Country Profile on Disability

People’s Republic of Bangladesh

March 2002
Japan International Cooperation Agency
Planning and Evaluation Department
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### Abbreviation

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>Action for Blind Children</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>AIDA</td>
<td>Accessible Information on Development Activities</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AMOD</td>
<td>Aid Management Office</td>
</tr>
<tr>
<td>AWDP</td>
<td>Association for the Welfare of the Disabled People</td>
</tr>
<tr>
<td>BDF</td>
<td>Bangladesh Drishtiin Foundation</td>
</tr>
<tr>
<td>BNSB</td>
<td>Bangladesh National Society for the Blind</td>
</tr>
<tr>
<td>BPKS</td>
<td>Bangladesh Protibandhi Kallyan Somity</td>
</tr>
<tr>
<td>CBR</td>
<td>Community-Based Rehabilitation</td>
</tr>
<tr>
<td>CDD</td>
<td>Centre for Disability in Development</td>
</tr>
<tr>
<td>CHAD</td>
<td>Community Approaches to Handicap and Disability</td>
</tr>
<tr>
<td>CRP</td>
<td>Centre for Rehabilitation of the Paralyzed</td>
</tr>
<tr>
<td>CSID</td>
<td>Center for Services and Information on Disability</td>
</tr>
<tr>
<td>CUSO</td>
<td>Canadian University Services Overseas</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>DRPAD</td>
<td>Development Research and Policy Analysis Division</td>
</tr>
<tr>
<td>DRRA</td>
<td>Disabled Rehabilitation &amp; Research Association</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose and Throat</td>
</tr>
<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia and the Pacific</td>
</tr>
<tr>
<td>FWV</td>
<td>Family Welfare Visitor</td>
</tr>
<tr>
<td>GOB</td>
<td>Government of Bangladesh</td>
</tr>
<tr>
<td>GOs</td>
<td>Government Organizations</td>
</tr>
<tr>
<td>HICARE</td>
<td>Hiroshima International Council for Health Care of the Radiation-Exposed</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HKI</td>
<td>Helen Keller International</td>
</tr>
<tr>
<td>HRD</td>
<td>Human Resource Development</td>
</tr>
<tr>
<td>IFB</td>
<td>Impact Foundation Bangladesh</td>
</tr>
<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
</tr>
<tr>
<td>MA</td>
<td>Medical Assistant</td>
</tr>
<tr>
<td>MBBS</td>
<td>Bachelor of Medicine, Bachelor of Surgery</td>
</tr>
<tr>
<td>MO</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>NCC</td>
<td>National Coordination Committee</td>
</tr>
<tr>
<td>NCSE</td>
<td>National Center for Special Education</td>
</tr>
<tr>
<td>NFOWD</td>
<td>National Forum of Organizations Working with the Disabled</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Government Organizations</td>
</tr>
<tr>
<td>NORAD</td>
<td>Norwegian Agency for Development</td>
</tr>
<tr>
<td>ODA</td>
<td>Overseas Development Administration (currently DFID)</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>PT</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>SAHIC</td>
<td>Society for Assistance to the Hearing Impaired Children</td>
</tr>
<tr>
<td>SAPPV</td>
<td>Social Assistance and Rehabilitation for the Physically Vulnerable</td>
</tr>
<tr>
<td>SCEMRB</td>
<td>Society for Care and Education of the Mentally retarded Bangladesh</td>
</tr>
<tr>
<td>SWID</td>
<td>Society for Welfare of the Intellectually Disabled</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UHFWC</td>
<td>Union Health and Family Welfare Centre</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>USAID</td>
<td>US Agency for international Development</td>
</tr>
<tr>
<td>USC</td>
<td>Union Sub-Centre</td>
</tr>
<tr>
<td>VDDC</td>
<td>Village Disability and Development Centre</td>
</tr>
<tr>
<td>VHSS</td>
<td>Voluntary Health Services Society</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
1. Basic Profile

1-1. Basic Indicators

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<thead>
<tr>
<th>Public Sector Expenditure¹</th>
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<tbody>
<tr>
<td>Health</td>
<td>1.6%</td>
<td>1996-98</td>
</tr>
<tr>
<td>Education</td>
<td>2.2%</td>
<td>1997</td>
</tr>
<tr>
<td>Social welfare</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Defense</td>
<td>1.4%</td>
<td>1997</td>
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<table>
<thead>
<tr>
<th>Population¹</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Population (total)</td>
<td>129.8 million</td>
<td>2000</td>
</tr>
<tr>
<td>% of women</td>
<td>49.6%</td>
<td>2000</td>
</tr>
<tr>
<td>% of urban population</td>
<td>24%</td>
<td>1999</td>
</tr>
<tr>
<td>Life Expectancy² (total)</td>
<td>58.9</td>
<td>1999</td>
</tr>
<tr>
<td>Male</td>
<td>58.9</td>
<td>1999</td>
</tr>
<tr>
<td>Female</td>
<td>59.0</td>
<td>1999</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Medical Care</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Medical care personnel²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population/Doctor</td>
<td>5,000</td>
<td>1990-99</td>
</tr>
<tr>
<td>Population/Nurse &amp; midwife</td>
<td>20,000</td>
<td>1992-95</td>
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</table>

