



# National Strategic Plan for Neurodevelopmental Disorders 2016 – 2021

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Institute for Community Inclusion – UMass Boston  
IN COLLABORATION WITH SHUCHONA FOUNDATION | MAY 15, 2016

**Non Communicable Disease Control Programme  
Directorate General of Health Services  
Ministry of Health and Family Welfare**



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*Let the message from the international community be clear:  
Together, with persons with disabilities, we can achieve an  
inclusive, accessible and sustainable future for all.*

Ban Ki-Moon

Secretary General of the United Nations

3<sup>rd</sup> of December, 2015

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## List of Abbreviations

<b>AFO</b>	Ankle-foot Orthotics
<b>ASD</b>	Autism Spectrum Disorder
<b>AT</b>	Assistive technology
<b>BBUASM</b>	Bangladesh Board of Unani & Ayurvedic Systems of Medicine
<b>B.Ed.</b>	Bachelor of Education
<b>BCC</b>	Behavioral Change and Communication
<b>BDT</b>	Bangladeshi Taka
<b>BMDC</b>	Bangladesh Medical & Dental Council
<b>BNFE</b>	Bureau of Non-Formal Education
<b>BNMC</b>	Bangladesh Nursing & Midwifery Council
<b>BRTA</b>	Bangladesh Road Transport Authority
<b>CBR</b>	Community-based rehabilitation
<b>CC</b>	Community Clinic
<b>CDC</b>	Child development center
<b>CHCP</b>	Community health care provider
<b>CNDRD</b>	Central NDD Rehabilitation Database
<b>CSR</b>	Corporate social responsibility
<b>CwNDD</b>	Child/Children with a neurodevelopmental disorder
<b>DDS</b>	Disability Detection Survey
<b>DNS</b>	Directorate of Nursing Services
<b>DGDA</b>	Directorate General of Drug Administration
<b>DGFP</b>	Directorate General of Family Planning
<b>DGHS</b>	Directorate General of Health Services
<b>DPE</b>	Directorate of Primary Education
<b>DSC</b>	Disability Support Center
<b>DSHE</b>	Directorate of Secondary and Higher Education
<b>DSS</b>	Directorate of Social Services
<b>DWA</b>	Department of Women Affairs
<b>DYD</b>	Department of Youth Development
<b>ERD</b>	Economic Relations Division
<b>FWV</b>	Family Welfare Visitor
<b>GoB</b>	Government of Bangladesh
<b>GYNE</b>	Gynecologist
<b>HA</b>	Healthcare Assistant
<b>HRD</b>	Human resource development
<b>ICDDR</b>	International Centre for Diarrhoeal Disease Research, Bangladesh
<b>ICF</b>	International Classification of Functioning: Disability and Health
<b>ICI</b>	Institute for Community Inclusion (University of Massachusetts Boston)
<b>ICT</b>	Information & Communication Technology
<b>ICTD</b>	Information & Communication Technology Division – Ministry of Posts, Telecommunication & Information Technology
<b>IDSC</b>	Integrated disability service center
<b>IEP</b>	Individualized Education Plan
<b>ILO</b>	International Labour Organization
<b>IPNA</b>	Institute for Pediatric Neurodisorders and Autism

<b>ISO</b>	International Organization for Standardization
<b>ISP</b>	Internet Service Provider
<b>JPUF</b>	Jatiyo Protibondhi Unnayan Foundation
<b>LGD</b>	Local Government Division – Ministry of Local Government, Rural Development & Cooperatives
<b>LGED</b>	Local Government Engineering Department
<b>M.Ed.</b>	Master of Education
<b>MoC</b>	Ministry of Commerce
<b>MoCA</b>	Ministry of Cultural Affairs
<b>MoHA</b>	Ministry of Home Affairs
<b>MoLJPA</b>	Ministry of Law, Justice and Parliamentary Affairs
<b>MoRA</b>	Ministry of Religious Affairs
<b>MoDMR</b>	Ministry of Disaster Management and Relief
<b>MoE</b>	Ministry of Education
<b>MoF</b>	Ministry of Finance
<b>MoHFW</b>	Ministry of Health & Family Welfare
<b>MoI</b>	Ministry of Information
<b>MoLE</b>	Ministry of Labor & Employment
<b>MoPME</b>	Ministry of Primary & Mass Education
<b>MoSW</b>	Ministry of Social Welfare
<b>MoWCA</b>	Ministry of Women & Children Affairs
<b>MoYS</b>	Ministry of Youth & Sports
<b>MoPA</b>	Ministry of Public Administration
<b>MoU</b>	Memorandum of Understanding
<b>MTV</b>	Mobile therapy van
<b>MP</b>	Member of Parliament
<b>NAC</b>	National Advisory Committee (for Autism & Neurodevelopmental Disorders in Bangladesh)
<b>NAAND</b>	National Academy for Autism & Neurodevelopmental Disorders
<b>NDD</b>	Neurodevelopmental disability/disorder
<b>NDIHub</b>	NDD Information Hub
<b>NIMH&amp;R</b>	National Institute of Mental Health & Research
<b>NINS</b>	National Institute for Neurosciences
<b>NGO</b>	Non-governmental organization
<b>NGOAB</b>	NGO Affairs Bureau (PMO)
<b>NSC</b>	National Sports Council
<b>NSCAND</b>	National Steering Committee for Autism and Neurodevelopmental Disorders
<b>OT</b>	Occupational Therapist
<b>Ph.D</b>	Doctor of Philosophy
<b>PS</b>	Primary School
<b>PT</b>	Physiotherapist
<b>PWD</b>	Person(s) with disability
<b>PwNDD</b>	Person(s) with neurodevelopmental disorder
<b>RCHCIB</b>	Revitalization of Community Health Care Initiatives in Bangladesh
<b>ROSC</b>	Reaching Out-of-School Children
<b>R&amp;D</b>	Research and Development
<b>S/L</b>	Speech-and-language therapist

<b>SDG</b>	Sustainable Development Goal
<b>SEID</b>	Socio-economic Infrastructure Division
<b>SC</b>	Sub-committee
<b>SS</b>	Secondary School
<b>SEC</b>	Special Education Cell
<b>TBA</b>	Trained Birth Assistant
<b>TGC</b>	Technical Guidance Committee
<b>TTC</b>	Teacher Training College
<b>UCEDD</b>	University Centers for Excellence in Developmental Disabilities Education, Research, and Service
<b>UGC</b>	University Grants Commission
<b>UHC</b>	Upazila health complex
<b>USC</b>	Union Sub-Center
<b>UNCRPD</b>	United Nations Convention on the Rights of Persons with Disabilities
<b>WHO</b>	World Health Organization



## 1. Introduction

The landscape of neurodevelopmental disorders (NDDs) in Bangladesh has undergone major changes over the past 15 years. The turn of the century saw the establishment of the first NGO specializing in the rehabilitation of persons with autism spectrum disorder (ASD). Thereafter, similar NGOs were set up by pioneering parents who sacrificed their careers and spent what little resources they had to try and create a better life for children with ASD in Bangladesh.

In 2011, Dhaka hosted a large international conference on autism and NDDs that was co-organized by the Government of Bangladesh (GoB), the World Health Organization (WHO) and Autism Speaks. There were more than 1,000 delegates from 26 countries, as well as several dignitaries from the region, namely Sheikh Hasina, the Prime Minister of Bangladesh and the Chief Guest of the conference, as well as Sonia Gandhi, the President of the Indian National Congress Party, who was the Guest of Honor. That conference and the ensuing Dhaka Declaration on ASD and Developmental Disabilities sparked a massive nationwide movement that put autism firmly in the public consciousness. Where 15 years ago Bangladeshis didn't know what these disorders were, today, the word “autism” is established in the Bengali vocabulary that even rural people know about.

While the wide scale awareness about autism in Bangladesh is indeed noteworthy and has garnered praise from the international community, that awareness has unfortunately not been matched with a similar growth of institutionalized public services and supports for persons with these disorders. Moreover, the awareness campaign has yielded an undesirable but unintended situation where the common people confuse all other NDDs (i.e. cerebral palsy, Down Syndrome and intellectual disability) as well as almost any mental health problem as being autism. There is, therefore, a dire need not only to rectify this misunderstanding within the general public but also to establish in their minds, with the same enthusiasm, the more comprehensive term “neurodevelopmental disorders”.

The national consciousness about autism and NDDs is fueling a rapidly growing demand for services and supports for persons with these disorders. If one considers the national prevalence rate of 0.155% ascertained by Khan et al.<sup>1</sup>, there may be approximately 252,000 persons with ASD in Bangladesh. And if one considers the estimated global prevalence rate for three of the four NDDs (ASD, Down Syndrome and intellectual disability), then there may be more than 2.8 million persons with NDDs (PwNDDs) in Bangladesh. Even without confirmed data, it is safe to assume that more and more people in this country will be needing rehabilitation, livelihood opportunities and supports in the years to come if they are to have meaningful lives. This demand could never be fully met by the private sector, which has thus far presented the only viable options available to PwNDDs – most of which are accessible and affordable only to those living in Dhaka and Chittagong.

It therefore falls upon the Government to address the needs of this significantly large segment of its population. It is the only body that has the capacity to deliver the services and supports needed by PwNDDs all over the country at low cost. But this massive endeavor would undoubtedly require sincere political will, detailed planning, coordinated implementation, and efficient utilization of resources. The Government has already established the necessary political will as evidenced by the passing of the *NDD Protection Trust Act 2013* and the setup of the *National Steering*

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<sup>1</sup> The 2013 survey of ASD and NDDs in Bangladesh by Khan et al. is the most comprehensive and scientifically diligent effort to date, surveying 7,280 children aged 0-9 years using a three-stage design, with two screening phases and one psychological diagnostic workout. Available at: [www.hsmdghs-bd.org](http://www.hsmdghs-bd.org).

*Committee for Autism & NDDs* (NSCAND) in 2012. In 2015, NSCAND solicited the services of the Institute of Community Inclusion of the University of Massachusetts – Boston to develop a detailed, strategic plan in collaboration with Shuchona Foundation, incorporating the input of NDD experts, parents of PwNDDs and other experts on disability and development.

This document, hereby, presents that strategic plan, which will hopefully be the blueprint for Government activities in the coming years.

## 2. Recap of the *2016 Situation Assessment of Autism and NDDs in Bangladesh*

The *2016 Situation Assessment of Autism and Neurodevelopmental Disorders in Bangladesh* provides a comprehensive review of the scale, prevalence and impact of Autism and Neurodevelopment Disorder (NDD) in Bangladesh. Data, findings and recommendations are intended to inform the development of a national-level strategy and action plan.

### **Background**

*Audience* – The Situation Assessment was prepared for JDTAF Project No. TA/083.

*Authors* – The assessment was conducted by researchers from the Institute for Community Inclusion (ICI) and the University of Massachusetts Boston, in collaboration with Shuchona Foundation and ICDDR,b.

*Funding source* – Crown Agents Limited provided funding for this project.

*Rationale* – Bangladesh has undertaken a significant effort to educate the public about autism and NDDs and to improve government services to increase inclusion and independence for these individuals. As awareness and prevalence rises targeted government-implemented strategies and interventions are required to reduce the socioeconomic, health and educational disparities impacting those with neurodevelopmental disabilities and their families. The Situation Assessment reviews the current efforts in these interventions and make recommendations for next steps.

### **Process**

The context for this assessment was established based on the principles of universal human rights as outlined in the UN *Convention on the Rights for Persons with Disabilities* (ratified by Bangladesh in November 2007). The following core values provide the framework for the interpretation of this report and its findings:

- ❖ Inclusive equitable development
- ❖ Individualized programming
- ❖ Participatory processes
- ❖ Affordable and community-based supports and services
- ❖ Coordinated and accountable initiatives

Data collection occurred between November 15, 2015 and March 3, 2016 and included sourcing of information obtained by in-country partners (Shuchona Foundation and ICDDR,b) and two site visits by ICI team members (December 2015 and February 2016).

Stakeholder engagement was a critical focus for researchers; opinion leaders, service providers, policy makers, partners, parents and potential beneficiaries participated in in-depth interviews, focus groups discussions, community dialogue and small group discussions.

Special Attention was paid to the impact of NDDs in the following areas and Bangladesh-specific information is available in the full report in the following areas:

- scale, prevalence and trends (pg. 17)
- estimation of likely disease burden (pg. 27)
- assessment of social response (pg. 67)
- overview of necessary services (pg. 79)

- inventory of service providers (pg. 85)
- adequacy of existing in-country supports (pg. 97)
- stakeholder roles and preparedness (pg. 108)
- recommendations for monitoring, supervision and reporting mechanisms (pg. 167)
- short and medium term, ministry specific key activities (pg. 167)

### ***Findings and conclusion***

The goal of the Situation Assessment is to provide a big-picture view of the current state of disability inclusion in Bangladesh. The literature and supporting resources all point to the need for an updated, standardized, national-level strategy and action plan that is in alignment with international standards. Detailed findings are included in the full document. However the following overarching themes are present throughout the report:

*Defining Disability* – Bangladesh lacks standardized methodology for identifying, classifying and tracking disability prevalence. Consistent data is necessary to inform policy development, financing decisions and service delivery design.

*Aggregating Data and Findings* – A number of disability specific research studies and analyses have been conducted in Bangladesh and while some are comprehensive and rich in information, there is a lack of cohesion and standardization needed for wide scale implementation.

*Roles and Responsibilities* – Following ratification of the CRPD, a country-wide investment in the area of disability inclusion provided a foundation for policy development; however, lack of consistency and organization has resulted in inadvertent saturation in some areas of focus with underrepresentation in others. This is also true for NGOs working in this sector, who have a shared mission but unfortunately lack the necessary capacity to carryout necessary delivery of services.

*Early identification of disability* – While there is increased awareness regarding NDD’s, there continues to be limited resources for early identification and intervention that can result in greater success and independence for PwNDDs.

### ***Recommendations for further action***

Utilizing the findings from the Situation Assessment, in conjunction with recommendations from the World Report on Disability and previously conducted studies, national action plans and international standards, the research team recommends a phased implementation of a national strategy that is in line with the CRPD and best practices in inclusive development:

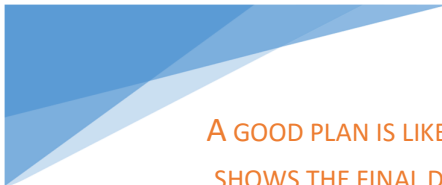
***Table 1 - Summary of the recommendations from the 2016 Situation Assessment of Autism & NDDs in Bangladesh***

<b>PAGE</b>	<b>RECOMMENDATION</b>	<b>COMPONENTS</b>	<b>SUBCOMPONENTS</b>
<b>167</b>	1 – Access to mainstream policies and programs	1.1 – Quality assurance checklist 1.2 – Responsibilities guide book 1.3 – FAQ resource	
<b>168</b>	2 – Specific programming for PwDs	2.1 – Targeted programming 2.2 – Coordinated service delivery	2.1.1 – Lifespan needs 2.2.1 – One Stop Shop: Integrated Resource Center
<b>171</b>	3 – National disability strategy	3.1 – Accountability	3.3.1 – Autism Cell 3.3.2 – Common agenda

		3.2 – Monitoring and reporting 3.3 – Project planning	
175	4 – Participatory involvement	4.1 – Consultation and active engagement of PwNDDs 4.2 – Community engagement	4.1.1 – Dedicated Ministry/Division for PwNDDs 4.2.2 – Technical Guidance Committee
177	5 – Improved human resource capacity	5.1 – Learning and development programming	5.1.1 – Competency model 5.1.2 – UCEDD
178	6 – Adequate funding and improved affordability	6.1 – Ministry specific budgets 6.2 – NSCAND’s responsibility	6.1.1 – Categorical breakdowns 6.1.2 – Budgeting for disability related costs
179	7 – Public awareness	7.1 – Clarity of NDDs and disability related language 7.2 – Ministry specific trainings 7.3 – Community outreach	7.1.1 – NDDs vs other disabilities 7.2.1 – Disability sensitivity 7.3.1 – Marketing plan 7.3.2 – Rural outreach 7.3.4 – Messaging
181	8 – Disability data collection	8.1 – Data recording 8.2 – Information sharing	8.1.1 – Data Center 8.1.2 – Targeted Census Data 8.1.3 – Feedback process 8.1.4 – Parent-centered service delivery
182	9 – Research on disability	9.1 – National and sub-national research priorities	9.1.1 – Empowering research institutes 9.1.2 – Informing policy and practice

### 3. The need for a strategic plan

Neurodevelopment disorders extract an enormous emotional, mental and financial toll in terms of compromised quality of life and lifelong disability. Additionally the comorbidities and other associated health problems compound the challenges PwNDDs face. They require an array of necessary services and supports like special education, psychological and medical support services across their lifespan that drain resources and contribute to further stress on the families and communities.



A GOOD PLAN IS LIKE A ROAD MAP: IT SHOWS THE FINAL DESTINATION AND USUALLY THE BEST WAY TO GET THERE.

H. Stanley Judd

However, their dependence on services and supports can be greatly reduced if their disorders are identified at the earliest possible time and thereafter addressed with effective interventions to mitigate their burden. All PwNDDs deserve to have ready access to intervention services and supports they need to be safe, educated, healthy, productive, and able to pursue happy and fulfilling lives. This intervention and support must also be coupled with a massive initiative to change society's attitude towards PwNDDs in order to facilitate their integration – and eventual inclusion – into the mainstream world. It is therefore clear that such initiatives are linked with each other in that the success or failure of one affects the efficacy and outcomes of the others, and will ultimately determine the fate of PwNDDs: will they be able to pursue higher educational and vocational achievements and manage to become a contributing members of society, or will they be confined to their homes, never to be able to express their talents, have respectable, independent lives of their own, and become a burden on their family and society?

The complexity of the individual needs of PwNDDs coupled with the numbers in Bangladesh who require the services and supports to address those needs, and the fact that they will need them throughout their lives altogether calls for careful strategic planning on the part of the Government. Since no one branch of the Government will ever be capable of addressing all the lifelong needs of PwNDDs, there is a clear need for multiple Government ministries, divisions and departments to work together. And since one need (such as education) is linked with others (such as employment), it is also clear that the Government branches need to coordinate their activities, collaborate on large-scale projects, measure the outputs of their activities and share their data with each other.

In 2012, the Government of Bangladesh wisely established the “Inter-Ministerial Coordination Committee” with eight major Ministries to address the autism and NDD situation. That committee later morphed into NSCAND and expanded to include six more Ministries by 2014. While the members of NSCAND are undoubtedly committed to the cause, their activities over the years have not yielded as much forward progress as might have been expected considering the strength of the political will behind the NDD agenda in Bangladesh. As mentioned earlier, most of the activities of NSCAND members have focused on generating awareness and developing human resources. Those are, of course, important activities but they lacked strategic planning as evidenced by, for instance, the fact that there was an exorbitant amount of funds spent on awareness building but next-to-nothing spent on creating jobs for PwNDDs over the past four years. Moreover, there was little collaboration between the members on activities that naturally fall under the mandates

of multiple Government departments. The 2016 Situation Analysis also revealed a serious lack of monitoring, data collection and evaluation, which ultimately handicaps the Government from being able to make any real assessment of the impact their activities of the past four years may or may not have had on the lives of PwNDDs.

It was thus clear to the authors of this document that the strategic plan they were contracted to produce needs to clearly articulate the objectives that must be achieved in order to have a positive effect on the lives of PwNDDs. More important is the need to illustrate to the Government how these objectives are linked to each other over the life course of a PwNDD. Moreover, the plan needs to show how different Government branches could efficiently collaborate with each other on common objectives and how they could measure the outputs of their activities. Finally, the plan needs to propose best practices and successful models suitable to the Bangladesh context and feasible considering the resources available to the Government and its Rules of Business.

## 4. Methodology

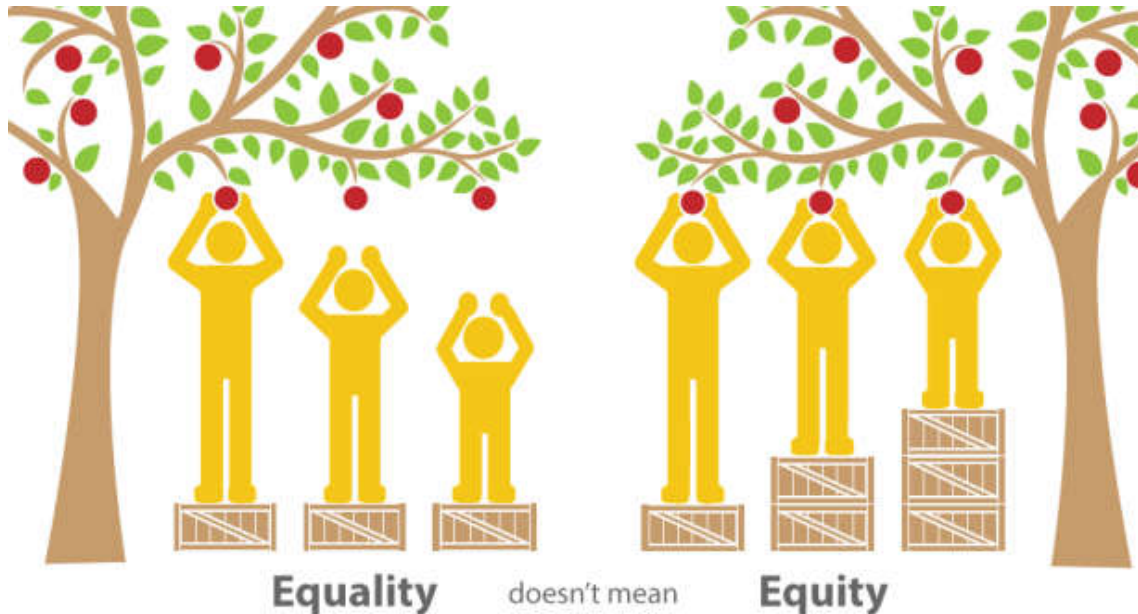
The first step was to draft a rough outline of the strategic plan based on the requirements of the project. Thereafter, a work-plan was developed based on this outline to enable the authors to slowly but efficiently develop the components of the strategic plan. This work plan involved the following steps:

- 1) A team of experts on NDDs was set up comprising of one psychiatrist, one neurologist, one mental health expert, one educational psychologist and one parent of a PwNDD.
- 2) Two core models for addressing the needs of PwNDDs through services and supports were developed in consultation with the Expert Team:
  - a. The lifespan needs of PwNDDs, categorized first by age bracket and then by type of activity
  - b. A logical framework for Government activities
- 3) The models were then presented to three focus groups to solicit feedback:
  - a. A group of Government officials from seven major Ministries of NSCAND (MoHFW, MoSW, MoE, MoPME, MoWCA, MoLE and MoYS), including representatives from the Autism Cell and the NDD Protection Trust;
  - b. A group of NDD experts comprising of two special educators, one neurologist, one vocational trainer, one physiotherapist, one psychologist and one researcher;
  - c. A group of five PwNDDs (aged between 12 and 30 years of age) and their parents.
- 4) After revising the core models on the basis of the feedback from the focus group sessions, the authors developed several sub-plans in consultation with the Expert Team, focusing on specific areas of need: awareness, healthcare, education, employment, human resource development and technology
- 5) The authors then researched the capacities of various Government branches, particularly their mandates, scope of work, projects, available resources/assets, and existing partners. Based on this research, a collaboration plan was developed to illustrate how various Government branches could work together to fulfill specific objectives, as well as with other local and international partners.
- 6) Finally, the penultimate draft of the various components of the strategic plan was presented to another focus group of Ministry officials representing the members of NSCAND to solicit their feedback.



## 5. National Strategic Plan for Neurodevelopmental Disorders 2016-2021

The driving force behind the national agenda to improve the lives of PwNDDs is the desire to serve social justice to a disadvantaged segment of society. Social justice is about making sure that everybody in society receives a fair opportunity to succeed, and receives a fair share of whatever society has to offer. Social justice is achieved by ensuring that all people get access, equity, equality and a chance for participation.



*Equality vs. equity: the essence of social justice*

For long, leaders have focused on establishing equality among their constituents. But equality promotes fairness and justice by giving everyone the same thing. But that only works if everyone starts from the same place, with the same privileges and abilities. Equity, however, is about making sure people get access to the same opportunities. It is about providing additional services to ensure that a disadvantaged group (such as PwNDDs) have a fair shot at making something for themselves and thus to have a life of dignity and fulfillment.

Access ensures that no matter what anyone's circumstances, abilities or background are, all people able to find out about and use services in their community. Access and equity together will ensure equality i.e. uniformity of equal terms for all.

This Strategic Plan aims to provide GoB with the guidance and suggestions they need to give PwNDDs the impetus they deserve to rise out of the doldrums caused by their impairments and become visible participants in the country's socioeconomic growth.

### 5.1. Vision, mission and objectives for NSCAND

NSCAND is the official Government entity for addressing the NDD situation in Bangladesh. It should therefore approach this endeavor with the vision of building a society wherein all persons with disabilities (PwDs) are provided with equitable opportunities and be included as contributing members in their families and the communities.

To realize this vision, NSCAND must work towards building an inclusive society through coordinated, convergent and efficient utilization of Government resources via an inter-ministerial collaborative effort, as well as establishing a collaborative network of support mechanisms for the Government and non-Governmental sectors to effectively address the rights and needs of PwDs.

To fulfill this mission, NSCAND needs to target the following objectives:

- ❖ Bring together all relevant Government ministries, divisions and departments to effectively address the needs of PwNDDs in Bangladesh;
- ❖ Develop and implement a strategic and convergent action plan to identify, integrate, coordinate, and expand services addressing all lifespan needs of PwNDDs;
- ❖ Develop low-cost sustainable but effective services at national, divisional, district, upazila and union levels in order to provide effectively coordinated services and supports to PwNDDs throughout the country;
- ❖ Engage the pioneers and experts within civil society to access their knowledge and experience when developing projects to ensure feasibility and efficacy;
- ❖ Encourage peer, technical and financial review of the project proposals of NSCAND members before implementation to ensure proper planning and harmony with the strategic plan;
- ❖ Encourage collaboration between the Government branches to address particular cross-sectoral issues such as awareness, early identification, early intervention, employment services, etc.;
- ❖ Coordinate efficient utilization of Government funds, manpower, facilities and equipment to avoid redundancy of activities and maximize the utilization of funds;
- ❖ Collate all data pertaining to the activities of NSCAND members in order to monitor the progress and effect of Government services in addressing the needs of PwNDDs;
- ❖ Engage focal points in other Government branches outside of NSCAND to seek their collaboration on projects.

It is strongly advised that NSCAND members and the focal points who attend its meetings keep these statements in the forefront of their thought processes and decision-making. The first step towards achieving true and efficient inter-ministerial collaboration is for the NSCAND members to acknowledge the above objectives and cooperate with complete transparency to each other for the sake of the cause.

## 5.2. Life span needs of persons with NDDs

As mentioned earlier, PwNDDs require services and supports throughout their lives in order to help them overcome their challenges and lead meaningful, independent lives. It is, therefore, obvious that the first step in the development of this Strategic Plan is to accurately define the full range of needs of PwNDDs. Since each need is associated with a particular time period in the life of a PwNDD, the authors found it prudent to first chronologically identify the needs during each stage of a PwNDD's lifespan. Thus, the following eight stages were investigated:

- Pre-birth
- Infancy (0 - 3 years)
- Early childhood (4 - 5 years)
- Childhood (6 - 10 years)
- Adolescence (10 - 18 years)
- Early adulthood (19 - 35 years)

- Midlife (36 - 50 years)
- Late adulthood (51 years and above)

It is worth highlighting that five of the eight stages cover the first 18 years of life - which is only a third of an average PwNDD's life<sup>2</sup>. This is significant because it is important for the Government to understand that the best chance for PwNDDs to become reasonably functional and productive members of society is if their challenges are addressed at the earliest possible time i.e. during the first third of their lives. The investment the Government is expected to make during these 18 years to deliver services and supports to PwNDDs would be made up for by the contributions these people would make to the nation's Gross Domestic Product with their talents and skills. Moreover, those same PwNDDs would only need a few services and supports (some of which are common for all people e.g. healthcare) for the remainder of their lives, thus offsetting that investment made in the first third. It is imperative that the members of NSCAND (and the Government as a whole) maintain this perspective when planning and implementing new programs for the PwNDDs.

In consultation with experts on NDDs, the authors identified 112 distinct areas that the Government needs to address if it is to positively and holistically impact the lives of PwNDDs. These have been classified as *specific objectives*. For ease of understanding, these 112 specific objectives were logically grouped into 45 *general objectives*. Thereafter, it was deemed necessary to further classify the 45 general objectives by the type of *lifespan need* that objective fulfills in a PwNDD's life. Thus, the following areas were identified and developed which have an impact on the lives of the PwNDDs and need to be addressed throughout the life span of the PwNDDs:

#### **A. Awareness, advocacy and sensitization**

The first lifespan need is the creation of awareness about PwNDDs within the general community, particularly within influential members of society, such as elected representatives and religious leaders. An increase in awareness about PwNDDs is naturally followed by the need to advocate for their constitutionally established rights, as well as for the necessary services and supports to ease their challenges. Finally, no amount of awareness and advocacy will succeed in creating an inclusive society for PwNDDs unless the community is sensitized about their unique nature and needs. This is vital for achieving complete social integration of PwNDDs.

#### **B. Healthcare for parents and siblings of PwNDDs**

Before dealing with PwNDDs, it is imperative that the Government make all efforts to minimize the number of babies born with NDDs. That means placing a great emphasis on prenatal care and safe delivery in order to lower the chances of birth-related complications. Some children will nevertheless be born with NDDs, mainly because the causes/triggers of some of them are yet to be discovered, making them impossible to prevent outright. Most parents and siblings of PwNDDs invariably suffer emotional trauma and mental health issues that, if left unaddressed, would result in a health crisis that will affect thousands of families.

#### **C. Identification**

Since it is not possible to prevent NDDs outright, then aside from doing everything to minimizing the number of babies born with NDDs, the next best thing to do is to identify the children with NDDs as early as possible. Doing so would give those children the

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<sup>2</sup> The average persons with ASD lives 18 years less than a person without ASD. The life expectancy is even less for PwNDDs with comorbidities, such as those who have both ASD and intellectual disability.

maximum chance of being rehabilitated and thus ensuring a better quality of life later. To achieve early identification would require wide scale monitoring of child development, multi-level screening, and accurate diagnosis and assessment. Detailed assessment of the degree of the disorder would ensure better intervention planning. In addition to identifying the disorder, PwNDDs also require periodic health assessment in order to preemptively address comorbidities and other medical conditions that typically manifest throughout their lives.

#### **D. Interventions**

As there are no cures for any of the NDDs, it is crucial for the Government to ensure the development and administering of standardized evidence-based interventions that will help improve the overall well-being of PwNDDs. Interventions should generally be low-cost, sustainable and culturally appropriate and these services should be made available throughout the country, as well as be consistent in quality across the different service centers to ensure that all individuals are receiving the same quality of services.

#### **E. Training of parents and siblings**

In addition to directly aiding PwNDDs, the Government must place great emphasis on empowering the parents of PwNDDs by providing them training on identification and interventions, to name a couple. Parents of PwNDDs have the maximum contact time with their children and are therefore optimally placed to have the most impact on their lives using evidence-based interventions. It is equally prudent to provide similar training to the siblings of PwNDDs.

#### **F. Education**

The right to education applies to PwNDDs just as much as it does to anybody else. PwNDDs often have special education needs that would not be addressed in a mainstream school. Therefore, there is a dire need for the establishment of both inclusive schools and special schools where PwNDDs can be taught daily living skills, interpersonal communication skills, transition skills, etc., in addition to the general education curricula. It is also important for the Government to facilitate the transition of PwNDDs to mainstream schools, colleges and universities, as well as the pursuit of their own academic interests and the development of their natural talents. Education of PwNDDs further highlights the need for Government support of professional training of all primary and secondary teachers in the foundations of special education and inclusive education while expanding university training programs for preparing highly qualified special educators.

#### **G. Employment**

Having PwNDDs joining the workforce is probably the greatest hurdle not just for the PwNDDs themselves but for the community in general. Yet, overcoming this hurdle would constitute the single greatest leap towards creating a truly inclusive society for all PwDs. Getting more people with NDDs into the workforce has both social and economic benefits. To do so would require the Government to create jobs for PwNDDs in a variety of industries in order to access their wide range of skills and abilities. The Government would also have to develop professional and vocational training programs to build up the capacities of PwNDDs, sensitize and modify workplaces to be more amenable for PwNDDs to thrive in. Additionally, PwNDDs would need supported employment services, as well as management of their health and investment in post-retirement financial security for them.

## H. Protection of PwNDDs

Protection of PwNDDs entails both response to all forms of abuse as well as financial support and preventive care. Social security is the foundation of economic security which is essential for those PwNDDs who cannot meet basic needs such as accommodation and sustenance, need assistive devices but cannot afford them, financial assistance for pursuing life-altering education opportunities and subsidized health insurance, to name a few. At the same time, a safe and secure environment, where people are free from abuse and neglect, is necessary for the well-being and quality of life of PwNDDs. Safeguarding and promoting the welfare of PwNDDs is the process of protecting PwNDDs from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care. There must be a considerable body of legislation and policies in place to guarantee that safety by preventing abuse, neglect, exploitation, harassment and bullying of PwNDDs and their families.

## I. Community support

The final lifespan need for PwNDDs is support from the community they live in. Support can come from anywhere in the community – neighbors, shopkeepers, schools, religious groups, medical center, the local club, and the list goes on. Parents groups are one of the helpful supports to share experiences and make friends with others who have a child with NDD and one of the main ways of handling stress. Accessible community support in terms of educating general public about PwNDDs within the neighborhood, fostering interagency collaboration, promotes inclusion. Community support is vital for creating an inclusive environment for PwDs and involves enabling PwNDDs to move about in public spaces, access public transportation, enjoy public recreational facilities and programs, and participate in social, community and cultural events.

These are the nine lifespan needs of PwNDDs that form the foundation of this Strategic Plan. It is important for the Government not only to embrace this holistic view of the needs of PwNDDs but also to understand the way they are linked to each other. These linkages will be elaborated in more detail in the coming sections of the Strategic Plan. **Table 2** presents these lifespan needs and their associated objectives across the eight stages of the lives of PwNDDs.

**Table 2 - Lifespan needs of persons with NDDs during each of the eight stages of life**

Life Span Need	Pre-birth	0 – 3 years (infancy)	4 – 5 years (early childhood)	6 – 10 years (childhood)	11 – 18 years (adolescence)	19 – 35 years (early adulthood)	36 – 50 years (midlife)	51 years ++ (late adulthood)
<b>Awareness, advocacy and sensitization</b>	Awareness of NDDs among expecting mothers	Awareness of NDDs among local leaders: elected representatives, religious leaders, civil servants, school teachers						
		Awareness about PwNDDs among the general community						
<b>Healthcare for parents and siblings</b>	Regular antenatal check-ups and care	Ensure siblings of PwNDDs do not suffer due to the increased attention their parents give to PwNDDs		Address mental health issues that typically affect parents of PwNDDs: post-partum depression, maternal depression, anxiety, stress, etc.				
		Provide nutritional supplements	Interventions to deal with emotional trauma in parents					
<b>Identification</b>	Antenatal screening	Monitoring developmental milestones of all children		Screening of children and adults above the age of five for red flags of NDDs				
		Documenting red-flagged cases and notifying first responders		Diagnosis and assessment of the disorder in red-flagged persons above the age of five				
		Screening	Identification of other problems/conditions associated with the disorder		Ongoing clinical and psychological assessment of PwNDDs throughout the rest of their lives			
		Preliminary advice to parents						
		Diagnosis of the disorder						
		Issuance of smart ID cards to PwNDDs						



Life Span Need	Pre-birth	0 – 3 years (infancy)	4 – 5 years (early childhood)	6 – 10 years (childhood)	11 – 18 years (adolescence)	19 – 35 years (early adulthood)	36 – 50 years (midlife)	51 years ++ (late adulthood)	
		Assessment of the degree of the disorder							
<b>Interventions</b>		Develop and standardize evidence-based interventions Provide intervention services to PwNDDs immediately after diagnosis Conduct continued functional assessment and management of PwNDDs throughout their development period Continued professional development of intervention service providers					Provision of adult and geriatric care to PwNDDs		
		Research and assist PwNDDs on healthy diet management					Research and sale of medications to improve the health and wellbeing of PwNDDs		
		Development and use of assistive technology to ease the challenges faced by PwNDDs					Management of adolescent and young adult behavior		
		Research into alternative medicine and regulation of its practice							
		Training on identification							
<b>Training for parents and siblings</b>		Training on ethical parenting							
		Training on interventions							
		Training on first-aid and other medical emergencies							
		Training for siblings of PwNDDs							
		Training on providing peer support							
		Training on providing respite care							
<b>Education</b>		Provide special education to PwNDDs: daily living skills, functional academics, interpersonal communication skills, transition skills, etc.							
		Enabling PwNDDs to transition from one environment to another							
		Formal education							
		Primary education	Secondary education	Tertiary & professional education					
		Develop natural artistic and sporting talents							

Life Span Need	Pre-birth	0 – 3 years (infancy)	4 – 5 years (early childhood)	6 – 10 years (childhood)	11 – 18 years (adolescence)	19 – 35 years (early adulthood)	36 – 50 years (midlife)	51 years ++ (late adulthood)
				Other types of education: moral education, sex education, money management, executive functioning skills, etc. Provide non-formal learning options for PwNDDs who cannot go to school or had to drop out				
Employment						<p>Create and develop jobs for PwNDDs in a variety of industries</p> <ul style="list-style-type: none"> <li>Career awareness and exploration</li> <li>Skill development of PwNDDs</li> <li>Vocational training for PwNDDs</li> <li>Job placement and referral</li> <li>Onsite support during employment: progress monitoring, legal support</li> <li>Health management during employment</li> </ul>		
								Post-retirement financial security and management
Protection								
Community support								



Life Span Need	Pre-birth	0 – 3 years (infancy)	4 – 5 years (early childhood)	6 – 10 years (childhood)	11 – 18 years (adolescence)	19 – 35 years (early adulthood)	36 – 50 years (midlife)	51 years ++ (late adulthood)
		Ensure that PwNDDs get priority services at Government facilities						
		Ensure that PwNDDs are not discouraged from attending social and community events						
		Ensure that PwNDDs get opportunities to perform in cultural events						
		Assist those PwNDDs who wish to get married or have children						
		Ensure that first responders during emergencies and disasters are prepared to find, extract and care for PwNDDs						

### 5.3. International standards for the development and inclusion of persons with NDDs

As Bangladesh works to create a sustainable system for inclusion of individuals with NDDs and their families, supporting documentation from international knowledge sources including UNCRPD, the Sustainable Development Goals (SDGs) and WHO provide a framework for the development of policies, programs and practices that are in alignment with global initiatives and post 2015 development agendas. The indicators and activities matrix includes international standards that correspond to the proposed National Goals as well as targeted policies and supplementary activities in:

- 1) Research
- 2) Early education/early intervention
- 3) Inclusive education
- 4) Health supports and promotion
- 5) Transition
- 6) Employment
- 7) Community life and home
- 8) Technology

Researchers used best practices in building inclusive communities to develop detailed, targeted interventions that allow for strategic implementation and scalability based on the following purpose and core values:

#### ***Purpose***

- To guarantee people with NDDs the right and opportunity to participate in society.
- To establish intended outcomes of public policies and programs.

#### ***Core values***

- ❖ Increasing self-determination and personal control in decisions affecting people with NDDs and their families.
- ❖ Providing opportunities for people with NDDs to live and participate in their own communities.
- ❖ Improving quality of life for individuals and families as they define it for themselves.
- ❖ Supporting families as the most important and permanent unit of development, protection, and lifelong assistance to people with NDDs.
- ❖ Investing in each individual's development potential and capacity to contribute in age-related roles as productive, respected community members.
- ❖ Assuring access to sufficient, high-quality health and social supports to protect each person's health, rights, and well-being.

## 1. Research

### ***National goal***

Research plays a central role in defining and achieving national goals for people with NDDs and their families. This research must provide accessible, relevant to people with NDDs and their families, professional, the general public and public officials. To do so, research must be comprehensible and accessible to a wide audience, not just “experts”. Research results must reach policymakers and civic and corporate leaders who make connections between public investment

and public and private outcomes. Public commitment (publicly funded) to research must reinforce public commitments in policies, programs, and services.

### **Supporting goals**

- 1.1. *Research must have direct and indirect applications to the daily needs of people with NDDs and their families and to their ability to live in their own communities.*
- 1.2. *Research must foster public awareness and support for policies, programs, and services that contribute to achieving national goals.*
- 1.3. *Research must contribute to quality of life outcomes for people with NDDs and their families.*
- 1.4. *Research must consider cost effectiveness when evaluating how to use public resources.*
- 1.5. *Research must scale-up exemplary practices to study issues that emerge when effective policies and practices expands beyond their pilot sites.*
- 1.6. *Research must consider what support people with NDDs and their families need for managing their own lives and services.*
- 1.7. *When conducting research and interpreting results, the perspectives of people with NDDs must be incorporated.*
- 1.8. *Research must monitor progress of each region in achieving national goals so that lack of progress can be identified and addressed.*
- 1.9. *Research must incorporate multiple quantitative and qualitative methodologies appropriate to research questions.*
- 1.10. *Research must monitor the extent to which systems, programs, and professional practices reflect and advance national goals (includes evaluation and monitoring)<sup>3</sup>.*

### **International standards and reports**

**CRPD** CRPD explicitly requires State Parties who have ratified it to institute data generation and monitoring mechanisms for its implementation (Article 33). The core of the monitoring provisions of the CRPD are Articles 31 and 33. In brief, what they require of States is: collection of “appropriate information” to enable States “to formulate and implement policies to give effect to” the CRPD (Article 31); designation of a focal point within government on implementation; and designation of a mechanism “to promote, protect and monitor implementation of the present Convention (Article 33).

**SDGs** SDG 17- Target 17.18: By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts. Examples include: disability registration, surveys, database management, prevalence studies concerning PWDs

**WHO** The World Health Association’s International Classification of Functioning, Disability and Health (ICF) can be brought into the service of the CRPD data

<sup>3</sup> Bickenbach, J. E. (2011). Monitoring the United Nation’s Convention on the Rights of Persons with Disabilities: data and the International Classification of Functioning, Disability and Health. BMC Public Health, 11(Suppl 4), S8. <http://doi.org/10.1186/1471-2458-11-S4-S8>

generation and monitoring mandate, both in the shaping of relevant data streams and in the creation of relevant indicators.

### ***Additional reports and supporting documentation***

*World Report* – Uniform definitions of disability, based on the ICF, can allow for internationally comparable data. As a first step, national population census data can be collected in line with recommendations from the United Nations Washington Group on Disability and the United Nations Statistical Commission. A cost-effective and efficient approach is to include disability questions – or a disability module – in existing sample surveys. Data also need to be disaggregated by population features to uncover patterns, trends and information about subgroups of persons with disabilities. Dedicated disability surveys can also gain more comprehensive information on disability characteristics, such as prevalence, health conditions associated with disability, use of and need for services, quality of life, opportunities, and rehabilitation needs. The World Report recommends areas for research on disability including the impact of environmental factors (policies, physical environment, attitudes) on disability and how to measure it; the quality of life and well-being of people with disabilities; what works in overcoming barriers in different contexts; and the effectiveness and outcomes of services and programs for persons with disabilities. A critical mass of trained researchers on disability needs to be built. Research skills should be strengthened in a range of disciplines, including epidemiology, disability studies, health, rehabilitation, special education, economics, sociology, and public policy. International learning and research opportunities, linking universities in developing countries with those in high-income and middle-income countries, can also be useful.

### ***Policy recommendations***

Important national topics are established in the promised the Government of Bangladesh makes to its citizens with NDDS in its laws, regulations, administrative priorities, judicial decisions, and other statements of national purpose; assure research agendas and agencies seek to gather valid and useful information about these topics.

The Role of Government in research: government agencies are often involved in defining and financing research. These agencies can shape and monitor how persons with NDDs and their families receive educational, social, vocational, and other support. Research funding should be aligned with monitoring and evaluation.

### ***Sample activities***

*Research to Practice* – Ensure the translation of research into practice by creating easy to understand guides, briefings, and promotional materials for the broader public. Research results must be clear, concise, easily understood, and widely available. Suggest the creation of a data center for NDDs and a widely accessible public website.

*Research Divisions* – Consider breaking research done into "Data and Statistics" and "Program Results and Evaluation" divisions to ensure program monitoring and accountability are built into research agendas as well as census level and national data.

*Data Collection* – Types of government-level data collected: population (e.g. number of people with disabilities, age, sex, types of impairment), living conditions, (types of housing, water and sanitation), health (e.g. mortality rates, causes of death and illness, local health services), education (e.g. number of disabled children attending school, literacy rates), economics (e.g. sources of

income, average daily wage), government (e.g. policies and legislation, level of interest in disability, ratification and implementation status of the CRPD, accessibility standards and regulations), culture (e.g. cultural groups, languages, practices and attitudes towards disabilities), religion (e.g. religious beliefs and groups) and geography and climate.

*Inter-ministerial coordination* – Set inter-ministerial research priorities so that pooled funding will generate sufficient resources to address inter-ministerial concerns and responsibilities.

Share information about research needs and findings across ministries and agencies to reduce duplication efforts:

- Encourage use of multiple research methods to evaluate policies, programs, and services.
- Fund joint research and demonstration activities that respond to shared interests and commitments related to national plans.
- Provide sufficient funding for objective and well-designed evaluations of programs that offer significant policy innovations

## 2. Early education/early intervention

### ***National goal***

Driven by an overarching commitment to ensuring that all young children with, or at risk, for NDDs and their families have access to high-quality services and programs in natural environments and that these services and programs address the unique needs of each child and involve their families in ways that are meaningful to and valued by each family. Ensuring quality in all early childhood community-based service delivery systems.

### ***Supporting goals***

- 2.1. *Children with, or at risk, for developing NDDs will be identified as early as possible so that they can access to high quality services.*
- 2.2. *Measurable, cost-effective, and sound intervention features, strategies, and content that advance the developmental trajectories of children and support their health, well-being, and community participation will be identified.*
- 2.3. *Families will be able to make informed decisions and effectively partner with professionals to achieve positive outcomes.*
- 2.4. *Children and families will have access to community-based, coordinated system of evidence-based services provided by supportive and skilled personnel who value individual and cultural differences resulting in continuity of supports, community inclusion, and measurable benefits for children and their families.*

### ***International standards and reports***

**CRPD** Article 7 (Children with Disabilities) states that parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children; Article 10 (Right to Life) asserts that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others; Article 25 (Health) acknowledges the health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons.

