervention services, as well as special schools based on international standards. There are also reports of parents from rural areas and urban slums who have taken extraordinary efforts to obtain health and education services for their children. Most often this is the responsibility of mothers, some of whom have to pressure fathers to support their child's basic needs.

However, for the vast majority of children with disabilities treatment at home is not equitable or supportive (see box 5). Families, often among the poorest, are concerned about the economic, social and educational dimensions of having a child with disabilities, and the child is often seen as a burden.

As stated in a 2005 assessment supported by the United States Agency for International Development (USAID),³⁷ "Not only did they have to worry about how to feed and care for their child, but they also had to protect the child from hostile attitudes of the society, from rejection by almost all educational systems, by lack of knowledge about their child's disability, and by even less information about how to parent that child. The thinking of the parents was dominated by the attitude that there was no future for their child." However, the assessment found that when parents receive support through knowledge and services, many become more active and supportive.³⁸

³⁷ Paul Ackerman et al., 'Assessment of Educational Needs of Disabled Children in Bangladesh', USAID, 2005.

³⁸ Ibid.

Progress achieved

Efforts are being made by the Government and NGOs to increase support to families caring for children with disabilities through policy development, training and social protection mechanisms. National legislation and policy are incrementally being made consistent with the CRC and the CRPD, slowly changing perceptions and procedures related to appropriate care of children.

- **Policy changes support the rights of children with disabilities.** In the 2011 National Children Policy the Government makes clear commitments to support families in its two sections related to children with disabilities.
- **Social protection strategies are reaching some children with disabilities.** The DSS provides feeding programmes and monthly allowances for specific vulnerable groups, including adults and children with disabilities.
 - In 2005-2006 DSS introduced a monthly allowance for people with severe disabilities, which reportedly provides 250,000 people with Taka 300 (\$4.35).
 - In 2008-2009 education stipends were introduced for children with disabilities, reaching more than 18,000 students. The Government has allocated Taka 88 million (\$1 million) for the 2011-2012 fiscal year.³⁹
 - Adolescents are receiving stipends to access income-earning opportunities and strengthen their life skills, through the Ministry of Women and Children Affairs (MOWCA). The programme includes disability as a priority selection criterion and assists adolescents to build skills for decision-making, critical thinking, negotiation, conflict resolution and self-awareness.
 - Since 2003, a microcredit programme for female victims of acid violence and people with disabilities has been supported to help them work and become self-sufficient. Recipients receive an interest-free loan of Taka 5,000 to Taka 15,000 (\$64 to \$192), paying only a 5 per cent service charge that is used for further investment. More than 80,000 families have benefited from the initiative around the country.

³⁹ Government of Bangladesh, Fifth State Party Periodic Report on the Convention on the Rights of the Child, 2012.



BOX 5

Children with disabilities in families – viewpoints

“Her father does not want her to go to school but I disagree. The father is concerned because the family income is limited and he worries about money for a dowry.”

– Mother of a daughter with hearing and speech impairment who has become an advocate for children with disabilities in a Dhaka slum area

“My daughter has a very painful tooth but her father is not supportive. He won’t allow me to take her to the dentist so I have to do it secretly.”

– Mother of a daughter with Down syndrome

“My parents said, ‘What is the point of sending you to school – you will always be a burden on the family because you cannot work – so what is the point?’ So

they made me leave school and expect me to do all of the work around the house. Even my five brothers order me to serve them whenever they wish. I am miserable at home and I was miserable at school.”

– Adolescent girl with a physical impairment at DPO Centre, Mirpur

“My parents don’t even want to recognize me as their daughter. They gave land rights to my six brothers and sisters but not to me. They said you are disabled and cannot use it.”

– Adolescent girl with a visual impairment at DPO Centre, Badda

Source: Constitution of the People’s Republic of Bangladesh, 1972

- **The Government is seeking to identify persons with disabilities.** The DSS initiated a Disability Identification Survey in 2012, and a national Disability Detection Survey is ongoing in 2013-2014. It aims to prepare a database on people with disabilities, including children, and identify their families; provide them with registration and ID cards; and ensure implementation of national disability legislation.

Key challenges

- **Most families of children with disabilities are very poor.** There is an intrinsic link between chronic poverty and disability.⁴⁰ Chronic poverty often leads to higher risk of impairment, which in turn can then lead to more marginalization and exclusion, resulting in disability, more exclusion, loss of income and further poverty.
- **Social protection initiatives do not reach all families needing support to care for children with disabilities.** Current social protection schemes such as

cash transfers and stipends are targeted and limited in scope. They do not yet reach the majority of families caring for children with disabilities, especially within some of the most marginalized groups.

- **Many parents of children with disabilities are unaware of services.** Information on the resources available to families caring for children with disabilities is very limited and least accessible to parents who are poor, marginalized and illiterate. Information only reaches these families through outreach programmes of targeted services.
- **Procedures to access government support services are often difficult to follow.** To receive government support services, caregivers must take the child to a designated chief medical officer (civil surgeon) at the district headquarters to be screened and registered. This incurs travelling expenses unaffordable to many poor families, and once there they often face a confronting screening process in an unfriendly environment.

⁴⁰ Rebecca Yeo, op cit.



- **Parents' organizations largely serve middle and upper classes in urban areas.** Parents of children with disabilities benefit from being able to share experiences and gain support from other parents in similar situations. Currently, these organizations are available primarily to the more advantaged members of society. ADD set up such programmes in the poorest slum areas of Dhaka, and parents of children with disabilities participating in them commented how important it was to be able to connect with others who understood their concerns.

Shamim, 17, works at his grocery shop that he was able to set up with the assistance of a stipend received through the Ministry of Women and Children Affairs.

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4.2.2 CHILDREN WITH DISABILITIES IN INSTITUTIONS

Relatively few children with disabilities in Bangladesh live in institutions. At the time of this report, 1,720 children with disabilities were reported by the MOSW to be residing in institutions operated by the DSS, and 280 students with disabilities were residing in residential schools in Dhaka operated by the JPUF. These institutions mostly provide special education

services for children with visual, hearing and speech impairments. In the current circumstances, this may be the only opportunity for these children to access special education supports such as Braille and sign language, as well as social networks. Residential students are most often those who live too far from the school to commute.

The Ministry also operates one institution in Roufabad, Chittagong for people with psychosocial disabilities, mostly children with developmental and intellectual disabilities from poor families. The facility reportedly has capacity for 50 children aged 6-16. Its services include special education, technical training, physiotherapy, psychotherapy, speech therapy and sports. It also provides room and board and medical care.

It has been a practice in Bangladesh to place children in need of protection or safe custody in the same residential institution as children in conflict with the law. This is particularly evident in *Kishore Unnayan Kendras* or 'adolescent development centres' of which there are two for boys and one for girls and which are designated for children accused or convicted of a crime. Children with disabilities are also found in these facilities. In principle, children in need of protection or safe custody are usually accommodated in one of six safe homes. Such children include adolescent girls accused of 'love affairs'; the 'socially disabled', including sex workers; lost and missing children; and people listed as vagrants, many of whom have some type of disability.

The MOSW operates six baby homes for abandoned babies, with capacity for 275 children, and 85 children's homes (orphanages), with capacity for 10,300 children. According to the Government there are no children with disabilities in these orphanages. However, considering the limited capacity for diagnosis, this should be reviewed. As discussed below, the institutional care environment is inadequate.

Progress achieved

- **An assessment of children in institutional care was completed.** An assessment of the situation of children in institutional care in Bangladesh⁴¹ was prepared in 2010 for the DSS with support from UNICEF and children with

disabilities were considered in the report. The findings are being used to develop new policies and procedures to reduce the numbers of children in institutions and to address the issues that violate the rights of children when institutionalization is required.

- **Standards of care are being developed.** Under the Rules to be developed for implementation of the Children Act 2013, guidance will be provided on alternative care options and minimum standards of care in residential institutions which will apply to all children, including children with disabilities.

Key challenges

- **Policies and practices for taking children into custody need review.** While the practice of taking children needing protection into custody is difficult for all children, it is especially traumatic for children with disabilities, for whom communication barriers may complicate officials' understanding of their situation. Additionally, probation officers usually have little orientation or training regarding disability and thus have limited understanding of how to address the needs of children with disabilities. The policies, including vagrancy laws, need to be reviewed in the context of the CRC and CRPD, and alternatives to detention as a response to the need for protection need to be developed.
- **The lack of adequate staffing is critical.** Most critical is the insufficient number of staff and trained social case workers or counsellors to provide individual case management (see box 6). Complicated bureaucratic procedures have resulted in large numbers of staff vacancies, which affects quality of care. This presents

Box 6. Examples of staffing in DSS institutions as of August 2013

As reported by DSS staff during site visits and in official reports:

- Institution for Mentally Retarded Children in Chittagong: 9 vacancies out of 27 staff positions.
- Centre for Visually and Hearing Impaired Children in Chittagong: 36 vacancies out of 43 staff positions.
- Farhadabad Safe Home: 7 vacancies (including the deputy caretaker director) out of 13 allocated positions.

⁴¹ Department of Social Services, Ministry of Social Welfare, Government of Bangladesh and UNICEF, 'Assessment of Institutional Care for Children in Bangladesh', 2010.

problems particularly in caring for children who need extra support or behaviour management. In addition, opportunities for children to access education, vocational training and recreation are limited to non-existent, and health care is inadequate.

- **Attention to children with disabilities in institutional care is inadequate.** Information on the numbers of children with disabilities residing in remand homes, baby homes and children's homes is inadequate due to lack of capacity for diagnosis and limited attention to the issue due to staff shortages. Insufficient staff capacities also limit opportunities for appropriate interventions, especially for those with hearing and speech impairments and intellectual disabilities. Overall, government institutions are not yet adequately equipped with skills and knowledge to include children with disabilities and there is a mind-set amongst some that it is necessary for children with disabilities to be cared for in a disability specific institution. Minimum standards are needed for appropriate care and to support careful reintegration.
- **Infrastructure in many institutions is hazardous.** Some institutions have leaky roofs and broken windows, allowing rain to enter the building, even where children are sleeping. Buildings and recreational areas may be flooded. Paint is peeling off the walls due to water and lack of maintenance. The dangers are especially serious for children with visual and physical impairments and for those using assistive devices.

4.3 RIGHT TO HEALTH AND REHABILITATION

The health sector seeks to support creation of an enabling environment whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. With a vision that recognizes health as a fundamental human right the need to promote health is imperative for social justice. This vision derives from a value framework that is based on the core values of access, equity, gender equality and ethical conduct.

– Bangladesh National Health Policy Update 2008

In article 24, the Convention on the Rights of the Child pledges the right to health:

1 States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2 States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
- (d) To ensure appropriate pre-natal and post-natal health care for mothers;
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
- (f) To develop preventive health care, guidance for parents and family planning education and services.

The Convention on the Rights of Persons with Disabilities likewise covers this right:

Article 25 – Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

A Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

B Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons; Provide these health services as close as possible to people's own communities, including in rural areas;

Article 26 – Habilitation and Rehabilitation:

"States Parties shall ... organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes ... begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;..."

The right of children with disabilities to health services includes equal access to basic health care and safe and appropriate sanitation services. It also includes specialized health services such as early identification and intervention, rehabilitation and mental health services. There is recognition also that adequate measures should be taken to prevent disability.

Realization of the right of children with disabilities to health services in Bangladesh varies greatly depending on geographic location, economic status, social norms and literacy level of the caregiver. While there are definite signs of progress, especially in prevention, the country faces great challenges in providing adequate public sector health and sanitation services for the population as a whole, and especially for children with disabilities.



A young boy washes his hands in unclean river water. Changing behaviours regarding water, sanitation and hygiene practices is a significant challenge.

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4.3.1 PREVENTION OF IMPAIRMENTS

As stated in the 2009 Situation Assessment and Analysis of Children and Women in Bangladesh, "The main immediate causes of disability among children are maternal and child undernutrition, disease, problems during delivery and accidents. Most of these causes are preventable."⁴² Low rates of access to adequate health care, especially maternal and neonatal care, lead to high rates of impairments.

Lack of adequate and safe water and sanitation facilities and services and poor hygiene practices are other preventable causes of impairment. It is estimated that 100 million people worldwide have impairments caused by malnutrition and poor sanitation.⁴³ Due to the country's environmental characteristics, population density and vulnerability to natural disasters, access to appropriate water and sanitation facilities is a challenge in much of Bangladesh. Nationally, 83 per cent of the population is reported to have access to safe improved water sources and 55 per cent to improved sanitation,⁴⁴ with significant inequities

⁴² UNICEF, Situation Assessment and Analysis of Children and Women in Bangladesh, 2009.

⁴³ Helen Lee, 'Disability as a Development Issue and How to Integrate a Disability Perspective into the SCO', discussion paper, Oxfam, Oxford, UK, 1999.

⁴⁴ WHO / UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 'Progress on Drinking Water and Sanitation: 2013 update', 2013.



A child is given a vaccine for measles during a Measles Vaccination Campaign.

© UNICEF/BANA2010-00299/Mojumder

in access between and within districts and communities. The situation is further exacerbated by challenges relating to high water tables, rapid urbanization and water quality. The proximity of water sources to sources of pollution and poor water household storage practices contribute to bacterial contamination of drinking water. Limited access to safe and appropriate water and sanitation facilities and low rates of effective hand-washing cause diarrhoea, which, by depleting nutrients, contributes to stunting and affects children's intellectual development.

The effect of arsenic contamination, which occurs naturally in groundwater in much of Bangladesh, has been a major concern since it was detected in 1993. An estimated 22 million people consume water containing arsenic in excess of the country's drinking water standard.⁴⁵ As contamination is related to hydrogeological conditions, the concentrations vary dramatically

throughout the country, in some places exceeding the country standard by a factor of 6 and the WHO standard by a factor of 30. Consumption of arsenic-rich water can cause poisoning leading to fatalities from cancer and heart and lung disease as well as the loss of limbs. The use of contaminated water for irrigation and cooking is thought to accelerate the onset of arsenic poisoning.

Injuries from accidents, both intentional and unintentional, are of increasing concern as a cause of death and disability. According to the 2005 Bangladesh Health and Injury Survey Report on Children,⁴⁶ an estimated 13,134 children develop permanent

⁴⁵ UNICEF, National Drinking Water Quality Survey 2009 (part of multiple indicator cluster survey 2009).

⁴⁶ Government of Bangladesh, Health and Injury Survey Report on Children 2005.



Water is tested for arsenic by a monitoring team at Doara Bazer, Sunamgonj in 2013.

© UNICEF/BANA2013-00609/Haque/Drik

disabilities due to injuries each year. Drowning was the lead cause of death among children aged 1 to 4 and suicide was the leading cause for the 15-17 age group. All age groups of rural and urban children suffered from non-fatal transport injuries, with the highest rates among 15- to 17-year-olds. Intentional injuries resulting from violence also result in disabilities; the number doubled among post-pubertal adolescents. The survey found that intentional injuries caused more severe harm than unintentional injuries.⁴⁷

Children also face disabilities from impairments that are not preventable, such as Down syndrome. It is important to advocate for the realization of the rights of children with disabilities. Thus the priority in regard to health is for children with disabilities to have access to the services they require in the most inclusive settings in their communities with recognition that appropriate steps should be taken to prevent impairments.

Progress achieved

Bangladesh has made some impressive achievements, specifically in preventing disabilities through immunization programmes and improved newborn care. Progress has also been made in improving water and sanitation and initiating strategies to reduce accidents and injuries.

⁴⁷ Ibid.

- **Immunization coverage is high and reaches every district.** Through the Expanded Programme on Immunization (EPI), Bangladesh has eliminated polio and received 'Polio Free Certification' in March 2014. Additionally, 92 per cent of one-year-old children are protected against diphtheria, pertussis and tetanus, and with 86 per cent of one-year-olds immunized against measles,⁴⁸ blindness as a result of rubella has also been reduced. EPI activities include advocacy, social mobilization, training and cold chain management. UNICEF, WHO and the GAVI Alliance have continuously supported the Ministry of Health and Family Welfare (MOHFW) in strengthening government capacity at various levels, and Bangladesh has received GAVI awards twice, in 2009 and 2012, for successful immunization programmes for children. UNICEF also supports a Reach Every District strategy that targets 15 chronically low-performing districts, including the Chittagong Hill Tracts and urban poor communities.
- **Maternal, neonatal and child health services are being strengthened.** Considerable progress has been made in improving community maternal and neonatal health practices and use of quality services, partly through the UN Joint Maternal Newborn Health Initiative, launched in 2007, which targets poor and excluded communities. Implemented by the MOHFW with support from UNFPA, UNICEF and WHO, it aims to accelerate progress towards MDGs 4 and 5, measured by a reduction in maternal and child mortality. It should also support a reduction in child disability. It is focused on improving district plans, providing quality services in a continuum of care, raising demand for maternal and neonatal health care services and improving equity, participation and accountability at local levels. Some key achievements include:
 - The proportion of births in health facilities (both public and private) increased from 14.6 per cent in 2007 to 28.8 per cent in 2011.⁴⁹
 - Women with obstetric complications were much more likely to seek treatment from a facility in 2010 (29 per cent) compared with 2001 (16 per cent).⁵⁰

⁴⁸ Government of Bangladesh, Directorate General of Health Services, EPI coverage evaluation survey, 2013.

⁴⁹ Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

⁵⁰ National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, and icddr,b, Bangladesh Maternal Mortality and Health Care Survey 2010, NIPORT, MEASURE Evaluation, and icddr,b., 2012.



- Births attended by skilled health personnel increased from 21 per cent in 2007 to 32 per cent in 2011.⁵¹
- The proportion of pregnant women receiving post-natal care from a trained provider within two days of birth was 20 per cent in 2007 and rose to 27 per cent in 2011.⁵²
- Standard operating procedures for newborn health services at referral facilities have been developed and Special Care Newborn Units established in 14 secondary and tertiary level hospitals. Service providers of primary, secondary and tertiary level hospitals have been trained on sick newborn management.
- Integrated Management of Childhood Illness services have been scaled up to 401 Upazilla health complexes and 59 district hospitals.

Marjia, 15, facilitates swimming lessons for local children in Khailkura village, Sherpur District as part of the Swim Safe project that is a partnership between the Government, UNICEF and the Centre for Injury Prevention and Research, Bangladesh (CIPRB).

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- **Social mobilization to increase use of maternal and neonatal health care services is growing.** Efforts to increase demand for quality maternal and antenatal services are helping bridge the knowledge gap and increase utilization of services. This is especially noted in the UN Joint Maternal Newborn Health Initiative project areas:⁵³
 - Community health volunteers and community support groups have been organized as primary agents of change. Their support includes raising funds and arranging transport for poor pregnant mothers.
 - District information officers are being equipped with knowledge and skills to reinforce key care practices

⁵¹ Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

⁵² Ibid.

⁵³ Government of Bangladesh and United Nations, op. cit.

and protection from harmful practices and to engage communities in dialogue.