² UNDP. Human Development Report 2001
## Education

<table>
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<tr>
<th>Education system</th>
<th>5 year</th>
<th>5 year</th>
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<tr>
<td>Primary education</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Compulsory education</td>
<td>51%</td>
<td>29%</td>
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### Adult literacy rate

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>51%</td>
<td>29%</td>
<td>1998</td>
</tr>
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</table>

### Enrollment ratio

<table>
<thead>
<tr>
<th>Enrollment ratio</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net enrollment ratio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary education</td>
<td>75%</td>
<td>80%</td>
<td>83%</td>
<td>1997</td>
</tr>
<tr>
<td>Gross enrollment ratio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary education</td>
<td>72%</td>
<td>77%</td>
<td>66%</td>
<td>1990</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>12%</td>
<td>1990</td>
</tr>
</tbody>
</table>

### Secondary education

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22%</td>
<td>24%</td>
<td>12%</td>
<td>1997</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4%</td>
<td></td>
<td>1990</td>
</tr>
</tbody>
</table>

### Higher education

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4%</td>
<td>7%</td>
<td>1%</td>
<td>1990</td>
</tr>
</tbody>
</table>

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3 UNESCO. Statistical Yearbook 1999

1-2. Indicators on Disability

Disability-specific Data

Figure 1: Types of Persons with disabilities in Bangladesh in 1999

Source: Impact Foundation Bangladesh (IFB), Center for Services and Information on Disability (CSID), 1999

5 Please refer to the following reports regarding the disability-related data.
**Age-specific Data**

Figure 2: Number of Person with Disabilities in Each Age Category

![Chart showing the number of persons with disabilities in different age categories.](chart1)

Source: Voluntary Health Services Society (VHSS), Action Bangladesh, Center for Services and Information on Disability (CSID), Impact Foundation Bangladesh  
*The targeted population is ten study areas in Bangladesh.*

**Area-specific Data**

Figure 3: Distribution of Persons with Disabilities in Urban and Rural Areas

![Chart showing the distribution of persons with disabilities in urban and rural areas.](chart2)

Figure 4: Types of Persons with Disabilities in Urban Areas in 1999


Figure 5: Types of Persons with Disabilities in Rural Areas in 1994-1999

**Grade-specific data**

**Figure 6: Persons with Physical Disability in Each Grade**


**Figure 7: Persons with Visual Impairment in Each Grade**

Figure 8: Persons with Hearing Impairment in Each Grade


Figure 9: Persons with Intellectual Disability in Each Grade

**Cause-specific Data**

Figure 10: Causes of Disabilities in 1994-1999

- **By Birth**: 20%
- **Illness/Disease**: 44%
- **Accidents**: 13%
- **Ignorance, Negligence, Malnutrition**: 9%
- **Unknown**: 14%


**Gender-specific Data**

Figure 11: Number of Male or Female Persons with Disabilities


2. Issues on Disability

2-1. Definition of Disability in Bangladesh

The Bangladeshi Parliament adopted its first comprehensive disability legislation, the Bangladesh Persons with Disability Welfare Act-2001, on April 2001. It includes the following definition and identification of persons with disability:

1. Persons with disabilities are those who,
   i. have physical disabilities either congenitally, as a result of disease or accident, or have become physically incapacitated or mentally imbalanced due to maltreatment or any other reasons,
   ii. have become incapacitated or are unable to lead a normal life, either partially or fully as a result of such disabilities or mental impairment,

Those who have disabilities described hereunder shall be included in the meaning and scope of the definition under section 1 of the Disability Welfare Act.