**SDGs** SDG 3- Targets 3.2 & 3.4: End preventable deaths of newborns and children under 5; reduce premature mortality from non-communicable diseases; SDG 4: Target 4.2: ensure all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education; SDG 5: Target 5.4: recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

**WHO** Stimulating home environments and relationships are vital for growth, learning and development; quality of child-care giver interaction may be compromised when a child has a disability; high-support needs place considerable stress on caregivers; caregiver isolation- experiencing poverty, lack of economic support, limited access to social supports; impact of institutionalization- damaging to child development including developmental delay and irreversible psychological damage, increased risk of neglect, social isolation and abuse; access to mainstream services plays a significant role in determining child health, development and inclusion; children with disabilities miss out on essential vaccinations and basic treatment for common childhood illness; adequate healthcare enables development; access to early childhood education and transition to the first grades of primary school are essential to establishing the foundation of continual learning and development; children with disabilities are less likely to start school and have lower rates of remaining in school; and estimated 1/3 of children not in school are children with a disability; additionally students who are in school settings are not placed with peers and receive poor quality learning opportunities; in many countries programs and services targeting young children are often inadequate to meet their developmental needs, and when available they are often costly, not inclusive and located in urban areas; insufficient number of service providers with sufficient knowledge and skills in disability; ECD programs can lead to improved rates of survival, growth and development; provides parents more times to engage in productive work and enables school attendance; approaches combining center-based programs and parenting interventions including home visiting programs may help parents and professionals to detect developmental delays early, improve children's development, prevent abuse and neglect and ensure school readiness.

### ***Additional reports and supporting documentation***

*Convention on the Rights of the Child –*

Article 2 – Non-discrimination "the convention applies to all children, whatever their race, religion or abilities... it doesn't matter..."whether they have a disability";

Article 6 – Survival and development: children have the right to live, governments should ensure that children survive and develop healthily;

Article 23 – Children with disabilities: children who have any kind of disability have the right to special care and support, as well as all the rights in the convention, so they can live full independent lives;

Article 18 – Parental Responsibilities and State Assistance places responsibility on governments to provide support services to parents, especially if both parents work outside the home;

General Comment 7 (12) and General Comment 9 (11) of the CRC specifically highlight that children with disabilities: are entitled to active participation in all aspects of family and community life; require equal opportunities in order to fulfill their rights; and should be treated with dignity at all times.

### ***Policy recommendations***

- Consider a Heads Start Act (early intervention) as a means for ensuring that children with disabilities and their families have access to critical information, services and supports as early as possible.
- Focus on building inclusive healthcare policies to support both child and maternal health. Ensure that individuals with disabilities and their families are not subject to lower quality of care based solely on evidence of disability.

### ***Sample activities***

- *National Awareness and Support* – Increase national, regional, and local support for early childhood programs, along with accountability measures for such.
- *Life-Cycle Approaches* – Identify priority and sustainable interventions; provide a framework for identifying roles and responsibilities, avoiding duplication of services
- *Community Based Rehabilitation* – Improve access by engaging providers who can reach outlying populations
- *Early Identification* – Screening and surveillance for health conditions associated with disability where there is access to prenatal screening (includes visual and hearing impairments); public health activities (immunization campaigns)
- *Accurate Assessment Protocols* – Standardized trainings for medical providers; with assessments linked to intervention
- *Publicized Developmental Milestones* – Engage the community and provide information about access to supports and services for parents noticing delays
- *Parental Supports* – Provide resources to families around stress management, parental support groups, parent-based interventions and familial services

## **3. Inclusive education**

### ***National goal***

*Effective education in the Least Restrictive Setting* – All children with NDDs will receive an individually referenced, culturally relevant, effective education that is provided in the least restrictive setting (i.e. education in the general education classroom) and leads to improved post-school outcomes.

### ***Supporting goals***

- 3.1. *Parents, families, and youth with NDDs, when appropriate, will be full partners in determining what constitutes an effective education, as well as what constitutes the least restrictive setting.*
- 3.2. *Accountability standards and procedures will be sufficient to ensure that each child or youth with NDD receives an effective education in the least restrictive setting.*



- 3.3. *Children and adolescents with NDDs will have access to sufficient human and fiscal resources, supports, and services required for them to be effectively educated in the least restrictive setting.*

### ***International standards and reports***

**CRPD** Article 24- Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability; Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live; Reasonable accommodation of the individual’s requirements is provided; Persons with disabilities receive the support required, within the general education system, to facilitate their effective education; Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

**SDGs** SDG 4: “Ensure inclusive and quality education for all and promote lifelong learning”. SDG 4-Target 4.5 explicitly includes students with disabilities stating, “By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations”. SDG 4: Target 4a also mentions students with disabilities in regards to accessibility: “Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all”.

**WHO** In comparison to other children, those with disabilities are less likely to start school and have lower rates of remaining in school. It is estimated that one third of all primary aged children who are not in school are children with a disability. Those in school are all too often excluded within the school setting, are not placed with peers in their own age group and receive poor-quality learning opportunities; children with disabilities require access to additional learning opportunities and/or special services such as rehabilitation.

### ***Additional reports and supporting documentation***

*Convention on the Rights of the Child –*

Article 28 – Right to Education: All children have the right to a primary education, which should be free.

Article 29 – Children's education should develop each child's personality, talents and abilities to the fullest.

### ***Policy recommendations***

- Establish inclusive education policies to ensure that children and youth with NDD have access to Inclusive Education in the Least Restrictive Setting



**Sample activities**

- *Individualized Education Plans* – Provide all students with NDD an individualized education plan that outlines strategies and responsibilities for meeting the unique needs of each student
  - Assure the IEP is established by a trans-disciplinary team inclusive of general and special educators, related service specialists parents and student.
  - Recognize parents as the authority with the right to dispute the IEP
  - Provide arbitration services when disagreements arise
- *Teacher Training* – Require all general education (primary through secondary) teacher training programs incorporate introductory coursework in special education assuring new educators have: a) foundational knowledge of the unique educational needs of all students, b) conceptual knowledge of inclusion theory and practice, and c) full understanding of the roles and responsibilities of the special education teacher as an essential facilitator of the inclusion of students with disabilities.
  - Establish teacher competency and measures resulting in licensure of all teachers and their specialization.
- *Professional Development* – Provide all existing teachers professional development equivalent to the additional curriculum being added to pre-service programs in teacher education.
  - Assure all pre-service general education and special education programs are based on national professional standards and are uniform in quality in both rural and urban communities across the country.
- *University Programs* – Expand the number of universities programs offering a B.Ed. in Special Education and Early Childhood Education in Inclusive Settings across all educational levels: primary middle and secondary education.
  - Support the development and expansion M.Ed. and Ph.D Programs in Special Education with specialization (NDD) that furthers the current research in supporting inclusive education and best educational practices.
  - Offer competitive federal grants to support higher education program development and specialization a specific to the needs of NDD.
  - Establish accreditation of colleges and universities based on national professional standards to assure high quality of existing and developing academic programs at all levels.

**4. Health supports and promotion*****National goal***

Develop policies and practices that capture the importance of comprehensive health supports and health promotion for all citizens. Ensure that individuals with NDDs and their families have access to affordable, comprehensive healthcare; provided by practitioners who are knowledgeable about the unique and diverse needs of this population.

***Supporting goals***

- 4.1. *People with NDDs are valued as much as all other persons*
- 4.2. *Health care is affordable, universally accessible, and delivered within the communities in which people with NDDs live*
- 4.3. *Health care respects the values, contributions, and gifts of people with NDDs*
- 4.4. *Health care decisions are based upon the choices of people with NDDs, and the decision-making process is shared between these people, their families, and health care providers*
- 4.5. *Health care includes the comprehensive range of primary care and specialized services available in outpatient, inpatient, and community settings*

- 4.6. *Health care includes effective communication and coordination of services across primary care and specialists*
- 4.7. *Health care encompasses the full range of health services and supports required to meet the generic and specific needs of people with NDDs*
- 4.8. *Health care financing promotes full, active community participation and is not restricted on the basis of disability*
- 4.9. *Health services research is relevant throughout the entire life-span of people with NDDs and addresses life stage transitions from youth to adulthood to old age.*
- 4.10. *Healthcare information should be provided in an easily understood and accessible manner*
- 4.11. *Health care includes access to comprehensive mental health, behavioral, and there allied services and support to meet their needs within the community.*
- 4.12. *Health care provision requires an understanding and interventions based on the fact that persons with disabilities are greater risk of secondary health conditions, age related conditions, health conditions as the result of violence and unintentional injury and are at risk of premature death*
- 4.13. *Health care needs to include rehabilitation services that maximize the individuals functioning in interaction with their environment*

### **International standards and reports**

**CRPD** Article 25 recognizes that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs;
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;
- (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

**SDGs** SDG 3: Ensure healthy lives and promote well-being for all at all ages.

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

**WHO** WHO acknowledges that individuals with disabilities have the same general health care needs as others, however; their health outcomes are often less favorable; PWDs are two times more likely to find healthcare providers skills and facilities inadequate; they are three times more likely to be denied healthcare; and they are four times for likely to be treated “badly” in the health care system. One Billion citizens globally experience disability which is approximately one in seven people; of those, half cannot afford health care and are fifty percent more likely to suffer a catastrophic healthcare expenditure which can result in being pushed into poverty. WHO recognizes that rehabilitation and assistive devices can enable independence for PWDs; sadly for many individuals access to these supports is limited or completely unavailable. Approximately 200 million people do not have access to glasses or devices that would improve vision; seventy million people need a wheel chair but only 5-15% have access to one and 360 million people worldwide have moderate to profound hearing loss but hearing aid production only meets 10% of global need including a mere 3% of developing countries’ needs. The World Health Association asserts that making healthcare services accessible to people with disabilities is achievable and will reduce unacceptable health disparities.

### ***Additional reports and supporting documentation***

*Convention on the Rights of the Child – Article 24* States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

### ***Policy recommendations***

- *Development of Inclusive Healthcare policies that ensure that all people with NDD will have access to health care services including therapeutic supports that increase independence and inclusion.*

- *Identification of standards regarding the expected range of services appropriate for person with NDD and a plan to finance these services.*
- *Establishment of pre-natal screening process to identify at risk pregnancies and provide intervention to reduce incidence of NDDs.*

### **Sample activities**

- *Inequality Reduction – Develop policies to reduce health care inequalities including setting standards related to care of persons with disabilities.*
- *Data Collection – Facilitate data collection and dissemination of disability related data to inform and monitor health care services*
- *Accessibility – Provide broad range of modification and adjustments to make health care accessible, including physical accessibility, communication accessibility.*
- *Self-Advocacy and Self-Care – Train people with disabilities on how to optimize their health by understanding their health conditions, engaging in health promotion activities and the health care system. Self-directed health care and self-management approaches should be taught.*
- *Health Education – Educate family members on the nature of the individuals disability so they can support good health*
- *Training – Integrate training on disability into undergraduate and continuing education for all healthcare professionals<sup>4</sup>.*
- *Mental Health Services – Ensure availability and access to community-based mental health services, particularly in rural areas*

## **5. Transition**

### **National goal**

Given that preparation for adulthood is critical to ensuring the citizens with NDD lead productive lives characterized by maximum independence, Bangladesh will undertake a systematic effort to ensure with NDD that all young people are well-prepared for adulthood.

### **Supporting goals**

- 5.1. *To increase the graduation rate of students with NDDs with at least the Bangladeshi equivalent of a HS diploma.*
- 5.2. *Create specific goals for student access to education and employment post high school.*
- 5.3. *Increase parent participation and involvement through specific assessment of current baseline and percentage improvement goals set.*
- 5.4. *Development of specific MOUs between various ministries and national and local educational systems.*
- 5.5. *Development of a specific HRD approach to create a skilled Transition workforce within local school systems.*
- 5.6. *Development of a concrete array of Transition related work based learning options that students with disabilities, including NDDs, should have access to in every local school area though not necessarily available in every school itself as long as every student with a disabilities can have access to them wherever located*
- 5.7. *Support students with NDD to actively participate in all aspects of community life, including social, recreational, and leisure opportunities, at the same level as their non-disabled peers.*

### **International standards and reports**

<sup>4</sup> See WHO Disability & Health fact sheet. Available from: <http://www.who.int/mediacentre/factsheets/fs352/en/>

**CRPD** The Convention on the Rights of Persons with Disabilities makes significant mention to the importance of individuality, dignity and autonomy. Although “transition” is not an article in itself; the concept of transition is fluid throughout the document where there is mention of attaining independence and social inclusion. Article 19 focuses on individuals with disabilities rights to live in the community including (a) “ability to choose their place of residence” and not be forced to engage in a particular living arrangement as well as (b) access to supports and services that enable independent living and “prevent isolation and segregation from the community and includes provisions that explicitly state that (c) services and facilities are available to PWDs and are responsive to their needs. From a practical standpoint, Article 20 focuses on mobilization and access to independence via assistive devices and aids as a means to achieving successful transition to adulthood; while Article 23- Respect for home and the family acknowledges more personal transition related matters such as (a) right to marry, (b) have children and (c) retain their fertility regardless of disability status. Article 23 also expands on guardianship and commitment to ensuring appropriate care at all stages of life. Similar to other areas of inclusion, Transition relies on collaboration between education and community; Article 24 of the UN Convention Rights of Persons with Disabilities provides overall guidance on educational activities that contribute to an individuals’ ability to successfully attain “full development of human potential” including development of their “personality, talents, and creativity as well as their mental and physical abilities” as a means to “enabling persons with disabilities to participate effectively in free society”. Additionally section 5 of Article 24 asserts that States Parties shall ensure that persons with disabilities “are able to access general tertiary education” AND “vocational training, adult education and lifelong learning without discrimination and on an equal basis with others”. Article 26 provides additional insight into developing Vocational ability noting the importance of beginning (a) “at the earliest possible stage” and basing habilitation and rehabilitation efforts off of “multidisciplinary assessments of individuals needs and strengths”. Article 26 goes on to recognize the need for supporting (b) such programs in close proximity to their home-communities via (2) professionals who are knowledgeable and trained in this area. Economic self-sufficiency is a critical area of ensuring the independence of individuals with disabilities and Article 27 focuses on the equal right to work including (e) career advancement via vocational guidance programs and (f) self-employment, entrepreneurship and the development of cooperatives. The multidimensional nature of transition also can be seen in Article 30 - Participation in cultural life, recreation, leisure and sport which focuses on access to community events.

**SDGs** Unlike other areas of focus such as health or education transition is not explicitly mentioned in the Sustainable Development Goals, however; similar to inclusion in the CRPD, areas that are core factors in successful transition including Economic Independence -SDG 1 (poverty reduction) and SDG 8 (decent work and economic growth); Social Inclusion- SDG 10 (reduced inequalities) and Collaboration- SDG 17 (partnerships for the goals) provide international support for transition programs. SDG 4, focused on Education includes explicit mention

of persons with disabilities in Target 4.5, which promotes equal access to education including vocational training for vulnerable populations.

**WHO** The World Health Organization recognizes a number of barriers for inclusion faced by people with disabilities including those transitioning to adulthood and cites Inadequate Policies and Standards, Negative Attitudes, Lack of Service Provisions, Lack of Accessibility and Lack of Consultation and Involvement among the top challenges. For transition aged youth, foundational opportunities to build skills via education and vocational training is directly correlated to their ability to lead healthy lives, and as previously stated, this population experiences poorer health outcomes as the general population. Additionally WHO found that people with disabilities have increased dependency and restricted participation in the community resulting in decreased autonomy.

### ***Additional reports and supporting documentation***

*The World Youth Report (2007)* focused on transition into adulthood and states that the lack of an enabling environment that supports youth development in all aspects including education and health care, is a critical constraint to successful transition into adulthood. Inequities in and inaccessibility of these systems for youth with disabilities make their transition even more difficult and barrier-prone than their peers without disabilities. Youth generally face greater employment uncertainties and hiring disparities during economic downturns and shrinking labor.

*Country Specific Best Practices* – In addition, transition is an area where though country specific, the US has developed a robust set of criteria for best practice options for Transitions services (e.g., The Guidepost For Success model developed by the Institute for Educational Leadership) that should prove fruitful for other countries, such as Bangladesh, to emulate in spirit if not in total application. Many countries within the Organization for Economic Cooperation and Development (OECD) have also developed transition related policies over the last few decades. Key areas for effective transition for students with disabilities should include areas such as: 1) Skill development in self-determination and self-advocacy; 2) Development of skills for independent living; 3) Internships; 4) Job Shadowing; 5) Volunteer experiences (“Service learning”); 6) Adult Mentoring at a worksite; 7) Paid work connected to student credit; 8) Early person centered planning; 9) Apprenticeship opportunities; 10) Individualized supports for vocational training; 11) Post-secondary education within higher educations for students with NDDs; 12) Involving parents and significant others in Transition planning; 13) Supported post-secondary employment; 14) Peer mentoring.

### ***Policy recommendations***

Transition is a cross-cutting issue that must be built into all policies aimed at increasing independence, economic self-sufficiency and improved outcomes for people with NDDs. Increased policies that use a “life-cycle” approach should help to garner support for transition specific programs as youth move into adulthood.

### ***Sample activities***

- *Self Determination* – Promote the students' self-determination and self-advocacy through creation of a self-determination curriculum for schools to implement.



- *Policy Statements* – Develop a governmental statement of policy to document the expectation that all students with disabilities including those with NDDs are expected to be able to fully benefit from participation in all aspects of community life, including social, recreational, and leisure opportunities.
- *Funding Opportunities* – Develop a mechanism for offering and funding supports in employment and further training/education post-secondary for students with NDDs.
  - Develop specific allocation of governmental funding for specialized transition services for students with disabilities, including but not limited to people with NDDs.
  - Develop grant programs to develop innovative transition interventions for students with disabilities, including but not limited to people with NDDs.
- *Person Centered Planning* – Develop a mechanism for offering and funding student-centric and student-driven transition planning for students with NDDs.
- *Professional Development* – Offer training to educational personnel, advocates, family members, and students with disabilities themselves of effective transition interventions that lead to post high school employment, education, and social success.
- *Peer Mentoring* – Create student-to-student peer support models that should be implemented within the local school systems.
- *Family Engagement* – Offer training to families of students with NDDs on how they can be more effective advocates for these students.
- *Monitoring and Evaluation* – Develop a monitoring capacity to identify groups of people by broad category of disability (e.g., psychiatric, NDDs, physical limitations) to ensure a better understanding of what life (employment, education, living arrangements) situations people with NDDs and other disabilities are in post high school leaving.

## 6. Employment

### ***National goal***

Develop a framework for supporting the employment of individuals with disabilities in inclusive settings that acknowledges the importance of economic self-sufficiency for full inclusion.

### ***Supporting goals***

- 6.1. *A developmental goal of the percent of working age young adults and older adults that should be employed either in the general labor market or in self-employment.*
- 6.2. *A monitoring mechanism for the goal above as well as for the 5% goal for employers to meet in terms of the percentage of their workforce having a disability.*
- 6.3. *An expressed national government focus and public expectation for transition of youth with NDDs into either vocational training or directly into employment.*
- 6.4. *Creation of a service structure for easy access to employment services and supports for individuals with NDD, integrated within existing supports for the general population.*
- 6.5. *A Human Resource Development strategy to develop the capacities of staff to assist person with NDDs to achieve employment*
- 6.6. *A community and employer awareness campaign specifically to highlight the importance of employment for young and older adults with NDD.*
- 6.7. *A nondiscrimination in employment national policy that applies both to the public (government) and private sectors.*
- 6.8. *A national policy with a provision that includes equitable and equal pay for persons with disabilities, including those with NDDs who are working in the general labor market.*

### ***International standards and reports***

**CRPD** Article 27 of the Convention on the Rights of Persons with Disabilities is directly related to work and employment and at its core recognizes the right of PWDs to “work, on an equal basis with others”. This includes the ability to “gain a living by freely chosen or accepted in a labor market and work environment that is open, inclusive and accessible”. Specific focus is paid to (a) prohibiting discrimination, (b) equal work for equal value in safe and healthy working conditions, (c) labor rights including union membership, (d) technical and vocational guidance and programming, (e) obtainment of work as well as career advancement (f) opportunities for self-employment and entrepreneurship (g) public sector employment that may include (h) affirmative action programs or incentives (i) reasonable accommodations (j) access to the open labor market and (k) vocational and professional rehabilitation programs. Additionally, Articles 24 and 26 also speak to the need for vocational training programs to ensure access to employment.

**SDGs** SDG 8 aimed at “promoting sustained, inclusive and sustainable economic growth and full and productive employment and decent work for all” explicitly mentions persons with disabilities in target 8.5 which states that “By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value”. Targets 8.7 and 8.8, though not specific to people with disabilities, are intended to tackle problems faced by the most vulnerable populations and include “taking immediate and effective measures to eradicate forced labor” and protection of labor specifically for those in “precarious” employment settings. SDG 4, focused on education also includes specific mention of access to vocational programming for the disability community in target 4.5. Employment is clearly a cross-cutting issue and increased opportunities for persons with disabilities to find competitive employment would contribute to the reaching of SDG 1 aimed at eliminating poverty, and would provide increased opportunities to achieve progress in areas like hunger (SDG 2), Health and Well Being (SDG 3) and reduced inequalities (SDG 10).

**WHO** The World Health Organization cites implementation of antidiscrimination laws as the starting point for reducing barriers to employment for individuals with disabilities. Challenges like lack of reasonable accommodations, workplace accessibility and recruitment and selection bias can be improved through the use of formalized policies and procedures. Additionally WHO suggests that increased opportunities for inclusion would also facilitate reduction of negative perceptions and stigma, and display people with disabilities ability to be productive, contributing members of society. Supplementary suggestions such as mentoring, mainstreamed vocational training and community based rehabilitation “can also improve skills and attitudes, support on-the-job training, and provide guidance to employers”. For employees who develop a disability while employed integration of case management and disability management programs may support reintegration.



### ***Additional reports and supporting documentation***

The *ILO Convention 159* regarding employment and people with disabilities, the Employment Equality Framework Directive 2000/78/EC, addressing employment discrimination including but not limited to disability or North American examples such as the *Americans with disabilities Act* or the *Canadian Human Rights Act* must of necessity be placed within a specific national context.

The *Zero Project Social Indicators of Employment for People with Disabilities* address many complementary areas for both non-discrimination and also best or innovative practices in employment for people with disabilities such as:

- 1) Equal access to employment for people with disabilities.
- 2) Use of quantitative measures to assess progress.
- 3) Equal pay for people without disabilities.
- 4) Provision of special assistance for people who need supports or accommodations to succeed in employment.
- 5) Access to training or vocational development options.
- 6) Using public sector (government) employment to model outreach and employment of workers with disabilities.
- 7) Giving people choice and control over their vocational direction based on their own aspirations.
- 8) Developing specialized staff and services that can assist in vocational rehabilitation of persons with disabilities.

### ***Policy recommendations***

- Enact nondiscrimination in employment policies that may also include incentives for employment for both people with NDDs themselves as well as employers and agencies that may assist people with NDDs to obtain employment.
- Policy regarding presumption of employability of people with NDDs, with maximum integration within the general workforce, and limitations on use of segregated alternatives.

### ***Sample activities***

- *Competitive Employment* – Develop and expand quality competitive employment opportunities for people with NDDs through a campaign involving employers and advocates.
- *Community Based Employment* – Convert segregated day programs to individual supportive activities that can help people obtain employment in the general labor market available to other citizens of Bangladesh without disabilities.
- *Public/Private Partnerships* – Create public/private partnerships among government, advocates, and employers to support competitive employment in the overall labor market for people with NDDs.
- *Targeted Support Services* – Create a package of support services that can support people in self-employment, subsistence activities, and/ or entrepreneurship
- *Transition to Employment* – Create services to ensure that students of transition age w/NDDs have opportunities for work based learning, specific job training, and direct employment assistance.
- *Funding* – Develop specific allocation of governmental funding for specialized employment and education services for people with disabilities, including but not limited to people with NDDs.
  - Develop grant programs to develop innovative employment interventions for people with disabilities, including but not limited to people with NDDs.

- *Employer Expectations* – Integrate expectations of employment for individuals with NDD, within general training for health care workers and other professionals who have ongoing contact with individuals with NDD and their families.
- *Awareness Campaigns* – Via awareness campaigns, and peer-to-peer mentoring, create expectations among individuals with NDD and families regarding expectations of employment.
- *One Stop* – Develop easy access to employment services and supports via “One-Stop” structure

## 7. Community life and home

### ***National goal***

Provide access to, and support for, integrated community lives for people with NDDs.

### ***Supporting goals***

- 7.1. *Allow people with NDDs to live in and participate fully in their home communities*
- 7.2. *Ensure that people with NDDs will have satisfying lives and valued social roles*
- 7.3. *Help people with NDDs and their families choose the supports they need and control how resources are used to provide them*
- 7.4. *To provide people with NDDs with stable, skilled support providers when needed*
- 7.5. *To provide people with NDDs with health, safety, and support to manage life's risks*
- 7.6. *To encourage NDD's to advocate for themselves and articulate their expectations for their community*
- 7.7. *Ensure that the general public does not stigmatize or isolate people with NDDs*
- 7.8. *Ensure that community based and inclusive services are the expectation for all services provided to people with NDDs*
- 7.9. *Ensure that public accommodations such as buildings and transportation are accessible so individuals with NDDs can access their community.*

### ***International standards and reports***

**CRPD** Articles 19 and 23 of the CRPD specifically address needs of individuals with disabilities in the community. Article 19 focuses on independent living and recognizes “the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community”. Additionally, this article specifies (a) the importance of choice in regards to living situation, (b) need for person-specific living arrangements that may vary based on need; but need not be segregated or in an institutional setting and (c) the importance of access to community services and facilities for PWDs. Article 23 also focuses on community engagement but looks at respect for the home and family, with specific mention of (a) right to marriage, (b) reproductive rights and (c) fertility. Additionally, Article 23 acknowledges the importance of the family support system and for the development and implementation of laws aimed at providing safe, appropriate and personalized living arrangements.

**SDGs** SDG 5 (Target 4) Recognizes and values unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as

nationally appropriate (e.g. recognition, supports, stipends for family members involved with care of PWDs) while SDG 11 and specifically targets 11.1, 11.2, 11.3, 11.7 are aimed at making cities and other settlements inclusive, safe and sustainable, including transportation, green spaces and public spaces.

**WHO** The World Health Organization’s World Report on Disability has a focus on community and addresses barriers to support and assistance services. The report specifically mentions the importance of community living programs, supports for formal and informal caregivers and deinstitutionalization as strategies for improved social inclusion. Additionally, WHO identifies the need for countries to plan accordingly and develop strong models for implementing community living initiatives. These strategies should also include formalized assessment procedures, eligibility criteria and funding as well as coordination of services between providers, clients and families. The report also speaks to the need to “create enabling environments” by “removing barriers in public accommodations, transport, information, and communication” which will “enable people with disabilities to participate in education, employment, and social life, reducing their isolation and dependency”.

### ***Additional reports and supporting documentation***

*The CBR Joint Position Paper* redefines CBR as “a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities and promotes the implementation of CBR programs. *Examples of policies that ensure access to community life include:* Americans with Disabilities Act, U.S. - The Developmental Disabilities Assistance and Bill of Rights Act 2000, U.S. Rehabilitation Act of 1973, U.S. New Freedom Initiative.

### ***Policy recommendations***

Promising government strategies includes:

- Developing fair disability assessment procedures and clear eligibility criteria; regulating service provision - including setting standards and enforcing them; funding services for people with disabilities who cannot afford to purchase services; and, where needed, providing services directly,
- Coordination between the health, social and housing sectors can ensure adequate support and reduce vulnerability. Service outcomes can improve when providers are accountable to consumers and their relationship is regulated through a formal service arrangement; when consumers are involved in decisions on the type of support; and when services are individualized rather than “one size fits all” agency-based controlled services,
- Training for support workers and users to improve service quality and user experience.
- Supporting service provision through civil society organizations to expand the coverage and range of services; community-based rehabilitation programs have been effective in delivering services to very poor and underserved areas. Information provision, financial support, and respite care will benefit informal care givers, who provide most of the support for people with disabilities worldwide.

- Financing measures including contracting out services to private providers, offering tax incentives, and devolving budgets to people with disabilities and their families for direct purchases of services.
- Establishment of accessibility standards: to ensure physical access within the community, governments should set mandatory minimum standards, enforced through legislation, to remove barriers in buildings, public spaces, and transportation.

Disability issues should concern all levels of government and all government sectors, e.g. the health, education, employment and social sectors. Their roles and responsibilities might include taking the lead in the management and/or implementation of national CBR programs; ensuring that appropriate legislation and policy frameworks are in place to support the rights of people with disabilities; developing a national policy on CBR, or ensuring CBR is included as a strategy in relevant policies, e.g. rehabilitation or development policies; providing human, material, and financial resources for CBR programs; ensuring people with disabilities and their family members are able to access all public programs, services and facilities; developing CBR as an operational methodology or service delivery mechanism for providing rehabilitation services across the country.

### ***Sample activities***

- *User Control* – Establish user-controlled personal assistance services rather than governmental controlled.
- *Person Centered Planning* – Use individualized /person centered planning approaches to determine what supports an individual’s needs to engage in their community.
- *Public Awareness* – Establish public awareness programs so that the general public is more familiar with disabilities and less likely to stigmatize.
- *Community Planning* – Plan adequately for the transition to a community-based service model, with sufficient funding and human resources.
- *Eligibility* – Develop clear eligibility criteria for community based services
- *Regulatory Frameworks* – Create regulatory framework to monitor the quality of services provided by community based service providers.
- *Respite Care* – Provide respite care so family members can have break in their care giving role and help support overall family well-being.
- *Self-Advocacy* – Training individuals with NDD in making supported decisions and managing their care
- *Accessibility* – Enforce laws that require public accommodations to be accessible
- *Universal Design* – Adopt universal design as the conceptual approach for buildings, roads and transportation.

## **8. Technology**

### ***National goal***

Create inclusive policies that utilize emerging technology and recognize the importance of access for persons with disabilities.

### ***Supporting goals***

- 8.1. *To promote research, evaluation, and demonstration projects on technology for people with NDDs*
- 8.2. *To promote dissemination and utilization of information on technology for people with NDDs*
- 8.3. *To promote training on technology for people with NDDs*
- 8.4. *To promote public policy which supports the use of technology by people with NDDs*
- 8.5. *To provide low-cost and effective assistive technologies for people with NDDs*

***International standards and reports***

**CRPD** It is important to promote digital accessibility and Assistive Technologies to facilitate and support the implementation of the dispositions of the CRPD. Identified as one of the ‘General Principles’ of the CRPD, accessibility enables PWDs to live independently and participate fully in all aspects of life. In doing so, it requires appropriate measures of States parties to ensure PWDs access to the physical environment and, to information and communications including information and communications technologies and systems (Article 9). Accessibility supports the purpose of the Convention to ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs.

**SDGs** SDG 9 aimed at building resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation includes targets aimed at technology production and implementation; 9.5 focuses on enhancing research and technology for innovation, 9.a engages financial, technological and developmental support for least developing countries, while 9.b relies on in-country tech developments and 9.c works to ensure increased access to information. For PWDs these are important factors because technology allows for increased inclusion and improved communication.

**WHO** According to *The World Report on Disability*, ways forward in information and communication technology include raising awareness, adopting legislation and regulations, developing standards, and offering training. Services such as telephone relay, captioned broadcasting, sign language interpreting, and accessible formats for information will facilitate participation by people with disabilities. Improved information and communication technology accessibility can be achieved by bringing together market regulation and anti-discrimination approaches, along with relevant perspectives on consumer protection and public procurement. Countries with strong legislation and follow-up mechanisms tend to achieve higher levels of information and communication technology access, but regulation needs to keep pace with technological innovation.

***Policy recommendations***

Inclusion of persons with disabilities can be improved by ensuring access to technology and providing adequate assistive devices and tools to those in need. Additionally, policies aimed at improving the means by which advancements are communicated to the disability community and how information about disability policy is shared and managed will contribute engagement.

***Samples activities***

- *CRPD Implementation* – Establish a legal foundation for successful CRPD implementation of the Information and Communication Technology (ICT) and AT provisions of the CRPD for people with NDDs
- *Capacity Building* – Address gaps in capacity building through the use of disability-inclusive cooperative development practices.

- *Assistive Technology* – Implementation of computer-based AT in schools for people with NNDs
- *ICT Equipment* – Apply public procurement as an effective policy tool to promote the accessibility of ICT equipment, software, applications, and services purchased by governments or government-funded programs
- *Accessibility* – Including providing accessible government websites and accessible public electronic kiosks or ATMs

## 5.4. Logical framework for Government activities

The basic objective of strategic planning is to logically formulate a set of activities, the outputs of which should yield a particular impact (or outcome) which in turn fulfills a goal that has been defined from an executive or ideological perspective. A good plan is, therefore, one whose goals have been translated into desirable yet realistic outcomes which then constitute the focal points for the development of activities.

The nine lifespan needs defined in Chapter 5.2 provide a starting point for the development of a logical framework within which the Government should plan the activities necessary for improving the lives of PwNDDs in Bangladesh. Thus, these lifespan needs are the goals for this logical framework, the realization of which will transform Bangladeshi society into an inclusive one.

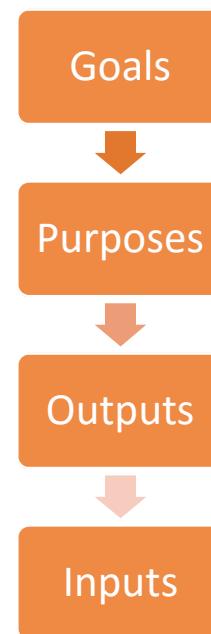
Each of the following nine tables present a logic frame for each lifespan need. The 112 *specific objectives* under those lifespan needs are practical statements that make the goals of the logical framework achievable.

Each specific objective is accompanied with one or more *desired outcomes* that will serve as the purposes for implementing future activities.

The *advised activities* are some of those activities that NDD experts strongly recommend for the Government to implement in order to fulfill those 112 objectives.

Finally, the *target outputs* are feasible, measurable milestones for the project interventions that make it possible for implementing bodies to know how far they have progressed in achieving those 112 objectives.

The advised activities were formulated to the best of the authors' estimation about what can be feasibly implemented in Bangladesh. It is also possible that the authors of this Strategic Plan have not thought of all of the good ideas for activities, thus leaving room for the Government to develop its own activities based on the extensive expertise and experience many government personnel possess in developing and implementing national-level programs. At the very minimum, however, this document, and in particular, these logic frames, demonstrate a structured way for formulating project plans that would systematically fulfill those objectives.



**Figure 1 - The logical framework approach to strategic planning**



Table 3 - Logical framework of Government activities pertaining to AWARENESS, ADVOCACY AND SENSITIZATION

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBI-A10</b> - General awareness about NDDs	<b>OBI-A11</b> - Government should generate awareness of NDDs among expecting mothers	Expecting mothers should be wary of the possibility of their children being born with NDDs	<b>ACT-A11</b> - Conduct awareness drives at village courtyard meetings <sup>5</sup>	At least 2 awareness drives per year per village
		Expecting mothers should know how to care for themselves during their pregnancy in order to minimize risk factors for NDDs	<b>ACT-A12</b> - Disseminate information about safe pregnancy to all women throughout the country	100% expecting mothers per village should receive information about safe pregnancy per year
	<b>OBI-A12</b> - Government should generate awareness of PwNDDs among local leaders:	Local leaders should not mislabel PwNDDs nor underestimate the difficulties PwNDDs face due to their disorders	<b>ACT-A13</b> - Develop BCC materials customized for each category of local leaders	BCC materials should include 1 booklet, 1 presentation and 1 video per category
		Local leaders should promote the inclusion of PwNDDs in society	<b>ACT-A14</b> - Conduct awareness drives with MPs, Upazila and Union Council chairpersons	At least 1 awareness drive per year per category
	<b>OBI-A13</b> - Government should generate awareness of PwNDDs among the general community	The general community should help create an inclusive environment for PwNDDs	<b>ACT-A15</b> - Incorporate a module on NDDs in the Civil Service Foundation course	Module should include student's notes, instructor's presentation, list of supplementary reading options and short informative videos
			<b>ACT-A16</b> - Conduct mass awareness initiatives utilizing TV, radio, telecommunications, the Internet and print media	Awareness initiatives should include TV and radio spots, documentaries, talk show discussions, short films, info-posters, newspaper and magazine articles, SMS

<sup>5</sup> Locally known as *uthan boithak*



GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-A20</b> - Awareness about rights and services for PwNDDs</p>	<p><b>OBJ-A21</b> - Ensure that PwNDDs and their parents/guardians are aware of the rights of PwNDDs in Bangladesh</p>	<p>PwNDDs and their parents/guardians should know how to claim their rights and what to do if those rights are violated</p>	<p><b>ACT-A21</b> – Develop info-materials about rights, services and supports for PwNDDs and disseminate through information services and portals</p>	<p>Services/portals to be set up in 100% healthcare facilities; 60% educational institutions; 100% social service offices; 80% local government offices; online presence;</p>
<p><b>OBJ-A22</b> - Ensure that PwNDDs and their parents/guardians are aware of the services available for PwNDDs</p>	<p><b>OBJ-A31</b> - Government should encourage and facilitate the lobbying of policy-makers for services and supports for PwNDDs</p>	<p>PwNDDs and their parents/guardians should know where and how to avail these services and what to do if they are not available or are denied to them</p>	<p><b>ACT-A31</b> - Arrange periodic meetings between representatives of various NDD stakeholders and NSCANND and parliamentarians</p>	<p>At least 4 meetings per year with NSCANND and 2 meetings per year with parliamentarians</p>
<p><b>OBJ-A30</b> - Advocacy</p>	<p><b>OBJ-A32</b> - Government should lobby the private sector to create opportunities for PwNDDs to participate with everyday people in society</p>	<p>Policy-makers should always seek to improve existing Government services and supports for PwNDDs as well as to develop new ones</p>	<p><b>ACT-A32</b> - Involve local organizations working to address NDDs during the planning of Government services and supports</p>	<p>A directory of active parents of PwNDDs working in registered and verified organization specializing in NDDs, as well as technical experts, social workers, activists, etc.</p>
		<p>The private sector should lessen as much as possible the burden on the Government to create opportunities for PwNDDs</p>	<p><b>ACT-A33</b> - Encourage the private sector to provide opportunities to PwNDDs to utilize their abilities and talents</p>	<p>Opportunities should be in education, employment, arts, sports, cultural activities and community work</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-A40</b> - Community sensitization for social integration</p>	<p><b>OBJ-A41</b> - Sensitize all categories of people with whom PwNDDs are likely to come in contact with on a regular basis:</p> <ul style="list-style-type: none"> <li>&gt; Relatives and neighbors</li> <li>&gt; Healthcare providers</li> <li>&gt; Teachers, students and staff at mainstream schools, colleges and universities</li> <li>&gt; Public transportation providers</li> <li>&gt; Employers, supervisors and coworkers at workplaces</li> <li>&gt; Shopkeepers</li> <li>&gt; Law enforcement officers</li> </ul>	<p>The general community should strongly condemn discriminatory and ignorant behavior towards PwNDDs</p> <p>More and more people should be aware of PwNDDs and migrate from the attitude of segregating PwNDDs from society to integrating them and, eventually, including them in society</p> <p>The general community should create an enabling environment for PwNDDs to thrive in</p>	<p><b>ACT-A34</b> - Incentivize private companies to allocate a portion of their CSR funds to NDD-focused activities and causes (both governmental and non-governmental)</p> <p><b>ACT-A41</b> - Develop targeted BCC materials for each category</p>	<p>At least 40% of CSR funds intended for addressing disability issues should be allocated for addressing NDDs</p> <p>Sensitization initiatives should include TV and radio spots, documentaries, talk show discussions, short films, info-posters, newspaper and magazine articles, SMS notifications, social media, etc. – incorporating input from PwNDDs and their families</p> <p>The cost of conducting such sensitization efforts should be affordable enough to repeat year after year</p> <p>BCC materials should include 1 booklet, 1 presentation and 1 video per category (wherever necessary)</p>
			<p><b>ACT-A42</b> - Incorporate, wherever possible or feasible, short modules on NDDs into the training courses of professionals (i.e. teachers, doctors, nurses, police officers, etc.) who would normally interact with PwNDDs</p>	<p>Module should include student’s notes, instructor’s presentation, list of supplementary reading options and short informative videos</p>

GENERAL OBJECTIVE		SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
				<p><b>ACT-A43</b> - Incorporate a chapter on NDDs in the secondary level of the National Curriculum</p>	<p>The chapter on NDDs should be a part of a more general chapter on disability, but with sufficient emphasis to highlight the unique challenges and needs of PwNDDs</p>

**Table 4 - Logical framework of Government activities pertaining to HEALTHCARE FOR PARENTS AND SIBLINGS OF PWNDDs**

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBJ-B10</b> - Prevention of NDDs through proper healthcare of expecting mothers	<b>OBJ-B11</b> - Government should promote regular prenatal care throughout the pregnancy period	Regular prenatal care will greatly promote healthy prenatal development which will in turn lead to the birth of healthy babies  Regular check-ups will ensure safe delivery and lowering the chances of birth-related complications	<b>ACT-B11</b> - Create a tracking and notification system to keep track of pregnancies	The system should have a mobile communication service <sup>6</sup> which women could register with to remind them to visit their doctors  At least three check-ups per pregnancy
	<b>OBJ-B12</b> - Government should ensure that pregnant women maintain proper nutrition of themselves throughout their pregnancy	There should be a significant drop in children being born with NDDs as a result of malnourishment	<b>ACT-B12</b> - Disseminate info-materials to pregnant women about homemade nutritional foods	A list of recipes for making nutritional dishes
	<b>OBJ-B13</b> - Government should identify and monitor women with at-risk pregnancies in order to give more focused care to them	Timely interventions with women with at-risk pregnancies will ensure safe delivery and lowering the chances of birth-related complications	<b>ACT-B13</b> - Train gynecologists on identifying at-risk pregnancies and providing appropriate interventions	Expecting mothers should be given timely, detailed information on risk factors so that they can monitor their own health and keep their gynecologists informed
<b>OBJ-B20</b> - Access to obstetric care	<b>OBJ-B21</b> - Government should ensure that there are obstetric services within reasonable commuting time/distances	There will be an increase in the number of safe deliveries and a decrease in the number of birth-related complications	<b>ACT-B21</b> - Create a directory of obstetric service providers	Database should contain addresses and phone numbers of gynecologists, midwives and TBAs <sup>7</sup>

<sup>6</sup> This service could be outsourced to all of the mobile phone operators in the country.

