

## Review article

### The Disability Challenges and Ways to Address them in Bangladesh

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#### Abstract:

Historically disability has not received the importance it deserves, it was not taken seriously; it was a mere a health intervention challenge. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted on December 13, 2006, and opened for signature on March 30, 2007. Bangladesh signed the CRPD promptly in 2007. The 2011 national census found the disability rate 1.41 percent. As per the NSDP, among the children with disabilities, 40.55% are attending primary education and 24.36% secondary education. Among persons with disabilities, age 15 to 65 years, 27.21% have employment; 40.39% are males and 7.30 % are females; 61.65% persons with disabilities receive general healthcare. There are five preconditions as foundational elements to address the rights of persons with disabilities. They are i. equality and non-discrimination, ii. need to showing respect to the persons with disabilities, iii. the people with disabilities should be able to enjoy the same services and facilities as people without disabilities, in terms of education, vocational training, clean water, sanitation, housing and health care iv. allocating necessary budget for PWDs and proper financial management and v. accountability and governance. In Bangladesh, the Community-Based Rehabilitation strategy is used by the government, non-governmental, and private organizations. Women and girls and children with disabilities face a number of challenges in pursuing their education. An empowerment approach is needed in this respect and thus it is likely to contribute to eliminating stigma and discrimination against women and girls with disabilities.

**Key words:** Disability, persons with disabilities (PWDs), National Survey on Persons with Disabilities (NSPD).

#### Disability Situation in Bangladesh

Disability, despite being a big challenge for Bangladesh, has not historically received the importance it deserves. There has been a tendency not to take the issue seriously and the scale of the challenge was unknown until sometime ago. The issue of disability was considered as a matter of kindness and charity, which shifted first to a health intervention challenge, and gradually to a social welfare matter. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted on December 13, 2006, and opened for signature on March 30, 2007. Bangladesh signed the CRPD promptly in 2007. The CRPD gave a big push to the issue of disability globally and opened the eyes of policy-makers, non-governmental organizations (NGOs) and organizations of persons with disabilities (OPDs). This resulted in looking at the persons with disabilities (PWDs) issue from a human rights framework, and the Government of Bangladesh started to formulate laws and policies in line with this framework. The government also undertook programme interventions and made budgetary allocation to address the challenge of disability. However, the issue, since it is a formidable

challenge in the country, remains to be fully tackled.

The disability prevalence rate in Bangladesh remains shrouded in mystery. The 2011 national census found the rate to be 1.41 percent, while the Household Income and Expenditure Survey (HIES), 2010, a more in-depth study by the Bangladesh Bureau of Statistics (BBS) using Washington Group questions, found a rate of 9.07 percent.<sup>1</sup>

The HIES 2016-17 showed a prevalence rate of 3.29% for men and 2.34% for women in Bangladesh have a disability, which also mentioned that about 11.2 million people in Bangladesh had some kind of impairment. However, the 8th Five-Year Plan (2021-2025) calculates prevalence based on the 2010 data. This document uses the 2010 national prevalence rate of 9.07 percent, although the BBS's National Survey on Persons with Disabilities (NSPD) 2021 finds it to be 2.8 percent. Of this, 3.29% are males and 2.34% are females and 2.92% live in rural area and 2.45% in urban area.<sup>2</sup>

According to the,<sup>2</sup> The number of persons with disabilities in the country is 46.2 lakh, of whom 26.8 lakhs are male and 19.3 lakhs are female. The most important reasons of disability are, congenital or by born (41.09%), illness or

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disease (36.35%), falling from tree or rooftop (12.27%) and road accidents (5.53%).

As per the NSDP, among the children with disabilities, 40.55% are attending primary education and 24.36% secondary education. Regarding employment, among only persons with disabilities age 15 to 65 years 27.21% have employment; 40.39% are males and 7.30 % are females. Out of total persons with disabilities, 61.65% received general healthcare in three months preceding the survey, where 26.73% received from government health facilities, 71.60% from private facilities and 0.31% from NGO operated facilities. Survey further shows that 9.71% of persons with disabilities have special types of sanitation facilities at home as per their need.