2. Persons with visual impairment mean those who have,
   a. no vision in one eye,
   b. no vision in both eyes,
   c. visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye using corrective lenses; or
   d. limitation of the 'field of vision' subtending an angle of 20° (degrees) or worse;

3. Persons with physical disabilities refer to those who have,
   a. lost either one or both hand(s),
   b. lost sensation, partly or totally, in either hand, or have weak sensation that the situations stated under subsection 1(i) and (ii) are applicable to him/her
   c. lost either one or both leg(s),
   d. lost sensation, partly or totally, in either or both leg(s), or weak sensation that the situations stated under subsection 1(i) and (ii) are applicable to him/her
   e. have physical deformity, or
   f. have permanently lost physical equilibrium owing to neuro-disequilibrium/imbalance

4. Persons with a "hearing impairment," means those who have loss of hearing capacity in the better ear in the conversation range of frequencies at 40 decibels (hearing unit) or

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more, damaged, or ineffective hearing abilities

5. Persons with "speech impairment," are those who have loss, damage, partially or wholly, or dysfunction of one's capacity in pronouncing meaningful vocabulary and sounds.

6. Persons with "mental disability," are those who;
   a. one’s mental development is not at the same level of his/her chronological age or whose IQ (Intelligent Quotient) is below the normal range, or
   b. loss or damage, partially or wholly, of mental balance

7. Person who has multiple disabilities suffers from more than one type of impairment stated above

Bangladesh is a full member of the World Health Organization (WHO). At present it is a member of the WHO Executive Board. Bangladesh has adopted the WHO definitions and classification of disability considering these definitions and classification most relevant and consistent with the country situation. (Refer to Technical Notes for more details)

2-2. Current Situation

The prevalence of disability is believed to be high for reasons relating to overpopulation, extreme poverty, illiteracy, lack of awareness, and above all, lack of medical care and services. Although disability is a major social and economic phenomenon in Bangladesh, there is very little reliable data available on this issue, especially in the absence of a comprehensive national survey on persons with disabilities. The Government of Bangladesh (GOB) surveys in 1982, 1986 and 1998 estimated a national prevalence rate of disability at 0.64%, 0.5% and 1.60% respectively. Action Aid-Bangladesh and Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) put the disabled population at 8.8% of the total population. Bangladesh Protibandi Kalayan Samiti records 7.8%. Dr. Julian Francis, in a report prepared for the Aid Management Office (AMOD) of the Overseas Development Administration (ODA) of the British Government in 1995, estimated the Person with Disabilities population to be 9 million, of which no less than 7 million live in rural areas. Most of the estimates generally appear to be underrated, sometimes excessively. The WHO’s global estimate predicts approximately 10% of all people have a disability of one kind or another. This is also

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considered to be true in Bangladesh with some sources quoting a higher disability rate in rural Bangladesh.\(^8\)

In recent years, there have been some improvements and positive trends as a result of the efforts at both government and non-government levels, however the overall situation of Persons with Disabilities is still far from satisfactory. In fact, they are still granted lowest priority in service provision in Bangladesh. The following explains the current situation of each issue associated with handicaps, impairment and disability in Bangladesh.

1. **Awareness and Education**

Throughout history, persons with disabilities have usually been considered "fearful and superstitious beings". The direct result of these beliefs has been their "neglect." This neglect bars persons with disabilities from normal economic, social and political activities in their families, communities, essential services and education, etc. There are no systemic interventions to raise awareness of persons with disabilities at the community level.

2. **Social Embarrassment**

Though many persons with disabilities are able to live and lead productive lives, they are neglected by society as a whole. Many people in the Bangladesh view persons with disabilities as a curse and a cause of embarrassment to the family. They are unsympathetic to the situation of persons with disabilities. Women with disabilities are particularly vulnerable to social discrimination and neglect.

3. **Rehabilitation**

According to the little available data, about 70% of the disabled population has special needs for medical rehabilitation and social integration. In Bangladesh, the health care service delivery system and approaches do not include medical rehabilitation for persons with disabilities. Persons with disabilities in need depend largely on traditional healers. A minimum level of medical rehabilitation is available through NGOs, which are concentrated in urban areas.

4. **Limited Employment Opportunities**

\(^8\) VHSS. Country Profile Study on Persons with Disabilities in Bangladesh. March 2000
Persons with disabilities are usually excluded from existing governmental and non-governmental development programs. Despite national policies that protect the rights of persons with disabilities (for example, a 10% job quota for Persons with Disabilities), in reality they face unfair competition or neglect. According to available estimates, the actual number of employed persons with disabilities may be less than 1%.\(^9\) With the exception of a few initiatives by some organizations, there are very few job opportunities for persons with disabilities.

5. Limited Service Facilities
Service facilities for rehabilitation therapy and medical care assistance for persons with disabilities are inadequate. Extra care and cost are required as the types and severities of disability are diverse, but many persons with disabilities and their families cannot afford such services.

6. Training Facilities
Facilities to train people to provide assistance to persons with disabilities are limited at both professional and primary rehabilitation therapy levels.

7. Co-ordination
There is lack of adequate co-ordination for development of disability-related activities and the organizations working with them, particularly between the government and NGOs.