<sup>7</sup> Trained Birth Assistant

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
			<p><b>ACT-B22</b> - Identify areas that are lacking obstetric services within reasonable commuting time/distances and create incentives for obstetric service providers to move to/cover these areas</p> <p><b>ACT-B23</b> - Train more people to become TBAs</p>	<p>-</p> <p>At least one TBA per Union</p>
<p><b>OBJ-B30</b> - Interventions to deal with the emotional trauma experienced by new parents of PwNDDs</p>	<p><b>OBJ-B22</b> - Government should ensure that obstetricians have the necessary qualifications and capacities to perform safe deliveries</p> <p><b>OBJ-B31</b> - Government should try to dispel the fears and negative attitudes within parents that usually precipitate following the birth of babies with disabilities</p>	<p>There should be a significant drop in the kind of birth injuries that lead to NDDs</p> <p>Parents of PwNDDs should not be affected by unsubstantiated myths and social stigma</p> <p>There should be a drop in the number of cases of parents abandoning their disabled children</p>	<p><b>ACT-B24</b> - Train obstetricians throughout the country about the risk factors for NDDs and how to eliminate/avoid them during deliveries</p> <p><b>ACT-B31</b> - Create a directory of influential local leaders and experienced parents of PwNDDs to provide advice and emotional support to new parents of PwNDDs</p> <p><b>ACT-B32</b> - Develop BCC materials to assist local leaders when providing advice and emotional support to new parents of PwNDDs</p>	<p>At least one obstetrician per Upazila has been trained and provides consultation to other obstetricians in the Upazila</p> <p>Suggested local leaders include religious leaders and school head-teachers</p> <p>There should be at least one local leader and one parent in every Union</p> <p>Materials should include video documentaries and interviews of self-advocating PwNDDs and their families</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<b>OBJ-B32</b> - Government should try to instill hope and promote positive attitudes within parents of PwNDDs about the future of their children	Parents of PwNDDs should have a positive outlook and strive towards building a meaningful life for their children	<b>ACT-B33</b> - Develop info-materials for new parents of PwNDDs about the life stories of other PwNDDs who have successfully developed to become active, included members of society	-
<b>OBJ-B40</b> - Treatment of mental health of parents and siblings of PwNDDs	<b>OBJ-B41</b> - Government should address as early as possible the mental health issues that typically affect parents of PwNDDs	There should be a drop in the number of parents of PwNDDs suffering with mental health issues such as post-partum depression, maternal depression, anxiety, stress, etc.  There should be a drop in the number of cases of parents abandoning their disabled children  PwNDDs should benefit from better care and more structured development in their lives as a result of having unbroken families that are	<b>ACT-B41</b> - Create a directory of professionals to provide counseling services and psychosocial support to parents of PwNDDs	Directory should include contact details of psychologists, psychiatrists and social service officers  Counseling professionals need to be easily accessible
			<b>ACT-B34</b> - Create a directory of professionals to provide counseling services and psychosocial support to parents of PwNDDs	Directory should include contact details of psychologists, psychiatrists and social service officers  Counseling professionals need to be easily accessible

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<p><b>OBI-B42</b> - Government should try to ensure that the siblings of PwNDDs do not suffer as a result of the increased attention their parents give to their disabled siblings</p>	<p>dedicated and focused towards their care</p> <p>There should be fewer cases of mental health issues among siblings of PwNDDs</p>	<p><b>ACT-B42</b> - Create a directory of influential local leaders, as well as experienced parents and siblings of PwNDDs to provide advice, emotional support or peer support to mentally distressed siblings of PwNDDs</p> <p><b>ACT-B43</b> - Create a directory of professionals to provide counseling services and psychosocial support to siblings of PwNDDs</p>	<p>There should be at least one religious leader, one parent and one sibling in every Union</p> <p>Directory should include contact details of psychologists, psychiatrists and social service officers</p> <p>Counseling professionals need to be easily accessible</p>



Table 5 - Logical framework of Government activities pertaining to IDENTIFICATION

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBI-C10</b> - Screening of children aged 0 – 5 years	<b>OBI-C11</b> - Government should monitor the development of children from birth until the age of five	All children in the country should be systematically monitored as a regular practice	<b>ACT-C11</b> - Develop a standard guide for parents to monitor their children's development	The guide needs to be easy to understand, preferably in pictorial form
	<b>OBI-C12</b> - Government should document red-flagged cases of positive/ cardinal signs of NDDs and thereafter notify first responders	All children exhibiting red flags for NDDs should be immediately examined and thereafter followed up on	<b>ACT-C12</b> - Establish a recording and follow-up mechanism for monitoring child development	The recording of milestones and other development data needs to be done timely and efficiently
	<b>OBI-C13</b> - Government should utilize screening tools to determine if a red-flagged case needs to be forwarded to specialists for diagnosis	Screening tools should be standard, easy to administer and easy to interpret by non-professionals with little academic qualifications	<b>ACT-C13</b> - Develop local versions of established, international-standard screening tools	There should be a tool for each of the four NDDs (if applicable)
	<b>OBI-C14</b> - Government should ensure the delivery of preliminary advice to parents of red-flagged cases that have been forwarded for diagnosis	Parents should know what to do when it suspected that their children have NDDs, as well as being mentally prepared to receive the appropriate diagnosis	<b>ACT-C14</b> - Train various field-level, Union-level and Upazila-level Government personnel on administering the tools	Training on the screening tool needs to be incorporated in the training program of these Government personnel
			<b>ACT-C15</b> - Develop a set of protocols for advising and counseling parents	The protocols should cover the period from when parents first discover positive/ cardinal signs of NDDs until a few weeks after they receive a confirmed diagnosis
			<b>ACT-C16</b> – Train Government field workers on the aforesaid protocols	FWVs and DSS field workers

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-C20</b> - Diagnosis of PwNDDs</p>	<p><b>OBJ-C21</b> - Government should ensure proper diagnosis of PwNDDs</p>	<p>Diagnosis should be done by qualified professionals soon after positive screening without undue delays</p>	<p><b>ACT-C21</b> - Train pediatricians, neurologists, psychologists and psychiatrists all over the country on the diagnosis of ASD, intellectual disability, Down Syndrome and cerebral palsy</p> <p><b>ACT-C22</b> - Provide continued professional development to the aforesaid diagnosticians</p>	<p>Local diagnosticians must be up-to-date with the latest diagnostic protocols, tools and equipment</p>
<p><b>OBJ-C30</b> - Assessment of the degree of the disorder</p>	<p><b>OBJ-C22</b> - Government should arrange for the issuance of smart ID cards to PwNDDs</p> <p><b>OBJ-C31</b> - Government should confirm the degree of the disorder and clearly articulate to the parents how the disorder will affect their child's life</p>	<p>By the age of five, all newly-identified PwNDDs should be registered with the Government and have their ID cards</p> <p>Parents of CwNDDs should understand the severity of the disorders as well as the functional strengths and capacities their children have and what needs to be done from then onwards to help them have better lives</p>	<p><b>ACT-C23</b> - Create an efficient process for registering all PwNDDs and delivering their ID cards to their parents/guardians without undue delays</p> <p><b>ACT-C31</b> - Provide continued professional development to pediatricians, neurologists, psychologists, physiotherapists, occupational therapists and speech-and-language therapists</p>	<p>-</p> <p>Local diagnosticians and therapists must be up-to-date with the latest assessment tools and equipment</p>
	<p><b>OBJ-C32</b> - Government should try to identify early on any other health conditions associated with the PwNDD's disorder</p>	<p>Associated health conditions need to be identified as early as possible so that they can be treated on time, thus avoiding/mitigating additional burdens on the PwNDD</p>	<p><b>ACT-C32</b> - Create a system for diagnosticians and therapists to refer PwNDDs to medical specialists</p>	<p>The system should have a comprehensive directory of specialists in a variety of medical disciplines, disaggregated by Union, complete with contact data</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
				and addresses of their places of practice
<p><b>OBJ-C40</b> - Identification of PwNDDs above five years of age</p>	<p><b>OBJ-C41</b> - Government should screen children and adults above the age of five for red flags of NDDs</p>	<p>Persons over the age of five exhibiting red flags need to be diagnosed no matter how late they are identified</p>	<p><b>ACT-C41</b> - Disseminate information about red flags of NDDs</p>	<p>Dissemination targets could include schools, hospitals and clinics</p>
	<p><b>OBJ-C42</b> - Government should diagnose and assess the degree of the NDDs that red-flagged persons have</p>	<p>PwNDDs over the age of five must receive interventions and treatment for associated health conditions as per the diagnosis and assessment of their disorders, regardless of the likelihood of improvement</p>	<p><b>ACT-C42</b> - Train pediatricians, neurologists, psychologists and psychiatrists all over the country on the diagnosis of ASD, intellectual disability, Down Syndrome and cerebral palsy</p> <p><b>ACT-C43</b> - Provide continued professional development to pediatricians, neurologists, psychologists, physiotherapists, occupational therapists and speech-and-language therapists</p>	<p>Local diagnosticians and therapists must be up-to-date with the latest diagnostic and assessment protocols, tools and equipment</p>
			<p><b>ACT-C44</b> - Create a system for diagnosticians and therapists to refer PwNDDs to medical specialists</p>	<p>The system should have a comprehensive directory of specialists in a variety of medical disciplines, disaggregated by Union, complete with contact data and addresses of their places of practice</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-C50</b> - Ongoing health assessment of PwNDDs</p>	<p><b>OBJ-C51</b> - Government should ensure that PwNDDs undergo periodic clinical assessment throughout various stages of their lives</p> <p><b>OBJ-C52</b> - Government should ensure that PwNDDs undergo periodic psychological assessment throughout various stages of their lives</p>	<p>PwNDDs should not be hampered by comorbidities that typically manifest with their disorders</p> <p>PwNDDs should not be hampered by other psychological conditions that typically manifest with their disorders</p>	<p><b>ACT-C51</b> - Create a system for referring PwNDDs to specialists to regularly check for, assess and treat comorbid and/or psychological conditions as early as possible</p>	<p>The system should have a comprehensive directory of specialists in a variety of medical disciplines, disaggregated by Union, complete with contact data and addresses of their places of practice</p>

**Table 6 - Logical framework of Government activities pertaining to INTERVENTIONS**

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-D10</b> - Delivery of evidence-based interventions to PwNDDs:</p> <ul style="list-style-type: none"> <li>&gt; Behavioral and developmental interventions</li> <li>&gt; Psychological interventions</li> <li>&gt; Motor, sensory and communication interventions</li> </ul>	<p><b>OBJ-D11</b> - Government should explore/develop and standardize evidence-based interventions based on the local context</p>	<p>Interventions should be low-cost, sustainable and culturally appropriate</p>	<p><b>ACT-D11</b> - Fund research and development of interventional approaches, techniques and protocols</p>	<p>R&amp;D should be conducted at capable and reputable institutes, such as IPNA, NIMH&amp;R, NINS, university departments and institutes (e.g. Dept. of Education &amp; Counselling Psychology and the Institute of Education &amp; Research, both at Dhaka University), special schools and child development centers</p>
	<p><b>OBJ-D12</b> - Government should provide a range of such interventions to PwNDDs through their service providers and through community-based programs</p>	<p>Intervention services should be available at Union-level throughout the country and should be consistent in quality</p> <p>Interventions should be carefully planned on the basis of accurate assessments</p>	<p><b>ACT-D12</b> - Set up specialized intervention service delivery centers at Union level</p>	<p>Intervention services could be delivered through stand-alone centers, child development clinics, special schools, mainstream schools, IDSCs, MTVs, Government medical college hospitals and district hospitals</p>
			<p><b>ACT-D13</b> - Set up community-based rehabilitation programs for delivery of interventions at Unions where there aren't any specialized centers</p>	<p>-</p>
			<p><b>ACT-D14</b> – Develop a manual for intervention planning</p>	<p>Manual should be developed for general physicians and include detailed instructions for planning and referral, as well include the directories of intervention service providers and medical specialists</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
			<p><b>ACT-D15</b> - Train and appoint therapists on specializing in the management of PwNDDs and providing intervention services</p> <p><b>ACT-D16</b> - Provide continued professional development to intervention service providers</p> <p><b>ACT-D17</b> - Provide transportation and accommodation allowances to PwNDDs and their parents so that they can visit more advanced intervention delivery service centers in the major cities</p> <p><b>ACT-D18</b> – Create a comprehensive directory of intervention service providers</p> <p><b>ACT-D19</b> – Develop a manual for intervention planning</p>	<p>Local therapists must be up-to-date with the latest therapeutic procedures, tools and equipment</p> <p>Disbursement of allowances should be linked to PwNDDs’ smart ID cards and achieved through mobile payments or other easy, efficient money transferring channels, including NGOs</p> <p>Directory should include contact details and addresses of psychologists, psychiatrists and therapists and centers that offer intervention services</p> <p>Manual should be developed for general physicians and include detailed instructions for planning and referral, as well include the directories of intervention service providers and medical specialists</p>
<p><b>OBJ-D20</b> - Exploration and use of biomedical interventions to mitigate the effects of NDDs and associated health conditions</p>	<p><b>OBJ-D13</b> - Government should conduct continued functional assessment and management of PwNDDs until they are sufficiently rehabilitated</p> <p><b>OBJ-D21</b> - Government should train and assist PwNDDs on healthy diet management with the help of nutritionists</p>	<p>Intervention plans should be modified whenever necessary according to the progress of a PwNDD’s rehabilitation</p> <p>Some of the problems experienced by PwNDDs should be avoided or subdued through diet management</p>	<p><b>ACT-D21</b> - Train and appoint nutritionists specializing in diet management for PwNDDs</p>	<p>At least all Government medical college and district hospitals should have nutritionists</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<p><b>OBJ-D22</b> - Government should promote research on medications that would specifically improve the health and wellbeing of PwNDDs</p> <p><b>OBJ-D23</b> - Government should ensure that only approved and prescribed medications are supplied to PwNDDs</p>	<p>Most common and essential drugs required by all PwNDDs should be produced locally</p> <p>Medications for PwNDDs should only be prescribed by licensed doctors (i.e. psychiatrists, neurologists, etc.)</p>	<p><b>ACT-D22</b> - Encourage local pharmaceutical companies to produce medicines essentially required by PwNDDs</p> <p><b>ACT-D23</b> - Establish strict regulations to prevent pharmacies from selling medications to PwNDDs without prescriptions</p> <p><b>ACT-D24</b> - Conduct awareness drives to warn parents of PwNDDs about unapproved or harmful medications</p>	<p>Tax incentives and research grants</p> <p>Regulations need to include punitive measures for violations</p> <p>A list of approved medications and a list of harmful medications need to be made public to the parents of PwNDDs</p>
<p><b>OBJ-D30</b> - Development and use of assistive technology<sup>8</sup></p>	<p><b>OBJ-D31</b> - Government should promote the research and development of assistive technology suited for PwNDDs</p> <p><b>OBJ-D32</b> - Government should promote the use of assistive technology among PwNDDs</p>	<p>Assistive technology should be affordable (especially to low-income groups), made with locally available raw materials (if cost effective), easy to use, effective and durable</p> <p>PwNDDs should have their challenges eased with the help of technology as much as possible</p>	<p><b>ACT-D31</b> - Sponsor design projects at engineering institutes to develop assistive technology for PwNDDs</p> <p><b>ACT-D32</b> - Provide tax exemptions on the import of assistive devices and on those raw materials that are used to construct them</p> <p><b>ACT-D33</b> - Subsidize the production of assistive devices</p> <p><b>ACT-D41</b> - Fund research in alternative medications,</p>	<p>Assistive technology should include assistive devices, therapeutic equipment, recreational tools and equipment, teaching tools, ICT-AT, software, etc.</p> <p>The aim is to bring down the manufacturing cost of assistive technology</p> <p>Research areas should be restricted to homeopathy,</p>
	<p><b>OBJ-D41</b> - Government should promote research into</p>	<p>All research should be in accordance with international</p>	<p><b>ACT-D41</b> - Fund research in</p>	<p>Research areas should be restricted to homeopathy,</p>

<sup>8</sup> WHO and UNICEF, *Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation* (2015). Available from: <http://www.unicef.org/disabilities/files/Assistive-Tech-Web.pdf>



GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBJ-D40</b> - Exploration and regulation of alternative medicine	alternative medicine for PwNDDs <sup>9</sup>	standards and peer-reviewed by NDD experts	procedures and treatment regimens for PwNDDs	Ayurvedic medicine, Chinese medicine and naturopathy
			<b>ACT-D42</b> - Align current practices of alternative medicine with international research	Only those practices that have been scientifically proven to benefit PwNDDs should be allowed
<b>OBJ-D50</b> - Management of adolescent and young adult behavior	<b>OBJ-D51</b> - Government should assist PwNDDs in modifying socially unacceptable behavior that typically manifests during adolescence and beyond	PwNDDs should learn to manage their behavior before they reach employment age	<b>ACT-D43</b> - Conduct awareness drives to warn parents of PwNDDs about any dubious and unsubstantiated treatments for NDDs	Parents need to be made aware of blacklisted practitioners of alternative medicine
			<b>ACT-D44</b> - Establish professional guidelines for the practitioners of alternative medicine	There needs to be punitive measures for any un sanctioned practice of alternative medicine, regardless of its popularity
<b>OBJ-D50</b> - Management of adolescent and young adult behavior	<b>OBJ-D51</b> - Government should assist PwNDDs in modifying socially unacceptable behavior that typically manifests during adolescence and beyond	PwNDDs should learn to manage their behavior before they reach employment age	<b>ACT-D51</b> - Develop evidence-based interventional approaches and techniques to managing and modifying adolescent and young adult behavior	Interventional approaches and techniques need to be culturally relevant and locally applicable
			<b>ACT-D52</b> - Produce a booklet for PwNDDs on how to manage one's own unacceptable behavior	Booklet should be in pictorial form
<b>OBJ-D50</b> - Management of adolescent and young adult behavior	<b>OBJ-D51</b> - Government should assist PwNDDs in modifying socially unacceptable behavior that typically manifests during adolescence and beyond	PwNDDs should learn to manage their behavior before they reach employment age	<b>ACT-D53</b> - Create a directory of psychiatrists and psychologists	-

<sup>9</sup> Promoting research in alternative medicine for PwNDDs should not be construed as meaning validation and promotion of alternative medicine. It is an acknowledgement of the fact that a very large percentage of the population consults with and trusts alternative medicine practitioners for nearly all health-related issues and as such, cannot be ignored.

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<b>OBI-D52</b> - Parents of PwNDDs as well as service providers should understand the full range of adolescent and young adult behavior of PwNDDs	Parents of PwNDDs and service providers should assist PwNDDs to successfully monitor and manage their own behavior	<b>ACT-D54</b> - Produce a booklet on adolescent and young adult behavior for service providers, with emphasis on the causes/triggers of challenging behavior, as well as the techniques to manage such behavior	Booklet should be distributed to all service providers
<b>OBI-D60</b> - Adult and geriatric care	<b>OBI-D61</b> - Improve the quality-of-life of those PwNDDs who are experiencing diminished functional capacity as a result of age-related issues  <b>OBI-D62</b> - Provide shelter to elderly PwNDDs with diminished functional capacity who do not have close relatives to care for them	Sufferings of PwNDDs as a result of age-related complications are mitigated by the extra support and care  No PwNDD should ever be homeless	<b>ACT-D61</b> - Establish in-home nursing and caregiving services for elderly PwNDDs  <b>ACT-D62</b> - Set up retirement/senior citizen homes for PwNDDs	Nursing services should come from all Government medical college and district hospitals, whilst caregiving services could come the private sector  At least one per district

**Table 7 - Logical framework of Government activities pertaining to TRAINING OF PARENTS AND SIBLINGS OF PwNDDs**

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBJ-E10</b> - Training on identification	<b>OBJ-E11</b> - Government should ensure that parents have knowledge about the milestones of child development	All parents should be able to monitor and record by themselves their children’s development without the need to constantly visit a pediatrician or psychologist	<b>ACT-E11</b> - Disseminate a standard guide on monitoring child development to all mothers at the time of birth	At least 16000 copies per year, one per each CC, USC and UHC
			<b>ACT-E12</b> - Produce training videos on the milestones of child development	Training videos should use visual representations of the milestones
<b>OBJ-E20</b> - Training on interventions	<b>OBJ-E12</b> - Government should train parents on how to recognize early warning signs and red flags	All parents should know the necessary steps to take if their children exhibit red flags of NDDs	<b>ACT-E13</b> - Create a child development checklist including instructions on what to do when red flags are detected	To be published in the form of a card or booklet
			<b>ACT-E21</b> - Produce training videos on home-based interventions	At least one video for each major type or category of interventions
<b>OBJ-E20</b> - Training on interventions	<b>OBJ-E21</b> - Government should train parents of PwNDDs on performing home-based interventions	Parents of PwNDDs should be capable of total management of their children at home.	<b>ACT-E22</b> - Arrange workshops on home-based interventions	Workshops could be organized by CDCs, special schools and other intervention service providers, with at least 6 such workshops per Division per year
			<b>ACT-E23</b> - Produce training videos on home-based teaching methods	At least one video for each major type or category of interventions

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	PwNDDs on implementing home-based teaching methods	as well as teach their children any new skill or information independently without the help of a specialist  Parents should be able to use technology to teach new things to PwNDDs	<b>ACT-E24</b> - Arrange workshops on home-based teaching methods  <b>ACT-E25</b> - Develop training modules on using technology to deliver home-based training on a variety of skills and information (e.g. the names of things, basic computing skills, etc.)	Workshops could be organized by special schools, with at least 6 such workshops per Division per year  Training modules should include booklets and videos
	<b>OBJ-E23</b> - Government should train parents of PwNDDs on how to manage challenging behavior	Parents of PwNDDs should be capable of managing any crises involving their children that may arise at home, without losing patience, enthusiasm or hope	<b>ACT-E26</b> - Develop a training module on understanding the causes/triggers of challenging behavior in PwNDDs, as well as the interventional approaches and techniques for managing such behavior	Training module should include a booklet and a video
<b>OBJ-E30</b> - Training on community support	<b>OBJ-E31</b> - Government should train parents of PwNDDs on providing peer support to other parents	Parents of PwNDDs should be able to advise and train other new parents of PwNDDs, especially those in their vicinity	<b>ACT-E31</b> - Produce training module on providing peer support  <b>ACT-E32</b> - Arrange trainings and workshops on peer support by psychologists, special educators and experienced parents of PwNDDs	Training module should include a booklet and a video  At least 2 trainings and 2 workshops per year per Division

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
			<p><b>ACT-E33</b> - Create a directory of parents of PwNDDs willing to offer peer support</p> <p><b>ACT-E34</b> - Create a referral system whereby new parents of PwNDDs are linked with experienced ones</p>	<p>The directory must be easy to access, easy to navigate and kept up-to-date always</p> <p>-</p>
	<p><b>OBJ-E32</b> - Government should train parents of PwNDDs on providing respite care to other PwNDDs</p>	<p>Parents of PwNDDs should be able to look after other PwNDDs for a short period of time</p>	<p><b>ACT-E35</b> - Produce a training module on providing respite care</p> <p><b>ACT-E36</b> - Arrange trainings and workshops on respite care by psychologists, special educators and experienced parents of PwNDDs</p>	<p>Training module should include a video and a booklet</p> <p>At least 2 trainings and 2 workshops per year per Division</p>
<p><b>OBJ-E40</b> - Other trainings</p>	<p><b>OBJ-E41</b> - Government should train the siblings of PwNDDs</p>	<p>Siblings of PwNDDs should understand and appreciate the extra attention and care that PwNDDs need and support and assist their parents when necessary</p>	<p><b>ACT-E41</b> - Produce a training module for siblings of PwNDDs</p> <p><b>ACT-E42</b> - Arrange group discussions for siblings of PwNDDs to learn about the care of PwNDDs, supporting and assisting their parents, encouraging their friends to meet and socialize with PwNDDs, and meeting the siblings of other PwNDDs</p>	<p>Training module should include a booklet and a video</p> <p>At least 3 group discussions per year per Division</p>
	<p><b>OBJ-E42</b> - Government should ensure that parents of</p>	<p>All parents of PwNDDs should strive to give the best possible care to their children</p>	<p><b>ACT-E43</b> - Produce a training module on ethical parenting</p>	<p>Training module should include a booklet and a video</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<p>PwNDDs are aware of ethical parenting</p> <p><b>Obj-E43</b> - Government should train parents and siblings on first-aid and other medical emergencies</p>	<p>without being abusive or negligent</p> <p>Caregivers should be able to control medical emergencies until the arrival of paramedics or until they are able to get their child to a hospital, if necessary</p>	<p><b>ACT-E44</b> - Develop a set of instructions on administering first-aid as well as other medical emergencies that typically affect PwNDDs (e.g. epilepsy)</p>	<p>The instructions should be easy to understand and follow, ideally in pictorial form</p>

**Table 8 - Logical framework of Government activities pertaining to EDUCATION**

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBI-F10</b> - Special education	<b>OBI-F11</b> - Government should ensure that PwNDDs are taught all daily living skills and functional academics to succeed in real-life situations at home, school, workplace and community	PwNDDs should be able to cope with everyday real-life situations in any environment using independent living skills	<b>ACT-F11</b> - Develop training modules on teaching daily living skills <sup>10</sup> and functional academics <sup>11</sup>	Training module should include teaching manuals, tools, equipment and videos
	<b>OBI-F12</b> - Government should ensure that PwNDDs are taught interpersonal communication skills	PwNDDs should be able to interact comfortably and confidently with anyone	<b>ACT-F12</b> - Develop training module on teaching interpersonal communication skills <sup>12</sup>	Training module should include teaching manual, tools, equipment and videos
	<b>OBI-F13</b> - Government should include special education in mainstream schools all over the country	There should be some mainstream schools within reasonably accessible distance that have special education cells to assist those PwNDDs who transition to mainstream schools	<b>ACT-F13</b> - Establish special education cells in mainstream schools	At least one mainstream school per Union, staffed with at least one special educator
	<b>OBI-F14</b> - Government should provide comprehensive special education to those PwNDDs who will never be able to transition to mainstream schools	Those PwNDDs who will never be able to transition to mainstream schools due to the severity of their disability should receive adequate education to prepare them for employment by the time they are 18 years of age	<b>ACT-F14</b> - Establish special schools all over Bangladesh with comprehensive intervention and education services	At least one special school per Upazila

<sup>10</sup> Daily living skills include feeding, dressing, toileting, self-care and community living skills

<sup>11</sup> Functional academics include basic reading, writing and arithmetic

<sup>12</sup> Module should enable PwNDDs to communicate with relatives, friends, the opposite gender, strangers, workplace colleagues and supervisors, as well as adaptability how to communicate in a group activity



GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBI-F20</b> - Enabling PwNDDs to transition from one environment to another</p>	<p><b>OBI-F21</b> - Government should develop readiness skills within PwNDDs to enable them to transition from one environment to another</p>	<p>PwNDDs should be able to transition to new environments with minimal difficulty and settling-in time</p>	<p><b>ACT-F21</b> - Develop training module on transition planning and teaching transition skills<sup>13</sup></p>	<p>Training module should include teaching manuals, tools, equipment and videos</p>
	<p><b>OBI-F22</b> - Government should facilitate the entire transitioning phase in conjunction with the parents of PwNDDs, special educators, students, employment specialists, etc.</p>	<p>PwNDDs should be accompanied and assisted during their early days in a new environment to ensure full integration</p>	<p><b>ACT-F22</b> - Train mainstream school teachers and support teachers<sup>14</sup> on providing transitioning assistance to PwNDDs</p>	<p>At least 1 school teacher and 1 support teacher in every inclusive mainstream school</p>
<p><b>OBI-F30</b> - Primary, secondary and tertiary formal education for PwNDDs</p>	<p><b>OBI-F31</b> - Government should develop literacy and numerical skills within PwNDDs</p>	<p>All PwNDDs should be able to read, write, speak and perform basic arithmetic</p>	<p><b>ACT-F31</b> - Develop a training module on classroom transactions, with emphasis on teaching PwNDDs</p>	<p>Training module should include a manual and a video Training module should be incorporated in the professional training of special educators, as well as be made available as an optional course at teacher training colleges</p>
	<p><b>OBI-F32</b> - Government should try to develop an interest in academia within PwNDDs</p>	<p>PwNDDs should be able to discover as early as middle school the academic discipline that interests them the most</p>	<p><b>ACT-F32</b> - Expose PwNDDs to a variety of academic disciplines</p>	<p>Exposure through educational videos, presentations, laboratory experiments, study tours, field trips, etc.</p>

<sup>13</sup> Module should include all transition requirements: curriculum adjustment, family engagement, family-school communication, access to facilities, equipment for students, medical or personal care support, and professional learning/training of staff

<sup>14</sup> “Support teacher” is the local term for teaching aids.

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
		PwNDDs should have the ability and opportunity to pass primary and secondary education examinations in order to matriculate to higher levels of study	<b>ACT-F33</b> - Develop a modifiable version of the National Curriculum for PwNDDs, as well as associated teaching materials	Teaching materials should include modification manual, guidelines for creating a student portfolio, guidelines for examination hall modifications, teaching tools and videos
	<b>OBJ-F33</b> - Government should ensure that PwNDDs are able to pursue tertiary education	PwNDDs should not face any barriers when seeking tertiary education	<b>ACT-F34</b> - Conduct sensitization drives at universities <b>ACT-F35</b> - Make universities disability accessible <b>ACT-F36</b> – Set up disability support centers inside universities	All major universities in each Division All major public universities All major public universities
	<b>OBJ-F34</b> - Government should ensure that PwNDDs are able to pursue professional education	PwNDDs should not face any barriers when seeking professional qualifications All PwNDDs should be able to develop skills in professions that interest them and capitalize on their strengths	<b>ACT-F36</b> - Conduct sensitization drives at professional training institutes <b>ACT-F37</b> - Make training institutes disability accessible	At least one major institute for each profession
<b>OBJ-F40</b> - Development of natural talents through co-curricular activities	<b>OBJ-F41</b> - Government should enable the development of any natural artistic potential that PwNDDs possess	PwNDDs should be able to express their natural talents freely and enthusiastically	<b>ACT-F41</b> - Train art and music instructors on working with and teaching PwNDDs <b>ACT-F42</b> - Create opportunities for enrolment of PwNDDs into the art and music classes at public and private fine arts institutes	At least one art instructor and one music instructor per institute At least one institute in each Upazila (if available), or in each district

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<b>OBJ-F42</b> - Government should enable the development of any natural sporting abilities that PwNDDs possess		<p><b>ACT-F43</b> - Train sports coaches on working with and training PwNDDs</p> <p><b>ACT-F44</b> - Set up sports training camps for PwNDDs at clubs, training academies and public fields</p>	<p>At least five coaches per sport</p> <p>At least one training camp per union every month</p>
<b>OBJ-F50</b> - Non-formal education for PwNDDs	<b>OBJ-F51</b> - Government should develop non-formal learning options for PwNDDs who cannot function in a classroom environment, or were unable to access formal education or had to drop out from mainstream/special schools	<p>PwNDDs should have access to non-formal learning options in:</p> <ul style="list-style-type: none"> <li>&gt; Functional education</li> <li>&gt; Remedial education</li> <li>&gt; Continuing education</li> <li>&gt; Vocational training</li> <li>&gt; Aesthetic, cultural and civic education</li> </ul>	<p><b>ACT-F51</b> - Develop non-formal training modules on a variety of subjects, topics, skills and vocations for PwNDDs</p> <p><b>ACT-F52</b> - Install the non-formal training modules at schools, colleges, universities, technical training institutes, vocational training centers, etc.</p>	<p>-</p> <p>At least one academic/technical institute in every Union should offer non-formal training programs</p>
<b>OBJ-F60</b> - Other types of education for PwNDDs	<p><b>OBJ-F61</b> - Government should ensure that PwNDDs receive moral education to learn about ethics and morality</p> <p><b>OBJ-F62</b> - Government should ensure that PwNDDs receive sex education to learn about sexual awareness and healthy sexual behavior and conduct</p> <p><b>OBJ-F63</b> - Government should ensure that PwNDDs learn about the basic concept of money and day-to-day money management</p>	<p>PwNDDs should be able to determine right actions from wrong ones</p> <p>PwNDDs should be able to properly manage their biological needs</p> <p>PwNDDs should be able to prudently manage their money</p>	<p><b>ACT-F61</b> - Develop training module and associated teaching materials on teaching ethics and morality</p> <p><b>ACT-F62</b> - Develop training module and associated teaching materials on sex education</p> <p><b>ACT-F63</b> - Develop training module and associated teaching materials on money management</p>	<p>Training module should include teaching manual, tools, equipment and videos</p> <p>Training module should include teaching manual, tools, equipment and videos</p> <p>Training module should include teaching manual, tools, equipment and videos</p>

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<p><b>Obj-F64</b> - Government should ensure that PwNDDs learn about executive functioning skills</p>	<p>PwNDDs should be able to make key decisions when assuming leadership roles</p>	<p><b>ACT-F64</b> - Develop training module and associated teaching materials on developing executive functioning skills<sup>15</sup></p> <p><b>ACT-F65</b> - Arrange activities, events and projects that involve PwNDDs assuming leadership roles</p>	<p>Training module should include teaching manual, tools, equipment and videos</p> <p>-</p>

<sup>15</sup> Module should cover cognitive skills that would enable PwNDDs to make plans, keep track of time, keep track of more than one thing at a time, meaningfully include past knowledge in discussions, reflect on one's own work, change one's own mind and make mid-course corrections while thinking, reading and writing, finish work on time, seek help, wait to speak until called upon, etc.

**Table 9 - Logical framework of Government activities pertaining to EMPLOYMENT**

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-G10</b> - Career awareness and exploration</p>	<p><b>OBJ-G11</b> - Government should try to familiarize PwNDDs with different career paths</p>	<p>Special educators should know with relative accuracy the line(s) of work that interests a PwNDD the most</p>	<p><b>ACT-G11</b> - Establish a corps of “Employment Specialists”<sup>16</sup> to facilitate the career planning, development, placement and transition of PwNDDs from school to the workplace</p>	<p>One Employment Specialist for every 20 job-ready PwNDDs</p>
			<p><b>ACT-G12</b> - Create a professional course for developing employment specialists</p>	
	<p><b>OBJ-G12</b> - Government should try to identify the work a PwNDD is most likely to succeed in with respect to his/her personal interests, abilities and other variables</p>	<p>Special educators should know with relative accuracy, as early as possible, which industry a PwNDD wants to work in, the type of job he/she would be good at, and ultimately which livelihood to prepare him/her for</p>	<p><b>ACT-G14</b> - Advertise success stories of PwNDDs that have acquired jobs and have been able to maintain them and thrive in them</p>	<p>At least 1 man’s story and 1 woman’s story for each NDD</p>
			<p><b>ACT-G15</b> - Arrange work tryouts for PwNDDs in various industries</p>	

<sup>16</sup> Employment specialists can be industry-specific who would provide consultancy to other special educators, skill developers and vocational trainers, as well as to facilitate the transition of PwNDDs when employed in that particular industry

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS					
	<b>OBJ-G13</b> - Government should try to build up the capacity of each PwNDD to prepare them for work life	PwNDDs should have skills needed to be viable workers by the time they reach 18 years of age	<b>ACT-G16</b> – Conduct periodic vocation assessments <sup>17</sup> after completion of primary schooling <b>ACT-G17</b> - Train special educators on career development planning for PwNDDs	Each PwNDD should have access to at least 2 real work experience options prior to any vocational assessment, of which there should be at least 3 per year Career development planning must be done in liaison with Employment Specialists					
<b>OBJ-G20</b> - Skill development	<b>OBJ-G21</b> - Government should identify skills that capitalize on the strengths of PwNDDs	Special educators should know about a range of skills that can be feasibly developed within PwNDDs	<b>ACT-G21</b> - Create an inventory of skills that capitalize on the strengths of PwNDDs and are in demand in the job market	Skill development techniques have to be piloted and perfected before special educators and skill developers are trained on them					
	<b>OBJ-G22</b> - Government should develop those skills within PwNDDs	Special educators and technical training centers should have the facilities, manpower and qualifications to teach these skills to PwNDDs	<table border="1"> <tr> <td data-bbox="683 1224 792 1581"><b>ACT-G22</b> - Develop training modules on developing such skills within PwNDDs</td> <td data-bbox="683 1581 792 1938">Training modules should include teaching manuals, tools, equipment and videos</td> </tr> <tr> <td data-bbox="558 1224 683 1581"><b>ACT-G23</b> - Arrange facilities, tools and equipment for special educators and skill developers to train PwNDDs</td> <td data-bbox="558 1581 683 1938">-</td> </tr> <tr> <td data-bbox="396 1224 558 1581"><b>ACT-G24</b> - Offer a variety of skill development opportunities for PwNDDs throughout the country</td> <td data-bbox="396 1581 558 1938">Skill development courses could be offered at special schools, technical training colleges and polytechnic colleges</td> </tr> </table>	<b>ACT-G22</b> - Develop training modules on developing such skills within PwNDDs	Training modules should include teaching manuals, tools, equipment and videos	<b>ACT-G23</b> - Arrange facilities, tools and equipment for special educators and skill developers to train PwNDDs	-	<b>ACT-G24</b> - Offer a variety of skill development opportunities for PwNDDs throughout the country	Skill development courses could be offered at special schools, technical training colleges and polytechnic colleges
<b>ACT-G22</b> - Develop training modules on developing such skills within PwNDDs	Training modules should include teaching manuals, tools, equipment and videos								
<b>ACT-G23</b> - Arrange facilities, tools and equipment for special educators and skill developers to train PwNDDs	-								
<b>ACT-G24</b> - Offer a variety of skill development opportunities for PwNDDs throughout the country	Skill development courses could be offered at special schools, technical training colleges and polytechnic colleges								

<sup>17</sup> To the extent possible, these assessments should be done “in vivo” and not through tests or segregated artificial assessments.

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBI-G30</b> - Creation and development of jobs in a variety of industries</p>	<p><b>OBI-G31</b> - Government should identify industries and jobs that offer the most career potential for PwNDDs</p>	<p>PwNDDs should be able to access employment opportunities in the competitive labor market of Bangladesh</p>	<p><b>ACT-G31</b> - Research industries and conduct surveys of industry and NDD experts</p>	<p>There should be a wide range of industry and job options for PwNDDs to work in</p>
	<p><b>OBI-G32</b> - Government should educate employers about the capabilities of PwNDDs and about effective strategies for recruiting and hiring capable PwNDDs</p>	<p>Employers should see it as their responsibility to fulfill the human right of PwNDDs to have jobs</p>	<p><b>ACT-G32</b> - Conduct awareness and lobbying drives with industrial and professional associations</p> <p><b>ACT-G33</b> - Engage in one-to-one discussions with major employers</p>	<p>Employers should be enthusiastic about giving jobs to PwNDDs as well as see the potential benefits to their businesses if they did so</p>
	<p><b>OBI-G33</b> - Government should prepare the supervisors and coworkers to work with PwNDDs</p>	<p>Supervisors and coworkers should create an enabling work environment for them to thrive in</p>	<p><b>ACT-G34</b> - Arrange for concise guidelines on working with PwNDDs to be included in the operating manuals of companies that hire PwNDDs</p> <p><b>ACT-G35</b> - Make employers aware about workplace accommodations</p>	<p>Supervisors and coworkers should be able to interact with employees with NDDs similar to the way they interact positively with all workers</p> <p>Employers should be amenable towards providing any workplace accommodations that PwNDDs need in order to work in their companies</p>
<p><b>OBI-G40</b> - Vocational training</p>	<p><b>OBI-G41</b> - Government should train PwNDDs on the vocations needed to work in a particular industry</p>	<p>For each industry where PwNDDs can potentially work, there should be learning options that would adequately prepare them for employment in that industry</p>	<p><b>ACT-G41</b> - Develop special training modules for various industries<sup>18</sup> designed specifically for PwNDDs</p>	<p>Training modules must be standardized and vetted by industry and NDD experts</p>

<sup>18</sup> Safety training should be incorporated within the vocational training modules in order to equip PwNDDs with awareness of dangers at work and knowledge of how to protect themselves



GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<b>OBI-G42</b> - Government should provide access to a wide range of vocational training options	The training options should be available to PwNDDs all over the country	<b>ACT-G42</b> - Install the special vocational training modules at public and private institutes throughout the country	Module should include teaching manuals, tools, equipment and videos At least one institute per Upazila
	<b>OBI-G43</b> - Government should try to place PwNDDs in appropriate training programs	The placement process should be carefully planned and not undergo undue delays	<b>ACT-G43</b> - Establish a referral system for placement of PwNDDs into vocational training programs <sup>19</sup>	Referral system should be run by the Employment Specialists
<b>OBI-G50</b> - Job placement and referral	<b>OBI-G51</b> - Government should notify PwNDDs about the availability of jobs for them	PwNDDs need to be informed about jobs as soon as they are available without undue delays	<b>ACT-G51</b> - Create a mailing list to notify vocational training institutes, special schools and parent-based NGOs about job openings for PwNDDs	Mailing list should be maintained by the Employment Specialists
	<b>OBI-G52</b> - Government should try to place qualified PwNDDs in appropriate jobs	The placement process should be carefully planned and not undergo undue delays	<b>ACT-G52</b> - Establish a referral system for linking interested PwNDDs to available jobs <sup>20</sup>	Referral system should be run by the Employment Specialists Employment Specialists should negotiate with employers on behalf of PwNDDs for fair compensation and workplace accommodations

<sup>19</sup> Employment specialists should liaise with special educators in order to carefully plan the placement of PwNDDs in training programs, immediately after completion of schooling

<sup>20</sup> Employment specialists should liaise with vocational trainers and employers in order to carefully plan the placement of PwNDDs in the right jobs

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-G60</b> - Onsite support during employment</p>	<p><b>OBJ-G61</b> - Government should monitor the progress of PwNDDs at their jobs</p>	<p>It needs to be ensured that extraneous circumstances at the workplace do not jeopardize their employment and force them to quit</p> <p>PwNDDs need to be provided personal support<sup>21</sup>, particularly during the early days after joining a job, to help them acclimatize to the new environment and integrate with the company</p> <p>Employers should give PwNDDs periodic performance appraisals in order to give them feedback for improvement as well as make them eligible for salary increments and promotions</p>	<p><b>ACT-G61</b> - Establish a monitoring cell of Employment Specialists to regularly follow-up with employed PwNDDs</p>	<p>Follow-ups need to be properly documented</p>
	<p><b>OBJ-G62</b> - Government should provide legal support to PwNDDs to address any violations of their rights</p>	<p>PwNDDs (and/or their representatives) should never experience barriers to pursuing legal action against those who commit acts of discrimination or abuse against them</p>	<p><b>ACT-G62</b> - Develop and supply performance appraisal guidelines to employers for evaluating the job performance of PwNDDs</p>	<p>Guidelines need to be developed by Employment Specialists in consultation with the employers</p>
			<p><b>ACT-G63</b> - Establish an arbitration committee to settle workplace disputes and incidents out of court</p>	<p>Arbitration committee should be composed of parents of PwNDDs, employment specialists, special educators, employers and lawyers</p>
			<p><b>ACT-G64</b> - Create a directory of legal practitioners who are committed to providing pro bono legal services to PwNDDs</p>	<p>-</p>

<sup>21</sup> Employment Specialists need to provide job coaching to PwNDDs, provide emotional and moral support to them, resolve workplace disputes on behalf of them, etc.

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<p><b>OBJ-G70</b> - Health management of PwNDDs during employment</p>	<p><b>OBJ-G71</b> - Government should ensure that the environment where PwNDDs will work are not detrimental to their health</p> <p><b>OBJ-G72</b> - Government should ensure the availability of emergency health services who are capable of caring for PwNDDs during medical emergencies</p>	<p>PwNDDs should be safe from occupational hazards and other workplace factors that could adversely affect their health and wellbeing (both physical and mental)</p> <p>PwNDDs should receive emergency healthcare without undue delays if anything were to happen to them</p>	<p><b>ACT-G71</b> - Negotiate with employers to amend the workplace environment to eliminate risk factors towards the health and wellbeing of PwNDDs</p> <p><b>ACT-G72</b> - Train in-house healthcare providers at the companies that employ PwNDDs on basic primary healthcare</p> <p><b>ACT-G73</b> - Train paramedics on the particular healthcare needs of PwNDDs</p>	<p>Employers should be encouraged to make workplace modifications for those PwNDDs that they hire</p> <p>In-house healthcare providers and paramedics should be familiar of those conditions that typically affect PwNDDs (e.g. epilepsy) and how to manage them</p>
<p><b>OBJ-G80</b> - Post-retirement financial security for PwNDDs</p>	<p><b>OBJ-G73</b> - Government should ensure access to affordable healthcare for PwNDDs</p> <p><b>OBJ-G81</b> - Government should ensure that PwNDDs have a source of income after retirement</p> <p><b>OBJ-G82</b> - Government should ensure proper support and advice for PwNDDs with regards to their financial management</p>	<p>PwNDDs should be able to avail healthcare from the best service providers</p> <p>The post-retirement income that PwNDDs receive must be sufficient to meet their basic needs (accommodation, sustenance, utilities, healthcare and basic personal needs)</p> <p>PwNDDs should be protected both from the bad intentions/wrong advice of others as well as from their own poor decision-making</p>	<p><b>ACT-G74</b> - Establish health insurance policies specifically designed for PwNDDs<sup>22</sup></p> <p><b>ACT-G81</b> - Create pension plans, provident funds, mutual funds and other investment plans specifically for PwNDDs</p> <p><b>ACT-G82</b> - Establish a financial advisory committee to advise PwNDDs</p>	<p>The health insurance policies must provide comprehensive coverage without the cost of the premiums being prohibitive for employers</p> <p>The Government should be the guarantor for these investment plans</p> <p>The committee should include financial experts who are also parents of PwNDDs</p>

<sup>22</sup> Employment specialists could negotiate with employers to pay the premiums for these insurance policies as part of the compensation package offered to PwNDDs

**Table 10 - Logical framework of Government activities pertaining to PROTECTION OF PwNDDs**

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBI-H10</b> - Social supports for PwNDDs	<b>OBI-H11</b> - Government should provide assistive technology to PwNDDs to enhance their lives and independence	All PwNDDs should benefit from the use of assistive technology, as much as possible, in order to ease their challenges and facilitate their participation in society	<b>ACT-H11</b> - Sponsor the production/procurement of assistive devices to be freely distributed to PwNDDs based on their needs	At least 20,000 units per year, with emphasis on the rural areas
		<b>OBI-H12</b> - Government should assist PwNDDs with financial support so that they can meet their basic needs	No PwNDD should ever be homeless or hungry	<b>ACT-H12</b> - Provide stipends to PwNDDs to cover sustenance and other basic personal expenses
<b>OBI-H13</b> - Government should enable PwNDDs from low-income families to pursue secondary and tertiary educational opportunities	<b>OBI-H14</b> - Government should ensure access to healthcare for all PwNDDs	PwNDDs from low-income families should be able to raise the living standards of themselves and their families by acquiring higher educational and professional qualifications and consequently better jobs	<b>ACT-H13</b> - Set up safe-houses for homeless PwNDDs	At least one safe-house per Upazila
		All PwNDDs should be able to afford healthcare from any service provider in the country	<b>ACT-H14</b> - Introduce scholarships and financial aid plans for PwNDDs	At least 5000 awards per year
			<b>ACT-H15</b> - Encourage the private sector to set up similar scholarships and financial aid plans, as well as other methods of education sponsorship for talented PwNDDs from low-income families	At least 100 private scholarships are available per year
			<b>ACT-H16</b> - Introduce health insurance policies specifically for PwNDDs, covering all medical expenses and assistive devices	A range of policies covering the unique needs of the four major NDDs and their grades
			<b>ACT-H17</b> - Encourage the private sector to offer similar policies	

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBI-H20</b> - Countering all forms of abuse	<b>OBI-H21</b> - Government should develop policies and guidelines for protecting and safeguarding PwNDDs from all forms of abuse and discrimination	PwNDDs in Bangladesh should feel safe, empowered and confident as a result of the policies in place to protect them	<b>ACT-H21</b> - Implement or amend legislation and policy that provides non-discrimination protection for PwNDDs	-
			<b>ACT-H22</b> - Develop protection policies for each relevant Government branch that works to address the needs of PwNDDs	Protection policies are needed for each of these relevant Government entities: MoHFW, MoWCA, MoPME, MoE, MoLE, LGD, MoHA, MoRA, MoJjPA
	<b>OBI-H22</b> - Government should help prepare PwNDDs so that they can protect themselves from sexual abuse	No one in society should be able to take advantage of the sexual innocence of PwNDDs	<b>ACT-H23</b> - Monitor that protection policies are being adhered to and enforced	-
			<b>ACT-H24</b> - Train PwNDDs on how to recognize and avoid sexual abuse	Train 5000 PwNDDs per year
	<b>OBI-H23</b> - Government should help create a safe environment in the community where PwNDDs are not teased and bullied	The community should never tolerate the teasing and bullying of PwNDDs	<b>ACT-H25</b> - Establish punitive measures for those who tease and bully PwNDDs	Suggestions for punitive measures include performing community work and fines
			<b>ACT-H31</b> - Encourage legal practitioners to provide pro bono services to PwNDDs during property violation cases	At least one per Upazila
<b>OBI-H30</b> - Legal services for PwNDDs	<b>OBI-H31</b> - Government should ensure that PwNDDs are able to safeguard their personal property and inheritance	No one should be able to take with illegal force the property or inheritance of a PwNDD without suffering legal consequences	<b>ACT-H32</b> - Set up community trusts at Upazila-level to protect the properties of PwNDDs	The community trusts should be a function of the Upazila sub-committees of the NDD Protection Trust

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<p><b>OBJ-H32</b> - Government should ensure that PwNDDs are able to pursue legal action against those who discriminate against them and deprive them of their rights</p>	<p>No one in society should be able to deny a PwNDD his/her right to healthcare, education, employment, etc. without suffering legal consequences</p>	<p><b>ACT-H33</b> - Encourage legal practitioners to provide pro bono services to PwNDDs on civil rights violation cases</p> <p><b>ACT-H34</b> - Produce a booklet for legal practitioners on understanding and working with PwNDDs</p>	<p>At least one per Upazila</p> <p>Disseminate to all law firms in the country</p>
	<p><b>OBJ-H33</b> - Government should ensure that PwNDDs are able to make assisted independent decisions</p>	<p>PwNDDs should be able to make decisions or have decisions made for them by trustworthy attorneys who would safeguard their best interests</p>	<p><b>ACT-H35</b> - Create a registry of qualified individuals that can act as legal guardians or proxies for PwNDDs</p> <p><b>ACT-H36</b> - Train legal guardians and proxies on understanding and working with PwNDDs, as well as how to advise PwNDDs in making assisted independent decisions or to represent their interests if they are not able to make that decision.</p>	<p>At least one per Upazila</p> <p>Training should include the production of a booklet</p> <p>Legal guardianship should be a function of some or all members of the Upazila sub-committees of the NDD Protection Trust</p>

**Table 11 - Logical framework of Government activities pertaining to COMMUNITY SUPPORT**

GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBI-I10</b> - Respite care for PwNDDs	<b>OBI-I11</b> - Government should have a sufficient number of respite care providers in each community	Anyone in the community should be able to offer dependable respite care provided he/she has the necessary qualifications and appropriate facilities	<b>ACT-I11</b> - Develop a training module on providing respite care	Training module should include a booklet and a video, incorporating input from PwNDDs and their families
			<b>ACT-I12</b> - Define a set of expected skills and qualifications needed for anyone to become a provider of respite care	The set of skills and qualifications should be minimalists and achievable yet sufficient to produce quality, reliable respite care providers
	<b>OBI-I12</b> - Government should aim to lessen the burden on the parents of PwNDDs	Parents of PwNDDs should be able to easily contact and afford respite care services	<b>ACT-I13</b> - Establish a registration process and define a set of rules and regulations for respite care providers	The registration process must be easy and quick, and applicants must be thoroughly reviewed before they are issued a respite care permit
			<b>ACT-I14</b> - Create a directory of qualified, registered respite care providers	The directory must be easy to access, easy to navigate and kept up-to-date always
			<b>ACT-I15</b> - Provide a government stipend to parents for providing respite care	A standard wage should be set for all respite care providers
			<b>ACT-I16</b> - Set up respite care centers	Respite care centers could be set up in areas of high demand, and could also provide educational and recreational services to PwNDDs
<b>OBI-I20</b> - Presence of PwNDDs in public spaces	<b>OBI-I21</b> - Government should ensure that PwNDDs are able to access public transportation	PwNDDs should never be denied transportation nor mistreated when using such	<b>ACT-I21</b> - Distribute awareness leaflets to as many public transportation providers as possible	50% of public transportation vehicles audited per year for accessibility



GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<p><b>OBJ-122</b> - Government should ensure that PwNDDs are able to move about in public spaces and buildings, on their own or with assistance</p>	<p>PwNDDs should never be hindered from accessing any public space due to their disability</p>	<p><b>ACT-122</b> - Allocate funds to ensure public transportation will be assessed and brought up to accessibility standards</p> <p><b>ACT-123</b> - Incorporate minimum accessibility standards in construction codes</p>	<p>At least 80% of inter-city buses, municipal buses and taxis should be accessible by 2021</p> <p>100% of all new buildings (public, commercial, educational, healthcare) should be constructed with full accessibility in mind based on ISO and International Building Code standards</p> <p>Any existing building undergoing renovation must be constructed with full accessibility in mind based on ISO and International Building Code standards (barring under cost)</p>
	<p><b>OBJ-123</b> - Government should ensure that PwNDDs have recreational opportunities in public spaces</p>	<p>PwNDDs should be able to enjoy themselves in public spaces</p>	<p><b>ACT-124</b> - Develop specialized disability-friendly playgrounds for PwNDDs</p> <p><b>ACT-125</b> - Provide training to recreational programs for including PwNDDs</p>	<p>100% accessibility for PwNDDs in all public parks</p> <p>At least 25% of public parks to have disability-friendly playground equipment</p> <p>-</p>
	<p><b>OBJ-124</b> - Government should ensure that PwNDDs</p>	<p>PwNDDs should not have to wait or compete for services</p>	<p><b>ACT-126</b> - Establish fast-track services for PwNDDs at Government facilities</p>	<p>All Government facilities most pertinent to PwNDDs:</p>

GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
<b>OBJ-130</b> - Participation of PwNDDs in social, community and cultural events	<b>OBJ-131</b> - Government should ensure that PwNDDs are not discouraged from attending social and community events	No PwNDD should be discriminated against at such events, nor should their parents/relatives be abused for bringing them	<b>ACT-127</b> - Arrange for discounted or free services (if feasible) for all PwNDDs at Government facilities	hospitals, social service centers, etc.
			<b>ACT-131</b> - Produce sensitization and motivational TV spots to change public attitude towards PwNDDs	The TV spots must be professionally directed and memorable enough for their messages to become imprinted in the public consciousness
<b>OBJ-140</b> - Conjugal support and family planning for PwNDDs	<b>OBJ-132</b> - Government should ensure that that PwNDDs get opportunities to perform in cultural events	There should be a reasonable number of opportunities for PwNDDs to perform in cultural events, especially if they come forward and volunteer	<b>ACT-132</b> - Promote success stories of PwNDDs who have been able to overcome the challenges of their disabilities, in order to inspire other PwNDDs and their parents	Stories could be told via books (i.e. an anthology of success stories), short films, documentaries, news/magazine articles, interviews, etc.
			<b>ACT-133</b> - Encourage both public and private sectors to include programs and segments involving PwNDDs	At least one cultural event involving PwNDDs per institute per year  Provide special funding for programs that support cultural opportunities for PwNDDs
<b>OBJ-141</b> - Government should assist those PwNDDs who wish to get married	<b>OBJ-141</b> - Government should assist those PwNDDs who wish to get married	PwNDDs should not have to suffer social or financial barriers to be wed	<b>ACT-141</b> - Establish a match-making service for PwNDDs	The service should be made up of parents of PwNDDs
			<b>ACT-142</b> - Provide counseling services to married PwNDDs	Counseling services should cover marriage and genetic counseling

GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
	<b>OBJ-142</b> - Government should assist those PwNDDs who wish to have children	PwNDDs should be able to have children without suffering prohibitive or unsustainable difficulties	<b>ACT-143</b> - Provide counseling services to those PwNDDs hoping to have children <b>ACT-144</b> - Provide early and affordable reproductive care to PwNDDs	Counseling service should cover husband-wife relations, sex advice, family planning, etc.
<b>OBJ-150</b> - Assistance for PwNDDs during emergencies and disasters	<b>OBJ-151</b> - Government should ensure that the first responders during emergencies and disasters are aware of PwNDDs	Plans <sup>23</sup> for rescuing PwNDDs should be incorporated in all emergency and disaster protocols	<b>ACT-151</b> - Survey PwNDDs and their families on their support needs during emergencies and disasters	10% of PwNDDs and their families are surveyed regarding their support needs during emergencies and disasters
			<b>ACT-152</b> - Provide training to emergency and disaster responders on the evacuation needs of PwNDDs	At least 1 member of each emergency/disaster response team/unit should be trained
			<b>ACT-153</b> - Establish accessible communication protocols for emergency and disaster responders to meet the needs of PwNDDs	-
			<b>ACT-154</b> - Provide emergency and disaster responders access to a directory of PwNDDs	At least 90% of PwNDDs residing in a disaster-hit zone are located and evacuated within 24 hours
	<b>OBJ-152</b> - Government should care for PwNDDs during and after emergencies and disasters	PwNDDs should not be lost due to the negligence of emergency and disaster responders, nor should their	<b>ACT-155</b> - Train a selection of emergency and disaster responders on how to care for PwNDDs during such events	At least 1 member of each emergency/disaster response team/unit should be trained

<sup>23</sup> Government should include PwNDDs in disaster planning and preparation

GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	DESIRED OUTCOMES	ADVISED ACTIVITIES	OUTPUT TARGETS
		rehabilitation be delayed or undermined	<p><b>ACT-156</b> - Provide access to prompt medical care and medical equipment as needed for PwNDDs</p> <p><b>ACT-157</b> - Ensure emergency centers are designated in safe and accessible buildings</p>	-

## 5.5. Focused strategic sub-plans

The logic frames in the previous chapter specify what needs to be done in the country in order to address the needs of PwNDDs across the lifespan. The Government could – and is strongly encouraged to – plan activities other than the advised activities stated in those tables, so long as the Government’s activities fulfill the objectives and outcomes established for the logical framework.