As per the NSDP, among the persons with disabilities, only 0.93% are involved in any kind of organization and 35.10% have registration and certificates from the proper authority. About 33% of the disabled persons received one or more allowances at any time, while 46.50% received allowances or any type of assistance from the government.

Following the enactment of the Persons with Disabilities Rights and Protection Act of 2013 and the Neurodevelopmental Disability Protection Trust Act of 2013, the Ministry of Social Welfare identified and registered more than 15 lakh people with disabilities, primarily through the Department of Social Services' Disability Detection Survey and also through self-reporting by those who suspected disability.

### **Major Challenges Faced by the Persons with Disability**

Disability is at the same time a health concern and a social issue. But most of the people do not have a clear understanding of the disability issue. It has been observed that even many government ministry officials lack awareness and understanding of the issue and most local level disability committee members lack capacity. Most government ministries and agencies are unable to employ adequate number of men and women with disabilities. Government officials and NGOs feel that they have lack of skills, such as sign language and other means of communication, as well as limited funding to employ and provide necessary services and information. The government lacks the capacity to convert disability-related materials and information into accessible formats for people with disabilities.

There are five preconditions as foundational elements that must be in place to address the rights of persons with disabilities. The following paragraphs focus on these preconditions in the Bangladesh context.

The first element is equality and non-discrimination. This means that people with disabilities should not be discriminated against in their access to goods, services,

and accommodations. The principles of equality and non-discrimination are enshrined in Bangladesh's constitution and legislative framework. The Rights and Protection of Persons with Disability Act 2013 (RPPDA) which Bangladesh has adopted as the framework for policy formulation. The Act has been formulated based on the spirit of CRPD. The country developed its first National Action Plan on Disability in 2006, which specified functions of 18 different ministries. Bangladesh was one of the first few countries to ratify the CRPD and its Optional Protocol without reservation. Three major laws have been passed regarding persons with disabilities: the RPPDA, the Persons with Neurodevelopmental Disabilities Protection Trust Act (2013); and the Rehabilitation Council Act (2018). A National Strategy on Neuro-developmental Disabilities (2016-2021) and a National Action Plan on Disability (2019) were also adopted, which has specific functions to be performed by 35 ministries.

The second element is the need to showing respect to the persons with disabilities. Limited knowledge and understanding on disability, social stigma and superstition are most significant barriers to promoting the cause of PWDs in society. These barriers hinder their access to adequate health and education services, and their participation in society. Despite having laws and rules, discrimination against PWDs and neglect remain prevalent. Women and girls of all ages with disabilities from marginalized communities, particularly those with intellectual, neurodevelopmental, psychosocial impairments, deaf-blindness and multiple impairments, face the greatest stigma and discrimination in society.

The third element is that in line with the human rights perspectives, the people with disabilities should be able to enjoy the same services and facilities as people without disabilities, in terms of education, vocational training, clean water, sanitation, housing and health care. These services should be accessible, adequate, affordable, and inclusive. However, in reality, the ability of the PWDs to get schooling and health facilities, and participation in social, economic and political events are usually hindered. Data shows that only 11 per cent of children with disabilities received any form of education even if primary net school enrolment rate in Bangladesh is at 97 percent.<sup>3</sup> It is suggested that more evidence-based knowledge and capacity building for service providers are needed to improve the situation of the vulnerable people like the PWDs. The CRPD requires States to take appropriate measures to ensure the persons with disabilities' access, on an equal basis with others, to required public services including in transportation, to information and communication, and other facilities.