- Audio-visual and print materials on various maternal and child health topics have been reproduced and mobile cinema productions conducted. Nationwide efforts include awareness-raising campaigns organized by community health workers from the Government and NGOs as well as programmes on Bangladesh TV and Bangladesh Betar, private channels featuring messages on safe motherhood, breastfeeding and infant and young child feeding practices.⁵⁴
- **Access to sanitation, hygiene and water supply is improving.** Improving access to safe water, sanitation and hygiene in both rural and urban areas has been a priority for the Government in cooperation with development partners and NGOs. Bangladesh is considered a regional role model on the basis of progress made in reducing open defecation from 32 per cent in 1990 to 4 per cent in 2011.⁵⁵ This dramatic reduction was due to the implementation of a large sanitation programme to encourage households to build latrines. By 2011, 27 per cent of sanitation facilities were shared and 55 per cent were classified as 'improved', which is a dramatic improvement from 38 per cent in 1990. The Sanitation, Hygiene, Education and Water Supply in Bangladesh (SHEWA-B) project which commenced in 2007, contributed to these improvements. Its primary focus was hygiene promotion/social mobilization, complemented by provision of water and sanitation facilities. A large component of the project focused on creating demand for improved access to these facilities as well as building the capacity of households, communities and local government institutions to facilitate the improvements and changes in behaviour. However despite this progress, the design of many facilities in schools and communities is not disability accessible.
- **Efforts are being made to address arsenic contamination of water.** The Government's Department

of Public Health Engineering, with support from UNICEF and NGOs, has undertaken a number of initiatives to address the problem of arsenic in water. A nationwide survey of tube wells (2000-2003) indicated the extent of the problem. It was followed by a massive screening programme that marked contaminated tube wells in red to deter people from using the water for drinking and cooking. Other efforts include:⁵⁶

- Development of the National Arsenic Communication Strategy and Campaign and mass media and interpersonal communication tools to reach teachers, religious leaders, health care workers and the Department's engineers.
- Integration of arsenic mitigation activities into hygiene and sanitation promotion including awareness-raising, primarily through a network of 10,000 community hygiene promoters and installation of alternative water sources for communities with contaminated primary sources. A critical component was building the capacity of local government institutions and community health promoters to test for arsenic and create demand for testing among communities.
- Initiation of a smaller project, Deployment of Arsenic Removal Technologies, that examined the effectiveness and social acceptability of arsenic removal filters in affected areas.
- Establishment of a National Water Point database, which collates data, including arsenic test results, from water points around the country. To date, data from 258,000 water points has been collected from government and NGO sources. The database, which will be accessible to the public in early 2014, will enable the public to check the arsenic levels in their area and to be better informed about technological options to reduce arsenic exposure.
- **More attention is being given to prevention of accidents and injuries.** Based on the results of the 2005 Bangladesh Health and Injury Survey, actions are being taken to reduce deaths and disabilities resulting from accidents, both unintentional and intentional. For example:
 - The Government has included injury prevention as one of

⁵⁴ Government of Bangladesh, Fifth Periodic Report of the State Party on the Convention on the Rights of the Child, 2012.

⁵⁵ WHO / UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 'Progress on Drinking Water and Progress on Sanitation and Drinking Water – 2013 update', 2013.

⁵⁶ UNICEF, fact sheet on arsenic mitigation in Bangladesh.

five priority areas for public health intervention and as a special focus area for children's health.⁵⁷

- An inter-ministerial committee has developed an action plan and strategy on road safety.
- Since the 2005 survey found drowning to be the lead cause of death among children aged 1 to 4, UNICEF has supported the Swim Safe project in partnership with the Government; it trains adolescents and adults to provide a free 15-day swimming course and teach lifesaving techniques.
- One-stop crisis centres in Dhaka and other areas have been introduced for women vulnerable to violence, together with a hotline system. These are motivated by the prevalence of acid attacks, which primarily target children and young women.

Key challenges

- **Strengthening maternal and neonatal health care faces constraints.** Despite notable progress, a number of obstacles remain in preventing disabilities caused by inadequate maternal and neonatal health care. One is the amount of time it will take for the models being developed in target areas to be replicated for full nationwide coverage. Other obstacles include:⁵⁸
 - The low availability and inequitable deployment of skilled human resources, which continues to impede access to and quality of health services at district, subdistrict and community levels;
 - Lack of regular supervision, monitoring and improvement of quality both at facility and community level;
 - Low attendance at antenatal care services due to factors including distance, quality of care and social norms;
 - Reluctance of mothers to get post-natal care from a trained provider within two days of delivery due to traditional beliefs and customs as well as lack of nearby trained service providers;
 - Low utilization of emergency obstetric services, including due to delays in recognizing an emergency, deciding to seek treatment, getting to treatment facilities (which can be more

⁵⁷ Government of Bangladesh, Health and Injury Survey Report on Children, 2005.

⁵⁸ Government of Bangladesh and United Nations, op. cit.

Box 7. Example of supply challenges

"A lack of consistent oxygen supply at the hospitals beyond the district level means that, a newly born child, especially suffering a prolonged labour, does not necessarily get the required oxygen soon after birth. This alone starves the brain of the required oxygen supply, resulting in conditions like cerebral palsy or intellectual disabilities."

– Draft State Party Report on the Convention on the Rights of Persons with Disabilities, 2010

than an hour away) and paying the fees;⁵⁹

- Ineffective government procurement and distribution systems for essential supplies, which can mean poor quality of care even when women seek obstetric services (see box 7).
- **There are wide disparities in access to quality maternal health care.** The maternal care a mother receives is strongly correlated with the socioeconomic status of her household, her educational background and her area of residence. According to the 2011 Bangladesh Demographic and Health Survey, only 11.5 per cent of deliveries had skilled attendance among the lowest wealth quintile, while the corresponding figure for the highest wealth quintile was 63.8 per cent. Similarly, only 30.4 per cent of women from the lowest quintile received antenatal care from a medically trained provider compared to 87.4 per cent of women from the highest quintile. Access to antenatal care from a medically trained provider is higher in urban areas (74.3 per cent) than rural areas (48.7 per cent).⁶⁰
- **Low birthweight is a major problem, especially among adolescent mothers.** Linked to malnutrition and equally complex, low birthweight is not only an issue of access to food but also of traditional practices and beliefs. A tradition of limiting food intake during pregnancy to ease delivery results in a high percentage of premature and malnourished babies and complications during delivery.

⁵⁹ National Institute of Population Research and Training (NIPORT), ORC Macro, Johns Hopkins University and ICDDR,B., Bangladesh Maternal Health Services and Maternal Mortality Survey 2001.

⁶⁰ Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

Box 8. Children's views on health care

"Significant problems include unhygienic toilets, lack of health services for flood-affected children, inadequate health services for children at Government hospitals... vacant medical posts in medical centres and hospitals, negligence of the doctors, increases in the price of medicine, the proliferation of adulterated and counterfeit medicines, the use of contaminated and arsenic-contaminated waters, and an increase in below standard diagnostic centres and clinics."

Source: 'Our Story: Child-Led Alternative Report on Child Rights Situation in Bangladesh in Response to Fifth State Party Report', Bangladesh, 2013

This is especially true for young girls with underdeveloped bodies. The lowest birth rate in the WHO standard (2,500 kilograms) is accepted as the norm in Bangladesh.

- **Changing behaviours regarding water, sanitation and hygiene practices takes time.** The most challenging aspect of improving access to safe water and sanitation is changing behaviours to ensure that facilities are used and maintained and hygienic behaviour is practised consistently, including effective hand-washing and safe water storage. Transitioning from knowledge to practice can take a long time, and more time and resources are required for underserved areas.

4.3.2 ACCESS TO HEALTH SERVICES

The Constitution of Bangladesh obliges the Government to ensure medical care and improve public health for all citizens. However, although the public health system is decentralized in Bangladesh and reaches down to community level with free primary health care, children's right to health is not always realized and this situation is exacerbated for children with disabilities (see box 8).

The 2009 annual review of the Government's Health, Nutrition and Population Sector Programme concluded that major impediments to utilization of health services are lack of sufficient drugs, staff shortages (especially in remote facilities), poor prioritization of spending and pervasive problems of

management and coordination.⁶¹ Health care also correlates with household wealth and educational background. Access is much higher in non-slum urban areas than in slums and rural areas.⁶² Economic barriers and lack of knowledge among caregivers hamper uptake of health services by the poor and it is acknowledged that children with disabilities and their families are often among the poorest members of a community.⁶³

In this context, adequate health care for children with disabilities is limited. Public sector health care can be difficult to access, and in some cases users report that services are harmful. On the other hand, some high-quality public and private specialized services have been developed that meet international standards. However, as yet they reach a small number of children with disabilities, mostly those from the wealthiest groups.

Progress achieved

- **The public health care system has improved.** The MOHFW, in cooperation with development partners and NGOs, has made considerable efforts to strengthen the public sector health system. While there is no information as to the impact of this improvement for children with disabilities, access has improved:
 - According to the Government, access to free primary health services has been expanded to community level, with 12,537 community clinics currently functioning throughout the country and operating as part of a referral system which could potentially provide support for children with disabilities. Some clinics also play a significant role in the national programme for treatment of clubfoot. Emphasis has been given to building national capacities for training health workers through expansion of public and private medical and nursing education. The National Institute of Population, Research and Training is coordinating training of community paramedics on reproductive health, child health, nutrition and family planning.

⁶¹ Government of Bangladesh, Bangladesh Health, Nutrition and Population Sector Programme Annual Programme Review, vol. I, Main Consolidated Report Key Findings, Conclusions and Recommendations By the Independent Review Team, 10 May 2009.

⁶² UNICEF, Bangladesh Country Programme Document 2012-2016, 2011.

⁶³ Rebecca Yeo, op cit.

- Various UNICEF-supported maternal, neonatal and child health programmes have helped to strengthen decentralized planning and management of health services and training of community health workers and volunteers. Training modules, guidelines, standards and protocols have been developed for community integrated management of childhood illness.⁶⁴
- **The National Health Policy 2011 recognizes specialized health issues of people with disabilities.** The Policy's principles mention that special attention should be given to the priority health problems of people with disabilities and that resources should be allocated towards this end. Similarly, the Policy's strategic actions urge that attention is given to meeting the health care needs of marginalized populations, including people with disabilities, and that a special health service programme is formulated for this purpose. However there also needs to be recognition that children and adults with disabilities require access to existing mainstream health services as they have the same needs for regular health services as people without disabilities.
- **The Health, Population & Nutrition Sector Strategic Plan (HPNSSP) 2011 – 2016 recognizes the need to address exclusion on the basis of disability from health services.** The HPNSSP acknowledges that children and people with disabilities among other marginalized groups "are poorly served by the current system", further noting that "often the 'voice' of the poor and vulnerable – whenever expressed – gets trapped at the local level."⁶⁵ The plan recognizes that infrastructure will need to be made accessible and human resources developed to address issues associated with the attitudes and behaviour of health service providers towards people with disabilities. It further notes that intersectoral coordination with other government ministries will be important to achieve change. Furthermore, one of the priority activities under child health in the HPNSSP is to promote and strengthen services for orphaned children and children with disabilities.
- **Shishu Bikash Kendra (Child Development Centres) have been established in district hospitals.** These centres in government tertiary medical colleges perform

early assessment and diagnosis for children identified with potential disabilities. They also treat disabilities and offer training and support for parents. This model, first developed in 1992, was included in the MOHFW's Operational Plan 2008-2011. These centres are now located in 10 government medical hospitals, 3 in Dhaka and 7 outside. Plans call for replication in all 17 government hospitals and 20 district hospitals.

- **Autism and other neurological disabilities are getting more attention.** Extensive efforts have been made by governmental and non-governmental organizations to aid children with autism spectrum disorder and other neurological disabilities:
 - A Neurodevelopmental Disabled Persons Protection and Trust Act was passed in 2013 and provides for a trust to be set up for the benefit of people with neurodevelopmental disabilities.
 - The Centre for Neurodevelopment and Autism in Children, launched in 2011, is the first training and research facility for paediatric neurodevelopment and autism-related disorders in Bangladesh. The Centre is located on the premises of Bangabandhu Sheikh Mujib Medical University, where a multidisciplinary team provides comprehensive care to children with disabilities and their families under one roof. Continuous high-quality training, for both doctors and therapists, is an integral part of the programme.⁶⁶
 - The MOSW supports services provided by the BPF, which has a long-standing reputation for quality diagnostic, early intervention, education and rehabilitation services.
 - The MOHFW has started training doctors and community health workers on autism and has begun a pilot project on screening and early detection in community health clinics. It has completed piloting of home-based screening of autism and neurodevelopmental disabilities in children from birth to nine years in seven selected Upazillas (one in each division of the country). Additionally at Upazilla level, the Government has created some scope for parents and caregivers of children with autism and other neurodevelopmental disabilities to receive training and awareness-raising services.

⁶⁴ Government of Bangladesh and United Nations, op. cit.

⁶⁵ Government of Bangladesh, Health, Population & Nutrition Sector Strategic Plan (HPNSSP) 2011 – 2016, 2010.

⁶⁶ Global Autism Public Health (GAPH) Bangladesh, 'One Year Progression on Autism in Bangladesh' pamphlet, 2012.



Children with autism take part in an early stimulation program at the Autism Welfare Foundation. © UNICEF/BANA2012-01439/Ahsan Khan

- Autism and neurodevelopmental disabilities have been included in the five-year National Strategic Health Plan for effective coordination of essential autism spectrum disorder screening, diagnostic and intervention facilities.
- Several sensitization trainings have been conducted for administrative and medical professionals from MOSW, MOHFW and MOWCA to raise awareness on all disabilities, with a focus on autism and neurodevelopmental disabilities.
- Through its 68 one-stop service centres, JPUF has been providing services to children with autism spectrum disorders, and each centre will have an 'autism corner'.
- NGOs, mostly driven by parents, offer a range of excellent services, mostly for children with autism. These include the Society for the Welfare of Autistic Children, Autism Welfare Foundation, Autistic Children's Welfare Foundation, Creative World of Autistic Children, Smiling Children and Alokito Shishu. These services are primarily in Dhaka and Chittagong.
- **Training on mental health and neurological disabilities is expanding.** WHO is supporting development of a training manual on mental health and neurological disabilities, which will be adapted to country needs. This five-day training for physicians, nurses and other health personnel has the potential to increase sensitivity, accurate diagnosis and appropriate referrals. Additionally, recognizing the importance of addressing psychosocial disabilities and ensuring the rights of people with these disabilities, the MOHFW is formulating a law relating to mental health.



An eight-year-old boy with a disability waits for vaccines during the Measles-Rubella Vaccination Campaign in Tangail. It is unclear how many children with disabilities are reached through current vaccination coverage.

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Key challenges

- **National health policies have not always addressed the rights of people with disabilities.** As stated in the Government's draft report on the CRPD:⁶⁷ "The national health policies in the past have rarely incorporated disability issues, and so the main actors in this field have mostly been the non-government organizations but that is all changing now, with a new all-inclusive health policy coming up, incorporating the needs of people with disabilities." Despite the plan to establish child development centres in all medical colleges, continuing access to appropriate health services remains a critical issue for children with disabilities.

⁶⁷ Government of Bangladesh, Draft State Party Report on the Convention on the Rights of Persons with Disabilities, 2010.

- **Children with disabilities receive limited attention in health sector reports.** Overall, government health initiatives and reports do not recognize children with disabilities. Disaggregated data on children with disabilities are difficult to find or do not exist. For example, EPI data do not cover the numbers of children with disabilities who are immunized or efforts to include them, so it is possible that they are among the 19 per cent⁶⁸ of children not yet reached by current immunization coverage. The invisibility of children with disabilities in health reports, training curricula, mobilization activities and community debates reinforces discriminatory beliefs and behaviours among health care providers and community leaders and means it is difficult to accurately gauge if children with disabilities are able to access mainstream health services.
- **There is a lack of human resources and high turnover rates.** Bangladesh Health Watch has concluded that Bangladesh suffers from shortages and misdistribution of staff, a skill mix imbalance, a negative work environment and a weak knowledge base all of which impact the availability and quality of health services received by children with disabilities. Qualified practitioners constitute a low percentage of all health care providers and the country lacks sufficient numbers of doctors, nurses and health technologists according to WHO standards and averages for low-income countries.⁶⁹
- **Training and sensitization on disability issues are insufficient.** Traditional norms and behaviours related to disability result in insensitivity and discrimination among health care professionals. Caregivers of children with disabilities often face humiliation and even rejection when seeking health care, especially from public sector clinics near their homes. In addition, maltreatment by untrained health service providers can cause further injury. Some poorly trained health care professionals lack education and sensitivity on disability issues (see box 9).

⁶⁸ Government of Bangladesh, Directorate General of Health Services, EPI coverage evaluation survey, 2013.

⁶⁹ UNICEF, Situation Assessment and Analysis of Children and Women in Bangladesh, 2009.

Box 9. Unsafe treatment of disability

Treatment for spinal injuries and other disabling conditions is often based on superstitious methods and performed by untrained village doctors in settings which are neither hygienic nor appropriate. This maltreatment often causes further injury or aggravates the condition of the patient. Avoidable complications are a common consequence of treatment by unqualified practitioners.

Source: Centre for Rehabilitation of the Paralysed website: www.crp-bangladesh.org.

- **Coverage of specialized health services is limited.** While NGOs and the private sector have programmes providing specialized health services for children with disabilities, these are often limited in scope and geographic coverage. Access to health services will only be adequate for all children with disabilities when the public sector addresses the obstacles facing these children and their families in accessing mainstream community-based services.
- **The WASH sector development plan does not explicitly push for disability accessibility.** While it is a positive development that the government's Water Supply and Sanitation Sector Development Plan (2011 – 2025) acknowledges persons with disabilities as one amongst a number of other vulnerable groups and lists action points to address the needs of these vulnerable groups, the Plan is not explicit in calling for facilities to be designed in a disability accessible manner. Without such a push from a high level, efforts to address access to water and sanitation for persons with disabilities may prove to be piecemeal. For example, ADD was involved in a small survey on access to latrines for persons with disabilities and development of a design for cost-effective, locally made, disability-friendly fixtures, but no plan has been made for implementing this design.
- **Treatment of mental health is insufficient.** The general understanding of mental health issues is still low and treatment tends to be institutionalized,⁷⁰ which increases the risk of abuse, especially for children and adolescents with disabilities.

⁷⁰ Disability Rights Watch Group, State of the Rights of Persons with Disabilities in Bangladesh, 2011, Dhaka.



Without a push from a high level for WASH facilities to be built in a disability accessible manner, inaccessible tubewells such as this one photographed in 2012 at a government primary school, will exclude children with disabilities from accessing them.

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4.3.3 REHABILITATION SERVICES

Children with disabilities require access to rehabilitation services, which can reduce the disabling effects of their disability. Combined with reduction of societal barriers, it can help them to function to their fullest potential in their homes and community. In Bangladesh, specialized rehabilitation services are provided by the Government under the direction of the MOSW and by NGOs. These vary greatly in quality, from 'state of the art' to basic.

Progress achieved

- **'One-stop' service centres for people with disabilities are established.** Under the auspices of the MOSW and with World Bank support, the JPUF has established 68 one-stop service centres in 64 districts since 2009. This service will be extended to Upazilla level in the coming years. These centres provide physical and occupational therapy, speech and language therapy, hearing and vision tests, assessment and referral to appropriate services, and free assistive devices and mobility aids. Information about the service is disseminated by newspaper and television.



Children with disabilities participate in a therapy session at the Center for Rehabilitation of Paralyzed (CRP), Savar. © UNICEF/BANA2007-00643/Siddique

A planned outreach service consisting of 32 mobile therapy vans will provide services to people with disabilities to supplement the coverage of the one-stop service centres.

- **Rehabilitation services are being provided through NGOs.** Many organizations, both large and small, provide rehabilitation services for children with disabilities in cooperation with the Government. Most of these depend on external donors, both national and international, and focus on specific types of disabilities. For example:

- The BRAC Limb and Brace Fitting Centre was established in July 2000 to provide rehabilitation aids and services using appropriate technology. The Centre provides quality artificial limbs and braces, including training on their use, as well as physiotherapy and counselling and education.
- Hope for Life, an initiative of the Disabled Rehabilitation and Research Association, provides services for children with disabilities at their homes in rural areas. The programme, which operates in 20 districts in collaboration with the

MOSW, provides assessment and planning for medical rehabilitation and supports production and distribution of assistive devices.

