DISABILITY IN BANGLADESH

A Situation Analysis

Final Report
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The Danish Bilharziasis Laboratory for the World Bank
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EXECUTIVE SUMMARY

1. Objectives

Since several overarching strategic documents are underway in Bangladesh including the Poverty Reduction Strategy Paper (PRSP), several sector-programmes and thematic national action plans, it has been found timely to assess the situation and needs in relation to disability. The objectives of the present analysis are as follows: (I) To assess the current prevalence, severity and causes of disability as a physical and social phenomenon, with a particular focus on children with disabilities. (II) To map and assess the scope of the current situation and initiatives in the public sector, the private sector, among Non-Governmental Organisations (NGOs) and in communities as well as the linkages between initiatives. (III) To offer short and longer term recommendations for further research, policy development and support for interventions in relevant sectors (health, education, labour etc).

2. Disability and Poverty

Poverty creates disability and disability creates poverty. People with disabilities are often among the poorest of the poor. The World Bank estimates that disabled people make up to 15-20% of the poor in developing countries. In Bangladesh most people with disabilities live in the rural areas. They, and sometimes also their families, are often excluded both from their communities and from development initiatives. The most vulnerable are women and children with disabilities.

3. Data on disability

The number of people with disabilities in Bangladesh is high enough to merit special attention. Based on an assessment of the available figures and estimates by WHO and World Bank for developing countries, an overall disability prevalence of about 10% of the population remains a valid working estimate. The prevalence of disabilities in children below 18 years can be estimated to 6% and for the age group above 18 years the prevalence to about 14% or corresponding to 3.4 million children with disabilities and 10.2 million adults with disabilities. The team recommends that disability dimensions are integrated in planned and future surveys for monitoring progress through equity, service delivery and outcome indicators. At the same time the establishment of a routine disability management information system could be initiated with the newly established District Disability Welfare Committees as the focal point.

4. Policy context

The United Nations Economic and Social Commission for the Asia and Pacific (UNESCAP) Biwako Millennium Framework from 2003 sets out a regional policy framework, which is coupled with a Bangladesh National Disability Welfare Act from 2001. An Inter-ministerial Task Force has developed a National Action Plan, which is currently being reviewed in 18 Ministries. District Disability Welfare Committees have been established in most districts and nine have developed District Action Plans. The team recommends that the National Action Plan is made further operational and supported with a focus on implementation at community and district levels.

5. Stakeholders and coordination

There is currently a momentum for action at national level. The Ministry of Social Welfare holds the formal responsibility for disability and there is potential for more cross-sectoral

work through the National Coordination Committee and the Inter-ministerial Task Force. The National Forum of Organizations Working with the Disabled (NFOWD) is an umbrella organization for more than 150 Disabled Peoples' Organizations (DPOs), NGOs and International NGOs (INGOs) working in the field of disability, constituting an active, extensive and capable network. International agencies and donors are interested in supporting disability activities, but sometimes face problems in channeling funding for cross-sectoral issues, such as disability. Common for all these stakeholders are an interest in working with disability, but so far each of them with a very limited coverage concentrated in urban and selected rural areas and a fundamental lack of coordination. The team recommends that coordination is strengthened through the National Coordination Committee/Inter-ministerial Task Force and that work is given direction through a more action-oriented version of the National Action Plan.

6. Sectoral involvement

Disability is a cross-sectoral issue. The team has assessed the situation and activities of Government, NGOs/INGOs and the private sector, and suggested next steps for inclusion and reduction of vulnerability by sector:

- Social Welfare: Focus on rehabilitation and inclusion activities at district level
- Education: Support the process of inclusion into regular schools
- Health: Scale up Early Detection Programmes and establish referral networks
- Employment and Income Generating Activities: Actively stimulate inclusion
- Transport, Infrastructure and Built Environment: Mainstream accessibility
- Access to Water and Sanitation: Support and mainstream pilot projects

Increased coordination at both national and district level will be crucial to fully take advantage of the considerable expertise and materials already available in Bangladesh. In order to sustain and expand technical expertise and leadership in Government as well as in DPOs/NGOs, it is necessary to review and invest in the development of human resources. At all stages in the process people with disabilities, represented by DPOs and NGOS active in the disability field, should be included in decision making processes.

PREFACE

This situation analysis is the result of an initiative by the Health Program Support Office of the World Bank in Dhaka, to map out disability in Bangladesh. This final report is intended to provide input into a number of strategic plans, such as the Poverty Reduction Strategy Paper (PRSP) and sector-programs which are under preparation in 2004, and to identify existing initiatives that could be scaled up in this regard. The consultancy was carried out in February-April 2004, and included an 18-day mission in Bangladesh by a Danish-Bangladeshi team consisting of Dr. Jens Byskov (team leader), Mr. Khandaker Jahurul Alam, Mr. Nazmul Bari and Ms. Birgitte Bruun. Resource persons in Denmark were Dr. Hans Wulffsberg, The Danish Council of Organizations of Disabled People (De Samvirkende Invalideorganisationer – DSI), and Dr. Jens Aagaard Hansen, Danish Bilharziasis Laboratory. The findings and recommendations in this report are a result of data collection and discussions with a range of stakeholders in Bangladesh and remains the responsibility of the consultancy team and the Danish Bilharziasis Laboratory.

ACKNOWLEDGEMENTS

It has been a guiding principle for the consultancy team to make the consultancy process as participatory as possible. Thus, the desk review and the draft final report have both been circulated widely in Bangladesh for all stakeholders to comment on the contents. The team is very grateful for the enthusiasm, time and support extended from all stakeholders before, during and after the mission in Bangladesh. In particular the team would like to thank Government staff in Dhaka as well as in Jhenaida for taking the time to meet the team; the NFOWD for making its extensive network and knowledge available for us; members of Disabled People's Organizations and national as well as international NGOs for sharing their important efforts and perspectives; and the staff in the World Bank's Health Program Support Office in Dhaka for excellent professional and practical back-up throughout the consultancy. Last, but not least, the team is grateful for the patience of the families we visited in Dhaka and in Jessore and Jhenaida, in telling us about their situation.

CONTENTS

ACRONYMS

ADD	Action on Disability and Development
ADNet	The Assistive Device Network
APCD	Asian Pacific Development Center on Disability
BDT	Bangladesh Taka (currency)
BHIS	Bangladesh Health and Injury Survey, UNICEF
BMF	Biwako Millennium Framework
BNFD	Bangladesh National Federation of the Deaf
BNSB	Bangladesh National Society for the Blind
BPF	Bangladesh Protibondhi Foundation
BPKS	Bangladesh Protibandhi Kallyan Somity
BRAC	Bangladesh Rural Advancement Committee
CAHD	Community Approaches to Handicap in Development
CBR	Community Based Rehabilitation
CDD	Center for Disability in Development
CRC	Convention on the Rights of the Child
CRP	Center for Rehabilitation of the Paralysed
CSID	Center for Services and Information on Disability
CWD	Children with disabilities
DALY	Disability Adjusted Life Years
DBL	Danish Bilharziasis Laboratory
DfID	Department for International Development
DHS	Demographic and Health Survey
DPO	Disabled People's Organisation
DSI	Danish Council of Organisations of Disabled People
EFA	Education for All
ESCAP	Economic and Social Commission for Asia and the Pacific
ESTEEM	Effective Schools Through Enhanced Education Management
EC	European Commission
GDP	Gross Domestic Product
HNPSP	Health, Nutrition and Population Sector Program
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communication Technology
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IFB	Impact Foundation Bangladesh
ILO	International Labour Organisation
ICMH	Institute of Child and Mother Health
INGO	International Non-Governmental Organisation
JICA	Japan International Cooperation Agency
MDGs	Millennium Development Goals
NCC	National Coordination Committee on the Welfare of Persons with Disabilities
NFB	National Federation of the Blind
NFOWD	National Forum of Organizations Working with the Disabled
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
PEDP-II	Primary Education Development Programme II
PHC	Primary Health Care

PRSP	Poverty Reduction Strategy Paper
PWD	People with disabilities
SARPV	Social Assistance and Rehabilitation for the Physically Vulnerable
SIAP	Statistical Institute for Asia and the Pacific
SIDA	Swedish International Development Authority
SWAp	Sector-Wide Approach
SWID	Society for the Welfare of the Intellectually Disabled
TASC	The Alliance for Safe Children
UK	United Kingdom
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNHCHR	United Nations High Commissioner for Human Rights
USAID	United States Agency for International Development
VHSS	Voluntary Health Services Society
WHO	World Health Organisation

1. INTRODUCTION

Disability[1] is to an increasing extent being addressed as an issue to be included into mainstream development rather than as a matter of separate programmes and charity. This follows the recognition that people with disabilities are citizens with equal rights, who – given the opportunity - are able to contribute economically and socially to their households and communities. However, people with disabilities are often discriminated against, socially marginalized and do not have access to basic social services.

The change towards mainstreaming disability into general development efforts is also a result of studies indicating the multiple links between poverty and disability. People with disabilities are often among the poorest of the poor. Considering that people with disabilities are estimated by WHO to represent around 7-10% of any population and that disabled people are estimated by the World Bank to make up 15-20% of the poor in developing countries[2] prevention, rehabilitation and inclusion become structural and cross-sectoral issues, which are beginning to be addressed in PRSPs[3], sector-programmes and various thematic national action plans.

In order to address disability in a strategic and cost-efficient way basic data are needed. In Bangladesh the accuracy of national data on prevalence of disability are questionable and no nationally representative data are available on type, severity and cause of impairments or on service availability and equity issues. No national data exist on the extent of disabilities in children, but in India it is estimated that 6-10% of children are born disabled and that possibly a third of the total disabled population are children. It is also assumed that children with disabilities in developing countries may disproportionately die due to neglect[4].

Several initiatives run by the Government of Bangladesh and a range of national and international non-government organizations already exist, but coverage is still very limited and fragmented. Since several overarching strategic documents are underway in Bangladesh at the moment, including the PRSP, several sector-programmes and thematic action plans, it has been found timely to assess the situation and needs in relation to disability.

Thus, the objectives of the present analysis are as follows:

1. To assess the current prevalence, severity and causes of disability as a physical and social phenomenon, with a particular focus on children with disabilities.
2. To map and assess the scope of the current situation and initiatives in the public sector, the private sector, among NGO's and in communities as well as the linkages between initiatives.

[1] Disability involves dysfunctioning at one or more levels of physical function (impairment), individual activity or social participation. Source: Towards a Common Language for Functioning, Disability and Health, WHO 2002. See also section three for definitions.
[2] Personal communication with P.Dudzik, World Bank, referred in Ann Elwan: Poverty and Disability. A Survey of the Literature. 1999, Social Protection Discussion Papers no. 9932, World Bank.
[3] Disability and Poverty Reduction Strategies. ILO Discussion Paper 2002
[4] Ann Elwan: Poverty and Disability. A Survey of the Literature. 1999, Social Protection Discussion Papers no. 9932, World Bank.

3. To offer short and longer term recommendations for further research, policy development and support for interventions in relevant sectors (health, education, labour etc).

The present situation analysis will discuss and analyse disabilities from a structural perspective and not go into much detail regarding specific groups or types of disabilities.

The team was asked to have a special focus on children with disabilities. However, disability does not just affect an individual, but the whole family and community around the individual. It is estimated that the lives and livelihoods of about 800 million people, or about 25% of the population in the Asia-Pacific region are impacted by disability in the family (www.adb.org/SocialProtection/disability.asp). If the situation for children with disabilities is to be improved, it is often important to support the parents. Awareness creation and interventions in the family, in the community, in schools, in health facilities, in work places, in micro-credit and Income Generating Activities schemes as well as in district offices would all be necessary to support the parents, who would then be able to offer their child more opportunities. The process of supporting children with disabilities and their parents would most likely also facilitate inclusion of adults with disabilities. Thus, the team regards disability as a phenomenon linked to communities and societal structures rather than to individuals of any age. If the reader wishes to focus on children the report addresses children specifically in the sections on data availability, policy context, social welfare, education, and health.

2. METHODOLOGY

This report was preceded by a desk review based on internet sources and input from stakeholders in Bangladesh. The desk review was followed by a mission from 23rd February to 10th March 2004 consisting of a series of meetings with selected key stakeholders and visits to their organizations, visits to intervention sites and meetings with end-users/disabled children and adults in Dhaka city as well as in Jessore and Jhenaidah districts (see List of persons met, annex 3). Existing documentation and data in Bangladesh were reviewed (see annex 2) and interviews supplied up to date information. The draft final report was posted on the Internet and all stakeholders were invited to give comments before the final report was submitted.

3. DEFINITIONS

A number of concepts should be clarified at the outset of this study and since some very central conceptual developments are taking place at the moment we will present these in more detail in Annex 7. Until recently the definitions below were the basis for most work on disability:

> **Impairment:** In the context of a health experience, impairment is any loss or abnormality of psychological or anatomical structure or function
>
> **Disability:** In the context of a health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being

> **Handicap:** In the context of a health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.
> *Source: International Classification of Impairments, Disabilities and Handicaps (Geneva, WHO 1980 and 1993)*

Following these definitions *disability* could be seen as the *functional outcome* of a *physical or mental impairment*. *Impairment* only becomes a *handicap* in the context of a given society, often because this society does not accommodate the needs and the rights of its citizens living with impairment. What is a handicap in one setting may not be a handicap in another due to available medication (e.g. epilepsy, diabetes) or due to different expectations to individual ability as a source of legitimate social identity or personhood. The physically impaired or the 'slow' may be fully included in the local social fabric in one setting, whereas the same individual may have a different potential for inclusion in other settings, where families and production have a different structure. *Handicap, therefore, is not a natural, but a social fact.*[5] The definitions above have, however, been criticised for focusing too much on physical impairments as the starting point, and not being sensitive enough to the social aspects of disability. Some impairments should not influence capacity to participate in community activities, but due to stigma or lack of assistance they do. Some disabilities do not have an immediately identifiable impairment as a basis, but they may reduce a person's capacity to participate. To embrace these criticisms WHO endorsed a new framework for understanding disability in 2001, which take *human functioning* in a broader sense as a starting point. This model is more flexible, but it has not yet been fully operationalized. The model is described in more detail in Annex 7.

4. DISABILITY AND POVERTY

Disability and poverty cause and reinforce each other. Poor nutrition, dangerous working and living conditions, limited access to health care, poor hygiene, bad sanitation, inadequate information about causes of impairment, war and conflict and natural disasters create disabilities of which as many as 50% are preventable[6]. Disability, particularly of the head of household, exacerbates poverty of the whole family due to increased expenses, lack of income from the 'carer' and lack of opportunities due to social exclusion. As mentioned in the introduction it has been estimated that 15-20% of the poor in developing countries are disabled, which is significantly higher than the commonly assumed 7-10% people with disabilities in the general population.

In 1997 IMPACT Foundation Bangladesh carried out a small study on the relationship between Poverty and Disability in Chuadanga district. Poverty was measured in terms of landholding (acres) and the results show that 61% of people with disabilities lived in households of less than ½ acre. 20% of people with disabilities lived in households of ½-2.99 acres and 19% in households with more than 3 acres of land. Unfortunately, the sample of 900 households is not randomly selected, so the results cannot be considered representative.

[5] In a strict sense the term 'handicap' is more inclusive than 'disability', but it has become common practice in development to apply the term 'disability' as an all-encompassing term, since it is perceived as less stigmatising. The present desk review will follow this use of the terminology.
[6] Disability, Poverty and Development, DfID Issues, February 2000

Furthermore, the percentages are not compared to the overall distribution of people and their landholding in the area, which means that it is not possible to conclude whether there are more people with disabilities in the poorest households or whether Chuadanga district in general is a very poor district. In spite of these methodological weaknesses the figures do invite more inquiry into the relationship between poverty and disability in Bangladesh.

Figure 1: Disability and poverty

The way disability and poverty is addressed has undergone parallel developments in international development discourse as illustrated in the figure above. Both have changed from being an issue of charity and welfare to one of development and rights. Today, many stakeholders see disability as a cross-cutting development issue based on the social and human rights of people with disabilities. See annex 7 for an elaboration of this development.

Case story: The child beggar

Minu is a 17 years old girl who was born blind. She lives in one of the very poor parts of Dhaka and spends every day begging on the streets. She makes around 300-500 taka per day depending on where she sits and whether the police chase her away. She was born in a village outside Dhaka, but her mother sent her to live with her aunt in the capital where she can beg and contribute to both her aunt's her mother's households. The organization working with disabled street children in the area has often invited Minu to join their activities, but she does not always show up because her aunt does not like to keep her away from begging. Minu herself just wants to go home and stay with her mother. It has been three months since she was home on a visit and there is a long time to go before she can afford the trip again.

5. DATA ON DISABILITY

Measuring Disability

There are major problems in measuring disability and comparing findings. Variations between and within countries are probably as much due to differences in criteria for identification, types and diversity of classification and data collection methods as to real differences. Another complication in this regard is the difference between measuring *impairments* and degrees of functional *disabilities,* which are not necessarily the same (see annex 7 for an

overview of the terminology)[7]. Surveys tend to present un-graded main groups of impairments without any reference to degree of functional disability other than a statement that those identified were moderately to severely disabled. The consequence is that prevalence figures may provide figures on the percentage of a given type of disability (e.g. visually impaired), but this figure does not necessarily indicate the level of services needed (surgery, glasses, other assistive devices, education, training etc).

Global disability data

WHO estimates that there are between 7-10% disabled people in any population depending on the inclusiveness in the definitions and classifications of disabilities (e.g. sequelae of malnutrition, learning disabilities etc). Among children below 18 years of age the prevalence tends to be about half of the rates for the whole population, but sources vary considerably. Mental and intellectual disabilities are assumed to represent 1-1½ percent of the total population in any population.

On a global level rural disability rates are higher than urban rates. In developing countries disability rates of women are generally lower than rates for men. This may indicate that severe impairments are male-dominated, that women's disabilities are underreported, and/or that they are cared less for and die sooner. For child-bearing age groups, rates among women tend to be slightly higher than rates among men of the same ages, possibly because women get impaired by too early or too many pregnancies, poor nutrition or inadequate health care[8].

Case story: The boy who would not stretch

Shakil did not cry for two hours after he was born 10 years ago in a rural area in Jhenaidha. He would not breastfeed and he did not stop drooling. When fieldworkers did a specific survey of disabilities in the community his mother did not mention him, but two years later neighbors told the rehabilitation workers about him. They found him curled up on the floor in a room in his own dirt, extremely thin and with skin diseases and an ear infection. The mother allowed the rehabilitation workers to start working with Shakil, but there is limited progress so far. Treatment has started too late and the rehabilitation worker does not have time for the intense physiotherapy that he needs for several hours every day. Shakil's grandmother said that when Shakil was born he lay inside a second membrane that had not burst during labor. The delivery, which was attended by the neighbors, took a long time, she remembered. When we asked her what the reasons might be for Shakil's condition she said that his mother had had a lot of hard work during her pregnancy, but that evil spirits might also have been involved. After he was born they took him to the hospital for one month for injections, but he did not improve. They had also tried spiritual healing, and to stretch his body both by hanging him from the veranda poles and by putting him in a vertical hole in the ground every day for a month. Then they had given up.

Shakil's mother needs to work every day to feed Shakil and his three younger siblings so she cannot do the exercises with Shakil that she has learned from the rehabilitation workers. In such cases the organization working in the area usually offers micro-credit for the family, so one parent can work at home and also give physiotherapy, but in this case it is not possible because the father, who does not work regularly and is not always living at home, would most likely misuse the credit.

[7] Barbotte E. et al., Bulletin WHO, 2001, (79), 11, 1047.
[8] Ann Elwan: Poverty and Disability. A Survey of the Literature. 1999, Social Protection Discussion Papers no. 9932, World Bank.

Quantitative national data

Disability is not included in any routine data collection or surveillance systems in the health sector, but it has been included in national censuses in 1982, 1986 and 1991. However, the reported prevalence rates between 0.77 and 0.47 are far below international and national estimates. A survey on prevalence of disability from 1994 by the Bangladesh Bureau of Statistics shows a rate of 10.62 disabilities per 1000 population. This figure is also considerably lower than the commonly used international estimates. Underreporting of disabilities is very common in national censuses, due to inadequate questionnaire design, insufficient training of enumerators, and possibly also families' 'forgetting' members with disabilities.

The nationally representative Bangladesh Health and Injury Survey 2003, conducted by Institute of Child and Mother Health (ICMH), UNICEF and The Alliance for Safe Children (TASC) shows the incidence of disabilities due to injury only and do not provide information on prevalence or the total number of disabilities due to other causes. It does, however, show that the incidence of severe disabilities[9] *caused by injury* is very low in the age group between 0-17 years of age which represents 44,4% of the total population (see table 1 below).

Table 1: Bangladesh Basic Indicators

Population (2001)	129 mill.
Population living in rural areas (2001)	76.61%
Population Growth Rate (1991-2001)	1.47%
Infant mortality per 1000 live births (2000)	51
Population below 18 years of age (2001)	44.4%
Adult literacy rate (2001)	65%
Per Capita GDP in USD (2001-2002)	362
Population below poverty line (2000, daily intake below 2122 K.Cal)	44.3%
Population below poverty line (2000, daily intake below 1805 K.Cal)	20.0%

Sources: Bangladesh Bureau of Statistics, Ministry of Finance, Bangladesh Bank

A number of smaller sub-national quantitative studies have been carried out by NGOs and others, mainly as baseline studies for programming purposes. The limitations of some of these studies are incomparable definitions and groupings, and biased or small sampling frames which make them less representative. *Thus, their results should not be seen as nationally representative, but as approximate and sometimes misleading indications only.* Data are mainly focused on impairment identification and less on functional limitations and equity issues. Notwithstanding these methodological weaknesses, results from 10 sub-national surveys using a comparable impairment screening instrument are shown below:

In 1993, 11.782 people were surveyed by Action Aid Bangladesh in the disaster prone and iodine deficiency affected Jamalpur District, Kulkandi Union mainland[10]. The overall prevalence of disability was 8.78%. Among children under 18 it was 6.2% and among people over 50 years of age it was 30.3%. In the total sample 48% of the population were women, but among those with disabilities 53% were women. The female overrepresentation was found among those with visual and multiple impairments, whereas there were more males in

[9] Here defined as lasting longer than three months
[10] Micro Study of disability in Jamalpur District, Action Aid Bangladesh, 1995.

the groups of hearing and speech impairments, locomotor disabilities, intellectual disabilities and others. There was no breakdown of impairments by age group.

Between 1995-1997, ActionAid Bangladesh had improved the methodology of the surveys and carried out baseline surveys first in four and then in five locations[11] covering 46.874 and 94.260 people respectively. The corresponding overall prevalence rates of disability were 14.4% and 13.34%. Prevalence rates among those less than 18 years of age in each set of data can be estimated at 15% and 7% respectively. In both studies prevalence generally increased with age to above 30% in older age groups. In the first 4 locations surveyed 56.2% of persons with impairments were female, with the female overrepresentation among visual, hearing, epilepsy and multiple impairments and male overrepresentation among locomotor, speech, cognitive and leprosy related impairments. The results are summarised in table 2 below. It should be noted that the distribution of disabilities/impairments in the three studies varies, possibly due to differences in criteria on degree of severity to be included.

Table 2: Distribution of types of disability in 10 locations

Disability distribution by type	Baseline survey		Micro study
	4 Loc[1].	5 Loc[2].	
Locomotor	4.9	4.2	11.9
Visual	53.5	48.8	34.2
Hearing and speech	24.5	25.4	35.0
Cognitive/mental retardation	3.8	3.7	4.6
Epilepsy/other	2.3	2.2	2.0
Multiple	11.0	15.7	12.2

Sources: Four baseline surveys on Prevalence of Disability, ACTIONAID Bangladesh, November 1996, Tables of five baseline Surveys on Disability. Unpublished paper. ACTIONAID Bangladesh. A Micro Study of Disability in Jamalpur District, ACTIONAID February 1995

[1] Charfesson, Lalbagh, Netrokona, Companiganj

[2] Tongi, Amtoli, Gabtoli, Nazirpur, Sitakunda

A survey specifically focusing on children was carried out in connection with testing the validity of a 10 Question Screen for disabilities in children 2 to 9 years of age in Dhaka in 1989. 2576 children were enrolled and the study found prevalence figures for severe disability of 8.2%. Disabilities/impairments were distributed with 36% cognitive, 27% speech, 18% hearing, 9% movement, 7% vision and 2% epilepsy.