The fourth element is allocating necessary budget for PWDs and proper financial management. A major constraint to the implementation of disability inclusive legislation, policies, programmes, and services is the

allocation of adequate resources to cover the costs of services and facilities. Persons with disabilities cannot afford the costs and so they are often excluded from these services. The CRPD requires financial allocation in national and local budgets to defray the extra costs of services for the PWDs. Often, the cost of meeting gadgets and equipment is not affordable to persons with disabilities. The government budget should include costs of purchasing of wheelchair, accessing therapies, or hiring a Sign Language translator etc. Poverty is a major problem for the PWDs. Because persons with disabilities are more likely to be poor than persons without disabilities, the persons with disabilities cannot afford to buy them.

The fifth and last element is accountability and governance. In order to plan and monitor interventions for the PWDs, the government should collect administrative disability data through the ministries and local authorities. There should be periodic reports on supporting persons with disabilities. However, a lack of coordination exists between ministries which are in charge of disability-specific programming and monitoring. Limited capacity is observed in case of which data to be collected, which ministry is responsible and how to cover costs of data collection. In general, national accountability mechanisms

for monitoring and evaluating implementation of programmes and policies is weak.

### **Coordination and Interventions on Disability Issue**

Since disability is a multi-sectoral issue, coordination is an important aspect of an intervention strategy. In Bangladesh, the Ministry of Social Welfare (MoSW) is the focal Ministry dealing with persons with disabilities. The Department of Social Services (DSS) is responsible for programme implementation. The MoSW is mandated as the lead government agency responsible for coordinating and implementing the Rights and Protection of Persons with Disability Act 2013 (RPPDA) and the National Disability Policy and Action Plan.

The 2013 Disability Act included establishment of five committees, along with their responsibilities and work processes, from the national to the Upazila levels. The committee formation is briefly mentioned here. The National Advisory Committee was established in 2014 and is headed by the Prime Minister, aims to ensure implementation of legislation and policies related to persons with disabilities. The National Coordination Committee on the Rights and Protection of Persons with Disabilities is headed by the Minister of Social Welfare and is responsible for coordinating all disability initiatives of the Government of Bangladesh. The National Executive Committee on the Rights and Protection of Persons with Disabilities is headed by the Secretary of the Ministry of Social Welfare and is responsible for implementing the decisions adopted by the Coordination Committee.

The District Committees in the Rights and Protection of Persons with Disabilities were constituted and are headed by the Deputy Commissioners. These are responsible for implementing instructions from the government or the National Coordination and Executive Committees, as well as coordinating and monitoring the activities of the Upazila Committees and Town Committees.

The government has undertaken some interventions for the disabled people. The community services organizations and direct service organizations also provide certain services to persons with disabilities, including disability rights, advocacy, livelihoods, humanitarian, disaster risk reduction, health and rehabilitation, assistive technologies, gender-based violence management, sexual and reproductive health, governance, vocational training, capacity building, inclusive education, child protection and information/education/communication materials development.

In Bangladesh, the Community-Based Rehabilitation strategy is used by the government, non-governmental, and private organisations. Medical and occupational rehabilitation services are increasingly being included into the strategy. In this respect, the Ministry of Social Welfare has 103 physiotherapy centres in the country, which are run by the Jatiyo Protibondhi Unnayan Foundation and provide free physical, occupational, and speech treatment, as well as hearing and vision tests, gadgets, and mobility aids. The World Bank provided support to 50 of these institutions through the Disability and Children at Risk Project.

The Allowance for Financially Insolvent People with Disabilities (AFIPD) programme is implemented to provide the poor people with disabilities with cash transfers to improve their socio-economic wellbeing. The Department of Social Services implements this programme. The allowance began in Bangladesh in 2006 for about 100,000 beneficiaries at a monthly amount of Taka 200. The total number of beneficiaries under AFIPD now stands at 8,25,000 who receive Taka 700 per person per month. The main result expected from AFIPD is that the monetary support would help poor households improve consumption of food and health care, as well as enhance social esteem.