- Community-based rehabilitation (CBR) programmes combine service delivery with community development and efforts to achieve equity for persons with disabilities. They are supported by a number of groups including the Centre for Rehabilitation of the Paralyzed, Centre for Disability in Development and the BPF.

Key challenges

- **Coordination and quality in one-stop service centres need improvement.** While the political commitment and planning to provide rehabilitation services are commendable, there are concerns that the rapid development and expansion of the one-stop centres is compromising their quality and sustainability. Other concerns include the lack of trained staff and difficulties in retaining staff, and the lack of coordination with other services, including child development centres, social workers and mainstream health services. Another issue needing attention is that separate service centres are not leading to more inclusive health services.
- **Rehabilitation services are far from many children's homes.** Quality rehabilitation services have limited geographic coverage and therefore are often far from the child's residence. Consequently, many parents are not aware of the services and often cannot afford the travel required to access them.
- **CBR programmes lack resources to respond to immediate needs.** Community-based rehabilitation programmes are the most accessible for the majority of children with disabilities and their families. They also serve to raise awareness, address discrimination and advocate for equal access to basic services. However, the majority of CBR programmes do not provide rehabilitation services and have limited capacity to provide health services. Thus opportunities for referral to specialized services remain limited.

education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

Malnutrition is a major cause of disability in Bangladesh, a country reported to have one of the highest rates of child and maternal malnutrition in the world. According to the 2008 *State of the World's Children* report, millions of children and women globally suffer from one or more forms of malnutrition, including low birthweight, stunting, underweight, vitamin A deficiency, iodine deficiency disorders and anaemia. The report notes, "Malnutrition passes from one generation to the next because malnourished mothers give birth to malnourished infants. If they are girls, these children often become malnourished mothers themselves, and the vicious cycle continues." The consequences are profound, resulting in lost productivity and reduced intellectual and learning capacity.

Around 54 per cent of children under 5 in the poorest quintile are stunted in Bangladesh, which is twice the rate of 26 per cent in the wealthiest quintile.⁷¹ Recent research has underscored the harmful effects of stunting on health, growth and development, particularly brain development, which is likely to cause long-lasting harm, especially on cognitive development. Stunting reflects not only food insecurity but inadequate feeding and care practices.

Micronutrient deficiencies among children also result in disability. Iodine deficiency disorders are the world's leading cause of preventable intellectual disability and impaired psychomotor development in young children. The 2011 to 2012 National Micronutrient Survey found that only 58 per cent of Bangladeshi households were using adequately iodized salt. Socioeconomic disparities are evident in the use of iodized salt, with the survey finding 73 per cent use in the poorest quintile and 86 per cent in the wealthiest.⁷²

4.3.4 NUTRITION STATUS

The CRC pledges the right to nutrition in article 24:

2 States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to

⁷¹ Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

⁷² Icdrr, et al., National Micronutrient Status Survey 2011- 2012.

Anaemia affects neurological development and hinders learning ability. Anaemia during pregnancy also increases the risk of giving birth to low birth weight infants who may not reach their full growth potential. The prevalence of anaemia among preschool age children is estimated at 33.1 per cent.⁷³ Rural preschool aged children are more anaemic (37 per cent) compared to their urban counterparts (22.8 per cent). The prevalence of anaemia in school age children is 19.1 per cent and 17.1 per cent among 6-11 year and 12-14 year age groups, respectively. The prevalence of anaemia among non-pregnant non-lactating women is 26 per cent,⁷⁴ while 49.6 per cent of pregnant women are anaemic.⁷⁵

Lack of folic acid in pregnancy contributes to major birth defects of the baby's brain and spine, including spina bifida and cleft palate. Dietary traditions, especially during pregnancy, may preclude consumption of foods that provide folic acid naturally, such as leafy vegetables, citrus fruits, legumes and whole grains. Calcium deficiency can lead to rickets, resulting in lifelong physical disability. According to the National Rickets Survey 2008, about 47 per cent of 1 to 15 year old children with rickets had calcium deficiency.⁷⁶

Natural disasters compound malnutrition. Every 6 to 10 years Bangladesh experiences a major disaster (flood, cyclone, drought) that causes widespread damage, wiping out crops, houses, safe water sources and livelihoods and worsening people's nutrition situation.

Progress achieved

- **Extreme poverty and hunger have declined.** In 2004, 43 per cent of children under five were reported to be underweight, but this number fell to 36 per cent by 2011, according to the Bangladesh Demographic and Health Survey. Breastfeeding had also increased from 43 per cent to 64 per cent.⁷⁷

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

⁷⁶ Iddr, b et al., National Nutrition Programme, National Rickets Survey in Bangladesh, 2008.

⁷⁷ Government of Bangladesh et al., Bangladesh Demographic and Health

- **Nutrition campaigns are contributing to reducing disability rates.** The National Vitamin A supplementation bi-annual campaign is contributing to a reduction in night blindness associated with vitamin A deficiency. The prevalence of night blindness among children from rural areas aged 18-59 months reduced from 0.62 per cent in 1997⁷⁸ to 0.04 per cent in 2005.⁷⁹ According to the EPI Coverage Evaluation Survey 2013, 84 per cent of children aged 6 to 11 months and 93 per cent of children aged 12 to 59 months received vitamin A supplementation in the last six months.⁸⁰
- **Direct nutrition interventions are being mainstreamed through the health system.** In 2011, the Government made a decision to mainstream nutrition activities in the health system rather than support parallel nutrition interventions. The plan is for nutrition to eventually be mainstreamed through all levels of health services, including at community level.
- **A national strategy on anaemia is in place.** The strategy's objective is to reduce by one quarter the prevalence of anaemia among high-risk groups in Bangladesh by 2015. Aimed at preventing and controlling anaemia in 60 per cent of high-risk groups, the package of interventions includes micronutrient supplementation, control of parasitic diseases and promotion of dietary behaviours known to improve micronutrient intake. Priority target groups are low birthweight infants aged 2-5 months and all children aged 6-23 months; pregnant women and breastfeeding women up to three months post-partum; adolescent girls; and newly married women.⁸¹
- **International development partners and NGOs are engaged.** Recognition of the serious malnutrition problem in Bangladesh has elicited support from international

Survey 2011.

⁷⁸ Helen Keller International and Institute of Public Health Nutrition, Vitamin A Status Throughout the Lifecycle in Rural Bangladesh: National vitamin A survey 1997-98.

⁷⁹ Helen Keller International and Institute of Public Health Nutrition, Bangladesh in Facts and Figures: 2005 annual report of the nutritional surveillance project.

⁸⁰ Government of Bangladesh, Directorate General of Health Services, EPI coverage evaluation survey, 2013.

⁸¹ Government of Bangladesh, National Strategy for Anaemia Prevention and Control in Bangladesh, 2007.



10 month old Akash with his sister at the Chandipur Primary School in Shyamnagar, Shatkhira, during the National Vitamin A Plus Campaign in 2011.

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partners and NGOs. Four UN organizations (the Food and Agriculture Organization of the United Nations, World Food Programme, WHO and UNICEF) are providing broad and long-term support to nutrition policy and programmes in Bangladesh, while numerous NGOs continue to support area based programmes.

- **Social safety net programmes are expanding.** The MOSW is implementing social protection programmes that provide cash assistance for the most vulnerable members of society, including children and adults with disabilities. These initiatives assist in reducing poverty and malnutrition among people with disabilities.

Key challenges

Despite the progress achieved, food security and nutrition require further serious attention in Bangladesh to ensure child survival and prevention of disability as well as to ensure that children with disabilities are reached by nutrition initiatives. Approximately 40 per cent of the population considered to be in “absolute poverty” failed to obtain the minimum level of dietary energy, according to the 2010 Household Income and Expenditure Survey. Food insecurity is more profound in disaster-prone areas and among the most disadvantaged groups, including minorities and in some cases children with disabilities. The issues include:

- **Reduction of malnutrition has slowed.** The reduction in malnutrition since the 1990s has been dramatic, but in recent years improvement has been slow. According to the

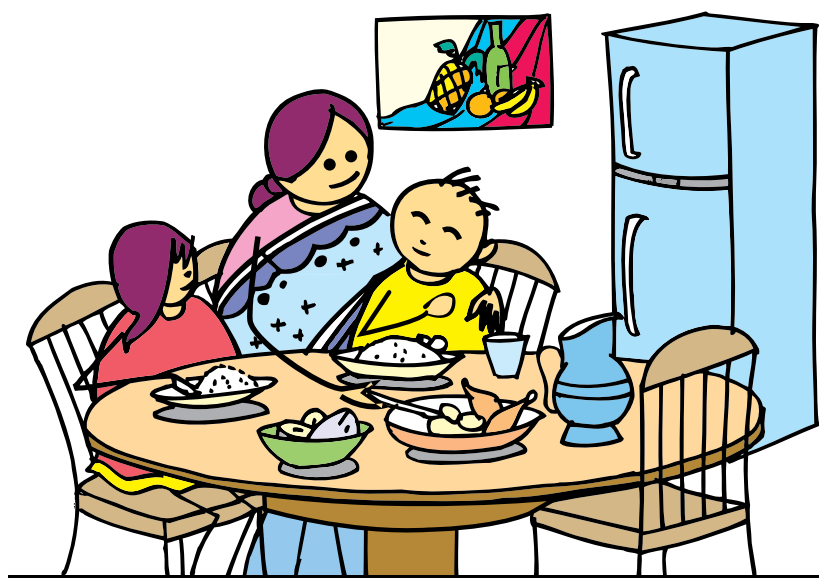
2011 Bangladesh Demographic and Health Survey, rates of stunting were 51 per cent in 2004, 43 per cent in 2007 and 41 per cent in 2011.⁸² Efforts need to be strengthened to address the multiple underlying causes, including poor hygiene, child marriage, poor maternal nutrition and inadequate complementary feeding practices.

- **Sub-optimal practices for infant and young children feeding are major contributors to undernutrition.** A 2009 survey to assess the impact of food price increases in Bangladesh found that while household food security clearly affected a child's nutritional status, lack of knowledge on caring practices and sub-optimal infant and child feeding practices were also major contributors to undernutrition. Dietary diversity and quality in particular was identified as a major problem⁸³ in addition to extremely poor hygiene and sanitation related to feeding and the environment surrounding young children.
- **A coordinated strategy on social protection is not in place.** Despite a number of social protection and safety net programmes, the country lacks a coordinated national strategy on social protection, and few programmes are directed specifically at children. However, more recently, the Government has commenced development of a National Social Protection Strategy, which has the potential to address these concerns.

Efforts to ensure that children with disabilities are reached by nutrition interventions are just beginning, therefore the percentage of children with disabilities who are reached need to be monitored. However, beginning in 2013, the national vitamin A supplementation campaign has incorporated an indicator and monitoring tool to ensure children with disabilities are identified and reached under this campaign. Considering the degree of marginalization faced by children with disabilities, these efforts need to be continued and strengthened. For children with disabilities, realizing the right to nutrition is extremely important. UNICEF is working on the Global Partnership on Children with Disabilities as one means of highlighting this issue.

⁸² Government of Bangladesh et al., Bangladesh Demographic and Health Survey 2011.

⁸³ World Food Programme, UNICEF, Institute of Public Health Nutrition, Bangladesh Household Food Security and Nutrition Assessment Report 2009.



4.4 RIGHT TO QUALITY EDUCATION

The right to education for all children is pledged in two articles of the CRC:

Article 28

1 States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- Make primary education compulsory and available free to all
- Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need

Article 29

1 States Parties agree that the education of the child shall be directed to:

- The development of the child's personality, talents and mental and physical abilities to their fullest potential
- The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations

It is also pledged in the CRPD:

Article 24 – Education

1 States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

- a.** The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity
- b.** The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential
- c.** Enabling persons with disabilities to participate effectively in a free society

2 In realizing this right, States Parties shall ensure that:

- a.** Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability
- b.** Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live
- c.** Reasonable accommodation of the individual's requirements is provided
- d.** Persons with disabilities receive the support required, within the general education system, to facilitate their effective education
- e.** Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion

The right is also recognized in the Declaration of the 1990 World Conference on Education for All, based on both a human rights perspective and on the generally held belief that education is central to individual well-being and national development. However, children with disabilities have remained relatively invisible in the efforts to achieve universal access to primary education.

In Bangladesh children with disabilities have been among the most educationally marginalized children. A major 2002 study⁸⁴ found that, of an estimated 1.6 million children with disabilities of primary school age, only 4 per cent had access to education nationwide. In areas where there were disability-related activities 18 per cent had access. Of this group 48 per cent were enrolled in formal education, 23 per cent in privately run integrated schools, 15 per cent in special education, 5 per cent in inclusive education and 9 per cent in other types of education. It also found that the proportion of students with disabilities in school decreased with age, falling from 44 per cent among children aged 6 to 10 to just 15 per cent among adolescents aged 16 to 18, indicating high dropout rates.

The 2013 Primary Education Annual Sector Performance Report reported 89,994 children with disabilities (39,629 girls) enrolled in government and rural non-government primary schools.⁸⁵ The 2012 Primary Education Annual Sector Performance Report (which reported 83,023 children with disabilities) provided disaggregated data on children with types of disabilities, including children with visual impairments (12,455), hearing impairments (5,541), intellectual impairments (19,683), speech impairments (18,927) and physical impairments (26,417).⁸⁶ The number of children with disabilities enrolled in both government and registered non-government primary schools grew faster than the PEDP-II target for all types of disabilities, particularly for children with physical and visual disabilities. The 50 per cent increase in the number of children with physical impairments between 2010 and 2011 was striking. However, it is not clear to what extent the trend indicated growing enrolment or simply better identification of students with disabilities. There is a need to continue to enhance regular data collection methods to ensure children with disabilities are counted in order to argue for appropriate resource allocation for inclusive education.

The lower proportion of children enrolled in secondary school is generally a result of children being forced to drop out of school

⁸⁴ CSID and Cambridge Consortium, op. cit.

⁸⁵ Government of Bangladesh, Primary Education Annual Sector Performance Report 2013.

⁸⁶ Government of Bangladesh, Primary Education Annual Sector Performance Report 2012.

“Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately cost effectiveness of the entire education system.”

– **Salamanca Statement, World Conference on Special Needs Education**

due to lack of accommodation for taking exams. On the other hand the number of children with disabilities in early childhood programmes appears to be growing.

4.4.1 INCLUSIVE EDUCATION

The 2009 UNESCO Policy Guidelines on Inclusion in Education present the case for inclusion as a human rights principle but also underscore the social and educational benefits of education. They note, “Educating all children together not only benefits the child with disabilities but also teaches all children about tolerance, acceptance of difference and respect for diversity.”⁸⁷ Reducing discrimination is critical to realization of the core commitments in the 1972 Constitution of Bangladesh, which aims to ensure “equality, human dignity and social justice” for all.

The 1994 World Conference on Special Needs Education in Salamanca also made this point:

In 2006, UNESCO performed an assessment of inclusive education in Bangladesh, which found that its benefits had not reached all marginalized groups uniformly and that children with both physical and intellectual disabilities were being left out of education.⁸⁸ Considering that Bangladesh has one of the largest primary education systems in the world and is highly centralized, it faces monumental challenges in meeting every child’s right to education. As part of efforts being made to increase inclusion,

⁸⁷ UNESCO, Policy Guidelines on Inclusion in Education, 2009.

⁸⁸ CSID and Cambridge Consortium, op. cit.

education for children with disabilities needs to be seen as beginning with early childhood education, where inclusion is easier and the benefits greater for lifetime participation.

Progress achieved

- **New education policies are recognizing children with disabilities.** The 2010 Education Policy addresses inclusion of children with disabilities, and the Comprehensive Early Childhood Care and Development Policy was approved in November 2013. Children with disabilities are adequately addressed in these policies, with emphasis on inclusion beginning with early learning centres/ preschools. Currently special and integrated schools still come under the mandate of the Ministry of Social Welfare. The Ministry of Education has also inserted a chapter on disability in school textbooks.



Shashwati Das, Head Teacher, teaches students and assists 8 year old Rabbi to identify numbers. Rabbi has a disability and attends mainstream classes at the Amtol Boys Government Primary School, in Moulvibazar.

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- **PEDP-II addressed inclusive education.** For the first time in Bangladesh, the MOPME included inclusive education strategies in the PEDP-II (2004-2011). There were four Action Plans developed and approved by MOPME including action plans relating to gender, ethnic groups, vulnerable children and children with special needs. The Action Plans called for establishment of an Access and

Inclusive Education Cell in the Directorate of Primary Education, employing an inclusive education focal point for each of the 64 districts at the rank of Assistant District Primary Education Officer. It also called for developing a training manual and supporting teacher training, through which one teacher from each of 62, 932 schools was trained on inclusive education as well as 2,690 field officers. While inclusive education is not limited to children with disabilities, they are recognized among the disadvantaged children not receiving primary education. UNICEF and its partners have helped to fund the development and implementation of PEDP-II. The major programme areas supported by UNICEF include local planning; in-service teacher training; social mobilization and community awareness; and initiatives for educationally disadvantaged groups of children and preschool intervention.

- **PEDP-III addresses barriers to inclusion of children with disabilities.** PEDP-III, which covers 2012-2017, strengthens the focus on improving quality and learning outcomes, decentralization and reduction of disparities. Making schools more disability friendly is among the priorities as well as reducing gender discrimination. The document states, "Appropriate toilet and ramp facilities should be provided for children and teachers with disabilities. There should be no discrimination between and among different types and areas of schools." This is important, as although there are no reliable data on the proportion of schools with functional WASH facilities that are accessible to students with disabilities, the number of such facilities is understood to be low. PEDP-III also introduced a stipend to support enrolment of extremely poor children, children with disabilities and developmental delays, children from ethnic minority groups and children who have dropped out of school. Furthermore the curriculum has been revised to include some inclusive education concepts in primary level textbooks and primary education training manuals. Such concepts are also being integrated into the newly developed teacher training programme for a Diploma in Primary Education.
- **Progress is being made towards making WASH facilities accessible in schools.** Lack of access to water and sanitation facilities in schools is always a major barrier for children with disabilities. The recently adopted National

Standards of Water, Sanitation and Hygiene for Schools in Bangladesh reference accessibility of sanitation facilities for staff and children with disabilities. This is a significant step as these facilities are lacking in many schools. Additionally, in an effort to remove structural barriers and enhance access to WASH facilities the MOPME has plans to construct new WASH infrastructure throughout the course of PEDP-III. According to recent surveys, an estimated 79 per cent of schools have access to a safe drinking water source and 65 per cent of government primary schools have separate toilets specifically for girls.⁸⁹ However, more than half of the water sources are reported to be non-functional and the latrines in poor sanitary condition or unusable. Although no comprehensive survey has been conducted on disability-accessible facilities in schools, it is believed that access is low, presenting a significant deterrent to school attendance.

- **Efforts are growing towards inclusive early childhood education.** Pre-primary education was a major focus under PEDP-II with the government deciding that it will form part of primary education. The importance of it was reinforced again through PEDP-III, which incorporated a one year pre-primary education for children aged 5 to 6 in all government primary schools, including the rural non-government primary schools that are now part of the government primary school system. The need to include children with disabilities in early childhood education was also recognized in the 2005 SUCCEED project supported by the Save the Children Federation.⁹⁰ House-to-house surveys were first conducted in five regions to identify children with disabilities aged 5 to 8 years, and those assessed with mild physical disabilities were integrated into the project. A major objective was to develop good practice models to promote education equity for all.⁹¹ Out of 231 member organizations of the Bangladesh Early Childhood Development Network, 177 are now targeting children with disabilities – an

⁸⁹ Government of Bangladesh, Primary Education Annual Sector Performance Report, 2013.