8. Improving access to services for rural Persons with Disabilities
There are approximately 6 times more persons with disabilities in rural areas than urban. However, medical and rehabilitation facilities are concentrated in urban areas. Rural persons with disabilities have no other alternative than to turn to traditional, often inappropriate or inadequate treatment. In order to improve services for rural persons with disabilities, it is necessary to establish accessible person with disabilities facilities and solve transportation problems and eliminate or subsidize facility usage fees. Fees have often prevented access to facilities. In addition, non-institution based rehabilitation or “community-based rehabilitation (CBR)” should be implemented and the best efforts possible made, first for the prevention, then rehabilitation, of disabilities.

\(^9\) VHSS, Country Profile Study on Persons with Disabilities in Bangladesh, 2000
9. Improving the status of Persons with Disabilities

Persons with disabilities have traditionally been perceived negatively. It has been believed that they are cursed and fearful beings. Women with disabilities are particularly vulnerable. Despite the fact that the government has made public education and person with disabilities integration its primary goals, no clear social rehabilitation policies have been established. First and foremost, policy makers must increase their own awareness and make provisions for persons with disabilities themselves to actively participate in policy making. At the same time, rehabilitation and employment-promotion activities should be implemented and supported to enable persons with disabilities to exert their abilities and achieve their full potential.

2-3. Documentation and Survey on Disability

National Census

The Government has not conducted a national study on issues, nor included questions on disability in its national census. Although NGOs have conducted area- and field-specific studies, a national picture has not emerged from these studies. Therefore, the government should take the initiative and cooperate with NGOs in conducting a comprehensive national disability survey in order to facilitate effective policymaking.

The last National Census was conducted in 1991. Questions on disability were not included in the census due to the lack of awareness and government programs.

The 2001 National Census is expected to include disability questions as significant awareness and motivation has arisen among the government and national policy makers during the last decade.\(^\text{10}\)

<table>
<thead>
<tr>
<th>Title</th>
<th>National Census</th>
</tr>
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<tbody>
<tr>
<td>Frequency</td>
<td>Approximately every 10 years</td>
</tr>
<tr>
<td>Items regarding Persons with Disabilities</td>
<td>The 1981 and 1991 National Census did not collect information and details on persons with disabilities</td>
</tr>
</tbody>
</table>

\(^{10}\) It is unknown whether the survey was actually conducted or not.
**White Paper and Other Surveys**

As a national survey or study on the actual situation of persons with disabilities in the country has not been conducted, NGOs have conducted their own surveys to design their projects for persons with disabilities. As the findings are limited to specific locations or programs and the prevalence of disability varies according to the socio-economic and geographic conditions of the country; these results cannot be represented as national findings.

<table>
<thead>
<tr>
<th>Title</th>
<th>Situation Analysis and Needs Assessment of Street Children with Disabilities in Dhaka City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator</td>
<td>Center for Services and Information on Disability (CSID)</td>
</tr>
<tr>
<td>Items regarding Persons with Disabilities/Contents/Objectives</td>
<td>To assess the current socio-economic status of the street children with disabilities, specific issues affecting their lives and to suggest appropriate and feasible interventions to improve their status. (For further information, see: Center for Services and Information on Disability. <em>Street Children with Disabilities</em>. Dhaka: CSID. 1999.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Hope for the Millennium: Needs Assessment Survey on Delivery of Services from “Jibon Tari” Floating Hospital</th>
</tr>
</thead>
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<tr>
<td>Investigator</td>
<td>Impact Foundation Bangladesh (IFB)</td>
</tr>
<tr>
<td>Items regarding Persons with Disabilities/Contents/Objectives</td>
<td>A survey to find out demographic and health-related information for the future strategy of “Jibon Tari” the Floating Hospital Project implemented by IFB. (For further information, see: Impact Foundation Bangladesh. <em>Hope for the Millennium: Need Assessment Survey on Delivery of Services from “Jibon Tari” Floating Hospital</em>. Dhaka; IFB. 1999.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Unveiling Darkness: Situation Analysis of Disaster and Disability Issues in the Coastal Belt of Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator</td>
<td>Center for Services and Information on Disability (CSID)</td>
</tr>
<tr>
<td>Items regarding Persons with Disabilities/Contents/Objectives</td>
<td>A study of the situation of Persons with Disabilities living in the coastal belt in regards to natural disasters and to influence policies in the direction of preparedness and rehabilitation of Persons with Disabilities. (For further information, see: Center for Services and Information on Disability. <em>Unveiling Darkness: Situation Analysis on disaster and Disability Issued in the Costal Belt of Bangladesh</em>. Dhaka: CSID. 1999.)</td>
</tr>
</tbody>
</table>

| Title | Disaster and Disability: A Look into the Situation of the Long-Term Disabled in Saturia |
A survey focusing on the disabled and disasters, to find out how they were affected by disasters, how families and communities treat them, and what can be done for their social and economic rehabilitation.