WHO has estimated that the *distribution of causes* of moderate to severe disabilities on a global level in 1998 were as follows: non-communicable somatic conditions account for 26%, communicable diseases 23%, congenital or perinatal conditions 18%, trauma or injury 17% (where traffic accidents ranks higher than occupational accidents and home accidents), and mental conditions 16% (Helander, Prejudice and Dignity, UNDP 1999). Most studies from Bangladesh do not distinguish between congenital disabilities versus disabilities occurring later in life. However, the Micro-study from Jamalpur, indicate that 50% of impairments were due to disease and malnutrition, over 17% due to birth defects, 15% due to accidents and 8% due to old age (9% no response). *These figures should only be taken as guiding indications.*

[11] Baseline Surveys on Disability, Action Aid Bangladesh 1996 with later supplement of 5 locations.

Based on an assessment of the above figures and estimates by WHO and World Bank for developing countries, an overall disability prevalence of about 10% of the population remains a valid working estimate. The prevalence of disabilities in children below 18 years can be estimated to 6% and for the age group above 18 years the prevalence can be estimated to about 14%. With 44.3% of the population of 129 million below 18 years of age, there are about 3.4 million children with disabilities and 10 million adults with disabilities.

Qualitative sub-national data

This section will provide an overview of findings by NGOs and others, who have carried out studies for programming purposes in limited geographical areas. These sub-national studies often include some qualitative components, which tend to focus more on problems and short-comings than on various local solutions that might also exist. However, the studies provide a range of valid insights into specific aspects of disability and vulnerability, which are summarized below:

Impairment triggers a series of exclusion mechanisms, which reinforce each other (lack of ability to hear leads to lack of social recognition leads to no education leads to no employment etc). Several of the collected studies mention stigmatising attitudes towards people with disabilities, which are found in the public and private sector as well as in communities. These attitudes are the basis for discrimination of people with disabilities and they impede the inclusion and participation of people with disabilities. This discrimination may be articulated in everyday situations, but also in disaster situations, where access to shelter and medical assistance may not be prioritised for people with disabilities. The most marginalised of the marginalised are women and girls with disabilities, persons with intellectual disabilities, persons who are HIV positive and those affected by leprosy. Many people with disabilities adopt a view of themselves as inferior or as a burden and survival become their only ambition. Women are often described as doubly disabled by their gender as well as by their impairment. A woman with a given impairment is often more disabled than a man with the same impairment, because she cannot carry out the many practical tasks of being a wife, which is an important source of social identity. Her chances of marriage and other social aspirations are much smaller than a man's even though their impairment may be the same. Some sources mention that children with disabilities are often neglected by their own families; they get less food, clothing and care than their peers and their health and education needs are often ignored. This is particularly the case for disabled girl children. Abuse of children with disabilities is not uncommon. Again girls with intellectual disabilities are most vulnerable to abuse, including sexual abuse, and some sources mention that disability is regarded as a curse or punishment for previous or future deeds.

Most of these studies focus on problems of attitude, the lack of economic resources and of technical knowledge. This 'bias' towards limitations is very explicable in an operational research approach, but the qualitative research agenda could be enriched with wider questions regarding the negotiation of normality and personhood in families and communities as well as in institutional practices and policies. What transformations in relations within families develop when a family member is disabled and how do they relate to their community? A good example is a study of how some Bengali families 'educate' their communities through

specific language about their disabled children.[12] Other related questions could be questions of social processes in communities where there was previously no shared idiom for disability, but only labels like blind, deaf and crippled? What are the identity politics and the changes in perceptions of personhood in families and communities reached by representatives of the disability movement (DPOs or NGOs) and what kind of opportunities and relevance do people living in poor communities see in joining activities related to disability? Such research questions could throw more light on the way families and communities relate to interventions. This could possibly feed into strategy development at one level, but at another level also stimulate wider thinking about disability as a shared human condition.

Case story: The girl in the room

A rehabilitation trainee told the story of his neighbor, who had an intellectually disabled daughter. The father could accept her but the mother could not, so the daughter was always kept in a room inside the house. The father worked outside the home, but he would always go and see his daughter after working hours. One day the father died of stroke. When he was carried out of the house after a family ceremony the mother would not let the daughter join the rest of the family. In the evening food was placed in her room, but she did not eat. The next morning she did not eat her breakfast. After two days without eating anything the rehabilitation trainee was told about the situation and he came to see the mother. He got permission to go and see the girl in her room and he tried to establish contact with her. After a while she began eating again. The story teller returned to the home several times and spoke to the mother about the daughter. She said that she did not think that intellectually disabled people had feelings. After that time the mother began accepting the daughter a little more.

Participants in training course on primary rehabilitation techniques at community level.

[12] 'A Little Inconvenience': perspectives of Bengali families of children with disabilities on labelling and inclusion. Shridevi Rao, Disability and Society, Vol. 16, No.4, 2001, pp.531-548

The availability of data: analysis and recommendations

Even though there are no accurate national data on the type, severity and causes of disabilities in adults and children, there is sufficient data to justify a range of interventions for prevention of disabilities, for rehabilitation and for inclusion and participation of people with disabilities. In spite of the potential value for planning and allocation of national resources, a national survey does little to register and rehabilitate people with disabilities in the districts. Instead it might be of more long-term value to support the establishment of an action oriented disability registration and management system at district level, where NGOs are involved in identification and management. Local variations in the prevalence of different disabilities (particularly the localized disabilities, such as rickets, and rarer cases, such as obstetric fistula[13] and acid survivors[14]), makes local and continuous monitoring indispensable for planning and management. In time, nationally guided local solutions should also be made regarding criteria for qualifying for benefits and services.

A general future recommendation would therefore be to *integrate disability dimensions into planned surveys and monitoring of international and national agreements* such as the PRSP, the Millennium Development Goals (MDGs), the Government's 5-year plan, sector programmes and action plans. The choice of indicators to include in monitoring and evaluation of progress needs careful consideration and will be discussed below.

Several organisations are planning surveys of the prevalence of disabilities which have potential for serving as baseline data for the PRSP and sector programmes. Handicap International has funding for a national survey from DfID; pending funding, Action on Disability in Development (ADD) will train enumerators from Mitra and Associates for a national survey in collaboration with Manchester University, UK; Vision 2020 is planning a national survey of service availability at primary, secondary and tertiary level focusing mainly on eye care, but exploring possibilities for including other services in collaboration with National Forum of Organisation Working with the Disabled. Possibilities for carrying out a survey in Matlab district in collaboration with the International Centre for Diarrhoeal Diseases Research could be explored. The Centre has carried out routine health and demographic surveillance since 1966 in the district, and if enumerators are provided with appropriate training, their knowledge of the community might minimise the common underreporting of disabilities.

If a separate national survey is preferred the weighing of the following dimensions should be considered:

- Measuring the level of functioning and causes of disabilities based on a compromise between the definitions of disabilities in the National Disability Welfare Act 2001 and the definitions in the United Nation's publication 'Guidelines and Principles for the Development of Disability Statistics' which will allow inter-country comparison in the region. Consultations with the Washington Group working on an internationally comparable disability survey design might provide added value to the survey design (see www.cdc.gov/nchs/citygroup.htm.) or the ESCAP Subcommittee on Statistics, which had its first session on disability statistics in February 2004 with WHO and the

[13] Perforated tissue to bladder or rectum due to prolonged labour and lack of access to Caesarian section.
[14] Women (and sometimes men) who have survived having acid thrown at them as a form of punishment

Statistical Institute of Asia and the Pacific (SIAP). Among other items the meeting resulted in a decision to seek funding for piloting survey designs in selected countries based on the ICF in 2004-2005. (www.unescap.org/stat/sos1/sos1%5F02e.pdf)

- Assessing the needs for service provision
- Assessing equity in education, employment, access to basic social services etc. using general national indicators for comparison and adjusting for differences in methodologies.
- Including indicators for monitoring international agreements and their impact, such as the Millennium Development Goals on poverty and education, the Biwako Millennium Framework, as well as the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), which both request States to report on disabled children and women respectively.

The sampling frame of a survey would depend on the focus and expected sensitivity of the survey. A reference for a nationally representative sampling frame could be UNICEF's recent Health and Injury Survey, but the frame must be reconsidered in relation to the objectives of the survey. However, a prevalence survey only, may need a much smaller sample with more districts covered and smaller clusters in each[15]. A larger sampling frame is needed to catch the rarer, unevenly distributed and more sensitive and/or less visible conditions, such as epilepsy, certain intellectual disabilities, fistula, acid survivors or diabetes which can be disabling and which is a chronic condition on the rise in Bangladesh[16]. Sampling should also be sensitive to disabilities that are not occurring evenly in Bangladesh, such as rickets in the coastal areas, goiter due to iodine deficiency, and lymphatic filariasis, which is endemic in some areas and potentially disabling.

Screening for impairments can be done through quantitative questionnaires, but surveying service needs and equity aspects would benefit from a mix of quantitative and qualitative methods. Careful training of enumerators is needed since disability can be both a technical and a sensitive issue. For these reasons disability is often severely underreported in regular national censuses. Collaboration with the Bangladesh Bureau of Statistics should be considered for exchange of experience. It should be considered whether such survey should be repeated at e.g. 5-year intervals. A disability management information system could be constituted of data collected by social and other sectors and submitted to the District Disability Welfare Committee and the Ministry of Social Welfare. The quality and usefulness of such routine information system of course depends on the active participation of all the sectors in question.

In time data should be collected at national level in support of national policy making and programming. Definitions and terminology should be based on the National Disability Welfare Act, but also consider the United Nation's publication 'Guidelines and Principles for the Development of Disability Statistics' which will allow inter-country comparison in the region.

[15] See an alternative suggestion in Annex 11

[16] Disease Patterns in Bangladesh. Present and Future Health Needs. Public Health Sciences Division, Centre for Health and Population Research, International Centre for Diarrhoeal Disease Research, July 2001

RECOMMENDATIONS

Establish integrated monitoring and data collection mechanisms

- Integrate disability dimensions into the PRSP and main sector indicators by adding disability aspects to existing ones (in the same way as for gender) and by creating selected disability-specific outcome indicators.
- Integrate disability dimensions into national monitoring of MDG indicators – particularly the goals on poverty and education as mentioned in the Biwako Millennium Framework, but also selected other indicators, e.g. 4, 10, 11, 16, 30, and 31

Longer term recommendations

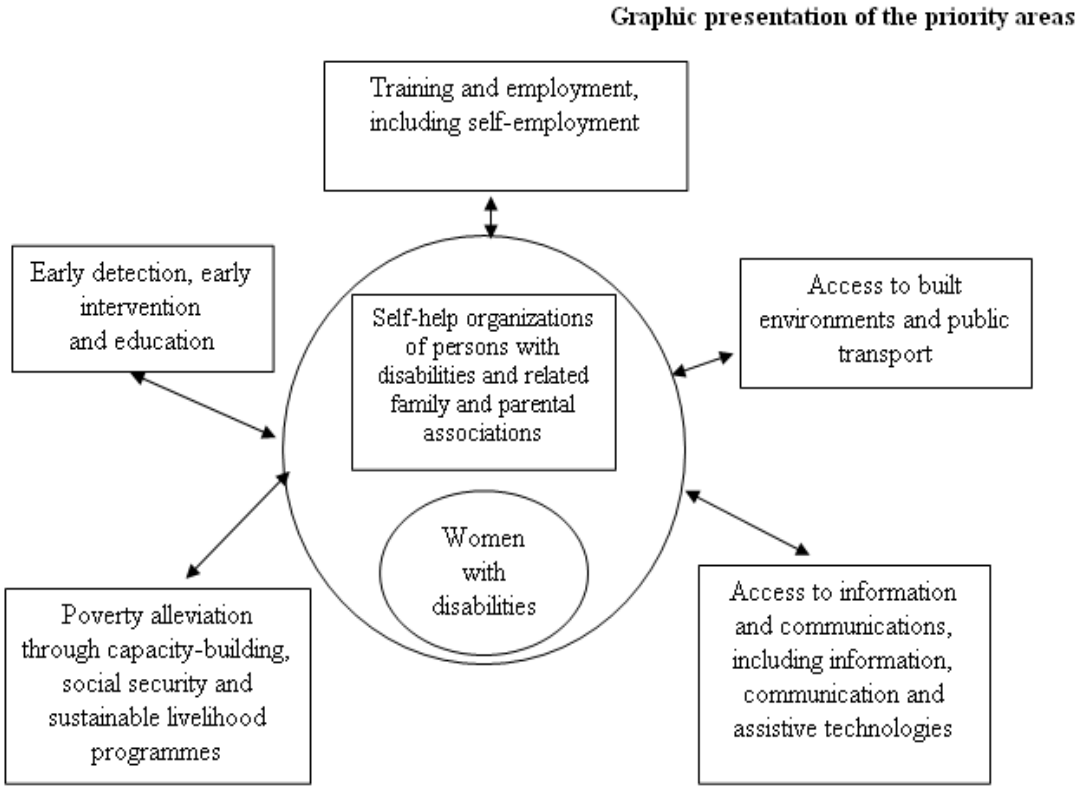
- Integrate disability dimensions into planned surveys – e.g. in national censuses, the Demographic Health Survey etc.
- Work towards the establishment of a routine data collection and analysis system (a disability management information system located in the District Disability Welfare Committee) disaggregated by disability for planning and monitoring of service provision at district level and below.

6. THE POLICY CONTEXT OF DISABILITY

International Framework

The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) proclaimed the decade 1993-2002 to be the Asian and Pacific Decade of Disabled Persons. In 1993 The Government of Bangladesh adopted **The United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities**. In May 2002 the ESCAP adopted the resolution **"Promoting an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific."** It is structured to supplement the UN Millennium Development Goals and it proclaims an extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012. The decade's action oriented guidelines for Governments, known as the **Biwako Millennium Framework**, was developed to conclude the first Decade of Disabled Persons and set priorities for the next decade. The Framework outlines 7 priority areas for action towards realizing the ESCAP resolution. Below is a graphic presentation of the Framework:

Figure 2: The Biwako Millennium Framework priority areas



Source: Biwako Millennium Framework for Action towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific. www.unescap.org/esid/psis/disability/bmf/bmf.html

For each priority area targets and actions are outlined and a section lists the strategies that Governments in collaboration with civil society should adopt to achieve the targets. The links between the targets on poverty and education in the MDGs and the Biwako Millennium Framework are explicitly mentioned in the latter. Monitoring both documents' goals on poverty alleviation would be possible if disability dimensions are integrated into the Millennium Development Goals' baseline data collection. With regard to other targets in the Biwako Millennium Framework, Governments are encouraged to adopt a strategy to develop, by 2005, their system for disability related data collection and analysis and to produce relevant statistics disaggregated by disability to support policy-making and programme planning. Furthermore, governments are encouraged to adopt, by 2005, definitions on disability based on the United Nation's publication 'Guidelines and Principles for the Development of Disability Statistics' which will allow inter-country comparison in the region.
In both documents children are specifically mentioned in the targets regarding survival and education. To monitor progress towards achievement of both these targets, data collection will be needed[17].

[17] Bangladesh has ratified the Convention for the Rights of the Child from 1989, which explicitly includes the rights of disabled children. In the latest report from UNHCHR "Concluding observations of the Committee on the Rights of the Child: Bangladesh" from 1997 concern is raised about the continuing discriminatory attitudes towards children with disabilities.

The UNESCAP Biwako Millennium Framework was developed parallel to a global initiative on a legally binding Convention to Protect and Promote the Rights and Dignity of People with Disabilities. In June 2003 an Expert Group Meeting and Seminar on the Convention met in Bangkok. A follow-up Inter-Governmental meeting on the framework and development of the Convention was held in Beijing in November 2003, vice-chaired by the Bangladesh Minister of Social Welfare, but the Convention is still in the process of endorsement.

National Framework

The Bangladesh Constitution states that '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'. In 1995 the first National Policy for the Disabled was approved by the Government. The policy mainstreamed disability into the country's development agenda. An Action Plan to operationalize this Policy was approved in 1996. In 2001 a comprehensive disability legislation entitled 'The Bangladesh Persons with Disability Welfare Act' was adopted by the Parliament (see English translation at www.disabilityworld.org/05-06_01/gov/bangladesh.shtml). This document includes revised definitions of various disabilities, the formation, roles and responsibilities of legislative bodies at national and district levels, as well as the coordination between them[18]. The Act lists 10 specific priority areas: (1) Disability prevention, (2) Identification, (3) Curative treatment, (4) Education, (5) Health Care, (6) Rehabilitation and employment, (7) Transport and communication, (8) Culture, (9) Social Security, and (10) Self-help organisations. An Inter-ministerial task Force has developed a draft national action plan to implement the Disability Welfare Act 2001, which is currently in 18 different line ministries for review (see Annex 11).

District level action plans are in the process of being formed in the cross-sectoral District Disability Welfare Committees established under the 2001 Disability Welfare Act. Up to now nine districts have developed an action plan and the remaining 55 will be covered through workshops facilitated by The National Forum of Organizations Working with the Disabled (NFOWD). At present there is no formal monitoring system, but District Disability Welfare Committees are required to report to the Ministry of Social Welfare.

The Government of Bangladesh is in the process of preparing a Poverty Reduction Strategy Paper (PRSP). Disability was not explicitly included in the Interim PRSP from March 2003, but disability concerned agencies and people with disabilities are now being included in the consultation process.

As a follow up to the endorsement of the Biwako Millennium Framework a Regional Symposium on Disability was held in Dhaka in early December 2003 hosted by NFOWD and with participation from 24 Ministries and Government departments. The organizers provided a set of eleven sub-thematic areas for discussion: (1) National Policies and Legislation, (2) Education of people with disabilities, (3) Rights of children with disabilities, (4) Rights of women with disabilities, (5) Employment Opportunities, (6) Self-help initiatives, (7) Community based rehabilitation, (8) Accessibility, (9) Information & Communication, (10)

[18] NFOWD, on behalf of the National Coordination Committee is in the process of revising the law to clarify a number of contradictions and areas that were felt to be lacking.

Prevention & Early Intervention and (11) Safe Environment & Social Security. The outcome of the Symposium, known as the Dhaka Declaration on Disability 2003, states 20 items in a plan of action for implementation (see annex 4).

Analysis and Recommendations

In summary, the international, the regional and the national policy framework has developed significantly in recent years, but implementation of the policies at both regional, national and district level, as well as within international and national development organisations at all levels remains the most immediate challenge. We see it as an achievement that a mix of policy work and advocacy has lead to a number of important, though little structured or coherent actions. Difficult choices have to be made on main objectives, outputs, activities and inputs, if the PRSP and other strategies and programs are to be able to mainstream inclusion of disability. Clear and shared priorities, and related indicators, are a condition for achieving and measuring results. Experience shows that if these intentions are to materialise and make a difference for people with disabilities in the rural areas, they need to be carefully targeted, managed and monitored through district plans. The draft national action plan is a crucial first step, but a restructuring of it is necessary in order to turn it into a sufficiently operational, shared tool. Alternatively a number of structured sub-plans may emanate from the draft national plan to be incorporated into the PRSP, sector plans, agency and NGO plans etc.

RECOMMENDATIONS

Support the operationalization of action plans

- Ensure that the draft National Action Plan is action-oriented with regard to priorities, indicators, objectives, outputs, activities and inputs to increase instrumentality of the plan.
- OR use the draft National Action Plan as starting point for translating policy and strategic concepts into operational plans that can be absorbed in the PRSP, sector plans, thematic action plans, agency programs, NGO activities and others coordinated by the Inter-ministerial Task Force/NCC.
- Follow-up on ministerial review of draft national action plan by roundtable meeting with the Inter-ministerial Task Force, NFOWD (representing both DPOs and NGOs) and donors.
- Support the development of prioritized and operational district action plans following a logical planning hierarchy.

7. STAKEHOLDERS AND COORDINATION MECHANISMS IN BANGLADESH

The Government of Bangladesh

According to the Government's Rules of Business all matters related to disability are the responsibility of the Ministry of Social Welfare. The Ministry endorses policies that are implemented by the Department of Social Services, often with the involvement of the NFOWD. In 1993 a 53 member National Coordination Committee (NCC) on Disability was established under executive order of the Ministry of Social Welfare and from 2001 it became a requirement by legislation. Since 2000 a National Foundation for the Development of the

Disabled People was established with members from both Government and NGOs to support various initiatives with small funds upon application[19].

While other ministries have been positive towards disability as an issue, and some have taken important first steps (e.g. the Ministry of Works allocated a small number of houses for people with disabilities and their families), structured involvement at a policy and programme level has been less visible. However, with the newly established Inter-ministerial Task Force, which has developed a national action plan (see appendix 8) as a follow-up to the National Disability Welfare Act from 2001, a potential platform for further coordination has emerged.

NGOs and INGOs

More than 200 NGOs and INGOs work more or less intensively with disability. Around 45 of these work exclusively on disability or are managed by people with disability. The organisations can be grouped as follows:

Self-help Organisations or Disabled People's Organisations (DPOs)

Several single- and cross- disability self-help organisations focus their work around the promotion and exertion of the rights of people with disabilities. The organisations are formed and managed by people with disabilities and they have a representative and advisory role with regard to decision-making in disability matters. Among their central activities are the facilitation in the establishment of self-help groups of disabled people or parents of disabled children at community level (often there are quotas like at least 50% of the members must have disabilities). Between them the organisations have established more than 150 organisations/groups in Bangladesh of which some have registered as independent DPOs with local authorities. Funding comes from a wide range of donors, including similar organisations abroad, but members often contribute a small sum to shared activities, which increases gradually until the groups are ready to become self-sustainable.

Good practice: The voice of people with disabilities

The first Disabled People's Organisation in Bangladesh, the Bangladesh Protibandhi Kallyan Somity (BPKS), was established as early as 1985 and since then more organisations, such as Action on Disability in Development (ADD), have joined. The organisations advocate for the rights and dignity of disabled people and builds capacity of people with disabilities at district and ward levels to work for themselves. Members of local organizations are trained in rights and discrimination awareness, obligations of the state as well as advocacy and management. Each local organization of 12-30 people then decides their own activity agenda. Meetings with community leaders may be organized, exposure visits to micro-credit schemes, school teachers, women's groups and others, who need sensitization, and theatre groups may be formed, which perform stories taken from the members' own experiences. The plays and the following discussions are an effective way of engaging communities and changing their attitudes. One of the greatest barriers for the work of the local DPOs is the attitude of communities and others who have influence on people with disabilities' situation. The organizations work towards participation and inclusion of people with disabilities into local government and other political fora, inclusion of children into schools and in all other aspects of society. Naturally, income generating activities for self-help are also a central activity for the members. At a central level some of the organizations actively monitor Human Rights violations of people with disabilities. They assist in filing charges with local authorities and

[19] In a speech given by the Prime Minister on 4th April 2002 she mentioned a 20% increase in the Government contribution to the National Foundation for the Development of Disabled People as a long term goal.

they link up with local and national mass media. Furthermore, the DPOs represent and advise in decision making processes, such as in consultations regarding the PRSP and the World Bank County Assistance Strategy Paper.