### **Challenges of Providing Essential Services to PWDs in Bangladesh**

In Bangladesh, the health infrastructure is run by the government but with shortage of adequate human and financial resources. The sector suffers from severe shortage of trained healthcare professionals. The ratio of doctors to nurses to technologists is 1: 0.4: 0.24, which is much lower than the WHO recommended ratio. Bangladesh has a shortage of over 90,000 doctors, 273,000 nurses and 455,000 technologists. The huge gap in human resources is one of the key factors behind the

poor and inefficient service provided by the health sector to the people, including those suffering from disabilities.<sup>4</sup>

The healthcare system in Bangladesh faces host of challenges not only for the general people but persons with disability in particular. The out-of-pocket expenditure for healthcare in Bangladesh is relatively high. This is a major issue for persons with disabilities as they fight with higher economic hardship with a plethora of social and cultural impediments.<sup>4</sup>

In Bangladesh, like anywhere in the world, assistive technology has proven to improve the capacity of people with disabilities. It is not clear how much resource is spent for the purchase of assistive devices in the country since there is no available data on it. It is however well-known that the health system does not have a strong distribution system and much funding to undertake assistive device supply on a large scale. The country's law encourages distribution of assistive technologies to people with limited resources which should enable the Ministry of Health to make progress in this area. The assistive technology can make people with disabilities more active and explore opportunities for income earning in future.

Lack of resources also limits the supply of medicine and rehabilitation of PWDs. There is serious shortage of qualified rehabilitation professionals in the country. Most of them are working in the government hospitals, some in private hospitals and others are working with NGOs. Other possible constraints are distance to healthcare facilities, long wait times, limited transportation services, high service costs, negative provider attitudes, inaccessible built environments, and limited knowledge about available support.<sup>5,6</sup>

There is not much original study in Bangladesh about family members' access to healthcare services for CWDs, but it seems that there is consistency with global evidence. For example, an epidemiological study in rural Bangladesh found that over 80% (n = 568) of children with cerebral palsy never received any rehabilitative services. The other 20% of children with cerebral palsy got rehabilitation support from non-governmental agencies or hospitals.<sup>7</sup>

Another weakness is lack of data. In Bangladesh, the health management information system does not provide disaggregated data on disability. Starting from immunization to health services, there is no separate data for either the disabled children or adults. There is little information on whether appropriate procedures are followed to ensure that public health care services and facilities adhere to health standards and norms for the PWDs.<sup>8</sup> There are 14 government-run centres for persons with psycho-social disabilities in medical colleges. There are also two other exclusive/specialised facilities for such persons.<sup>9</sup>

Due to lack of trained professionals, most of the doctors and nurses do not have adequate skills and lack specialisation in treating patients with disabilities. There are very few medical personnel capable of handling disabled patients in the Upazila and district hospitals. The training for nurses does not allocate sufficient time on health and diseases of persons with disabilities. Persons with disabilities have been unable to obtain medication due to a lack of resources, and their caregivers are obligated to purchase medicine and pay for treatment for them. This becomes more complicated when people with health impairments have chronic illnesses like high blood pressure, HIV/AIDS, cancer, and other ailments.<sup>4</sup>

The children with disabilities face a number of challenges in pursuing their education. Poor quality of pedagogical approaches and tools remains a significant issue in educating children with disabilities. Children suffer from different disabilities and a teacher in a regular school is incapable of dealing with such a wide range of problems of students.<sup>10</sup> Although in terms of education policy, there is no bar to admitting a child with disability, in real world, the teachers face challenges in educating him or her and getting them through the schooling years. Due to this, compared with persons without disabilities, those with disabilities end up with poorer educational attainments, leading to lower rates of employment and lower wages if employed, and they are more likely to be remain poor.<sup>11</sup>