(For further information, see: Rahman, Atiur, M. Shahidul Haque, et al. *Disaster and Disability: A Look into the Situation of the Long-Term Disabled in Saturia.*)

To determine the prevalence and distribution and causes of disabilities and person with disabilities needs, as well as to identify social and economic resources for rehabilitation.

(For further information, see: Kabir, Nazma, Nefeesur Rehman. *Four Baseline Surveys on Prevalence of Disabilities.* Dhaka: The Disability & AIDS Coordination Unit, ACTIONAID Bangladesh. 1996.)

To determine the prevalence of persons with disabilities and assess the socio-economic condition of communities, including persons with disabilities. The profile was created to explore the possibilities of implementing a CBR program in 4 villages at Narsingdi.

(For further information, see: Voluntary Health Services Society. *Disability: A Profile in Rural Bangladesh: Study on 4 Villages at Narsingdi.* Dhaka: VHSS. 1994.)
3. Administration and Policy on Disability

3-1. Administration on Disability

* See Annex 1-1. for the list of governmental organizations

<table>
<thead>
<tr>
<th><strong>Central Government</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>[Disability–related Central Governmental Organizations]</strong></td>
<td></td>
</tr>
<tr>
<td><strong>[Name]</strong></td>
<td><strong>[Description]</strong></td>
</tr>
<tr>
<td>Ministry of Health and Family Welfare</td>
<td>The Supreme Agency for Health Care Administration, which covers macro-level policy planning, consists of two independent directorates. They are the Directorate General of Health Services and Directorate General of Family Planning</td>
</tr>
<tr>
<td>Ministry of Social Welfare</td>
<td>Planning and implementation of programs for the protection, care, education, training and rehabilitation of Persons with Disabilities.</td>
</tr>
<tr>
<td>Department of Social Services</td>
<td>Planning and implementation of programs for the protection, care, education, training and rehabilitation of Persons with Disabilities.</td>
</tr>
<tr>
<td>Directorate of Institutional Services</td>
<td>Planning and implementation of programs for the protection, care, education, training and rehabilitation of Persons with Disabilities.</td>
</tr>
<tr>
<td>National Foundation for the Development of Disabled</td>
<td>Established for the purpose of providing necessary guidance and support to the government and NGOs regarding disability issues.</td>
</tr>
</tbody>
</table>

**[Organizational chart]**

Not available

**[Availability of National Coordination Committee]**

Available

**[Committee name]**

National Coordination Committee (NCC)

---

The National Coordination Committee (NCC) on disability was set up as a follow-up to the Proclamation, under the Chairmanship of the Minister of Social Welfare in 1993. The NCC is comprised of 52 members, with representation, including women and Persons with Disabilities, from concerned Government, NGO, and self-help organizations. Since the Committee was established, as total of 7 meetings have been arranged. NCC works in close cooperation with the National Forum of Organizations Working With the Disabled (NFOWD), an umbrella organization of the NGOs in Bangladesh.

The objective of NCC is to provide a forum for open dialogue between the government and NGOs with a view towards mutual understanding and cooperation, identification and discussion of issues that impede government-NGO cooperation. It is also to develop an improved policy and institutional environment for government-NGO cooperation and to suggest modalities for greater involvement of NGOs in national development etc.

In each division there is a Deputy Director. A Civil Surgeon in each district manages health services and is responsible for all health activities with the exception of medical schools and hospitals within the division. The Upazila Health and Family Planning Officer is responsible for the Upazila\(^{13}\) level. At the Union level, there is a Union Health Family Welfare Center (UHFWC) and a Union Sub-center (USC).

\(^{12}\) JICA. *Kunibetsu Iryou Kyoryoku File Bangladesh (File of Medical Assistance)* (Japanese)

\(^{13}\) Currently called “Thana”
【Organizational chart】14

Zila Level
- Family Planning Deputy
- Family Planning Assistance
  - Civil Surgeon

Upazila/Thana Level
- Upazila Health Complex
  - Medical Officer
  - Family-planning Officer
  - Upazila Health and Family-planning officer
  - Senior Family Welfare Visitor
  - Family Welfare Visitor (FWV)
  - Medical Assistance (MA)
  - Medical Officer (MO)
  - Specialis
  - Health Inspector
  - Senior Inspector
  - Family-planning Assistance
  - Family Welfare Center
  - Rural Dispensary
  - Assistance Health Inspector
  - FMW
  - MAs
  - Pharmacists
  - Pharmacists
  - MAs
  - MOs
  - Village-level Team