Specialized service providers and organizations

There is a fairly long tradition for specialized service providers and organizations in Bangladesh, who typically focus their work on one or a few related types of disabilities, such as visual impairments, hearing impairments, locomotor or intellectual disabilities. The expertise of these providers and organizations is often linked to institutions, such as clinics, hospitals, and schools, with varying degrees of outreach and community work. These organizations are often, but not always, supported by sister-organizations, centers and universities abroad and some establish quite extensive national data-collection, service delivery and referral networks. Interventions for certain types of disabilities, such as vision related disabilities and certain physical disabilities (including the production of and training in using assistive devices for a barrier-free environment) tend to be very well organized, but not necessarily coordinated with other similar or related initiatives and structures at national level. Other specialized organizations work on prevention, research, information exchange and human resources development in disability. More information regarding these stakeholders and networks can be obtained at NFOWD.

Other NGOs and development organizations

Since 1996 some national and local development NGOs have begun working with disability as a more or less integrated part of their general development activities following the CAHD approach described in the box below. Most organizations apply separately for donor funding for disability activities, since many donors are not yet ready to integrate disability into their regular support for various development programmes.

Good practice:
Community Approaches to Handicap in Development (CAHD)

In 1996, Centre for Disability in Development (CDD) developed the concept of Community Approaches to Handicap in Development (CAHD), to implement Community Based Rehabilitation mainly through already established development organizations working with multi-sectoral development. CDD offers training and other technical support to develop the human resources and capacity of local organizations, thus expanding its existing development work to embrace the issue of disability.

CAHD implementation begins with the idea that disability is a development issue that is best addressed through the inclusion of people with disabilities in all development activities. The model comprises four components of interventions: (i) social communication, that is, creating awareness and changing attitudes of people and organizations, (ii) inclusion and rights, that is, providing people with disabilities equal access to their rights to participate in all activities in society, (iii) rehabilitation - therapeutic services, that is, providing therapeutic assistance to people with impairments and disabilities that will minimize their physical and mental difficulties and maximize their personal development and finally (iv) management, that is, the organizational means to effectively and efficiently implement the other three components simultaneously: social communication, inclusion and rights and rehabilitation. Effective implementation of CAHD requires interventions at primary, secondary and tertiary level of service provision.

Since 1997, more than 225 development organizations have received training and other technical support from CDD and are implementing CAHD programs in their working areas.

Among NGOs and DPOs the National Forum of Organizations Working with the Disabled (NFOWD) is an umbrella organisation founded in 1991, which currently comprises 151 national and international NGOs working with and for people with disabilities, and with a significant number of organisations waiting to become members. In 2000 the NFOWD and Action Aid Bangladesh developed a directory of organisations working on disability issues in Bangladesh. A summary of the 2002 edition can be found in annex 10. NFOWD also do advocacy and provides technical assistance. Nine thematic groups have been established in NFOWD (education, children, employment, women with disabilities, prevention, assistive devices, Community Based Rehabilitation, self-help groups and advocacy on legislation at national level).
The NFOWD inventory from 2002 of 205 organizations working with disability shows that 159 organizations work in only one district and from the inventory book that around 110 of them are based in Dhaka. 177 organizations implement some form of CBR, 113 refer disabled to other services and support, 104 provide Primary Rehabilitation Therapy, 93 credit and employment schemes, 83 assistive devices, 76 training and skills training, 67 education, 40 institutional rehabilitation, 24 health services, 20 physiotherapy, 13 special education, 9 provide material, 8 support self help groups, 5 attend to eye and ear impairments and 3 address water and sanitation.

There is a good basis of technical and managerial knowledge among many NGOs at central level, and their leadership is part of the reason for the current momentum in the disability movement in Bangladesh. The diversity of NGOs expresses a high civil society capacity, which could probably be supported in a more coordinated way by government and donor agencies. Furthermore, with so many and diverse organizations only formally coordinated through their registration in NFOWD, there is likely to be skewed geographical coverage, variations in quality of interventions, gaps and overlaps as well as higher overheads by many small organizational structures. A fairly limited number of key persons from a few main NGOs have successfully guided the development of the disability movement. However, in order to increase collaboration and coordination across the spectrum of NGOs and to optimize results from the competencies and resources it is necessary to strengthen coordination mechanisms as well as to broaden the platform for future leadership through the development of human resources for NGO management.

Several INGOs support disability related activities in Bangladesh through funding and technical assistance. They often have a well-defined target group and extensive specialised expertise and intervention tools. International NGOs should support the process of developing a national action plan to increase coordination.

International agencies

A number of international donor agencies have supported activities related to rehabilitation of people with disabilities in Bangladesh on a more or less ad hoc basis. Disability as an issue is rarely priority because it tends to fall between categories and partner organisations due to its cross-sectoral nature. There is, however, increasing attention to disability at headquarter level in many organisations, such as World Bank, DfID and ILO, who have disability units, and UNICEF and others, who are in the process of discussing corporate policies to include

disability. Several bilateral donors, often OECD countries, such as NORAD, USAID, DfID, JICA and the EU Commission have their own disability guidelines, which can be applied in country strategies.

Private sector (production/manufacturing)

Except for BRAC and similar organisations, private sector involvement in disability is largely found in the form of ad hoc donations. Contributions or sponsorship is typically given for special occasions, i.e. the National Disability Day or one-off interventions, such as donations for wheelchairs, or chess for the blind. Others donate a small amount per sold unit for a specific purpose related to disability. One national newspaper has started a fund for acid survivors and brings a daily announcement of the amount collected. A few companies have employed people with disabilities, but there is rarely an explicit employment policy behind the initiative.

Coordination at national and district level: analysis and recommendations

At national level the Ministry of Social Welfare holds the formal responsibility for coordination at Government level. The National Coordination Committee under the Ministry of Social Welfare is the supreme authoritative body responsible for the coordination of disability related activities at national level. The Inter-ministerial Task Force working on the action plan also facilitates coordination between Ministry of Social Welfare and other line ministries. The Government Rules of Business, which state that disability is the responsibility of the Ministry of Social Welfare, are seen by many as an obstacle to formal mainstreaming of disability into other relevant sectors.

At district level the District Disability Welfare Committees are in the process of establishment, and while their role and output level may depend on the push from local NGOs they still form a crucial link between communities and the Government, which should be activated for the implementation of simple and systematic local action plans, backed up by a reviewed and focused national action plan.

Coordination between sectors, between levels of organisation within the same sector (central, district, thana and community), between Government and NGOs and between different types of NGOs has been very limited. When coordination has taken place it has often been linked to pushing a single more or less isolated issue. It would be useful to agree on a limited set of overarching output and outcome indicators for all stakeholders to work towards and where specific roles are defined for Government, NGOs and donors respectively. Please also refer to earlier discussion about establishment of a disability management information system.

Since the mid-nineties a momentum has accumulated and with the endorsement of the National Disability Welfare Act and the National Action Plan currently under review in 18 ministries, there is a sound policy platform to build on for translating policies to action. This should be supported through sustaining pivotal coordination mechanisms such as the District Disability Welfare Committees and NFOWD (representing both DPOs and NGOs), the NCC and particularly the Inter-ministerial Task Force at central level.

The Government's seed money given through the National Foundation for the Development of Disabled People has been a successful ice-breaking initiative, but in the long term it should be complemented with a more integrated means of coordinating and supporting activities.

There is no systematic involvement of the private sector manufacturers. There is potential in exploring partnerships with the private sector for more strategic long-term involvement. One barrier to more sustained involvement in disability is the lack of incentives, e.g. tax exemptions for contributions to development activities, such as it is carried out in India. The possibility for tax exemption exists in Bangladesh, but the procedure is reportedly very heavy.

RECOMMENDATIONS

Strengthen coordination

- Strengthen and up-grade the authority of the Inter-ministerial Task Force and/or the National Foundation for the Development of Disabled People to be responsible for and oversee the follow-up and implementation of core aspects of the National Action Plan as well as the scaling up of Community Based Rehabilitation in selected districts.
- Agree on a limited set of overarching output and outcome indicators based on a review of the National and District Action Plans for Government, NGOs, INGOs and donors to work towards.
- Encourage and coordinate donor assistance for inclusion of disability via the PRSP, national sector plans, thematic action plans and as a cross-cutting issue
- Support and encourage mainstreaming of disability in relevant sectoral policies and programs.
- Support the capacity building of national and district advocacy and coordination networks on disability, including the NFOWD (representing both DPOs and NGOs).
- Explore how disability can be included in the coming 3-year rolling plan of the Sixth Five-Year Plan 2003-2007 by the Government.

Longer term recommendations

- Remove formal institutional barriers inherent in the Government Rules of Business stating that disability is the responsibility of the Ministry of Social Welfare.
- Identify and modify contradictory laws and policies at central and district level.
- Explore ways of actively facilitate private sector involvement in disability

8. CURRENT AND POTENTIAL FUTURE ACTIVITIES BY SECTORS

Disability is a cross-sectoral development issue which needs to be recognized and addressed from a structural point of view, such as in National Five-Year-Plans, PRSPs[20], UNDAF, sector-plans and other overarching strategies through the integration of selected indicators, which provide information on prevalence, performance and equity. Since no baseline data are available, and since very little has been done so far, many interventions could start up, while simple district level indicators and data collection mechanisms are being developed. People with disabilities should be involved in the process of prioritizing and selecting indicators, based on a review of the National Action Plan.

[20] See 'Disability and the PRSP in Bangladesh. A Position Document by Handicap International and NFOWD' for detailed suggestions.

As per the Disability Welfare Act 2001 the responsibility for all matters related to disability lies with the Ministry of Social Welfare and the District Disability Welfare Committees. Mainstreaming would mean that all sectors take responsibility for including disability into their programmes and Ministry of Social Welfare oversees that this is done in a coordinated manner. So far disability is not formally mainstreamed, but the process has begun (i.e. EUs support for the education sector, the existence of the Inter-ministerial Task Force and the cross-sectoral membership of the District Disability Welfare Committees).

I. Social Welfare

Apart from an increasing role as coordinator and overseer of the inclusion of people with disabilities into other sector-programmes, the Ministry of Social Welfare should begin to follow-up at district level on the considerable body of policies available for action. The team proposes that the Ministry supports the District Disability Welfare Committees through coordinating interventions along the lines of the Community Based Rehabilitation approach, which is already being implemented in various versions in Bangladesh. This approach has become one of the most important intervention strategies in developing countries, recognizing that governments alone will not be able to provide the services that are needed in any foreseeable future. The Community-based Rehabilitation approach is particularly appropriate for the prevention of disability, early identification and intervention for children with disability, reaching out to persons with disabilities in rural areas, raising awareness and

advocacy for the inclusion of persons with disabilities in all activities in the community, including social, cultural, and religious activities[21]. The team proposes that this approach is evaluated for best practices in Bangladesh, including lessons learned in other developing countries, and scaled up under the management and coordination of the cross-sectoral District Disability Welfare Committee and in close partnerships with local NGOs. It should be emphasized that placing Community Based Rehabilitation in the Ministry of Social Welfare does not mean that this Ministry alone is responsible for disability. Inclusive education, medical rehabilitation, training and employment would still be the responsibility of other relevant sectors.

The box below presents some possible components of a cross-sectoral Community Based Rehabilitation approach and the following sections will describe current activities in selected sectors and how these stakeholders could contribute to a Bangladeshi version of CBR in the short and longer term. The team underlines that the final prioritization of targets and sectors should come out of a national consultation with all stakeholders, particularly people with disabilities, with an explicit and primary focus on community and district level interventions.

Community Based Rehabilitation (CBR) as a system for service delivery

Community Based Rehabilitation is a term covering a range of interventions that are implemented in more or less comprehensive combinations beginning at community level - rather than in specialized institutions - and linked with referral institutions at intermediate and national level (Community-based does not mean community-level only!). In 1994, ILO, UNESCO and WHO defined CBR as *"a strategy within community development for rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services."*

A recent joint position paper of ILO, UNESCO, UNICEF and WHO from 2002, mentions that the major objective of CBR is to *"ensure that people with disabilities are empowered to maximize their physical and mental abilities, have access to regular services and opportunities and become active, contributing members of their communities and their societies. Thus, CBR promotes the human rights of people with disabilities through changes within the community. CBR aims to include people who have disabilities from all types of impairments, including difficulty in hearing, speaking, moving, learning or behaving. CBR also includes all age groups: children, youth, adults and older people"*

A CBR program should preferably include the following components, (i) Creation of positive attitudes towards people with disabilities (ii) Provision of rehabilitation services; (iii) Provision of education and training opportunities; (iv) Creation of micro and macro income-generation opportunities; (v) Provision of care facilities; (vii) Prevention of the causes of disabilities; and (viii) Monitoring and evaluation.
Source: Understanding Community Based Rehabilitation, UN publication 1998.

In Bangladesh the implementation of CBR as an approach began in the early 90's. Till the late 90's the range of CBR activities in the country were very limited. The main activities that encompassed CBR were sensitization, treatment, primary rehabilitation therapy, education, vocational training and income generating activities. The majority of the organizations implementing CBR were disability focused organizations and disabled peoples' organizations. There were limited understanding of CBR as an approach and as a result there was no uniformity in the way CBR was

[21] Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based society for persons with disabilities in Asia and the Pacific, January 2003. (www.worldenable.net/bangkok2003/biwako1.htm)

being implemented in the country. The participation of people with disabilities in the planning, implementation and monitoring of the CBR programs were also limited.
In 1997 the Second Regional Conference on CBR was organized in Bangladesh. Since then CBR activities have gradually increased with more organizations being involved, disability being seen as a crosscutting development issue and more human resources are being available. The CBR activities also increased with physiotherapist being involved, strengthening of referral organizations, and early detection & interventions programs being undertaken. The Government of Bangladesh financially supported some organizations working on CBR. In 2002 the NFOWD and ActionAid Bangladesh published a directory of Organizations Working in the field of disability that reflected that out of 206 reporting organizations 274 organizations were implementing CBR in some form (see annex 10). But still these CBR initiatives are far too inadequate and uncoordinated to respond to the immense demand and need for support.
Main source: Draft CBR Theme Paper by the CBR Thematic Working Group of the NFOWD.

Analysis

Community Based Rehabilitation is an approach covering a number of possible activities, which can take several shapes. Experience with the establishment and implementation of CBR in low resources settings is still limited and results so far are much discussed. Within the context of this situation analysis the recommendation to particularly strengthen Community Based Rehabilitation in Bangladesh is rooted in the need to increase attention towards community and district level activities, relative to the need for higher level technical and other service provision.

RECOMMENDATIONS

Focus on rehabilitation and inclusion activities at district level

- Evaluate existing initiatives at community level for Good Practices and scale up under the coordination of the District Disability Welfare Committees and the Ministry of Social Welfare/NCC/Inter-ministerial Task Force.
- Build on the considerable technical expertise and materials already available among DPOs and NGOs/INGOs
- Review coordination and coverage in each sector, including DPOs and NGOs (education, health, income generation etc) and support the filling of gaps.
- Establish guiding criteria and tools for registering disabled persons by name, sex, age, place, type and degree of disability etc. to be made available for local DPOs, NGOs and health facilities for planning and monitoring purposes (could be extended version of 10 or 15 Question Screen Tool for severe disabilities described below, page 28-29).
- Develop mechanism for District Disability Welfare Committees to collect information from DPOs, NGOs and health facilities and to maintain a register of people with disabilities. This register should form the basis for the issuing of identity cards when they are introduced as per the Disability Welfare Act 2001.
- Local Governments should be involved in supporting CBR
- Partnership between the Ministry of Social Welfare/Inter-ministerial Task Force and NGOs should be strengthened through linking Department of Social Services' mechanism for extending micro-credit for people with disabilities to CBR-NGOs.
- Accreditation of CBR-NGOs through the National Foundation for Development of the Disabled Persons, who should invite independent resource persons for reviewing technical capacity, monitoring and accounting systems of the CBR-NGOs.

- Sustain resource organizations who build capacity of NGO-development organizations and DPO's implementing CBR. Continue NFOWD involvement.
- Establish system for provision of assistive devices under the Ministry of Health and Family Welfare as part of overall MOH plans, sector reform and SWAp

II. Education

Bangladesh has endorsed the Education for All (EFA) program (1990) by Constitution and the country is a signatory to the Salamanca Statement and Framework for Action on Special Needs Education (1994) and the EFA Dakar Framework for Action (2000). While there has been great progress in the enrollment of children in general (up to 97%, not regarding drop-out rates) a recent study observed that only 11% of children with disabilities had received any form of education[22]. Inclusive Education is already included in the National Plan of Action for Education For All, but it seems that there is a great need for more operational inclusion strategies. The main precondition for the majority of children with disabilities to attend and continue education in an ordinary primary school is a change of attitude of parents, communities, peers and teachers. With minor adaptations for mobility, daylight, noise levels, seating, toilets etc even more children would be able to follow classes in public schools. Growing evidence suggests that inclusive education is more cost-efficient than a system of specialized schools[23].

Public sector

For several years there have been initiatives to begin the process of including children with disabilities into public sector educational institutions. The Directorate of Primary Education has commissioned studies on how to formulate policies and action plans for the inclusion of disabled learners in primary schools (ww.dinf.ne.jp/doc/english/intl/02rnn/bangla1_e.html), but so far progress in terms of policies and implementation has been limited. Neither the Ministry of Primary and Mass Education or the Ministry of Secondary Education monitors enrolment rates for children with disabilities in public schools. Standards and curricula for the education of children with disabilities are the responsibility of the Ministry of Social Welfare and not the Ministry of Education/Ministry of Primary and Mass Education. This is often perceived as a limitation in the mainstreaming of disability.

By 2002 the Ministry of Social Welfare ran 7 schools for the hearing impaired (capacity for 1500 students - one is secondary level), 5 schools for the visually impaired, 1 school for intellectually disabled persons and 64 integrated educational programmes for visually impaired persons. Around 5000 persons are enrolled in this scheme annually. There is, however, more capacity in many of the schools, but due to unsteady management several of the specialized schools are under-utilized or even non-functional.

[22] Effective Schools Through Enhanced Education Management (ESTEEM). Educating Children in Difficult Circumstances: Children with Disabilities. Centre for Services and Information on Disability (CSID); Commissioned by the Directorate of Primary Education, Primary and Mass Education Division 2002. The study includes examples of Good Practices for inclusion.

[23] Disability and Poverty Reduction Strategies, ILO Discussion Paper 2002

Case story: The eager girl

Mousumi, who lives with her family in a rural area in Jhenaidha, is 18 years old and she never learned to speak, because she can't hear. When the family realized this they wanted to see the doctors in Dhaka, but they could not afford it. Instead they tried various traditional healers in the area, but with no success. When she was identified by the organization working in the area, she was enrolled in an adult education programme, where she learned to write a little bit and to use a sowing machine. She was a very keen student and she came for each and every session even though the weather was bad and the other students did not come. The rehabilitation worker in the area has taken a quick course in sign-supported Bangla and taught Mousumi and a few of her family members the alphabet for spelling names and some basic signs. At the moment Mousumi has borrowed a sowing machine and sows for people in the community, but it is her plan to buy her own sowing machine soon. She and her family have also received a low interest loan to buy 10 decimal of land, which is registered in Mousumi's name and with her own signature. The loan is almost repaid by now. Mousumi's next course will be in bee-keeping.

NGOs

Several NGOs are successful in advocating and training teachers and school administrations for inclusion of children with disabilities into public school classrooms – but so far in a very limited number. Drop-out rates are un-known. In non-formal education, which caters for

around 8.5% of school age children, there is also increasing attention towards the inclusion of children with disabilities. BRAC has recently decided to adhere to a 5% quota of inclusion of disabled children in their non-formal education programmes and training of trainer courses has been held with the first batch of BRAC teachers to teach children with disabilities.

By 2002 NGOs ran 12 schools for the hearing impaired (some sources mention 26), 3 schools for the visually impaired, 1 school for intellectually disabled, 40 integrated educational programmes for visually impaired (www.ESCAP.org/decade/publications/apdcp/bangladesh.htm).

In addition, at least 60 development organisations, who include disability issues into mainstream development, have reported that they include learners with disabilities into their existing, non-formal education programs.

NFOWD has a task force on education, which is working to involve both education Ministries in education of children with disabilities, but so far with limited success.

Donors
Various donor agencies have assessed barriers and possibilities for inclusive education, but sustained follow-up has sometimes been limited. A new initiative by the European Commission (EC) includes a set of specific indicators measuring the inclusion of disabled children into public schools, which are included in the agreement for funding the next five years of EC support to the education sector (PEDP-II). The performance/outcome indicators are:

- Number of children with disabilities enrolled in state primary schools
- Number of children with disabilities completing compulsory primary education
- Number of children with disabilities progressing to secondary education
- Percentage of schools upgraded to ensure access of children with disabilities
- Number of teachers trained in special needs of children with disabilities
- Behavioral change amongst stakeholders (parents, teachers, children etc)

All indicators are to be gender-disaggregated. Furthermore, an expected result of the PEDP-II is a Government Action Plan on the integration of children with disabilities into mainstream education.

Analysis
It seems that sufficient studies, documented practices, technical expertise and proto-type materials are available for rolling out the inclusion of children with disabilities into public schools. Political will, coordination, scale and targeted funding appear to be the remaining bottlenecks. The quality of education in both public and specialized schools should be addressed as an integrated part of the move towards educating children with disabilities.

RECOMMENDATIONS

Increase and monitor enrollment of children with disabilities into educational institutions and non-formal education programmes

- Create awareness and sensitize teachers, management committees, parents and peers through DPOs and NGOs.
- Support the training and hiring of teachers with disabilities both for public and specialized schools.
- Train teachers and heads of schools, both pre- and in-service. Integrate disability into curricula.
- District Disability Welfare Committees should monitor enrollment of children with disabilities (on behalf of Ministry of Primary and Mass Education).
- Build on existing national action plan for education of children with disabilities.
- Initiatives aimed at reaching out-of-school children and addressing children who drop out of school should embrace data-collection and interventions aimed particularly at children with disabilities.
- Strengthen management of under-utilized integrated and special schools.
- Support inclusion into non-formal education for the section of people with disabilities for whom this will be the main option for education.

III. Health

Even though important efforts to de-medicalize disability as a concept have been successful on a global level, medical rehabilitation, including access to fitted assistive devices, remains an essential component for the full inclusion and participation of people with disabilities. Access to (primary) medical rehabilitation is, however, very limited. A small study on health care utilization in a rural area shows that 81% of households with a disabled member had utilized some form of health care, but more than half had consulted unqualified practitioners of modern medicine[24]. Being male and in the economically productive age group, having an acquired disability and having some form of belief about disability causation were associated with utilization. The study concludes that social barriers prevent certain groups, notably women and economically dependant age groups, from accessing health care. Furthermore, the study points to the extensive use of providers outside the formal health care system.

The health sector also plays a major role in prevention of disabilities. In this regard studies indicate that the strengthening of Primary Health Care systems coupled with parental (especially maternal) education, awareness and access to information on fever management, safe delivery etc, and dietary and food preparation habits have a greater (preventive) effect than any specific intervention[25]. Evidence shows that poor nutrition of mothers before and during pregnancy is linked to lower birth weight of children. This again leads to higher rates of childhood illnesses and disabling conditions, such as learning disabilities, behavioral disorders, cerebral palsy, and impairment of vision and deafness. Iodine deficient food has been linked to retarding foetal brain development and to neurological defects including deaf

[24] Health-care utilization by disabled persons: a survey in rural Bangladesh. In: Disability and Rehabilitation 1998; Sep. 20(9):337-45. Hosain GM et al.

[25] Ann Elwan: Poverty and Disability. A Survey of the Literature. 1999, Social Protection Discussion Papers no. 9932, World Bank

mutism, learning disability and spastic diplegia[26]. Unfortunately the team did not find any data on the relation between maternal health, womens' status and the prevalence of disability in Bangladesh, but it seems very likely that there would be issues regarding nutrition and disability, which are again linked to specific gender relations in families and communities.

Public sector

The health care system in Bangladesh does not include medical rehabilitation for persons with disabilities, as there is a tendency to provide these services outside the general medical care services. Medical care subsidy is not provided in any form and there is no social insurance scheme. Less than 5% of people with disabilities receive rehabilitation. There are no support services for families of children with disabilities (www.who.int/ndc/disability/searo.pdf). A few public hospitals provide specialised surgery and some have physiotherapists and other specialised staff at district level.