⁹⁰ The project supported achievement of a USAID programme, 'Improved Performance at Early Childhood and Primary Education Levels through Innovative Learning Models'.

⁹¹ Paul Ackerman et al., 'Assessment of Educational Needs of Disabled Children in Bangladesh', USAID, 2005.



In line with government directives, some schools, like this one at Chakh Uthly Government Primary School, Pabna are now being built with ramp access to improve accessibility for students with disabilities.

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important sign of progress. Furthermore, the Ministry of Primary and Mass Education has developed and approved an inclusive curriculum, pre-primary education materials and teacher training manual. From January 2014 the new text books are being supplied to pre-primary children. The Ministry of Women and Children Affairs has also made mandatory the inclusion of children with disabilities in all its early childhood learning centres.

- **Government is aiding secondary students with visual impairments.** DSS provides a resource teacher and room in 64 secondary schools to support students with visual impairments. Students are supported to learn to read Braille, use an abacus and improve their mobility. Braille books and other aids are supplied. Each school has 10 residential slots. All these schools follow the curriculum of the Ministry of Education's National Curriculum and Textbook Board.

- **NGOs are supporting inclusive education programmes.** A number of NGOs have developed inclusive education programmes for children with disabilities in cooperation with the Government, and some have successfully integrated children with disabilities into mainstream schools. Some notable programmes, which can serve as models, include:
 - Inclusive Education for Children with Special Needs, initiated by BRAC in its pre-primary and basic primary education programme for children with mild to severe disabilities. It also supports inclusive secondary education, including provision of training for teachers.
 - The BPF network of 13 schools, both urban and rural, for mainstreaming inclusive education. Children with mild disabilities attend school with children without disabilities and use the national curriculum, with some flexibility to adapt to individual child needs. In 2000 the BPF initiated an inclusive pre-primary school to promote early education and stimulation opportunities.



Hridoy, a nine year old boy with a disability, is carried part of the way by his father to school from his living quarters in Tikatoli. His father, who receives a cash transfer through the Ministry of Social Welfare to support Hridoy, uses his cycle rickshaw to convey Hridoy the rest of the way to school. Access to school can be a challenge for some children with disabilities when schools are located a long distance from their residence and transport is inaccessible.

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- CRP runs an inclusive primary school on its premises for students with and without disabilities. The school, which has a Special Education Needs Unit and an Inclusive Education Unit, has a multidisciplinary approach and provides occupational, physical and speech and language therapy. It also promotes inclusive early stimulation and education for children aged 3 to 5 in preschool.
- **The mainstream school system is not equipped to meet the needs of children with disabilities.** The school system does not yet use a child-centred teaching methodology, making it difficult to meet the needs of students. The Effective Schools through Enhanced Education Management (ESTEEM) II study found that for 83 per cent of the children with disabilities, no classroom adaptations were made to address mobility and communication barriers, not even such simple accommodations as moving children with visual impairment to the front of the room or having children study in pairs.⁹² Braille books were not available, even though the Government has a Braille press and a policy to provide free primary-level books in Braille to children with visual impairments. As Bangla

Key challenges

Despite new policies, inclusive education is at a nascent stage of development in Bangladesh and is primarily understood only as enrolling children with physical disabilities in mainstream schools. The Government faces numerous challenges in implementing PEDP-III.

⁹² CSID and Cambridge Consortium, op. cit.

BOX 10

Confessions of a teacher

"I know every child in the area, including all the children with disabilities. But in the survey report of the catchment area, I have not reported any of those children. I have my reasons. If I show them in my report, I will have to admit them in my school. I don't have any training on how to handle them. No teacher in this locality has this training. So how could we take care of them?"

"I have almost 100 children in each class, but we are only three teachers. So we have two shifts. That's how we manage the school. We don't have enough time to

take care of the normal children; how could we give attention to the children who have problems?"

"Then at the end of the year, if many children fail, it is our reputation as teachers that is at stake. Our increments, promotion etc. all depends on our output as teachers. These disabled children will ruin the situation even more. So we thought it is best not to report these children at all in the very first case."

Source: CSID, 'Educating Children in Difficult Circumstances: Children with Disabilities' for Directorate of Primary Education, Primary and Mass Education Division, Government of Bangladesh

Sign Language is not yet disseminated broadly across the whole country, communication is difficult for children with hearing and speech impairments. Additionally, although the Comprehensive Early Childhood Care and Development Policy 2013 represented a breakthrough in inclusion of children with disabilities, to date early childhood development services have not sufficiently addressed inclusion of children with disabilities. Support and training for teachers and monitoring for accountability will be necessary to overcome these barriers (see box 10), activities which are planned under PEDP-III.

- **Structural barriers and access to WASH facilities in schools will take time to address.** While new directives call for newly built schools to be accessible to children with disabilities, the cost implications have not been adequately addressed, and changes will therefore take time. Today, most schools remain inaccessible due to lack of ramps and accessible toilet facilities. There is also limited flexibility on the part of school staff to find practical solutions to help children with disabilities overcome the barriers and stay in school. However it is anticipated that actions taken through PEDP-III will assist in mitigating these barriers.
- **Understanding of inclusive education is limited.** The majority of children and adults with disabilities and their advocates feel that the right to education for

all children is not completely understood, especially in mainstream schools, including facilities for early childhood care and development. Social norms and behaviours among education staff and community members continue to obstruct progress. The ESTEEM II study reported that parents faced many obstacles to enrolling their children with disabilities in school. From school authorities they faced ignorance and negative attitudes as well as fear of not being able to handle a child with disabilities. In addition they faced repercussions from other parents and students for allowing children with disabilities to mingle with their peers without disabilities. They also reported a commonly held belief among teachers that children with disabilities can only be educated at special institutes.

- **Teachers and school authorities lack sufficient capacity.** A major problem is the lack of skilled and trained personnel to support inclusive practices and training in behaviour and classroom management techniques. Obstacles include low job satisfaction for primary school teachers due to poor salaries and high student-teacher ratios; high numbers of staff vacancies, raising workloads; low levels of awareness about disability and sensitivity to children with disabilities; limited technical support for inclusive education; and lack of monitoring to ensure policies are carried out. Changing the behaviour of school



Children with disabilities attend special education classes at the Center for Rehabilitation of the Paralyzed (CRP), Savar. © UNICEF/BANA2007-00600/Siddique

personnel will require practical training, support and awareness-raising. Furthermore the National Baseline Study on Inclusive Education conducted for Plan Bangladesh, reported that in some pre-service and in-service teaching curricula, concepts and strategies related to inclusive education require further enhancement to ensure teachers are adequately equipped with knowledge and skills to support inclusion of children with disabilities in mainstream classrooms.⁹³

- **Reliable and consistent data on the educational status of marginalized children are lacking.** The education management information system only looks at children in school; it does not analyse why children do not attend regularly, drop out prematurely or are not enrolled. This makes it difficult for policymakers to understand the nature of problems and plan meaningful interventions.⁹⁴ Additionally, children with disabilities are invisible in regular government education reports.

⁹³ M. Tariq Ahsan, 'National Baseline Study on Inclusive Education', Plan Bangladesh, 2012.

⁹⁴ Ibid.

4.4.2 SPECIAL EDUCATION

Special education services for children with disabilities are provided by the MOSW and civil society organizations. Most government-supported programmes cater to children with physical, visual and hearing impairments. Special education services for children with autism and with intellectual impairments are primarily provided by NGOs and private organizations in cooperation with government.

Progress achieved

- **The DSS operates special schools and services for children with disabilities.** The Government operates 12 special schools, 5 for children with visual impairments and 7 for children who are deaf. Together they provide primary education and vocational training for approximately 1,200 children nationwide. Stipends are not provided for day students, but residential students receive free room and board at government expense. Schools for children who are blind or have a visual impairment, with capacity for 500 children, are located in Dhaka, Chittagong, Rajshahi

and Khulna. Residential facilities are provided for only 180 children who have a visual impairment. Schools for children who are deaf or have a hearing impairment have capacity for 700 children and are located in Dhaka, Chittagong, Rajshahi, Khulna, Chandpur, Faridpur and Sylhet. Residential facilities are provided for 180 children. The Government also supports two centres for training and rehabilitation of persons with physical impairments and one for persons with visual impairments.

- **The JPUF operates special schools.** Under the auspices of the MOSW, the JPUF supports 10 schools for 770 children with various types of disabilities and 44 schools for 8,000 students with intellectual impairments in collaboration with an NGO. The JPUF campus in Dhaka also has a free school for 30 non-resident students with autism, with plans for a phased extension of this coverage. In addition JPUF provides grants to at least 70 NGO-operated schools to support health care and rehabilitation.
- **NGOs support special education opportunities and skills development.** Concern about the limited learning opportunities available for many children with disabilities has led national NGOs and private foundations to support education. These initiatives range from small home-based programmes for limited numbers of students to well-established high-quality schools that cooperate with the Government and others to establish skills at international standards. Among the most recognized are:
 - *Bangladesh Protibondi Foundation*, established in 1984, operates a primary school named *Kalyani* that has different units for children with intellectual disabilities, cerebral palsy, autism and visual impairment, as well as an early intervention programme. Children are trained by multidisciplinary teams of special education teachers.
 - *Autism Welfare Foundation*, established in 2004, operates a school in Dhaka for children with autism. Its highly structured programme has a teacher-student ratio of nearly 1:1. Operating two sessions per day, it emphasizes social, communication, behavioural and functional skills. In 2012, it served 156 students aged 6-18 and had mainstreamed 22 students into regular schools. In addition

are Proyash, Society for the Welfare of Autistic Children in Dhaka and Ashar Alo in Chittagong, along with Sarwar Autistic Children Welfare Organization, which serves children with autism in Khulna.

- **Training institutes in special education are being established.** Training in special education has been available since 1998, when BPF established the Bangladesh Special Education Institute in affiliation with the National University. The Institute has developed a special education curriculum offering bachelor's and master's degrees in special education in the fields of visual, hearing and intellectual disability. They also facilitate training courses for teachers, related professionals and personnel of various agencies. Another major step was establishment of a department of special education at the Institute of Education and Research at Dhaka University in 1993. It offers a four-year bachelor's honours degree followed by a one-year master's in special education and an M.Phil. leading to a Ph.D. in special education.

Key challenges

- **Special education remains marginalized.** Schools for children with disabilities continue to be registered under the Ministry of Social Welfare and not the Ministry of Primary and Mass Education. This is a clear indication that education for children with disabilities is still viewed as charity rather than a right. The limited involvement of MOPME affects standardization of curricula, support for expansion, access to special programmes such as school lunch and access to higher education.
- **Special education standards are lacking.** At present there is no uniform curriculum, teaching methodology, standardized formats for individual education plans or evaluation system, a result of special education residing outside the mainstream education system. Without a formal coordination mechanism, agencies providing special education services share information on an ad hoc basis.
- **There are insufficient trained personnel.** Bangladesh has very few teachers trained in special education. In addition, the training provided by the Government often does not include practical classroom teaching experience.

- **Access to special education is insufficient.** Fewer than 1,500 students have access to a special education in schools sponsored by the Government of Bangladesh, and they serve only those with selected disabilities (hearing, vision and intellectual disabilities). Children with intellectual and developmental disabilities tend to be the most marginalized as their education is dependent on NGOs.
- **NGO funding is limited and undependable.** NGOs depend on donor funding to support the schools they operate, which is not dependable in the long term. Funders such as The Society to Help Education in Bangladesh International (whose members are people of Bangladeshi origin and friends of Bangladesh in the United States) cannot assure sustainable funding. In addition, limited funds are allocated to the MOSW for special education. Under these circumstances the right to education for children with disabilities will not be met.

4.4.3 VOCATIONAL TRAINING

With skills development and employment many children with disabilities can become contributing members of communities, no longer seen as a burden to their families and society. While of immediate benefit to older adolescents and adults, progress towards inclusive skills development and employment promotes future opportunities for children with disabilities and supports changes in attitude.

Progress achieved

- **National Skills Development Policy 2012 includes persons with disabilities.** The recently approved National Skills Development Policy, developed by the Government with technical support from ILO, provides for vocational training for persons with disabilities. Implementation will be coordinated by a National Skills Development Council chaired by the Prime Minister and a National Skills Development Committee, co-chaired by the Secretary of Education. The Committee is responsible for mainstreaming disability in all government training programmes, ensuring reasonable accommodation, and developing inclusive training curricula. The policy sets a requirement of 5 per cent enrolment of persons with disabilities in all skills development programmes. Additionally, a National Strategy for Inclusion of Persons with Disabilities in Skills Development was drafted in 2013 and will assist in strengthening disability inclusion in the sector.
- **A training model on inclusive training is being piloted.** ILO is piloting a vocational training programme for people with disabilities in collaboration with the Government, CRP and Viyellatex Group, a garment manufacturer.⁹⁵ The programme provides four months off-the-job training in CRP centres and eight months on-the-job training in a garment factory. The garment industry is working to reduce barriers in factories and hiring a full-time social mobilizer after realizing that some persons with disabilities needed extra support. The programme has been replicated by a number of organizations and companies in different parts of the country.
- **NGOs are supporting vocational training and employment.** A number of organizations working with and for children and adults with disabilities are supporting vocational training. For example:
 - *Vocational Training Institute, CRP.* Vocational training has been a key component of CRP's rehabilitation programme since 1999. Training courses in computer applications, radio and TV repair, tailoring and industrial sewing are run from the Savar and Gonokbari centres. A follow-up of 242 trainees found that 183 had found employment and 16 had undertaken higher studies.
 - *Action for Disability and Development.* Supporting DPOs to provide skills training and employment, it is training 700 people with disabilities, including adolescent boys and girls living in extremely poor areas of Dhaka. They have successfully influenced the Bangladesh Garment Manufacturers and Exporters Association to recruit people with disabilities and ensure non-discrimination.
- **Vocational training is being incorporated into special education schools.** Nearly all special education schools offer vocational training. For example, the Autism Welfare Foundation runs a vocational training centre for students above 10 years of age and provides on-site training

⁹⁵ Under the Technical and Vocational Education and Training Reform Project of ILO's Decent Work Programme.



Biswajit, 17, has been successful in gaining employment and attends to a customer at his basket shop. However due to barriers such as negative attitudes of employers, it can be difficult for many adolescents with disabilities who have received vocational training to gain employment. © UNICEF/BANA2013-01352/Mawa

in secretarial work, food service, gardening and production of teaching materials. The BPF runs sheltered workshops for its graduates aged 17 and above to help prepare them to work in the corporate sector. It recently started a job placement programme.

- **Barriers at training institutions and work places are being explored.** ILO together with Handicap International conducted a rapid assessment on how to enhance inclusion of people with disabilities in eight technical and vocational training centres. The results will be used to develop recommendations to improve the situation. The SkillFul Project (led by the foundation Swisscontact) has also developed guidelines for training centres on how to include persons with disabilities in skills development and promotion.
- **The Government is supporting people seeking employment in Dhaka.** Remote areas of the country are home to a considerable number of people with disabilities who cannot avail themselves of employment

opportunities in the capital because of a lack of accessible accommodation facilities. Under the MOSW, JPUF is establishing two hostels (one for females, one for males) at the One Stop Centre in Dhaka to support persons with disabilities who come to the capital in search of employment. They are provided free accommodation and meals for a maximum of six months.

Key challenges

- **People with disabilities are not usually included in mainstream vocational education.** This exclusion is due to attitudinal, institutional and environmental barriers such as inaccessible infrastructure or false beliefs that persons with disabilities cannot be contributing members of society.
- **DSS has limited capacity and resources to provide vocational training.** Children with disabilities in schools and institutions run by the MOSW have limited access to vocational training due to lack of staff capacity and resources.

- **Job opportunities are limited.** Schools express concern about the difficulties students have in finding jobs after completing vocational training. Barriers to employment include attitudes about disability and inaccessible workplaces. Trainings for people with disabilities are often not linked to market demand.
- **Employers lack awareness on disability.** Most places of employment, including garment factories, offices and retail centres, lack sensitivity on disability issues. The Government is also challenged to employ people with disabilities and does not yet have a policy on equal opportunity.
- **Trainer capacity is insufficient.** There is limited knowledge on how to accommodate people with disabilities in training programmes, especially people with sensory disabilities. Many techniques have been developed internationally to facilitate work processes but they have not yet been adopted in Bangladesh. Training is required.
- **There is little networking or coordination.** Potential employers lament the lack of coordination and networking among groups working on vocational training and employment for children and young people with disabilities.

4.5 RIGHT TO PROTECTION FROM EXPLOITATION, VIOLENCE AND ABUSE

The CRC pledges the right to protection from abuse, neglect and exploitation in several articles:

Article 19

1 States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 32

1 States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.

Article 36

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

The CRPD covers similar issues in article 16 - Freedom from exploitation, violence and abuse:

1 States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

4 States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

There is substantial global documentation of the vulnerability that children with disabilities face. A recent analysis of studies from high-income countries,⁹⁶ commissioned by WHO, found that

⁹⁶ Centre for Public Health, Liverpool John Moores University, Liverpool, UK and the WHO Department of Violence and Injury Prevention and Disability, Geneva, 'Prevalence and Risk of Violence Against Children with Disabilities: A systematic review and meta-analysis of observational studies', *The Lancet* online, July 2012.



children with disabilities are 3.7 times more likely than children without disabilities to be victims of any sort of violence; 3.6 times more likely to be victims of physical violence; and 2.9 times more likely to be victims of sexual violence. Children with disabilities associated with mental illness or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence compared with their peers without disabilities. These figures are most likely higher in middle- and low-income countries.

Children are abused and exploited at home, in the community and in the work place. Child labour is a visible part of everyday life in Bangladesh, and the use of physical and humiliating punishment is socially and culturally accepted as a method of discipline. Some children suffer from sexual abuse and exploitation, and gender violence is a critical issue at older ages. However, there is very limited research on sensitive child protection issues in Bangladesh, and even less related to children with disabilities. The most informative studies are small-scale assessments conducted by NGOs working with people with disabilities.

A National Child Labour Survey conducted by the Bangladesh Bureau of Statistics in 2002-2003 reported that 3.2 million children aged 5-17 were engaged in child labour. Local practice and economic realities lead to wide acceptance of child labour, and many families rely for their survival on the income generated by their children. Children with disabilities are often seen begging on the side of the road and weaving between cars selling goods.

Other children with disabilities work in jobs that are hidden from view, making monitoring and protection more difficult. The majority of these children are not only being exploited but are also extremely vulnerable to violence and abuse. A small scale study of 30 children with disabilities living on the street in Dhaka revealed that all these children experienced physical violence.⁹⁷

A 2009 study on child labour among children with disabilities by the Centre for Services and Information on Disability⁹⁸ revealed the levels of abuse experienced. In the study, 21 per cent of children with disabilities engaged in wage employment said they had been victims of abuse in workplaces and outside the home; 47 per cent of all children said they have been assaulted physically; 33 per cent had experienced verbal abuse; 16 per cent said they had been punished psychologically; and 3 per cent reported sexual abuse.

Violence against women and girls with disabilities was also assessed by CSID in a 2002 study:

- The prevalence of abuse was 92 per cent for both girls and women. Almost an equal percentage of women and girls reported emotional abuse (78 per cent and 75 per cent respectively), physical abuse (82 per cent for both) and sexual abuse (32 per cent for women and 37 per cent for girls).
- Girls and women with intellectual disabilities were most likely to be sexually abused, followed by those with hearing impairment.
- In some cases these women and girls developed disabilities due to the violence inflicted upon them. They did not have the opportunity to demand justice and in fact were blamed for the violence inflicted on them because of their disability. The study found that girls and women with disabilities were usually deprived of access to treatment and health care facilities.⁹⁹

⁹⁷ Sayem, A, 'Violence, Negligence and Suicidal Tendency Among Physically Disabled Street Children', *Asian Social Work and Policy Review* 5: 44-59, 2011.