However, it has been repeatedly emphasized in this document that the lifespan needs and their associated objectives are all interlinked with each other. Therefore, if Government activities are to positively impact the lives of PwNDDs, they too must be interlinked with each through planning, coordination and collaboration. Hence, the authors have developed the following “sub-plans” on the basis of the previously discussed logical framework to illustrate to the Government how the objectives and the associated advised activities should ideally complement each other.

### 5.5.1. Coordinated mass awareness-building plan

No lifespan need has been given more focus by GoB than the need to generate awareness about NDDs and PwNDDs. Hundreds of millions of takas have been spent on focused awareness, arranging events such as the World Autism Awareness Day, and producing info-materials. Such enthusiasm on the part of GoB has been praised by the international community, however, closer scrutiny of the awareness-related activities over the past five years has revealed that there was a great amount of redundancy in those activities and overspending on minor events. More importantly, those activities have not yielded the kind of attitudinal shift in society that one might expect from the sheer amount of investment that has been made behind this lifespan need.

It is proposed that future awareness, advocacy and sensitization activities be planned and executed in a coordinated fashion, with specific objectives assigned to those Government branches that are best equipped to reach out to the intended target audiences. Table 12 presents that coordinated awareness-building plan, which also specifies which Government branch should lead multi-branch activities, as well as the topics that a given awareness activity must cover when communicating to their target audiences. Resources that could be customized for use in the Bangladesh context have also been suggested in the table.

Table 12 - Coordinated mass awareness building plan

OBJECTIVES OF THE AWARENESS INITIATIVE	TARGET AUDIENCE	RESPONSIBLE GOVT BRANCHES		TOPICS TO COVER	SUGGESTED RESOURCES
		LEAD	SUPPORTING		
Allying the risk of NDDs in newborn children <b>OBJ-A11</b>	➤ Expecting mothers	DGFP	DWA MoI	<ul style="list-style-type: none"> <li>● Potential risk of NDDs</li> <li>● Safe pregnancy</li> <li>● Nutrition during pregnancy</li> <li>● Access to obstetric care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Care of the Newborn in Developing Countries<sup>24</sup></li> <li>▪ Early Childhood Development – Key Issues<sup>25</sup></li> </ul>
Engaging influential local leaders at rural level to promote the respect and inclusion of PwNDDs <b>OBJ-A12</b>	<ul style="list-style-type: none"> <li>➤ Religious leaders</li> <li>➤ School head-teachers</li> </ul>	DSS	MoRA MoE MoPME MoI	<ul style="list-style-type: none"> <li>● Difference between NDDs and mental health issues</li> <li>● The unique nature of NDDs</li> <li>● Rights of PwNDDs</li> <li>● Examples of PwNDD who are successful in inclusive education and employment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Persons with Disabilities<sup>26</sup></li> <li>▪ Inclusion: Leading the Way in Access for Everyone<sup>27</sup></li> <li>▪ Autism &amp; Faith: A Journey into Community<sup>28</sup></li> </ul>
Engaging Government officials to ensure that PwNDDs receive their rights <b>OBJ-A12</b>	<ul style="list-style-type: none"> <li>➤ Members of Parliament</li> <li>➤ Upazila and Union Council chairpersons</li> <li>➤ Civil servants</li> </ul>	NDD Protection Trust	LGD MoPA MoI	<ul style="list-style-type: none"> <li>● The effects of NDDs on a person's life</li> <li>● The potential of PwNDDs for becoming inclusive members of society</li> <li>● Rights of PwNDDs</li> <li>● Benefits to community for PwNDDs being more independent and economically self-sufficient</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognizing the Contributions of Persons With Disabilities<sup>29</sup></li> <li>▪ Celebrating the Contribution of Persons with Disabilities<sup>30</sup></li> </ul>

<sup>24</sup> Available from: [https://www.oxfordjournals.org/our\\_journals/tropej/online/chapter3\\_bk2.pdf](https://www.oxfordjournals.org/our_journals/tropej/online/chapter3_bk2.pdf)

<sup>25</sup> Available from: <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:23338526~pagePK:148956~piPK:216618~theSitePK:282386,00.html>

<sup>26</sup> Available from: <http://www.un.org/en/globalissues/disabilities/>

<sup>27</sup> Available from: [https://www.autismspeaks.org/sites/default/files/afyo\\_inclusion.pdf](https://www.autismspeaks.org/sites/default/files/afyo_inclusion.pdf)

<sup>28</sup> Available from: <http://rwjms.umdnj.edu/boggscenter/products/documents/AutismandFaith.pdf>

<sup>29</sup> Available from: <https://blogs.state.gov/stories/2015/12/04/ldpd2015-recognizing-contribution-persons-disabilities>

<sup>30</sup> Available from: <http://www.democracyspeaks.org/blog/celebrating-contribution-persons-disabilities>

OBJECTIVES OF THE AWARENESS INITIATIVE	TARGET AUDIENCE	RESPONSIBLE GOVT BRANCHES		TOPICS TO COVER	SUGGESTED RESOURCES
		LEAD	SUPPORTING		
General awareness about PwNDDs <b>OBJ-A13</b>	➤ General public	NDD Protection Trust	MoI	<ul style="list-style-type: none"> <li>● Acknowledgment of the existence of PwNDDs and pervasiveness of NDDs</li> <li>● The causes of NDDs</li> <li>● Respect for the rights of PwNDDs</li> <li>● Potential contribution/value of PwNDDs</li> </ul>	<ul style="list-style-type: none"> <li>■ Autism Awareness<sup>31</sup></li> <li>■ Down Syndrome Awareness Month<sup>32</sup></li> <li>■ World Cerebral Palsy Day<sup>33</sup></li> </ul>
Awareness of the rights of PwNDDs <b>OBJ-A21</b>	➤ Parents of PwNDDs ➤ PwNDDs	DGHS	DGHP JPUF MoI	<ul style="list-style-type: none"> <li>● Rights of PwNDDs</li> <li>● Government services and supports for PwNDDs</li> <li>● Complaint channels for violation of rights</li> </ul>	<ul style="list-style-type: none"> <li>■ CBR Guidelines: Social component, Justice, p.41<sup>34</sup></li> </ul>
Lobbying policy-makers and entrepreneurs for services and supports for PwNDDs <b>OBJ-A30</b>	<ul style="list-style-type: none"> <li>➤ Ministers</li> <li>➤ Members of Parliament</li> <li>➤ Entrepreneurs</li> </ul>	NDD Protection Trust	SEID MoC MoLE	<ul style="list-style-type: none"> <li>● The economic cost of NDDs on PwNDDs and on the society</li> <li>● The potential of PwNDDs for becoming productive members of society and the economic benefits that would bring</li> <li>● Rights of PwNDDs to be fully included</li> </ul>	<ul style="list-style-type: none"> <li>■ World Report on Disability, Direct costs of disability, p.43<sup>35</sup></li> </ul>
Community sensitization for social integration	➤ Relatives and neighbors	NDD Protection Trust	MoI	<ul style="list-style-type: none"> <li>● Combating social stigma about NDDs</li> </ul>	<ul style="list-style-type: none"> <li>■ Community mobilization<sup>36</sup></li> <li>■ IncludeAutism.org</li> </ul>

<sup>31</sup> Available from: <http://www.adcouncil.org/Our-Campaigns/Health/Autism-Awareness>

<sup>32</sup> Available from: <http://www.ndss.org/About-NDSS/Our-Team/Ambassadors/Goodwill-Ambassador/Straight-Talk-with-Chris-Burke/Down-Syndrome-Awareness-Month/>

<sup>33</sup> Available from: <http://ucp.org/getinvolved/world-cerebral-palsy-day/>

<sup>34</sup> Available from: [http://apps.who.int/iris/bitstream/10665/44405/13/9789241548052\\_social\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44405/13/9789241548052_social_eng.pdf)

<sup>35</sup> Available from: [http://www.unicef.org/protection/World\\_report\\_on\\_disability\\_eng.pdf](http://www.unicef.org/protection/World_report_on_disability_eng.pdf)

<sup>36</sup> Available from: <http://www.ncbi.nlm.nih.gov/books/NBK310937/>



OBJECTIVES OF THE AWARENESS INITIATIVE	TARGET AUDIENCE	RESPONSIBLE GOVT BRANCHES		TOPICS TO COVER	SUGGESTED RESOURCES
		LEAD	SUPPORTING		
<b>OBJ-A41</b>				<ul style="list-style-type: none"> <li>Including PwNDDs in community activities</li> </ul>	<ul style="list-style-type: none"> <li>A National Review of Home and Community Based Services (HCBS) for Individuals with Autism Spectrum Disorders<sup>37</sup></li> </ul>
	<ul style="list-style-type: none"> <li>➤ Healthcare providers</li> <li>➤ Teachers, students and staff at mainstream schools and universities</li> </ul>	DGHS	MoI	<ul style="list-style-type: none"> <li>● Right to education for PwNDDs</li> <li>● Critical healthcare needs of PwNDDs</li> </ul>	<ul style="list-style-type: none"> <li>■ CBR Guidelines: Health component<sup>38</sup></li> </ul>
		MoE	MoPME MoYS MoI	<ul style="list-style-type: none"> <li>● Right to education for PwNDDs</li> <li>● Challenging behavior of PwNDDs</li> <li>● The potential of PwNDDs for becoming productive members of society</li> <li>● Value to all students when using universal design for learning strategies that respond to needs of different learning styles</li> </ul>	<ul style="list-style-type: none"> <li>■ Autism Behavior Problems: What's Triggering Your Child's Outbursts?<sup>39</sup></li> <li>■ Universal Design for Learning<sup>40</sup></li> <li>■ Teaching Children With Developmental Disabilities: Classroom Ideas<sup>41</sup></li> <li>■ CBR Guidelines: Education component<sup>42</sup></li> <li>■ World Report on Disability, Education, p.203<sup>43</sup></li> <li>■ Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs<sup>44</sup></li> </ul>

<sup>37</sup> Available from: <https://ici.umn.edu/products../prb/213/default.html>

<sup>38</sup> Available from: [http://apps.who.int/iris/bitstream/10665/44405/7/9789241548052\\_health\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44405/7/9789241548052_health_eng.pdf)

<sup>39</sup> Available from: <http://www.helpguide.org/harvard/autism-behavior-problems.htm>

<sup>40</sup> Available from: <http://www.udcenter.org/aboutudl/whatsudl>

<sup>41</sup> Available from: <http://www.interventioncentral.org/behavioral-interventions/special-needs/teaching-children-developmental-disabilities-classroom-ideas>

<sup>42</sup> Available from: [http://apps.who.int/iris/bitstream/10665/44405/3/9789241548052\\_education\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44405/3/9789241548052_education_eng.pdf)

<sup>43</sup> Available from: [http://www.unicef.org/protection/World\\_report\\_on\\_disability\\_eng.pdf](http://www.unicef.org/protection/World_report_on_disability_eng.pdf)

<sup>44</sup> Available from: [https://www.acf.hhs.gov/sites/default/files/ecdf/policy\\_statement\\_on\\_inclusion\\_of\\_children\\_with\\_disabilities\\_in\\_early.pdf](https://www.acf.hhs.gov/sites/default/files/ecdf/policy_statement_on_inclusion_of_children_with_disabilities_in_early.pdf)

OBJECTIVES OF THE AWARENESS INITIATIVE	TARGET AUDIENCE	RESPONSIBLE GOVT BRANCHES		TOPICS TO COVER	SUGGESTED RESOURCES
		LEAD	SUPPORTING		
	<ul style="list-style-type: none"> <li>➤ Employers, supervisors and coworkers</li> </ul>	MoLE	MoC MoI	<ul style="list-style-type: none"> <li>● Right to employment for PwNDDs</li> <li>● Challenging behavior of PwNDDs</li> <li>● The potential of PwNDDs for becoming productive members of society</li> <li>● Business case for inclusion of PwNDD in employment</li> <li>● Positive impact on overall workplace with universal design and inclusion</li> <li>● Employment success stories</li> </ul>	<ul style="list-style-type: none"> <li>■ Building an Inclusive Workforce<sup>45</sup></li> <li>■ Real People, Real Jobs: Stories from the front line<sup>46</sup></li> <li>■ CBR Guidelines: Livelihood component<sup>47</sup></li> </ul>
	<ul style="list-style-type: none"> <li>➤ Public transportation providers</li> </ul>	LGD	BRTA MoYS MoI	<ul style="list-style-type: none"> <li>● Right to movement for PwNDDs</li> <li>● The physical and social challenges faced by PwNDDs</li> <li>● Assisting PwNDDs in using public transportation</li> </ul>	<ul style="list-style-type: none"> <li>■ Accessibility and Development<sup>48</sup></li> <li>■ Improving access to transport in developing countries<sup>49</sup></li> </ul>
	<ul style="list-style-type: none"> <li>➤ Law enforcement officers</li> </ul>	NDD Protection Trust	MoSW MoI	<ul style="list-style-type: none"> <li>● The innocence of PwNDDs</li> <li>● The physical and social challenges faced by PwNDDs</li> <li>● Potential vulnerability of PwNDDs</li> </ul>	<ul style="list-style-type: none"> <li>■ Building Partnerships for the Protection of Persons with Disabilities Initiative, Challenges victims face<sup>50</sup></li> </ul>

<sup>45</sup> Available from: <https://www.dol.gov/odep/pubs/20100727.pdf>

<sup>46</sup> Available from: <http://www.realworkstories.org/>

<sup>47</sup> Available from: [http://apps.who.int/iris/bitstream/10665/44405/1/1/9789241548052\\_livelihood\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44405/1/1/9789241548052_livelihood_eng.pdf)

<sup>48</sup> Available from: [http://www.un.org/disabilities/documents/accessibility\\_and\\_development.pdf](http://www.un.org/disabilities/documents/accessibility_and_development.pdf)

<sup>49</sup> Available from: [http://www.transport-links.org/filearea/documentstore/307\\_ICE\\_Doc.pdf](http://www.transport-links.org/filearea/documentstore/307_ICE_Doc.pdf)

<sup>50</sup> Available from: <http://www.ovc.gov/pubs/victimswithdisabilities/stateguide/state-print.html#challenges>

## 5.5.2. Healthcare plan

Disability continues to be a significant public health issue in Bangladesh. While children and young adults with disability can lead full and fulfilling lives, for many, disability is associated with limited development and social participation, and with poor educational, health and employment outcomes. It can create difficulties and sometimes pain for the children and young people concerned and, indeed, for their families. NDDs are especially difficult because the children and young people affected frequently have other conditions and complex medical and support needs.

If the Government is to ensure equity for PwNDDs in society, it must develop and integrate effective networks of primary healthcare providers and other health professionals that can positively impact health outcomes for PwNDDs. The aim of services for children and young PwNDDs and their families should be to enable them to maximize their health, wellbeing and life chances and to promote opportunities for social participation.

The keys to achieving this is to ensure early identification of and early interventions for PwNDDs. Early interventions are the only recourse for people with incurable conditions. These interventions have the highest chance of improving their quality-of-life if they are administered to the PwNDDs at the earliest possible stage. The logical framework of Government activities clearly specifies what needs to be done by GoB to deliver healthcare to PwNDDs, their parents and their siblings. Figure 2 shows how those healthcare objectives could be fulfilled within the existing infrastructure, utilizing existing resources as well as incorporating new ones.

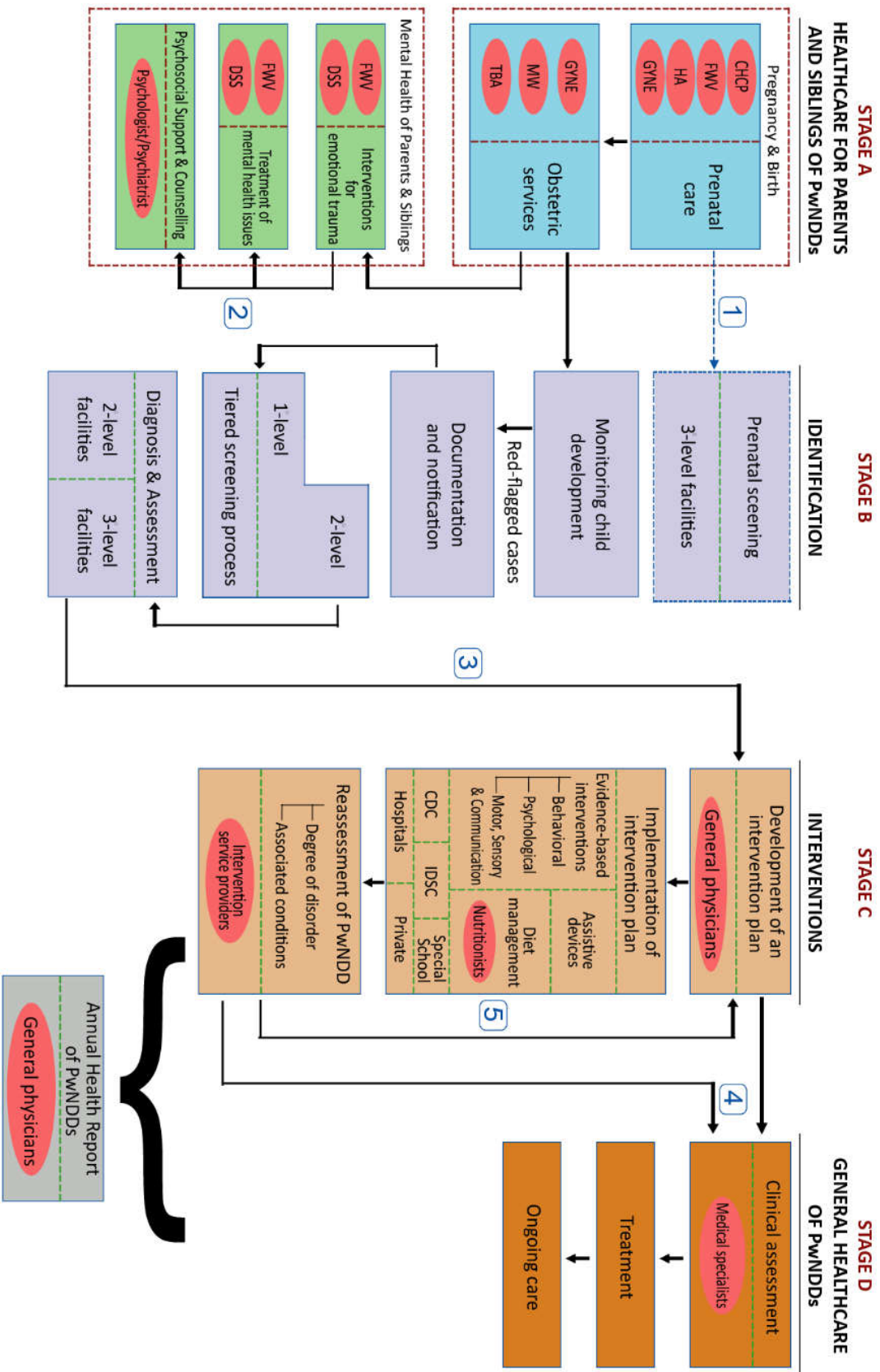


Figure 2 - Healthcare services and supports for PwNDDs

*Notes about the Healthcare plan*

- ① Currently, there is only one viable prenatal test for NDDs, and that is for Down Syndrome. However, this is only feasible at very few tertiary level healthcare facilities in Bangladesh, and those too are only affordable to the rich. Nevertheless, the Government should fund research on advanced prenatal diagnostic procedures for NDDs.
- ② FWVs and DSS field workers need to be able to provide some basic counselling to parents and siblings of PwNDDs, as well as assess when they need professional psychosocial care and then refer them to psychologists, psychiatrists or social service officers.
- ③ The diagnostic and assessment reports needs to be very thorough and detailed so that intervention planners can prepare accurate plans for the rehabilitation of the PwNDDs.
- ④ Both the intervention planners and intervention service providers should be able to refer PwNDDs to medical specialists for assessment and treatment of the comorbidities and other associated health conditions that may manifest in them.
- ⑤ The reassessment reports of PwNDDs following any intervention or treatment should also be very thorough and detailed, and should be supplied to the intervention planners so that they can prepare revised plans for rehabilitation.

*Pregnancy and birth*

- Healthcare field workers need to ensure that pregnant women receive their vaccinations on time, as well as advise them on how to care for themselves during pregnancy, with particular emphasis on proper nutrition, avoiding self-medication, wariness of infectious diseases and keeping safe from physical trauma.
- Pregnant women should try and make at least three visits to a gynecologist (available at UHCs and above) during their pregnancy for check-ups and ultrasonography.
- Pregnant women should be aware of the available obstetric services nearest to her and how to contact/reach them.
- Pregnant women should only resort to home birth unless it is an emergency and are unable to reach a gynecologist on time. Even then, they should call any local TBAs to assist them.

*Mental health of parents and siblings*

- Parents of PwNDDs and their close relatives should know about peer support and community support options within their vicinity to help parents deal with the emotional trauma from learning that their children have NDDs.

*Identification*

- Clear and easy step-by-step instructions have to be produced for parents, UHC Statisticians and any third-party data entry operators on how to enter child development data that parents keep record on their child development cards.
- There ideally should be a two-tiered screening process whereby people are first screened by non-professionals at the grassroots level (e.g. CHCPs, field workers, school teachers)

and then screened by doctors at UHCs and/or district hospitals. The tools for each level should be designed for the operators at that level.

- NDD diagnosticians should have a remote specialist referral service that allows them to communicate with other diagnosticians to seek their opinions about a case.
- The FWVs and DSS field workers need to be trained on the preliminary protocols for parents of PwNDDs, as well as be able to train local leaders on community support for parents and siblings of PwNDDs.

#### *Interventions*

- A manual for intervention planning needs to be developed and made available for any general physician to plan the physical and psychological rehabilitation as well as medical treatment of PwNDDs.
- Major psychotropic drugs need to be included in the Government's list of essential drugs that are generally supplied to the public for free.
- Common assistive devices (i.e. wheelchairs, crutches, walkers, AFOs, hearing aids, etc.) should be available at all Government healthcare facilities.
- The reassessment of PwNDDs after each intervention session should be done by the one administering the intervention (i.e. psychologist, psychiatrist or therapist).
- Clear and easy step-by-step instructions have to be produced for general physicians to write annual health reports for PwNDDs.

#### *Treatment of PwNDDs for health issues associated with their disorder*

- The reassessment of PwNDDs after each treatment should be done by the attending specialist.
- Post-treatment drugs that are essential for recovery and maintenance of health need to be made available to PwNDDs.

#### *Directory of healthcare service providers*

A comprehensive directory of healthcare service providers is vital for the timely and efficient provision of services to PwNDDs. The directory should have links to both public and private service providers along with the following details:

##### NDD diagnosticians

- List of psychologists, psychiatrists, pediatricians and neurologists trained in the diagnosis of any of the four NDDs
- Specialties
- Place of practice and address
- Contact number and email address

##### Psychologists and psychiatrists

- List of psychologists and psychiatrists trained on treating PwNDDs
- Specialties
- Place of practice and address
- Contact number and email address

##### Therapists

- List of physiotherapists, occupational therapists and speech-and- language therapists trained on treating PwNDDs
- Specialties
- Place of practice and address
- Contact number and email address

#### *Intervention service providers*

- List of service providers
- List of available interventions
- Address
- Contact number and email address
- Service fee

#### *Medical specialists*

- List of clinical specialists
- Specialties
- Place of practice and address
- Contact number and email address

### **5.5.3. Education plan**

Education of a PwD has become a matter of “right”, not an act of compassion. Yet, only a small proportion of the children with special needs have ready access to schooling, and those who do attend a segregated special school are mostly located within the two major cities: Dhaka and Chittagong. Almost none of these children now have the opportunity to attend a mainstream school with their non-disabled peers.

Special schools are very much required for the education of PwNDDs as there will always be some children whose learning needs cannot be appropriately met in a regular classroom setting and therefore will require specialized education and resources to provide the level of support they require. In practical terms, establishing more of such schools is not feasible for a country like Bangladesh as the cost of operating special schools are generally very high and require a variety of services including referral activities, initial screening, ongoing assessment, evaluations and reviews, preparation of the Individualized Education Program (IEP) – all for which special educators, therapists and special teaching tools are required.

Moreover, it is also undesirable from an educational standpoint. Special education builds a separate world for children with disabilities. Students are placed in a restrictive environment having limited opportunities of participation with students without disability; it makes them feel different and have low self-esteem.

An alternative is a special unit, special classroom or resource room which would be a separate room dedicated solely to the education of students with special needs within the mainstream school. These classrooms are typically staffed by specially trained teachers, who provide specific, individualized instruction to individuals and small groups of students with special needs. Students remain in class full-time and participate with the mainstream children only during activities like games, music and dance.



Inclusive educational practices are being endorsed internationally and, as a result, inclusive education has received more attention throughout the region. There is movement toward more inclusive schooling in almost every country.

GoB also requires that all students with disabilities (including those with NDDs) have access to and make progress in the mainstream schools. However, the curriculum and instruction must be meaningful, purposeful, and age appropriate for the students. Students with NDDs will have specific goals and objectives that need to be addressed in order to participate and progress in the general education curriculum.

To achieve this goal, a need for comprehensive and systematic educational planning and implementation has been recognized as the core of an intervention program. A comprehensive program should be grounded in recognition of the characteristics of the individual learner and should provide a method of assessment to identify those characteristics, including how they will affect the individual learning style.

Comprehensive programs must address the following critical areas of program design: early intervention, intensity, predictability and structure, generalization, functional analysis of behavior, communication, use of assistive technology, sensory motor processing, social development, integration with typical peers, progress assessment, transition, sexuality, and independent living skills. To address these critical areas, teaching should meet the following requirements:

- Teaching provision should be developed from a clear understanding of the learning patterns and learning difficulties experienced by children with NDDs;
- Teachers and others involved in teaching children with NDDs should demonstrate and be able to implement teaching strategies, reflecting a good knowledge of the main methodologies currently in use;
- Teachers and others in mainstream classes should be educated in and be able to implement curriculum adaptations and general accommodations which reflect a clear understanding of the difficulties that may be experienced by students with NDDs.

Ongoing training is necessary to keep the special educators and mainstream school teachers equipped to deal with the rapidly changing knowledge base around NDDs. With up-to-date information, they will be able to collaborate more effectively, and PwNDDs will be able to access needed supports and services. Types of training programs include pre-service, in-service, training for higher education faculty, and community and agency training.

Figure 3 illustrates how the existing national education system can provide the comprehensive programs needed to fulfill the right of PwNDDs to useful and life changing education.

## Children with NDDs

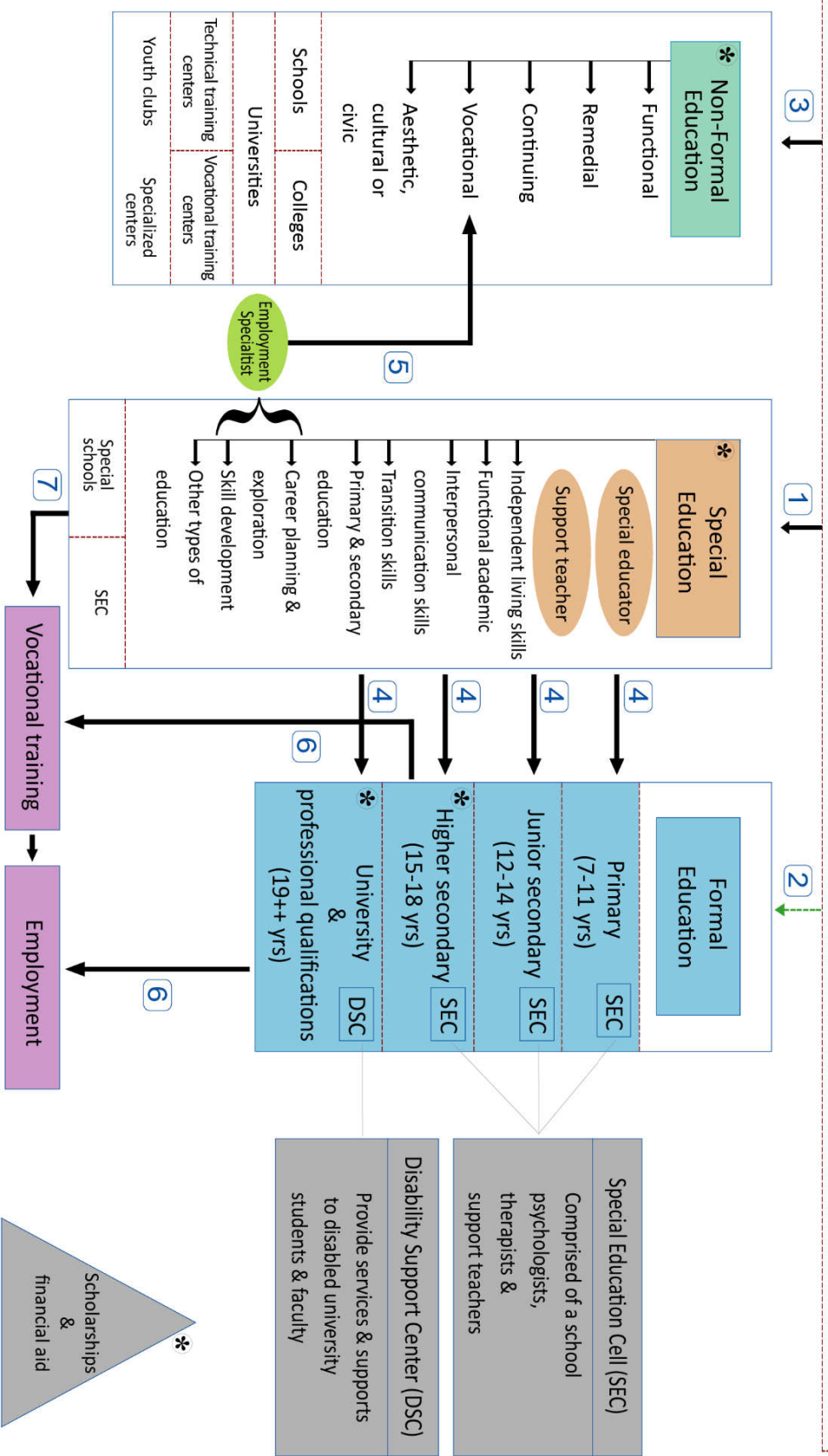


Figure 3 - Education services and supports for PwNDDs

***Notes about the Education plan***

- ① Most children with NDDs will need some special education before eventual mainstreaming to the regular schools.
  - ② A very few percentage of children with NDDs (mostly those with very mild disabilities) may be able to go directly to mainstream schools.
  - ③ Some children with NDDs will neither be able to go to mainstream schools nor to special schools for education. This is usually because they are unable to function in classroom environments, or were forced to drop out from mainstream/special schools for any particular reason, or were never able to go because of socioeconomic reasons. For such children, there needs to be non-formal learning options that give them some qualifications needed to for survival in society and sustainable employment.
  - ④ Special schools should develop their students with the primary aim of enabling them to transition to mainstream schools, colleges and universities.
  - ⑤ Employment specialists should plan and coordinate the career planning, exploration and vocational development of PwNDDs in special schools. They should also assist those students in mainstream schools in choosing their career paths, as well as develop vocational training programs for PwNDDs outside the school system.
  - ⑥ PwNDDs who graduate from mainstream education could either go directly into employment or seek vocational training.
  - ⑦ Those students with NDDs who were never able to become mainstreamed generally move towards vocational training after they complete schooling.
- All children with NDDs from birth through age 21, need to receive special education and related services designed to meet their unique needs and prepare them for social responsibility, community integration and independent living. Special schools should incorporate skill development courses at the primary and secondary level that would prepare the NDDs for vocational rehabilitation.
  - Children who will be transitioned to mainstream schools at the primary, secondary or tertiary level need to be prepared for employment. Post-secondary programs should incorporate employment training activities in their curriculum to help develop talents and interests that later may contribute to vocational success of students with NDD.
  - Some children with NDDs, both from special as well as mainstream schools, may drop out due to the burdens of their disorders. Other children with NDDs may never be able to go to school in the first place due to socioeconomic reasons. For both, there is a pronounced need for non-formal learning options that should adequately prepare them for independent living and sustainable vocations.
  - Government should invest in the establishment of a special education cell or special classroom or resource room at as many mainstream schools as possible to cater for the children who are incapable of attending the mainstream class with their nondisabled peers which would be a step forward in inclusion. The primary requirement for this would be to introduce courses on special education, at all universities and TTCs to produce an ample supply of graduates in special education.

- Government should invest in the establishment of “Disability Support Centers” in all public universities in order to assist those PwNDDs who manage to pursue higher studies. Private universities should also be strongly encouraged to do the same.

### 5.5.4. Employment plan

Having a livelihood is vital not only for one's survival in society but also for his/her reputation and self-esteem. It is an axiomatic fact that a healthy lifestyle is directly linked with having a job that we enjoy doing and by which we are able to sustain ourselves and our dependents, such as our spouses, children and parents. Conversely, not having a job mires a person with financial and social difficulties, as well as a pervasive depression that affects one's health and personal relationships.

A society's government is responsible for ensuring that its people have the educational and healthcare facilities necessary to develop themselves into viable workers, as well as ensuring that the legal and policy framework exists to protect their right to get a job and thereby become participatory members of society fueling its socioeconomic growth. PwDs are generally constrained by their conditions from availing those facilities that regular members of society can. Many of these constraints can be overcome with the help of technology and physical accommodations. However, the solution is somewhat more complicated for PwNDDs not only due to the greater complexity of their conditions in comparison to, let's say, physical and sensory disabilities, but also due to stigmas and cultural misconceptions that still persist even in today's interconnected world.

Joining the workforce remains the final frontier in the quest to creating a truly inclusive society for PwNDDs. To achieve this will require breaking down barriers in other areas, such as creating inclusive education facilities, establishing professional and vocational training programs, combating the skepticism of employers about hiring them, lobbying for their human right to employment, and modifying the environment to make it easy and safe for them to move about – to name a few. In order to complete the lifespan needs of PwNDDs, employment and associated capacity-building opportunities need to be developed so that such individuals can be transformed from welfare-consumers into economic contributors. Figure 4 illustrates how those opportunities can be created within the existing Government setup, using the role of the employment specialist for professional assistance and supports. This process and the nature of this role is based on best practices<sup>51</sup> in assisting individuals with significant disabilities, including PwNDDs, to become successfully employed fully integrated within the general workforce.

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<sup>51</sup> World Association of Supported Employment – [www.wase.net](http://www.wase.net).

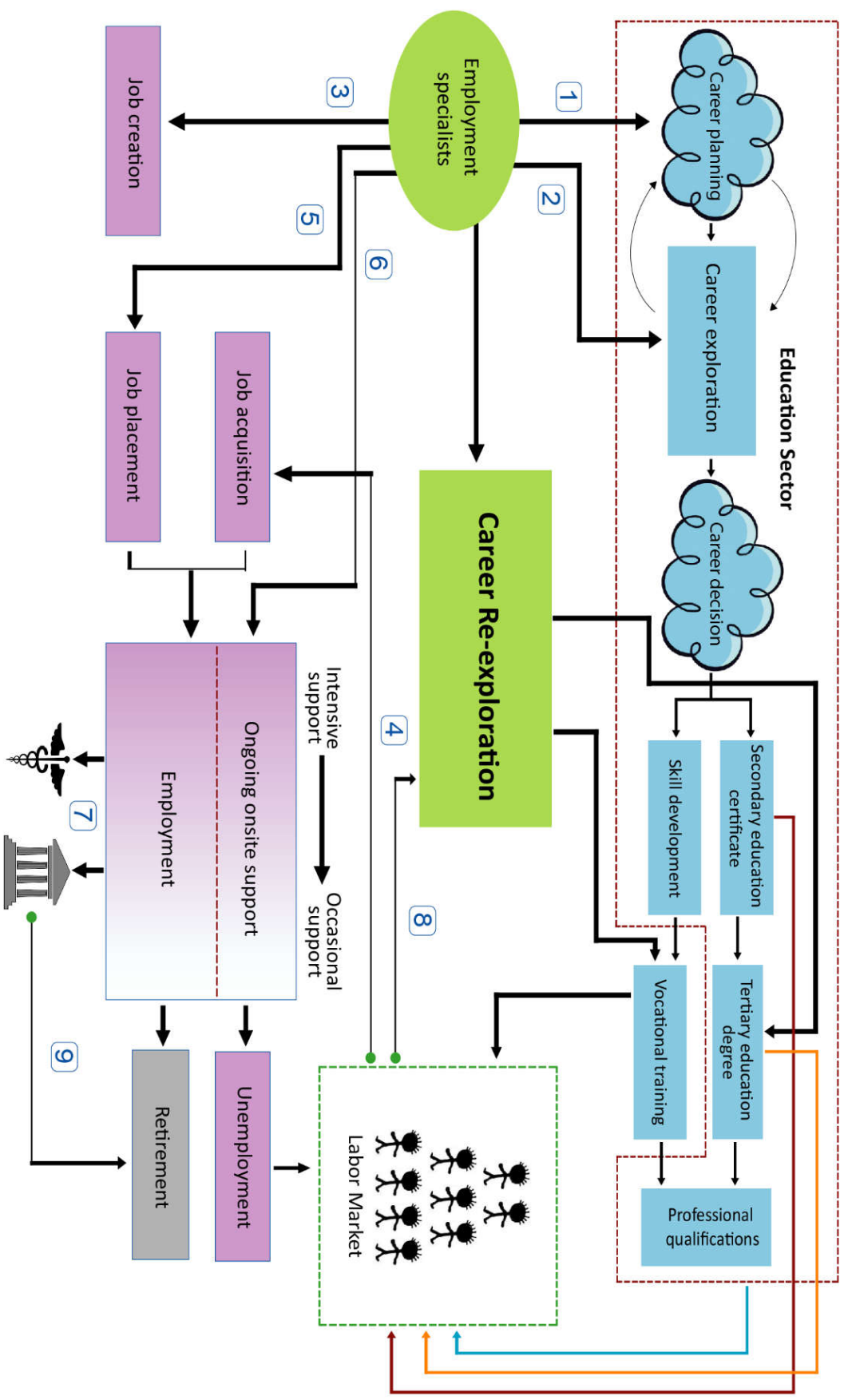


Figure 4 - Employment services and supports for PwNDDs

***Notes about the Employment plan***

- ① Employment specialists should liaise with special educators and parents to assist PwNDDs in planning for a particular career path. This process should ideally begin sometime towards the end of middle school.
- ② Employment specialists should arrange to expose PwNDDs to a variety of industries and jobs using educational videos, presentations, study tours, field trips, hands-on activities, etc.
- ③ On the other end, employment specialists should negotiate with employers and industrial associations to create jobs for PwNDDs that would capitalize on the strengths of PwNDDs.
- ④ Job-ready PwNDDs should be made aware of the availability of employment opportunities so that they can apply for those positions.
- ⑤ Employment specialists should help PwNDDs land jobs by placing them in positions that would best utilize their talents and qualifications. They should also negotiate with the employers on behalf of the PwNDDs for workplace accommodations and fair compensation for fair work.
- ⑥ Employment specialists need to provide support to employed PwNDDs, particularly during the early days of employment until they become acclimatized to their new circumstances. This support should include, but not be limited to, job coaching, sensitizing coworkers, resolving workplace disputes on behalf of PwNDDs, and identification of job accommodations and assistive technology.
- ⑦ The Government needs to encourage employers of PwNDDs to consider paying part of their salaries in the form of contributions towards health insurance policies and pension plans.
- ⑧ PwNDDs should always be able to seek the help of employment specialists to reevaluate and re-plan their career paths.
- ⑨ The ultimate aim of this network of services and supports is for PwNDDs to have fruitful careers that adequately sustain them and help them to become included members of society. One outcome from such careers should be opportunity to invest in retirement plans that would sustain them after they leave their jobs.

**5.5.5. Human resource development plan for Government personnel**

The creation of Government services and supports requires the creation of infrastructure, equipment and manpower. GoB already has most of the infrastructure and equipment needed to serve PwNDDs, but its human resources require much improvement. This Strategic Plan presents several advised activities wherein there is a clear need to either build up the capacities of existing personnel or create new posts at implementation level. Table 13 lists the exact capacity building needs for various different service providers in four key sectors: healthcare, education, employment and social service. The table also offers suggested resources for training those service providers.



It should be mentioned that in some cases, the Government may opt to outsource certain service provisions to the private sector, especially in the short run. If so, GoB should aim to recruit only those service providers who possess the qualifications, skills and capacities suggested herein.