The Conceptual Framework of the Health, Nutrition and Population Sector by the Ministry of Health and Family Welfare for the coming Health, Nutrition and Population Sector Program (HNPSP) 2003-2006 states that "no substantial step is evident to formulate a strategy or action plan in order to adequately address the health needs of these people. During HNPSP period, a strategy will be developed in consultation with all relevant stakeholders to address the health care needs of the disabled people."

With regard to assistive devices all taxes on imported assistive devices and accessories have been removed. Due to their high costs most devices in use are, however, produced locally. There are a fairly large number of producers[27], but, unfortunately, the quality of locally produced devices is often reported to be low. About 15% of the total demand for devices is covered through imports and donations from developed countries.

Good practice: Early Detection Screening Tools

A Two Phase Methodology, starting with a simple Ten Questions Screen for care-givers, to identify and assess serious disability in children of 2-9 years was tested by UN Statistics Division in Bangladesh, Jamaica and Pakistan in the early 90's. The tool is adapted to settings of extremely scarce professional resources and is very accurate for identifying serious cognitive, motor, and seizure-related disabilities, and relatively reliable for identifying serious vision and hearing disabilities. However the tool was still considered good for identifying children that needed further assessment or attention. There are initiatives to integrate a child's 'development milestones' into the growth charts used by health personnel in connection with the use of the screen.

In Bangladesh the screen has been used by researchers and NGOs for screening populations in project areas, in disaster situations, and as follow-up of very sick children after hospital discharge. A prerequisite for successful use of the screen, however, is a referral system for follow-up diagnosis and rehabilitation after positive identification.

Building on the 10 Question Screen, which was first tested by Bangladesh Prothibondhi Foundation, Action Aid Bangladesh has developed a 15 Questions Screen with probes for

[26] Wynn, M & Wynn, A 1993. No Nation can Rise above the level of it Women – new thoughts on Maternal Nutrition. Caroline Walker Trust. See also www.nwtdt.com/pdfs/matnut16.pdf

[27] A Model of an Appropriate Service Delivery System for Assistive Devices in Bangladesh. Md. Salah Uddin, 2002. Dissertation available at InterLife - Bangladesh.

households, which elaborate on questions regarding vision and hearing and which can also be used for population surveys of prevalence.

NGOs

NGOs run many specialised rehabilitation centres, often located in urban areas. The IMPACT Foundation Bangladesh runs a floating hospital, which provides people with disabilities living in remote areas general treatment and rehabilitative surgery. The Bangladesh National Society for the Blind (BNSB) has established 9 eye hospitals and treats around 4000 patients annually. A national network, ADNet, for production and provision of assistive devices has been established in 2000. There are a considerable number of development organisations providing primary rehabilitation therapy at community level through their trained rehabilitation workers or through training parents. The Prothibondi Foundation works with distance training packages for parents in both rural and urban settings. Many more NGOs work in this area and it is not possible to list all in this report. Instead we refer to annex 10 of this report and to NFOWD and the directory for further details.

Donors

Very little information was found regarding donors' involvement in medical rehabilitation. Many donors have been involved in supporting single-issue projects and programmes in a more or less isolated fashion. Their contributions are essential for the sustainability of important activities implemented by NGOs, but coordination could be increased.

Private sector providers

No studies have been located on the issue, but it is assumed that most medical rehabilitation for people with disabilities is carried out by private sector providers. The proportion of non-profit and for-profit services accessed is unknown. A few private non-profit old people's homes accommodate people with disabilities. Physiotherapy and assistive devices are available from private-for-profit providers, but mainly in urban areas. A sponsorship funds one doctor's surgery for clubfeet and cleft lips in Dhaka, but coverage is very limited.

Analysis

It appears that many uncoordinated interventions have taken place with regard to the health related aspects of disability. So far the Ministry of Health and Family Welfare has only been involved to an extremely limited extent. A comprehensive strategy for the involvement of the Ministry should be developed, and considering the serious limitations of the health sector institutions at district and lower levels, a realistic, targeted and step-wise implementation plan should be devised. The consultancy team proposes that the implementation of early detection screening, including reporting to District Disability Welfare Committees and higher levels, could be among the first interventions to be rolled out at district level. Referral networks, including NGOs working both in the communities and in specialized institutions, should be set up, coordinated by the District Disability Welfare Committees and supervised by the Ministry of Health and Family Welfare. At central level the Ministry of Health and Family Welfare should develop reference programmes, outlining interventions and referral guidelines from community to tertiary level, for the main types of disabilities[28] with a focus on

[28] WHO standard reference programmes are available for epilepsy, diabetes and Parkinson 's disease. Reference programmes for mental illness, autism and others need to be developed.

implementation at community and district level (following similar model as the globally successful eye-care programmes). Costing of the reference programmes should be done for each level of intervention, which includes the provision of assistive devices where relevant.
In the future, initiatives to set up a system along the lines of a disability benefits allowance or fee-exemption scheme would become relevant.

RECOMMENDATIONS

Strengthen early detection and primary medical rehabilitation

- Build capacity of DPOs, NGOs and primary health care providers in using 10 or 15 questions screen for early detection of severe disability.
- Develop mechanism for regular reporting to the District Disability Welfare Committee register.
- Referral networks embracing District Hospitals, and NGOs working in specialized institutions as well as therapists working in the communities need to be available at district level (long term: thana/upazila level)
- Hire staff for vacant positions at referral institutions at district level (physiotherapists, speech-therapists, occupational therapists etc) and create positions where they are not available as part of integrated health sector plan.
- Link existing networks for provision of assistive devices to Ministerial structures (Ministry of Health and Family Welfare or Ministry of Social Welfare).

Longer term recommendations

- Develop costed reference programmes with a focus on intervention at community and district level.
- Train health care providers in use of reference programmes and rehabilitation techniques

IV. Employment, vocational training and Income Generating Activities

Employment of people with disabilities is one of the most powerful indications of inclusion and participation – if the persons are given the same salary and conditions as other employees. So far very little has happened in this area, and again one of the main barriers seem to be prejudice and ignorance, and the fact that people with disabilities are not given the opportunity to qualify for employment through formal education at higher levels. Specialized vocational schools are one possibility in this regard, but it should be stressed that the priority should be to integrate people with disabilities into the public schools at all levels and into ordinary work places. With regard to vocational training the team did not map the availability of common vocational training institutions in Bangladesh and their accessibility for people with disabilities.
Inclusion into income generating activities, formal or non-formal, is another extremely important component of mainstreaming disability and reducing vulnerability. This does not only count for the person with disabilities him- or herself, but also for the family, who often have extra expenses to care for the disabled family member.

Public sector

The Government has recently introduced a 10% job quota for persons with disabilities and orphans, and the Prime Minister has announced that the barrier for people with disabilities to obtain higher positions will be removed, but the actual employment rates are very low.

Three Government banks provide micro-credit schemes for eligible people with disabilities who wish to start up a business. The bank provides loan in the range of BDT 10,000 to 25,000.

By 2002 the Government ran two vocational rehabilitation centres, one employment rehabilitation centre for physically handicapped, one national centre for special education and one industrial unit. The Government plans to set up three more employment rehabilitation centres (www.ESCAP.org/decade/publications/apdcp/bangladesh.htm). It is not known to what extent this vocational training leads to employment.

Private sector

Few private sector companies have employed people with disabilities and rarely based on an explicit employment policy. As mentioned in the section on stakeholders above the private sector calls for incentives in the form of tax deduction etc.

Another important aspect of involving the private manufacturing sector is in prevention of disabilities. Many work-related accidents result in disabilities which could have been prevented. Extensive guidelines on Occupational Health and Safety are available, but control and enforcement is limited.

NGOs
Several NGOs include people with disabilities and their families into their micro-credit and non-formal Income Generating Activity schemes. By 2002 NGOs ran one vocational rehabilitation centre for hearing impaired, three vocational rehabilitation centres for visually impaired persons, two vocational rehabilitation centres for intellectually disabled persons, three vocational rehabilitation centres for orthopaedically disabled, one sheltered workshop for blind, and BPKS runs computer training for orthopaedically disabled and one job placement programme covering both public and private sector. (www.ESCAP.org/decade/publications/apdcp/bangladesh.htm).

Analysis
Very little ground work has been done in this important area. There is potential in involving the private sector, not only in employment and rehabilitation activities, but also prevention-wise (Overarching international guidelines are available, but not implemented). Experience from India, where job quotas are monitored, may be useful. It could be considered to introduce a central fund for vocational rehabilitation purposes, or workplace adaptations, funded by employers who do not reserve positions for people with disabilities. In the future it would also become relevant to collaborate on possible sanctions for discrimination in hiring processes and in the workplace as well as on regulations on safety measures in the workplace.

RECOMMENDATIONS

Actively stimulate inclusion

- Monitor the implementation of the current 10% quota system for employment of disabled people (and orphans) in the public sector.
- Support the development of personnel policies that includes people with disabilities and explore possibilities for training and job-creation in both the public and the private sector.
- Assess accessibility and inclusion of people with disabilities into common vocational training institutions
- Work towards a simplification of the procedures for Government tax exemption/deduction for private sector donations and for employment of people with disabilities.
- Explore ways of engaging the Global Compact which was introduced in Bangladesh through the Bangladesh Enterprise Institute and UNDP in 2002

V. Other sectors

Transport, infrastructure and built environment
Mobility is often a prerequisite for improving living standards in rural Bangladesh. Arrangements are being made to reserve seats in public transportation for people with disabilities, but public transport is rare in itself and terminals are not easily accessible. By law transport owners are members of the newly established District Disability Welfare Committees and some have offered 50% discount cards for people with disabilities. In 2002 the Prime Minister declared that separate ticket stalls for disabled people will be installed at bus terminals, launches and airports, reserved seats for people with disabilities on busses, launches, and trains and that there will be a ramp for accessibility at all Government offices.

With regard to prevention of disabilities it seems that road safety plays an increasing role in Bangladesh.
With regard to built environment, the provisions in the Bangladesh National Building Code from 1993, which aims to safeguard life, limb, health, property and public welfare, covers all citizens in Bangladesh. It has, however, been found wanting in relation to accessibility for people with disabilities. Of particular interest is the explicit exclusion of educational institutions with regard to requirements for accessible toilet facilities and drinking water. Another area of concern with regard to accessibility is cyclone shelters, hospitals and clinics.

Access to water and sanitation
Access to water and disability friendly toilet and bathing facilities are basic means to independence. The Water Engineering and Development Centre (WEDC) at the UK–based Loughborough University collaborates with local water and sanitation agencies and is in the process of starting up pilots to improve access to water and sanitation for people with disabilities, including action research, advocacy, and information dissemination. The initiative actively promotes partnerships between disability organizations and water and sanitation agencies. Several donors have expressed interest in supporting the pilots, but face restrictions in channeling funding for disability into a cross-cutting issue such as water and sanitation (or channeling funds for water and sanitation into a cross-cutting issue such as disability).

Analysis
A range of obvious and fairly straight-forward mainstreaming initiatives emerge from this section. A main bottleneck will be Government and donor funding of these cross-cutting - and therefore potentially 'invisible' – measures. Funding policies should be reviewed for more flexibility in this area.

RECOMMENDATIONS

Improve accessibility

- Any support for built environment, particularly offering public services, should include considerations of accessibility for different types of disabilities.
- Accessibility to toilets and drinking water should be considered when supporting educational institutions.
- Donors should review funding mechanisms for cross-cutting issues
- Support pilots and identification of local solutions to various issues of mobility and accessibility.
- There is potential for the ministries involved in aspects of road safety in joining and not least sustaining WHO's campaign on the World Health Day regarding road safety

Longer term recommendations

- Explicitly include the perspective of accessibility for people with disabilities in the next review of the Bangladesh National Building Code

Human resources
Across all sectors, both in the public sector and among NGOs, there is a need to review the availability and development of human resources from community to national level. The recommendations so far have touched upon the issue of human resources, but taking its long-

term strategic role into consideration it is necessary to sum up some observations. Across all sectors there is a lack of professionals, which is most immediately felt in both the education and health sectors. Physiotherapists and occupational therapists are educated in Bangladesh, but there is no standardized training curriculum. Some specializations, such as speech therapy, assistive devices, prosthesis and orthosis are not available in Bangladesh at the moment. Government managers at district and national level would need justification and sensitization to prioritize and sustain the investment in these human resources.

RECOMMENDATIONS

Sustain and develop human resources

- Review teachers' curricula and incorporate disability. Make in-service training available for teachers.
- Review availability of human resources in the health sector with district level hospitals and below as the pivotal level. This activity could be incorporated into the planned activities regarding human resources development in the coming the Health, Nutrition and Population Sector Program (HNPSP).
- Review availability and capacity, including curricula, of training institutions for various types of specialized medical rehabilitation. Staff in primary health care should be trained in early detection and referral. This activity could also be incorporated in the coming human resources development plans of the HNPSP.
- Review the need for rehabilitation workers at community level in connection with the evaluation of good practices in Community Based Rehabilitation.

Longer term recommendations

- Review the need for human resources in other sectors.

9. SUMMARY OF RECOMMENDATIONS

Taking into consideration that:

- the number of people with disabilities in Bangladesh is high enough to merit special attention and strengthened interventions
- many of them live in the rural areas and are among the poorest
- people with disabilities and sometimes also their families are often excluded both from their communities and from development initiatives
- the vast majority of services are located in urban areas and are not strategically coordinated
- public services at district level have limited human and technical resources
- interventions - so far mainly carried out by NGOs - has been fragmented due to lack of links to a national system.

and that:

- a regional policy framework is in place (the Biwako Millennium Framework)
- there is a momentum at national level for action
- a national legal framework for action has been endorsed
- an Inter-ministerial Task Force with a network to district level has been established
- human and technical resources are available in many organizations and institutions

the short and longer term actions below are recommended for mainstreaming disability and reducing the vulnerability of people with disabilities. The prioritization of recommendations could usefully be done in connection with the operationalization of the National Action Plan. Recommendations regarding future research and review of progress are added at the end of the summary.

9.1. Data Collection

Establish integrated monitoring and data collection mechanisms

- Integrate disability dimensions into the PRSP and main sector indicators by adding disability aspects to existing ones (in the same way as for gender) and by creating selected disability-specific outcome indicators.
- Integrate disability dimensions into national monitoring of MDG indicators – particularly the goals on poverty and education as mentioned in the Biwako Millennium Framework, but also selected other indicators, e.g. 4, 10, 11, 16, 30, and 31

Longer term recommendations

- Integrate disability dimensions into planned surveys – e.g. in national censuses, the Demographic Health Survey etc.
- Work towards the establishment of a routine data collection and analysis system (a disability management information system located in the District Disability Welfare Committee) disaggregated by disability for planning and monitoring of service provision at district level and below.

9.2. Policy work and coordination

Support the operationalization of action plans and strengthen coordination

- Ensure that the draft National Action Plan is action-oriented with regard to priorities, indicators, objectives, outputs, activities and inputs to increase instrumentality of the plan.
- OR use the draft National Action Plan as starting point for translating policy and strategic concepts into operational plans that can be absorbed in the PRSP, sector plans, thematic action plans, agency programs, NGO activities and others coordinated by the Inter-ministerial Task Force/NCC.
- Follow-up on ministerial review of draft national action plan by roundtable meeting with the Inter-ministerial Task Force, NFOWD (representing both DPOs and NGOs) and donors.
- Support the development of prioritized and operational district action plans following a logical planning hierarchy.

- Strengthen and up-grade the authority of the Inter-ministerial Task Force and/or the National Foundation for the Development of Disabled People to be responsible for and oversee the follow-up and implementation of core aspects of the National Action Plan as well as the scaling up of Community Based Rehabilitation in selected districts.
- Agree on a limited set of overarching output and outcome indicators based on a review of the National and District Action Plans for Government, NGOs, INGOs and donors to work towards.
- Encourage and coordinate donor assistance for inclusion of disability via the PRSP, national sector plans, thematic action plans and as a cross-cutting issue
- Support and encourage mainstreaming of disability in relevant sectoral policies and programs.
- Support the capacity building of national and district advocacy and coordination networks on disability, including the NFOWD (representing both DPOs and NGOs).
- Explore how disability can be included in the coming 3-year rolling plan of the Sixth Five-Year Plan 2003-2007 by the Government.

Longer term recommendations

- Remove formal institutional barriers inherent in the Government Rules of Business stating that disability is the responsibility of the Ministry of Social Welfare.
- Identify and modify contradictory laws and policies at central and district level.
- Explore ways of actively facilitate private sector involvement in disability

9.3. Social welfare

Focus on rehabilitation and inclusion activities at district level

- Evaluate existing initiatives at community level for Good Practices and scale up under the coordination of the District Disability Welfare Committees and the Ministry of Social Welfare/NCC/Inter-ministerial Task Force.
- Build on the considerable technical expertise and materials already available among DPOs and NGOs/INGOs
- Review coordination and coverage in each sector, including DPOs and NGOs (education, health, income generation etc) and support the filling of gaps.

- Establish guiding criteria and tools for registering disabled persons by name, sex, age, place, type and degree of disability etc. to be made available for local DPOs, NGOs and health facilities for planning and monitoring purposes (could be extended version of 10 or 15 Question Screen Tool for severe disabilities described below, page 28-29).
- Develop mechanism for District Disability Welfare Committees to collect information from DPOs, NGOs and health facilities and to maintain a register of people with disabilities. This register should form the basis for the issuing of identity cards when they are introduced as per the Disability Welfare Act 2001.
- Local Governments should be involved in supporting CBR
- Partnership between the Ministry of Social Welfare/Inter-ministerial Task Force and NGOs should be strengthened through linking Department of Social Services' mechanism for extending micro-credit for people with disabilities to CBR-NGOs.
- Accreditation of CBR-NGOs through the National Foundation for Development of the Disabled Persons, who should invite independent resource persons for reviewing technical capacity, monitoring and accounting systems of the CBR-NGOs.
- Sustain resource organizations who build capacity of NGO-development organizations and DPO's implementing CBR. Continue NFOWD involvement.
- Establish system for provision of assistive devices under the Ministry of Health and Family Welfare as part of overall MOH plans, sector reform and SWAp

9.4. Education sector

Increase and monitor enrollment of children with disabilities into educational institutions and non-formal education programmes

- Create awareness and sensitize teachers, management committees, parents and peers through DPOs and NGOs.
- Support the training and hiring of teachers with disabilities both for public and specialized schools.
- Train teachers and heads of schools, both pre- and in-service. Integrate disability into curricula.
- District Disability Welfare Committees should monitor enrollment of children with disabilities (on behalf of Ministry of Primary and Mass Education).
- Build on existing national action plan for education of children with disabilities.
- Initiatives aimed at reaching out-of-school children and addressing children who drop out of school should embrace data-collection and interventions aimed particularly at children with disabilities.
- Strengthen management of under-utilized integrated and special schools.
- Support inclusion into non-formal education for the section of people with disabilities for whom this will be the main option for education.

9.5. Health sector

Strengthen early detection and primary medical rehabilitation

- Build capacity of DPOs, NGOs and primary health care providers in using 10 or 15 questions screen for early detection of severe disability.

- Develop mechanism for regular reporting to the District Disability Welfare Committee register.
- Referral networks embracing District Hospitals, and NGOs working in specialized institutions as well as therapists working in the communities need to be available at district level (long term: thana/upazila level)
- Hire staff for vacant positions at referral institutions at district level (physiotherapists, speech-therapists, occupational therapists etc) and create positions where they are not available as part of integrated health sector plan.
- Link existing networks for provision of assistive devices to Ministerial structures (Ministry of Health and Family Welfare or Ministry of Social Welfare).

Longer term recommendations

- Develop costed reference programmes with a focus on intervention at community and district level.
- Train health care providers in use of reference programmes and rehabilitation techniques

9.6. Employment, vocational training and Income Generating Activiteis

Actively stimulate inclusion

- Monitor the implementation of the current 10% quota system for employment of disabled people (and orphans) in the public sector.
- Support the development of personnel policies that includes people with disabilities and explore possibilities for training and job-creation in both the public and the private sector.
- Assess accessibility and inclusion of people with disabilities into common vocational training institutions
- Work towards a simplification of the procedures for Government tax exemption/deduction for private sector donations and for employment of people with disabilities.
- Explore ways of engaging the Global Compact which was introduced in Bangladesh through the Bangladesh Enterprise Institute and UNDP in 2002

9.7. Other sectors: Transport, infrastructure and built environment; Access to water and sanitation

Improve accessibility

- Any support for built environment, particularly offering public services, should include considerations of accessibility for different types of disabilities.
- Accessibility to toilets and drinking water should be considered when supporting educational institutions.
- Donors should review funding mechanisms for cross-cutting issues
- Support pilots and identification of local solutions to various issues of mobility and accessibility.
- There is potential for the ministries involved in aspects of road safety in joining and not least sustaining WHO's campaign on the World Health Day regarding road safety

Longer term recommendations

- Explicitly include the perspective of accessibility for people with disabilities in the next review of the Bangladesh National Building Code

9.8. Suggestions for future research

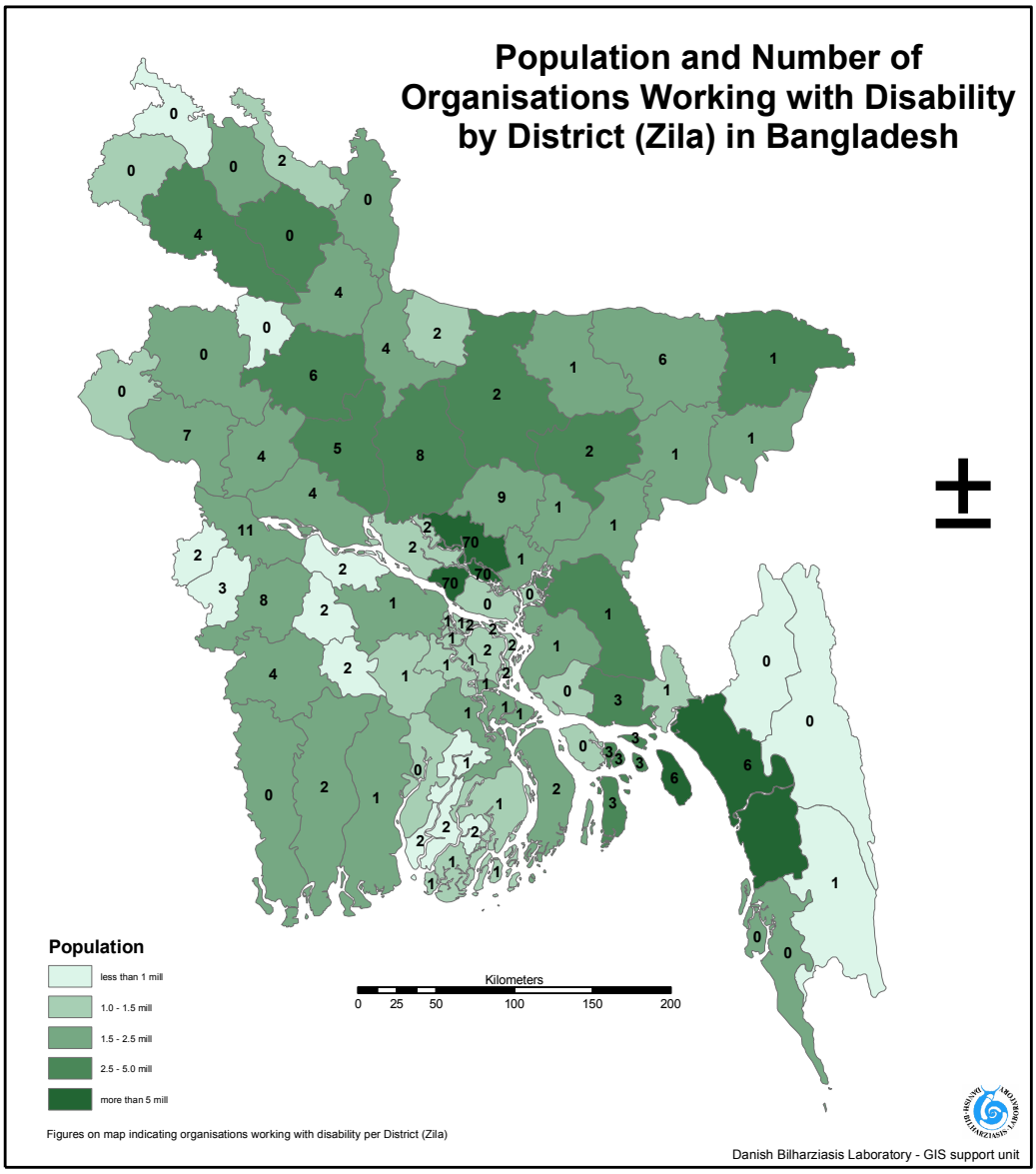
Topics for future policy and operational research in Bangladesh could be:

- Determinants in the linkages between impairment, disability, exclusion and poverty
- Evaluate Community Based Rehabilitation for best practices
- Barriers and potentials in using quotas for increasing employment of people with disabilities in both public and private sector formal employment
- Evaluate best practices regarding the support for income generating activities for people with disabilities
- Review human resources management and development across sectors
- Accessibility in rural and slum areas: needs and local solutions
- Costing of health sector reference programmes for various types of disabilities from community level to tertiary level.
- Transformations in coping mechanisms and relations within families with a disabled family member.
- Changes in perceptions of personhood in families and communities reached by disability interventions.