⁹⁸ CSID, 'Tales of Darkness: A baseline study on child labour among children with disabilities', Dhaka, 2009.

⁹⁹ CSID, 'The Feminine Dimension of Disability: A study on the situation of adolescent girls and women with disabilities in Bangladesh', CSID, 2002.

A 2010 study led by the MOWCA revealed findings on sexual exploitation of children. While not specific to children with disabilities, the findings from interviews with adolescents aged 13 to 16 in 12 locations of Dhaka City revealed their extreme vulnerability.¹⁰⁰ Among the few studies specifically exploring the vulnerability of children with disabilities to sexual abuse, a 2010 study by Bangladesh Protibondhi Foundation conducted for Save the Children Sweden-Denmark found that 51.4 per cent of children with disabilities are either at risk of sexual abuse (12.5 per cent) or have been sexually abused (38.9 per cent).¹⁰¹

Furthermore, pervasive negative attitudes about disability can make for an emotionally abusive environment for children in their homes and communities. Some adolescent girls with disabilities in Dhaka reported that they are not treated like their siblings at home, are called names in the community and are often rejected by teachers and health workers.¹⁰²

Progress achieved

Progress is being made in improving protection legislation, systems, capacities and services for children in Bangladesh. A minimum package of child protection services has been modelled and scale-up has been initiated. Child protection networks are promoting and monitoring children's rights. The work of the network covers a continuum of care including prevention, early identification, referral, service provision, review and case closure. A trained social worker assesses a child's situation and facilitates access to social services. In theory this will reach children with disabilities in need of protection from exploitation, abuse and violence. Children with disabilities are being specifically targeted in some social protection programmes, contributing to prevention and NGOs are also collaborating to address violence against children with disabilities.

- **Recent policy changes are improving protection for children.** As reported in the fifth Periodic Report on the CRC in 2012, a number of policy changes have been made to improve protection for children in Bangladesh. These are

not specific to but include children with disabilities and in some cases make specific reference to them. For example:

- The National Children Policy 2011 (sec. 6.7.1) states, "Steps shall be taken to ensure security and safety of the children against all forms of violence, alms mongering and physical, mental and sexual abuses. Effective public awareness program shall be undertaken to stop violence on children and abuse of them." In addition, the new Children Act 2013 enhances the framework for prevention of and response to violations of child rights.
- The National Child Labour Elimination Policy 2010 includes short-, medium- and long-term strategies and programmes to eliminate various forms of child labour by 2015. It calls for "providing emphasis for ethnic minority and children with disabilities to bring them back to congenial environment" and addresses the vicious cycle of poverty experienced by parents of working children.
- The Vagrancy Act 2011 updates the outdated Vagrancy Act 1943 with the objective to ensure shelter and rehabilitation of people lacking homes, including children of the street. Under this Act the Government and NGOs may establish shelter homes for a specific period in order to provide rehabilitation and socialization services.
- The Prevention of Domestic Violence Act 2010 brings national legislation in line with the Convention on the Elimination of All Forms of Discrimination against Women, the CRC and the Bangladesh Constitution in calling for prevention of domestic violence and protection of women and children from it.

- **Research is increasing understanding of protection issues for children with disabilities.** A number of studies on specific protection issues and children with disabilities have been conducted, bringing attention to the exploitation and abuse they experience, including the CSID studies noted above. Under the direction of the MOSW and with support from UNICEF, a situation analysis was conducted in 2012 of children involved in begging in Dhaka City.¹⁰³ It found that 8 per cent of children begging on the street had disabilities; the majority (73 per cent) had physical

¹⁰⁰ Ministry of Women and Children's Affairs, Government of Bangladesh, 'Rapid Assessments on Commercial Sexual Exploitation of Children and Adolescents in Bangladesh', 2010.

¹⁰¹ Bangladesh Protibondhi Foundation, 'Exploring the Vulnerability of Sexual Abuse and Exploitation of Children with Disabilities', Dhaka, 2010.

¹⁰² Focus group discussions with adolescents with disabilities in Badda and Mirpur, September-October 2012.

¹⁰³ Human Development Research Centre, 'Situational Analysis of the Street Children Involved in Begging in Dhaka City', 2012, adapted from CSID, 'Situation Analysis and Needs Assessment on Street Children with Disabilities in Dhaka City', 1999.



1098 is a toll free telephone number allocated by the Government of Bangladesh for a Child Helpline.

disabilities ranging from club feet and burns to cerebral palsy and muscular dystrophy. The report also stated that, “the disability status of the street children is in most cases exploited for profitable purposes. Many of the street children with disability are being used as beggars as their disability creates sympathy and attracts people’s sentiment.”

- **Non-government organizations are collaborating to address protection issues for children with disabilities.** Save the Children is collaborating with local NGOs to implement the European Union funded Inclusive Protection and Empowerment Project for Children with Disabilities with the goal of protecting children with disabilities from all forms of violence. Specific objectives include the development of self-protection skills among children with disabilities; improving the capacity of caregivers and service providers to identify signs of abuse and respond appropriately; and improving access to services for those who are survivors of violence. The project also aims to contribute to strengthening national policy frameworks and encouraging adoption of good practices. Partner organizations include the Centre for Disability in Development, Centre for Services and Information on Disability and the National Forum of Organizations Working with the Disabled.
- **MOSW is improving social work skills and standards.** Bangladesh has very few trained social workers, especially at local levels. With support from UNICEF and an international consultant, the MOSW has developed an innovative training curriculum designed to empower government and NGO social workers to develop their social work skills and

knowledge. The Basic Social Service Training and Professional Social Service Training are designed to change how field-level social workers respond to child protection issues by promoting a systemic and proactive approach. Both curricula include a brief module on disability to increase knowledge about and sensitivity to persons with disabilities and appropriate responses for prevention and intervention. So far 1,943 social workers have graduated from the basic training and 1,257 from the professional training, with a further 567 currently undertaking the training. Initiatives are being taken to institutionalize these as diploma programmes accredited by the National Social Services Academy.¹⁰⁴ In addition, software for a case-management database has been developed and users trained in seven pilot locations. This will help to track children at risk and facilitate planning and budget allocations.

- **A child helpline is operating in Dhaka.** Since 2010, the Child Helpline has provided emergency support services to children at risk throughout Dhaka. It operates a 24-hour telephone line, online counselling, referral to appropriate public and private services, emergency response and rescue support. The project also has an elaborate awareness-building and outreach programme including school awareness and peer teams, human chain protests and distribution of awareness materials. The Child Helpline is implemented by the MOSW in collaboration with Aparajeyo Bangladesh, a national child rights NGO, with UNICEF support. However the extent to which the service is accessible to children with disabilities, particularly those with communication disabilities, is not clear.
- **Training is addressing child labour and corporal punishment.** A child development training programme for parents, adolescents and community leaders is being rolled out at community level by the MOWCA, supported by UNICEF and in cooperation with NGOs. The interactive training focuses on adolescent development and specifically addresses child labour and child marriage. One objective is to support the creation of community-based child protection committees to establish protective environments for

¹⁰⁴ Brigitte Goby, ‘Review of Basic Social Services Training and Professional Social Services Training’, commissioned by UNICEF Bangladesh, 2011.



Children in a child friendly space in Ukhiya, including a young girl with albinism, listen eagerly to a staff member who is introducing the children to new play equipment. © UNICEF/BANA2012-00667/Ahsan Khan

children. Work is underway to develop components of these training programmes that highlight the rights of children with disabilities.

- **Child-friendly spaces are being established.** Initially established to ensure children's safety and psychosocial well-being in the aftermath of disasters, child-friendly spaces are now also being established as part of the minimum package of child protective services linked to community-based child protection committees and networks. These community-based centres incorporate prevention, early identification and intervention services related to child protection concerns in cooperation with other providers. A key objective is prevention of child labour, child marriage and corporal punishment. Other objectives include provision

of leisure and recreational activities to promote children's physical, socio-emotional and cognitive development; training on parenting skills; life-skills based education and stipends for adolescents to use for income-generating activities, civic action or personal development; and staff capacity-building to promote changes in social norms. The number of children with disabilities benefitting from child-friendly spaces is not yet clear but seems to be increasing.

- **Protection programmes are being established to address domestic violence and abuse.** The MOWCA, which has the mandate to address violence against women and children, has no programmes specific to children with disabilities. However, it reports that some adolescent girls with disabilities benefit from its services, and there is

scope for more inclusion. At present it is difficult to obtain disaggregated data to clarify the numbers reached. To address prevention of gender discrimination and violence, the MOWCA supports Adolescent Clubs, which provide structured dialogue and activities for girls and boys. With technical support from UNICEF, they are being piloted in all Upazillas of seven districts. Programmes to protect women and children from domestic violence and abuse include legal support, hotlines, shelter and rehabilitation. Seven victim support centres offer shelter, psychosocial counselling and skills training.

- **Child-sensitive justice procedures are being introduced.** Following enactment of the Children Act 2013, the Government in consultation with the Supreme Court of Bangladesh issued a gazette in April 2014 to establish children's courts in every district of the country. An official directive was issued by Police Headquarters to ensure establishment of child help desks in every police station. The pilot Justice for Children project is focused on prevention of juvenile delinquency, diversion and restorative justice. Judges and police officers are being trained on child-friendly procedures and interviewing skills with UNICEF assistance.

Key challenges

Overall, the major challenge is how to reduce barriers to prevention programmes for at-risk children with disabilities and how to provide services for those who become victims.

- **Limited information is available on the extent of exploitation, violence and abuse.** In general, data on children with disabilities have not been disaggregated in studies on exploitation, violence and abuse of children in Bangladesh. In many cases child victims with disabilities are not reached. Too few studies have been completed to provide adequate protection and response for at-risk children with disabilities.
- **Not enough services are directed to children with disabilities.** Most services being developed as part of a comprehensive child protection system are not yet fully equipped to serve children with disabilities. For example, the Child Helpline needs to reach and support at-risk children with disabilities, and the child-friendly spaces are only

beginning to identify and include children with disabilities, which requires addressing barriers to their participation. These barriers include lack of awareness, structural inaccessibility and limited staff capacities, especially in communicating with and supporting children who need assistance.

- **Staff capacities and knowledge are limited and too many positions are vacant.** Most staff of mainstream services lack the knowledge and capacities to include at-risk children with disabilities. Staff need training to increase awareness and understanding and to learn about methods to support inclusion. In addition, specialized staff are needed to facilitate communication and mobility needs of some children. Considering that a critical bottleneck in service provision is the significant number of unfilled government positions at national and subnational levels, this will take effort and funding.
- **Justice is often inaccessible for child victims with disabilities.** The Prevention of Repression Against Women and Children Act 2000 protects women and girls from abuse and violence. However, the law fails to respond to the rights of women and girls with disabilities who have been victims of violence and torture. For example, it is reported in some cases that courts do not accept evidence from girls with visual and hearing impairments or do not attempt to use specialized interpreters and counsellors that would facilitate their access to justice. Not being able to access justice victimizes these children a second time.



4.6 RIGHT TO PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORT

“Children with disabilities should be provided with equal opportunities to participate in various cultural and arts activities as well as sports. These activities must be viewed as both medium of expression and medium of realizing self-satisfying, quality of life.”

“Competitive and non-competitive sports activities must be designed to include children with disabilities in an inclusive manner, whenever possible. That is to say, a child with a disability who is able to compete with children with no disability should be encouraged and supported to do so.”

– Committee on the Rights of the Child, General Comment on the Rights of Children with Disabilities, 2007

The CRC addresses the right to participation in articles 23 and 31:

Article 23

1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

3 Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has [...] recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

Article 31

1 States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2 States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

The CRPD addresses it in article 30 - Participation in cultural life, recreation, leisure and sport:

1 States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

- a.** Enjoy access to cultural materials in accessible formats
- b.** Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats

c. Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

5 With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

- a.** To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels
- b.** To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources
- d.** To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system



Children with and without disabilities participate in a race at the Center for Rehabilitation of Paralyzed (CRP), Savar. © UNICEF/BANA2007-00655/Siddique

Participation in cultural activities and sport is essential for the physical and mental development of children with disabilities, along with their social development and self-esteem.

Participation also contributes to changing attitudes and beliefs about disability in society. While there have been achievements in recognizing this right in Bangladesh, only limited numbers of children with disabilities benefit, and many barriers continue to prevent them from full participation in sports and cultural activities. Recreation, culture and sport may seem like luxuries for people with disabilities or those who are struggling to meet their basic needs, but in fact they are fundamental to their full development.

Progress achieved

The 2011 Children Policy recognizes children with disabilities as having rights to all facilities. The Policy states that all infrastructure, facilities and services will be open to all so that no child is denied access to rights, facilities and services enshrined in the Policy because of disability.

- **The Ministry of Cultural Affairs has included a performance by children with disabilities in its cultural delegation.** After recognizing the performance talent of children with disabilities in NGO-supported cultural events, the Ministry decided to include them in government cultural performances and to ensure that every performance (generally in metropolitan and district towns) includes at least one selection performed by them. Additionally, every year the Ministry of Cultural Affairs provides support to some cultural artists, including some with disabilities.
- **Schools are supporting cultural and recreational programmes for children with disabilities.** A number of private schools established for children with disabilities have incorporated cultural programmes into their curricula for psychosocial development. The most notable and comprehensive programmes are those for children with autism and intellectual disabilities at schools run by the BPF and the Autism Welfare Foundation.
- **Recreational facilities are beginning to welcome children with disabilities.** Through the Global Autism Public Health Bangladesh initiative and aided by parent advocacy, parks, swimming pools and playgrounds are

opening their facilities on special days for free or at discounted rates for families of children with disabilities. Through the support of municipalities, in some parts of the capital these days occur each week. They provide another opportunity for the kind of regular interaction that helps to break down stereotypes and stigma.

- **NGOs are organizing community cultural programmes that raise awareness about disability.** A number of NGOs working with children with disabilities have organized cultural programmes that raise awareness on disability while supporting children's cultural development. These include theatre for development, psychosocial dramas and traditional *Pot* and *Gomvira* performances in which children and adolescents perform and talk about how disability affects their lives. The NGOs also organize drawing workshops and art competitions for children with disabilities. This participation helps to raise self-esteem and influences societal mindsets.
- **Bangladesh has made notable achievements in participation of children with disabilities in sports.** Bangladesh has three bodies that support sports programmes for children, adolescents and adults with disabilities – Special Olympics Bangladesh, Bangladesh Paralympics Committee and National Association of Sports for Persons with Disabilities. Children with disabilities participate in international events through the Special Olympic and Paralympics Committees while the national events are organized by the National Association of Sports for Persons with Disabilities.

The Bangladesh Paralympics Committee is an approved organization of the National Sports Council under the government's Ministry of Youth and Sports. It works for the promotion of participation in sports of people with disabilities including children with a variety of disabilities. Additionally, the National Sports Council extends financial support to the Bangladesh Deaf Sports Federation for development of sports for people with hearing impairments, including children. For example a month-long chess training programme for children with hearing impairments is conducted by the National Sports Council as part of its talent search.



Special Olympics Bangladesh provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities. As of 2012, 13,000 children and young people are participating in the Healthy Athletes programme with the support of coaches, teachers and volunteers. They are identified through schools of SWID Bangladesh, BPF and Proyash.¹⁰⁵ While only some will be selected for the Special Olympics, all benefit from the opportunities to develop physical fitness, demonstrate courage, experience joy and participate in learning skills and sharing friendship.

Additionally, a sports complex will be established at Savar designed for use by competitors with disabilities.

Key challenges

Despite these achievements, inclusion of children with disabilities in mainstream cultural and sports programmes in Bangladesh continues to be a challenge, and their rights are not always respected.

- **Cultural and sports activities are separate rather than inclusive.** While there are a number of specialized sports and cultural activities for children with disabilities, these children are most often not included in mainstream programmes. For example, the Ministry of Culture supports a group of children with disabilities in its cultural delegation

but does not yet have them perform together with children without disabilities. The Bangladesh Shishu Academy, which has a mandate to coordinate cultural activities for child development, does not have any initiatives to include children with disabilities and only supports one programme (teaching art) to children with disabilities in Dhaka. The decision to open government-run amusement parks free of cost one day every week for poor children, including children with disabilities, is a positive gesture but prevents inclusion that can break down social barriers.

- **Government funding for children's culture and sports programming is not supportive of children with disabilities.** Not only are government programmes not inclusive, sometimes they fail to provide funding for programmes for children with disabilities. For years the National Sports Council has not supported the now-successful Special Olympics Programme. Many programmes run by schools, NGOs and private organizations for children with disabilities do not receive funding from the Government agencies responsible for children's sports and culture. With funding, DPOs and other civil society groups could organize sports for development programmes, art competitions and theatre festivals in the community to ensure participation of poor and marginalized children with disabilities along with other children.
- **Sports and cultural programmes for persons with disabilities are not prioritized.** Low priority leads to limited funding and time for coordination of activities for children and adults with disabilities. For example, lack of support and coordination among government and NGO programmes resulted in Bangladesh missing the Paralympics Games of 2012 in London.
- **Barriers prevent children with disabilities from accessing recreation and sports facilities.** Many children with disabilities face problems accessing public swimming pools, amusement parks and gymnasiums due to lack of adequate ramps and sanitation facilities. Attitudinal barriers in rural areas prevent participation of children with disabilities in indigenous games and cultural programmes.

¹⁰⁵ An institute supported by the Bangladesh Army dedicated to the well-being of people with disabilities, particularly children and youth.

4.7 RIGHT TO HUMANITARIAN RESPONSE IN EMERGENCIES

“In times of insecurity, children with disabilities are often the first to be abandoned by families and the last to receive emergency relief and assistance; they also face a far higher risk of becoming victims of abuse and neglect than other children, and are more likely to be exposed to the risk of longer term psycho-social disturbances that this may give rise to.”

– UNICEF Programme Guidance on Children with Disabilities, 2007¹⁰⁶

The CRC pledges the right to humanitarian response in emergencies in article 22:

1 States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

Similarly the CRPD guarantees this right in article 11 - Situations of risk and humanitarian emergencies:

1 States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

4.7.1 NATURAL DISASTERS

Bangladesh is a disaster-prone country frequently subjected to natural disasters and extreme events including cyclones, floods, tornadoes, cold waves, drought, river erosion, storm surges, salinity intrusion, water logging and landslides. The frequency and intensity of these disasters are increasing, particularly with the contribution of climate change, and each event presents new challenges and issues to address. Adding to these hazards, the highly dense population in urban areas is most vulnerable to risks associated with an earthquake. In disaster situations, children with disabilities are among the most vulnerable and specific measures are needed to reduce their risk and ensure their access to timely emergency response.

Progress achieved

As a high-risk country, Bangladesh has gained significant experience in managing disasters and has made some progress in addressing the issues faced by adults and children with disabilities.

- **The Disaster Management Act 2012 addresses people with disabilities.** Under Section 27 of the Act people with disabilities are mentioned as one of a number of vulnerable groups in disaster situations to whom preference can be given in providing necessary assistance for protection, risk reduction and rehabilitation. Additionally, according to the rules developed for the Act each of the 7 national level committees and 10 local level committees mentioned in sections 17 and 18 of the Act respectively must have a representative who is either a person with a disability or a disability practitioner.
- **The Cyclone Shelter Construction, Maintenance and Management Policy 2011 addresses some physical access issues for people with disabilities.** The Policy includes a provision requiring cyclone shelters to be accessible to people with disabilities, among other vulnerable groups. It further specifies that all three shelter designs recommended in the Policy must include ramp access as well as reservation of a room on the first floor for people with disabilities, among other vulnerable groups. However a requirement for disability accessible WASH facilities in shelters is not specified.