Table 13 - Development of Government human resources

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<i>Healthcare sector</i>			
<ul style="list-style-type: none"> <li>➤ Community Healthcare Providers</li> <li>➤ Health Assistants</li> <li>➤ Family Welfare Visitors</li> </ul>	<ul style="list-style-type: none"> <li>● Teaching expecting mothers about NDDs, prenatal care and safe delivery</li> <li>● Teaching parents of PwNDDs about child development</li> <li>● Use of standard screening tools for NDDs</li> <li>● Training parents and other family members about first aid and how to address medical emergencies that typically affect PwNDDs (e.g. epilepsy)</li> <li>● Teaching parents of PwNDDs about their children’s rights and the services and supports available to them</li> <li>● Sensitivity while servicing PwNDDs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coherent training for community health workers and paramedics in rural Bangladesh<sup>52</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Develop modules for the required qualifications/ skills/ capacities to be taught pre-service</li> <li>2) Provide periodic workshops and self-learning materials to existing healthcare field workers</li> </ol>
<ul style="list-style-type: none"> <li>➤ Family Welfare Visitors</li> </ul>	<ul style="list-style-type: none"> <li>● Use of standardized protocols for counselling and advising parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Families supporting a child with intellectual or developmental disabilities: the current state of knowledge<sup>53</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Develop modules for the required qualifications/ skills/ capacities to be taught pre-service</li> <li>2) Provide periodic workshops and self-learning materials to existing healthcare field workers</li> </ol>

<sup>52</sup> Available from: <http://www.who.int/workforcealliance/forum/2011/nhawardscs1/en/>

<sup>53</sup> Available from: [https://www.iassidd.org/uploads/legacy/images/documents/SIRGs/Families/families\\_sirg\\_position\\_paper\\_final.pdf](https://www.iassidd.org/uploads/legacy/images/documents/SIRGs/Families/families_sirg_position_paper_final.pdf)

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<ul style="list-style-type: none"> <li>➤ Gynecologists</li> <li>➤ Midwives</li> <li>➤ Trained Birth Assistants</li> </ul>	<ul style="list-style-type: none"> <li>● Techniques for safe delivery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Basic Delivery Kit Guide<sup>54</sup></li> <li>▪ Improving Birth Outcomes: Meeting the Challenge in the Developing World, Reducing Neonatal Mortality and Morbidity<sup>55</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Develop modules for the required qualifications /skills/ capacities to be taught pre-service</li> <li>2) Provide periodic workshops and self-learning materials to existing social service field workers</li> </ol>
<ul style="list-style-type: none"> <li>➤ Psychologists</li> </ul>	<ul style="list-style-type: none"> <li>● Complete a 4 years Bachelor's degree (B.Sc. Honors) in General Psychology from an accredited University followed by Masters in Psychology.</li> <li>● Internship for practice of knowledge and skills in administering psychological and behavioral assessment tools, interpretation of test results and diagnosis                             <ul style="list-style-type: none"> <li>➤ Psycho-educational assessment and diagnosis of NDDs; specific learning and behavioral disabilities.</li> <li>➤ Family counseling</li> <li>➤ Diagnosis of NDDs</li> <li>➤ Behavior management children, adolescent and young adults.</li> <li>➤ Psycho-social support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Guidelines for Assessment of and Intervention with Persons with Disabilities<sup>56</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Review and approve the existing curriculum for national uniform standards:                             <ul style="list-style-type: none"> <li>➤ University accreditation</li> <li>➤ Professional licensing</li> <li>➤ Periodic review of university curriculum against national standards for continued accreditation</li> </ul> </li> <li>2) Assistance for higher education and training in both undergraduate and postgraduate psychology education.</li> <li>3) Enhance professional training; and support for the practice of psychology across specialty areas and places of work</li> </ol>
<b>Education sector</b>			

<sup>54</sup> Available from: [https://www.path.org/publications/files/MCHN\\_BDKG.pdf](https://www.path.org/publications/files/MCHN_BDKG.pdf)

<sup>55</sup> Available from: <http://www.ncbi.nlm.nih.gov/books/NBK222108/>

<sup>56</sup> Available from: <http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx>

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<ul style="list-style-type: none"> <li>➤ Early Childhood Development Specialist</li> </ul>	<ul style="list-style-type: none"> <li>● Minimum qualifications: B.Ed.</li> <li>● To support early learning centers to be inclusive of all children</li> <li>● To set up early intervention services in all primary schools</li> </ul>	<ul style="list-style-type: none"> <li>▪ Early Intervention Specialist Competencies<sup>57</sup></li> <li>▪ In service training in special education schools or institutes</li> <li>▪ Develop a guide book on how to interact with children and persons with NDDs in the classroom and school</li> <li>▪ Components of Inclusive education (with a particular emphasis on early childhood development and on addressing the needs of children with NDDs) should be incorporated in a C-in-Eg<sup>58</sup> curriculum of PTI to meet the demand of preparing teachers of the</li> </ul>	<ol style="list-style-type: none"> <li>1) Expand the PTI curriculum</li> <li>2) Utilize existing primary teachers with expanded knowledge in early childhood development and early intervention services</li> <li>3) Expand university personnel preparation programs preparing Early childhood education specialists with a B.Ed.</li> <li>4) Provide financial pay incentives for advancing academic credentials</li> <li>5) Staff each school with an Early Childhood Development Specialists B.Ed., M.Ed.</li> </ol>
<ul style="list-style-type: none"> <li>➤ Support Teachers</li> </ul>	<ul style="list-style-type: none"> <li>● Persons having a junior certificate or SSC degree could be trained in assisting classroom teachers in the management of children with special educational needs in the classroom.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In service training in special education schools or institutes</li> <li>▪ Develop a guide book on how to interact with children and persons with NDDs in the classroom and school</li> <li>▪ Components of Inclusive education (with a particular emphasis on early childhood development and on addressing the needs of children with NDDs) should be incorporated in a C-in-Eg<sup>58</sup> curriculum of PTI to meet the demand of preparing teachers of the</li> </ul>	<ol style="list-style-type: none"> <li>1) Establish unified guidelines on the roles, responsibilities and training of support teachers</li> </ol>
<ul style="list-style-type: none"> <li>➤ Primary School Teachers</li> </ul>	<ul style="list-style-type: none"> <li>● All primary school teachers should ideally have a Bachelor's degree in Primary Education (B.Ed. Honors)</li> <li>● Teachers of the primary schools should have adequate knowledge to address the educational needs of the PwNDDs in the classroom</li> </ul>	<ul style="list-style-type: none"> <li>▪ Components of Inclusive education (with a particular emphasis on early childhood development and on addressing the needs of children with NDDs) should be incorporated in a C-in-Eg<sup>58</sup> curriculum of PTI to meet the demand of preparing teachers of the</li> </ul>	<ol style="list-style-type: none"> <li>1) Review and expand the curriculum to include components on special education</li> <li>2) Extend the duration of the training period</li> <li>3) Establish minimum entrance requirements for PTI training that</li> </ol>

<sup>57</sup> Available from: <http://www.eitrainingcenter.org/pd/?page=comparea>

<sup>58</sup> "Certificate in Education"

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<p>➤ B.Ed. Teachers</p>	<ul style="list-style-type: none"> <li>● Train teachers on how to adapt the NCTB curriculum and customize training materials and teaching techniques according to the individual needs of the PwNDDs</li> <li>● Improve the overall education standards in the country</li> <li>● Provide effective education to all children with disabilities inclusive of PwNDDs</li> </ul>	<p>primary schools to respond to diversity in the mainstream classroom.</p> <ul style="list-style-type: none"> <li>▪ The duration of the C-in-Ed course should be extended including the practice teaching for the aspirant teachers for conceptualizing the pedagogic subjects and its application to the teaching learning process.</li> </ul>	<p>would support the continued educational transition to a B.Ed. degree</p> <ol style="list-style-type: none"> <li>4) Align PTI curriculum and standards to allow university credit toward B.Ed. to promote transfer of skills to academic credit while fostering professional growth and advancement.</li> <li>5) Expand university personnel preparation programs preparing Primary Teachers B.Ed.</li> <li>6) Provide financial pay incentives for advancing academic credentials incrementally toward B.Ed. and M.Ed.</li> <li>7) Staff each school with a B.Ed. or M.Ed. primary school teacher.</li> </ol>
<p>➤ B.Ed. Teachers</p>	<ul style="list-style-type: none"> <li>● Mainstream school teachers at all levels must be trained on classroom accommodations, transition skills, curriculum adaptation, and different learning techniques.</li> <li>● Improve the overall education standards in the country</li> <li>● Provide effective education to PwNDDs</li> <li>● Establish a linkage with the UNCRPD</li> </ul>	<ul style="list-style-type: none"> <li>▪ All B.Ed. courses should incorporate an additional subject on special and inclusive education with a special emphasis on early childhood development and on addressing the educational needs of the Students with NDD.</li> <li>▪ UNESCO policy guidelines on inclusion in education<sup>59</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) All B.Ed. teachers should have in-service training, workshops</li> <li>2) Install additional coursework into the program</li> <li>3) Expand to a four-year Bachelor's degree with a specialization in early childhood development, special education or general education</li> <li>4) All B.Ed. programs should include two core courses (6 credits) - the introduction to special education and</li> </ol>

<sup>59</sup> Available from: <http://www.inclusive-education-in-action.org/iea/index.php?menuid=47>

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<p>➤ Special Educators</p>	<ul style="list-style-type: none"> <li>● All special educators should have a Bachelor's degree in Special Education</li> <li>● Improve the overall education standards in the country</li> <li>● Provide effective education to PwNIDDs</li> <li>● Establish a linkage with the UNCRRPD</li> <li>● Develop capacity to develop effective transition to employment and post-secondary training options for students with NIDDs</li> </ul>	<ul style="list-style-type: none"> <li>■ There should be a uniform standard in the special education curriculum across all universities and institutes offering special education courses at Bachelor's and Master's level.</li> <li>■ Curriculum of the Special Education courses offered by the universities and institutes are subject to review.</li> <li>■ The Master's courses should aim to provide specialization in particular areas of disability, including early childhood development.</li> <li>■ Develop module with key elements of a successful transition process considering all transition requirements: classroom transactions, family engagement, family-school communication, access to facilities, equipment for students, medical or personal care support, links with young adult employment resources, and professional learning/training of staff</li> <li>■ Develop modified curriculum to provide different instruction, materials, and goals that incorporate grade-level standards with functional life skills and activities.</li> </ul>	<p>children with special educational needs; inclusive practices in theory</p> <ol style="list-style-type: none"> <li>1) Create a committee of experts within the field of special education, to advance uniform curriculum across all universities and institutes those offering special education courses</li> <li>2) Review the curriculum across the universities and institutes and of other countries</li> <li>3) Complete a comparative analysis of all curriculum from different universities to establish the country's uniform standards</li> <li>4) Establish a national accreditation board for universities and institutes offering special education courses</li> <li>5) Establish university accreditation based on national and professional standards</li> <li>6) Establish professional licensing for special educators</li> <li>7) Conduct periodic review of university curriculum against national standards for continued accreditation</li> </ol>

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<ul style="list-style-type: none"> <li>➤ School Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>● Complete a 4 years Bachelor's degree (B.Sc. Honors) in General Psychology from an accredited University followed by Masters in Educational Psychology.</li> <li>● Internship for practice of knowledge and skills in a professional educational setting</li> <li>● Internship requires completing a minimum:               <ul style="list-style-type: none"> <li>➤ 800 hours of approved internship</li> <li>➤ 200 hours for application (direct service with client's one to one session, workshop conduction) of which are in direct service with clients</li> <li>➤ 50 hours for supervision (supervision by assigned teacher)</li> <li>➤ 20 hours personal counseling</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Training for all staff,</li> <li>▪ CEC Initial and Advanced Specialty Sets<sup>60</sup></li> <li>▪ Develop practice guidelines to provide guidance to psychologists. These guidelines should address the qualifications and supervision requirements to be completed in order to become a practicing psychologist</li> <li>▪ NASP Standards for the Credentialing of School Psychologists<sup>61</sup></li> </ul>	<ol style="list-style-type: none"> <li>2) Review and approve the existing curriculum for national uniform standards:           <ul style="list-style-type: none"> <li>➤ University accreditation</li> <li>➤ Professional licensing</li> <li>➤ Periodic review of university curriculum against national standards for continued accreditation</li> </ul> </li> <li>3) Improve local access to community based school psychologists.</li> <li>4) Provide financial pay incentives for advancing academic credentials incrementally toward B.Ed. and M.Ed.</li> <li>5) Expand university personnel preparation programs preparing school psychologists</li> <li>6) Staff each school with a B.Ed. or M.Ed. School Psychologist</li> </ol>
<b>Employment sector</b>			

<sup>60</sup> Council for Exceptional Children. Available from: <https://www.cec.sped.org/Standards/Special-Educator-Professional-Preparation/CEC-Initial-and-Advanced-Specialty-Sets>

<sup>61</sup> National Association of School Psychologists. Available from: [http://www.nasponline.org/Documents/Standards%20and%20Certification/Standards/2\\_Credentialing\\_Standards.pdf](http://www.nasponline.org/Documents/Standards%20and%20Certification/Standards/2_Credentialing_Standards.pdf)



GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<p>➤ Employment specialist</p>	<ul style="list-style-type: none"> <li>● Secondary school qualification</li> <li>● Assisting PwNDDs in career exploration and planning</li> <li>● Support PwNDDs in skill development and vocational training</li> <li>● Job development and acquisition for PwNDDs</li> <li>● Pre-employment guidance for and on-the-job support to PwNDDs</li> <li>● Negotiating with employers for employment, fair remuneration, benefits, workplace accommodations, etc.</li> <li>● Providing awareness and sensitivity training to employers, supervisors and coworkers</li> <li>● Job coaching i.e. supporting people while on the job to learn skills to learn and retain employment</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2013 ACRE Competencies: Employment Services<sup>62</sup></li> <li>▪ APSE Supported Employment Competencies<sup>63</sup></li> <li>▪ Services from W/ASE<sup>64</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Develop professional course for Employment Services and install at public universities and professional training institutes</li> <li>2) Outsource the service of Employment Specialists to the private sector in the beginning</li> <li>3) Phase in Government-hired Employment specialists a few per year</li> </ol>
<b>Social service sector</b>			

<sup>62</sup> Available from: [http://www.acreducators.org/sites/default/files/acre\\_standards\\_F4.pdf](http://www.acreducators.org/sites/default/files/acre_standards_F4.pdf)

<sup>63</sup> Available from: <http://www.apse.org/wp-content/uploads/2014/01/APSE-Supported-Employment-Competencies11.pdf>

<sup>64</sup> World Association for Supported Employment. Available from: <http://www.wase.net/services.html>

GOVERNMENT SERVICE PROVIDER	QUALIFICATIONS, SKILLS & CAPACITIES TO BE DEVELOPED	TRAINING RESOURCES	PHASED DEVELOPMENT
<p>➤ Social service field workers</p>	<ul style="list-style-type: none"> <li>● Knowledge of the effects of NDDs on the lives of PwNDDs</li> <li>● Use of standard screening tools for NDDs</li> <li>● Knowledge of the rights of PwNDDs</li> <li>● Use of standardized protocols for counselling and advising parents and siblings of PwNDDs</li> <li>● Teaching parents about ethical parenting</li> <li>● Knowledge of the locally available services and supports (both public and private) for PwNDDs</li> <li>● Advising and sensitizing parents, siblings, other household members and neighbors</li> <li>● Training and sensitizing local leaders</li> <li>● Training on case coordination for PwNDDs</li> <li>● Providing onsite support to employed PwNDDs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Direct Support Professional Competencies<sup>65</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Develop modules for the required qualifications /skills/ capacities to be taught pre-service</li> <li>2) Provide periodic workshops and self-learning materials to existing social service field workers</li> </ol>

<sup>65</sup> Available from: [http://rtc.umn.edu/docs/15\\_NADSP\\_Compency\\_Areas.pdf](http://rtc.umn.edu/docs/15_NADSP_Compency_Areas.pdf)

### 5.5.6. Use of technology to augment Government activities

Technology has become an indispensable element of any endeavor in the 21st century. The importance of technology is particularly significant for a country like Bangladesh that has the eighth largest population in the world and has a desperate need for fast and efficient data sharing. It was therefore necessary for this Strategic Plan to explore how technology could be used to augment Government services and supports to either benefit PwNDDs directly or facilitate the processes that benefit them indirectly.

“*Digital Bangladesh by 2021*” is GoB’s vision to mainstream the use of ICT in education, healthcare, employment and poverty reduction. It focuses on human resource development, people involvement, civil services and the use of IT in business, with the ultimate goal being the overall improvement of the daily lifestyle of general people. With this agenda providing an encouraging platform, the following ideas have been suggested as part of this Strategic Plan.

#### ***Setup of an “NDD Information Hub”***

A major element of this Strategic Plan is to deliver information to various stakeholders. A wide range of data metrics and information materials pertaining to rights, services and supports for PwNDDs have been outlined in this document which GoB should develop and maintain. It is also suggested that this information be stored at and disseminated (mostly in digital form) from a single location - an “information hub about NDDs” that would serve as a reference point primarily for parents of PwNDDs all over Bangladesh.

The NDD Information Hub (NDIHub) should ideally be under the authority of the NDD Protection Trust, the official Government body responsible for safeguarding the rights of PwNDDs. Of course, the Trust does not have the technical expertise to set up the NDIHub, therefore, it is advised that it collaborates with ICTD to construct the system and train the Trust’s personnel on its use. In addition, the information that would be hosted at the NDIHub would come from several Government branches - namely DGHS, JPUF, DPE, DSHE and MoDMR. Memoranda of understanding between the Trust and the aforesaid Government branches should be established for the timely supply of data and information materials for the success of this initiative.

The proposed components of the NDIHub are:

- A website
- A mobile app
- A server of training videos
- A call-center
- A depot of resource materials i.e. an “NDD Resource Center”

#### *Features of the website*

- Technical features
  - Lightweight with minimal graphics
  - Built with responsive web design
  - Available in Bangla and English

- Accessible design for use by PwNDD, screen readers etc.<sup>66</sup>
- Content
  - About awareness, advocacy and sensitization:
    - Information about safe pregnancy
    - News about NDDs in Bangladesh
    - Information about the rights of PwNDDs in Bangladesh
    - Examples of successful youth and adults with NDD
  - About healthcare for parents and siblings of PwNDDs:
    - List of recommended foods and beverages for pregnant women
    - Recipes for homemade nutritional dishes
    - Directory of obstetric service providers
    - Directory of influential local leaders, experienced parents and siblings of PwNDDs
    - Directory of social service officers
    - Stress reduction strategies
    - Resources for mental health services/counseling support
    - Links to peer support options for parents
  - About identification:
    - Digital booklet on child development
    - Protocols for advising and counseling parents
    - Directory of NDD diagnosticians
    - Information about how to access assessment
    - What to do if child is identified as having a NDD
  - About interventions:
    - Directory of child development clinics in Bangladesh
    - Directory of Government medical college and district hospitals
    - Directory of Integrated Disability Service Centers in Bangladesh
    - Directory of psychiatrists and psychologists
    - Booklets on understanding and managing adolescent and young adult behavior (one for PwNDDs and one for parents)
    - List of medications that are harmful to PwNDDs
    - List of blacklisted practitioners of alternative medicine
    - Directory of in-home nursing service providers (with their Skype accounts)
    - List of retirement/senior citizen homes for PwNDDs
    - Right to access to intervention
    - Information on appropriate intervention per age
    - Information on how to access services
  - About training of parents and siblings of PwNDDs:
    - Access to the server of training videos (see below for content)
  - About education:
    - Directory of special schools in Bangladesh
    - Directory of inclusive schools in Bangladesh
    - Guide to teachers on creating inclusive education

<sup>66</sup> Refer to W3C Standards for Web Design and Applications. Available from: <https://www.w3.org/standards/webdesign/accessibility>

Also refer to ITU e-Accessibility Policy Toolkit for Persons with Disabilities, pertaining to e-Government services. Available from: [http://www.e-accessibilitytoolkit.org/toolkit/policy\\_guides/e-Government](http://www.e-accessibilitytoolkit.org/toolkit/policy_guides/e-Government)

- Universal Design for Learning information
- Examples of successful students
- How parents can support education
- What parents should look for in inclusive education
- About employment:
  - Directory of employment specialists
  - List of available jobs for PwNDDs
  - List of vocational training programs for PwNDDs
  - BCC materials for supervisors and coworkers
  - Guidelines on working with PwNDDs in the workplace
  - List of common workplace accommodations (with technical specifications, where necessary)
  - Examples of working PwNDDs
- About protection of PwNDDs:
  - Application form for need-based scholarships for PwNDDs
  - Directory of legal practitioners that will provide pro bono legal services to PwNDDs
  - List of safe houses for homeless PwNDDs
  - List of health insurance companies offering policies for PwNDDs
  - Directory of legal guardians/proxies for PwNDDs
  - Information on rights and self-advocacy
- About community support:
  - Registration form (online or PDF) for parents of PwNDDs to become peer support providers
  - Registration form (online or PDF) for becoming a respite care provider
  - Directory of respite care providers
  - List of disability-friendly parks and playgrounds
  - Information on engaging PwNDDs in community activities
  - Information on communication support/system
- Online forums where stakeholders of NDDs (parents, siblings, experts, social workers, etc.) could interact, discuss topics, and share information and opinions

#### *Features of the mobile app*

- Technical features
  - To be developed for the two major mobile operating systems: Android and iOS
  - To be developed for both smartphones and tablet computers
  - Dual language: Bangla and English
  - Must be able to provide information independent of an Internet connection
  - Free to download
  - Low resource utilization so that it functions smoothly on low-end smartphones and tablet computers
- Content
  - General information about NDDs
  - Information about rights and Government services for PwNDDs
  - Information about developmental milestones and red flags of NDDs (in pictorial form)
  - Protocols for parents with children who exhibit cardinal signs of NDDs or have been diagnosed with NDDs

- All directories available on the Website
- Facility to request for link-ups with other parents of PwNDDs for peer support
- Facility to seek and request for the services of respite care providers
- Information about administering first-aid as well as dealing with other medical emergencies that typically affect PwNDDs (e.g. epilepsy)
- Access to Central NDD Rehabilitation Database

*Features of the server of training videos*

- Technical features
  - Sign-in through accounts based on email addresses
  - Capacity to stream videos between Low Resolution (480x270) to HD720 (1280x720)
  - Bandwidth-responsive streaming
  - Videos to have closed captions for accessibility
- List of training videos
  - For parents and siblings:
    - Home-based interventions
    - Home-based teaching methods
    - Using technology to deliver home-based training on skills and knowledge
    - Managing challenging behavior
    - How to give peer support to other parents of PwNDDs
    - How to give respite care to parents of PwNDDs
    - Advice for siblings of PwNDDs
    - Ethics for guardians of PwNDDs
    - Engaging PwNDDs in community activities
  - For special educators and teachers:
    - Daily living skills
    - Functional academics
    - Transition planning
    - Moral education
    - Sex education
    - Money management
    - Executive functioning skills
  - For vocational trainers:
    - Teaching PwNDDs about safety
    - Job training

*Features of the call-center*

- Operating parameters
  - At least 8 hours a day, but preferably 16 hours a day in two shifts
  - Call center representatives, together among all of them, should be able to speak the major dialects of Bangla
  - Call-center representatives will not only receive calls but also make calls to PwNDDs and their parents to deliver information
- Range of services
  - Information about the rights of PwNDDs in Bangladesh
  - Advise pregnant women about proper nutrition
  - Advise women (and/or their caretakers) who go into labor

- Guide parents who identify developmental red-flags in their children on the necessary steps to take
- Link new parents of PwNDDs to other experienced parents for peer support
- Advise parents of PwNDDs on how to acquire a smart ID card for their children and to avail the associated benefits
- Advise parents of PwNDDs about early interventions, education and employment opportunities for their children
- Advise parents of PwNDDs about managing challenging behavior
- Direct parents of PwNDDs to public and private service providers near them
- Record complaints from PwNDDs and their parents
- Record complaints of violations of Government protection policies for PwNDDs
- Advise PwNDDs and their parents on the actions they can take against those who discriminate against them, violate or deprive them of their rights, or abuse them
- Record complaints about inaccessible public spaces

*List of resources that should be at the NDD Resource Center*

- Booklet on child development
- Booklets on understanding and managing adolescent and young adult behavior (one for PwNDDs and one for parents)
- Booklet on using technology to deliver home-based training on skills and knowledge
- Booklet on how to give peer support to other parents of PwNDDs
- Booklet on advice for siblings of PwNDDs
- Booklet on ethics for guardians of PwNDDs
- Booklet on development of social skills
- Booklet supporting the development of vocational skills

***Setup of a “Central NDD Rehabilitation Database”***

As there are no proven cures for NDDs, the emphasis must, therefore, be on management of the conditions and broad-spectrum rehabilitation. The services needed to achieve that would, in practice, be offered by a variety of service providers (i.e. doctors, therapists, teachers, trainers, etc.). An understanding of the nature of NDDs leads one to the inevitable conclusion that the rehabilitation of PwNDDs has to be done in a coordinated manner involving all of those assisting the individual. These “rehabilitation partners” should be able to review, study and analyze a PwNDD’s progress in order to plan his/her development in the most effective and beneficial way. Therefore, it is suggested that these rehabilitation partners share their data with each by depositing them in a central server - an “NDD rehabilitation database”.

SUB DB <sup>67</sup>	INPUTS	DATA RECORDS	OUTPUTS
IDENTIFICATION	Parents of PwNDDs → Data-entry operators	Names and contact details of red flagged-cases	→ Notification to screening tool operators
	Screening tool operators →	Names and contact details of positively screened cases	→ Notification to NDD diagnosticians

<sup>67</sup> “Sub-database”



	NDD diagnosticians →	Brief diagnostic reports on positively screened cases	Parents of PwNDDs NDD ISPs <sup>68</sup>
	Developmental pediatrician Pediatric neurologist →	Detailed diagnostic reports of confirmed PwNDDs	Parents of PwNDDs NDD therapists → Application to DSS for smart ID cards
	NDD diagnosticians →	Names, contact details and brief bios of diagnosed PwNDDs	Parents of PwNDDs Emergency/disaster first responders
	NDD diagnosticians →	Detailed assessment of a PwNDD's disorder (functional, psychological and clinical)	Parents of PwNDDs NDD ISPs
PHYSICAL & PSYCHOLOGICAL REHABILITATION	General physicians →	Individual intervention plans	Parents of PwNDDs NDD ISPs Special educators
	NDD ISPs →	Brief ISP's reports on PwNDD's response to interventions	Parents of PwNDDs Special educators
	Medical specialists Psychologists psychiatrists →	Brief assessment of a PwNDD's associated health issues (clinical, psychological and functional)	Parents of PwNDDs NDD ISPs Special educators
	Medical specialists Psychologists psychiatrists →	Brief reports on a PwNDD's response to treatment for associated health issues	Parents of PwNDDs NDD ISPs Special educators
	General physicians →	Individual Annual Health Reports of PwNDDs	Parents of PwNDDs Special educators Employment Specialists
EDUCATION AND EMPLOYMENT	Special educators →	Detailed IEPs of PwNDDs	Parents of PwNDDs Employment specialists
	Special educators →	Detailed reports on functional development of PwNDDs (daily living skills and communication skills)	Parents of PwNDDs Employment specialists
	Special educators →	Detailed reports on academic performance of PwNDDs	Parents of PwNDDs Employment specialists
	Special educators Employment specialists →	Detailed reports on vocation assessments of PwNDDs	Parents of PwNDDs Special educator
	Employment specialists →	Detailed Career Development Plans for PwNDDs	Parents of PwNDDs Special educator

<sup>68</sup> "Intervention service providers"

	Special educators →	Detailed reports on skill development of PwNDDs	Parents of PwNDDs Employment specialists
	Employment specialists →	List of jobs for PwNDDs (available and potential)	→ Notification to parents of PwNDDs, parent-based NDD organizations and special educators

The Central NDD Rehabilitation Database (CNDRD) would have a web-based interface, accessible only through email-address based login, with fine-grained access control for different users and roles. The users would input data to CNDRD either by filling up digital forms or by uploading scans of test results, plans, reports, etc. As these are the PwNDDs' personal information, the CNDRD would need to have adequate security (i.e. data encryption during storage and transfer, firewalls, port-locking, etc.) to ensure confidentiality.

In addition to being viewable to various stakeholders, the CNDRD should also be able to perform the following functions:

- Send automated notifications via email (and if feasible, by SMS as well) about updates to the database;
- Have the facility that allows NDD diagnosticians to approve applications for smart ID cards using digital signatures
- Have the option for exporting data in Excel and CSV format (only for those with authorization).

The question of ownership and maintenance of the CNDRD is open for debate. The first consideration should always go to the NDD Protection Trust because of the mandate issued to them by law. Regardless of which Government branch owns it, it would require committed and enthusiastic support from MoHFW, DSS, MoPME, MoE and MoLE if the CNDRD is to be equipped with useful data.

### ***Other use of technology***

Table 14 presents several ***suggestions for the use of technology*** in selected ***advised activities*** from the logic frames in Chapter 5.4. The table also contains ***comparable examples & training resources*** to clarify the suggestions made.

Table 14 - Suggested examples for the use of technology to augment Government activities

ADVISED ACTIVITIES	SUGGESTED USE OF TECHNOLOGY	COMPARABLE EXAMPLES AND/OR SUGGESTED RESOURCES	PHASED IMPLEMENTATION
<b>Awareness, advocacy and sensitization</b>			
Disseminate information about safe pregnancy to all women throughout the country <b>ACT-A12</b>	➤ Use of SMS to disseminate snippets of info about safe pregnancy	<ul style="list-style-type: none"> <li>▪ “Govt info” messaging service utilized by GoB</li> <li>▪ Local mobile phone operators could be contracted via Bangladesh Telecommunication Regulatory Authority</li> </ul>	<ol style="list-style-type: none"> <li>1) Development of 26 160-character messages about NDDs and safe pregnancy</li> <li>2) Transmit one SMS per week for 6 months</li> </ol>
Conduct mass awareness initiatives utilizing TV, radio, telecommunications, the Internet and print media <b>ACT-A16</b>	<ul style="list-style-type: none"> <li>➤ Setup social media accounts for the NDD Protection Trust</li> <li>➤ Use of SMS to disseminate snippets about awareness of NDDs and public sensitivity towards PwNDDs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facebook page for detailed posts, articles and notes about NDD-related topics</li> <li>▪ A Twitter handle for brief news and opinions about NDDs in Bangladesh</li> <li>▪ A Flickr account to share photos of NDD-related events</li> <li>▪ A YouTube channel to share NDD-related videos</li> <li>▪ “Govt info” messaging service utilized by GoB</li> <li>▪ Local mobile phone operators could be contracted via Bangladesh Telecommunication Regulatory Authority</li> </ul>	<ol style="list-style-type: none"> <li>1) Immediate setup and implementation</li> <li>2) Will require at least one person – fluent in Bangla and English – dedicated to managing all of the Trust’s social media accounts</li> </ol>
<b>Healthcare for parents and siblings of PwNDDs</b>			
Create a directory of influential local leaders, as well as experienced parents and siblings of PwNDDs to provide	➤ Set up online platforms for parents and siblings of PwNDDs to	<ul style="list-style-type: none"> <li>▪ Facebook groups with closed membership</li> <li>▪ Paltalk chatrooms</li> </ul>	1) Immediate setup and implementation

ADVISED ACTIVITIES	SUGGESTED USE OF TECHNOLOGY	COMPARABLE EXAMPLES AND/OR SUGGESTED RESOURCES	PHASED IMPLEMENTATION
advice and emotional support to new parents of PwNDDs <b>ACT-B31, ACT-B42</b>	socialize with other such parents and siblings		2) Will require at least one person – fluent in Bangla and English – dedicated to managing the groups and chatrooms
Create a directory of professionals to provide counseling services and psychosocial support to parents and siblings of PwNDDs <b>ACT-B34, ACT-B41, ACT-B43</b>	➤Set up video-conferencing centers in each Union to allow parents and siblings of PwNDDs to seek counseling services and psychosocial support from psychologists, psychiatrists and social service officers	<ul style="list-style-type: none"> <li>▪ Skype</li> <li>▪ Adobe Connect</li> <li>▪ GoToMeeting</li> </ul>	1) Negotiate with existing public Internet cafes and digital centers at Union-level to provide video-conferencing facility 2) Create a directory of professionals including their Skype IDs 3) Make the directory available to the video-conferencing centers through restricted access
<b>Identification</b>			
Develop a local versions of established, international-standard screening tools <b>ACT-C13</b>	➤Create a mobile app for Government field workers to use to screen for NDDs		1) Development of a screening tool 2) Development of an app for the screening tool 3) Piloting the use of the app by field workers in a selection of districts 4) Expanding the use of the app by field workers in all 64 districts
Develop a set of protocols for advising and counseling parents <b>ACT-C15</b>	➤Create a mobile app to direct FWVs with the protocols for advising parents		
<b>Interventions</b>			
Establish in-home nursing and caregiving services for elderly PwNDDs	➤Set up video chatting facility at all Government medical college and district hospitals for NDD-	<ul style="list-style-type: none"> <li>▪ Skype</li> <li>▪ Adobe Connect</li> <li>▪ GoToMeeting</li> </ul>	1) Setup video chatting equipment at all Government medical college and district hospitals

ADVISED ACTIVITIES	SUGGESTED USE OF TECHNOLOGY	COMPARABLE EXAMPLES AND/OR SUGGESTED RESOURCES	PHASED IMPLEMENTATION
<p><b>ACT-D61</b></p>	<p>specializing nurses to provide telemedicine services to PwNDDs who live outside average daily commuting distance</p>		<ol style="list-style-type: none"> <li>2) Setup Skype accounts for each hospital's NDD nursing unit</li> <li>3) Publish the Skype accounts on the NDD Protection Trust's website</li> <li>4) Training of select nurses in each hospital on caring for PwNDDs</li> </ol>
<b>Education</b>			
<p>Establish special education cells in mainstream schools</p> <p><b>ACT-F13</b></p> <p>Establish special schools all over Bangladesh with comprehensive intervention and education services</p> <p><b>ACT-F14</b></p>	<p>➤ Use of low-tech<sup>69</sup> teaching or learning tools</p>	<ul style="list-style-type: none"> <li>▪ Ear plugs</li> <li>▪ Pencil grips, raised line writing paper, highlighter tape</li> <li>▪ Clipboards, pointers</li> <li>▪ Universal “no” symbol; “Go,” “Almost done,” “Stop” cards; picture symbol cards</li> <li>▪ Calendars, choice board (no voice output), visual schedules and routines</li> <li>▪ Assistive Technology Training Online Project</li> </ul>	<ol style="list-style-type: none"> <li>1) Immediate implementation (i.e. within 1 year) at all special schools and SECs</li> <li>2) Open new special schools and SECs pre-equipped with low-tech tools</li> </ol>
	<p>➤ Use of mid-tech<sup>70</sup> teaching or learning tools</p>	<ul style="list-style-type: none"> <li>▪ Audio recorders, digital media players</li> <li>▪ Timers, calculators, flash lights, label makers</li> <li>▪ Head phones, assistive listening devices, overhead projectors</li> </ul>	<ol style="list-style-type: none"> <li>1) Gradual implementation at all special schools and SECs</li> </ol>

<sup>69</sup> These are typically low cost, easy-to-use, battery-operated or non-electronic items utilized by the PwNDD or the teacher.

<sup>70</sup> These include battery-operated devices or simple electronic devices requiring limited advancements in technology.

ADVISED ACTIVITIES	SUGGESTED USE OF TECHNOLOGY	COMPARABLE EXAMPLES AND/OR SUGGESTED RESOURCES	PHASED IMPLEMENTATION
	<ul style="list-style-type: none"> <li>➤ Use of high-tech<sup>71</sup> teaching or learning tools</li> </ul>	<ul style="list-style-type: none"> <li>▪ Portable word processor, simple voice output devices</li> <li>▪ Digital camera, scanner</li> <li>▪ Tablet computers, personal digital assistants</li> <li>▪ Computer software</li> <li>▪ Online learning e.g. ATTO<sup>72</sup></li> <li>▪ Adaptive computer hardware (touch window, alternative keyboards, etc.)</li> <li>▪ Complex voice output devices</li> <li>▪ Interactive whiteboard</li> </ul>	<p>1) Slow implementation at all special schools and SECs</p>
<b>Employment</b>			
<p>Research industries and conduct surveys of industry and NDD experts <b>ACT-G31</b></p>	<ul style="list-style-type: none"> <li>➤ Create and disseminate an online survey to experts on NDDs to determine the kinds of industries and jobs where PwNDDs could thrive in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Google Forms</li> <li>▪ SurveyMonkey</li> </ul>	<p>1) Develop questionnaire in collaboration with parents of PwNDDs, special educators and employment experts</p> <p>2) Disseminate forms by email to all parent-based organizations and technical experts on NDDs</p>

<sup>71</sup> These are typically high-cost, complex devices; however, some of these tools are nowadays part of modern smartphones.

<sup>72</sup> *Assistive Technology Training Online Project*. Available from: <http://www.atto.buffalo.edu/>

ADVISED ACTIVITIES	SUGGESTED USE OF TECHNOLOGY	COMPARABLE EXAMPLES AND/OR SUGGESTED RESOURCES	PHASED IMPLEMENTATION
<p>Make employers aware about workplace accommodations <b>ACT-G35</b></p> <p>Negotiate with employers to amend the workplace environment to eliminate risk factors towards the health and wellbeing of PwNDDs <b>ACT-G71</b></p>	<p>➤ Use of assistive technology<sup>73</sup> as workplace accommodations</p>	<ul style="list-style-type: none"> <li>▪ Workplace accommodations from JAN<sup>74</sup>, from AbleData<sup>75</sup>, and from CATEA<sup>76</sup></li> <li>▪ Low-tech tools e.g. highlighter tape, measuring devices, picture symbol cards, etc.</li> <li>▪ Mid-tech tools e.g. label makers, electronic reminders, assistive listening devices, simple voice output devices, etc.</li> <li>▪ High-tech tools e.g. text-to-voice translation software, adaptive computer hardware, augmentive communication devices, talking tape measure, graphics-to-phrases voice output devices, etc.</li> </ul>	<ol style="list-style-type: none"> <li>1) Develop a centralized database of resources of assistive technology within country or readily available from international sources.</li> <li>2) Set up a centralized resource that can assist employers or programs in acquiring the more expensive devices.</li> <li>3) Within a university, develop an assistive technology resource center to guide and train employers, PwNDD, and Employment Specialists on use of assistive technology.</li> </ol>
<b>Protection of PwNDDs</b>			
<p>Sponsor the production/procurement of assistive devices to be freely distributed to PwNDDs based on their needs <b>ACT-H11</b></p>	<p>➤ Use of visual representation systems, communication supports/ systems and computer-assisted systems</p>	<ul style="list-style-type: none"> <li>▪ Assistive Technology Library (for rental)</li> </ul>	<ol style="list-style-type: none"> <li>1) Disseminate low-cost devices for free or through long term loans</li> </ol>
<p>Train PwNDDs on how to recognize and avoid sexual abuse</p>	<p>➤ Use of weapons for self-defense</p>	<ul style="list-style-type: none"> <li>▪ Whistles, self-defense alarms</li> <li>▪ Tasers, pepper sprays, stun guns</li> </ul>	<ol style="list-style-type: none"> <li>1) Distribute some self-defense weapons to carefully-selected</li> </ol>

<sup>73</sup> Employment specialists and PwNDDs need to be trained in acquiring and using such technology.

<sup>74</sup> Available from: <https://askjan.org/index.html>

<sup>75</sup> Available from: <http://www.abledata.com/>

<sup>76</sup> Available from: <http://assistivetech.net/about/index.php>



ADVISED ACTIVITIES	SUGGESTED USE OF TECHNOLOGY	COMPARABLE EXAMPLES AND/OR SUGGESTED RESOURCES	PHASED IMPLEMENTATION
ACT-H25		<ul style="list-style-type: none"> <li>▪ Batons</li> </ul>	<p>candidates for medium-term try-outs</p> <ol style="list-style-type: none"> <li>2) Solicit feedback from the test subjects about the weapons</li> <li>3) Disseminate weapons to carefully-selected candidates on a need basis</li> </ol>
<b>Community support</b>			
Develop specialized disability-friendly playgrounds for PwNDDs <b>ACT-I26</b>	➤ Construction of inclusive playgrounds designed with disability in mind to include many differently abled populations	<ul style="list-style-type: none"> <li>▪ Me2 program by PlayCore<sup>77</sup></li> <li>▪ Inclusive play by Landscape Structures<sup>78</sup></li> <li>▪ Park Chaverim by Beit Issie Shapiro<sup>79</sup></li> </ul>	<ol style="list-style-type: none"> <li>1) Design an inclusive playground</li> <li>2) Construct the inclusive playground in a place easily accessible to a large number of PwDs</li> <li>3) Replicate the playgrounds in all cities</li> </ol>

<sup>77</sup> Available from: <http://www.inclusiveplaygrounds.org/me2/overview>

<sup>78</sup> Available from: <https://www.playlsi.com/en/inclusive-play>

<sup>79</sup> Available from: <http://en.beitissie.org.il/about/inclusive-playground/>

### 5.5.7. Expansion of Integrated Disability Service Centers

A core issue for individuals with complex needs, such as PwNDDs, is the need to provide a mechanism for coordination across multiple domains and services in combination with easy access to the full range of necessary services. The concept of providing services in easily accessible geographically distributed locations, and containing multiple services and resources within one comprehensive entity, holds the potential to help the various Ministries coordinate their respective efforts more efficiently. Just as important, if not more so, it allows PwNDDs and their families to seek assistance for the array of life domains that impact their lifelong well-being (health, education, employment, social relations, family supports, etc.) in a structurally seamless manner.

Bangladesh has an existing network of 103 Integrated Disability Service Centers (IDSCs)<sup>80</sup> dispersed throughout the country that already serve some of the needs of PwNDDs through provision of a variety of therapeutic services. These IDSCs can serve as the basis for a new service policy of a comprehensive “one-stop” approach. In the initial phase, the structure of the existing IDSCs would be expanded beyond the current medically-based services, to focus on such areas as education, employment, family supports, etc. Some of these services would be provided within the centers themselves, while other services would be made available via referral and external partnerships. After phasing in an expansion of the services available via the existing 103 IDSCs, with the availability of sufficient resources, consideration would be given to expanding this integrated service approach over time to cover all 489 Upazilas.

This new structure, designed to more efficiently and comprehensively meet the needs of PwNDDs, would be done with three goals in mind:

- 1) Reduce the time and effort that citizens must expend to access the services they need.
- 2) Offer greater ability for governmental systems, advocates, NGOs, and professional personnel to collaborate effectively to meet consumer needs.
- 3) Create the capacity to efficiently gather comprehensive data about the services delivered, and outcomes achieved for PwNDDs along the continuum of lifespan needs the IDSCs attempt to affect.

It is important to recognize that a variety of services existing physically together in one location does not guarantee that such interventions are coordinated, non-duplicative, tied together comprehensively, or are offered in an easily accessible manner to PwNDDs and their families. There needs to be a focus on meeting all three of the above goals if the service expansion of the IDSCs (and subsequent expansion to cover all Upazilas) is to have the impact desired. It is important to recognize that such an effort will also require a significant investment over time in the development of sufficient human resources and personnel expertise to properly staff these integrated service centers and provide access to the full range of necessary services.

#### ***Mission***

To have improved accountability and efficiency in the provision of public services to PwNDDs within one setting.

#### ***Goals***

- Early identification and intervention for youth with NDD.
- Better coordinated services that result in more effective and cost efficient service delivery.
- Reduction in time and effort that citizens must expend to access services they need.

<sup>80</sup> Operated by JPUF under MoSW.

- Greater ability for systems and professional personnel to collaborate effectively.

The following *ideal core dimensions* represent the suggested components of a “one-stop shop” according to the literature. A one-stop shop – in this case, an expansion to the IDSCs – would serve as a backbone organization that provides a central location for families and PwNDDs to locate necessary information and services. The breadth and width of a one-stop shop can vary on several factors:

- task portfolio
- participant structure
- autonomy
- proximity to citizens
- instruments

The following is an explanation of how these factors would be addressed at the IDSCs.

### ***Ideal core dimensions***

- **Task portfolio:**
  - *Breadth* – covers all lifespan needs related to NDDs: education, healthcare, employment, etc.
  - *Depth* – provides information, registration, access to core services onsite, funding for services, case coordination, and coordinated referral services.
- **Participant structure:**
  - *Geographical Area* – start building capacity with the existing 106 IDSCs with expansion to one in each Upazila (i.e. 489)
  - *Levels of Government* – Given that existing IDSCs are already under the Ministry of Social Welfare, the intent is that the Ministry will give funding to the IDSC; the IDSC will have the ability and autonomy to allocate resources as needed based on local need; IDSCs will be required to send data to NDD Trust to ensure necessary monitoring and accountability.
  - *Collaborative Structure* – through public-private partnerships.
- **Autonomy:**
  - *Mandatory* – all services must partake if the Government offers them, but the services provided within the center will be under the MoSW. In addition, public-private partnerships will be used to support government services.
  - Priority and emphasis within the complete service package can be locally developed based on local capacity and need (which clients to target, what types of services and products to offer and at what price, quantity and quality), based on overall MoSW guidelines. MoSW will increase funding and each IDSC will distribute funds as necessary
- **Proximity to citizens:**
  - *Local Offices* – start with current 106 IDSCs and work towards one in each upazila (489); can expand to Unions later if necessary.
  - As the result of local proximity, IDSCs can customize outreach to respond to the needs of the local community.
  - *Virtual Presence* – online platform coordinated with the NDD Information Hub, fully leveraging digital capabilities to provide access to services.
- **Instruments:**
  - *Casework coordination* – social service officers and field workers need to be trained.

- At the local Upazila level, organization and administration of the IDSCs will occur: joint leadership, budgets, planning and reporting procedures, recruitment processes, and employment and case coordinators.

Below is an expansion on the first ideal core dimension: task portfolio. Listed are the services that the expanded IDSCs would begin to offer. As noted, some services would be offered on site, while other services would be provided via referrals to other specialists due to size of caseloads, complexity of the case, ability to offer services, and expanding public/private partnerships (see referrals to outside specialists).

### ***Services offered***

- **Disability registration and benefits:**
  - Smart ID Card Registration
  - Information and enrollment in government social assistance benefits
- **Provision of information and resources:**
  - General disability resources
  - Government policies and programs
  - Human Rights Protections and Resources
  - Local Capacity-Building and Trainings for Professionals and Families
  - Peer to peer support for PwNDDs and parents
  - Assistive Technology Centers
  - Awareness campaigns and community sensitization
  - Rights of PwDs
  - Accessibility Guides
- **Data collection:**
  - Data for government accountability
  - Data for participation in research studies
  - Inform prevalence studies and monitor and evaluation of services and expenditures
  - May be separate entity, but should be well coordinated and sent to NDD Protection Trust
- **Referral to outside specialists, for\*:**
  - Early Screening
  - Formal Evaluation
  - Early Intervention
  - Education
  - Employment
  - Independent Living
  - Advocacy and Legal Services

*\*potential for early screening and child development centers to be co-located*

The following information presents a plan for phased implementation. This plan allows for expansion of current IDSCs by building capacity of staff, services, and information while moving towards the building of new infrastructure to reach a larger population.

### ***Phased implementation***

- 1) Increase the capacity of the 103 IDSCs
  - i. Add field workers who will function mainly as case coordinators
  - ii. Train existing IDSC on service provision and referral options

- iii. Add physician and nurses to IDSC who are trained on early identification and intervention efforts.
  - iv. Add disability registration and social assistance benefits
  - v. Add assistive technology center/trainers
  - vi. Add Employment Specialists
- 2) Conduct need assessment of each Upazila
- i. Current services
  - ii. Current trained staff
  - iii. Infrastructure to support service provision
  - iv. Community needs assessment
  - v. Number of PwNDDs served
- 3) Training of personnel
- i. Physician
  - ii. Nurse
  - iii. Field workers (i.e. case coordinators)
  - iv. Therapists (physical, occupational, speech-and-language)
  - v. Psychologist
  - vi. Employment staff
  - vii. Assistive Technology trainer
  - viii. Receptionist/clerk
- 4) Build infrastructure
- i. Create an Integrated Disability Service Center in each upazila
  - ii. Start with highest need areas first

***Examples of potential partner agencies***

- ❖ Resources from the Social Benefits Administration
- ❖ NGOs
- ❖ Advocacy organizations for specific disabilities (there are many different national organizations dedicated to specific disabilities which have a variety of expertise and resources available)
- ❖ Assistive technology providers
- ❖ Training providers

## 5.6. Collaboration plan

It has been repeatedly stressed in this document that addressing the needs of PwNDDs will require a committed, collaborative effort from all pertinent Government branches. Collaboration, in principle, involves two or more entities working concordantly as a group to achieve a common objective, with one entity assuming a leadership role over the others. Effective collaboration can only be achieved when all parties are engaged and committed to achieving the best possible outcomes. Ministries must function as partners; adversarial or competing interests, as well as the presence of bureaucratic bottlenecks would be detrimental to achieving the goals set forth in this plan.