Union
- Control
- Technical Supervision

Gram (Village) Level
- Family Welfare Assistant
- Health Assistant

14 JICA, Kunibetsu Iryou Kyoryoku File Bangladesh(Medical Assistance File Bangladesh) (Japanese)
### 3-2. Laws and Regulations on Disability

*See Annex 3-1. for other laws

<table>
<thead>
<tr>
<th>Title</th>
<th>Bangladesh Persons with Disability Welfare Act 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Legislated year]</td>
<td>2001</td>
</tr>
<tr>
<td>[Purpose]</td>
<td>Equal opportunities and provision of benefits to Persons with Disabilities</td>
</tr>
<tr>
<td>[Description]</td>
<td>Ensures quality of opportunities and provides other benefits, facilities and privileges to persons with disabilities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>National Policy concerning disabled persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Legislated year]</td>
<td>1995</td>
</tr>
<tr>
<td>[Purpose]</td>
<td>A compilation of policies to ensure all rights and facilities for persons with disabilities</td>
</tr>
<tr>
<td>[Description]</td>
<td>Includes fourteen chapters on prevention, detection and intervention, early intervention, assistive devices, education, rehabilitation, HRD, employment, research, accessibility and facilities for movement, information, recreation, self-help movement and implementation and coordination</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Draft Legislation on equal opportunity, rights and full participation of the disabled persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Legislated year]</td>
<td>1997</td>
</tr>
<tr>
<td>[Purpose]</td>
<td>An instrument for implementing the National Policy on Persons with Disabilities</td>
</tr>
<tr>
<td>[Description]</td>
<td>An outcome of the coordinated efforts of the organizations and agencies working in the field of disability in Bangladesh, the coordinator of which is the National Forum of Organizations Working with the Disabled (NFOWD).</td>
</tr>
</tbody>
</table>

Includes thirty-two chapters on the title, definition, prevention, detection, inter-education, education for persons with severe disability and overlapping, role of the government, health services and rehabilitation, rehabilitation center, HRD, employment, research, accessibility and facilities for movement, information, recreation, organization for service and person with overlapping, social (and properties) security, different roles of the government, strengthening self-help organizations, welfare organizations for persons with disabilities, registration certificates, National Coordination Committee, Directorate concerning disabled persons, implementation and coordination, etc.

<table>
<thead>
<tr>
<th>Title</th>
<th>Constitution of Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Legislated year]</td>
<td>1972</td>
</tr>
</tbody>
</table>
3-3. Policies on Disability

National Development Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Fifth Five-Year Plan (1997-2002)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislated year</td>
<td>1997</td>
</tr>
<tr>
<td>Items regarding PWD</td>
<td>No items on persons with disabilities, but a few references to “the most vulnerable people,” which may include persons with disabilities.</td>
</tr>
</tbody>
</table>

3-4. Measures on Disability

Since the liberation of the country in 1971, a large number of people have become disabled and vulnerable, due to the lack of proper health care, traffic rules and social security. These people are frequently neglected and do not have the opportunity to live with prestige and honour. Because of their physical problems, these people are unable to obtain legal protection and opportunities in the field of education, employment, rehabilitation and other spheres of life. The disability issue has been taken on by the United Nations with many organizations coming forward on behalf of Persons with Disabilities, but little has happened yet due to the lack of proper legislation, executive order and proper attention and awareness.

Awareness of the needs and rights of persons with disabilities has gradually increased leading to expectations of special and comprehensive legislation on the right to live, work and obtain food, clothes, shelter, mobility aids and education, so Persons with Disabilities can participate in public decision-making. Although the 1972 constitution legislated guarantees for the basic minimum needs of persons with disabilities, in practice these are not achieved due to the lack of proper initiatives and resources.

The National Policy /strategy reflects these needs and covers the prevention of disabilities, identification and early intervention, compulsory education relevant to persons with

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disabilities and special education (or integration of persons with disabilities into compulsory education), governmental and non-governmental social services regarding technical aids, accessibility, other outstanding issues, medical/occupational rehabilitation (residential care <home>/non-residential care <institution>), promotion system/services of employment of persons with disabilities (including shelter, workshops, or other workplaces) and community-based rehabilitation for persons with disabilities.