9.9. Review of progress

- A review of progress in realizing the recommendations of this report should take place after three years.
- Reviews of progress within the disability field should also be integrated into reviews of progress in implementing the National Action Plan, the PRSP and future sector plans.

ANNEX 1: MAP OF BANGLADESH – POPULATION, ORGANISATIONS



Source: Directory of Organisations (Non-Governmental) working in the field of Disability in Bangladesh. National Forum of Organisations Working with the Disabled and Action Aid Bangladesh, 2002
Population Census 2001 Preliminary Report, Bangladesh Bureau of Statistics.

ANNEX 2: LIST OF SURVEYS, STUDIES, REPORTS, AND GUIDELINES

The following list comprises studies, analyses, and reports which the consultancy team has consulted more or less extensively. The list may be used as an indication of the resources and expertise already available in Bangladesh, but it should not be regarded as a complete list.

1. Surveys and studies

Poverty and Disability. A survey of the Literature. Ann Elwan, Social Protection Unit, The World Bank 1999

Prevalence of impairments, disabilities, handicaps and quality of life in the general population. A review of recent literature. Barbotte et al. in Bulletin of the World Health Organization, 2001, 79 (11):1047-1055

Draft Report on the Bangladesh Health and Injury Survey (BHIS), ICMH, UNICEF Bangladesh and TASC/CDC, October 2003

Population Census 2001, Preliminary Report, Bangladesh Bureau of Statistics, August 2001

Summary Report of Survey on Prevalence of Disability May 1994, Bangladesh Bureau of Statistics August 1995

Research on Mental Retardation in Bangladesh 1990. Edited by Sultana S. Zaman.

From Awareness to Action. Ensuring Health, Education and Rights of the Disabled 1996. Edited by Sultana S. Zaman et al.

Four baseline surveys on Prevalence of Disability, ACTIONAID Bangladesh, November 1996

Tables of five baseline Surveys on Disability. Unpublished paper. ACTIONAID Bangladesh.

A Micro Study of Disability in Jamalpur District, ACTIONAID February 1995

Validity of the Ten Questions Screen for Childhood Disability: Results from Population-Based Studies in Bangladesh, Jamaica and Pakistan. Durkin et al. in Epidemiology, May 1994, vol. 5, No. 3.

Ten Questions with Probes (TQP), May 1987 Revision, Bangladesh Protibondhi Foundation

Fifteen Questions with Probes, NFOWD

A study report on the relationship between poverty and disability, IMPACT Foundation Bangladesh, August 1998

Health-care utilization by disabled persons: a survey in rural Bangladesh. Hosain et al. in Disabil Rehabil 1998, Sept,20(9):337-45.

Unveiling Darkness: Situation Analysis on Disaster and Disability Issues, Coastal Belt of Bangladesh. CSID 1999

An Alternative Eye. A Study On The Situation And Prospects Of The Use Of Computer For Persons With Visual Impairment. CSID and Fredskorpset 2003

The Feminine Dimension Of Disability: A Study On The Situation Of Adolescent Girls And Women With Disabilities In Bangladesh. CSID for Oxfam and Save the Children Sweden, 2002

Employment Situation of People With Disabilities In Bangladesh. CSID and ACTIONAID Bangladesh, 2002

Crossing the Hurdles. Disability Issues in Development: A Needs Assessment of Development Organizations for Inclusion and Promotion of Disability Issues into Development Programs. CSID and IMPACT Foundation Bangladesh, 1998

Street Children with Disabilities. Situation Analysis and Needs Assessment of Street Children with Disabilities in Dhaka City. CSID and Save the Children Sweden, 1999

Water Supply and Sanitation Access and Use by Physically Disabled People: Report of Field Work in Bangladesh. Jones, H and R. Reed for Water, Engineering and Development Center, Loughborough University and DfID, 2003

On Bangladesh National Building Code from a Perspective of Accessibility for People with Disabilities. Paper by Johan Borg, Bangladesh Centre for Assistive Technology, Interlife – Bangladesh

Disease Patterns in Bangladesh: Present and Future Health Needs. Streatfield et al. Public Health Sciences Division, Centre for Health and Population Research, International Centre for Diarrhoeal Disease Research, Bangladesh, 2001

Country Profile on Disability, People's Republic of Bangladesh. JICA 2002
Inclusion and Disability in World Bank Activities, Baseline Assessment, June 2002

'A Little Inconvenience': perspectives of Bengali families of children with disabilities on labeling and inclusion. Shridevi Rao in Disability and Society, vol.16, No. 4, 2001, pp. 531-548

[Forthcoming in:] Misfortune and Hope: Global Languages and Local Lives. Susan Reynolds Whyte in Conerly Casey& Robert Edgerton (eds.) A Companion to Psychological Anthropology: Modernity and Psychocultural Change. Oxford: Blackwell.

2. International Guidelines and Standards

Guidelines and Principles for the Development of Disability Statistics. Department of Economic and Social Affairs. United Nations 2001

Washington Group Position Paper. Proposed purpose of an Internationally Comparable General Disability Measure www.cdc.gov/nchs/about/otheract/citygroup

Towards a common language for Functioning, Disability and Health (ICF), WHO 2002

Understanding 'Community Approaches to Handicap in Development', joint publication by Handicap International, Cristoffel Blindenmission and Centre for Disability in Development.

Prejudice and Dignity. An Introduction to Community-Based Rehabilitation. Einar Helander, UNDP 1999

Community Based Rehabilitation for and with People with Disabilities, 1994, Joint Position Paper, ILO, UNESCO, WHO

Understanding Community Based Rehabilitation, UN publication 1998

Joint Position Paper of ILO, UNESCO, UNICEF and WHO on CBR with and for people with disabilities, 2002.

3. Policies and Agreements

a: International and regional:

Draft Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific. www.worldenable.net/bangkok2003/biwako0.htm

Beijing Declaration on Elaboration of an International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities. www.worldenable.net/beijing2003/Beijingdeclaration.htm

Disability, Poverty and Development. DfID Issues, 2000

b: Bangladesh:

Dhaka Declaration on Disability, Dec. 9-11, 2003

Bangladesh Persons with Disability Welfare Act 2001. www.disabilityworld.org/05-06_01/gov/bangladesh.shtml

Towards Equity: The Bangladesh Context. End of the Decade: Meeting the targets and the Future Challenges. Asian and Pacific Decade of Disabled Persons 1993-2002

National Action Plan based on the Disability Welfare Act

National Plan of Action for Children, Ministry of Women and Children Affairs, 1997-2002

A National Strategy for Economic Growth, Poverty Reduction and Social Development, Economic Relations Division, Ministry of Finance, Bangladesh 2003

Disability and the PRSP in Bangladesh. A position Document by Handicap International and NFOWD, 2003

Danish bilateral support to activities of organizations working with disabled people in Bangladesh. Royal Danish Embassy, Dhaka, 2004

Education Sector

National Indicative Programme. EU project document 2003-2005

Educating Children in Difficult Circumstances: Children with Disabilities. ESTEEM Research Series. CSID, Directory of Primary Education, Primary and Mass Education Division 2002

Documentation of Good Practices in Inclusive Education in Bangladesh. CSID for UNICEF Regional Office of South Asia

Health Sector

Early Intervention, CBR programme and current trends of education for children with special needs in Bangladesh. Edited by Sultana S. Zaman, June 2003. Bangladesh Protibondhi Foundation.

The Conceptual Framework of the Health, Nutrition and Population Sector Program (HNPSP) July 2003-June 2006. Ministry of Health and Family Welfare and Welfare and Family Welfare, Bangladesh

Health & Population Sector Program. Annual Program Review. Independent Technical Report, 2003

Status of Performance Indicators 2002, Centre for Health and Population Research

Private Sector Assessment for Health, Nutrition and Population (HNP) in Bangladesh, 2003

The Third Service Delivery Survey 2003, CIETcanada

4. Good practices, Discussion Papers and Presentations

BPKS Focus on Ability, Celebrate Diversity: Highlights of the Asian and Pacific Decade of Disabled Persons, 1993-2002. Social Policy Paper No 13, 2003. www.unescap.org

Social Exclusion of Specially Challenged People. Dr. Nafeesur Rahman, Director NFOWD

To what extent are disabled people included in the international development work? How can the barriers to inclusion be overcome? Rebecca Yeo, Action on Disability and Development. Available at www.add.org.uk

An Innovative approach to Assist Early Childhood Development for Rural Children with Disabilities. Els en Han Heijnen. www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0500/zl3jo0508.html

ANNEX 3: LIST OF PERSONS MET

1. NATIONAL AND LOCAL GOVERNMENT

Ministry of Social Welfare, Department of Social Services, National Foundation for Development of the Disabled Persons and National Coordination Committee

Muhammad Abdul Karim	Joint Secretary
M. Ishaque Bhuiyan	Managing Director of National Foundation for Development of the Disabled Persons

Ministry of Health

Selina Ahsan	Joint Secretary, responsible for WHO programmes

Ministry of Primary and Mass Education

Mr. Altaf Hussain	Deputy Chief, Planning

Ministry of Women and Children's Affairs

Murtaza Hossain Munshi	Secretary

Jhenaidah

Md. Mahfuzul Haque	District Commissioner

2. INTERNATIONAL AGENCIES

World Bank

Raphael A. Cortez	Task Team Leader, Health and Population Program Project, Head of the multidonor Health Program Support Office (HPSO)
Bina Valaydon,	Public Health Specialist
Farial Andalleb Mahmud	Research Assistant
Farzana Ishrat	Nutrition Specialist
Shirin Jahankeer	Consultant

UNICEF

Dr. Shumona Shafinaz	Ass. Project Officer, Health and Nutrition
Dr. MD. Monjur Hossain	Project Officer, Health and Nutrition Section
AKM Fazlur Rahman	Principal Researcher, Institute of Child and Mother Health

DFID

Dr. Dinesh Nair	Health Advisor
Anna Miles	Social Development Advisor

European Commission

Hans Rhein	Second Secretary
Laila Baqee	Development Officer
Fabrizio Senesi	Operations Section

WHO

Dr. Rabeya Khatun	Consultant, Integrated Management of Childhood Illnesses
Kaniz Farzana	Technical Officer, Library and Injury

3. NATIONAL NGOs

Centre for Services and Information on Disability (CSID)

Khandaker Jahurul Alam	Executive Director
Rabiul Hasan	Assistant Director

NFOWD

A.H.M Noman Khan	Secretary General, NFOWD

	Executive director, CDD
Nafeesur Rahman	Director, NFOWD

Group-meeting with NGOs at NFOWD

Mr. M. A. Baten (chair)	Senior Vice President, NFOWD
A.H. M. Noman Khan (facilitator)	Secretary General of NFOWD
	Executive Director of CDD
Mosharraf Hossain	Country Representative, ADD
Dr. AKM Momin	Director, CRP
Prof. G. W. H. Chowdury	Secretary General, SWID
Manju Samaddar	Principal, BSSBG
Ruth Mitra Roy	Teacher
Alison Robinson	Development Officer, BPKS
Zahangir Rahman	Development Officer, BPKS
Limia Dewan	Unit Manager, Inclusive Education, BRAC
M. Khalilur Rahman	Executive Director, BODA
Rabiul Hasan	Assistant Director, CSID
Saidul Huq	Executive Director, BERDO
S. M. Mayeen Ahmed	Executive Director, SARPV
Rajal Ali Khan	Executive Director, GDF
Shaila Parveen Luna	Programme Officer, Save the Children Sweden-DK
Melanie Adams	Researcher, Centre for International Child Health
Shirin Zaman Munir	Exec. Director, Bangladesh Protibondhi Foundation

Centre for Disability in Development (CDD)

AHM Noman Khan	Executive Director
Mozammel Kabir	Coordinator
Masudul Abedin Khan	Associate Coordinator
Tanvir Hassan	Associate Coordinator
Broja Gopal Saha	Associate Coordinator

Action on Disability in Development (ADD)

Mosharraf Hossain	Country Representative
Fayazuddin Ahmad	Human Rights Coordinator
Adan Islam	Human Rights Trainee
Umme Habiba Rahman	Human Rights Trainee
Azima Sultana	Human Rights Trainee
Kamrul Hasan	Human Rights Trainee
Rakiba Tahmeen	Finance Assistant
Ehsanul Karim	Finance Manager
Gobinda Ch. Bageli	Theatre for Development/promoter
Fazlul Azim	Advocacy Officer
Shahin Rohman	Theatre for Development/promoter

Bangladesh Protibandhi Kallyan Somity (BPKS)

M.A. Sattar Dulal	Founder and Executive Director
Delower Hossain	Assistant Director
Alison Robinson	Development Officer
Md. Hannan	Coordinator PSID

Vision 2020

M Jalaluddin Khan	National Programme Advisor

Group meeting with NGOs in Jessore

Tarikul Islam Palash	Executive Director, Action in Development (AID)
Md. Haider Ali	Chief Program Coordinator, Action in Development

Md. Abdur Rashid	Program Coordinator, Action in Development (AID)
Delwar Kabir	Admin Coordinator, Action in Development (AID)
Md. Golam Ahia	Bandhu Kallyan Shangstha
Mohammad Rabiul Islam	Chief Coordinator, Saferdo
Shibu Pada Biswas	Executive Dir., Sonar Bangla Samaj Kalyan Sangshta
Kazi Masuduzzaman	Area Coordinator, Unnyan Dhara
Md. Shirajul Islam Moni	Programme Officer, AISEDUP
Deepti Rahman	Executive Director, RMUS
Md. Shamsur Rahman	Deputy Director, Srizony Bangladesh

4. INTERNATIONAL NGOS

Handicap International

Anne-Laure Pignard	Country Director
Farhad Ahammed Majumder	Project Coordinator

IMPACT Foundation Bangladesh

Monsur Ahmed Choudhuri	Director and Trustee
Christina M. Rozario	Deputy Director

Action Aid Bangladesh

Shaila Rahman	Regional Coordinator, SouthWest Region
Humaira Aziz	Regional Coordinator, Central Region
Mahbub Kabir	Associate Coordinator, Central Region
Shashanka Saadi	Associate Coordinator, North Region

5. SERVICE PROVIDERS

CDD Training Centre

Shahanaj Akter	Shananur Islam
Manik Paul	Abdul Hakim Ali
Tazem Ali Prodhan	Ayub Ali
Anjuman Ara Bima	Raihan Uddin
Zamed Ali	Dilara Yasmin
Manachura Akhanom	Reza Aziz
Ripa	Binoy Rodrigues
Monjuara Khatun	Asia Khatun
Rina Sultana Mishu	Kize Hazera Akhter
Kiri Dey	Nasima Akter
Lily Far Yasmin	Eltush Nokrek
Taslima Aktar	

6. END USERS/PEOPLE WITH DISABILITIES

Dhaka

Children: Monowara Begum, Aklima Begum, Habibur Rahaman

Jessore and Jhenaidah districts

Children: Shiule, Sriti, Sakib, Sahal, Tahia
Adults: Selim, Akben Ali Shake

7. RESEARCH CENTRES

Dr. Peter Kim Streatfield	Head Population Program, Head Health and Demographic Surveillance Unit, ICDDR, B
Dr. Masuma Akter Khanam	Research Fellow, ICDDR, B: Centre for Health and Population Research

Before departure to Bangladesh the team met Dr. Federico Montero and Eva Sandborg from the Disability and Rehabilitation unit in WHO, Geneva.

ANNEX 4: DHAKA DECLARATION

Dhaka Declaration on Disability 2003
Regional Symposium on Disability, Dec 9-11, 2003.

Preamble

Bangladesh held the Regional Symposium on Disability 2003 organized by the National Forum of Organizations Working with the Disabled (NFOWD) from 9th -11th December, in Dhaka. The symposium was planned following the Biwako Millennium Framework to develop practical and realistic steps in achieving equality for persons with disabilities. In accordance with this, the symposium's main agenda was to address positive actions necessary for social inclusion of persons with disabilities focusing on three principal objectives: rights, organisation and independence.

In holding a regionally based symposium the NFOWD and its member organisations felt that with such diverse participation an extensive amount of information, knowledge and ideas would be collaborated culminating in the generation of specific initiatives to be undertaken. Such initiatives would incorporate the rights of persons with disabilities into mainstream development, and thus assure them equal rights as citizens throughout the region. It is seen as a necessity to focus on inclusivity by aiming to eliminate exclusion, which currently exists in education, health, employment and all other social and developmental services. Increased awareness of society as a whole must take place in order to achieve this inclusion. And finally, the involvement of governments is necessary to initiate new policies and ensure their implementation regarding these issues.

The regional symposium presented an open arena for discussions on a broad range of issues concerning disability. Each area was the focus of a concurrent seminar session, topics included: national policies and legislation, education of people with disabilities, community based rehabilitation, employment and job opportunities, rights of women and children with disabilities, accessibility, self-help movement, information and communication technology, prevention and early intervention, safe environment, social security and a free papers session.

Overall during the symposium it was recognised that much progress has been made towards equality for people with disabilities, however this has proven to be insufficient in bringing about adequate change. The purpose of the symposium therefore was to identify areas that need to be re-evaluated, and instigate certain actions to gain equal access to human rights and ascertain a functioning identity of people with disabilities in society. Additionally, during the discussions it was concluded that to bring about full inclusion in mainstream society, and eliminate negative attitudes, an increase in awareness is needed amongst governments, NGOs, donor organizations, communities, families and people with disabilities. Furthermore, providing access to services and an enabling environment is also a priority to attain equality. To achieve this society must challenge these discriminations, however, people with disabilities must also actively participate in advocating for their rights through self-empowerment initiatives.

Recommended plans of action

As a consequence of each of the 12 concurrent seminar sessions held on the various disability related issues mentioned earlier a summary report containing the proposed recommendations was compiled. As a result, the following conclusive plans of action were drawn up reflecting the proposals of government officials, donor agencies, NGO representatives and other symposium participants:

I. Laws and legislations must be specially designed to provide for people with disabilities with further provision made in existing policies specifically in reference to children and women with disabilities as well as those with multiple and severe disabilities. Lobbying governments to oversee the implementation of all legislation to ensure its enforcement is necessary. It has also been recognized that governments must allocate more funds to disability rights thus promoting equal human rights.

II. An increase in awareness raising activities targeting all of society, including those with disabilities, at a community level is necessary. Media sensitisation should also be used as a tool to disseminate this information.

III. The empowerment of adults and children with disabilities to encourage them to voice their opinions and advocate their rights as well as to participate in all spheres of development must be a prime focus. Furthermore, establishing more cross-ability and cross-gender self-help groups will develop their identity, self-esteem and confidence.

IV. Mainstreaming education is fundamental in providing equal educational opportunities to all children and adults with disabilities, hence adopting specific educational programmes and making provisions in curriculums will ensure this inclusivity.

V. Access to and awareness of prevention, early detection and intervention, adequate treatment and health services must be made available.

VI. Equal employment opportunities through positive discrimination in creating jobs and meeting quotas as well as offering training and scholarship schemes will augment the capacity of people with disabilities to contribute to their society and become self-reliant.

VII. An enabling environment with full accessibility must be established and maintained along with the adequate provision of assistive devices and technological aids to allow freedom of mobility and access to information and communication creating greater self-sufficiency for those with disabilities.

VIII. A safe and socially secure environment is a fundamental right for persons with disabilities; accordingly a legal framework must be constructed to protect their rights and needs. Financial institutions should also exist that cater for the specific concerns of the disabled.

IX. Inclusion in all social activities must be catered for by all communities, families and individuals in society.

X. Rights of women with disabilities must be mainstreamed into the women's rights movement, and specific programmes designed to focus on protection from abuse, counselling, family position and social status. It is imperative that men are involved throughout this initiative.

XI. Rights for children with disabilities must be reflected in all children's Acts giving particular attention to proper protection and freedom from abuse.

XII. Those with severe and multiple disabilities and/ or mental and intellectual disabilities must be further recognised and included in all planning and implementation of programmes and policies.

XIII. Targeting rural and remote areas where communities have less access to information and services through grassroots level organisations is essential. In addition, organisations should aim to develop more sustainability-focused programmes.

XIV. A more effective use of Community Based Rehabilitation (CBR) using a holistic, community specific and rights-based approach to promote awareness, disseminate information on disability issues and provide services amongst society is crucial.

XV. Community Approaches to Handicap in Development (CAHD) should be considered as one of the concepts for implementation to facilitate inclusion of disability issues into mainstream development.

XVI. NGO networking must be developed on a local, national and regional level with the aim to improve cooperation and coordination between NGOs and governments. Consequently, a systematic and universal approach to the implementation of equal human rights for disabled persons will be ensured.

XVII. Legal registration of Disabled Peoples' Organisations (DPOs) should be established for recognition and accountability from governments.

XVIII. Language sensitivity to avoid negative connotations that certain terminology and language can create must be regarded with much importance and care.

XIX. Further research on all disability issues is needed to increase knowledge and understanding of the current situation.

XX. A societal movement is required to embrace the diversity of our culture, revealing the fact that those with disabilities do not have to be at a disadvantage or be a burden, but moreover, they can contribute greatly and positively to our society.

The consolidated recommendations were presented in the concluding session and was proposed and accepted as the Dhaka Declaration. Presented by AHM Noman Khan, Secretary General, National Forum of Organisations Working for the Disabled (NFOWD) and Secretary of Symposium Organising committee. Proposed for endorsement as the Dhaka Declaration by Dr Bhushan Punani, Executive Director, Blind People's Association, India. Seconded by Mr Krishna Prasad Bhattarai, Regional Coordinator, South Asian Regional Network on CBR, Nepal. Adopted at the concluding session on November 11, 2003, chaired by Mr Monsur Ahmed Choudhuri, Chairperson of the Regional Symposium Organizing Committee and Director, Impact Foundation Bangladesh.

ANNEX 5: SUMMARY PAPER BIWAKO MILLENNIUM FRAMEWORK

DRAFT BIWAKO MILLENNIUM FRAMEWORK FOR ACTION: TOWARDS AN INCLUSIVE, BARRIER-FREE AND RIGHTS-BASED SOCIETY FOR PERSONS WITH DISABILITIES IN ASIA AND THE PACIFIC

For the full document please refer to: www.unescap.org/esid/psis/disability/index.asp

Lake "Biwa" is the largest freshwater lake in Japan, in the City of Otsu. It is in this city that the High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons is held. Hence, the name of the framework "Biwako" ("ko" means a lake). A few more notes of the other words in the framework. The word "Millennium" indicates that the Framework is being adopted at the beginning of the new millennium and that it is also structured to supplement the UN Millennium Development Goals and targets. "An Inclusive, Barrier-free and Rights-based Society" represents the guiding principles of this framework. An "inclusive" society is a society for all, and a "barrier-free" society refers to a society free from institutional, physical and attitudinal barriers, as well as social, economic and cultural barriers. A "rights-based" society means a society based on the human rights of all individuals where peoples with disabilities are valued and placed at the centre of all decisions affecting them.