Another conduct that needs to be desisted is the compulsion on the part of a Government branch to engage in an activity for which it neither owns the mandate nor possesses the expertise and capacity to perform adequately. This too needs to be strongly opposed by GoB's highest authorities if there is to be a curbing of redundancy in Government activities. In addition to eliminating bureaucratic barriers to successful implementation, it is imperative that ministries acknowledge and respect the need for clearly defined roles and responsibilities. Designated duties will be assigned based on the branches' individual scope of knowledge and resources. Failure to adhere to the ministerial boundaries set forth increases redundancy and decreases efficiency. Effective implementation of this plan is hinged upon a collective understanding that distribution of responsibility is a critical component of collaboration and all actors must be committed to only playing their role.

### 5.6.1. Collaboration between Government branches

Table 15 presents a list of the leading and supporting Government branches for each general/specific objective stated in this Strategic Plan. The authors studied the mandates of each Government ministry, division and department, as well as explored the scope of various Government projects. They studied the resources available to these Government branches and then decided to allocate the 112 specific objectives not just among members of NSCAND but also those Government ministries, divisions and departments that are not part of NSCAND. It should be noted that, by allocating some responsibilities to Government branches that are not members of NSCAND, the authors of this document are not necessarily recommending the induction of those branches into NSCAND.

Table 15 - Allocation of specific objectives to various Government branches

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<b>Awareness, advocacy and sensitization</b>			
Government should generate awareness of NDDs among expecting mothers <b>OBJ-A11</b>	DGHS	DWA DGFP RCHCIB	<ul style="list-style-type: none"> <li>■ 900 DWA field workers</li> <li>■ 40,000 healthcare field workers (FWVs, CHCPs, HAS)</li> </ul>
Government should generate awareness of PwNDDs among local leaders <b>OBJ-A12</b>	NDD Protection Trust	DSS LGD MoE MoPME MoRA MoPA MoI	<ul style="list-style-type: none"> <li>■ 4,500 social service field workers</li> <li>■ 489 social service Upazila officers</li> <li>■ 489 Upazila Nirbahi Officers</li> <li>■ Upazila junior secondary education officers</li> <li>■ 2,500 assistant primary education officers</li> <li>■ Islamic Foundation of Bangladesh</li> <li>■ RTV, Bangladesh Betar<sup>81</sup> and Bangladesh Sangbad Sangstha<sup>82</sup></li> </ul>
Government should generate awareness of PwNDDs among the general community <b>OBJ-A13</b>	NDD Protection Trust	MoI	<ul style="list-style-type: none"> <li>■ RTV, Bangladesh Betar and Bangladesh Sangbad Sangstha</li> </ul>
Ensure that PwNDDs and their parents/guardians are aware of the rights and available services for PwNDDs in Bangladesh <b>OBJ-A20</b>	DGHS	DGFP JPUF DSS MoI	<ul style="list-style-type: none"> <li>■ 40,000 healthcare field workers (FWVs, CHCPs, HAS)</li> <li>■ 4,500 social service field workers</li> <li>■ 489 social service Upazila officers</li> <li>■ RTV, Bangladesh Betar and Bangladesh Sangbad Sangstha</li> </ul>
Government should encourage and facilitate the lobbying of policy-makers and the private sector to establish services and supports, as well as create opportunities for their inclusion in society <b>OBJ-A30</b>	NDD Protection Trust	SEID MoC MoLE	-

<sup>81</sup> The official radio broadcasting organization of Bangladesh.

<sup>82</sup> The official news agency of Bangladesh.



SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<p>Government should sensitize the community in order to facilitate the integration and inclusion of PwNDDs in society</p> <p><b>OBJ-A41</b></p>	<p>NDD Protection Trust</p>	<p>MoI DGHS MoE MoPME MoYS MoLE MoC LGD BRTA MoHA</p>	<ul style="list-style-type: none"> <li>■ RTV, Bangladesh Betar and Bangladesh Sangbad Sangstha</li> <li>■ 40,000 healthcare field workers (FWVs, CHCPs, HAs)</li> <li>■ Public hospitals and UHCs</li> <li>■ 489 Upazila Nirbahi Officers</li> <li>■ 63,000+ public primary schools</li> <li>■ 17,000+ secondary schools and 226+ universities</li> <li>■ 64 Youth Training Centers</li> <li>■ Bangladesh Police</li> </ul>
<b>Healthcare for parents and siblings of PwNDDs</b>			
<p>Government should try to prevent NDDs by promoting proper healthcare of expecting mothers</p> <p><b>OBJ-B10</b></p>	<p>DGHS</p>	<p>DGFP DWA</p>	<ul style="list-style-type: none"> <li>■ 13,500 community clinics</li> <li>■ 1,312 union sub-centers</li> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district-level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>
<p>Government should ensure access to qualified, capable and well-equipped obstetric care</p> <p><b>OBJ-B20</b></p>	<p>DGHS</p>	<p>BNMC DWA</p>	<ul style="list-style-type: none"> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 District-level Hospitals</li> <li>■ 14 medical college hospitals</li> <li>■ TBAs and midwives</li> </ul>
<p>Government should address the emotional trauma that parents of PwNDDs suffer by dispelling fears and negative attitudes and promoting hope and positive attitudes about their children's future</p> <p><b>OBJ-B30</b></p>	<p>NDD Protection Trust</p>	<p>DGFP DSS MoRA MoPME</p>	<ul style="list-style-type: none"> <li>■ 13,500 community clinics</li> <li>■ 1,312 union sub-centers</li> <li>■ 4,500 social service field workers</li> <li>■ Head-teachers of 63,000+ public primary schools</li> <li>■ Islamic Foundation of Bangladesh</li> </ul>
<p>Treatment of mental health of parents and siblings of PwNDDs</p> <p><b>OBJ-B40</b></p>	<p>DGHS</p>	<p>DSS</p>	<ul style="list-style-type: none"> <li>■ 13,500 community clinics</li> <li>■ 1,312 union sub-centers</li> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district-level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<b>Identification</b>			
Screening of children aged 0 – 5 years <b>OBI-C10</b> Government should screen children and adults above the age of five for red flags of NDDs <b>OBI-C41</b>	DGHS	JPUF MoWCA	<ul style="list-style-type: none"> <li>■ 13,500 community clinics</li> <li>■ 1,312 union sub-centers</li> <li>■ 421 Upazila Health Complexes</li> <li>■ 14 medical college hospitals</li> <li>■ 103 Integrated Disability Service Centers</li> <li>■ 64 daycare centers</li> <li>■ 500 early learning centers</li> <li>■ 1,600 pre-primary centers</li> </ul>
Diagnosis of PwNDDs <b>OBI-C21</b> Assessment of the degree of the disorder <b>OBI-C30</b> Government should diagnose and assess the degree of the NDDs that red-flagged persons have <b>OBI-C42</b>	DGHS	JPUF	<ul style="list-style-type: none"> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> <li>■ 103 Integrated Disability Service Centers</li> <li>■ 20 Mobile Therapy Vans</li> </ul>
Government should arrange for the issuance of smart ID cards to PwNDDs <b>OBI-C22</b>	DSS	-	<ul style="list-style-type: none"> <li>■ Disability Detection Survey</li> </ul>
Ongoing health assessment of PwNDDs throughout their lives <b>OBI-C50</b>	DGHS	-	<ul style="list-style-type: none"> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>
<b>Interventions</b>			
Administering evidence-based interventions to PwNDDs: behavioral, developmental, psychological, motor, sensory and communication <b>OBI-D10</b>	DGHS	JPUF MoPME MoE MoHFW	<ul style="list-style-type: none"> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> <li>■ 103 Integrated Disability Service Centers</li> <li>■ 20 Mobile Therapy Vans</li> </ul>

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
Government should train and assist PwNDDs on healthy diet management with the help of nutritionists <b>OBJ-D21</b>	DGHS	DNS	<ul style="list-style-type: none"> <li>■ 3 specialized institutes: IPNA, NINS and NIMH&amp;R</li> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>
Government should promote research on medicines that would specifically help the health and wellbeing of PwNDDs, as well as promote the sale/supply of only approved and prescribed medicines to PwNDDs <b>OBJ-D22, OBJ-D23</b>	MoHFW	DGDA DGHS BMDC	<ul style="list-style-type: none"> <li>■ 14 medical college hospitals</li> <li>■ 7 postgraduate institute hospitals</li> <li>■ 3 specialized institutes: IPNA, NINS and NIMH&amp;R</li> </ul>
Government should promote R&D in and use of assistive technology <b>OBJ-D30</b>	MoHFW	UGC	<ul style="list-style-type: none"> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> <li>■ 7 postgraduate institute hospitals</li> <li>■ 3 specialized neurosciences institutes: IPNA, NINS and NIMH&amp;R</li> <li>■ 15 engineering &amp; technology universities</li> </ul>
Government should promote research into alternative medicine for PwNDDs, as well as regulate its practice <b>OBJ-D40</b>	MoHFW	BBUASM UGC	<ul style="list-style-type: none"> <li>■ 14 medical colleges</li> <li>■ 1 postgraduate medical university</li> </ul>
Government should assist PwNDDs in modifying socially unacceptable behavior, as well as educate parents of PwNDDs and Government service providers about adolescent and young adult behavior <b>OBJ-D50</b>	DGHS	JPUF	<ul style="list-style-type: none"> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> <li>■ 103 Integrated Disability Service Centers</li> </ul>
Government should provide adult and geriatric care to improve quality-of-life for elder PwNDDs, and to provide shelter to those PwNDDs who do not have close relatives to care for them <b>OBJ-D60</b>	DSS	DNS	<ul style="list-style-type: none"> <li>■ Disability Complex (coming soon)</li> </ul>
<b><i>Training of parents and siblings of PwNDDs</i></b>			

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<p>Training on identification <b>OBI-E10</b></p> <p>Training on home-based interventions, including managing challenging behavior <b>OBI-E21, OBI-E23</b></p>	DGHS	JPUF	<ul style="list-style-type: none"> <li>■ 40,000 healthcare field workers (FWVs, CHCPs, HAs)</li> <li>■ 103 Integrated Disability Service Centers</li> </ul>
<p>Training on home-based teaching methods <b>OBI-E22</b></p> <p>Training on how to provide peer support and respite care <b>OBI-E30</b></p> <p>Training of parents of PwNDDs on ethical parenting <b>OBI-E42</b></p>	MoE	MoPME	<ul style="list-style-type: none"> <li>■ NAAND</li> </ul>
<p>Training on siblings of PwNDDs <b>OBI-E41</b></p> <p>Training on first-aid and other medical emergencies typical to PwNDDs <b>OBI-E43</b></p>	NDD Protection Trust	DSS	<ul style="list-style-type: none"> <li>■ 4,500 social service field workers</li> <li>■ 489 Upazila officers</li> </ul>
<p>Training of siblings of PwNDDs <b>OBI-E41</b></p> <p>Training on first-aid and other medical emergencies typical to PwNDDs <b>OBI-E43</b></p>	DGHS	MoYS	<ul style="list-style-type: none"> <li>■ 64 Youth training centers</li> <li>■ 40,000 healthcare field workers (FWVs, CHCPs, HAs)</li> </ul>
<b>Education</b>			
<p>Government should provide special education to PwNDDs <b>OBI-F10</b></p> <p>Government should develop transition skills within PwNDDs, as well as facilitate the entire transition process <b>OBI-F20</b></p> <p>Government should provide formal primary, secondary and tertiary education to PwNDDs <b>OBI-F30</b></p> <p>Government should ensure that PwNDDs are taught other important life lessons, such as ethics and morality, sex education, money management and executive functioning skills <b>OBI-F60</b></p>	MoE	MoPME	<ul style="list-style-type: none"> <li>■ NAAND</li> <li>■ 63,000+ public primary schools</li> <li>■ 17,000+ secondary schools and 226+ universities</li> </ul>
<p>Government should develop the natural talents of PwNDDs through co-curricular activities</p>	MoE	MoPME MoCA	<ul style="list-style-type: none"> <li>■ 63,000+ public primary schools</li> </ul>

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<p><b>OBJ-F40</b></p> <p>Government should develop non-formal learning options for PwNDDs who were unable to go to school or are unable to function in a classroom environment</p> <p><b>OBJ-F51</b></p>	MoPME	NSC  BNFE DYD MoE	<ul style="list-style-type: none"> <li>▪ 17,000+ secondary schools and 226+ universities</li> <li>▪ Bangladesh Shilpakala Academy</li> <li>▪ 64 Youth Training Centers</li> <li>▪ 65 technical school-and-colleges</li> <li>▪ 49 polytechnic centers</li> </ul>
<b>Employment</b>			
<p>Government should assist PwNDDs with career awareness and exploration</p> <p><b>OBJ-G10</b></p> <p>Government should help PwNDDs develop the skills they need in order to survive and succeed in the workplace</p> <p><b>OBJ-G20</b></p> <p>Government should set up vocational training programs for PwNDDs throughout, as well as facilitate the placement of PwNDDs in those programs</p> <p><b>OBJ-G40</b></p>	MoLE	MoE DYD	<ul style="list-style-type: none"> <li>▪ 17,000+ secondary schools</li> <li>▪ NAAND</li> <li>▪ 10,000+ grant-recipient youth organizations</li> <li>▪ 29 Labor Welfare Centers</li> </ul>
<p>Government should create jobs for PwNDDs, as well as prepare employers and their staff to accept PwNDDs as coworkers</p> <p><b>OBJ-G30</b></p>	MoLE	MoC DYD	<ul style="list-style-type: none"> <li>▪ 10,000+ grant-recipient youth organizations</li> </ul>
<p>Government should facilitate the placement of PwNDDs in available jobs</p> <p><b>OBJ-G50</b></p> <p>Government should ensure that the environment where PwNDDs will work are not detrimental to their health</p> <p><b>OBJ-G71</b></p>	MoLE	MoC	<ul style="list-style-type: none"> <li>▪ 29 Labor Welfare Centers</li> <li>▪ 4 Industrial Relations Institutes</li> </ul>
<p>Government should provide onsite support to PwNDDs during the early stages of their employment, including monitoring their progress, sensitizing their supervisors and coworkers, and providing legal support to them to combat any violations of their rights</p>	MoLE	DSS	<ul style="list-style-type: none"> <li>▪ 29 Labor Welfare Centers</li> <li>▪ 4,500 social service field workers</li> </ul>

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<p><b>OBI-G60</b></p> <p>Government should ensure access to emergency health services and affordable healthcare for PwNDDs</p> <p><b>OBI-G72, OBI-G73</b></p>	MoLE	DGHS	<ul style="list-style-type: none"> <li>■ 29 Labor Welfare Centers</li> <li>■ In-house factory health centers</li> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district-level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>
<p>Government should ensure financial security for PwNDDs after retirement from work</p> <p><b>OBI-G80</b></p>	NDD Protection Trust	MoC DSS	-
<b>Protection of PwNDDs</b>			
<p>Government should provide assistive technology to PwNDDs to enhance their lives and independence</p> <p><b>OBI-H11</b></p>	DSS	DGHS	<ul style="list-style-type: none"> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>
<p>Government should assist PwNDDs with financial support so that they can meet their basic needs</p> <p><b>OBI-H12</b></p>	DSS	NDD Protection Trust	<ul style="list-style-type: none"> <li>■ 4,500 social service field workers</li> </ul>
<p>Government should enable PwNDDs from poor backgrounds to pursue secondary and tertiary educational opportunities</p> <p><b>OBI-H13</b></p>	DSS	MoE MoPME NDD Protection Trust	<ul style="list-style-type: none"> <li>■ 4,500 social service field workers</li> <li>■ 64 MoE district facilitators</li> <li>■ Upazila junior secondary education officers</li> </ul>
<p>Government should ensure access to healthcare for all PwNDDs</p> <p><b>OBI-H14</b></p>	DSS	MoHFW MoC NDD Protection Trust	<ul style="list-style-type: none"> <li>■ 421 Upazila Health Complexes</li> <li>■ 61 district level hospitals</li> <li>■ 14 medical college hospitals</li> </ul>
<p>Government should develop policies and guidelines for protecting and safeguarding PwNDDs from all forms of abuse and discrimination</p> <p><b>OBI-H21</b></p> <p>Government should help prepare PwNDDs so that they can protect themselves from sexual abuse</p>	NDD Protection Trust	MoI/PA MoHA	<ul style="list-style-type: none"> <li>■ Bangladesh Police</li> </ul>

SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<b>OBJ-H22</b> Government should help create a safe environment in the community where PwNDDs are not teased and bullied	NDD Protection Trust	Mol	<ul style="list-style-type: none"> <li>▪ RTV, Bangladesh Betar and Bangladesh Sangbad Sangstha</li> </ul>
<b>OBJ-H23</b> Government should ensure that PwNDDs are able to safeguard their personal property	NDD Protection Trust	Mol, JPA	<ul style="list-style-type: none"> <li>▪ District sub-committees</li> </ul>
<b>OBJ-H31</b> Government should ensure that PwNDDs are able to pursue legal action against those who discriminate against them and deprive them of their rights			
<b>OBJ-H32</b> Government should ensure that PwNDDs are able to make assisted independent decisions	NDD Protection Trust	-	<ul style="list-style-type: none"> <li>▪ District sub-committees</li> </ul>
<b>OBJ-H33</b>			
<b>Community support</b>			
Government should have a sufficient number of respite care providers in each community	NDD Protection Trust	DSS	<ul style="list-style-type: none"> <li>▪ 4,500 social service field workers</li> </ul>
<b>OBJ-H10</b> Government should ensure that PwNDDs are able to move about in public spaces, access public transportation and public recreational opportunities	LGD	DSS BRTA	<ul style="list-style-type: none"> <li>▪ LGED</li> <li>▪ 4,500 social service field workers</li> <li>▪ 62 regulatory circle directors</li> </ul>
<b>OBJ-I21, OBJ-I22, OBJ-I23</b> Government should ensure that PwNDDs get priority services at Government facilities	NDD Protection Trust	MoHPW DSS JPUF MoPA	<ul style="list-style-type: none"> <li>▪ 421 Upazila Health Complexes</li> <li>▪ 61 district-level hospitals</li> <li>▪ 14 medical college hospitals</li> <li>▪ 103 Integrated Disability Service Centers</li> </ul>
<b>OBJ-I24</b> Government should ensure that PwNDDs are not discouraged from attending social and community events, as well as get opportunities to perform in cultural events	NDD Protection Trust	Mol MoCA MoYS	<ul style="list-style-type: none"> <li>▪ RTV, Bangladesh Betar and Bangladesh Sangbad Sangstha</li> <li>▪ Bangladesh Shikpakala Academy</li> <li>▪ 10,000+ grant-recipient youth organizations</li> </ul>
<b>OBJ-I30</b>			



SPECIFIC OBJECTIVES	LEAD GOVERNMENT BRANCH	SUPPORTING GOVERNMENT BRANCHES	AVAILABLE GOVERNMENT RESOURCES
<p>Government should extend conjugal support to willing and able PwNDDs as well as advice and support on family planning</p> <p><b>OBI-140</b></p>	<p>NDD Protection Trust</p>	<p>DSS DGFP</p>	<ul style="list-style-type: none"> <li>▪ 4,500 field workers</li> <li>▪ FWVs</li> </ul>
<p>Government should ensure that PwNDDs receive assistance during and after disasters and other emergencies</p> <p><b>OBI-150</b></p>	<p>NDD Protection Trust</p>	<p>MoDMR</p>	<ul style="list-style-type: none"> <li>▪ Search-and-Rescue officers</li> <li>▪ 26,000 community volunteers</li> </ul>

## 5.6.2. Collaboration with local and international partners

As Bangladesh begins to implement this strategic plan, there are many potential partners and funders who have expertise in this area and can support the effort. The following are private organizations that specialize in one or more NDDs and in particular specialties:

ORGANIZATION	SPECIALTIES
<i>Autism Spectrum Disorder</i>	
Harvard-affiliated hospitals	Diagnosis, treatment
Special Education Professionals Kenya	Special education, economically comparable country to Bangladesh
Center for Autism and Related Disorders (CARD)	Applied behavioral analysis
Autism Treatment Center	Parent training, caregiver training
Knowledge for People	Awareness, interventions
Research Autism	Interventions
The Autistic Self Advocacy Network	Self-advocacy, leadership training, disability rights
The Autism Society of America	Awareness, advocacy
Autism Spectrum Center in Boston Children's Hospital	Diagnosis, language intervention, parent training, research
Association for Science in Autism Treatment	Education, treatment
Centro Ann Sullivan del Peru	Inclusion, parent training, functional teaching, supported employment
University of North Carolina TEACCH Autism Program	Diagnosis, education, parent training, supported employment
US Autism & Asperger Association	Educational training, parent training, sibling training
Action for Autism	Education program, social communication programs, inclusive activities, inclusive activities, occupational and sensory interventions, work and employment, family support and empowerment, residential care
<i>Cerebral palsy</i>	
Mayo Clinic	Awareness
United Cerebral Palsy	Inclusive education, employment, social inclusion
CDC Cerebral Palsy Research	Awareness, research
International Cerebral Palsy Society	Awareness, advocacy, social inclusion, treatment
MyChild	Parent training, caregiver training, community support, treatment, therapy, assistive technology
Cerebral Palsy International Research Foundation	Diagnosis, neurological rehabilitation, orthopedic rehabilitation, prevention
Indian Institute of Cerebral Palsy	Diagnosis, neurology, early intervention, home management services, assessment & counseling in education services for students in mainstream schools, aids and appliances
<i>Down Syndrome</i>	
Down Syndrome Research and Treatment Foundation	Treatment
National Down Syndrome Society	Advocacy, social inclusion
National Down Syndrome Congress	Advocacy, community support, social inclusion
<i>Intellectual disability</i>	
The Arc	Policy development, advocacy, employment services
American Association on Intellectual and Developmental Disabilities	Policy development, advocacy, professional development
Project Ideal	Teacher training

<b>National Institute for the Mentally Handicapped</b>	Early intervention, rehabilitation psychology, special education, disability rehabilitation, CBR
<i>Education for PwDs</i>	
<b>European Agency for Special Needs and Inclusive Education</b>	Education policy development and inclusive practice
<b>UNESCO Inclusive Education</b>	Advocacy, resource material
<b>Council for Exceptional Children</b>	Advocacy, Policy, Professional Development
<i>Employment for PwDs</i>	
<b>APSE --Association of People Supporting Employment First</b>	Advocacy , professional development, certification
<b>ACRE-Association of Community Rehabilitation Educators</b>	Advocacy , professional development, certification
<b>Goodwill International</b>	Job development, placement services
<b>UNESCAP- UN Economic and Social Commission for Asia and the Pacific</b>	Inclusive employment demonstration projects
<b>IASE-Irish Association of Supported Employment</b>	Training , professional development
<i>Healthcare</i>	
<b>American Academy of Pediatrics – Council on Children with Disabilities</b>	Policy, education advocacy
<b>World Health Organization</b>	Research, program development
<b>UNICEF</b>	Immunization, pre-natal care

The following are major donors whose priorities are in line with this Strategic Plan and have a history of funding disability related causes:

DONOR	DEVELOPMENT PRIORITIES
<b>The Spanish Agency for International Cooperation for Development (AECID)</b>	Inclusive economic growth, basic education for all, inclusive health coverage, social protection
<b>The German Federal Ministry for Economic Cooperation and Development (BMZ)</b>	Human rights, inclusion, disability and poverty
<b>Global Affairs Canada (formerly CIDA)</b>	Maternal/newborn/child health
<b>The Australian Department of Foreign Affairs and Trade (DFAT)</b>	Disability-inclusive development, non-communicable diseases, basic education
<b>The United Kingdom’s Department for International Development (DfID)</b>	Education, livelihood development
<b>The European Commission’s International Cooperation and Development</b>	Employment, skills and vocational training, social inclusion, social protection, education, health
<b>Ministry for Foreign Affairs of Finland</b>	Reduction of inequality
<b>International Development Research Centre (IDRC)</b>	Reduction of inequity, employment, maternal/child health
<b>Irish Aid</b>	Inclusive growth, healthcare, education
<b>Japan International Cooperation Agency (JICA)</b>	Education, health, social security
<b>Korea International Cooperation Agency (KOICA)</b>	Education, health
<b>LuxDev</b>	Vocational training, access to employment, health, basic education,
<b>Norwegian Agency for Development Cooperation (Norad)</b>	Education, maternal/child health
<b>The New Zealand Ministry of Foreign Affairs &amp; Trade (NZAid)</b>	Education
<b>Rosstrudnichestvo</b>	Sustainable socioeconomic development

<b>The Swiss Agency for Development and Cooperation (SDC)</b>	Non-communicable diseases, basic education, vocational training
<b>The Swedish Development Agency (SIDA)</b>	Health, education, sustainable societal development
<b>The United States Agency for International Development (USAID)</b>	Education, maternal/child health
<b>World Bank</b>	Economic development, education, labor force participation

### 5.6.3. Networking with various stakeholders of NDDs in Bangladesh

Partnership built on collaboration and the strength of stakeholders provides an opportunity to make real impact on the lives of people with NDDs in the community. Effective partnerships will maximize workforce capacity and responsiveness and eventually choice and control for PwDs, their families and carers. It is vital for the Government to set up an “Information and Support Network” to foster relations with all local stakeholders of NDDs in Bangladesh in order to seek their input and support in project planning and implementation. The key objectives of that Network should be:

- Provide opportunities for sharing skills, knowledge and experience, building and maintaining positive partnerships and enhancing key linkages between government and the non-government sector;
- Support organizations and groups working for the NDDs in receiving of fund grants, aimed at conducting research, providing and developing services for the NDDs;
- Work closely with key stakeholders to provide information, develop skills and identify knowledge gaps, as well as provide support to PwNDDs;
- Work closely with community-based organizations and support groups to identify knowledge gaps, share skills and experience;
- Enhance community awareness, provide clear and accurate information and allay confusion caused by the complex nature of multiple service operating in different geographical locations.

These stakeholders are parents of PwNDDs, scientists who specialize in NDDs, activists and social workers who work for and with PwNDDs, and special educators. The Government has much to gain from these stakeholders in terms of technical expertise, experience and field-level insight. The Government could further enhance those gains by offering a variety of benefits to these stakeholders in order to nurture the relationship with them. Below are some suggestions for the Government to develop human networking with the stakeholders.

#### ***Networking with parents of PwNDDs***

- Arranging meetings between parents of PwNDDs and Government officials;
- Establish online discussion forums for parents to communicate with other parents;
- Piloting new training modules and presenting new info-materials with focus groups of parents representing all social classes;

#### ***Networking with scientists specializing in NDDs***

- Providing research grants to scientists;
- Selecting scientists who are proven to be sincere and committed to the nation and sending them abroad to attend conferences and partake in training programs;

- Coopting scientists into technical focus groups, task forces and think tanks to develop project ideas, procedures, protocols, tools, etc.
- Purchasing NDD-related intellectual properties of scientists;

***Networking with activists and social workers***

- Organizing annual/biannual charity galas in order to link activists and social workers with philanthropists, politicians and celebrities;
- Coopting activists and social workers into technical focus groups, task forces and think tanks to develop project ideas, procedures, protocols, tools, etc.
- Arranging internships and volunteer work at NGOs for school and university students;

***Networking with special educators***

- Coopting special educators into technical focus groups, task forces and think tanks to develop project ideas, procedures, protocols, tools, etc.
- Selecting special educators who are proven to be sincere and committed to the nation and sending them abroad to attend conferences and partake in trainings programs;

## 5.7. Financial management

It goes without saying that no part of this Strategic Plan will ever materialize into action without proper funding and wise financial management. The authors of this document admittedly lack in-depth understanding of the Rules of Business of the Government of Bangladesh, as well as of the political and bureaucratic processes that influence the decision-making behind the funding of Government activities. Thus, this document will not suggest any formulae for determining the appropriate funding for any given activity. However, it will present a few observations about the financial management of recent NDD-related activities of the Government and offer suggestions about better practices.

### *Utilization of Government funds*

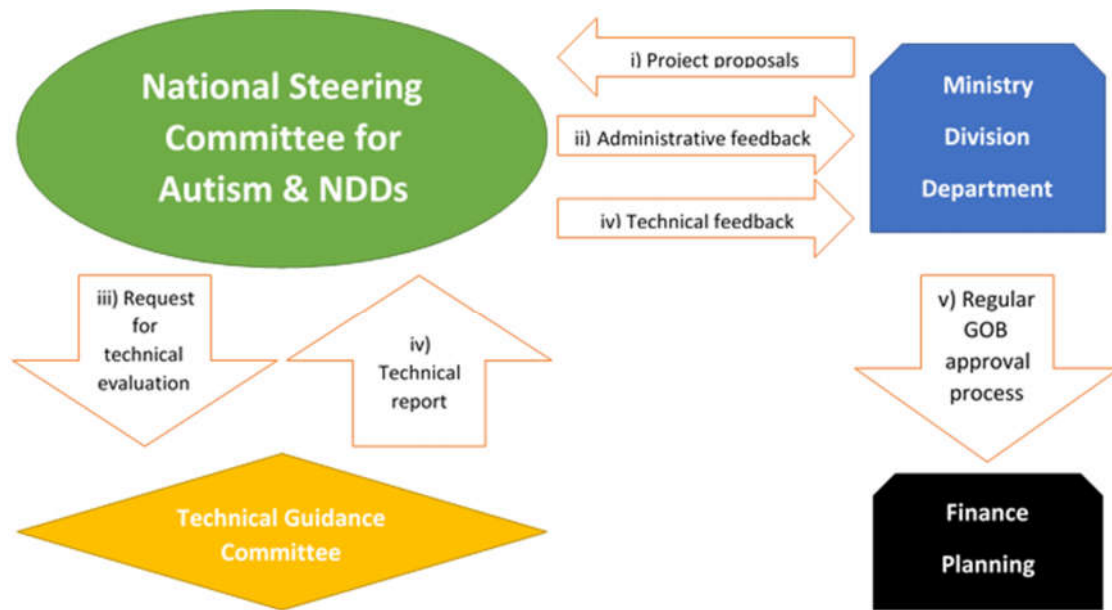
As mentioned earlier, over the past four years, members of NSCAND spent heavily on projects on building awareness whilst neglecting other important lifespan needs, such as employment and community support. An analysis of the proposed five-year action plans of NSCAND members reveals that nearly BDT 954 million has been tentatively budgeted for overlapping and redundant activities that do not naturally fall under the mandate or expertise of the Government branches proposing those activities. Meanwhile, budgeting for employment-related activities amount to only BDT 93 million.

Another BDT 229 million has been tentatively budgeted by NGOAB to be spent largely on projects run by NDD-focused NGOs in Bangladesh. While the initiative itself is commendable, one cannot help but question the capacity of NGOAB to properly decide which NGO project proposals to fund, given that it is a known fact that NGOAB does not have the personnel nor the experience in NDD-related activities to make those decisions. Such significant funds should either be allocated to another Government body that has the capacity to expertly decide which of the NGO projects to fund, or be allocated to other Government branches to fund other activities for unaddressed objectives. A third option is to create a sub-committee in NSCAND comprising of NGOAB and other key Government bodies (e.g. the NDD Protection Trust, JPUF, NAC, etc.) which will be responsible for awarding donations to NDD-focused NGOs based on their strengths, track record and results from past activities.

### *Committee review of project proposals*

A common point that has been reiterated throughout this Strategic Plan is the need for Government branches to coordinate their activities and collaborate with each other. That is because, as explained earlier, the nature of the needs of PwNDDs and the linkages between them necessitate that various stakeholders communicate with each other before and during project implementation.

In the *2016 Situation Assessment of Autism & Neurodevelopmental Disorders in Bangladesh*, it was proposed that NSCAND establish a mechanism for reviewing the various project proposals of NSCAND members before they submit them for approval and funding at the Planning Commission and MoF, respectively. Since GoB's Rules of Business would not allow for NSCAND to sign off on any proposal before going to the Planning Commission and MoF, the next best option was to suggest a mechanism whereby the members would be encouraged to seek administrative and technical feedback from NSCAND and the Technical Guidance Committee (TGC) respectively, but they would not be under any obligation to incorporate that feedback or even seek it in the first place.



**Figure 5 - Proposed project planning process for members of NSCAND**

This document reiterates the need for this mechanism to be put in place and for the members of NSCAND to commit sharing their project proposals with NSCAND and the TGC before finalization, budgeting and implementation. It is vital for the members to understand that effective inter-ministerial coordination and collaboration will never happen unless there is frequent communication between them during the planning phase. More importantly, the communication must result in firstly, a clear allocation of objectives and tasks, and secondly, an amicable understanding of the role each member has to play in addressing the lifespan needs of PwNDDs. Secondly, there has to be a commitment from the members that they will heed the feedback of NSCAND and the TGC and modify their project plans accordingly. This communication will hopefully ensure that there will be no overlapping and redundancy in Government activities, and thus more fruitful use of Government funds.

Finally, the deliberations over project proposals must be held along the lines of an overarching plan that represents the “bigger picture” of NDDs in Bangladesh. This bigger picture provides a holistic view of the lifespan needs of PwNDDs and whatever is needed to address them. This Strategic Plan aims to provide that bigger picture.

### ***Reallocation of tax funds***

Better utilization of Government funds will undoubtedly impact the NDD situation in Bangladesh as precious funds will get diverted to more important yet previously neglected projects. But even after that, there is a need for more funds to address the large magnitude of the NDD situation. The primary source of Government funds is taxation, therefore this is the first area that should be reexamined in order to find funds for NDD-centric projects.

For instance, it has been scientifically established that heavy metal poisoning can cause NDDs such as autism and intellectual disability. Major cities in Bangladesh such as Dhaka and Chittagong have extremely high levels of air pollution due to the exhaust fumes from old diesel engines in buses and trucks that still operate in large numbers. Although much of the air pollution in these cities have gone down since the introduction and compressed natural gas, these old buses and trucks continue to exist mainly because they are cheap to maintain. A suggestion for the Government would be to tax the bus and truck owners for their contribution to air pollution and



then use that revenue on health-related projects, such as for NDDs. This will either push the bus and truck owners to replace their old vehicles with ones that use cleaner fuels or the Government will get a new source of funds to finance NDD-centric projects. Similar taxes could be levied on factories whose toxic waste contribute to heavy metal poisoning in the population.

Many of the objectives that this Strategic Plan articulates are about delivering various kinds of information on NDDs to different segments of the populations. For instance, parents need training on home-based interventions whilst school children need to be sensitized about children with NDDs who transition to mainstream schools. The general community needs to be sensitized about working alongside PwNDDs in offices and factories. In a country with over 160 million people, delivering such information is a major logistical challenge. However, a powerful tool to facilitate this information delivery is the Internet. A proposal could be made such that a portion of tax revenue from Internet service providers and mobile phone operators could be spent on the establishment of the NDD Information Hub, which has been thoroughly discussed in Chapter 5.5.6. This one-time expenditure would help create a vital system that would have a tremendous impact on the NDD situation in Bangladesh for years to come.

Another potential source could be the tax on commercial structures that are not disability-accessible. Taxing their owners would either force them to upgrade their buildings or provide the Government funds that could be used to make those structures (and perhaps other public facilities) disability-accessible. The Government could also consider allocating revenue from VAT levied on private healthcare services to be spent on projects focused on raising awareness about prenatal care and safe delivery, as well as on developing tools and services for early identification of NDDs.

It is recommended that the Government find ways similar to the examples stated thus far in order to allocate more tax funds from its discretionary budget towards NDD-centric causes.

### ***Generating new sources of funding for projects***

Collaboration across ministries should contribute to financial saving and more efficient use resources that can be applied to new service delivery. However, additional funding to support these efforts may also be necessary. The following options could be considered in obtaining new funding:

- Integrating services for NDD into proposals for health care funding from external sponsors may be accessed for additional funding. Currently a percentage of funding from external sponsors are returned because they cannot be expended. Accessing some of these non-expended funds for this targeted population could address some of the costs of building the infrastructure for services as well as capacity building.
- Economic development efforts through MoLE or external sponsors could be expanded to support job development and training for PwNDDs. Funds through these efforts could also be used to support employment accommodation provided by businesses.
- Smoking and alcohol use during pregnancy contributes to the incidence of NDDs. A small tax on these items could be used toward the services.

## 6. Reconciliation of the five-year action plans of NSCAND members

The original mandate from GoB to ICI was to develop action plans on the basis of this Strategic Plan. However, in January 2016, the members of NSCAND were instructed to prepare five-year action plans for NDD-related activities. This affected the scope of work for this project and consequently, the authors decided to analyze the proposed five-year action plans of the NSCAND members in order to reconcile them with this Strategic Plan. Specifically, the authors aimed to identify the parts of the ministerial action plans that are in harmony with the Strategic Plan in fulfilling any of the specific objectives discussed thus far, as well as any suggestions for improving those parts. Thereafter, the authors focused on those activities that are not in harmony with the Strategic Plan and highlighted the potential wastage of resources the Government would incur should they act according to the existing proposed plans.

### 6.1. Planned Government activities in harmony with the Strategic Plan

The following table presents select activities from the proposed five-year action plans of the NSCAND members that are in line with this Strategic Plan.

**Table 16 - Planned Government activities in harmony with the National Strategic Plan 2016-2021**

CURRENTLY PLANNED GOVERNMENT ACTIVITY	ALIGNMENT W/ STRATEGIC PLAN	SUGGESTED AMENDMENTS TO THE ACTIVITY
<b><i>Ministry of Health and Family Welfare</i></b>		
Development of screening tools with technical experts	Identification OBJ-C13	Develop tools for each NDD, and for different levels of the healthcare sector
Training and orientation of health-care providers and field workers	Identification OBJ-C13 OBJ-C21	-
To train professionals (doctors, nurses, caregivers) and families on better managing children with neurodevelopmental disabilities	Identification OBJ-C51 Training for parents OBJ-E22, E23	-
<b><i>Ministry of Social Welfare</i></b>		
Employment of consultants (therapists, psychologists, technicians) for the provision of different therapeutic services	Interventions OBJ-D12	-
Development of computer and mobile applications to enhance communication skills, speech development, education and learning for children with autism and other neurodevelopmental disabilities	Interventions OBJ-D31	Technical guidance for the development of such apps should come from MoHFW, MoE and MoPME
Training of the concerned physicians and officials engaged in providing healthcare services to persons with neurodevelopmental disabilities	Identification OBJ-C51	-
<b><i>Ministry of Education</i></b>		

Framing of appropriate rules and policies to ensure the educational rights of ASD and NDD students at the secondary level	Protection OBJ-H21	-
Capacity-building program for teachers and MoE officials	Education OBJ-F32, F33	-
<b><i>Ministry of Primary and Mass Education</i></b>		
Provide stipends to students with autism and neurodevelopmental disabilities	Protection OBJ-H13	Government should enable PwNDDs from poor backgrounds to pursue secondary and tertiary educational opportunities
Conduct training/orientation sessions for teachers, field-level officials on neurodevelopmental disabilities	Education OBJ-F31	-
To provide appropriate teaching-learning materials and ensure proper learning outcomes	Education OBJ-F11 OBJ-F12	Teacher-learning materials must cover classroom transactions
To support students with disabilities in a mainstream classroom by providing special educators to assist mainstream teachers	Education OBJ-F13	-
<b><i>Ministry of Women and Child Affairs</i></b>		
Training of field-level officials, front-line workers, teachers of day-care centers and early learning centers on early identification of children with neurodevelopmental disabilities	Identification OBJ-C10	Should use the screening tools developed by MoHFW
<b><i>Ministry of Labor and Employment</i></b>		
Organize training/orientation courses to staff and officers	Awareness, advocacy and sensitization OBJ-A31 OBJ-A41	-
<b><i>Ministry of Youth and Sports</i></b>		
To sensitize the youth community to autism and neurodevelopmental disabilities	Awareness, advocacy and sensitization OBJ-A41	-
To organize training activities with district sports officers in order to ensure increased opportunities for participation in sports for children with neurodevelopmental disabilities	Community support OBJ-I30	-
Introduce motivation and soft skill training programs for youth with autism and neurodevelopmental disabilities	Employment OBJ-G42	Government should help PwNDDs develop the soft skills they need in order to survive and succeed in the workplace
Provide guide and support for jobs	Employment OBJ-G21	Those providing employment assistance must learn the principles of employment services
<b><i>Local Government Division</i></b>		

Construction of disability-friendly buildings and structures, and constructing extra facilities in the existing buildings if required	Community Support OBJ-I22	-
To increase the provision of recreational opportunities for persons with disabilities	Community Support OBJ-I23	-
Training of elected representatives, district level officers, municipality level, upazila level and union level elected representatives	Awareness, advocacy and sensitization OBJ-A12	-
Training of local government division officers	Awareness, advocacy and sensitization OBJ-A41	-
<b>Ministry of Information</b>		
To disseminate programs for raising awareness amongst the people on autism and neurodevelopmental disabilities	Awareness, advocacy and sensitization OBJ-A13	-
<b>Ministry of Cultural Affairs</b>		
Government should ensure that persons with neurodevelopmental disabilities get opportunities to participate and perform in cultural events	Community Support OBJ-I32	-

## 6.2. Planned Government activities not in line with the Strategic Plan

An analysis of the proposed five-year action plans of the members of NSCAND have shown that 13 different Government bodies plan to do activities pertaining to generating general awareness about NDDs within the community: MoHFW, IPNA, MoSW, JPUF, MoE, MoWCA, MoPME, LGD, MoLE, MoI, MoYS and MoCA. While there is no official prohibition on any of them from engaging in such activities, the authors hold the viewpoint that it would be better for Government branches to invest their resources in activities based on their mandates and their institutional strengths. This point has been thoroughly stressed upon throughout this document.

According to this Strategic Plan, the responsibility for generating awareness in the general community has been assigned to the NDD Protection Trust and MoI. The Trust has been made, by parliamentary decree, the official focal point and voice of PwNDDs in Bangladesh, whilst MoI has control over BTV and Bangladesh Betar, which gives them the power to transmit messages to the entire nation at low cost. The objective of generating awareness in the community is general in nature, covering the basic topics about NDDs: the nature of NDDs, the difference between them and mental health issues, their causes, how they affect people's lives. The messages transmitted for such an initiative would not be technical in nature, unlike for instance, generating awareness about NDDs among pregnant women, or generating awareness about the unique abilities of PwNDDs among entrepreneurs and industrialists. Therefore, it would be wiser if Government branches such as IPNA, MoE and LGD focus on other types of awareness initiatives more in line with their strengths. According to the action plans, over BDT 810 million has been budgeted for general awareness initiatives. It is the authors' estimation that that amount is too much just for creating general awareness. Moreover, one would think that five years after the 2011 Dhaka Conference, Bangladesh will have generated sufficient general awareness about NDDs. Rather, it would be more prudent now to direct funds towards more focused awareness initiatives that target specific audiences for the purpose of transmitting messages covering very specific topics.

Another activity that has been planned for by several Government branches is screening for autism. MoHFW, MoWCA, MoPME and LGD have all budgeted for this activity for the next five years. While the first three certainly have reason for engaging in this activity, there does not appear to be any logical reason for LGD to be pursuing it. They would be much better off focusing on activating the district committees of the NDD Protection Trust, which is vital for enabling the Trust to connect with PwNDDs and their families all over the country. As for the other three Ministries planning to do screening, they are yet to come to an agreement about the use of screening tools, the protocols to follow during screening, diagnosis and assessment and the steps to take after confirmed identification. The screening for NDDs is an extremely important activity that will naturally require multi-branch collaboration. Therefore, failure on the part of these three Ministries (as well as any other branch that has been identified in this Strategic Plan as being an important role-player in identification of PwNDDs) to work together on this objective will ultimately have no more impact on the NDD situation than if LGD were to engage in this activity.

Another example of a redundant activity is the establishment of special schools for CwNDDs. MoHFW, MoSW and JPUF have all budgeted for this activity, yet it is interesting to note that neither of the two education ministries nor MoWCA (which runs over 2,100 early learning centers and daycare centers under DWA and the Shishu Academy) have made any plans to establish special schools for CwNDDs. One possible explanation for this is that special education of PwDs has been officially mandated to MoSW by the Government. At this point, the authors wish to express their strong disagreement to the mandate of special education to MoSW for the plain reason that special education is first and foremost “education” and therefore must be the prerogative of the two education ministries. This is an example of one Government branch engaging in an activity that is completely outside of their logical mandate, if not outside their bureaucratic mandate. The following table presents more examples of Government activities being done by ministries/divisions/departments that neither have the mandate nor the expertise to engage in them.

PROPOSED GOVERNMENT ACTIVITY	NATURE OF THE ACTIVITY	GOVERNMENT BRANCHES THAT HAVE PROPOSED IT	IDEAL GOVERNMENT BRANCH(ES) THAT ARE RESPONSIBLE FOR IT
To establish a specialized school for autistic children	Education	IPNA	MoE MoPME
Training of the concerned physicians and other officials engaged with health-care services for persons with NDD	Healthcare	MoSW	DGHS
Conduct professional training, both in local and International institutes, academies, hospitals and therapeutic centers for personnel working in the Autism and NDD corners	Healthcare	MoSW	DGHS
Develop study materials and IEP for special need schools for children with autism and NDDs	Education	JPUF	MoE MoPME
Computer and mobile applications to enhance communication skills, speech development, education and learning for children with autism and other NDDs.	Healthcare IT-related	JPUF	DGHS ICTD

Develop & disseminate hardware devices, mobile based applications for non-verbal children with autism & other NDDs	Healthcare IT-related	JPUF	DGHS ICTD DSS
Online based ICT training, soft skill and outsourcing training, basic business knowledge and accounting training, online market place training.	Employment	JPUF	MoLE MoE DYD
Development and maintenance of Autism Barta, A Mobile Interactive, Community- based Automated Tool for Screening Autism	Healthcare IT-related	JPUF	DGHS ICTD
ICT based Vocational Training: Computer training, ICT based soft skill, Mobile (Cell phone) & hardware repair & maintenance.	Employment	JPUF	MoLE MoE DYD
Establish 20 special schools for children autism in the district level IDSCs	Education	JPUF	MoE MoPME
Screening of Autism and Neurodevelopmental Disability affected Children and Adolescents in Union Parishad, Municipality and City Corporations.	Identification	LGD	DGHS JPUF MoWCA
Curriculum of national university being in revision of autism and neurodevelopment problem in govt. physical education college	Education	MoYS	MoE MoPME
Professional assessment of individual potential	Employment	ICTD	MoLE MoE DYD

## 7. Monitoring and evaluation plan

Monitoring and evaluation is vital because it provides the only consolidated source of information showcasing progress in plan implementation. It provides a way to assess the crucial link between implementers and beneficiaries on the ground and policy-makers. It helps with identifying the most valuable and efficient use of resources. It is critical for developing objective conclusions regarding the extent to which programs can be judged a “success”. Monitoring and evaluation together provide the necessary data to guide strategic planning, to design and implement programs and projects, and to allocate, and re-allocate resources in better ways<sup>83</sup>.