**Prevention, Identification and Early Intervention**

【Current situation】

The following are activities for the prevention and identification of disability outlined in the schedule of the Bangladesh Persons with Disability Welfare Act 2001.16

**Prevention of Disabilities:**

1. To launch media campaigns through mass media channels to create awareness on the causative factors of disabilities and measures to avert occurrence of disabilities.
2. To motivate and organize social workers and voluntary organizations to participate in disabilities prevention programs.
3. To extend cooperation on the implementation of immunization programs for preventing disabilities.
4. To disseminate information on measures to avert accidents causing disabilities.
5. To disseminate information about pre-natal, peri-natal, delivery and post-delivery care of the mother and the child, and in order to prevent disabilities, expecting mothers are provided with necessary assistive devices.
6. To collect data and conduct research on factors causing disabilities and treatment
7. To undertake programs to prevent sound pollution.
8. To undertake supportive programs to prevent defective vehicles on roads

**Identification of Disability:**

1. To arrange proper identification of persons with disabilities when conducting the population census and prepare a separate list
2. To arrange identification of children who are at-risk

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**Medical Services and Rehabilitation**

【Current situation】

The Impact Foundation Bangladesh is involved in the areas of public awareness of disabilities and improving prevention and rehabilitation. Its major initiative is the building of a Floating Hospital (Jibon tari), which provides persons with disabilities in remote riverine areas general treatment and special surgical operations. Since its launch in April 1999, the hospital has performed approximately 500 eye operations, 210 ear, nose and throat (ENT) surgeries and 340 orthopedic operations for the poorest patients in the riverside areas. It has also provided specialized treatments to 9540 patients.

The Bangladesh National Society for the Blind (BNSB), in addition to its other activities for Persons with Disabilities, has been working to prevent blindness. BNSB arranges Eye Camps, mostly in remote rural areas. It has established 9 eye hospitals in different parts of the country and each year, gives treatment to around 4000 patients. There are 37 member organizations under BNSB that also implement direct and indirect assistance to people with visual impairments. The BNSB is a member of the "World Blind Union" and represents the Bangladesh in world conferences.

Most assistive devices for people with mobility impairments are produced locally17. However, these devices are often low-quality. During the past few years, artificial limbs have been produced at the Orthopedic Hospital in Bangladesh. Some local entrepreneurs have produced wheelchairs, trolleys, tricycles, walkers, calipers, braces and crutches. Well-to-do people can import these devices, as they are not subject to import duties. They are imported mainly from China, India, Norway, Singapore, the United Kingdom and United States. 15% of the total demand can be met through imports and donations from developed countries and NGOs. This does not include indigenous production. Modern assistive devices produced domestically do not meet demand, primarily due to a lack of funds, technological support and skilled personnel.

**Education**

*See Annex 1-3. for the list of facilities on Disability*

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17 Economic and Social Commission for Asia and the Pacific. *Production and distribution of assistive devices for people with disabilities: Part Two.* Retrieved February 8, 2002 from
Country Profile on Bangladesh

【Current situation】
Education, training and rehabilitation programs in Bangladesh are currently institutional in nature. The lack of special, inclusive and integrated education is due to inadequate facilities, insufficient skilled manpower and illiterate and/or poor parents and guardians. In Bangladesh, both the government and NGOs are active in the fields of education, training and rehabilitation of persons with disabilities. 18

Educational activities for persons with disabilities referred in the Bangladesh Persons with Disability Welfare Act 2001 are as follows: 19
1. To encourage establishment of Specialized Education Institutions to cater to the special needs of the special categories of children with disabilities, to design and develop specialized curricula and text books and to introduce a special examination system, if situations so demand
2. Create opportunities for free education for all children with disabilities 18 years of age and provide them free or low-cost books and equipment.
3. Endeavor to create opportunities for the integration of disabled students in regular classes in normal schools wherever possible
4. Undertake vocational training programs for the disabled
5. Arrange teacher training and training for other employees working with the disabled
6. To incorporate and include appropriate articles and other related subjects in the introductory social science subjects to create public awareness about the lifestyle and associated problems faced by persons with disabilities.
7. To arrange easy transportation to school for students with disabilities

Special Education
The Bangladeshi government has declared "Education for all by the year 2000" and has been trying to attain this goal through its formal and non-formal education systems. In Bangladesh, the agencies working for persons with disabilities have generally been implementing the following five types of Education Programs:
1. Special Education Program

http://www.dinf.org/doc/intl/z15/z15002p2/z1500204.htm


Separate education in specialized class (es) of specialized school/institutions

2. Home-based Education Program
   Mobile Education system for children with disabilities through specially trained teachers

3. Integrated Education Program
   Education for students with disabilities under the mainstream system, but with some with special arrangements

4. Distance Education Program
   Distance learning system using multimedia including the conventional print materials

5. Inclusive Education Program
   Comprehensive integrated (open) education system without special arrangements for disabled students. A few NGOs have started inclusive education in their non-formal education programs.

All five systems of education are practiced in Bangladesh, with special emphasis on special education for students with intellectual disabilities. An inclusive education system has not yet been fully achieved.