¹⁰⁶ UNICEF Programme Guidance on Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusion, 2007.



(Left) Mariyam, 13, with support from her grandmother, shares her experience of attending this Child Friendly Space (CFS) located in a disaster prone area of the coastal belt of Bangladesh. Mariyam enjoys the opportunity to socialize with other children that is offered by the CFS. © UNICEF/BANA2013-01030/Kiron

- **The Standing Order on Disaster addresses issues affecting persons with disabilities.** The Order, part of the Disaster Management Act 2012, has incorporated some issues related to adults and children with disabilities. For example, the Rapid Assessment Tool for emergencies recognizes disability, and all newly formed cyclone centres must have ramps to ensure access of people with physical disabilities. The Order also requires that specified vulnerable groups, including people with disabilities and children receive preference during evacuation and rehabilitation programmes.
- **Volunteers trained through the Cyclone Preparedness Programme (CPP) assist people with disabilities.** The CPP is a collaboration between the Government of Bangladesh and the Bangladesh Red Crescent Society. Almost 50,000 CPP volunteers across 322 unions around the coastal belt of Bangladesh have been trained and equipped to perform duties during cyclone warning periods. During such periods they also provide assistance to children, people with disabilities and other vulnerable groups.
- **Social protection programmes have been established for children affected by emergencies including those with disabilities.** The MOSW in cooperation with UNICEF and NGOs has established social protection initiatives including *Amader Shishu* (Our Children), designed after the devastating cyclone Sidr in 2007. It aims to protect the rights of children orphaned and made vulnerable by natural disasters through promoting family-based care, providing conditional cash transfers and strengthening the capacity of social welfare services by establishing case management, follow-up and referral systems. All children with disabilities and their caretakers are specifically qualified for post-disaster cash transfers and there is a 5 per cent target set for their participation in the programme.

- **The Government is piloting child-friendly spaces in disaster areas.** In the immediate aftermath of disasters child-friendly spaces work to ensure children's psychosocial well-being. They provide access to safe recreational and educational places and comprehensive interventions including identification, registration and follow-up of separated and orphaned children, including those with disabilities; a midday meal; safe sanitation and hygiene promotion; provision of education materials and other items needed to enrol in school; health check-ups; and counselling. The identification process specifically seeks vulnerable children with disabilities. Over 15 mobile child-friendly spaces have been established in flooded areas. In addition, the National Alliance for Risk Reduction and Response Initiatives, a consortium of international NGOs, is working towards mainstreaming disability into its work, and Handicap International has conducted community-based disaster risk reduction work.
- **Documentation of experiences is raising awareness.** UNICEF collected 10 case studies and video documenting the experience of children in emergencies, including some documenting the experience of children with disabilities, and is using them to raise awareness of the difficulties they face in emergencies.

Key challenges

Despite the achievements, there are many challenges remaining to ensure that children with disabilities have equal rights as compared to those without disabilities in situations of disaster.

- **Meeting the needs of children with disabilities in disaster risk reduction and disaster management requires cross-sectoral cooperation.** Disaster risk reduction and management are cross cutting issues requiring input from the health, education and water and sanitation sectors, among others, to address the needs of children, including children with disabilities. This requires the cooperation of different government ministries, which poses a challenge to the formation of a coordinated response that meets all the needs of children with disabilities in disaster situations. An additional concern for children, including

those with disabilities, is the need to ensure schools as well as buildings that house disability services are multi-hazard resistant.

- **Communities lack the capacity to address disability issues.** Response services in disaster areas depend on mobilization of local officials and service providers. At community level there is limited knowledge of how to include children with various types of disabilities in these services, which may lead to their exclusion from vital services.
- **Psychosocial support is limited.** Children affected by emergencies have the right to professional psychosocial support, a key component of UNICEF's Core Commitments for Children in Humanitarian Action. Returning to school and creative activities helps to give children a sense of normalcy and opportunities for expression to cope with the trauma. There is very limited availability of these psychosocial supports in Bangladesh for any children.
- **Information is often not accessible to people with disabilities.** Information is a critical component of response to disasters, but it often fails to reach adults and children with disabilities, especially those with hearing and visual impairments. When parents have disabilities, they may be isolated from early warning systems and relief services, putting their children at risk.
- **Cyclone centres are just beginning to be accessible to people with disabilities.** The Cyclone Shelter Construction, Maintenance and Management Policy 2011 was enacted in February 2012 and thus is still in the early stages of implementation. Given implementation of policies take time, in the meantime many children with disabilities may be without adequate access to shelters. Additionally different government ministries and NGOs are involved in the provision of cyclone shelters, so rigorous monitoring will be necessary to ensure all shelters are built with disability access provisions in accordance with the Policy.

4.7.2 REFUGEES WITH DISABILITIES

For years, Muslim Rohingya refugees from the Arakan State of Myanmar have been in Bangladesh due to their forced displacement caused by earlier crises. Two Rohingya refugee

camps, at Nayapara and Kutupalong in Cox's Bazaar district, host over 30,000 registered refugees, and an estimated 200,000 undocumented persons from Myanmar are in Bangladesh. Refugees with disabilities are especially vulnerable. Refugee children with disabilities face double discrimination in accessing services, for example teachers frequently decline enrolment of both refugee children and children with disabilities. Negative attitudes of health service providers and inaccessible environments inhibit access to health care and water, sanitation and hygiene facilities. Additionally changes in service availability have made it difficult at times for refugee children with disabilities to access essential services including disability related services such as assistive devices and rehabilitation. Violence and exploitation are severe in both host and refugee communities, increasing the vulnerability of children and adolescents with disabilities.

Progress achieved

- **The United Nations High Commissioner for Refugees has taken some steps to address disability issues.**

Recognition of the rights of persons with disabilities is growing in the context of efforts by UNHCR to protect refugee communities. The UNHCR Community Service Team has collected data on disability and raised awareness in the community. In cooperation with the Government, primarily the Ministry of Disaster Management and Relief, and national and international NGOs, it supports efforts to improve protection; promote access to essential services; improve camp infrastructure, including water and sanitation; and enhance community mobilization and leadership.

- **Save the Children provides support for basic education.** Save the Children implements a basic education programme in the refugee camps. As a child rights organization, it is committed to inclusion of children with disabilities.
- **Child-friendly spaces support children with disabilities.** Child-friendly spaces have been established close to the refugee camps in Ukhiya and Teknaf to provide basic services to children, including ability-based learning, psychosocial support, medical support, awareness raising and vocational training. Currently 45 children with

disabilities are participating in the programme, 25 boys and 20 girls. Of these children, 38 receive support from the conditional cash support programme (20 boys and 13 girls) and stipend programme (4 girls and 1 boy). A total of 5,431 children participate under the project implemented by the Community Development Centre (CODEC) with support from the Enabling Environment for Child Rights Project, and 0.82 per cent of them have disabilities.

- **An assessment was conducted on protection needs of refugees with disabilities in Cox's Bazaar.**

The Women's Refugee Commission, an international organization working with UNHCR, visited the Cox's Bazaar refugee camp in 2012 to assess protection needs of refugees with disabilities and capacities of UNHCR staff. Their recommendations included (1) disability needs should be mainstreamed in all programmes of partner agencies; (2) refugees with disabilities need to be mobilized and empowered to address access, discrimination and violence; and (3) a CBR programme should be implemented to ensure rehabilitation services. A positive development since this time has been that from mid-2013, Handicap International has been providing services and support for people with disabilities within the refugee camps.

Key challenges

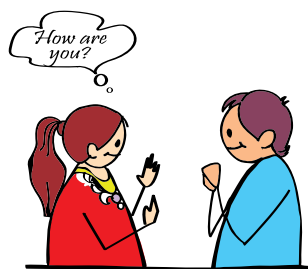
In addition to the barriers faced by children with disabilities to health, education, sanitation and hygiene, and participation in recreation and sports, there are underlying challenges that hinder progress towards realization of the rights of refugee children with disabilities in Bangladesh. One of the key challenges is that Bangladesh is not a State Party to the 1951 Convention relating to the Status of Refugees or its 1967 Protocol. In general the South Asia sub-region lacks strong legal frameworks to protect people of concern to UNHCR, making it especially difficult to protect the rights of refugees and refugee children with disabilities. The fact that Bangladesh is a State Party to the CRC and CRPD needs to be emphasized when referring to refugee children with disabilities.

bangladesh

has a number of excellent training programmes, operated primarily by private institutions and NGOs in cooperation with the Government.



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KEY CROSS-CUTTING ISSUES

5

5.1 BARRIERS TO ACCESS AND ASSISTIVE DEVICES

Lack of accessibility continues to be a major barrier to full realization of the rights of children and adolescents with disabilities in Bangladesh. Many schools are not accessible to children with disabilities, especially physical disabilities, preventing them from attending or causing them to drop out. While most primary schools are on the ground floor, secondary schools tend to be multi-storeyed. Lack of accessible toilets also forces many children to drop out, especially girls (see box 11).



BOX 11

School access challenges – viewpoints of students with disabilities

“I completed primary school, as it was on the ground floor. Then I was admitted into secondary school but I could not continue as the classroom was on the upper floor.”

– Young woman with a physical disability, 25, DPO Centre, Dhaka slum

“College is too far from home and travel is a struggle. Often bus drivers speed up when they see me and don’t wait for me to get on.”

– Adolescent male with cerebral palsy, DPO Centre, Badda

Source: Focus group discussions with adolescents and young people with disabilities in Badda and Mirpur, September-October 2012



(Left) These primary school latrine facilities were not built in a disability accessible manner and children with some types of disabilities will not be able to access them. However, there is a push through PEDP-III to provide more disability accessible latrine facilities in mainstream schools.

© UNICEF/BANA2011-01237/Siddique

The MOPME has a new policy requiring ramps in all new government schools, and in cooperation with UNICEF it has developed designs to make school latrines accessible to students with disabilities. NGO-run schools, such as BRAC pre-primary and primary schools, are installing ramps and other mobility aids. However, the process is slow and underfunded.

Public transportation also presents barriers to accessing services and schools, especially for wheelchair users who cannot ride buses and trains independently. The Government has introduced some initiatives to improve the situation. A 2002 Executive Order from the Office of the Prime Minister highlighted a number of activities to reduce barriers to public transportation, including:

- Establishment of separate ticket counters at transit points to ensure access to transport for people with disabilities throughout the country

- Reservation of a specific number of seats in buses, trains, launches and steamers for people with disabilities
- Construction of ramps to ensure access to every government office.

While these represent positive steps, financial constraints and discriminatory attitudes hinder progress.

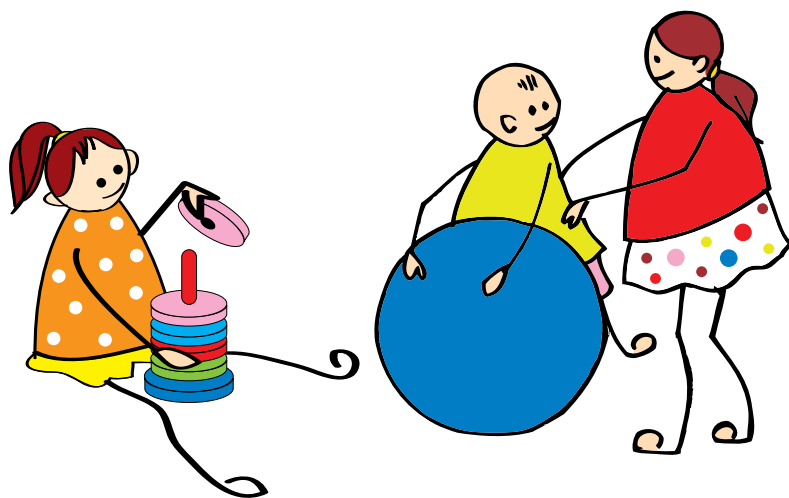
According to the National Building Code and the Dhaka and Chittagong City Corporation Rules of 2007, all new public buildings in Dhaka and Chittagong City will be made accessible for people with disabilities. Unfortunately, these rules are not followed, as is evident in the building construction plan approved by the Dhaka City Development Authority. The vast majority of public buildings are not disability friendly, including the offices of many United Nations agencies, development partners and NGOs.

The JPUF and many NGOs provide assistive devices free of cost to children with disabilities, including wheelchairs, crutches, hearing aids and eyeglasses. The Ministry of Commerce has reduced the tax on 384 assistive and mobility aids used by persons with disabilities. However, these benefits do not always reach the most marginalized children with disabilities, including those in urban slums who cannot afford the cost of travelling across the city to receive disability services or obtain assistive devices.

5.2 CAPACITY AND EXPERTISE FOR INCLUSIVE SERVICES

While Bangladesh has a number of excellent training programmes, operated primarily by private institutions and NGOs in cooperation with the Government, the majority of mainstream service providers lack adequate training to implement policies for inclusive health, education and protection services and this continues to perpetuate the exclusion of children with disabilities from mainstream services. Some of the key training programmes that have been developed include:

- **Bangladesh Institute for Special Education**, launched in 1998 by the BPF to facilitate training for special education teachers and related professionals and personnel. The Institute facilitates short-term and long-term training. Through affiliation with the National University it has developed a one-year course for bachelor's and master's degrees in special education in the specialties of visual, hearing and intellectual disability. The Institute also offers training courses for staff of various agencies, such as a three-month programme for professional staff of the Child Development Centres established in medical colleges under the MOHFW. It also trains the Centre office managers, who liaise with patients and families on how to treat patients, families and colleagues with respect.
- **National Centre for Special Education**, established in 1992 and located on the premises of the JPUF campus. The Centre runs a teacher training college for special education and three laboratory schools for practice teaching as well as three residential homes to teach activities of daily living and mobility training.
- **National Institute for the Intellectually Disabled**, which has:
 - Special Education Teachers Training College offering a graduate-level teacher training course
 - Laboratory Model School for persons with intellectual disabilities, which facilitates practice teaching and research
 - Research and publications on disability-related topics
 - Clinical services, including psychological, speech and physical assessment; speech and physical therapy; medical treatment for individuals with intellectual disabilities; and counselling for parents
 - Sports and cultural programmes for people with intellectual disabilities and sports competitions aimed at ensuring participation in international events
 - Workshops, seminars and other educational programmes on intellectual disability
 - A service that monitors educational programmes, develops educational materials and curriculum, and trains teachers, parents and others.
- **Centre for Disability and Development**, established in 1996 to fill a training void for NGO staff working on disability issues. Previously NGOs had to send their staff abroad for quality training. In 2003, ESCAP recognized the Centre as one of the top seven human resource development institutions addressing disability in the Asia-Pacific region.



- **Bangladesh Health Professionals Institute**, established in 1992 by CRP and affiliated with the University of Dhaka, State Medical Faculty of Bangladesh and Bangladesh Nursing Council. It is the only educational institute in the country offering bachelor of science degrees in occupational therapy and speech and language therapy. Altogether 11 courses are offered at the levels of bachelor of science, diploma and certificate, which include clinical placements for students. The Institute is preparing to inaugurate a regional master of rehabilitation science programme in collaboration with Queens University in Canada and York St. John University in the United Kingdom, in affiliation with the Bangabandhu Sheikh Mujib Medical University in Bangladesh.
- **Centre for Neurodevelopment and Autism in Children**, established in 2011. The Centre, located on the premises of Bangabandhu Sheikh Mujib Medical University in Dhaka, has a multidisciplinary and multi-agency team providing comprehensive and tertiary-level services to children with disabilities and their families. Continuous high-quality training, for both doctors and therapists, is an integral part of the programme.

Overall, relations between the Government and NGOs are collaborative and congenial in building capacities and skills in disability-related areas. However, stakeholders in government, NGOs and other organizations express major concerns about the challenges. Considering the population of children with disabilities in the country, Bangladesh has an extremely limited number of trained specialists, teachers and health workers. Lack of resources limits opportunities for government officials to increase their capacity to implement policies and programmes.

5.3 COORDINATION AND COOPERATION

Coordination mechanisms have been established at different levels to support planning, monitoring and cooperation within the Government and among NGOs and parents. These mechanisms are critical to making progress towards realizing the rights of persons with disabilities.

The Government, including the Prime Minister, has demonstrated strong commitment to disability issues. This led to passage of

the Rights and Protection of Persons with Disabilities Act in 2013. The existing coordination mechanisms established by the Government, combined with those planned in this Act are the entities involved in coordination and implementation. They include:

- **National Advisory Committee for Persons with Disabilities:** Composed of Government Ministers and chaired by the Prime Minister, it has a mandate to advise the JPUF on planning and programmes for implementation of legislation and policy related to persons with disabilities.
- **National Monitoring Committee on Disability:** Formed following ratification of the CRPD, it is chaired by the Secretary of MOSW. The membership consists of 46 disability focal points representing ministries and departments, at the rank of Joint Secretary, and several civil society representatives. The Committee meets quarterly to review the progress of CRPD implementation.
- **National Coordination Committee on the Rights and Protection of Persons with Disabilities:** Chaired by the Minister of Social Welfare, it includes key Ministry Secretaries and DPO and NGO representatives nominated by the Government. As well as coordinating government disability initiatives, according to the Rights and Protection of Persons with Disability Act 2013, another key responsibility is to provide advice to the government relating to harmonizing national laws with the CRPD. The committee is supposed to convene at least twice annually.
- **National Executive Committee on the Rights and Protection of Persons with Disabilities:** Headed by the Secretary of MOSW, it is composed of 12 government officials representing a range of ministries; the Director General of Social Services; the Managing Director of JPUF and 3 representatives of NGOs and DPOs. It is responsible for implementing the decisions adopted by the Coordination Committee and supervising, providing guidance to and monitoring the other Committees. It is supposed to meet at least three times a year.
- **District Committees on the Rights and Protection of Persons with Disabilities:** Constituted in all 64 administrative districts of Bangladesh, these committees are chaired by the respective Deputy Commissioner. District

Committees implement the decisions of the Government and the National Coordination and Executive Committees. They are also supposed to coordinate the activities of and, monitor, supervise and provide instructions to Upazilla and Town Committees, government offices, educational institutions, NGOs and DPOs. The Committee is meant to convene at least four times yearly.

Additionally, the Rights and Protection of Persons with Disability Act 2013 introduced Upazilla and Town Committees to strengthen coordination and accountability mechanisms.

- **Upazilla Committees on the Rights and Protection of Persons with Disabilities:** Chaired by Upazilla Nirbahi Officers, these committees will be required to implement policy and instructions issued by the National Coordination and Executive Committees and District Committees. They will be responsible for implementing and monitoring government disability programmes and for coordinating the activities undertaken by both government and NGOs in their area. They are also tasked with issuing identity cards to persons with disabilities. Upazilla Committees are supposed to meet at least six times a year.
- **Town Committees on the Rights and Protection of Persons with Disabilities:** These committees will be chaired by Chief Executive Officers of City Corporations or Municipalities. The role of these committees is the same as those of Upazilla Committees, though their scope extends only so far as their borders. These committees are required to meet at six times yearly.
- **The National Steering Committee on Autism and Neurodevelopmental Disabilities:** Established in April 2012 with representatives from ministries/departments including Health, Social Welfare, JPUF, Women and Children Affairs, Education, Primary and Mass Education, Labour and Employment, Local Government, Rural Development and Cooperatives and Finance. The Committee is supported by the National Advisory Committee for Autism and Neurodevelopmental Disabilities and a Technical Guidance Committee comprised of parents and experts.