Globally, people with disabilities tend to participate less in the labor market and thus have higher unemployment rates compared to people without disabilities. People with disabilities also get lower wages than people without disabilities. People with disabilities also need to make greater efforts to find a job compared to people without disabilities.<sup>12</sup> Human resource managers in companies usually suffer from unconscious biases, and tend to take pessimistic views about the work abilities of candidates with disabilities. The concept of inclusive employment is relatively new in Bangladesh and has not been tried with serious efforts. Traditionally, people with disabilities are offered lower-level work and is considered as showing sympathy by offering a job. Employment is not seen as their entitlements and their human rights. The idea that people with disabilities can be part of the mainstream workforce is just catching up in the employment circle in Bangladesh.<sup>13</sup>

## Conclusions and Recommendations

Bangladesh is still struggling to transform the CRPD into concrete policies, systems, programmes, and services that uphold the human rights of persons with disabilities. As a huge issue where about 9 percent of the population are facing the challenge of disability, the Government of Bangladesh and the development partners need to deliver on their SDG commitments through CRPD-compliant interventions.<sup>14</sup> The first thing required to understand



here is to support strengthening awareness about the main bottlenecks and priorities in each disability area and the main actors in each area should bring forth their best efforts in relation to the fulfilment of the CRPD.

Since Bangladesh ratified the CRPD in 2007, the country has made significant progress in the legal side to implement the Convention. The country's progressive legislative and policy frameworks, such as the National Disability Act, 2013, the National Disability Action Plan (2019), making disability a cross-cutting issue in the country's eighth five-year plan, and the issue addressed in the National Social Security Strategy prove that the country is willing to address the rights of people with disabilities.<sup>15</sup>

However, there are gaps in terms of operational coordination among the ministries and other actors on disability inclusion as well as properly budgeting, implementing and monitoring the progress made. The Ministry of Social Welfare and all other related ministries which are responsible for disability-inclusive programme development and their implementation, requires institutional strengthening to fulfill their mandates.<sup>16</sup> The SDG coordination mechanism does not yet fully track CRPD implementation. The civil society actors, as well as OPDs and NGOs, need to play more dynamic roles in supporting the government and advocating for the CRPD's stronger implementation.

Poor allocation of funds in the national budget is a major reason for the limited purchase of medicines, treatment and assistive technology for the persons with disability. Travel distance and stigma also limit access to health facilities by the PWDs.<sup>17</sup> These people need support in enrolling in social protection programmes and in accessing education, health, and access to employment and justice. People with disabilities face significant procedural, cost and other administrative barriers to enrolling in social protection programmes which must be addressed.<sup>18</sup>

It is evident that lack of budgetary resources and shortage of trained health professionals hinder proper treatment of the PWDs. A few selective hospitals and clinics are fully equipped to handle the needs of persons with disabilities. Most Health facilities lack accessibility of PWDs and staff are not fully supportive.<sup>19</sup> No proper monitoring system is in place to ensure that public health care services and facilities for persons with disabilities meet required health standards and norms. All these health issues must be properly assessed by the Government and the issues must be addressed before the end of this decade. In the same way, challenges of accessing educational opportunities by the PWDs must also be addressed promptly. Otherwise, Bangladesh's achievements in the SDGs will not be satisfactory.<sup>20</sup>

As we know that the people with disabilities do not participate in the labor market to the extent needed and

a big part of our human resources remain unutilized. They also tend to earn lower wages than people without disabilities. Our employers should rebuild their mindset and incorporate the new recognition of disability based on a social model, in their operations, which will promote an inclusive approach to providing jobs and ensure equal pay for the persons with disabilities.<sup>21</sup>

We are faced with limited gender-disability-disaggregated data on the PWDs. Women and girls with disabilities face higher level of discrimination than persons without disabilities. It is expected that with stronger and more evidence-based programming, knowledge generation and capacity building of women with disabilities, will be promoted to improve inclusive service delivery and ensure women's empowerment.<sup>22</sup> An empowerment approach is needed in this respect and thus it is likely to contribute to eliminating stigma and discrimination against women and girls with disabilities.<sup>23</sup>

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