In May 2002, ESCAP adopted the resolution "Promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century". The resolution also proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012.
The "Draft Biwako Millennium Framework "outlines issues, action plans and strategies towards an inclusive, barrier-free and rights-based society for persons with disabilities.
To achieve the goal, the framework identifies seven priority areas for action, in each of which critical issues and targets with specific time frames and actions follow. In all, 21 targets and 17 strategies supporting the achievement of all the targets are identified.
The next decade will ensure the paradigm shift from a charity-based approach to a rights-based approach to protect the civil, cultural, economic, political, and social rights of persons with disabilities.
To pursue the targets and strategies, consultations with and involvement of civil society, inter alia, self-help organizations and concerned NGOs are essential.
The following sections summarize the seven priority areas for action, the targets, strategies, time-frames, and the supporting/monitoring mechanisms.

(1) Self-help organizations of persons with disabilities and related family and parent associations

Persons with disabilities and their self-help organizations are the most equipped, best informed to speak on their behalf and can contribute to solutions on issues that concern them. Two targets are set to make the difference:
1) By 2004, Governments, international funding agencies and NGOs should establish policy to support and develop self-help organizations. Governments should take steps to ensure the formation of parents associations at local levels by the year 2005 and federate them at the national level by year 2010.

2) By 2005, Governments and civil society organizations should fully include self-help organizations in decision-making processes. Actions for the targets include the participation of persons with disabilities in policy-making, political representations and capacity building.
Self-help organizations should include marginalized persons with disabilities such as women and girls with disabilities, persons with intellectual disabilities, persons who are HIV-positive and affected by leprosy.

(2) Women with disabilities

Women with disabilities are multiply disadvantaged through their status as women, as persons with disabilities, and majority numbers as persons living in poverty. Three targets are set to solve these problems:
3) By 2005, Governments should ensure anti-discrimination measures, where apropriate, to protect women with disabilities.
4) By 2005, self-help organizations adopt policies to promote full representation of women with disabilities.
5) By 2005, women with disabilities should be included in the membership of national mainstream women's associations.

(3) Early detection, early intervention and education

Less than 10 per cent of children and youth with disabilities have access to any form of education compared with an enrolment rate of over 70 per cent for non-disabled children and youth in primary education in the Asian and Pacific region. This exclusion from education for children and youth with disabilities results in exclusion from opportunity for further personal, social and vocational development. Three targets are set for these problems:
6) Children with disabilities will be an integral part of the population targeted by Millennium Development Goal Target 3, which is to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
7) By 2010, at least 75 per cent of children and youth with disabilities of school age will be able to complete a full course of primary schooling.
8) By 2012, all infants and young children (0 – 4 years) will have access to and receive community-based early intervention services.
9) Governments should ensure detection of childhood disabilities at a very early age.
Actions in this area include adequate legislation for inclusive education and national data collection on children with disabilities (0-16 years).

(4) Training and employment, including self-employment

Persons with disabilities remain disproportionately undereducated, untrained, unemployed, underemployed and poor. They have insufficient access to the mainstream labour market partially due to social exclusion, lack of trained and competent staff and adequate training for independent workers. Three targets follow:
10) By 2012, at least 30 per cent of the signatories (member states) will ratify ILO Convention 159 concerning Vocational Rehabilitation on Employment (Disabled Persons).
11) By 2012, at least 30 per cent of all vocational training programmes in signatory countries will include persons with disabilities.
12) By 2010, reliable data on the employment and self-employment rates of persons with disabilities will exist in all countries.

(5) Access to built environment and public transport

Inaccessibility to the built environment, including public transport systems, is still the major barrier for persons with disabilities. This problem will only exacerbate, as the number of older people with disabilities increase in the region. Universal design approaches benefit all people in society including older persons, pregnant women and parents with young children Its economic benefits have been legitimized, yet substantive initiatives at policy level have not been taken. Three targets are set to improve the situation:

13) Governments should adopt and enforce accessibility standards for planning of public facilities, infrastructure and transport, including those in rural/agricultural contexts.

14) Existing public transport systems and all new and renovated public transport systems should be made accessible as soon as practicable.

15) All international and regional funding agencies for infrastructure development should include universal and inclusive design concepts in their loan/grant award criteria.

(6) Access to information and communications including information, communication and assistive technologies

In the last 10 years, there has been much progress in Information and Communication Technology (ICT) development, and it opens up many opportunities for people with disabilities in networking, solidarity employment and independent living. But it has also widened the gap between persons with disabilities and the non-disabled. The Digital divide includes inaccessibility to infrastructure for ICT, Internet, and ICT skills. These problems are acute in rural areas. The multi-media environment is creating barriers for people with visual disabilities. Three targets are set to improve the situation:

16) By 2005, persons with disabilities should have at least the same rate of access to the Internet and related services as the rest of citizens in a country of the region.

17) By 2004, international organizations should incorporate accessibility standards for persons with disabilities in their international ICT standards.

18) Governments should adopt, by 2005, ICT accessibility guidelines for persons with disabilities in their national ICT policies.

19) Governments should develop and coordinate a standardized sign language, finger Braille (tactile sign language), in each country and to disseminate and teach the results through all means, i.e. publications, CD-ROMs, etc.

20) Governments should establish a system in each country to train and dispatch sign language interpreters, Braille transcribers, finger Braille interpreters, and human readers and to encourage their employment

(7) Poverty alleviation through social security and livelihood programmes

Persons with disabilities are the poorest of the poor. It is estimated that 160 million persons with disabilities, over 40 per cent of disabled persons are living in poverty, unable to benefit from their socio-economic rights. Poverty and disability worsens each other when persons with disabilities are socially excluded and adequate social services are not provided. Pursuant to the UN Millennium Development Goal target 1:

21) Governments should halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day. Actions call for Governments to integrate disability dimensions into MDG baseline data collection and analysis, to allocate a certain percentage of the total rural development /poverty alleviation funds towards persons with disabilities.

National plan of action (five-year) on disability

Strategy 1 calls for Governments to develop and adopt, by 2004, a five-year comprehensive national plan of action to implement the targets and strategies of the framework.

Promotion of rights-based approach to disability issues

Strategy 2 calls for Governments to examine the adoption and implementation non-discrimination policies. Strategy 3 draws attention to National Human Rights Institutions as agencies to protect disabled people's rights. Strategy 4 calls for Governments to actively involve persons with disabilities in any policy development. Strategy 5 calls for Governments to consider ratifying the core international human rights treaties. Strategy 6 calls for Governments to consider support for the Ad Hoc Committee for the comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities. Strategy 7 calls on Governments to include persons with disabilities and their organizations, in their procedures at the national, regional and international levels, concerning the drafting and adoption of the proposed human rights convention on disability

Disability statistics/common definition of disabilities for planning

A common system of definition and classification of disability is not uniformly applied in the region. Two strategies are set to solve the problem. Strategy 8 calls for Governments to develop, by 2005, their system in disability-related data collection and analysis. Strategy 9 calls for Governments to adopt, by 2005, definitions on disability based on the United Nations publication "Guidelines and Principles for the Development of Disability Statistics.

Strengthened community development approach to prevention, rehabilitation and empowerment of persons with disabilities

Community-based approach is augmenting and replacing traditional institutional and centralized rehabilitation programmes for disabled people's economic, social and other human rights enhancement. Strategy 10 calls for Governments to immediately develop national policies to promote community-based approaches.

Cooperation and support for action: subregional, regional and interregional

Special focus is on strengthening cooperation among governments at the subregional level. Strategy 11 and 12 call for developing subregional mechanisms, by 2004, to achieve the targets. At a regional level, strategy 13 calls for Governments, the United Nations system, civil society organizations and the private sector to collaborate, support and take advantage of the training and communication capability of the Asia-Pacific Development Center on Disability. This center is to be opened in 2004 in Bangkok, as a legacy of the Asian and Pacific Decade of Disabled Persons. It has the capacity of one of the most powerful focal points in the region. Strategy 14 and 15 call for Governments, civil society organizations and the private sector to establish a network of centres of excellence in focused areas to maximize cooperation and collaboration. ESCAP and other United Nations agencies should assist in the establishment of a network of centres of excellence. Strategy 16 calls for a suitable agreement on trade, technology transfer and human resource development for fast and efficient sharing of resources. Strategy 17 proposes that the Asian and Pacific region, the African region and the Western Asian region should strengthen their cooperation and collaboration to create synergy in implementing regional decades through interregional exchange of information, experiences and expertise, which will mutually benefit all the regions.

Monitoring and review

ESCAP should convene biennial meetings to review achievements and to identify actions that may be required to implement the Biwako Millennium Framework for Action. At these meetings, the representatives of national coordination committees on disability matters comprising Government ministries/agencies, NGOs, self-help organizations and the media will be invited to present reports to review progress in the implementation of the framework.

The mid-point review of the Biwako Millennium Framework for Action should be conducted. Based on the review, the targets and strategic plans for the second half of the Decade may be modified and new targets and strategic plans formulated.

High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons 2003-2012.

ANNEX 6: APPROXIMATE COSTS OF SOME SERVICES AND ASSISTIVE DEVICES

1000 Bangladesh Taka (BDT) equals approximately 17 US Dollars

Item	Price Range
Club feet operation on both feet	BDT 10,000 to BDT 20,000.
Cleft-Palate Operation	BDT 4,000 to BDT 16,000.
Cleft- Lip Operation	BDT 2,500 to BDT 16,000.
Cataract Operation	BDT 5,000
Cost of lens if required after cataract operation	BDT 1,500 to BDT 10,000
Hearing Assessment	BDT 250 to BDT 500
Hearing Aid (Pocket)	BDT 3,500 and up
Hearing Aid (Ear)	BDT 4,500 and up
Eye Assessment	BDT 200 to BDT 500
One private session of physiotherapy / occupational therapy	BDT 300 to BDT 500
Salary of physiotherapist at NGOs	BDT 10,000 to BDT 15,000
Salary of primary rehabilitation therapist / Community Handicap and Disability Resource Persons at NGOs	BDT 3,000 to BDT 5,000

Note: The lowest rates are mainly available with NGOs that offer services at a subsidized rate. Medium rates are found in Government hospitals, and the Private Clinics charge the most.

Sample A: Regular Products

Products	***Price(Taka)****
Adjustable play chair with table	2600
Baby bouncer	600
Back slab (knee)	500
Bagaduli	300
Balance boards	200 – 800
Bathing chair	800
Bingo Master Board	900
Cervical collar	300
Chinese checkers	600
Circular sorter	300
Classic aiming game	1500
Clinic mirrors	5000
Coloured geo forms	400
Convertible staircase	5000 – 7000
Corner seat	700 – 2500
Counting Bar	500
Crutches, Axillary & Elbow	300 – 450
Elephant puzzle	500
Exercise pad & mat	2000 – 4500
Five in one (special)	2000 – 3500
Jumbo dominoes set	800
Low trolley	3000
Mini cycle	1500
Parallel bars (Pipe, Wood, Bamboo)	1000 – 5000

Puzzle for house making	400 – 800
Resting splint for hand	200
Rolls & wedges	500 – 1500
Rotating disc exerciser	500
Saddle walker	2500
Soft foam log	7440
Special seat for CP children, adjustable height & width	2500 – 4800
Stand-in table	2600
Standing frames	1500
Standing table Boards	1500
Tailor Brace	300 – 500
The balloon tree	500
Time timer	200
Trampolines (& nursery trampoline)	2500
Tricycle	6500
Walking frames	700 – 3000
Walking ladders	7000
Walking sticks	100
Wall mounted mat table	5000
Wedges with straps	550
Wheelchair, Folding & Non folding for adult	4800 – 5100
Wheelchair, Non-folding for children	3800
Wheelchair, Seat adjustable for children	4800
Wrist cock-up splint	400

* Subsided price list subject to changes with the policy.

Assistive Devices, Sample B:

1. Wheelchair → 6000/- - 7250/-
2. Standing frame (small/big) → Metal 6000/- - 7000/-
   Wooden 8000/-
3. Walking frame → 1000/-
4. Special seating chair → (group-1=age 1-9) 5000/-
   (group-2=age 10-12) Rocking chair 9300/-
   (group-3=adult) 1000/- - 1200/-
5. Balance chair (small/big) → 1500/-
6. Folding four wheeler → 7200/-
7. Fixed four wheeler → 6000/- - 6200/-
8. Three wheeler → 900/-
9. Elbow crutch → 500/-
10. Back slab (1 pair) → 300/- - 400/-
11. Caliper (long leg) → 1000/- - 1500/-
12. Soft collar / cervical collar → 150/-
13. Brace → 500/- - 800/-
14. Ledder horse → 500/-

ANNEX 7: DEFINITIONS AND PERSPECTIVES REGARDING DISABILITY

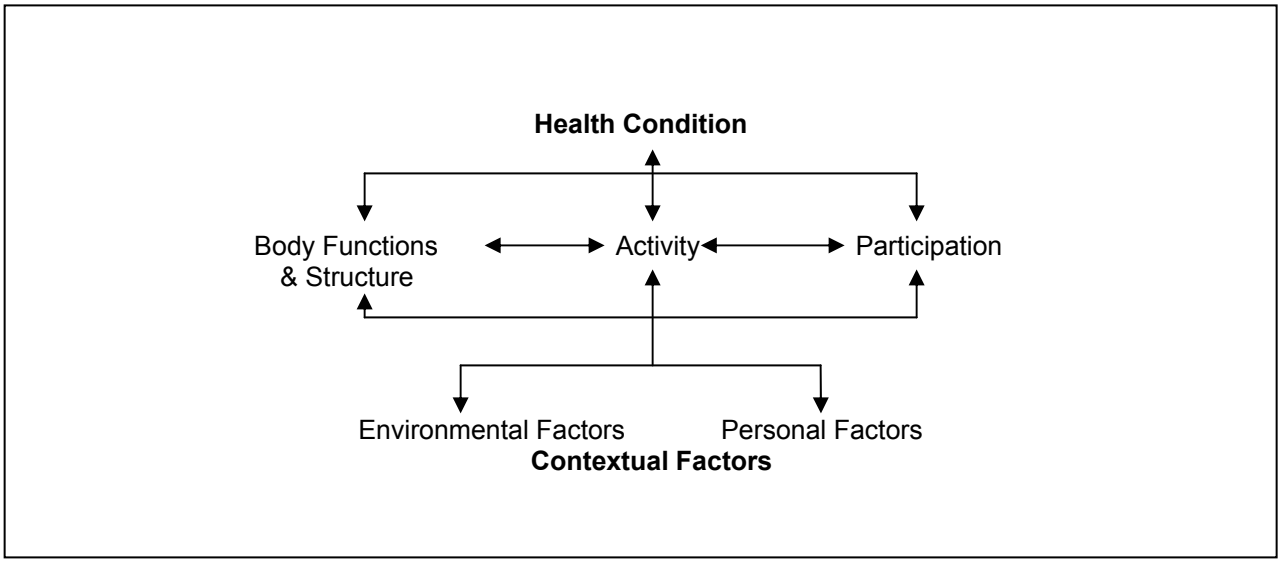
Definitions and concepts

As mentioned in section three of this report the definitions below have formed the basis for much work on disability:

> **Impairment:** In the context of a health experience, impairment is any loss or abnormality of psychological or anatomical structure or function
>
> **Disability:** In the context of a health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being
>
> **Handicap:** In the context of a health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.
>
> *Source: International Classification of Impairments, Disabilities and Handicaps (Geneva, WHO 1980 and 1993)*

These definitions have, however, been criticised for being too medically oriented, for focusing too much on physical impairments and not being sensitive enough to the social aspects of disability. To embrace these criticisms WHO member states decided in 2001 to apply a more flexible and dynamic framework called the **International Classification of Functioning, Disability and Health** (commonly known as **ICF**), as the basis for scientific data on health and disability[29]. One of the major differences from the former model is that it takes a neutral starting point in *human functioning* at both an activities/participation level and at a body functions/body structure level rather than in physical or psychological loss or abnormality of individuals. Furthermore, the model has several 'entry-points' or components, which embrace both the medical and the social aspects of disability, as well as environmental and personal factors. The diagram below illustrates the approach:

[29] The medical orientation is, however, still of major importance when it comes to individual cases, since this perspective is the main source of authority when negotiating access to treatment, rehabilitation, pensions, exemptions and other compensations. The medical orientation is also often used as the basis for national statistics, which unfortunately often rely on very limited categories of disabilities. Epilepsy, diabetes, sub-categories of mental illnesses etc are often not included and social aspects such as activities, participation and inclusion are rarely surveyed. Finally, the medical orientation has been used in setting priorities following the calculation of Disability Adjusted Life Years (DALY).



The formal definitions of each 'entry-point' or component are as follows[30]:

- **Body Functions** are physiological and psychological functions of body systems
- **Body Structures** are anatomical parts of the body such as organs, limbs and their components.
- **Impairments** are problems in body function or structure such as significant deviation or loss.
- **Activity** is the execution of a task or action by an individual
- **Participation** is involvement in a life situation
- **Activity Limitations** are difficulties an individual may have in executing activities
- **Participation Restrictions** are problems an individual may experience in involvement in life situations.
- **Enviromental Factors** make up the physical, social and attitudinal environment in which people live and conduct their lives.

This framework facilitates the systematic exploration of social aspects of disability, such as activities, participation and inclusion. The operationalisation of the framework is on-going at several levels. Among others a group, known as the Washington Group on Disability Statistics, formed as a result of the United Nations International Seminar on Measurement of Disability in 2001. The Washington Group has decided to use the ICF model as a guide for measurement development at an internationally comparable level. The group has defined three main purposes for identifying persons with disabilities:

1. Provision of services
2. Monitoring the level of functioning in the population
3. Assessing equalisation of opportunity

The Washington Group has decided to start their measurement development by focusing on the third purpose. For more information please refer to www.cdc.gov/nchs/citygroup.htm
ESCAP has had a session on the development of disability statistics which may be more relevant to the Asia and Pacific Region and it is planned to pilot survey designs based on the

[30] For more information on the ICF, its qualifiers and its possible uses please refer to www3.who.int/icf/icftemplate.cfm

ICF in 2004-2005 in selected countries in the region. Please refer to www.unescap.org/stat/sos1/sos1%5F02e.pdf

Perspectives: poverty and rights

Moving on from definitions to the way they are applied in development it is often emphasised that there has been a shift from regarding disability as a matter of charity or redistributive policies, where persons with disabilities are perceived as passive recipients of support and alms. Instead disability is to an increasing extent addressed from a rights-based perspective, where persons with disability are seen as citizens and community members with Human Rights. From this perspective it is often argued that disability is a development issue, rather than a welfare issue.

When looking closer at the development approach to disability two main perspectives emerge, which are mirrored in terminology and language. One perspective speaks of disability within the framework of poverty alleviation. It is noted that people with disabilities are always among the poorest of the poor and phrases as 'burden of disability' and 'population most at risk' are used. The justification for a focus on people with disabilities stems from the recognition that poverty in all its dimensions cannot be alleviated without incorporating people with disabilities and that people with disabilities are also 'human capital'. Furthermore, disability is sometimes presented as a 'business-case', which shows the loss of GDP if people with disabilities do not have access to work and employment. In terms of interventions there is talk of social protection policies, which must be based on an analysis of the main sources of risk and vulnerability for the population and an identification of the population groups most affected by these risks.

The other perspective takes its starting point in Human Rights and speaks of the right to social, political and economic inclusion, barrier-free access and participation. People with disabilities are sometimes labelled 'claimants' referring to their rightful claim to a dignified life as full citizens and various levels of public institutions are labelled 'duty-bearers' referring to their role as safeguards of non-discrimination. Instead of 'rehabilitation' there is a concept of 'creating an enabling environment' and instead of 'social assistance' there is 'a society's respect for minorities', signifying that the issue is not a question of adapting the disabled to society, but to adapt society to the needs of the disabled individual. Furthermore, there is a wish to diversify 'vulnerability' since there is a continuum of autonomy of people with disabilities from total to zero autonomy. This continuum must be accommodated in policies and interventions.

These two perspectives, the poverty approach and the rights-based approach to disability, may appear to be each other's opposites, and they can potentially be the basis of some ideological debate. On the other hand it can be argued that when it comes to actual interventions both perspectives are very often at play and at best they reinforce each other. It should be emphasized that few sources apply one or the other perspective exclusively, but that the characterization of the two perspectives above has been part of the analytical framework used in this consultancy.

ANNEX 8: ALTERNATIVE SURVEY METHODOLOGY

In order to fulfill item i) in the Terms of Reference regarding design of a baseline survey the following brief suggestion is offered. The team strongly suggests, however, that The Washington Group and the ESCAP Subcommittee on Statistics are consulted (see page 17 - 18 above and annex 7) in developing a possible survey.

A multistage cluster sampling will be necessary for reasons of representativity, logistics and costs. For a valid impression of the prevalence and breakdown on a national basis, about 10.000 households representing about 50.000 persons and expected 15.000 disabled persons should be adequate. In the simplest version one might randomly sample about one third e.g. 20 of the 64 Districts (Zilas). In each of these randomly sample a cluster of about 500 households depending whether this corresponds roughly to existing community sub-units, which can be listed, e.g. a ward, a village or a school catchment area. Clusters should also represent the Urban/Rural distribution, so a modified approach will be necessary for "Urban Districts" and for clusters in District Headquarters if such are to be considered urban. The main point here is to try to arrive at a smaller number of households to be surveyed and greater district representativity than the Health and Injury Study by Institute of Child and Mother Health (ICMH), UNICEF and The Alliance for Safe Children (TASC), which surveyed 12 districts, 133.000 households and 648.000 persons.
A lower number of households would allow more in depth questions about predisposing factors, equity and other aspects of addressing service, access and inclusion needs. It would also retain the necessary capacity for adequate validation of the identification and classification of severity of disability.

ANNEX 9: TERMS OF REFERENCE AS BASIS FOR LETTER OF INTEREST

1. Background.

Disability, and especially child disability, in Bangladesh is likely to place a considerable burden on households, especially on poor households. With 40% of the population under 15 years, it is estimated that there are 5.4 million disabled children. There is insufficient consolidated information on the extent and type of childhood disability; until this information becomes available it is not possible to discuss interventions to prevent and address the burden of childhood disability in any meaning full way.