Coordination and cooperation are also an issue for civil society organizations and networks. Bangladesh has more than 300 DPOs and numerous NGOs working for persons with disabilities. A number of umbrella organizations and coordination structures have been established to facilitate collaboration for advocacy and cooperation with the Government. For example:

- **National Forum of Organizations Working with the Disabled:** A body of 388 NGOs working for people with disabilities throughout the country. Major activities are policy advocacy, networking, coordination and capacity building.
- **National Grassroots Disability Organization:** A federation of grassroots DPOs covering 23 districts. It promotes policy, advocacy and grassroots mobilization to promote rights and justice.
- **National Council of Disabled Women:** Established by women with disabilities who felt the mainstream disability movement failed to address gender and disability issues. Its focus is on raising awareness and advocating for legal and social action to address discrimination and violence against women and children with disabilities.
- **National Alliance of Disabled People's Organizations:** Alliance of DPOs working to develop leadership and promote self-directed initiatives for development.
- **Women With Disabilities Development Foundation,** which supports women with disabilities to live with dignity and without discrimination and to ensure that they are afforded equal opportunity and participation in all areas of their lives. The Foundation serves as a network to help raise awareness and disseminate information to government leaders and local and national media as well as an advocacy wing that works with governmental authorities to shape national policy.

Federations addressing specific disabilities were the first self-help organizations in the country for people with disabilities. They include the Bangladesh National Federation of the Deaf, established in 1963, and the National Federation of the Blind, established in 1964. These organizations work throughout the country to claim rights, create awareness and advocate for disability law and its implementation.

Parents of children with disabilities play a critical role in promoting the rights of their children. They have been pioneers in developing the majority of services in the country. Networks formed primarily of parents of children with autism spectrum disorders and intellectual disabilities include:

- **Society for the Welfare of Intellectually Disabled**, which promotes the rights of children with intellectual impairments through education, sports and cultural programmes.
- **The Parents Forum**, formed in 2011, which focuses on raising awareness and promoting the rights of individuals with autism spectrum disorder and other developmental disabilities.

The commitment of these groups is strong and the efforts they make to support cooperation and coordination are many. Overall, there is solid cooperation between the Government and NGOs especially for development of policy, legislation and service models and for implementation of specialized services. However, there are also many challenges to coordination that hinder progress. Briefly these include:

- Government coordination committees tend to be weak and have often not fulfilled their mandate to hold meetings. This undermines trust and cooperation between the Government and civil society. Additionally, due to the allocation of responsibilities of government ministries and divisions which maintains that disability is officially only the domain of the MSOW, coordinated action on disability issues is sometimes difficult to achieve.
- DPOs and other civil society groups express concern that there is not enough representation of and collaboration with persons with disabilities in decision-making, developing policies and designing programmes to ensure reflection of the disability perspective. As noted in guidelines from UNFPA for promoting sexual and reproductive health of people with disabilities, "Policies and programmes at all levels are consistently better when organizations of persons with disabilities take part in planning from the outset."
- Too often people without disabilities speak on behalf of people with disabilities and do not allow opportunities for them to express their opinions. Opportunities for children and adolescents with disabilities to raise their voices and self-advocate are even more limited than opportunities for adults with disabilities.

- Competition and conflict among civil society groups working on disability issues is reported to be a problem that sometimes weakens their efforts to persuade the Government to fully implement rights legislation and policy.
- Differences in functional approach – for example, between NGOs implementing CBR and DPOs working on access to justice – results in isolation and lack of understanding, sometimes impeding cooperation.

5.4 FUNDING

In Bangladesh children with disabilities are not yet recognized in mainstream development plans, so targeted funding allocations are limited. However, the situation is improving, and more attention to funding for such programmes is expected now that the CRPD has been ratified. Children with disabilities also benefit from programmes for all children in education, health, WASH and protection.

A significant proportion of child-related investments are channelled through the Annual Development Plan (ADP) from foreign aid. The Government says an effort has been made in recent years to maintain a balance between revenue and development budgets¹⁰⁷ in budget allocations for children, including children with disabilities, which fall under four major sectors of the ADP: (a) education and religion; (b) health, population and family welfare; (c) social welfare, women and youth development; and (d) labour and employment. In the 2010-2011 ADP, these four sectors together received about 25 per cent of the total, a share that has remained almost the same over the last several years. The total allocation for children includes safety net programmes funded by the revenue budget as well as ADP programmes. When these are added up, the total child budget amounts to 4.1 per cent of the national budget for 2010-2011.¹⁰⁸

As reported in the 2010 State Party Report on implementation of the CRPD, "In 2012-13 the Government of Bangladesh has allocated 2.5 per cent of the GDP and 15 per cent of the total budget for the social protection programmes. Social protection

¹⁰⁷ In Bangladesh, the revenue budget is funded by the Government while the development budget is funded by the government's development partners.

¹⁰⁸ Government of Bangladesh, Fifth Periodic State Party Report on the Convention on the Rights of the Child, 2012.



programmes in the ADP include programmes for children with disabilities, programmes related to hazardous child labour practices and child empowerment programmes, among others.”

Under social protection and safety net programmes, the Government introduced projects and allocated funds for prevention of disability and education for children with disabilities. The MOSW, as the lead ministry for persons with disabilities, receives funding for programmes implemented through the Department of Social Services and the JPUF. During the 2010-2011 fiscal year, 10.3 million Taka (\$132,000) was disbursed among NGOs working for the welfare of people with disabilities, including children. In addition, projects implemented by the JPUF had a budget of 150 million Taka (\$1,923,000). These funds support the one-stop centres, mobile therapy,

rehabilitation, provision of assistive devices and special education programmes. Since 2010 there has been a steady increase in the budget expenditures of most service areas, as noted in table 1.

Table 1. Budget for projects for children with disabilities, MOSW

In addition, the funds expended through programmes run by civil society groups cover such crucial activities as community-based rehabilitation and programmes for education and early detection and rehabilitation. These programmes mainly depend on foreign funds and corporate and individual donations. Local banks (such as Grameen Bank) and mobile phone companies also support education and rehabilitation of children with disabilities as part of their corporate social responsibility campaigns.

Underlying this situation is pervasive discrimination against

| | 2010-2011 | | 2011-2012 | | 2012-2013 | |
|---|----------------|-----------------|----------------|-----------------|----------------|-----------------|
| | Beneficiaries | Taka (millions) | Beneficiaries | Taka (millions) | Beneficiaries | Taka (millions) |
| One-stop services for people with disabilities | 42,000 | 54 | 40,000 | 70 | 100,000 | 120 |
| Stipends for children with disabilities | 19,000 | 88 | 19,000 | 88 | 19,000 | 88 |
| Grants for students in integrated, inclusive and special schools | 12,000 | 58 | 12,000 | 88 | 12,000 | 88 |
| Allowances for insolvent persons (including children) with disabilities | 286,000 | 1,029 | 286,000 | 1,029 | 286,000 | 1,029 |
| Total | 359,000 | 1,229 | 357,000 | 1,275 | 417,000 | 1,325 |

bangladeshi

children with disabilities have strong advocates ranging from individuals at the highest levels of government, to committed professionals and dedicated parents, to a strong and vibrant mass of civil society actors, including disabled people's organisations.





CONCLUSIONS AND RECOMMENDATIONS

6

“Disability is an issue of concern to all sectors – and one which can be addressed through a range of methods, including information and advocacy, strengthening policy, and developing selected services. While it may not require new programming, it will necessitate increasing priority to disability in ongoing efforts through new analysis, partnerships, and strategies.”

– UNICEF Programme Guidance on Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusion, 2007



6.1 CONCLUSIONS

The extent to which children with disabilities are able to realize their rights in Bangladesh is quite varied and generally leaves much to be desired. On the one hand, reaching a fortunate few, are highly developed inclusive and specialized intervention models meeting international standards and state-of-the-art training programmes. On the other are a lack of information, limited capacities and inadequate basic services, affecting many children with disabilities in the country. While a number of initiatives are working to raise awareness on the rights of children with disabilities, not enough deliberate efforts are being made to challenge local practices that allow discrimination and abuse. The picture is very uneven.

people with disabilities based on the belief that disability is a curse and a punishment from God for sinful behaviour by a family member. This belief permeates all levels of society and affects access to adequate family care, health services, education and participation. Social stigma encourages families to hide children with disabilities, out of shame or for their protection, and to avoid seeking appropriate care even when it is available. As stated in a paper by ADD International, “Institutional discrimination builds and reinforces attitudinal discrimination and condones environmental discrimination.”¹⁰⁹ Often there is little respect for the rule of law when it conflicts with other social norms.

The good news is that some notable positive change is taking place, offering numerous opportunities to improve the situation. Bangladeshi children with disabilities have strong advocates ranging from individuals at the highest levels of government, to committed professionals and dedicated parents, to a strong and vibrant mass of civil society actors, including disabled people’s organizations. International development organizations are also increasing their attention to disability issues. In this context there are a number of efforts that can have relatively quick impact, while others will support progressive realization of the rights of children with disabilities.

Considering the importance of the continuum of care, the following recommendations are presented as they relate to stages of the life cycle. Additional recommendations address cross-cutting issues in the context of the UNICEF programme of cooperation in Bangladesh.

6.2 RECOMMENDATIONS

6.2.1 EARLY CHILDHOOD

- **Strengthen efforts to ensure that immunization and nutrition campaigns reach children with disabilities.**

This may require educating community health volunteers and community support groups on the importance of reaching children with disabilities in campaigns (as well as through home-based initiatives) to encourage parents of children with disabilities to have their children immunized and participate in nutrition initiatives. In addition to

educating community health volunteers and groups, other factors preventing mainstream health services reaching children with disabilities need to be addressed, including physical access to health clinics and communication access, such as information, education and communication materials not being accessible to children or parents with visual disabilities.

- **Support increased interventions for keeping young children safe.** This includes expansion of interventions such as community-based crèches for young children. It could also include training for parents and community leaders on safety tips for caregivers.
- **Support continued replication of models for early detection and intervention services.** Early intervention is critical for children with disabilities. A number of models have been developed that support early identification and stimulation based on international models adapted to the Bangladesh situation. These models – including the Centre for Rehabilitation of the Paralysed Paediatric Unit and the Disabled Rehabilitation and Research Association ‘Hope for Life’ initiative – need to be replicated to reach more children. While there are already plans for the expansion of the government’s Shishu Bikash Kendra (Child Development Centres) through government hospitals, an additional way to potentially expand this service would be to consider replicating it in the government’s Mother and Child Welfare Centres around the country, thus greatly extending coverage.
- **Develop and distribute information materials on services available for young children with disabilities or developmental delays.** A number of these services, both governmental and non-governmental, are expanding their geographic coverage to district and subdistrict levels, but too many parents and community health workers are not yet aware of them and referral systems are not well developed. Information materials such as directories or pamphlets on local services would help to ensure that health professionals and community workers have information on screening and early intervention programmes in their area for referral. Development of more formalized referral pathways also requires greater coordination between different government disability

¹⁰⁹ Rebecca Yeo, op. cit.



related services such as Shishu Bikash Kendra located in government hospitals, and the community based government run One Stop Service Centres as well as NGO disability services. Greater coordination and cooperation would improve the ability of professionals and community workers to ensure the needs of children with disabilities are met by the most appropriate service.

- **Promote inclusive early childhood development.** Inclusion of children with disabilities in pre-primary education can have long-term impacts, not only for their own development but also in reducing discrimination. Such efforts could include supporting documentation of successful models of inclusive preschools focused on children with disabilities run by civil society groups and encouraging their inclusion in education mapping and databases. The pre-primary teacher curriculum should also be reviewed to ensure it supports inclusion which could potentially also include strategies for early identification of disabilities.
- **Ensure every child with disabilities without parental care receives quality alternative care.** There will always be some children with disabilities who will need

alternative care. In the context of the transformation of institutions being undertaken by the Government with UNICEF support, this could involve providing technical assistance to design care models that also address the needs of children with disabilities who require institutional care (including protective shelters for victims of violence and abuse) to ensure alignment with international standards. Advocating for dialogue with parents of children with disabilities and identifying and documenting children currently in institutional care would also be important.

6.2.2 PRIMARY SCHOOL AGE

- **Support institutionalization of initiatives to prevent accidents and injuries.** The excellent models that have been developed, including school safety and Safe Swim, require continued support and expansion so they reach more children in Bangladesh, including children with disabilities. This could involve exploring opportunities for replication by partners and institutionalization of the models. Child-to-child initiatives have also proven effective.



Bristi, a 10 year old girl with a disability, attends class at a mainstream school. © UNICEF/BANA2013-00535/Ahsan Khan

- **Support extension of school-based prevention initiatives to reach children in inclusive, integrated and special schools.** Initiate dialogue with the Government and NGO partners, including DPOs, to explore possibilities for extending school-based health, safety, WASH and nutrition programmes to children in inclusive, integrated and special schools.
- **Promote greater protection for children with disabilities, especially girls and children with developmental and intellectual impairments.** One approach would be to partner with the Bangladesh Shishu Academy and Child to Child UK to develop materials and activities to educate children with disabilities and their caregivers on the risks of abuse and exploitation and how they can protect themselves. Such an effort should also support crisis centres and the Child Help Line to improve their response capacities. A focus is needed on girls with disabilities and children with intellectual impairments.
- **Cooperate in efforts to make schools disability friendly and to monitor progress.** Physical and social barriers prevent many children with disabilities in Bangladesh from attending school. In the context of the policy requiring all newly built schools to be disability friendly, support piloting and monitoring of cost-effective models to improve access. This includes ramps and appropriately located and designed WASH facilities. Close monitoring is required to ensure directives regarding provision of disability accessible entryways and WASH facilities are followed. Children with disabilities should also be included in school brigades¹¹⁰ and development of *Meena* communication materials to sensitize students on the rights of children with disabilities.

¹¹⁰ Groups of students who regularly visit households to promote good hygiene and build awareness about health-related issues. The brigades are part of a UNICEF programme, Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B).

- **Promote inclusive education and devise innovative ways of using the expertise in the special education system to promote it.** There already exists a body of knowledge on special education in Bangladesh. It will thus be highly relevant to determine ways to harness this knowledge in the pursuit of inclusive education.
- **Support improvement of mainstream pre-service and in-service teacher training based on principles of inclusive education, and include training on behaviour and classroom management techniques.** This is critical, as often teachers feel ill-equipped to support a child with disability in their classroom. This will require consideration of current teacher training course content. Consideration can also be given to in-service training for selected teachers.
- **Advocate for establishment of a national coordination committee on inclusive education.** NGOs and some development partners view this as an important step forward. UNICEF could serve as a liaison between the Government and civil society to strengthen trust and cooperation in support of the inclusive education mechanism. It should include a sub-committee on inclusion of children with disabilities.
- **Support strengthening the Upazilla Resource Centres to provide more support to teachers for inclusive education.**¹¹¹ Support for teachers has contributed to the success of the inclusive education programmes run by NGOs and private organizations. The resource centres need support from specialists to aid inclusion of children with disabilities. A national resource centre for inclusion of children with disabilities in mainstream schools could provide training and support to the Upazilla Resource Centres.
- **Support documentation and sharing of successful models of inclusive education for children with disabilities.** Bangladesh has a number of successful schools that include children with disabilities. Documentation of these models can support changes in the widespread belief that children with disabilities can only



be educated outside the formal school system and that the requirements to include them are insurmountable. A video documentary could also be integrated into teacher trainings and used to raise awareness of policymakers and planners. Video documentaries can also be used to address the fears and prejudices of parents and community leaders, which hinder inclusion of children with disabilities in mainstream education.

- **Advocate for the MOPME to oversee all integrated and special education schools.** This may be a longer term goal, but children with disabilities will not be able to realize their right to education as long as their special education needs are addressed as social welfare. A formal Department of Inclusive Education (with a sub-unit addressing education for children with disabilities) under MOPME would be an important step to support the development of appropriate screening and assessment tools; standardization of curricula and procedures, such as individualized education plans; and coordination between special schools and mainstream schools for children ready for transfer. If the Government embraces inclusive education and increases focus and investment in it, the system of special education should be reconsidered in order to make best use of scarce resources.

¹¹¹ Upazilla Resource Centres are professional development centres for teachers, overseen by the Directorate of Primary Education.

6.2.3 SECONDARY SCHOOL AGE

- **Strengthen prenatal and neonatal care through existing programmes for adolescents and support inclusion of adolescents with disabilities in such care.** Reaching adolescent girls can have both short-term and long-term benefits in reducing disabilities in children. Programmes for adolescents, such as the Creating Connections initiative¹¹² and Adolescent Clubs, could provide information on the causes of disabilities related to childbirth, the consequences of low birthweight and the importance of antenatal care. Iron supplements could also be provided to adolescent girls through these programmes to address anaemia. Adolescent girls with disabilities must be included in these initiatives, as they are sometimes mistakenly excluded due to false assumptions that they never form intimate relationships.
- **Incorporate activities to address adolescent injury prevention into existing programmes.** Equipping adolescents with the knowledge and skills to protect themselves can be addressed through existing UNICEF activities under the Empowerment of Adolescents and Protection of Children at Risk projects.¹¹³ For example, information on prevention of injuries, including suicides, could be incorporated into the activities of Adolescent Clubs to spread knowledge and stimulate dialogue in communities, maximizing adolescent capacities as agents of change. It should be ensured that adolescents with disabilities are included in all these initiatives.
- **Support improving access to secondary schools for children with disabilities.** Accessibility to secondary schools includes both physical access and access to assistance that helps facilitate students' full participation in school, including taking exams. This could include advocacy for implementation of regulations addressing physical access and WASH in school standards. Also needed is facilitation of dialogue and action planning involving persons with disabilities, to address issues such as standards for lighting and seating during exams.
- **Promote realization of the right to participation, recreation and sport, especially in UNICEF-supported activities.** Inclusion of children with disabilities in existing mainstream initiatives of government and civil society would support realization of their rights while also providing opportunities for interaction with other children, for example through Adolescent Clubs, Sports for Development activities and the Children's Parliament. This contact would increase understanding and empathy and help break down discrimination. In the long run it could contribute to influencing attitudes about the abilities of persons with disabilities in communities and with the Government.
- **Support increased awareness of the protection issues faced by girls with disabilities.** Girls with disabilities in Bangladesh face sexual exploitation and the risk of HIV infection. Raising awareness could begin with a survey or situation assessment to identify the issues faced by women and girls with disabilities, which could lead to recommendations for interventions. The findings could be used in programme planning and raising awareness.
- **Advocate with partners to include adolescents with disabilities in income generation, vocational training and job placement programmes.** The ability to work and generate income allows young people with disabilities to be seen as contributing members of society. Existing mainstream income generation opportunities (such as the UNICEF supported adolescent stipend programme), and vocational training and job placement support programmes should actively encourage and provide appropriate support for the inclusion of adolescents with disabilities.

¹¹² Creating Connections is a programme for adolescents and parents that helps girls and their mothers to become more confident and comfortable talking about gender, relationships and sexuality. The programme provides information and life skills concerning puberty, relationships, dating, pregnancy prevention, gender rights, alcohol use and parent-adolescent communications. A version of the training for boys and fathers has now been developed as well.

¹¹³ This adolescent empowerment project helps to prevent child marriage, dowry and other forms of exploitation of adolescents, especially girls. The project targets boys and girls as well as their families and communities.



(Right) Nesaruddin Babu, 18, speaks with a customer while he works at his store in Khulna. Nesaruddin received a stipend through the Ministry of Women and Children Affairs that enabled him to develop his small business.

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6.2.4 CROSS-CUTTING ISSUES

Legal reform

- **Provide technical assistance to harmonize national legislation and policies across all sectors with the CRPD.** Achieving full harmonization of legislation and policy with the CRPD will take time. This is relevant across all sectors, including issues of concern already noted such as key child-related legislation that does not adequately address children with disabilities, such as the Prevention of Repression Against Women and Children Act 2000. An initial step could be a review of key legislation and policies to identify the gaps and contradictions with the CRPD. Though some policies and sector development plans define people with disabilities as a vulnerable group in the context of several other vulnerable groups, clear actions to remediate such disadvantage and exclusion need to accompany this recognition of vulnerability to provide the impetus for concrete action.