For this Strategic Plan, the authors have presented detailed recommendations for accountability, process evaluation and data collection/reporting that are vital for the successful implementation of this Plan.

### 7.1. Accountability

No government can help a country make progress if they are not held accountable for their actions. Checks and balances are vital not only for avoiding mis-utilization of taxpayers’ money, but also to ensure that process occurs along legal, ethical and scientific guidelines. Addressing the needs of PwNDDs calls for adherence to both state (i.e. the Constitution of Bangladesh) and international law (in particular, UNCRPD), as well as to the scientific standards unofficially set by experts from all over the world following decades of research and practice in this field.

One of the major findings from the *2016 Situation Assessment of Autism & NDDs in Bangladesh* was the glaring lack of accountability in Government activities pertaining to the NDD agenda. Members of NSCAND developed projects mostly without consulting with the TGC, hence there was little to no scientific standard maintained within similar activities being done by multiple Government branches. An example would be the differences in the criteria used by the CDCs (MoHFW), the IDSCs (JPUF) and the Disability Detection Survey (DSS) to identify persons with ASD. It was also found that Government branches invest very little in data collection and reporting in their activities, which meant that there was usually no way to factually determine the impact of their activities on the lives of PwNDDs. Whatever little data was collected was not shared with other Government branches as a matter of practice, which further impaired any scope for coordination. Finally, there is currently no mechanism or channel that makes the Government answerable to the people - particularly the parents of PwNDDs - for their NDD-related activities, which contradicts the very principles of democracy.

In light of these deficiencies, the authors have offered the following suggestions for establishing accountability of the Government to the relevant authorities and stakeholders in order to improve the services and supports needed by PwNDDs.

#### ***Formation of sub-committees within NSCAND***

The establishment of NSCAND is undoubtedly one of GoB’s finest achievements and has garnered both praise and expressions of amazement from the international community about how GoB was able to bring together 14 different Ministries to work on a common agenda. However, the activities of NSCAND have been limited to bi-monthly meetings during which the members simply present the status of their activities and achievements. There is little strategic planning done during these meetings or at any other time by NSCAND. It has been repeatedly stressed in this document that strategic planning is indispensable to addressing the multi-spectrum lifespan needs

<sup>83</sup> Frankel, N., & Gage, A. (2007). M&E fundamentals: a self-guided minicourse.



of PwNDDs. In fact, the very purpose of establishing NSCAND was for the key Government branches to come together to plan coordinated, holistic activities to address the needs of PwNDDs.

In order to realize that purpose and activate the members in as far as their participation in NSCAND is concerned, this Strategic Plan proposes that the following sub-committees be established within it:

- A sub-committee for generating awareness of NDDs (SC-Awareness)
- A sub-committee for healthcare for PwNDDs and their families (SC-Healthcare)
- A sub-committee for the education of PwNDDs (SC-Education)
- A sub-committee for the employment of PwNDDs (SC-Employment)
- A sub-committee for the community support and protection of PwNDDs (SC-CSP)

It should be clear by now that these sub-committees are based on the nine lifespan needs of PwNDDs established earlier in this Strategic Plan. It is important for the members to understand these lifespan needs before approaching the question of addressing them. Forming these sub-committees would help promote that understanding as it would force the members to focus their thoughts on one particular lifespan need at a time. Consequently, the members would be able to discuss their ideas, explore opportunities for collaboration and plan their activities together.

**Table 17 - List of proposed sub-committees for NSCAND and their constituent members**

SUB-COMMITTEE	CHAIRING MEMBER	PARTICIPATING MEMBER
<b>SC-Awareness</b>	NDD Protection Trust	MoI MoSW MoWCA ICTD
<b>SC-Healthcare</b>	MoHFW	DGHS JPUF BSMMU
<b>SC-Education</b>	MoE	MoPME MoWCA MoCA MoLE
<b>SC-Employment</b>	MoLE	MoE MoYS SEID
<b>SC-CSP</b>	MoSW	NDD Protection Trust DSS LGD

The following are suggested general functions and operating parameters of the aforesaid sub-committees:

- For logistical reasons, the sub-committees should be as small as possible;
- Sub-committees should have their meetings more frequently than NSCAND;
- Sub-committees should be attended by upper-middle and middle-level officials, particularly those who are NDD focal points within the Ministries as well as those involved in project planning and implementation;
- The chairing member should be responsible for arranging meetings and facilitating the discussions for strategic planning;

- The sub-committees would be responsible for reviewing the members' action plans for activities pertaining to the objectives assigned to them as per the strategic plan agreed upon by the members of the sub-committee and approved by NSCAND;
- The chairing member should be responsible for ensuring that there is no duplication of activities between the action plans;
- The members of a sub-committee should decide among themselves the operating parameters for inter-branch collaboration on any activity;
- If the members of a sub-committee are unable to come to an agreement about the operating parameters of an inter-branch collaboration, then the chairing member should decide the parameters which the participating members should adhere to;
- The chairing member should be responsible for ensuring that the participating members adhere to the agreed strategic plan;
- The participating members should be responsible for providing updates on activities to the sub-committee meetings as well as furnish any data on the progress of those activities as required by the chairing member;
- The sub-committees may seek the participation of other Government branches (be they NSCAND members or not) on specific activities.

It should be mentioned that NSCAND already has one sub-committee for finance, which is responsible for vetting project proposals from NSCAND members. The formation of this sub-committee has been well received by the members and it is recommended that the sub-committee include (if not already) ERD, SEID and the NDD Protection Trust as its participating members.

#### ***Periodic reporting to NDD stakeholders by NSCAND***

In addition to members reporting to NSCAND and its sub-committees, it is also recommended that NSCAND deliver periodic reports to the various stakeholders of NDDs in Bangladesh.

Firstly, NSCAND should make a list of stakeholders whom they would invite to four meetings per year. The list should include:

- One representative from each major Government-registered parent-based organization working for PwNDDs
- One representative from each prominent NGOAB-registered NGO providing services to PwNDDs in Bangladesh
- Prominent psychologists, psychiatrists, neurologists and pediatricians specializing in NDDs
- Prominent social workers and activists
- Celebrities with any affiliation to NDDs

The meetings should be attended by all members of NSCAND during which a report on Government activities should be presented to the stakeholders. NSCAND should solicit from these stakeholders their feedback about Government activities, suggestions for improvement of services and supports and insight into the current situation faced by PwNDDs and their families. NSCAND should also seek the counsel and assistance of the stakeholders on the planning or implementation of any Government activity, as well as seek ideas for new activities from them.

The proceedings of these meetings should be documented in detail (preferably video recorded) and made public, perhaps through the proposed NDIHub.

#### ***Formation of a parliamentary committee for disability affairs***

In modern democracies, the parliament has numerous duties such as examining the legislative proposals in the process of their passage, overseeing executive responsibilities, and monitoring Government activities. The parliamentary committee system is the most vital structure that permits the legislators to divide up their labor and specialize in particular areas of activities. Effective oversight requires that committees are able to set their own agendas and have the power to oblige ministers and civil servants to appear and answer questions. It is therefore the most significant legislative mechanism and is often referred to as “miniature legislatures” or “microcosms” of their parent bodies. There is a tendency around the world to rely on committees for accomplishing much of the parliamentary activities. In this regard, Bangladesh is not an exception.

Bangladesh is a signatory of UNCPRD and, as a result, has an obligation to submit regular reports on how the rights of PwDs are being implemented. States must report initially within two years of accepting the Convention and thereafter every four years. To ensure implementation and monitoring of the Convention, States are required to designate a focal point in the Government and create a national mechanism to promote and monitor implementation. Bangladesh has set up NSCAND which is responsible for activities that should lead to the establishment of the rights of PwNDDs but this entity does not address the needs of PwDs other than NDD who are covered under the convention.

Now, it is imperative that GoB establishes a parliamentary committee on human rights and disability, which would be mandated to monitor the Convention. Parliamentarians have an important role in ensuring that the Government complies with its reporting responsibilities under the Convention. They could:

- Ensure that the Government prepares its initial and subsequent reports on time;
- Insist that the reports be drafted with the full involvement of PwDs through hearings and other such consultation mechanisms;
- Request explanations from the Government when the report is late and, if necessary, use parliamentary procedures to urge the Government to comply with its reporting obligations;
- Be actively involved in the preparation of the report, such as by being a member of the relevant parliamentary committees;
- Ensure that the report includes any measures taken by parliament in favor of the rights of PwDs;
- Insist on widely disseminating the Committee’s concluding observations;
- Encourage the relevant ministries to implement the Committee’s concluding observations;
- Pose questions to relevant ministers in parliament to follow-up on significant obstacles to implementation;
- Publicize the issues raised in the Committee’s concluding observations through parliamentary and public debates;
- Include legal capacity and supported decision-making on their agendas.

It is strongly advised that GoB take the necessary steps to establish this parliamentary committee and thereafter, arrange for regular meetings and hearings between this committee and NSCAND and NDD stakeholders. It is also highly recommended that GoB translate the Handbook for Parliamentarians on CRPD into Bangla and disseminate to all Members of the *Jatiyo Sangsad*<sup>84</sup>.

### ***Formation of an independent Government entity for disability***

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<sup>84</sup> The national parliament of Bangladesh

Finally, it is the recommendation of this Strategic Plan that the Government consider establishing an independent Government entity dedicated to disability affairs. As noted throughout the Strategic Plan, disability impacts an individual throughout their lifespan and as a result their services cut across a variety of existing Ministries. Even though disability affairs falls under the mandate of MoSW, it is not possible for one Government branch to address all the needs of PwNDDs, simply because it has neither the expertise nor the resources to provide comprehensive healthcare, education and employment services. JPUF is a disability focused department under MoSW but it does not have the cross-government authority. Another Government entity – the NDD Protection Trust – does possess some cross-government authority as mandated by law, but it is limited to addressing only the needs of PwNDDs. The proposed independent entity would be able to address policies that relate to the lifespan needs of individuals as well as addressing the needs of all individuals with disabilities.

The proposed independent entity would be responsible for assisting the other Government branches in developing policies and strategies that are disability-sensitive and inclusive. It would also be the key component in the Government’s monitoring and evaluation mechanism for overseeing its activities and measuring them for their penetration, quality and efficacy. The proposed entity would be inclusive of all disabilities and would need to have an overarching authority over other ministries, divisions and departments, afforded to it through parliamentary or Cabinet decree. This entity could also liaise directly with the aforementioned proposed parliamentary committee for disability affairs and serve as its implementation arm in the executive sector of GoB.

Formation of this independent entity for disability would give a tremendous boost to other Government entities in developing and executing their activities, thus having a maximum impact on the lives of PwDs in Bangladesh.

## 7.2. Process evaluation

This Strategic Plan has a considerable scope of work and a component of its implementation is an ongoing evaluation to ensure that activities are being undertaken as planned, as well as looking at the impact of these activities. The evaluation will include two components: the process evaluation and the developmental implementation evaluation (which is described in greater detail in the ensuing Chapter 7.3). These two components of the evaluation look at different elements of the implementation of the strategic plan, with the process evaluation being an ongoing look at whether activities proposed in the Strategic Plan are being implemented and the developmental implementation evaluation considering the impact of those activities.

The NSCAND, with the support of an external evaluator, will be responsible for the process evaluation. It will include issues related to operations, implementation and service delivery. A sample of questions to drive the process evaluation could include:

- *What elements of the strategic plan have been implemented?*
- *Did activities occur in the time frames identified in the strategic plan?*
- *Were activities that include multiple ministries undertaken in a collaborative manner?*
- *Has there been duplication of efforts?*
- *Were the NSCAND subcommittees developed as proposed in the strategic plan?*
- *How have key stakeholder been informed of and involved in the development of activities related to the strategic plan?*
- *Has the NSCAND reported to the parliamentary committee on human rights and disability, as described in the authority section of the plan?*

➤ *Have activities described in the strategic plan been implemented in rural as well as urban communities?*

To answer these questions, the evaluators will review meeting minutes, committee reports and other documents as well as conduct interviews and focus groups with key personnel who are involved in the implementation of the strategic plan. This review will occur annually and the results be shared with the NSCAND. A Quality Improvement Plan will be developed to address any problems that arise in the process evaluation. The following year's evaluation plan will also consider how effectively the activities articulated in the Quality Improvement Plan have been addressed. This ongoing process of evaluation and quality improvement will ensure that the implementation of the strategic plan is adapted and improved as new information is gained.

### 7.3. Data collection and reporting

Given the large nature of this undertaking and the extent to which implementation details are still to be determined, a Developmental Implementation Evaluation approach will be used in evaluating the impact of the Strategic Plan. Developmental evaluation is intended for complex situations where the intervention or approach is developing or not well defined enough to use "formative" and "summative" evaluation. Instead, it uses evaluation approaches in a continuous process of improvement and change. It typically involves "long-term, partnering relationships between evaluators and those engaged in innovative initiatives and development"<sup>85</sup>.

World Bank has used the Developmental Impact Evaluation approach to monitor system change efforts since this approach considers both the effect of policy changes and how those policies are implemented. Evaluating the impact of an intervention that is based on policy change allows the evaluators to understand how the policy looks in practice and how the policy made need to be changed/improved based on actual usage. With limited financial resources, it is critical that evaluation be an ongoing process that is informing the implementation of the Strategic Plan so that if policies are not effective they can be identified and addressed throughout the implementation<sup>86</sup>. Summative evaluations that assess interventions at the end of the implementation does not allow for the necessary adjustments based on what is learned through the process.

The evaluation plan has been designed to be simple, accountable, responsive to stakeholder feedback, and to support continuous improvement. Data will be collected for use in ongoing project decisions, to ensure the relevance, utility, and effectiveness of interventions to improve inclusion of PwNDDs and to ensure goals and objectives are met. Data will be collected from multiple stakeholders and sources, including the use of established measures, meeting notes, interviews with participants, pre and post test data, satisfaction surveys and evaluation questionnaires. Data elements in the evaluation were developed using the **SMART** rule for indicators:

- ❖ **S**-MART – to measure the information required as closely as possible
- ❖ **M**-EASURABLE – to ensure that the information can be readily obtained
- ❖ **A**-TTRIBUTABLE – to ensure that each measure is linked to the project's efforts
- ❖ **R**-EALISTIC – to ensure that the data can be obtained in a timely fashion, with reasonable frequency, and at reasonable cost

<sup>85</sup> Patton, M. Q., (2006). Evaluation for the Way We Work, *The Nonprofit Quarterly*, 13: 1, 28–33. Available from: <https://nonprofitquarterly.org/2006/03/21/evaluation-for-the-way-we-work/>

<sup>86</sup> Baker, J. L. (2000). *Evaluating the impact of development projects on poverty: A handbook for practitioners*. World Bank Publications. Chicago

❖ **T**-ARGETED – to the objective population<sup>87</sup>

The set of measures (included in Table 18) are focused primarily on project activities and outputs. These measures are intended to document implementation of the proposed strategies and to provide for monitoring project operations.

For each activity there are short, intermediate and long term outcomes. Short term outcomes are within the first year, intermediate outcomes within Years 2 to 4, and long term outcomes in Year 5. The Strategic Plan includes a significant number of activities and outcomes. Once the Ministries have reviewed and accepted the Plan, it would be beneficial for NSCAND to review all the activities and then prioritize the outcomes to ensure that the highest priority activities are begun in the short term.

Key proposed mechanisms for collection of these measures include:

- An **activities tracking database** to keep track of dates, locations, and participant numbers for all outreach, dissemination, and training activities;
- A **central repository of materials** (i.e. the aforementioned NDD Information Hub) will include hard copy and/or electronic versions of all materials developed relevant to the Plan, including but not limited to curricula, course modules, and marketing and awareness raising materials. Metadata should be collected and maintained on all materials in the repository, including title, subject, author(s), and intended audience. Materials intended for broad dissemination should also be tracked in the dissemination tracking database, which will include numbers of copies distributed (both hard copy and electronic downloads), locations disseminated to, and website hits.

NSCAND will be responsible for the development of the activities and dissemination tracking database and will work with each of the NSCAND subcommittees to ensure that activities under each subcommittee are tracked within these databases. The use of these database to track information will be particularly helpful in identifying any potential areas of duplication where different subcommittees are pursuing the same activity.

To ensure all activities are occurring in a timely manner, these data systems should be reviewed at least quarterly in comparison to the proposed goals in the Strategic Plan. For activities that are running behind schedule, modifications should be proposed to bring the activities back in alignment with the plan and/or modify the plan as necessary. This quarterly review could be conducted by the NSCAND subcommittees for each area. The subcommittees will then report to the NSCAND on what they have found and discuss recommendations for any changes that need to be made based on evaluation data.

Several activities call for pre/post-test assessments of the knowledge of individuals who are participating in training programs. These assessments should be integrated into the workplan of the entity responsible for developing the training. Information from the pre-test can help inform the areas of deficit for trainees and can help in training development. The post-test will help show to what extent the training resulted in a better understanding of the content area.

Data from the pre/post-test as well as other assessment efforts should be added to the activities tracking database and included in the quarterly review.

<sup>87</sup> Gertler, P. J., Martinez, S., Premand, P., Rawlings, L. B., & Vermeersch, C. M. (2011). *Impact evaluation in practice*. World Bank Publications.

NSCAND will be responsible for reporting the annual results of the process evaluation and the Developmental Implementation Evaluation to the 14 Ministers involved in the effort. This annual evaluation report will provide the opportunity to discuss the progress of the Strategic Plan and make any necessary adjustments based on the findings of the evaluation.



Table 18 - Data collection and reporting plan

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<b>Awareness, advocacy and sensitization</b>			
<b>OBJ-A11</b> - Government should generate awareness of NDDs among expecting mothers			
Conduct awareness drives at village courtyard meetings	<ul style="list-style-type: none"> <li>➤ ST: develop pilot and implement in 3 villages</li> <li>➤ IT: 10 villages</li> <li>➤ LT: 50 villages</li> </ul>	Activities tracking database including dates and numbers of participants for all outreach & training activities.	DGHS
Disseminate information about safe pregnancy to all women throughout the country	<ul style="list-style-type: none"> <li>➤ ST: Pilot to 100 women</li> <li>➤ IT: Disseminate to 1000 women</li> <li>➤ LT: Disseminate to 10,000 women</li> </ul>	Activities tracking database	DGHS
<b>OBJ-A12</b> - Government should generate awareness of PwNDDs among local leaders:			
<ul style="list-style-type: none"> <li>➤ Religious leaders</li> <li>➤ Members of Parliament</li> <li>➤ Upazila and Union Council chairpersons</li> <li>➤ Civil servants</li> <li>➤ School head-teachers</li> </ul>			
Develop BCC materials customized for each category of local leaders	<ul style="list-style-type: none"> <li>➤ ST: Materials developed</li> <li>➤ IT: 10 awareness drives</li> <li>➤ LT: 50 drives</li> </ul>	Materials compiled and tracked in a <b>NDD Information Hub</b>	NDD Protection Trust
Conduct awareness drives with MPs, Upazila and Union Council chairpersons		Awareness drives recorded in activities tracking database	
<b>OBJ-A13</b> - Government should generate awareness of PwNDDs among the general community			
Conduct mass awareness initiatives utilizing TV, radio, telecommunications, the Internet and print	<ul style="list-style-type: none"> <li>➤ ST: 10 documents/TV/radio spots developed</li> </ul>	Materials compiled and tracked in a <b>NDD Information Hub</b>	NDD Protection Trust

<sup>88</sup> Each of these systems to be reviewed at quarterly project management meeting to ensure all activities are on track to meet short-term, intermediate, and long-term goals.

<sup>89</sup> For each activity, there will be one or more Government branches implementing it. Aside from the regular internal reporting protocols that each Government branch has, the “Reporting To” additionally specifies those Government entities to whom information about the outputs of the activities listed herein should be reported. This is particularly relevant for collaborative activities.

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>media that includes input from PwNDDs and their families</p>	<ul style="list-style-type: none"> <li>➤ IT: Disseminated to markets comprising 5 million people</li> <li>➤ LT: Disseminated to 25 million people. 750,000 website hits. 100,000 downloads of materials.</li> </ul>	<p>Dissemination tracking database to include # of people reached, materials distributed, website hits, etc.</p>	
<b>OBJ-A21</b> - Ensure that PwNDDs and their parents and guardians are aware of the rights of PwNDDs in Bangladesh			
<p>Set up information materials and services at all healthcare facilities, educational institutions, social service offices and local government offices about rights, services and supports for PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ ST: Pilot with 5 facilities</li> <li>➤ IT: Disseminate to 100 facilities in 1 union</li> <li>➤ LT: Disseminate to 1000 facilities across country</li> </ul>	<p>Materials compiled and tracked in a <b>NDD Information Hub</b></p> <p>Dissemination tracking database (including both # of facilities and # of people potentially reached as well as type of materials for each)</p>	<p>DGHS NDD Protection Trust</p>
<b>OBJ-A31</b> - Government should encourage and facilitate the lobbying of policy-makers for services and supports for PwNDDs			
<p>Arrange periodic meetings between representatives of various NDD stakeholders and NSCAND and parliamentarians</p> <p>Involve local organizations working to address NDDs during the planning of Government services and supports</p>	<ul style="list-style-type: none"> <li>➤ ST/IT/LT: At least one meeting per year</li> <li>➤ ST/IT/LT: At least five organizations per union involved in planning process.</li> </ul>	<p>Meeting schedules &amp; minutes, including attendance</p> <p>Work plans (“to do” lists) coming from these planning meetings)</p>	<p>NDD Protection Trust</p>
<b>OBJ-A32</b> - Government should lobby the private sector to create opportunities for PwNDDs to participate with everyday people in society			
<p>Encourage the private sector to provide opportunities to PwNDDs to utilize their abilities and talents</p>	<ul style="list-style-type: none"> <li>➤ IT: Develop reporting system that private sector employers can report number of employees with NDDs and collect baseline</li> <li>➤ IT: Creation of method for employers to identify PwNDD they could hire</li> <li>➤ LT 30% increase in number of PwNDD working in private sector</li> </ul>	<p>Existence of reporting system and creation of database</p> <p>Monitor database</p>	<p>NDD Protection Trust</p>

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>Incentivize private companies to allocate a portion of their CSR funds to NIDD-focused activities and causes (both governmental and non-governmental)</p>	<ul style="list-style-type: none"> <li>➤ IT: Develop information on use of CSR funds and pilot with 25 companies</li> <li>➤ LT: National policy re: CSR funds reflects this change.</li> </ul>	<p>List of companies and percentage of funding allocated at each.</p> <p>List of types of activities funded by employer</p>	<p>MoF</p> <p>NIDD Protection Trust</p>
<p><b>OBI-A41</b> - Sensitize all categories of people with whom PwNDDs are likely to come in contact with on a regular basis</p>			
<p>Develop targeted BCC materials for each category of people with whom PwNDDs are likely to come in contact with on a regular basis:</p> <ul style="list-style-type: none"> <li>➤ Relatives and neighbors</li> <li>➤ Healthcare service providers</li> <li>➤ Teachers, students and staff at mainstream schools, colleges and universities</li> <li>➤ Public transportation providers</li> <li>➤ Employers, supervisors and coworkers at workplaces</li> <li>➤ Law enforcement officers</li> <li>➤ Shopkeepers</li> </ul>	<ul style="list-style-type: none"> <li>➤ IT: Development of NIDD Information HUB and public awareness campaign to share information with intended audience.</li> <li>➤ IT: Identify existing surveys of attitudes towards persons with disabilities and/or PwNDD (or develop simple Bangladesh specific ones) that can be used to measure progress</li> <li>➤ LT: Assessment of societal attitudes toward PwNDDs compared to original baseline established in situation assessment</li> </ul>	<p>Existence of NIDD Information HUB</p> <p>Focus groups/interviews show increase in expectations and inclusion</p> <p>Survey responses indicate improved understanding of the needs of PwNDD</p>	<p>NIDD Protection Trust</p>
<p>Incorporate, wherever possible or feasible, short modules on NDDs into the training courses of professionals (i.e. teachers, doctors, nurses, police officers, etc.) who would normally interact with PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ ST: Pilot training module with one type of professional in one training program</li> <li>➤ IT: Expand to 20 training programs for that type of professional, start developing materials for other professionals</li> <li>➤ LT: Develop &amp; pilot materials with all categories of professionals</li> </ul>	<p>Activities tracking database</p> <p>Module materials in central repository</p> <p>Pre and post-test assessment of professionals who completed the training.</p>	<p>NIDD Protection Trust</p>
<p>Incorporate a chapter on NDDs in the secondary level of the National Curriculum</p>	<ul style="list-style-type: none"> <li>➤ LT: Chapter developed and incorporated in next version of curriculum.</li> </ul>	<p>Chapter included in NIDD Information HUB</p>	<p>NIDD Protection Trust</p>
<p><b>Healthcare for parents and siblings of PwNDDs</b></p>			
<p><b>OBI-B11</b> - Government should promote regular prenatal care throughout the pregnancy period</p>			

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
Create a tracking and notification system to keep track of pregnancies	<ul style="list-style-type: none"> <li>➤ ST: NDD Rehabilitation Data base developed</li> <li>➤ IT: Pilot data collection in one union</li> <li>➤ LT: Pilot in one Upazila</li> </ul>	Presence of tracking system, number of pregnancies tracked.	DGHS
<b>OBJ-B12</b> - Government should ensure that pregnant women maintain proper nutrition of themselves throughout their pregnancy			
Disseminate info-materials to pregnant women about homemade nutritional foods	<ul style="list-style-type: none"> <li>➤ ST: Materials developed in consultation with women</li> <li>➤ IT: Posters and brochures with information distributed to health centers</li> </ul>	Materials posted in NDD Information HUB Number of posters and brochures distributed Dissemination included in dissemination tracking database	DGHS
<b>OBJ-B13</b> - Government should identify and monitor women with at-risk pregnancies in order to give more focused care to them			
Train gynecologists on identifying at-risk pregnancies and providing appropriate interventions	<ul style="list-style-type: none"> <li>➤ IT: Develop training modules for obstetricians</li> <li>➤ LT: Train at least 1000 obstetricians</li> </ul>	Existence of training module Pre and post-test of obstetricians on knowledge re: at risk pregnancy	DGHS
<b>OBJ-B21</b> - Government should ensure that there are obstetric services within reasonable commuting time/distances			
Create a directory of obstetric service providers	<ul style="list-style-type: none"> <li>➤ IT: Directory created</li> <li>➤ LT: Directory disseminated to all UHCs</li> </ul>	Existence of directory	DGHS
Identify areas that are lacking obstetric services within reasonable commuting time/distances and create incentives for obstetric service providers to move to/cover these areas	<ul style="list-style-type: none"> <li>➤ ST: List of areas identified</li> <li>➤ IT: Incentives created and promoted</li> <li>➤ LT: Coverage obtained for at least 30 areas</li> </ul>	Percentage increase in number of obstetric services listed in directory # of obstetricians moving to areas currently lacking in obstetric services	DGHS
Train more people to become Trained Birth Assistants	<ul style="list-style-type: none"> <li>➤ ST: Develop training &amp; pilot with one cohort of 10-15 people</li> <li>➤ IT: 100 additional people trained</li> <li>➤ LT: 1000 additional people trained</li> </ul>	Existence of training curriculum TBAs added to obstetric directory	DGHS
<b>OBJ-B22</b> - Government should ensure that obstetricians have the necessary qualifications and capacities to perform safe deliveries			

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>Train obstetricians throughout the country about the risk factors for NDDs and how to eliminate/avoid them during deliveries</p>	<ul style="list-style-type: none"> <li>➤ ST: Pilot with 50 obstetricians</li> <li>➤ IT: Train at least 1000 obstetricians</li> <li>➤ LT: Train at least 5000 obstetricians</li> </ul>	<p>Existence of training module</p> <p>Pre and post-test of obstetricians on knowledge re: at risk pregnancy</p>	<p>DGHS</p>
<p><b>OBI-B31</b> - Government should try to dispel the fears and negative attitudes within parents that usually precipitate following the birth of babies with disabilities</p> <p>Create a directory of influential local leaders and experienced parents of PwNDDs to provide advice and emotional support or peer support to new parents of PwNDDs</p> <p>Develop BCC materials to assist local leaders when providing advice and emotional support to new parents of PwNDDs</p> <p>Develop info-materials for new parents of PwNDDs about the life stories of other PwNDDs who have successfully developed to become active, included members of society</p> <p>Create a directory of professionals to provide counseling services and psychosocial support to parents of PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ IT: Directories created of people trained to support parents and siblings of PwNDD</li> <li>➤ LT: Directory is updated bi-annually (every two years)</li> </ul>	<p>Materials posted in NDD Information HUB</p> <p>Updated contact information is provided in directory</p> <p>Number of hits on NDD Information Hub website</p>	<p>NDD Protection Trust DGHS</p>
<b>Identification</b>			
<b>OBI-C11</b> - Government should monitor the developmental milestones of children from birth until the age of five			
<p>Develop a standard guide for parents to monitor their children's development</p>	<ul style="list-style-type: none"> <li>➤ IT: Guide developed</li> <li>➤ LT: Guide disseminated to at least 10,000 parents via doctors &amp; clinics</li> </ul>	<p>Existence of Guide</p> <p>Dissemination tracking database (including both # of facilities and # of people potentially reached)</p>	<p>DGHS</p>
<b>OBI-C12</b> - Government should document red-flagged cases of positive/cardinal signs of NDDs and thereafter notify first responders			
<p>Establish a recording and follow-up mechanism for monitoring child development</p>	<ul style="list-style-type: none"> <li>➤ ST: Mechanism developed and piloted in one union</li> </ul>	<p>Existence of mechanism</p>	<p>DGHS</p>

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p><b>OBJ-C13</b> - Government should utilize screening tools to determine if a red-flagged case needs to be forwarded to specialists for diagnosis</p> <p>Develop local versions of established, international-standard screening tools</p> <p>Train various field-level, Union-level and Upazila-level Government personnel on administering the tools</p>	<ul style="list-style-type: none"> <li>➤ IT: Integrate the mechanism into training module for pediatricians, health care workers and educators</li> <li>➤ LT: Training 10,000 professionals in mechanism</li> </ul>	<p>Number of professionals trained</p> <p>Pre and post-test assessment of professionals on understanding of the mechanism</p>	<p>DGHS</p>
<p><b>OBJ-C14</b> - Government should ensure the delivery of preliminary advice to parents of red-flagged cases that have been forwarded for diagnosis</p> <p>Develop a set of protocols for advising and counseling parents</p> <p>Train Government field workers on the aforesaid protocols</p>	<ul style="list-style-type: none"> <li>➤ ST: Develop screening tools</li> <li>➤ IT: Pilot with 100 government personnel</li> <li>➤ LT: Train an additional 1000 government personnel</li> </ul>	<p>Existence of screening tool</p> <p>Number of professionals trained</p> <p>Increase in number of PwNDD identified through screening tool</p>	<p>DGHS</p>
<p><b>OBJ-C21</b> - Government should ensure proper diagnosis of PwNDDs</p>			
<p>Train pediatricians, neurologists, psychologists and psychiatrists all over the country on the diagnosis of ASD, intellectual disability, Down Syndrome and cerebral palsy</p> <p>Provide continued professional development to the aforesaid diagnosticians</p>	<ul style="list-style-type: none"> <li>➤ IT: Develop training and pilot with professionals in one union</li> <li>➤ LT: Integrate training into professional development training module to be used with stated professionals</li> </ul>	<p>Existence of training module</p> <p>Number of professionals trained</p>	<p>DGHS</p>
<p><b>OBJ-C22</b> - Government should arrange for the issuance of smart ID cards to PwNDDs</p>			



OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>Create an efficient process for registering all PwNDDs and delivering their ID cards to their parents/ guardians without undue delays</p>	<ul style="list-style-type: none"> <li>➤ ST: Registration &amp; ID card system designed</li> <li>➤ IT: Pilot in one division</li> <li>➤ LT: Expand country wide</li> </ul>	<p>Registrations in central NIDD Rehabilitation Database</p> <p>Increase in number of PwNDD receiving ID cards</p>	<p>DSS NIDD Protection Trust</p>
<p><b>OBJ-C31</b> - Government should confirm the degree of the disorder and clearly articulate to the parents how the disorder will affect their child's life</p>			
<p>Provide continued professional development to pediatricians, neurologists, psychologists, physiotherapists, occupational therapists and speech-and-language therapists</p>	<ul style="list-style-type: none"> <li>➤ ST: Develop training and pilot with professionals in one union</li> <li>➤ IT: Provide training to professionals in 5 Upazilas</li> <li>➤ LT: Provide training to professionals in 20 Upazilas</li> </ul>	<p>Existence of training module</p> <p>Number of professionals trained</p> <p>Pre and post-test assessment of professionals knowledge</p>	<p>DGHS</p>
<p><b>OBJ-C32</b> - Government should try to identify early on any other conditions/problems associated with the PwNDD's disorder</p>			
<p>Create a system for diagnosticians and therapists to refer PwNDDs to medical specialists</p>	<ul style="list-style-type: none"> <li>➤ LT: Referral system created and piloted in one union</li> </ul>	<p>Referral process is posted on NIDD Information Hub</p> <p>Numbers of referrals tracked</p> <p>Satisfaction survey of parents re: referrals</p>	<p>DGHS</p>
<p>Create a system for referring PwNDDs to specialists to regularly check for, assess and treat comorbid and/or psychological conditions as early as possible</p>	<ul style="list-style-type: none"> <li>➤ ST: integrate red flag information into material developed for professionals</li> </ul>	<p>Materials disseminated to professionals contains "red flag" information</p>	<p>DGHS</p>
<p><b>Interventions</b></p>			
<p><b>OBJ-D11</b> - Government should explore/develop and standardize evidence-based interventions based on the local context</p>			
<p>Fund research and development of interventional approaches, techniques and protocols</p>	<ul style="list-style-type: none"> <li>➤ IT: Identify 10 key research topics</li> <li>➤ LT: Fund 2 research projects in each of the key research topics</li> </ul>	<p>Number of stakeholders who contribute to the identification of research areas.</p> <p>Awarding of research project grants</p>	<p>DGHS</p>
<p><b>OBJ-D12</b> - Government should provide a range of such interventions to PwNDDs through their service providers and through community-based programs</p>			



OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
Set up specialized intervention service delivery centers at Union level  Set up community-based rehabilitation programs for delivery of interventions at Unions where there aren't any specialized centers	<ul style="list-style-type: none"> <li>➤ ST: Develop prototype for IDSC and CBRP</li> <li>➤ IT: Implement prototype for 10 IDSC and 10 CBRP</li> <li>➤ LT: expand model throughout country</li> </ul>	Number of people served in IDSCs and community-based rehabilitation programs	DGHS
Train and appoint therapists on specializing in the management of PwNDDs and providing intervention services	<ul style="list-style-type: none"> <li>➤ ST: Develop training. Train 10-20 therapists for placement in pilot center and program.</li> <li>➤ IT: Train at least 100 therapists for placement in additional centers/ programs</li> <li>➤ LT: Train at least 500 therapists for placement in additional centers/ programs.</li> </ul>	Training developed  Number of therapists trained  Number of PwNDD receiving intervention services. Baseline collected in ST compared to LT	DGHS
Create a comprehensive directory of intervention service providers	<ul style="list-style-type: none"> <li>➤ LT: Directory created</li> </ul>	Materials posted in NDD Information HUB  Number of hits on NDD Information Hub website	DGHS
Provide transportation and accommodation allowances to PwNDDs and their parents so that they can visit more advanced intervention delivery service centers in the major cities	<ul style="list-style-type: none"> <li>➤ ST: Budget and create application system for such allowances</li> <li>➤ IT: Start accepting applications in a pilot region/Upazila</li> <li>➤ LT: Offer allowances to families nationally</li> </ul>	Application system created  Number of families accessing allowance  Satisfaction survey of families re: access to advanced intervention	DSS
<b>Obj-D21</b> - Government should train and assist PwNDDs on healthy diet management with the help of nutritionists			
Train and appoint nutritionists specializing in diet management for PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Develop training. Pilot with 10-20 nutritionists across 2-3 clinics or practices</li> <li>➤ IT: Train at least 100 additional nutritionists</li> </ul>	Training developed  Number of nutritionists trained	DGHS

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<b>OBJ-D23</b> - Government should ensure that only approved and prescribed medications are supplied to PwNDDs	<ul style="list-style-type: none"> <li>➤ LT: Train at least 500 additional nutritionists</li> </ul>	Number of PwNDD receiving diet management services. Baseline collected in ST compared to LT	
Establish strict regulations to prevent pharmacies from selling medications to PwNDDs without prescriptions	<ul style="list-style-type: none"> <li>➤ ST: Regulations established</li> <li>➤ IT/LT: Regulations implemented &amp; enforced nationally</li> </ul>	Survey of PwNDD regarding how they are accessing medications	DGHS
Conduct awareness drives to warn parents of PwNDDs about unapproved or harmful medications	<ul style="list-style-type: none"> <li>➤ IT: Develop awareness content and pilot in 3 villages</li> <li>➤ LT: Information is posted on NDD Information Hub and brochures developed</li> </ul>	Number of hits on website. Dissemination database on number of brochures distributed.	NDD Protection Trust
Conduct awareness drives to warn parents of PwNDDs about any dubious and unsubstantiated treatments for NDDs			
<b>OBJ-D31</b> - Government should promote the research and development of assistive technology suited for PwNDDs			
Sponsor design projects at engineering institutes to develop assistive technology for PwNDDs	<ul style="list-style-type: none"> <li>➤ ST/IT/LT: 5 projects per year sponsored</li> </ul>	Number of designs that become manufactured	MoHFW
<b>OBJ-D32</b> - Government should promote the use of assistive technology among PwNDDs			
Provide tax exemptions on the import of assistive devices and on those raw materials that are used to construct them	<ul style="list-style-type: none"> <li>➤ ST: Put tax exemptions &amp; subsidies in place</li> <li>➤ IT/LT: Disseminate information about tax exemptions &amp; subsidies nationally</li> <li>➤ LT: Develop tracking system for use of tax exemptions and subsidies.</li> </ul>	Number of subsidies provided. Increase in the number of PwNDD using assistive technology	DGHS
<b>OBJ-D41</b> - Government should promote research into the viability and efficacy of alternative medications, procedures and treatment regimens for PwNDDs	<ul style="list-style-type: none"> <li>➤ LT: Fund 3-5 studies</li> </ul>	Number of alternative treatments developed	MoHFW
<b>OBJ-D42</b> - Government should regulate the practice of alternative medicine			

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>Establish professional guidelines for the practitioners of alternative medicine</p>	<ul style="list-style-type: none"> <li>➤ ST: Develop guidelines in consultation with traditional and alternative practitioners.</li> <li>➤ TT/LT: Disseminate guidelines to practitioners nationally</li> </ul>	<p>Survey of alternative medicine practitioners re: knowledge of and adherence to professional guidelines</p>	<p>MoHFW</p>
<p><b>OBJ-D51</b> - Government should assist PwNDDs in modifying socially unacceptable behavior that typically manifests during adolescence and beyond</p>			
<p>Develop evidence-based interventional approaches and techniques to managing and modifying adolescent and young adult behavior</p>	<ul style="list-style-type: none"> <li>➤ IT: Fund 7 experimental research design interventions to identify new techniques</li> <li>➤ LT: Translation of research into practical tools</li> </ul>	<p>Number of new techniques that are identified. Material posted on NIDD Information HUB</p>	<p>DGHS</p>
<p>Produce a booklet for PwNDDs on how to manage one's own unacceptable behavior</p>	<ul style="list-style-type: none"> <li>➤ ST: Booklet on challenging behavior developed</li> </ul>	<p>Existence of booklet</p>	<p>DGHS NDD Protection Trust</p>
<p><b>OBJ-D52</b> - Parents of PwNDDs as well as service providers should understand the full range of adolescent and young adult behavior of PwNDDs</p>			
<p>Produce a booklet on adolescent and young adult behavior for service providers, with emphasis on the causes/triggers of challenging behavior, as well as the techniques to manage such behavior</p>	<ul style="list-style-type: none"> <li>➤ IT: Structure created for in-home nursing and caregiving services for elderly PwNDDs</li> <li>➤ TT: Tracking system created for identifying use of these services</li> </ul>	<p>Database to track use Information posted on NIDD Information HUB</p>	<p>DSS NDD Protection Trust</p>
<p><b>OBJ-D61</b> - Improve the quality-of-life of those PwNDDs who are experiencing diminished functional capacity as a result of age-related issues</p>			
<p><b>Training of parents and siblings of PwNDDs</b></p>			
<p><b>OBJ-E11</b> - Government should ensure that parents have knowledge about the milestones of child development</p>			
<p>Disseminate a standard guide on monitoring child development to all mothers at the time of birth</p>	<ul style="list-style-type: none"> <li>➤ See above (Identification)</li> </ul>	<p>Materials posted in NIDD Information HUB Number of hits on NIDD Information Hub website accessing videos</p>	<p>DGHS NDD Protection Trust</p>
<p>Produce training videos on the milestones of child development</p>			
<p><b>OBJ-E12</b> - Government should train parents on how to recognize early warning signs and red flags</p>			

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
Create a child development checklist including instructions on what to do when red flags are detected	<ul style="list-style-type: none"> <li>➤ See above (identification)</li> </ul>	Materials disseminated to parents contains “red flag” information	DGHS NDD Protection Trust
<b>OBJ-E21</b> - Government should train parents of PwNDDs on performing home-based interventions			
Produce training videos on home-based interventions	<ul style="list-style-type: none"> <li>➤ ST: Produce 5-10 videos</li> <li>➤ IT: Pilot workshops in 5-10 sites with 10-15 participants each</li> <li>➤ LT: Provide workshops to an additional 50 sites</li> </ul>	Existence of Videos Pre and post assessment of participants in pilot	DGHS NDD Protection Trust
Arrange workshops on home-based interventions	Number of times videos are viewed.	Number of times videos are viewed.	
<b>OBJ-E22</b> - Government should train parents of PwNDDs on implementing home-based teaching methods			
Produce training videos on home-based teaching methods	<ul style="list-style-type: none"> <li>➤ ST: Produce 5-10 videos and 5-10 training modules</li> <li>➤ IT: Pilot workshops in 5-10 sites with 10-15 participants each</li> <li>➤ LT: Provide workshops to an additional 50 sites</li> </ul>	Existence of Videos Pre and post assessment of participants in pilot	MoE NDD Protection Trust
Arrange workshops on home-based teaching methods	Number of times videos are viewed.	Number of times videos are viewed.	
Develop training modules on using technology to deliver home-based training on a variety of skills and information (e.g. the names of things, basic computing skills, etc.)			
<b>OBJ-E23</b> - Government should train parents of PwNDDs on how to manage challenging behavior			
Develop a training module on understanding the causes/ triggers of challenging behavior in PwNDDs, as well as the interventional approaches and techniques for managing such behavior	<ul style="list-style-type: none"> <li>➤ ST: Produce training module</li> <li>➤ IT: Pilot training in 5-10 sites with 10-15 participants each</li> <li>➤ LT: Provide workshops to an additional 50 sites</li> </ul>	Existence of Videos Pre and post assessment of participants in pilot	DGHS NDD Protection Trust
Number of times videos are viewed.	Number of times videos are viewed.	Number of times videos are viewed.	
<b>OBJ-E31</b> - Government should train parents of PwNDDs on providing peer support to other parents			
Produce training module on providing peer support	<ul style="list-style-type: none"> <li>➤ ST: Produce training module</li> </ul>	Existence of Videos Number of times videos are viewed.	NDD Protection Trust

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
Arrange trainings and workshops on peer support by psychologists, special educators and experienced parents of PwNDDs	<ul style="list-style-type: none"> <li>➤ IT: Pilot workshops in 5-10 sites with 10-15 participants each</li> <li>➤ LT: Provide workshops to an additional 50 sites</li> </ul>	Pre - post training assessment  # of participants attending	NDD Protection Trust
Create a directory of parents of PwNDDs willing to offer peer support	<ul style="list-style-type: none"> <li>➤ LT: Directory created</li> </ul>	Materials posted in NDD Information HUB Number of hits on NDD Information Hub website  Number of times peer support requested	NDD Protection Trust
Create a referral system whereby new parents of PwNDDs are linked with experienced ones	<ul style="list-style-type: none"> <li>➤ ST: Referral system created and piloted in one Upazila</li> <li>➤ LT: Expand to 35 Upazilas</li> </ul>	Number of experienced parents available for referral Number of referrals made Satisfaction of new parents with referral process	NDD Protection Trust
<b>OBJ-E32</b> - Government should train parents of PwNDDs on providing respite care to other PwNDDs			
Produce a training module on providing respite care	<ul style="list-style-type: none"> <li>➤ ST: Produce training module</li> <li>➤ IT: Pilot workshops in 5-10 sites with 10-15 participants each</li> <li>➤ LT: Provide workshops to an additional 50 sites</li> </ul>	Existence of Videos  Pre and post assessment of participants in pilot  Number of times videos are viewed.	NDD Protection Trust
<b>OBJ-E41</b> - Government should train the siblings of PwNDDs			
Produce a training module for siblings of PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Produce training module</li> <li>➤ IT: Pilot workshops in 5-10 sites with 10-15 participants each</li> <li>➤ LT: Provide workshops to an additional 50 sites</li> </ul>	Training module developed  Number of people trained  Survey of siblings self-report in having sibling with NDD	NDD Protection Trust
Arrange group discussions for siblings of PwNDDs to learn about the care of PwNDDs, supporting and assisting their parents, encouraging their friends to meet and socialize with PwNDDs, and meeting the siblings of other PwNDDs			

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<p><b>OBJ-E42</b> - Government should ensure that parents of PwNDDs are aware of ethical parenting</p> <p>Produce a training module on ethical parenting</p>	<p>(Short, Intermediate and Long Term)</p> <p>ST: Produce training module IT: Pilot workshops in 5-10 sites with 10-15 participants each LT: Provide workshops to an additional 50 sites</p>	<p>Training module developed Number of people trained Pre and post assessment of participants</p>	<p>NDD Protection Trust</p>
<p><b>OBJ-E43</b> - Government should train parents and siblings on first-aid and other medical emergencies</p> <p>Develop a set of instructions on administering first-aid as well as other medical emergencies that typically affect PwNDDs (e.g. epilepsy)</p>	<p>LT: Intervention protocols developed in conjunction with medical personnel</p>	<p>Material posted on NDD Information HUB</p>	<p>DGHS</p>
<p><b>Education</b></p>			
<p><b>OBJ-F11</b> - Government should ensure that PwNDDs are taught all daily living skills and functional academics</p> <p>Develop training modules on teaching daily living skills and functional academics</p>	<p>ST: Produce training modules IT: Integrate training module into existing teacher training</p>	<p>Material posted on NDD Information HUB Pre and post assessment of participants Number of people trained</p>	<p>MoE</p>
<p><b>OBJ-F12</b> - Government should ensure that PwNDDs are taught interpersonal communication skills</p> <p>Develop training module on teaching interpersonal communication skills</p>	<p>ST: Produce training modules IT: Integrate training module into existing teacher training</p>	<p>Material posted on NDD Information HUB Pre and post assessment of participants Number of people trained</p>	<p>MoE</p>
<p><b>OBJ-F13</b> - Government should include special education in mainstream schools all over the country</p> <p>Establish special education cells in mainstream schools</p>	<p>ST: Develop an process for integrating special education departments in mainstream schools with input from teachers IT: Develop special education department in 10 mainstream schools</p>	<p>Process for integrating special education departments in mainstream schools Pilots implemented in schools as planned</p>	<p>MoE</p>



OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<b>OBJ-F14</b> - Government should provide comprehensive special education to those PwNDDs who will never be able to transition to mainstream schools	<ul style="list-style-type: none"> <li>➤ LT: Develop special education department in 100 mainstream schools (Phase 2)</li> </ul>	Number of students receiving education in mainstream schools	
<b>OBJ-F14</b> - Government should provide comprehensive special education to those PwNDDs who will never be able to transition to mainstream schools	<ul style="list-style-type: none"> <li>➤ LT; Development of a comprehensive plan to achieve this</li> </ul>	Strategic Plan created Date set for initial special school development	MoE
<b>OBJ-F21</b> - Government should develop readiness skills within PwNDDs to enable them to transition from one environment to another	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot trainings in 5-10 sites each with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	Material posted on NDD Information HUB Pre and post assessment of participants Number of people trained	MoE
<b>OBJ-F22</b> - Government should facilitate the entire transitioning phase in conjunction with the parents of PwNDDs, special educators, students, employment specialists, etc.	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot trainings in 5-10 sites each with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	Material posted on NDD Information HUB Pre and post assessment of participants Number of people trained	MoE
<b>OBJ-F31</b> - Government should develop literacy and numerical skills within PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot trainings in 5-10 sites</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	Material posted on NDD Information HUB Pre and post assessment of participants Number of people trained	MoE
<b>OBJ-F32</b> - Government should try to develop an interest in academia within PwNDDs	<ul style="list-style-type: none"> <li>➤ Modifications made to National Curriculum for PwNDDs</li> </ul>	Material posted on NDD Information HUB # of uses of modified curriculum	MoE



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Develop a modifiable version of the National Curriculum for PwNDDs, as well as associated teaching materials			
<b>OBJ-F33</b> - Government should ensure that PwNDDs are able to pursue tertiary education			
Conduct sensitization drives at universities	<ul style="list-style-type: none"> <li>➤ ST: strategy for conducting sensitization drive</li> <li>➤ IT: Sensitization drives conducted at all universities</li> <li>➤ IT: Creation of an accessible university guidance and checklist</li> <li>➤ LT: Analysis of how disability accessible universities are</li> </ul>	# of universities visited as part of sensitization drive  Accessible guidance created and disseminated	MoLE
Make universities disability accessible		Material posted on NDD Information HUB Structure for assess accessibility of universities	
<b>OBJ-F34</b> - Government should ensure that PwNDDs are able to pursue professional education			
Conduct sensitization drives at professional training institutes	<ul style="list-style-type: none"> <li>➤ ST: strategy for conducting sensitization drive</li> <li>➤ IT: Sensitization drives conducted at all training institutes</li> <li>➤ IT: Creation of an accessible training institute guidance and checklist</li> <li>➤ LT: Analysis of how disability accessible training institutes are</li> </ul>	# of training institutes visited as part of sensitization drive  Accessible guidance created and disseminated  Material posted on NDD Information HUB Structure for assess accessibility of training institutes	MoLE
Make training institutes disability accessible			
<b>OBJ-F41</b> - Government should enable the development of any natural artistic potential within PwNDDs			
Train art and music instructors on working with and teaching PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot 10 trainings with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 500 instructors</li> </ul>	Material posted on NDD Information HUB  Pre and post assessment of participants  Number of people trained	MoE
<b>OBJ-F42</b> - Government should enable the development of any natural sporting abilities within PwNDDs			

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<p>Train sports coaches on working with and training PwNDDs</p> <p>Set up sports training camps for PwNDDs at clubs, training academies and public fields</p>	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot 10 trainings with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 500 instructors</li> </ul>	<p>Material posted on NDD Information HUB</p> <p>Pre and post assessment of participants</p> <p>Number of people trained</p>	<p>MoE</p>
<p><b>OBJ-F51</b> - Government should develop non-formal learning options for PwNDDs who cannot function in a classroom environment</p>			
<p>Develop non-formal training modules on a variety of subjects, topics, skills and vocations for PwNDDs</p> <p>Install the non-formal training modules at schools, colleges, universities, technical training institutes, vocational training centers, etc.</p>	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot trainings at 5-10 schools with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	<p>Material posted on NDD Information HUB</p> <p>Pre and post assessment of participants</p> <p>Number of people trained</p>	<p>MoE</p> <p>NDD Protection Trust</p>
<p><b>OBJ-F61, F62, F63</b> - Government should ensure that PwNDDs receive other types of education</p>			
<p>Develop training module and associated teaching materials on teaching ethics and morality, sex education and money management</p>	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules and materials</li> <li>➤ IT: Pilot trainings in 5-10 sites each with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	<p>Material posted on NDD Information HUB</p> <p>Pre and post assessment of participants</p> <p>Number of people trained</p>	<p>NDD Protection Trust</p>
<p><b>OBJ-F64</b> - Government should ensure that PwNDDs learn about executive functioning skills</p>			
<p>Develop training module and associated teaching materials on developing executive functioning skills</p> <p>Arrange activities, events and projects that involve PwNDDs assuming leadership roles</p>	<ul style="list-style-type: none"> <li>➤ ST: 2 pilot activities</li> <li>➤ IT: 10-15 activities</li> <li>➤ LT: 40-50 activities</li> </ul>	<p>Number of activities conducted</p> <p>Number of people involved in activities</p>	<p>NDD Protection Trust</p>
<p><b>Employment</b></p>			
<p><b>OBJ-G11</b> - Government should try to familiarize PwNDDs with different career paths</p>			
<p>Establish a corps of “Employment Specialists” to facilitate the career planning, development,</p>	<ul style="list-style-type: none"> <li>➤ ST: Develop training content for employment specialist</li> </ul>	<p>Number of Employment specialists trained.</p>	<p>MoLE</p>

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<p>placement and transition of PwNDDs from school to the workplace</p> <p>Create a professional course for developing employment specialists</p> <p>Expose PwNDDs to a variety of vocations</p> <p>Advertise success stories of PwNDDs that have acquired jobs and have been able to maintain them and thrive in them</p>	<ul style="list-style-type: none"> <li>➤ IT: Identify 100 individuals who will create the first Employment Specialist Corp. and have them complete training</li> <li>➤ LT: Employment specialists work with PwNDDs on job development</li> <li>➤ Tracking system created for types of jobs obtained</li> </ul>	<p># of different types of jobs PwNDDs obtain</p> <p>Number of PwNDD who obtain jobs.</p> <p>Number of success stories posted on NIDD Information HUB</p>	
<p><b>OBJ-G12</b> - Government should try to identify the work a PwNDD is most likely to succeed in with respect to his/her personal interests, abilities and other variables</p> <p>Arrange work tryouts for PwNDDs in various industries</p> <p>Conduct periodic vocation assessments after completion of primary schooling</p>	<ul style="list-style-type: none"> <li>➤ IT: Identify 50 companies interested in offering work tryout.</li> <li>➤ LT: 2500 youth participate in work tryouts</li> </ul>	<p># of companies participating work tryouts</p> <p># of youth participating work tryouts</p>	<p>MoLE</p> <p>MoC</p>
<p><b>OBJ-G13</b> - Government should try to build up the capacity of each PwNDD to prepare them for work life</p> <p>Train special educators on career development planning for PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ IT: Produce training modules</li> <li>➤ LT: Integrate training module into existing teacher training</li> </ul>	<p>Material posted on NIDD Information HUB</p> <p>Pre and post assessment of participants</p> <p>Number of people trained using modified materials</p>	<p>MoLE</p>
<p><b>OBJ-G21</b> - Government should identify skills that capitalize on the strengths of PwNDDs</p>			
<p>Create an inventory of skills that capitalize on the strengths of PwNDDs and are in demand in the job market</p> <p>Develop industry-specific Employment Specialists to provide consultancy to other special educators, skill developers and vocational trainers, as well as</p>	<ul style="list-style-type: none"> <li>➤ ST: Inventory of skills required in the labor market</li> <li>➤ IT: Train employment specialists on sectoral (industry specific) skills needed)</li> </ul>	<p>Skill inventory developed based on labor market needs as PwNDDs possess a great variety of individual skills that could meet labor market demands</p> <p>Cadre of sectoral employment specialists created</p>	<p>MoLE</p>

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to facilitate the transition of PwNDDs when employed in that particular industry			
<b>OBJ-G22</b> - Government should develop those skills within PwNDDs			
Develop training modules on developing such skills within PwNDDs  Arrange facilities, tools and equipment for special educators and skill developers to train PwNDDs  Offer a variety of skill development opportunities for PwNDDs throughout the country	<ul style="list-style-type: none"> <li>➤ IT: Training modules developed</li> <li>➤ IT: “In vivo” work experience sites developed</li> <li>➤ LT: 1000 PwNDD shave access to at least 2 real work experience options to develop their vocational skills and prepare for competitive employment</li> </ul>	Material posted on NDD Information HUB  Pre and post assessment of participants  Number of professionals trained  Number of PwNDDs trained	MoLE
<b>OBJ-G31</b> - Government should identify industries and jobs that offer the most career potential for PwNDDs			
Research industries and conduct surveys of industry and NDD experts	<ul style="list-style-type: none"> <li>➤ IT: Template developed to gather consistent information regarding industry needs</li> <li>➤ LT: Surveys conducted of all major Bangladesh industries</li> </ul>	Template in existence  Surveys of all relevant industries completed and reported on	MoLE
<b>OBJ-G32</b> - Government should educate employers about the capabilities of PwNDDs and about effective strategies for recruiting and hiring capable PwNDDs			
Conduct awareness and lobbying drives with industrial and professional associations  Engage in one-to-one discussions with major employers	<ul style="list-style-type: none"> <li>➤ ST: Develop a strategy for conducting awareness campaigns</li> <li>➤ ST: Development of standard materials for staff to use in 1:1 discussions</li> </ul>	Awareness campaign implemented  # of employers with whom awareness was discussed 1:1	MoLE
<b>OBJ-G33</b> - Government should prepare the supervisors and coworkers to work with PwNDDs			
Arrange for concise guidelines on working with PwNDDs to be included in the operating manuals of companies that hire PwNDDs  Make employers aware about workplace accommodations	<ul style="list-style-type: none"> <li>➤ ST: Produce guidelines and materials</li> <li>➤ ST: Develop a local employer accommodation curriculum</li> <li>➤ IT/ LT: Conduct accommodations workshops with 50 employers annually</li> </ul>	Material posted on NDD Information HUB  Pre and post assessment of participants  Number of employers getting accommodation training	MoLE
<b>OBJ-G41</b> - Government should train PwNDDs on skills needed to work in a particular industry that exists in Bangladesh			

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Develop special training modules for various industries designed specifically for PwNDDs  Incorporate safety training within the vocational training modules in order to equip PwNDDs with awareness of dangers at work and knowledge of how to protect themselves	<ul style="list-style-type: none"> <li>➤ ST: Produce training modules</li> <li>➤ IT: Pilot trainings in 5-10 sites each with 10-15 participants each</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	Material posted on NDD Information HUB  Pre and post assessment of participants  Number of employers getting training	MoLE
<b>Obj-G42 -</b> Government should provide access to a wide range of vocational training options			
Install the special vocational training modules at public and private institutes throughout the country	<ul style="list-style-type: none"> <li>➤ ST: Development of a plan to install these modules</li> <li>➤ IT: Pilot modules in 5-10 institutes</li> <li>➤ LT: Modules created in a specified number of Institutes</li> </ul>	Plan developed  Modules established	MoLE
<b>Obj-G43 -</b> Government should try to place PwNDDs in appropriate training programs			
Establish a referral system for placement of PwNDDs into vocational training programs  Liaise with Employment Specialists and special educators in order to carefully plan the placement of PwNDDs in training programs, immediately after completion of schooling	<ul style="list-style-type: none"> <li>➤ ST: Creation of a process for person centered employment planning</li> <li>➤ IT: Creation of Memoranda of Understanding (MOUs) with Ministries, Schools, and Vocational Training programs for access of PwNDDs</li> </ul>	Process developed  Number of MOUs developed	MoLE
<b>Obj-G51 -</b> Government should notify PwNDDs about the availability of jobs for them			
Create a mailing list to notify vocational training institutes, special schools and parent-based NGOs about job openings for PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Identification of a process for learning about job openings in a timely fashion</li> <li>➤ ST: Developing a mechanism for efficient dissemination of this information</li> </ul>	Mailing list developed  Dissemination plan created with responsibilities for people assigned to disseminate  Number of job openings disseminated	MoLE  NDD Protection Trust
<b>Obj-G52 -</b> Government should try to place qualified PwNDDs in appropriate jobs			
Establish a referral system for linking interested PwNDDs to available jobs	<ul style="list-style-type: none"> <li>➤ ST: Referral system created and piloted in one Upazila</li> </ul>	# of people referred to jobs  # of jobs identified	MoLE

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<b>OBJ-G61</b> - Government should monitor the progress of PwNDDs at their jobs			
<p>Establish a monitoring cell of Employment Specialists to regularly follow-up with employed PwNDDs</p> <p>Develop and supply performance appraisal guidelines to employers for evaluating the job performance of PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ ST: Develop training content for employment specialists</li> <li>➤ IT: Identify 100 individuals who will create the first Employment Specialist Corp. and have them complete training</li> <li>➤ IT: Develop guidance for employers on appraising performance of employees with NDDs the same as other employees with specific alterations as needed but not special performance appraisals for PwNDDs</li> </ul>	<p>Curriculum for employment specialists to help people maintain employment developed</p> <p>Guidance on appraising performance of employees with NDDs the same as other employees with specific alterations as needed but not special performance appraisals for PwNDDs is created</p>	MoLE
<b>OBJ-G62</b> - Government should provide legal support to PwNDDs to address any violations of their rights			
<p>Establish an arbitration committee to settle workplace disputes and incidents out of court</p>	<ul style="list-style-type: none"> <li>➤ IT: establish consistent with existing labor dispute options in countries.</li> </ul>		MoLE NDD Protection Trust
<p>Create a directory of legal practitioners who are committed to providing pro bono legal services to PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ IT: Directory created</li> <li>➤ IT: Directory disseminated to at least 1000 interested parties</li> </ul>	Directory posted on NDD Information HUB	NDD Protection Trust
<b>OBJ-G71</b> - Government should ensure that the environment where PwNDDs will work are not detrimental to their health			
<p>Negotiate with employers to amend the workplace environment to eliminate risk factors towards the health and wellbeing of PwNDDs</p>	<ul style="list-style-type: none"> <li>➤ IT: Integrate inclusion of PwNDD into existing health and wellbeing efforts</li> </ul>	Training/intervention is inclusive of PwNDD not a separate effort Employment specialist working with individuals confirm that PwNDD understand risk factors	MoLE
<b>OBJ-G72</b> - Government should ensure the availability of emergency health services who are capable of caring for PwNDDs during medical emergencies			



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Train in-house healthcare providers at the companies that employ PwNDDs on basic primary healthcare Train paramedics on the particular healthcare needs of PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Produce online training modules that can be viewed at individual companies</li> <li>➤ IT: implement online training modules</li> <li>➤ LT: Provide trainings to an additional 50 sites each</li> </ul>	Number of individuals trained Pre and post-test assessment	MoLE
<b>OBJ-G73</b> - Government should ensure access to affordable healthcare for PwNDDs			
Establish health insurance policies specifically designed for PwNDDs	<ul style="list-style-type: none"> <li>➤ LT: Policy change in place.</li> <li>➤ LT: Inform 1000 employers on the insurance policy option</li> </ul>	Number of individuals enrolled in plans Number of employers offering insurance as part of compensation	MoLE NDD Protection Trust
<b>OBJ-G81</b> - Government should ensure that PwNDDs have a source of income after retirement			
Create pension plans, provident funds, mutual funds and other investment plans specifically for PwNDDs	<ul style="list-style-type: none"> <li>➤ LT: 25 investment plans exist</li> </ul>	Number of funds available Number of individuals purchasing/accessing funds	NDD Protection Trust
<b>OBJ-G82</b> - Government should ensure proper support and advice for PwNDDs with regards to their financial management			
Establish a financial advisory committee to advise PwNDDs	<ul style="list-style-type: none"> <li>➤ IT: 25 Individuals are appointed to advisory committee</li> </ul>	Number of PwNDDs who access advisory committee Listing of advisory committee on NDD Information HUB	NDD Protection Trust
<b>Protection of PwNDDs</b>			
<b>OBJ-H11</b> - Government should provide assistive technology to PwNDDs to enhance their lives and independence			
Sponsor the production/procurement of assistive devices to be freely distributed to PwNDDs based on their needs	<ul style="list-style-type: none"> <li>➤ IT: Directory of entities that provide assistive devices</li> <li>➤ LT: funding allocated to support purchase of devices</li> </ul>	Listing on NDD Information HUB	DSS NDD Protection Trust
<b>OBJ-H12</b> - Government should assist PwNDDs with financial support so that they can meet their basic needs			



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Provide stipends to PwNDDs to cover sustenance and other basic personal expenses  Set up safe-houses for homeless PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: obtain funding for stipend</li> <li>➤ IT: 1000 PwNDD who have received id cards are determined eligible for stipend</li> <li>➤ LT: One safe house exists in each Upazilas</li> </ul>	Number of individuals receiving stipend.  Number of safe houses established	DSS
<b>OBJ-H13</b> - Government should enable PwNDDs from low-income families to pursue secondary and tertiary educational opportunities			
Introduce scholarships and financial aid plans for PwNDDs  Encourage the private sector to set up similar scholarships and financial aid plans, as well as other methods of education sponsorship for talented PwNDDs from low-income families	<ul style="list-style-type: none"> <li>➤ IT: Obtain funding for scholarships</li> <li>➤ LT: identify private scholarship and educational sponsorship</li> </ul>	Number of scholarships available  Information is posted on NDD Information HUB	DSS
<b>OBJ-H14</b> - Government should ensure access to healthcare for all PwNDDs			
Introduce health insurance policies specifically for PwNDDs, covering all medical expenses and assistive devices  Encourage the private sector to offer similar policies	<ul style="list-style-type: none"> <li>➤ LT: 10 new health insurance policies are available</li> </ul>	Number of individuals covered under the health insurance policies	DSS
<b>OBJ-H21</b> - Government should develop policies and guidelines for protecting and safeguarding PwNDDs from all forms of abuse and discrimination			
Implement or amend legislation and policy that provides non-discrimination protection for PwNDDs  Develop protection policies for each relevant Government branch that works to address the needs of PwNDDs  Monitor that protection policies are being adhered to and enforced	<ul style="list-style-type: none"> <li>➤ ST: Review of existing discrimination/protection legislation. And identification of any issues with enforcement</li> <li>➤ IT: New protections established in law and any necessary changes in existing law</li> <li>➤ LT: 100% enforcement of protection laws</li> </ul>	Number of new law/protctions  Number of times protection laws are not enforced.	NDD Protection Trust

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<b>OBJ-H22</b> - Government should help prepare PwNDDs so that they can protect themselves from sexual abuse	<ul style="list-style-type: none"> <li>➤ IT: 100% of school age PwNDDs receive sexual health and safety training</li> </ul>	Percentage of school age PwNDDs who completed curriculum	NDD Protection Trust
<b>OBJ-H23</b> - Government should help create a safe environment in the community where PwNDDs are not teased and bullied	<ul style="list-style-type: none"> <li>➤ IT: integrate measures into existing non-bully, protection laws</li> </ul>	Number of changes in laws	NDD Protection Trust
<b>OBJ-H31</b> - Government should ensure that PwNDDs are able to safeguard their personal property and inheritance	<ul style="list-style-type: none"> <li>➤ It: Identify one legal practitioner per Upazila</li> <li>➤ IT: Community trusts exists in all Upazila</li> </ul>	Directory of legal practitioners is posted on NDD Information HUB  Number of cases brought to the community trust	NDD Protection Trust
<b>OBJ-H32</b> - Government should ensure that PwNDDs are able to pursue legal action against those who discriminate against them and deprive them of their rights	<ul style="list-style-type: none"> <li>➤ It: Identify one legal practitioner per Upazila</li> <li>➤ IT: booklet printed and distributed through legal professional associates</li> </ul>	Directory of legal practitioners is posted on NDD Information HUB  Number of booklets distributed tracked in dissemination database	NDD Protection Trust
<b>OBJ-H33</b> - Government should ensure that PwNDDs are able to make assisted independent decisions			
Create a registry of qualified individuals that can act as legal guardians or proxies for PwNDDs  Train legal guardians and proxies on understanding and working with PwNDDs, as well as how to advise PwNDDs in making assisted independent decisions or to represent their interests if they are not able to make that decision.	<ul style="list-style-type: none"> <li>➤ ST: Recruit 500 people to act as legal guardians</li> <li>➤ IT: All recruited legal guardians have completed training</li> </ul>	Number recruited  Pre and post-test assessment of legal guardians.  Annual refresher assessment of knowledge of guardians	NDD Protection Trust
<b>Community support</b>			
<b>OBJ-I11</b> - Government should have a sufficient number of respite care providers in each community			

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>Develop a training module, incorporating input from PwNDDs and their families, on providing respite care</p> <p>Define a set of expected skills and qualifications needed for anyone to become a provider of respite care</p> <p>Establish a registration process and define a set of rules and regulations for respite care providers</p>	<ul style="list-style-type: none"> <li>➤ ST: Produce training module</li> <li>➤ IT: With input from families define skills for respite care</li> <li>➤ LT: register 5 respite workers in each union</li> </ul>	<p>Number of registered respite workers.</p> <p>Number of hours of respite provided</p>	<p>NDD Protection Trust</p>
<p><b>Obj-I12</b> - Government should aim to lessen the burden on the parents of PwNDDs</p>			
<p>Create a directory of qualified, registered respite care providers</p>	<ul style="list-style-type: none"> <li>➤ IT: Directory created</li> <li>➤ LT: Directory disseminated to at least 1000 interested parties</li> </ul>	<p>Directory posted on NDD Information HUB</p>	<p>NDD Protection Trust</p>
<p>Provide a government stipend to parents for providing respite care</p> <p>Set up respite care centers</p>	<ul style="list-style-type: none"> <li>➤ ST: Obtain funding for government stipend</li> <li>➤ LT: 5000 parent receive respite stipend</li> </ul>	<p>Number of people receiving respite stipend</p>	<p>NDD Protection Trust</p>
<p><b>Obj-I21</b> - Government should ensure that PwNDDs are able to access public transportation</p>			
<p>Distribute awareness leaflets to as many public transportation providers as possible</p> <p>Allocate funds to ensure public transportation will be assessed and brought up to accessibility standards</p>	<ul style="list-style-type: none"> <li>➤ ST: develop awareness leaflet.</li> <li>➤ IT: 1000 buses meet accessibility standards</li> <li>➤ LT: awareness leaflet distributed to all public transportation providers</li> </ul>	<p>Number of brochures distributed</p> <p>Percentage of buses that meet accessibility standard.</p>	<p>LGD</p>
<p><b>Obj-I22</b> - Government should ensure that PwNDDs are able to move about in public spaces and buildings, on their own or with assistance</p>			
<p>Incorporate minimum accessibility standards in construction codes</p>	<ul style="list-style-type: none"> <li>➤ ST: Develop policy that new standards need to meet ISO and international standards for accessibility</li> </ul>	<p>Number of new accessible buildings.</p>	<p>LGD</p>

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<b>OBJ-123</b> - Government should ensure that PwNDDs have recreational opportunities in public spaces			
Develop specialized disability-friendly playgrounds for PwNDDs  Provide training to recreational programs for including PwNDDs	<ul style="list-style-type: none"> <li>➤ LT: 25% of playground have accessible equipment and inclusive playground design</li> <li>➤ LT: 500 recreational programs have received training</li> </ul>	Percentage of playgrounds that are accessible.	LGD
<b>OBJ-124</b> - Government should ensure that PwNDDs get priority services at Government facilities			
Establish fast-track services for PwNDDs at Government facilities  Arrange for discounted or free services (if feasible) for all PwNDDs at Government facilities	<ul style="list-style-type: none"> <li>➤ LT: design fast track system</li> <li>➤ LT: obtain funding for free services at government facilities</li> </ul>	Number of free or discounted services	NDD Protection Trust
<b>OBJ-131</b> - Government should ensure that PwNDDs are not discouraged from attending social and community events			
Produce sensitization and motivational TV spots to change public attitude towards PwNDDs  Promote success stories of PwNDDs who have been able to overcome the challenges of their disabilities, in order to inspire other PwNDDs and their parents	<ul style="list-style-type: none"> <li>➤ ST: 10 TV spots are produced</li> <li>➤ IT: 50 profiles of PwNDD are produced an integrated into public media and training content</li> </ul>	TV spots are posted on NDD Information HUB  Profiles are posted on NDD Information HUB	NDD Protection Trust
<b>OBJ-132</b> - Government should ensure that that PwNDDs get opportunities to perform in cultural events			
Encourage both public and private sectors to include programs and segments involving PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Promote inclusion of PwNDD in non-disability cultural events</li> </ul>		NDD Protection Trust
<b>OBJ-141</b> - Government should assist those PwNDDs who wish to get married			
Establish a match-making service for PwNDDs  Provide counseling services to married PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: develop resources to connect PwNDD interested in relationships</li> </ul>	Number of PwNDD who become married	NDD Protection Trust

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<b>OBJ-142</b> - Government should assist those PwNDDs who wish to have children			
Provide counseling services to those PwNDDs hoping to have children  Provide early and affordable reproductive and prenatal care to PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Genetic counseling services receive training on working with PwNDD on any potential genetic issues</li> </ul>	Number of PwNDD receiving prenatal care	NDD Protection Trust
<b>OBJ-151</b> - Government should ensure that the first responders during emergencies and disasters are aware of PwNDDs			
Survey PwNDDs and their families on their support needs during emergencies and disasters  Provide training to emergency and disaster responders on the evacuation needs of PwNDDs  Establish accessible communication protocols for emergency and disaster responders to meet the needs of PwNDDs	<ul style="list-style-type: none"> <li>➤ ST: Prototype for personal emergency response plan is developed and piloted with 100 families</li> <li>➤ IT: Emergency response plan is distributed through primary and secondary schools to all children</li> <li>➤ LT: Train 5000 first responders on evacuation needs of PwNDD</li> </ul>	<p>Number of personal emergency plans disseminated.</p> <p>Number of first responders trained</p> <p>Safe evacuation of PwNDD in the event of a disaster</p>	NDD Protection Trust
Provide emergency and disaster responders access to a directory of PwNDDs	<ul style="list-style-type: none"> <li>➤ Using data from registration system in “Identification” above:</li> <li>➤ ST: Mechanism designed to link first responders to registry</li> <li>➤ IT: Pilot in one upazilla</li> <li>➤ LT: Make available throughout the country</li> </ul>	Number of individuals who have emergency needs identified under the registration system.	NDD Protection Trust
<b>OBJ-152</b> - Government should include PwNDDs in disaster planning and preparation and to care for PwNDDs during and after emergencies and disasters			
Train a selection of emergency and disaster responders on how to care for PwNDDs during such events	<ul style="list-style-type: none"> <li>➤ IT: At least 1 member of each emergency/disaster response team/unit is trained</li> <li>➤ LT: 100% of emergency centers are assessed for accessibility</li> </ul>	<p>Number of response teams with trained member</p> <p>Percentage of emergency centers that are accessible</p>	NDD Protection Trust

OBJECTIVES AND ASSOCIATED ADVISED ACTIVITIES	OUTCOMES (Short, Intermediate and Long Term)	MEANS OF DOCUMENTATION / MEASUREMENT <sup>88</sup>	REPORTING TO <sup>89</sup>
<p>Provide access to prompt medical care and medical equipment as needed for PwNDDs</p> <p>Ensure emergency centers are designated in safe and accessible buildings</p>			

## 8. Conclusion

All PwNDDs deserve to have ready access to the services and supports they need to be safe, educated, healthy, productive, and able to pursue happy and fulfilling lives. To that end, this Strategic Plan has been developed to promote, integrate, coordinate, and expand services to all children and people with NDDs, including the creation of new programs.

This Strategic Plan has outlined 112 objectives and described 190 advised activities for the Government of Bangladesh to study and consider implementing over the next five years. More importantly, this Plan explains in great detail how these objectives and activities are linked with each other. Altogether, these details paint the “bigger picture” that is vital for any implementing body to understand if it is to address the lifespan needs of persons with NDDs.

Successful implementation of this Strategic Plan will not only require the Government to take away from this document a conceptual understanding of the lifespan needs and their intricacies, but also to appreciate and believe in the importance of inter-branch coordination and collaboration. But from a reality standpoint, what is even more important than bureaucratic enthusiasm is bureaucratic ownership of the agenda that Bangladesh has taken on board as a result of sheer political will. This ownership is particularly needed at the upper echelons of the bureaucracy, particularly key ministries such as the Ministry of Finance and the Planning Commission. These two ministries hold the keys to the funding and implementation of Government projects. It is hoped that these two key ministries will show the willingness to understand this Strategic Plan and move along the path charted herein – the path leads to the creation of an inclusive society for all persons with disabilities.



## 9. References

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## 10. Annexures

### Appendix 1 – Feedback from Focus Group Sessions

#### *Feedback from the focus group of representatives from NSCAND*

**Date:** Thursday, April 7, 2016

**Time:** 2:00 PM – 5:00 PM

**Location:** Bangabandhu Memorial Trust Conference Room

#### Introduction

- The session was initiated with a brief summary of the major findings from the situation analysis
- The Ministry of Labor and the Ministry of Youth & Sports are now considered to be major ministries
- The lack of data is considered to be one of the major drawbacks by all the ministry representatives
- The action plans have still not been finalized and are currently in the planning phase; the plans that have been submitted now are the draft versions
- Local attitudes – the ministry personnel have themselves been sensitized to ASD and NDDs but they have expressed that there are attitudinal changes that still need to be made from the ground level up
- According to the ministry representatives, the resources are still being misused and there is no proper allocation of funds

#### Collaboration and convergence

- Laws and policies – the major problem lies in the implementation of the new laws; there are no problems with the structuring of the law. There is proper representation from all the ministries in the NDD board.
- The major deficiency lies in the fact that there are no assigned roles and responsibilities. After the law has been established, there has still been no changes in the way the concerned parties are doing their work, nobody is abiding by the rules and most people are not aware of what the NDD Protection Trust act states.
- One of the major deficiencies lie in the implementation and coordination of activities. The NSC should define the roles and responsibilities of every stakeholder. Every ministry has their own sets of rules and regulations and work according to those set of rules so a common complaint from all representatives is that this often makes it difficult to collaborate on different projects; this leads to problems with accountability.
- The Ministry of Education should take the lead in implementing activities related to inclusive education, special education policies, etc.; currently the MoSW is taking the lead in this.
- Who takes the decision on who will the lead ministry of projects relating to ASD and NDDs? – this is assigned based on the strengths and capacities of the particular ministry, once the project proposal comes in
- There has been a suggestion to maintain archives and a strict record-keeping system for all projects; because of the circulating nature of the government positions in Bangladesh, this will assist in updating the next appointed person on the work that has been done so far

- There is a serious need for HR development; it is necessary to involve the whole organization and not just a single resource person in every ministry, it is not feasible to be dependent on the maintenance of data by one person only; it is necessary to have institutional data
- The two major areas that currently require the most attention is ‘early intervention’ and ‘addressing adults with NDDs’

### Discussion Points

- Is it possible to have multi-ministry projects involving multiple budgets? – this will enable us to lower the costs associated with projects and ensure convergence between concerned parties to increase the efficiency levels.
- The projects need to be divided according to the strengths and responsibilities of the different ministries
  - Who will actually coordinate this activity between the different ministries? - during the actual planning phase of the project, the concerned ministries themselves will determine their own roles in the project and thereby determine who will act as the lead ministry for particular projects
- According to the ministry representatives there are currently no major projects in particular that would benefit from collaboration with other ministries, aside from NAAND
  - NAAND is a project that will require collaboration amongst different ministries such as MoYS, MoPME, MoE, MoSW, MoHFW. It is important to start planning for this right now in order to ensure proper collaboration during the implementation phase of this project
- Case study on achieving identification of PwNDDs – according to the ministry representatives, the proposed system will only work if the NDD protection trust is directly allocating the funds to the concerned ministries, on a project-basis.
- There are currently no monitoring/evaluating mechanisms for teachers’ qualifications in place in the current education system
- MoYS scope of work
  - The 18-35 years age range
  - DYD resources: awareness building, training of volunteers; 64 DYD centers at the moment, 1 in every district; can use these centers for training purposes
  - The HPM has expressed her plans of constructing a separate sports complex for persons with NDDs soon. This have been included in the 5-year action plan for MoYS.
- Can the lobbying capacity be given to the parents? – it has been suggested to empower the existing parents’ forum in this regard
- There is currently no parliamentary subcommittee for minority groups in Bangladesh
- The NSDC hosts regular skill development working group meetings and sets up NGO camps – it has been suggested that these gatherings act as a point of contact with international organizations
- Can a department from Ministry A monitor/evaluate the activities of a department from Ministry B – this would be possible through the Cabinet division, the PMO, IMED and MoF but, according to the rules of allocation, the IMED in particular, is able to do this
- To whom is any given department accountable to for its activities? – the Secretary of the concerned Ministry
- If two or more departments from different Ministries are collaborating on a project, who would they be accountable to? (technical evaluation) – there is a planning wing in every ministry who will be able to provide their suggestions and feedback, however, the IMED will ultimately be responsible for accountability purposes

- The ministry representatives have agreed that the mechanism proposed in Slide 17 of the presentation is possible to implement in the case of planning and developing new policies, laws, etc., but they are not sure if the system will work in the case of projects because it would be difficult to maintain accountability
- It has been suggested that the FWVs and FWAs be trained to conduct screening of ASD and other NDDs

#### Various Government branches

- **DGFP** – responsible for family planning activities, contraceptives, counselling, door-to-door visits
- **NIPORT** – responsible for conducting research and training of the Ministry of Health officials, especially for family planning officers
- **DGDA** – responsible for activities related to drug administration
- **Health Engineering Department** – responsible for upazila and union level infrastructure and construction planning related to health facilities only
- **BD Nursing and Midwifery Council** – licensing and certification of nurses, etc.
- **MoPME** – bureau of non-formal education – total literacy movement (TLM); hard to reach program; second-chance education; resources: one office in Tejgaon currently
- **MoWCA** – DWA – there are 6 training institutes under the DWA
- **Bangladesh Shishu Academy** – organization of various co-curricular activities, organizing events for national holidays, they offer classes on music, art; focus on cultural activities, education, fine arts
- **MoLE** – DoL – they have 54 labor welfare centers where training sessions are offered, usually in industrial areas; have healthcare facilities here as well; labor welfare centers can be a major resource. There is a strategy in the works of how to ensure that the 10% disability quota is being met in the factories/industries and if the work environment is appropriate
- **DFI** – department of health and safety inspection; this department can monitor the construction of building to ensure accessibility for PWDs; it is necessary to sensitize people in this department
- **MWB** – responsible for monitoring wages of persons with NDDs, to ensure that PwNDDs will receive the same wages and that there is no discrimination in this respect
- **NSDC** – responsible for the standards being set for obtaining certification based on their level of competency
- **MoE** – Directorates – according to the law, this department can take action against private schools not willing to take in persons with NDDs
- **BANBEIS** – national portal, anybody can access this data
- **Inspection and audit** – no resources for PwNDDs
- **National Academy** – provides computer training for teachers, not students

#### Points of Importance

- A new national **Education Act** is currently in the process and special education is being included and addressed in the new Education Act being developed
- The representatives from the Ministries have stated that they are able and willing to share data with each other. It has been suggested that the data be centralized within the NDD trust, for use by all the other ministries. There is no law restricting this and it is possible to set up this system. The **Right to Information Act** is binding agreement that within the government system, all data is shareable and is to be provided upon request.
- The **Cabinet Division** is able to issue a circular regarding inter-ministerial collaboration

- The current rules of business for project planning is as follows – **(i)** planning, **(ii)** finance, **(iii)** the requiring ministry and at times, **(iv)** the ministry of public administration
- Project monitoring and evaluation – the implementation, monitoring and evaluation division (IMED division) is responsible for carrying out activities related to project monitoring and evaluation – this division is responsible for providing monthly reports on projects
- There has been a strong suggestion by the ministry representatives that the **NDD Trust** should act as the governing body for all projects related to NDDs
- The TORs of the Steering Committee need to be reviewed and specified more clearly – it has been suggested to include the points of **slide 17** in the TORs of the Steering Committee. The points are as follows:
  - *Formation of sub-committees within NSCAND*
  - Each sub-committee would address a particular Life Span Need or part of one
  - The Strategic Plan would define:
    - the objectives of that sub-committee
    - the members of that sub-committee (specifically which department, agency, etc.)
    - the hierarchy of the members (i.e. which entity will be in the lead)
    - the planning, monitoring and evaluation procedures for that sub-committee
    - The sub-committees would be held accountable to NSCAND

***Feedback from the focus group of persons with NDDs and their parents***

**Date:** Monday, April 11, 2016

**Time:** 11:00 AM – 2:00 PM

**Location:** Bangabandhu Memorial Trust Conference Room

**Persons with NDDs – What is a major problem that you are facing?**

- A majority of the PwNDDs expressed that one of their greatest concerns was the fact that they were unsure of what they would do with their lives once their education was over.
- One of the major problems being faced by the PwNDDs were problems with transportation, calculating the fare, interacting with bus conductors and drivers. For those persons with Cerebral Palsy, using wheelchairs, a major problem being faced by them was the fact that even now, the buses are not wheelchair accessible, so it is physically not possible for them to travel anywhere on their own.
- Some of the PwNDDs expressed that they were not able to start thinking of a career path as of yet, since their interests are often changing and they had not been able to fully commit to the idea of a certain profession as of yet.
- Two of the PwNDDs with Cerebral Palsy, expressed that the lack of accessibility in their school buildings often prevented them from physically attending classes and at times, they were not even able to physically interact with their teachers and would have to attend class separately and at times, would only attend school to appear for examinations.
- One of the PwNDDs with Cerebral Palsy also expressed that while a lot of work has been done on creating awareness about NDDs, in particular Autism, it is now necessary for more work to be done on creating awareness on the different kinds of NDDs, because

people in the community would often classify her as having Autism since much of the awareness has been created on Autism and not the other NDDs.

- One of the PwNDDs expressed that there should be curriculum modifications for children with special needs because it can often be very difficult for them to perform complicated arithmetic, which is a compulsory subject. It would be greatly beneficial if it was possible to adapt the curriculum to better suit their learning needs, to enable them to perform their best.

#### Parents of PwNDDs – When did you first notice that your child was different?

- A majority of the parents of PwNDDs expressed that they first noticed their child was different around the age of 2-3 years old. Of course, for the children with Cerebral Palsy, the parents noticed a lot early on (4-5 months old) that their child was different.
- For most of the parents, the fact that their child would want to stay isolated, play on their own with particular toys, the diminished response to social cues, the lack of verbal communication, indicated to the parents that something was wrong.
- For the parents whose children were extremely verbal, it was more difficult for them to notice that their child was different so the age at which they would receive the diagnosis for their child would be later than usual. The parents did not notice the differences until their child had started attending school and interacting with his peers.

#### Parents of PwNDDs – What are some of the major problems that you face?

- One of the major problems that was faced by the parents was a lack of information on where to take their child once the diagnosis had been received and what particular services their child required. It is therefore crucial to set up a referral system in order to inform the parents of the availability and location of different services.
- Some of the parents also expressed that they felt as though the quality of the healthcare professionals providing the therapeutic services were not up to the standard and at often times, the therapists did not appear to be qualified to provide particular services. There is an urgent need for a monitoring body to regulate and evaluate the standard of therapeutic services being provided at the different centers and the qualifications of the therapists.
- One of the parents of a child with Cerebral Palsy, expressed that she faced a lot of problems when she tried to admit her son to a school, the teachers were very rude and unwilling to take him in and he was refused admission in a number of schools. She had to take her son to many different schools before finding one that was actually willing to accept her son in their school. It is therefore very challenging for the parents to find a school with a supportive and understanding academic staff that are both able and willing to accommodate the special needs of their child.
- Another problem that was raised is that because sometimes children with NDDs may need some more time to complete a grade, they are often not able to meet the cut-off age limit for enrolling in certain undergraduate programs and are denied admission regardless of their special circumstances.

#### Discussion Points

- It would be greatly beneficial if the parents could be taught a step-by-step process of how to help their children learn how to function in society and of course, from the opposite end, the society also needs to be sensitized from the ground level up.
- The way in which the news of diagnosis is delivered to the parents is a factor that is extremely important; this will play a major role in determining the decisions that the parents

will take towards their child. It is of great importance to help the parents understand the potential of their children. It is not possible for the child to thrive and function if there is no support from her community and her surroundings, regardless of all the work the government is doing. For one of the parents of a child with Cerebral Palsy, the way in which the news of their daughter's diagnosis was delivered to them was extremely upsetting and the doctor went as far as referring to their daughter as a 'vegetable'. While a lot of work has been done on awareness creation, there is still a lot of work that needs to be done in sensitizing healthcare professionals on how to deliver the news of diagnosis to parents and support them during this time.

- A lot of parents have the mindset in our country that it is not worth it to make an investment in their child's future because they will not be able to make any returns on this in the future, and this way of thinking is something that needs to be changed.
- Another factor that is worth considering is the development of the inactive parents; the potential of a child with a neurodevelopmental disability will have to be 'advertised' to the inactive parents in order to motivate them to invest in their child's future regardless of any disability that they may have. There has been a suggestion from the parents to develop role models of persons with NDDs, who can act as self-advocates; this will be extremely helpful in demonstrating the full potential of persons with NDDs to them.
- The parents have also expressed that it would be greatly beneficial for them if there was a provision of jobs with flexible timings in accessible areas for parents of children with NDDs, and some even feel as though this would be a better alternative than providing stipends to the parents.
- A parent has expressed that since a total of four parents are to be on the NDD Trust Board, it is important to have a parent representative of each disability so that the unique set of needs for each disability can be addressed.
- There has been a general request for more work to be done on sensitizing personnel in places of employment so that it is easier for PwNDDs to apply for jobs, because the main concern that most parents have is what will happen to their children once they are no longer here to support them.

## Appendix 2 – Incorporation of international standards in the National Strategic Plan

The following supporting goals outlined in Chapter 5.3 of this document have been addressed in the specific objectives of this Strategic Plan:

SUPPORTING GOAL	SPECIFIC OBJECTIVE
2.1	OBJ – C11 OBJ – C12
2.2	OBJ – D11
2.3	OBJ – C14
2.4	OBJ – D12
3.1	OBJ – F21 OBJ – F22
3.3	OBJ – F33 OBJ – F44 OBJ-F51
4.1	OBJ – A41
4.2	OBJ – D12



4.5	OBJ – B21 OBJ – C21 OBJ – D12
4.9	OBJ – D11 OBJ – D13 OBJ – D22 OBJ – D31 OBJ – D51 OBJ – D52 OBJ – D61 OBJ – D62
4.11	OBJ – B41 OBJ – C52
4.12	OBJ – C31 OBJ – C32 OBJ – C51 OBJ – C52 OBJ – D52 OBJ – D61
5.2	OBJ – F21 OBJ – F22 OBJ – F33 OBJ – F34 OBJ – F41 OBJ – G13 OBJ – G31 OBJ – G42 OBJ – G51
5.6	OBJ – G42 OBJ – G43 OBJ – G11 OBJ – F51
5.7	OBJ – F41 OBJ – F42 OBJ – I23 OBJ – I31 OBJ – I32
6.3	OBJ – G41 OBJ – G42 OBJ – G43 OBJ – G52
6.5	OBJ – G11 OBJ – G12 OBJ – G13 OBJ – G21 OBJ – G22
6.6	OBJ – G32
7.3	OBJ – H11 OBJ – H12 OBJ – H13 OBJ – H14
7.4	OBJ – H33

7.5	OBJ – H21 OBJ – H31 OBJ – H32
7.7	OBJ – H23 OBJ – I31
7.9	OBJ – I22
8.1	OBJ – D31
8.5	OBJ – D32

Furthermore, many other supporting goals have been indirectly addressed by this Strategic Plan.

The following sample activities outlined in Chapter 5.3 have been addressed in the advised activities of this Strategic Plan:

GOAL	SAMPLE ACTIVITY	ADVISED ACTIVITY
Early education/intervention	Publicized Developmental Milestones	ACT – C11 ACT – C12 ACT – C15 ACT – E11 ACT – E12
Early education/intervention	Parental Supports	ACT – B41 ACT – B42 ACT – B43 ACT – E21 ACT – E22
Early education/intervention	Accurate Assessment Protocols	ACT – C21 ACT – C22 ACT – C31
Early education/intervention	Community Based Rehabilitation	ACT – D13
Early education/intervention	Early Identification	ACT – C11 ACT – C12 ACT – C13 ACT – C14 ACT – E11 ACT – E12 ACT – E13
Early education/intervention	Life-Cycle Approaches	ACT – D11 ACT – D14 ACT – D15 ACT – D19
Research	Research to Practice	Technology – creation of NDHHub
Inclusive Education	Individualized Education Plans	ACT – F13 ACT – F14 Education sub-plan
Inclusive Education	Teacher Training	Education sub-plan ACT – F31
Inclusive Education	Professional Development	Education sub-plan
Inclusive Education	University Programs	Education sub-plan

Health supports and promotion	Data Collection	ACT – B11 ACT – C23
Health supports and promotion	Accessibility	ACT – B24 ACT – D12 ACT – D13 ACT – D54
Health supports and promotion	Health Education	ACT – E44 ACT – E21 ACT – E26
Health supports and promotion	Training	ACT – A42
Health supports and promotion	Mental Health Services	ACT – B41 ACT – C51
Transition	Policy statements	ACT – H21 ACT – H22 ACT – H27 ACT – I33
Transition	Funding opportunities	ACT – H14 ACT – H15
Transition	Person Centered Planning	ACT – G11 ACT – G17
Transition	Professional Development	ACT – G11 ACT – G12 ACT – G13 ACT – G17 ACT – G24
Employment	Competitive Employment	ACT – G31 ACT – G32 ACT – G33
Employment	Transition to Employment	ACT – F21 ACT – F22 ACT – F51 ACT – F52 ACT – G11 ACT – G13 ACT – G15 ACT – G17 ACT – G24 ACT – G41 ACT – G42 ACT – G43 ACT – G51
Employment	Employer Expectations	ACT – G17
Employment	Awareness Campaigns	ACT – G14
Employment	One Stop	Expansion of IDSCs
Community life and home	Public Awareness	ACT – A11 ACT – A16 ACT – A21
Community life and home	Respite Care	ACT – I11 ACT – I14 ACT – I16

Community life and home	Eligibility	ACT – I12
Community life and home	Regulatory frameworks	ACT – I13
Community life and home	Accessibility	ACT – I21 ACT – I23 ACT – I24
Community life and home	Universal Design	ACT – I24
Technology	Assistive Technology	Education sub-plan Technology Section