2. Objectives

This consultancy will provide a situation analysis including synthesis of available information, stakeholder mapping, status of public services provided and prepare a design for a baseline survey framework for collecting information of disabilities, causes, types, needs in Bangladesh

3. Expected deliverables

The expected outputs of the activity are as follows:

a) **Identification and mapping of Children With Disabilities (CWD) and Peoule With Disabilities (PWD)**, types of social exclusion, constraints, who are the most vulnerable and why;

b) **Inventory and mapping of NGOs** working with PWD;

c) A few **case studies** highlighting vulnerability and social exclusion of PWD;

d) **An assessment of social response**, especially, how the individuals, households, community responding to the crisis and education, health and mobility challenge. How individuals are coping with health problem, social stigma (disaggregated by sex, class, ethnicity and poor), has any social/community mechanism developed to assist the CWD, PWD, especially, providing education, health and other services;

e) **An assessment of coordination** between public sector (Health, Social Welfare, Information, LGED, union parishad) and NGOs in dealing with disability issues;

f) Summaries of **lessons learned** from the existing interventions and critical gaps in resources and technical capacity;

g) Identify areas that require further **research** to reduce social and gender disparities and improve social responsibility;

h) **Recommendation** of necessary interventions, which will bring community care and mobilization for mainstreaming disability issues and reducing PWD vulnerability.

i) **Design a baseline survey framework** (scope, sampling framework, questionnaire, methodology, analysis process, cross tables etc) for collecting information of disabilities, causes, types, needs in Bangladesh

4. Methodology

i. Literature review and compilation of information and identification of gaps.

ii A short Household survey using structured questionnaires;

iii. Focus group discussions with stakeholder, vulnerable groups.

iv. Focus group discussions with government field workers and local government,

v. Focus group discussions with NGOs, especially providing services to PWD, health and education In depth interviews with key informants

Annex 10: A database of organizations 'Working in the field of disability' in Bangladesh - 2002

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
1	Come to Work			1		1	35	19	0	0	1	1	1	1			1									
2	Action In Development			1		1	64	37	115	141	1		1		1	1	1									
3	Combined Development Perseverance			1		1	14	16	0	0	1	1					1	1								
4	Integrated Village Development Society			1		1	19	75	23	22	1	1	1		1		1									
5	Underprivileged Children's Educational Programs	1		1		2	0	0	123	167			1	1		1	1									
6	Manosika			1	1	1	0	0	33	32	1	1		1	1	1	1									
7	Landless Distressed Rehabilitation Organization			1		1	107	127	0	0	1	1	1		1		1									
8	Paribartan			1		1	56	32	0	0	1	1	1		1	1	1									
9	Paradise			1		1	65	60	0	0	1	1					1									
10	Voluntary Paribar Kallyan Association			1	1	1	670	721	0	0	1	1			1		1									
11	Alore Patha		1		1	1	10	0	19	5	1	1	1	1		1										
12	Bangladesh Organization for Disabled Advancement			1		3	2000	2900	0	0	1	1	1		1		1									
13	Southern Socio-economic Development Program			1		2	568	720	0	0	1	1	1				1									
14	Fellowship In Northern Development			1		1	13	8	17	20	1	1	1		1		1									
15	Rehabilitation and Welfare Institute for Trauma, Torture & Diabetic Disabilities		1			1	1	1	0	0	1	1							1	1						
16	Integrated Social Development Effort			1		1	131	73	0	0	1	1	1		1	1	1									
17	Natun Zibon Rochi			1		1	66	59	68	56	1	1	1	1			1						1			1
18	Bhangnahati Bahumukhi Unnayan Sangstha		1		1	1	197	173	0	0		1					1		1							
19	Khalifa Foundation			1		1	22	22	10	10	1	1	1	1			1									
20	Polly & Poribesh Unnayan Songstha *(Additional activities: shelter)*			1		1	0	0	0	0			1	1			1									
21	Society for Education and Care of Hearing Impaired Children of Bangladesh *(Additional activities: Auditory oral education for speech and language, Fortnightly classes for parents to motivate them on house-based care and teaching, Hearing center for hearing loss assessment)*	1		1		10	43560	35640	607	725		1		1			1						1			
22	Village Education Resource Center			1		1	126	104	0	0	1	1			1		1						1			
23	Assoc. for Integrated Socio Economic Development for Underprivileged People			1		1	6	12	44	31	1	1			1	1	1									

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
24	Organization for the Poor Community Advancement			1		0	40	34	0	0	1	1	1			1	1			1						
25	Udvabon			1		1	0	0	0	0						1	1									
26	Mukti Nari-O-Shishu Unnayan Sangstha			1		5	40	40	30	26	1		1	1	1		1									
27	Alore Disha Kallyan Sangstha		1			1	39	32	0	0			1				1									
28	Rural Economic and Social Welfare Organization			1		1	75	25	0	0	1		1	1		1	1									
29	Association for Social Action and Improvement		1			1	26	6	30	35	1	1	1			1										
30	Protibondhi Sechchasebi Society	1			1	2	57	41	14	17		1		1	1	1	1				1					
31	Advancement of Rural People Organization for Needy		1		1	2	29	23	0	0			1	1			1				1					
32	Shariatpur Andha Kalyan Sangstha					1	0	0	0	0		1		1		1	1					1				
33	Teksai Unnayan Prochesta	1		1		1	138	130	0	0	1	1	1		1		1									
34	Association of Development for Economic & Social Help			1		1	3	4	17	35	1	1	1		1	1	1									
35	Uttaran Manabik Unnayan Samity *(Additional activities: Education)*			1		1	6	1	6	11	1	1	1	1		1	1									
36	Rural Poor Development Organization			1		1	258	545	85	120	1	1			1		1									
37	Association for Social Advancement & Rural Rehabilitation			1		1	216	130	50	40	1	1	1		1		1									
38	Disabled Rehabilitation Ensure Assistance Mass Society *(Additional activities: Advices towards development for technical education, special languages & general education)*				1	1	0	0	6	5			1													
39	Social Assistance and Rehabilitation for the Physically Vulnerable *(Additional activities: Research and documentation, Advocacy-lobbying and networking)*		1			3	130	90	0	0			1	1		1	1									
40	Protisruty		1		1	1	353	682	0	0							1					1	1			
41	Bangladesh Rural Integrated Development for Grub-street Economy		1			3	16	13	0	0				1	1	1			1							
42	My Right (Amar Adhikar)	1			1	1	25	7	0	0	1					1	1					1	1			
43	Gano Jagoron Samaj Seba Songstha			1		2	3	3	21	30	1		1			1	1						1			
44	Dristihin & Dustha Kalyan Shangstha		1			1	215	80	0	0																
45	Bandhu Kallyan Sangstha			1		1	14	6	22	35	1	1	1		1		1									
46	Illiteracy & Poverty Alleviation Assistance Organization			1		1	28	25	2	4	1	1	1				1									

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
47	Motivation Involvement Training and Assistance *(Additional activities: Link age with social welfare, Stipends and educational equipments to poor and meritorious students, Educational tour)*		1		1	0	49	29	12	10			1	1			1									
48	Green Disabled Foundation	1				0	12	1	0	2				1		1	1						1			
49	Survey & National Elaboration Tendency *(Additional activities: Survey)*		1			1	16	9	0	0				1			1									
50	Bangladesh Parents Club of the Deaf		1			15	70	40	0	0				1		1								1		
51	Young Power in Social Action *(Additional activities: Recreational Activities)*			1	1	1	1636	2473	322	290	1	1		1			1									
52	Bangladesh Blind Mission		1		1	2	121	71	0	0		1				1									1	
53	Apex for Social Welfare Association		1			1	39	25	0	0																
54	Pally Badhue Kallyan Sangstha *(Additional activities: Relief Services)*			1		1	267	242	0	0	1	1		1	1		1									
55	Hillary Foundation Bangladesh			1	1	1	2	13	9	7	1						1					1	1			
56	Human Development & Research Organization		1	1		1	78	57	121	115	1	1	1				1						1		1	
57	Assistance for Blind Children		1		1	9	3434	1592	0	0		1		1						1					1	
58	Shachaton Samaj Kalyan Sangstha		1			1	24	19	0	0						1	1	1								
59	Noakhali Rural Action Society			1	1	1	97	137	133	122	1	1	1		1		1									
60	Welfare and Development Association for Speech and Hearing Impairment	1	1			1	22	18	0	0				1		1			1				1			
61	Association for the Welfare of the Disabled People	1	1			8	400	200	0	0				1		1			1				1			
62	Prattasha Samazik Unnayan Sangstha		1	1		1	23	18	0	0	1		1		1		1									1
63	Shahid Smrity Mohila Shomity		1		1	1	351	652	0	0							1					1	1			
64	Development Action Committee			1		1	15	10	0	0	1	1		1	1	1	1									
65	Village Organization for Unity Research		1		1	1	18	13	0	0				1	1		1		1							
66	Bangladesh Society for Disabled		1			1	144	116	0	0							1									
67	Organization for Implementation of Disabled Peoples Rights		1			1	15	8	0	0						1	1									
68	Shamajik Unnayan Shongstha		1			1	3	5	2	1		1	1			1	1				1		1			
69	Program on Agriculture, Nutrition and Environment Conservation		1			1	2	12	5	2			1				1		1							
70	Association for Rural Development		1			1	49	78	0	0	1	1	1	1	1	1							1			
71	Pally Seba Sangstha			1		1	43	37	0	0	1	1				1	1					1				
72	Social Training and Advantage Project		1			1	52	9	0	0		1	1			1	1									
73	Social Development Organization		1			3	49	28	0	0		1	1			1	1									
74	Development Action Centre		1			1	11	23	0	0		1			1		1									
75	Palli Unnayon Juba Sangstha		1			1	13	43	0	0		1			1		1									
76	Nari Kalyan Sangstha	1		1	1	1	17	9	0	0	1		1	1		1	1									

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
77	World Concern Bangladesh	1			1	3	569	525	0	0		1		1	1		1									
78	Community Development Sangstha			1			74	51	0	0	1	1	1		1		1									
79	Billchalon Development Service Center			1		1	8	7	4	3	1		1			1	1									
80	Mati Economical Development Organization		1			1	0	0	0	0			1			1						1				
81	Srizony Bangladesh			1		1	117	133	0	0	1	1	1		1	1	1									
82	Fellowship for the Advancement of Visually Handicapped	1		1		1	945	609	0	0						1	1		1			1				
83	Social Development Organization			1		1	36	52	5	2	1	1					1									
84	Caritas Bangladesh	1		1		0	0	0	0	0			1		1		1			1						
85	Janasheba Sesshashebi Pally Unnayan Sangstha			1		1	24	16	0	0	1	1	1				1									
86	Progoti Samaj Kalyan Songstha			1		1	16	16	0	0	1				1		1									
87	Grameen Unnayan Sangstha			1		1	12	8	0	0	1	1	1	1		1	1									
88	Manashik Pratibondhi Kalyan Trust, Bangladesh		1			1	0	0	0	0																
89	Blind Education and Rehabilitation Development Organisation			1		3	156	108	0	0		1		1	1		1							1		
90	Unnayan Dhara			1		1	57	66	19	21	1	1			1	1	1									
91	Prochesta			1		1	74	33	0	0	1	1					1									
92	Pally Samazic Unnayan Sanggathan			1		1	131	115	49	44	1	1	1	1		1	1									
93	Padakhep Manabik Unnayan Kendra			1		1	246	283	246	337	1	1	1		1	1	1									
94	Poverty Alleviation Drive			1		1	290	160	0	0	1	1	1				1									
95	New Life Foundation of Bangladesh	1		1		4	32	54	37	17	1	1	1													
96	Bangladesh Mohila Unnayan Sanghstha		1			1	16	26	30	25																
97	Atmabiswas		1			2	111	89	0	0	1	1			1				1	1						
98	Shaw Unnayan			1		1	90	63	0	0	1	1			1	1										
99	Action on Disability and Development				1	10	0	0	0	0			1	1			1									
100	Socio Economic Development Assisting Centre			1		1	17	31	26	20	1		1		1	1										
101	Live And Learn	1		1	1	1	11	7	0	0	1	1	1													
102	Dinajpur Badhir Institute	1				0	35	45	0	0																
103	Homeland Association for Social Improvement			1		1	204	96	0	0	1	1	1		1	1										
104	Sirajgonj Flood Forum				1	1	16	9	0	0			1				1					1				
105	Welfare Center for the Disabled			1		1	374	126	0	0	1			1								1				
106	Movement for Peace & Progress				1	1	0	0	0	0							1						1			
107	Bangladesh Council for Child Welfare			1	1	1	3950	6660	0	0	1	1	1		1	1			1			1				
108	Society for Welfare of the Schizophrenic	1	1			1	0	0	0	0		1							1			1				
109	Society of Human Action for the Disabled, Orphans and Women		1			3	190	144	0	0		1							1							
110	Bangladesh National Federation of the Deaf	1				0	800	200	0	0						1										1
111	Center for Services and Information on Disability		1		1	2	258	191	0	0	1	1			1		1				1					
112	Proshika Manobik Unnayan Kendra			1	1	12	558	856	0	0	1		1		1				1							
113	Bangladesh Protibondhi Foundation	1			1	5	0	0	5085	6096		1				1	1		1							1

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
114	Health Education and Economics Development	1	1			5	2755	1508	190	237				1	1	1	1									
115	Department of Physical Medicine & Rehabilitation (Data collection)		1			0	0	0	0	0				1			1						1			
116	Grameen Unnayan Sangstha	1	1			1	412	254	15	0			1									1				
117	Gram Sampad Unnayan Kendra			1		3	16	10	9	27	1	1	1				1									
118	Peace & Rights Development of Society (Human Rights)				1	4	0	0	0	0						1						1				
119	Society for the Welfare of the Intellectually Disabled, Bangladesh *(Additional activities: Clinical assessment of children with intellectual disabilities)*	1	1			34	0	0	2600	3900				1			1									1
120	Pratyasha-Paribesh O Unnayan Sangstha			1		1	62	42	0	0	1	1					1									
121	Bondhon Social Welfare & Health Club *(Additional activities: Information)*	1		1		0	12	3	0	0	1	1					1									
122	Step by Step School *(Additional activities: Co-curricular activities, Sports, cultural activities)*	1				1	0	0	16	24																1
123	Disabled Rehabilitation & Research Association (Prevention, curative, day care centre)	1		1		3	2331	1770	0	0	1	1	1										1			
124	Agrapathic Manab Unnayan Sangstha *(Additional activities: Information)*		1			1	16	18	0	0			1	1		1	1									
125	Manab Kallyan Songstha *(Additional activities: Information)*			1		2	6	2	0	0	1	1					1				1					
126	Protibandhi Shishu Shiekkha O Paricharja Samity	1		1		1	67	31	95	89	1				1	1	1					1				1
127	Community Centre for the Handicapped	1		1	1	1	227	61	244	360	1	1	1	1			1									1
128	Social Welfare Advancement Brilliant Association				1	1	2	1	5	5		1	1			1	1									
129	Provati Jano Unnayan Foundation		1			1	123	102	80	68		1	1	1	1										1	
130	Uddyog *(Additional activities: Organization building)*			1		1	257	111	90	104	1	1	1	1												
131	Upama Mohila Unnayan Protisthan			1		1	80	37	0	0	1	1			1		1									
132	Nowzuwan an Organization of Social Development			1		1	86	50	0	0	1		1		1	1	1									
133	South Bengal Development Society		1			4	135	130	0	0																
134	Orbis International *(Additional activities: Providing training, funding and technical support to local organizations)*				1	0	0	0	0	0				1												
135	Social and Environment Development Organization			1		1	14	10	0	0	1	1			1											
136	Deaf Children Welfare Association of Bangladesh	1				1	28	7	0	0				1	1											1
137	Society for the Promotion of Human Rights			1		1	105	50	0	0	1	1					1									
138	Welfare Intellectually Disabled Center		1			1	1162	733	0	0			1	1								1	1			
139	Manab Unnayan Kendra	1		1		1	46	28	5	3	1	1	1		1											
140	Women Development Program			1		1	244	260	0	0	1	1	1		1	1										

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
141	Social Organization for Movement and Independent Knowledge			1		3	57	28	0	0	1	1	1		1											
142	Shashi Foundation		1			1	350	400	0	0		1			1											
143	Sanirbhar Samaj Kallyan Samittee			1	1	1	118	65	29	13	1	1					1								1	
144	Bhuapur Upazila Mohila Kallyan Samity	1	1			1	305	190	0	0																
145	Proshikhit Jubo Kallyan Sangstha			1		1	41	18	65	48	1	1			1		1					1				
146	Sylhet Jubo Academy			1		2	4	1	15	16	1	1	1		1		1									
147	Polli Protibondhi Unnayan Sangstha		1		1	1	150	93	50	68				1			1								1	1
148	Sramjibi Samaj Kallyan Samity		1		1	1	20	35	0	0																
149	CAIDS Rehabilitation Centre for the Handicapped			1		1	61	82	0	0	1	1					1									
150	Gram Bikash Sangstha	1		1		1	473	323	0	0	1		1	1	1									1		
151	National Forum of Organizations Working with the Disabled				1	64	0	0	0	0							1									
152	Attha Unnayan Sangstha			1		1	60	35	19	20	1	1			1		1									
153	Sobar Sathey Cholbo				1	2	0	0	0	0				1	1		1									
154	Sobar Sathey Mishbo				1	1	0	0	0	0			1	1	1		1									
155	Sobar Sathey Thakbo				1	1	0	0	0	0				1	1		1									
156	Sobar Sathey Gorbo				1	1	0	0	0	0				1	1		1									
157	Sobar Sathey Shikhbo				1	2	0	0	0	0				1	1		1									
158	Protibandi Kallayan Sanghtha		1			1	45000	40000	0	0			1	1		1	1						1			
159	Centre for Development Services		1			1	208	139	0	0		1	1	1	1						1					
160	Sachetan Karma Sahayak Sangstha			1		1	9	3	18	19	1			1	1	1										
161	Tangail Protibandhi Unnayan Sangstha			1		1	87	53	0	0	1	1	1		1			1								
162	Sonar Bangla Samaj Kallyan Sangstha		1			1	102	130	0	0							1									
163	Dulai Jana Kallyan Sangstha			1		1	74	37	0	0	1						1					1				
164	Organization for Rural and Nature Oriented Bangladesh		1			1	177	94	0	0		1	1		1	1										
165	Shapla Rural Development Society		1			1	222	332	0	0							1									
166	Voluntary Family Development Association		1		1	1	100	120	0	0	1	1				1	1									
167	Impact Foundation Bangladesh				1	10			0	0		1		1			1						1			
168	Banchte Chai Samaj Unnayan Samity			1		2	147	107	0	0	1	1		1	1		1					1	1			
169	Handicap International *(Additional activities: Financial and technical assistance to partner NGOs)*				1	0	0	0	0	0																
170	Bangladesh Protibandhi Kallyan Somity *(Additional activities: ICT accessibility, Consultative services on accessibility and mobility)*				1	12	3492	2934	0	0		1		1					1							
171	Samaj Kallyan Foundation			1		0	8	22	0	0	1	1			1		1									
172	RDRS Bangladesh				1		0	0	0	0																
173	Centre for the Rehabilitation of the Paralysed	1	1		1	8	98902	144337	32034	16445		1		1			1					1				
174	Centre for Disability in Development			1		47	0	0	0	0				1		1	1								1	

Sl	Name of Organization	IBR	CBR	CBR-CAHD	Others	No. of Districts covered	Male	Female	Girls	Boys	Primary Rehabilitation Therapy	Refferal	IGA / credit / employment	Training / skill training	Assistive Device	Education	Sensitization & advocacy	Water & Sanitation	Physiotherapy	Eye & ENT camp	Self help Group	Rehabilitation	Health	Scholarship	Material	Special Education
175	Research and Rehabilitation Program for the Disabled			1		1	44	44	25	12	1	1	1	1	1		1									
176	ActionAid Bangladesh *(Additional activities: Exchange visits, Capacity Development of Partners, Research, Information)*				1	4	0	0	0	0																
177	Organization for Social Development and Research		1			1	377	267	0	0		1		1			1						1			
178	Poverty Alleviation And Social Development Organization *(Additional activities: Providing aids and appliances)*			1		1	20	19	35	53	1	1	1				1									
179	Sangjog / Connection			1			9	22	5	4		1			1		1					1	1			
180	InterLife - Bangladesh *(Additional activities: Networking, Research and Material Development)*	1	1			2	820	552	0	0				1	1		1					1				
181	Pangu Shishu Niketan	1	1		1	8	0	0	1355	496							1		1			1				
182	Songshoptaque		1			1	1	1	3	5				1			1									
183	Voluntary Organisation for Social Development	1		1	1	3	45	33	49	39				1	1		1		1			1				
184	Jagorony Jana Kallan Sangstha			1		1	6	0	5	0	1	1	1		1		1									
185	SIVUS Institute Bangladesh		1			2	63	25	219	239			1				1					1				
186	Palli Manabadhiker Sangstha	1	1			1	60	3	0	0		1		1							1	1				
187	Association for Voluntary Activities			1		0	10	16	4	5	1	1			1		1									
188	Voluntary Health Services Society		1			5	956	877	111	113		1	1		1							1		1		
189	Santi Handicapped Centre	1				1	26	23	43	58				1			1		1			1				
190	Society for the Disadvantaged Children		1			1	0	0	121	152				1			1		1							1
191	Suchana Shamaj Kallyan Sangstha			1		1	19	1	18	28	1	1	1		1		1									
192	Pragoti Sessashebi Unnayan Shangstha			1		1	7	7	3	7	1	1			1		1									
193	Bangladesh Foundation	1		1		1	27	9	4	2			1			1	1				1					
194	Save the Planet and Disability			1		2	465	778	272	307	1	1	1	1	1	1	1						1			1
195	Nary-O-Shishu Kallyan Sangstha			1		1	5	5	12	5	1		1	1		1										
196	Rural Service Centre			1	1	1	22	7	2	6	1		1	1			1					1				
197	Bosti Unnyan O Kormo Sangstha			1		1	0	0	0	8	1	1			1		1									
198	Baptist Sangha School for Blind Girls	1				6	0	12	138	0				1											1	1
199	Eco-Social Development Organization			1		1	70	60	70	30	1	1	1		1		1									
200	Community Development Centre			1	1	1	14	6	7	12	1	1	1		1		1									
201	Bangladesh National Blind Women's Welfare Organization	1	1			1	2	59	21	11			1	1		1						1				
202	Social Development Society			1		1	63	26	0	0	1		1	1	1	1	1									
203	Village Association for Social Development			1		2	53	34	19	38		1	1			1	1								1	
204	Gram Bikash Shahayak Shangstha			1	1	2	85	108	57	73		1	1	1	1	1	1		1							
205	The Salvation Army	1	1			2	0	0	23	28				1		1						1				
	Grand Total	**40**	**68**	**109**	**52**		**227552**	**257272**	**45647**	**31858**	**104**	**113**	**93**	**76**	**83**	**67**	**144**	**3**	**20**	**5**	**8**	**31**	**24**	**4**	**9**	**13**

Annex 11: National Action Plan for People with Disability (PWD), based on Bangladesh Disability Welfare Act 2001, and directive from Prime Minister's office (March 7, 2002): Task Force Report

Program	Objective	Target groups	Plan of action	Governing body	Facilitating body	Directives	Resource	Timeframe
1	2	3	4	5	6	7	8	9
1. Meetings								
a) National Coordination Committee (NCC) Meeting	Implement activities described in Section 6 of the Bangladesh Disability Welfare Act 2001	The People with disabilities (PWD), concerned government and non government organizations	Conduct meetings as decided by the President of NCC and take necessary actions for implementation of decision	Ministry of Social Welfare	Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled and Organizations working with Disabled	Three meetings annually by NCC	Within existing resources	Continuous (At least 3 each year)
b) Executing Committee (EC) meeting	Implement activities described in Section 9 of the Bangladesh Disability Welfare Act 2001	The People with disabilities (PWD), concerned government and non government organization	Conduct meetings as decided by the President of EC and implement decisions taken at meetings	Ministry of Social Welfare	Secretariat of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled and Organizations concerned for the Disabled	Each year four annually	Within existing resources	Continuous operation (At least 4 each year)
c) District Committee (DC) Meeting	Implement activities described in Section 13 of the Bangladesh Disability Welfare Act 2001	People with disability (PWD) of the zilla and concerned government and non government organization	Conduct meetings as decided by the President of DC and implement decision taken at mtg	District Administration and District Social Service Office	Members of the District Disabled Committee and Organizations working with the disabled	Six meetings meetings will be held by the Union Committee	Within existing resources	Continuous (At least 6 each year)
2. Prevention of disability								
a) Creating mass awareness	Raise awareness about the causes and prevention of disability	General population of the country	i) Mass media campaigning using radio teleivision, newspapers	Ministry of Health and Family Welfare, Directorate of Health and Ministry of Information	Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled and Organizations working with Disabled Health Services Providing Organizations	People will be aware of the causes and preventions of disability	Within existing resources	Continuous operation (At least 3 each year)
		General population of the country (especially women)	ii) Pregnancy, ANC safe deliveries, PNC mother and child care information dissemination through mass media	Ministry of Health and Family Welfare, Secretariat of Health and Information Ministry			Within existing resources	Continuous operation (At least 3 each year)