Awareness-raising activities

- **Ensure that the rights of children with disabilities are addressed in awareness-raising activities.** This would involve action such as recognizing children with disabilities and/or their participation in national and local

events organized in relation to the CRC and CRPD and other child-focused events. This could help to generate a national discourse and encourage inclusiveness across society.

- **Include more images of children with disabilities in UNICEF communication materials.** Most images of children with disabilities are found in UNICEF communication, information and advocacy materials that specifically address disability issues. It is also important to include children with disabilities as the norm in materials focused on children in general.
- **Continue to address different types of disabilities in the Meena series.** Visual interactions and dialogue between characters can influence attitudes and fears of both children and adults. Involving children with disabilities and their parents in developing materials and in presentations is also empowering.
- **Support awareness-raising activities on the 'abilities' of children with disabilities through videos and in the mass media.** Demonstrating that most children with disabilities are capable of participating with all children can affect attitudes. Visuals of the abilities of children with various impairments can influence a gradual change in attitudes.
- **Incorporate information on children with disabilities into adolescent-focused child development training.** The training on 'Child Development: A Child Rights Perspective', for adolescents, parents and community leaders, provides an opportunity to address attitudes and behaviours related to children with disabilities. Since the training materials have been finalized, a discussion topic or activity could be inserted into the module on child rights. Additional information on the rights of children with disabilities could also be included as an addition to the professional training package, which has not yet been completed.
- **Identify and support local champions for children with disabilities.** The presence of advocates for children with disabilities in the news and at events can influence attitudes and provide opportunities to be heard. Champions may include Bangladeshi stars of the Special Olympics and Paralympics, cricket stars, religious leaders, musicians and movie stars.



- **Ensure that the rights of children with disabilities are addressed in UNICEF-supported activities and events.** Disability inclusion should be addressed across all sectoral programmes in UNICEF, and, not only by raising awareness through sectoral activities or promotional events. It should also include consideration of disability as a cross-cutting issue and exploration how each sector's work can benefit children with disabilities and be adapted to accommodate them. This will be assisted by reviewing the inclusion of children with disabilities in UNICEF programme planning and reporting, as explained further below.

Data collection planning and reporting

- **Incorporate a method to review the focus on children with disabilities in the UNICEF programme planning and reporting procedure.** For example, each intermediate result or programme component result could examine the extent to which it has identified and dealt with disparities affecting the rights of children with disabilities. Section chiefs would be held accountable for their sector,

and additional resources could be committed to improve results during the reporting year. This action would increase the focus on inclusion of children with disabilities in all UNICEF-supported programmes and would also influence partners, if the results were incorporated into sector-wide approaches and pillar result areas from the United Nations Development Assistance Framework.

- **Advocate for and provide technical assistance to increase the visibility of children with disabilities in government reports.** The United Nations General Assembly highlighted the invisibility of persons with disabilities in its report 'Realizing the Millennium Development Goals for persons with disabilities'.¹¹⁴ In cooperation with United Nations agencies and other development partners, it is important to advocate for disaggregation of data on children with disabilities in all relevant government information and surveillance systems and promote inclusion of this information in regular reports

¹¹⁴ UN General Assembly 2010, A/RES/64/131.

to assist in enhanced planning and appropriate resource allocation. Furthermore, monitoring and evaluation systems that are established to track progress of national targeted plans should ensure data is disaggregated by disability.

- **Cooperate with the Bangladesh Bureau of Statistics to develop tools and capacity for disability-sensitive data collection, especially on children.** This would include standardization of the definition of children with disabilities in all government information systems and data collection activities as well as development of the capacities of personnel to identify, record and report reliable data on children with disabilities. In partnership with the Washington Group on Disability Statistics, UNICEF is developing a new questionnaire module on child functioning and disability. Its purpose is to identify the sub-population of children who are at greater risk than other children of the same age of being excluded from social participation due to functional limitations. The module can be used as part of a stand-alone survey, such as the multiple indicator cluster survey, or used to follow up after an initial screening.
- **Advocate for and support development of a disability audit tool.** In cooperation with UNICEF headquarters and national partners, explore the possibility of developing an assessment tool to examine programmes and services for disability friendliness. This could begin with development of a model for an audit of specific UNICEF-assisted programme components and could then be shared for use by others. As found in gender audits, this process has the potential to influence decision-makers and organizations to improve their disability-sensitive programme planning, reporting and public accountability.

Disaster risk reduction and humanitarian response

- **Mainstream disability in disaster risk reduction and humanitarian responses, particularly measures to address inclusion of children with disabilities.** Given the particular vulnerability of people with disabilities in disaster situations, efforts to address their needs before, during and after disasters must be intensified. Training on mainstreaming disability should be undertaken for key people from community level to higher levels of government

working in disaster risk reduction and humanitarian response. This should include special attention to the needs of children with disabilities and should address all development sectors.

- **Continue improving physical accessibility of disaster shelters and implement accessible communication systems.** While there is a push for accessible physical infrastructure in disaster shelters, there is a need to improve communication systems, which frequently exclude people with disabilities from information dissemination in disaster risk reduction and response. Governmental and non-governmental organizations involved in such information dissemination should determine whether their communication systems are limiting access to information by children and adults with disabilities and how they can implement strategies to mitigate such limitations. For example, disaster early warning signals must be delivered in both visual and verbal modes to accommodate those with hearing or visual impairments. Furthermore, implementation of directives requiring disaster shelters to be disability accessible need to be closely monitored to ensure shelters are being made accessible in practice. Beyond accessibility of entry and exit points, disability accessible WASH facilities in disaster shelters need to be provided.
- **Ensure people with disabilities are represented on disaster management committees.** In order for the needs of children and adults with disabilities to be reflected in disaster risk reduction and management processes, all national and local level disaster management committees should include representation by a person with a disability.

Capacity building

- **Support high-level advocacy to address human resource issues in all sectors.** Insufficient human resources is a major problem affecting all public sector services, impeding progress towards ensuring inclusion of children with disabilities in mainstream services, as well as disability specific services such as the government's One Stop Service Centres. Leverage is needed to address the bureaucratic bottlenecks that result in large vacancies in government-run programmes for children.



Sylvia Rahman, an adolescent girl with disabilities shares her experiences with the audience present at a UNICEF event. Children and adolescents with disabilities should be consulted and included in opportunities for child participation that children without disabilities access.

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- **Support and provide technical assistance to strengthen training of government service providers on the rights of children with disabilities.** Training of service providers, including health workers, teachers, inclusive education focal points, probation officers and social welfare workers, needs to include a module on the rights of children with disabilities. This may involve development or strengthening of a module that can be integrated into standardized training curricula. Practical on-site learning is especially beneficial when dealing with sensitive areas that may require behaviour change. Support for in-country study tours to visit quality governmental and non-governmental health, education and protection services for children with disabilities should also be considered.
- **Advocate and provide technical assistance to establish standards for NGO services for children with disabilities.** While NGOs providing services to children with disabilities must meet governance standards in order to register with the Government, there are no programmatic standards. This issue has been raised by advocates working on disability issues but no action has been taken. National standards for both training and service delivery are important to ensure alignment with international human rights standards.
- **Provide training on inclusion of children with disabilities for staff of all institutions working with children, including administrators, policymakers and educators, as well as UNICEF staff.** In-house training

could be provided on the CRPD, Bangladesh Children Policy 2011 and the Rights and Protection of Persons with Disabilities Act 2013. For UNICEF staff, inclusion of a module on children with disabilities in the programme policy and procedure training could also support continuity.

Information sharing and collaboration

- **Promote consultation and collaboration with persons with disabilities.** Too often people speak on behalf of people with disabilities and do not give them opportunities to express their opinions on issues that involve them, which particularly affects children. Direct involvement of people with disabilities, including children, or their representative organizations in decisions that impact them is vital to ensure planning is based on accurate information about their needs. When appropriate, UNICEF can play a key role in promoting consultation with people with disabilities, including DPOs, children and parents and caregivers of children with disabilities, in policy discussions, programme planning and evaluation processes. For example, developments in social protection strategy could consider the views of persons with disabilities and caregivers of children with disabilities about current and future social protection measures targeted towards them.
- **Collaborate with partners to increase dissemination of information on services.** Gathering and disseminating information on services for children with disabilities is extremely important, especially considering the many civil society groups and different government programmes providing them. In cooperation with partners Handicap International developed a national directory of DPOs and self-help organizations and also conducted extensive mapping of physical rehabilitation service providers in the country, the results of which were launched in April 2014. Collaboration in this area could include ensuring recognition of services specifically for children with disabilities and supporting dissemination of the Handicap International directory as well as other similar informational materials.
- **Keep the rights of children with disabilities on the agenda.** While recognizing that change will take time, it is important to keep the rights of children with disabilities on the agenda. UNICEF can influence this by advocating for promotion of their rights in all appropriate forums, such as meetings with the UN country team, government counterparts and civil society organizations. Portrayal of children with disabilities in UNICEF materials and events helps.

ANNEX 1

PROGRAMME EXAMPLES

Vocational Training Programme, Badda Disabled People's Organization, Dhaka

ADD Bangladesh is supporting disabled people's organizations in the extremely poor slums of Dhaka to provide vocational training for people with disabilities. ADD is also linking them with factories that offer employment, giving them the ability to earn a living for the first time in their lives. ADD also provides loans to help people with disabilities and families of children with disabilities set up small businesses.

Adolescent girls in the programme noted that being able to contribute to the family income was very significant in changing their status in the family and sense of dignity:

"My father was able to buy a rickshaw because of ME! I am so happy to be able to help my family."

– Girl with physical disability, age 10

"My mother now has a small business and I work in the factory. I am happy now to be able to support my family and myself. Now life is better."

– Adolescent girl with physical disability

"My husband is now pulling a rickshaw van and the family is much better. He has changed his attitude towards our daughter."

– Mother of a girl with visual impairment

Source: Focus group discussion at Badda Disabled People's Organization

Shishu Bikash Kendra

Shishu Bikash Kendra (Child Development Centres) were first established in 1992 by the Dhaka Shishu Hospital, aiming to prevent disability, optimize development and improve the quality of survival for children with disabilities. Since 1997 the hospital has assisted in replicating this cost-effective, high-quality service model in over a dozen non-governmental institutes and autonomous hospitals. More recently, the Government of Bangladesh included replication of the model in the 2008-2011 operational plan of the Directorate of Health Services. Shishu Bikash Kendra are now located in 10 government

medical hospitals (3 in Dhaka and 7 outside) with trained multidisciplinary teams. In view of their success, the Ministry of Health and Family Welfare has decided to expand services to all 17 government hospitals and 20 district hospitals (out of 64).

The Centres provide early assessment of children and interventions for children diagnosed with disabilities, as well as training and support for parents. The majority of patients are under age 12. Services are based on international standards adapted to the situation in Bangladesh. Diagnostic clinics provide psychological, speech, language and communication assessments. The Centres also offer clinics for people with epilepsy and vision impairments, as well as a 'seating and feeding' clinic, 'more than words' clinic and a well-baby clinic, along with psychological counselling.

Source: Establishment of Shishu Bikash Kendra in Medical Colleges 2008-2011; Naila Zaman Khan, MBBS, FCPS, PhD (London), National Coordinator, Hospital Services Management; Directorate General Health Services, Ministry of Health and Family Welfare, Government of Bangladesh.

Bangladesh Protibondhi Foundation

BPF is the pioneer organization in Bangladesh for addressing the rights of children with disabilities. Founded in 1984 by Professor Sultana Zaman and a group of committed professionals and parents, its primary objective is to ensure that children with disabilities are included in mainstream society with equal rights, opportunities and dignity within a protective environment.

BPF provides a range of programmes addressing all stages of the life cycle. Its nine centres offer diagnosis and therapeutic interventions, CBR, outreach, inclusive preschool and primary school, special education and vocational training, and support for employment. It has three centres in Dhaka and six in the rural centres of Barisal, Dhamrai, Faridpur, Kishoregonj, Norshingdi and Savar. The rural centres currently reach more than 15,000 children and their families.

The strength of the foundation has been in developing evidence-based strategies and services for prevention and early identification of disabilities along with optimal development of

children with disabilities and children at risk. These include:

- **Shishu Bikash Kendra (Child Development Centres):** These provide assessment, diagnostic management, medical and therapeutic intervention through a multidisciplinary approach involving a paediatrician, psychologist, therapist and counsellor in hospitals.
- **Mother-child stimulation programme:** Mothers bring their young children with physical disabilities (aged 3 months to 5 years) and work with teachers who train them to provide stimulation for the children at home.
- **Distance training package programme:** Pictorial training booklets for parents and caregivers of children with disabilities residing in remote areas with no special services. Currently 10,500 children are being reached.
- **Kalyani special and inclusive schools:** These schools are widely known throughout the country for their ability to provide both formal and functional education to children with disabilities and their peers. Special education is provided for children aged 2-17 with intellectual impairment, cerebral palsy, autism spectrum disorder and multiple disabilities including visual and hearing impairment. Inclusive education programmes cover both primary and pre-primary levels.
- **Community-based rehabilitation:** In rural areas CBR is provided through door-to-door services to reach the unreached and help persons with disabilities become self-reliant and improve their quality of life. At present BPF has seven CBR programmes, in Savar, Dhamrai, Norshingdi, Kishoregonj, Faridpur, Barishal and Magura.

The Foundation is also dedicated to human resource development. It established the Bangladesh Institute for Special Education, registered under the National University, which offers bachelor's and master's degrees in special education in the fields of visual, hearing and intellectual disability. Certificate courses for certain specialties are also being facilitated.

Source: Meeting with Dr. Shamim Ferdous, BPF Executive Director, and BPF website: <http://bangladeshprotibondhifoundation.org/>.



Children with disabilities attend classes at the Center for Rehabilitation of Paralyzed (CRP), Savar. © UNICEF/BANA2007-00644/Siddique

Centre for Rehabilitation of the Paralysed, Paediatric Unit

The Centre for the Rehabilitation of the Paralysed, popularly known as CRP, is a non-profit organization founded in 1979 in response to the great need for rehabilitation services for people with disabilities. It is internationally respected for its efforts towards inclusion of people with disabilities into mainstream society. CRP's approach to rehabilitation is holistic, recognizing that all aspects of the rehabilitation process are vital for its success, including physical and psychological rehabilitation, economic planning and planned discharge.

With a main centre in Savar, it has 6 subcentres in divisional centres of Bangladesh and CBR projects in 13 districts. The Centre supports both in-patient and out-patient services, providing

medical care and corrective surgery; physical, occupational and speech and language therapy; and vocational training. CRP also produces a wide range of wheeled and non-wheeled mobility and assistive devices specially designed to local conditions.

In 1995 a paediatric unit was introduced, offering both inpatient and outpatient services. The skilled multidisciplinary team includes a paediatrician, physical therapist, occupational therapist and a speech and language therapist. It offers social welfare services, has an orthotics and prosthetics unit and employs a special educator working on paediatric patient rehabilitation.

The residential programme provides two weeks of intensive services for 40 children, most of whom have cerebral palsy, and their families. The goal is to integrate children with disabilities

into their families and communities. Therapists work to maximize the child's ability to attain independence in everyday living and to improve their quality of life. Therapists educate the mother about the child's condition and teach them how to care for the child at home. On each child's final day the therapist provides a booklet detailing the treatment programme for the family to refer to at home. After discharge patients return to the outpatient unit for follow-up.

The outpatient unit sees an average of 80 patients a day. This service is usually for children with conditions such as cerebral palsy, autism, Erb's palsy, hydrocephalus, muscular dystrophy, club feet, Down syndrome, spina bifida and other congenital deformities. Every patient receives a one-hour individual treatment session, with the various therapists (physical, occupational and speech and language) planning the intervention with the child's family according to individual needs.

The CRP special needs school (William and Marie Taylor School) was established to address the education of children with disabilities. In 1996 it opened an Inclusive Education Unit to promote integrative education. While providing an inclusive educational environment, CRP enables children with special needs to access a level of education suitable for their capabilities and to have the same access to sporting, recreational and extracurricular activities as children attending mainstream schools. Now it serves 73 students at a time with special needs to prepare them for inclusion in mainstream society. Students receive physical, occupational and speech and language therapy, individually as well as in group, along with their education.

Source: CRP, 9 May 2013

BRAC Inclusive Education Programme

BRAC, a development organization committed to social justice and empowerment of the poor and disadvantaged, has a comprehensive education programme. It provides free pre-primary and primary education to over 3 million children who are left out of the formal school system.

In 2003, BRAC embarked on an initiative to identify how children with disabilities could be integrated into its schools. In 2007 this led to an inclusive education policy requiring every BRAC school to include at least one child with disabilities. The programme currently operates in one urban area and six regions.

Sector specialists provide technical support and follow-up for teachers in a cluster of schools. In addition to developing supportive classroom policies, these 25 specialists also aid in providing corrective surgeries and assistive devices such as wheelchairs, crutches, hearing aids, glasses and ramps to make schools more accessible to children with disabilities.

In 2012, 42,288 children with speech, physical, visual, hearing, intellectual and multiple impairments were integrated into BRAC schools (pre-primary, basic primary, secondary and community). Working in close cooperation with the Government, BRAC received approval for its primary school students to sit for the Shomaponi Examination, a pivotal examination at the end of fifth grade. To date 89,657 students with mild to severe disabilities have successfully completed pre-primary and basic primary education.

Source: Interview with BRAC and information documents

Special Olympics Bangladesh

Bangladesh has achieved a distinguished record in the Special Olympics World Games and regional events since its first competition in 1991. However, the history of the organization is one of struggle against long odds and of a persistent Bangladeshi parent of a child with an intellectual disability. In 2007, after the Bangladesh Special Olympic team won 71 medals, including 32 gold medals, at the games in Shanghai, China, Nader Rahman reported in the *Daily Star* on the difficult journey that led to this success.

“When Ashraf ud Dowla first learned of the Special Olympics, he was determined to send children from Bangladesh to the event. He somehow managed to get an appointment with the then-interim President of the country and hoped if he appealed to him for some funds the team could be sent to the Olympics. There he had a most unpleasant experience, an experience that showed him just how society treats and talks of the intellectually disabled. He walked out of the meeting vowing to arrange the funds himself and travel to the Olympics on his own steam. As it turned out he managed to take a team of five athletes to the World Games, and although there was no official Special Olympics in Bangladesh at that time, they managed to participate as an invitational team.

“His experiences there touched him immensely; it was there that he realized the power of sport. Those children who had nothing to look forward to and a lifetime of misery were running, jumping and playing like all other children their age. They were happy in a way he had never seen before, and he understood the purpose it gave to their lives and from then on he vowed to do as much as he could so that more children from Bangladesh could participate in future games. His mind was made up and now all he had to do was work for it, since then he has dedicated his life to it.”

“Things began to turn in 1999 when he met with the Prime Minister, who responded with a significant financial contribution. In 2007 Grameenphone agreed to cover all expenses for a three-month residential Special Olympics training camp. Over the years countless others have sacrificed their time and dedicated themselves to the cause. Grameenphone has become a partner.

“After winning a gold medal for table tennis in Shanghai, Sultana Mushfiqua said, “I want gold because I tried and tried. I did not want to let down my coaches, since they tried so hard to train me, I had to try that hard to win.”

Source: The Daily Star, 2008, by Nader Rahman



ANNEX 2

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UNICEF Bangladesh
BSL Office Complex
1, Minto Road, Dhaka 1000
Bangladesh

Telephone: 0088 02 9336701
E-mail: dhaka@unicef.org
Website: www.unicef.org.bd

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