Program	Objective	Target groups	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
	Raise awareness of the people on the causes and preven-tion of disability	General population of the country	iii) Creating awareness on National and International days: - Disability Days, World Leprosy Day, World Health Day, Intl. Literacy Day, Intl. Children's Day, Intl. Sight Day, World White Cane Day, Social Service Day and World Human Rights Day etc. through posters, meetings, rally, special feature in newspaper.	Ministry of Health and Family Welfare, Directorate of Health and Information Ministry	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled, NGOS providing Primary Health Services	People will be aware of the causes and preventions of disability	Within existing resources	Short term & continuous
		General population of the country	iv) Creating awareness of causes of accidents and prevention methods through mass media e.g. television and newspaper,radio	Ministry of Communication, Home Ministry and Information Ministry	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled		Within existing resources	Short term & continuous
		General population of the country	v) Awareness program on Environmental pollution, its effects and prevention methods through mass media	Ministry of Forestry and Environment, Environment and Forestry Secretary, and Information Ministry	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled		Within existing resources	Short term & continuous
		General population of the country	vi) Medicine production Regulation on quality. Ban adulterated medicine and food production. Quality control of consumer products	Home Ministry, Ministry of Health and Family Development, Directorat of Health	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	Restriction on adulterated medicine and maintenance on quality		
b) Training	Workshops and training on motivation and information regarding prevention of disability	Elected members of local government, government officials and NGOs	Each year 13 districts and 92 upazila administration will be trained by Social welfare organization	Ministry of Health and Family Welfare, Directorate of Health	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, Ministry of LG and Rural Dev. National Forum for the Disabled	All officers in local govt.& administration	Within existing resources	Short term and long term continuous operation

Program	Objective	Target groups	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
b) Training	Workshop and training training motivation and motivation & information regarding prevention of disability	Elected members of different levels in the local government, government officers of administration and NGOs.	Training Curriculum for LG would include disability issue	Ministry of Health and Family Welfare, Directorate of Health	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, Ministry of LGRD and National Forum for the Disabled	All officers within institutional level will be trained	Within existing resources	Short term, long term and continuous
c) Provision of appropriate Health Care	Prevention of disability by health care, information and counselling	All married and pregnant women	Providing proper health care to married and pregnant women of all Union, Zilla, Upazilla, Divisional government hospitals and heath centres.	Ministry of Health and Family Welfare, Directorate of Womens Affairs	Social Welfare Ministry, Directorate of Social Service, Primary Health Care NGOs	Proper care will be provided in the mentioned areas for the pregnant women	Funding is required	Short term & continuous
d) Implementation of Expanded Program on Immu-nization (EPI)	Prevention of disability through immunization programs	0-5 year old children	Implementation of EPI	Ministry of Health and Family Welfare, Local Government and Rural Development division	Social Welfare Ministry, Directorate of Social Service, National Forum for the Disabled, Primary Health Care and NGOs	Immunization program will be implemented successfully	Within existing resources	Continuous
e) Enforcement of GO	Prevention of disability, by sound and pollution control of defective vehicles	Population of the country	Sound & pollution control and defective vehicles restriction laws to be strictly enforced	Ministry of Forestry and Environment, Home Ministry, Communications Ministry	Social Welfare Ministry, Directorate of Social Service, National Forum for the Disabled	Restriction on defective transports	Within existing resources	Short term & continuous
f) Research	Identification of causes and prevention through research	Population of the country	Research programs for identification of causes and prevention	Ministry of Health and Family Welfare and NGOs	Social Welfare Ministry, Directorate of Social Service, National Forum for the Disabled	Research reports will be published	Funding will be required	Mid term
3. Identification								
a) Registration of Birth	Protection of rights of disabled children and their enumeration	Disabled children	Incorporate of CWD in brith registration	Local Government, Rural Development Ministry	Social Welfare Ministry, Directorate of Social Service, National Forum for the Disabled and NGOs	Ensuring proper registration and deriving their numbers	Within existing resources	Short term & continuous
b) Census	Verifying numbers of disabled persons	Officers employed in census related work	i) Training of officers about disability	Bureau of Statistics	Social Welfare Ministry, Directorate of Social Service, National Forum for the Disabled and NGOs	Officers employed in census should be aware of disability, No. of PWD known	Within existing resources	Short term and mid term operation
		Disabled population of the country	Gathering descriptive socio-economic information on PWD	Bureau of Statistics			Funding required	Short term

Program	Objective	Target groups	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
c) Separate survey	Survey on the disabled	Disabled population of the country	Survey on socio-economic condition of the disabled and identification of interventions	Ministry of Social Service, Social Welfare Directorate	National Foundation for the Disabled, National Forum for the Disabled	To compile descriptive information regarding the disabled	Funding required	Mid term
d) Production& Ddistribution & of Identification cards	Distribution of ID papers to the disabled	Disabled population of the country	ID production for the disabled by the NGOs and their distribution in the field	Ministry of Social Service, Social Welfare Directorate and Zilla Committee for the disabled	National Foundation for the Disabled, National Forum for the Disabled and Associated Organizations	The disabled population will get their ID papers	Funding required	Short term & continuous
4. Protection and preventive measures								
a) Ensuring auxiliary health care	Free auxiliary health care & expert advice for prevention of disability	Disabled population of the country	All government hospitals, health care centres and rehabilitation centres to be made free for the disabled and provide expert care with proper equipments and trained staff	Ministry of Health and Directorate of Health	Ministry of Social Service, Social Welfare Directorate and National Foundation for the Disabled	The disabled population will be provided free preventive health care treatment	Funding required	Mid term continuous operation
b) Providing Information	Providing pre-preventive information	GOs and NGOs and Social Welfare Workers	Thana level health workers, voluntary organizations will be trained on prevention of disability and they will raise awareness of the general public	Ministry of Social Service, Ministry of Women and Children affairs	Ministry of Social Service, Social Welfare Secretariat and National Foundation for the Disabled	Thana level workers, Healthcare workers and govt. workers will be aware of prevention of disability	Within existing resources	Short term & continuous
c) Providing counselling and advice	Providing counselling and advice for CWD	Guardians of CWD	I) Guardians and parents would be provided proper counselling and advise regarding disability. Materials will also be provided.	Ministry of Social Service, Ministry of Women and Children affairs	Ministry of Social Service, National Forum for the Disabled and the NGOs	Guardians will receive counselling & advice	Within existing resources	Short term & continuous
	Providing counselling and advice to elderly PWD	Elderly PWD	Rehabilitation of elderly PWD by providing advice resource centres	Ministry of Social Service	Social Welfare Secretariat, National Forum for the Disabled and the NGOs	The elderly PWD will be rehabilitated and will receive guidance from the resource centre	Funding required	Short term continuous operation

Program	Objective	Target group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
5. Materials								
a) Distribution of necessary materials	PWDs will be provided with necessary materials	Disabled population of the country	Necessary materials and health care will be provided to the disabled at a subsidized price from Rehabilation & Resourse Centres	Ministry of Health and Ministry of Disaster and Relief	Social Welfare Ministry, Directorate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	The disabled will receive subsidized and/or free treatment and materials	Funding will be required	Mid term & continuous
	Providing logistic support for the disabled	Disabled students	Training and rehabilitation for the disabled with special schooling and logistic support	Social Welfare Ministry, Ministry of Women and Children affairs	Secretariat of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	The disabled will get special schooling and logistic support	Funding required	Mid term & continuous
b) Drafting of National Policy regarding supportive materials for PWD	PWDs will benefit from the supportive materials	Disabled population of the country	National Policy drafted for the demand, supply, import, distribution, maintenance storage and training of the supportive materials	Social Welfare Ministry, Health Ministry	Secretariat of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	The Policy regarding the supportive materials will be drafted	Within existing resources	Short term & continuous
c) Drafting of Act & Guide-lines	Easy access to materials by the disabled	Disabled population of the country	i) Act on material import	Ministry of Finance, Ministry of Trade	Secretariat of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	The materials will be imported tax free for the disabled	Within existing resources	Short term & continuous
			ii) National Act on import duties on materials used by the disabled	Ministry of Finance, Ministry of Trade	Secretariat of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	The materials will be imported tax free for the local disabled	Within existing resources	Short term & continuous

Program	Objective	arget group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
6. Education								
a) Budget allocation	To ensure education for the disabled	Disabled population of the country	Adequate funds in National budget for implementing education program for PWD	Ministry of Finance, Primary & Mass Education, Ministry of Education, Planning Commission	Secretariat of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	National budget will allocate the required funds	Funding required	Mid term & continuous
b) Inclusion of disabled children	To ensure education for the disabled children	Disabled children population of the country	Inclusion of the disabled children and adults into mainstream general education system	Primary and Mass Education Sector, Ministry of Education	Directorateate of Social Service, National Foundation for the Development of the Disabled, National Forum for the Disabled	Opportunity for CWD in the Education for All system	Within existing resources	Short term & and long term
c) Teachers training	Training of teachers for ensuring education of CWD	Teachers	Training of teachers on special education for the disabled	Primary and Mass Education Sector, Ministry of Education	Secretariat of Social Service, National Forum for the Disabled	The teachers within this program will all be trained	Within existing resources	Short term & and long term
d) Inclusion of training in the syllabus	All teachers will be aware of disability	Teachers	Inclusion of disability in the syllabus (PTI, B.Ed, M.Ed course)	Primary and Mass Education Sector, Ministry of Education, National Board of Education	Ministry of Social Service, Secretariat of Social Service, National Forum for the Disabled	Inclusion of disability in the syllabus	Within existing resources	Mid term & continuous
e) Special Education Porgram	Severe and Multiple disability children will be included in the special education program	Severe and Multiple disablity children	Special education institutions will prioritize & include the mentioned cases	Primary and Mass Education Sector, Ministry of Education, Ministry of Social Welfare	Secretariat of Social Service, National Forum for the Disabled	Inclusion of severe and multiple disability children	Within existing resources	Mid term & continuous
f) Proper Education and Examination Method to be ensured	To assist disabled students through Proper Education and Examination Method	Disabled students	i) To take proper measures of examination & education methods for PWD	Primary and Mass Education Sector, National Board of Education, National University	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled	Appropriate measures for PWD in examination and education methods	Within existing resources	Short term & continuous

Program	Objective	arget group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
g) Government order	Disabled person less than 21 are to be provided free education	Disabled students of the country	ii) Declare orders to ensure free education for disabled less than 21	Primary and Mass Education Sector, Ministry of Education	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled	Disabled person less than 21 will get free education	Within existing resources	Short term 1 continuous operation
	To provide opportunities for the disabled to study along side general students	Disabled students of the country	iii) Provide regulations in all govt. and non govt. education institutions to allow disabled students and general students study in the same class	Primary and Mass Education Sector, Ministry of Education	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled	The disabled will study along side general students	Within existing resources	Short term & continuous
h) Transport facilities for PWD	Taking measures for transport facilities for disabled students	Disabled students of the country	iv) Introduce transport facilities for disabled students to education institutions	Primary and Mass Education Sector, Ministry of Education	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Transport facilities for disabled students will be ensured	Funding required	Short term & continuous
i) Inclusion of disability in the general curriculum	To create awareness about disability	All students of the country	v) Inclusion of disability in the general curriculum and all journals and materials in all levels	Primary and Mass Education Sector, Ministry of Education, National Board of Education	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Inclusion of disability in the general curriculum and all associating journals and materials in all levels	Within existing resources	Mid term continuous operation
j) Stipend for disabled student	To increase opportunities of enrolment for disabled students	Disabled students of the country	To create enrolment opportunity for disabled students	Primary and Mass Education Sector, Ministry of Education, Ministry of Finance	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Disabled students will receive stipend	Funding required	Mid term continuous operation

Program	Objective	arget group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
7. Communication/ Mobility								
a) Ensuring mobilty & transportation	To ensure mobility of disabled by appropriate transportation services	Disabled population of the country	Train stations, bus terminals, ports and airport offices have counters and services catering to disabled citizens as per the Directives of the Prime Minister	Ministry of Communication, Roads and Highways Division, Ministry of Water Transports and Airport and Tourism Ministry	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Mobility of disabled ensumed	Within existing resources	Short term & continuous
b) Allocation of Seats	Allocation of seats in bus, train, launch, steamers for the disabled	Disabled population of the country	5 in buses, 20 in trains, and 3% of all launch and plane seats will be allocated for the disabled as per the Directives of the Prime Minister	Ministry of Roads and Highways and Railway, Ministry of Water Transport, Ministry of Airport and Tourism, Ministry of Communication	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Allocation of seats in bus, train, launch, steamers for the disabled	Within existing resources	Short term & continuous
c) Ensuring accessibility	Ensuring accessibility in all govt. offices for the disabled	Disabled population of the country	All govt., non govt. and transport terminals including parks, cinema halls and all social amenities as well as all municipal facilities will provide necessary facilities for easy access to disabled	Ministry of Housing and Public Works, Ministry of Roads and Highways and Railway, Ministry of Water Transport, Ministry of Airport and Tourism, Ministry of Communication	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Access will be provided in the mentioned areas with all supporting measures	Funding required	Short term & continuous

Program	Objective	arget group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
d) Mobilty of people with sight disability	Ensuring accessibility of movement for the sight disabled	The disabled by sight	For the easy movement of the mentioned disabled all main road's crossings, bus and railway stations and airports will have audio signals	Ministry of Roads and Highways and Railway, Ministry of Water Transport, Ministry of Airport and Tourism, Ministry of Communication, Dhaka, Khulna, Rajshahi, Chittagong City Corporation	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	accessibility of movement for the sight disabled	Funding required	Short term Long term
e) Fare allocation for the disabled	To create opportunities for carrying luggage and transport for the disabled	Disabled population of the country	To create opportunities for subsidized fares for the disabled with identification papers and a companion. With access for luggage	Ministry of Roads and Highways and Railway, Ministry of Water Transport, Ministry of Airport and Tourism, Ministry of Communication, Dhaka, Khulna, Rajshahi, Chittagong City Corporation	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	To create opportunities for subsidized fares for the disabled with identification papers and a companion. With access for luggage	Within existing resources	Short term Long term
8. Employment and Rehabilitation								
a) Providing micro-credit	self reliance through micro-finance schemes	Disabled population of the country	All the govt. and non govt. banks will establish small loan schemes for the disabled. All women with disability will receive receive credit on a priorty basis	Ministry of Finance, Ministry of Social Services	Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	All the govt. and non govt. banks will provide small loan schemes for the disabled, with priority to women	Funding required	Short term continuous operation
b) Rehabilitation through skill development	Ensuring complimentary rehabilitation of the disabled	Disabled population of the country	i) Establishment Maintenance of rehabilitation centres for govt. and non govt. by org.	Ministries of Social Service, Local Govt. div, Mother and Child affairs, Youth and sports, Poutry and Fisheries, Resource and Religion	Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Rehabilitation centres will be established	Funding required	Mid term continuous operation

Program	Objective	arget group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
			ii) Establishment of Training & rehabilitation centres free of cost	Ministry of Social Welfare	Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Training centres will be established	Funding required	Mid term continuous operation
			iii) Distribution & Development of manuals and their implementation of actions by the disabled	Ministry of Social Welfare	Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Manuals will be distributed and training will be provided	Within existing resources	Mid term continuous operation
b) Quota of jobs	Creating job opportunities for the disabled	Disabled population of the country	To enforce the 10% quota rule for the disabled in the service through proposing service. Ensure sanctions against non-conforming agency	Ministry of Law and Jurisprudence, Commission of govt. works and Ministry of Information and Division of Establishment	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	The 10% quota will be implemented	Within existing resources	Short term continuous operation
c) Complaint Box	Stop harrasment for the disabled	Disabled population of the country	Directorate of the Social Service a complaint box system which will be acted upon for stopping harrasment	Ministry of Social Services	Directorate of Social Welfare	Stopping harrasment of disabled by complaint box scheme	Within existing resources	Short term continuous operation
d) Removal of restrictions	To remove discrimination against the disabled in the job sector	Disabled population of the country	So that PWD can get class I and II jobs on merit	Ministry of Law and Jurisprudence, Public Service of Commision and Ministry of Information and Division of Establishment	Ministry of Social Service, Secretariat of Social Welfare, National Forum for the Disabled, National Foundation for the Disabled	Racism will be removed from the job sector	Within existing resources	Short term continuous operation
e) Setting age limit	Extending age limit by 5 years for the working disabled	Disabled population of the country	i) All notices will include the 5 year extension for disabled working age in the job sector	Ministries of Law and Jurisprudence, Information and Division, Establishment, Public Service Commission	Ministry of Social Service, Secretariat of Social Welfare, National Forum and National Foundation for the Disabled	5 years extension on age limit will be implemented	Within existing resources	Short term continuous operation

Program	Objective	arget group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
f) Govt Order	An employee cant be discharged if he/she becomes disabled during service	Working disabled population	A paid disabled employee should not be forced to be out of service, govt./non govt.	Ministry of Law and Jurisprudence, Establishment Division, Commission of Govt. Works, Ministry of Information	Ministry of Social Service, Directorate of Social Welfare, National Foundation for the Disabled, National Forum for the Disabled	Govt order against discharging the disabled	Within existing resources	Short term and continuous operations
Purchase of plastic goods without tender	------	Disabled population of the country	All products from the Joint Venture industries under the ownership of the Directorate of Social Service can be bought without tender. As per the PM's directive	Ministry of Finance	Ministry of Social Service, Directorate of Social Welfare, National Foundation for the Disabled	Products from the joint venture industries can be purchased without tender	Within existing resources	Short term continuous operations
Increase of financial aid by 20%	Organizaing work with PWD	Organizaing work with PWD	Increase 20 % allocation to National Foundation for the Disabled as per the Directive of the PM	Ministry of Finance, Ministry of Social Service	National Foundation for the Disabled	20% increase in financial aid and seed money will be ensured	Funding required	Short term continuous operations
9. Manpower Development								
a) Providing training	Training of manpower involved with the disabled	Disabled population of the country	i) Training syllabus to be made under the advice of an expert on disability	Ministry of Education and Ministry of Labour and Manpower	Ministry of Social Service, Directorate of Social Welfare, National Forum for the Disabled	A training syllabus will be made	Within existing resources	Short term and Long term
			ii) Training of rehabilitation related teachers and other manpower training through the govt. approved organizations	Ministry of Education and Ministry of Labour and Manpower	Ministry of Social Service, Directorate of Social Welfare	Develop Human Resource to work with PWD	Funding required	Short term and Long term

Program	Objective	Target group	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
b) Rehabilitation measures	Rehabilitation measures and compensation for working disabled will be taken	Working disabled population of the country	Rehabilitation and compensation will be given if the disabled is not able to complete his/her job term.	Ministry of Labour and Manpower, Ministry of Law and Jurisprudence	Ministry of Social Service, Directorate of Social Welfare, National Forum for the Disabled and National Foundation for the Disabled	Compensation, rehabilitation and required measures will be provided	Within existing resources	Mid term and Long term
10. Culture and Entertainment								
a) Access to entertainment opportunities	Providing the disabled with recreation and entertainment facilities	Disabled person	i) Providing sport and entertainment facilities through govt. policies for the disabled	Ministry of Sport and Ministry Social Service	Directorate of Social Welfare, National Forum for the Disabled and National Foundation for the Disabled	Sports will be organised for the disabled	Within existing resources	Short term and continuous operation
		Disabled person	ii) A National sports Org. for the disabled will be established	Ministry of Sport and Ministry Social Service	Directorate of Social Welfare, National Forum for the Disabled and Sports Commission	A sports organization will be made for the disabled	Within existing resources	Short term and continuous operation
		Disabled person	iii) Ensure participation of the disabled in the sports committees at different level	Ministry of Sport and Ministry Social Service	Directorate of Social Welfare, National Forum for the Disabled	To ensure participation of disabled in sports by the sports commissions and the forum for the disabled	Within existing resources	Short term and continuous operation
		Disabled person	iv) International participation by national disabled teams in sports and entertainment	Ministry of Sports, Ministry of Finance and Culture	Directorate of Social Welfare, National Foundation for the Disabled and Ministry of Social Service	International participation will happen	Funding required	Short term and continuous operation
		Disabled person	v) Organizing Cultural Programs with the disabled	Ministry of Sports, Ministry of Information and Ministry of Culture	Directorate of Social Welfare, National Foundation for the Disabled, National Forum for the Disabled and Ministry of Social Service	Organizing Cultural Programs with mostly disabled participants	Within existing resources	Mid term and continuous operation

Program	Objective	rget grou	Plan of action	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
	To ensure entertainment , sport and culture services for the disabled	Disabled person	vi) Providing brail books and cassettes for the sight disabled	Ministry of Information Ministry of Social Service	Directorate of Social Service, National Foundation for the Disabled, National Forum for the Disabled	Distribution of brail books and cassettes	Within existing resources	Mid term and continuous
		Disabled person	vii) Use of sign Lang. on TV for the hearing disabled	Ministry of Information Ministry of Social Service	Directorate of Social Service, National Foundation for the Disabled, National Forum for the Disabled and Ministry of Social Welfare	Programs on TV to be displayed through sign language	Within existing resources	Short term and continuous
		Disabled person	viii) To distribute information regarding lifestyle and limitations of disabled life through media	Ministry of Social Service Ministry of Information	Directorate of Social Service, National Foundation for the Disabled, National Forum for the Disabled and Ministry of Social Welfare	To distribute information regarding lifestyle and limitations of disabled life through media	Within existing resources	Short term and continuous
11. Social Security								
a) Insurance Scheme	To ensure social security for the disabled	Disabled person	To provide insurance schemes for the disabled	Ministry of Finance, Ministry of Trade and Law and Jurisprudence	Ministry of Social Service and Directorate of Social Service	Implement insurance scheme	Within existing resources	Mid term continuous
b) Govt Order	Secure PWD from Oppression and deceit	Disabled person	i) To ensure laws to protect the disabled from oppression etc. especially women	Ministry of Law and Jurisprudence, Home Ministry	Ministry of Social Service and Human Rights Commission	Provide laws which ensure the disabled from oppression etc.	Within existing resources	Short term continuous
	Assistance for PWD setting up businesses, houses etc.	Disabled person	ii) Assistance will be provided for setting up businesses, houses etc. by the disabled	Ministry of Finance, Ministry of Trade	Ministry of Social Service and Directorate of Social Service	Assistance will be provided for setting up businesses, houses etc. by the disabled	Within existing resources	Short term continuous
	Tax free schemes	Disabled person	iii) Disabled and their guardians will be free from taxes under the proposed scheme	Ministry of Law and Jurisprudence, Ministry of Finance	Directorate of Social Service, National Foundation for the Disabled, National Forum for the Disabled and Ministry of Social Welfare	Disabled and their guardians will be free from taxes under the proposed scheme	Within existing resources	Short term continuous
	Pension Schemes for the elderly PWD	Disabled person	iv) Allocation of funds for pension for unemployed destitutes & elderly PWD	Ministry of Law and Jurisprudence, Ministry of Finance	Ministry of Social Service and Directorate of Social Service	Funds will be allocated for pension	Funding required	Short term and continuous

Program	Objective	arget group	Plan of actior	Governing body	Associative governing body	Directorate	Resource	Time limit
1	2	3	4	5	6	7	8	9
12. Organization of the Disabled								
a) Leadership	Training of disabled for leadership skills	Disabled person	Training at UpoZilla, Zilla, Divisional, National levels	Ministry of Social Service and Secretariat of Social Service	National Foundation for the Disabled, National Forum for the Disabled	Training will be given for leadership among the disabled	Within existing resources	Mid term continuous operation
b) Self Reliant Organization	opportunities for PWD to establish self reliant organization	Disabled person	To take measures, for creating self reliant organization	Local Government, Polli Development Division, Ministry of Social Service and Secretariat of Social Service	National Foundation for the Disabled, National Forum for the Disabled	Opportunities for PWD to establish self reliant organization	Within existing resources	Short term continuous operation

PS: - Short term : 1 year
Mid term : 2 years
Long term : 3 Years

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