**Education Program for Persons with Hearing Impairments**

For the hearing impaired, the Government of Bangladesh manages 7 schools throughout the country. The government undertook the National Complex for Special Education with assistance from the Norwegian Agency for Development (NORAD). At present there are 33 Special Schools for persons with hearing impairment. Seven are under government management, with a total capacity of 1,500 students. There is only one education center at the secondary level.

The Bangladesh Deaf and Dumb Federation, a private development agency, has 3 institutions in the large cities. Another NGO, HICARE, has established schools for the hearing impaired in different parts of the country. The Society for Assistance to Hearing Impaired Children (SAHIC) started a pre-schooling program in 1992. Two International NGOs, the Salvation Army and World Concern, have also been running school education programs for the hearing impaired since 1988. The NGO, Disabled Rehabilitation & Research Association (DRRA), is also working for persons with hearing impairments. VHSS has been working to integrate hearing impaired children in to normal school programs through advocacy and lobbying.
**Education Program for Persons with Mental Disability**

The Social Service Department of Bangladesh has been operating a National Center for Special Education (NCSE) in the capital city Dhaka. NCSE runs education and training programs for persons with mental, visual and hearing disabilities. In 1977, some parents and social workers established the Society for the Care and Education of the Mentally Retarded Bangladesh (SCEMRB). The organization is presently known as the Society for the Welfare of the Intellectually Disabled, Bangladesh (SWID Bangladesh).

SWID Bangladesh operates 38 branches nationwide. The National Special Education and Bangladesh Protibondhi Foundation operates several institutions for the education of children with mental disabilities in Bangladesh.

**Educational Program for Persons with Visual Impairment**

The Rotary Club of Dhaka launched an institution for persons with visual impairment in 1957 with technical assistance from Helen Keller International (HKI). Two types of education systems for the visually impaired are in operation. They are the Special Education and Integrated Education systems.

Under the Special Education system, there are 7 schools (5 in the public sector), which conduct education programs for persons with visual impairment. Public sector schools are set up in 5 divisional towns out of 6 administrative divisions in the country, each with a capacity of about 500 students. Two other special schools, the Baptist Mission Blind Girls School and Salvation Army Home for the Blind, are residential institutions operated by NGOs.

Both government and NGOs operate integrated education programs for students and children with visual impairments. Government runs the Integrated Education System in 64 districts of the country, while NGOs operate 5 other schools. However, there is a dearth of education inputs/materials such as Braille books, Braille writing frames and syllabi, qualitative/standard papers for writing in Braille, boards for arithmetical/mathematical teaching/learning and white canes. For all of the aforementioned reasons and, more importantly, because of the lack of skilled teachers, the systems’ benefits have not been realized.

Under the Ministry of Education, the Government has formed a Special Committee with the representatives of the Ministry of Social Welfare, Ministry of Education and UNESCO to
promote education of disabled children in regular schools.

The National Center for Special Education (NCSE) was established in 1991 to train staff, assess the training and rehabilitation needs of Persons with Disabilities and to develop aids and methods, counseling etc. The Centre for Disability in Development (CDD) is involved in human resource development for organizations working for the disabled. Its experienced trainers and resource persons provide training and develop materials and training courses on institutional and professional skills for community development organizations. CDD training courses are primarily in: management, social communication, primary rehabilitation therapy, education, early detection and intervention and training of trainers (TOT). The CDD has conducted training courses up to September 1999, which ranged from 3 to 90 days and have benefited up to 1350 participants from various partner organizations.

**Social Service**

【Current situation】

The Bangladesh Persons with Disability Welfare Act 2001 covers the establishment of transport facilities.20

1. To set up appropriate facilities at all buildings and establishments and transportation means belonging to the government, statutory bodies and private organizations
2. To take measures to improve access to toilets in rail compartments, water-vessels, bus-terminals and waiting rooms
3. To install auditory signals at all main road-crossings in the cities.
4. To devise suitable signs and symbols to facilitate safe and hazard-free movement
5. To facilitate easy access for wheel chairs through curb cuts, slopes and ramps in public buildings and toilets
6. To allow Persons with Disabilities with duly-issued identity cards to travel with an escort by train, bus, water-vessel and air at a concessionary fare and to arrange for the provision of portable luggage

**Vocational Training and Employment Promotion Services**

【Current situation】

There is a 10% persons with disabilities quota for government jobs except for classified jobs or

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clerical positions in the army, navy, police etc.

Person with disabilities employment activities planned for in the Bangladesh Persons with Disability Welfare Act 2001 are as follows:\(^{21}\):
1. To identify appropriate job/employment areas for Persons with Disabilities and arrange employment opportunities
2. To ensure equal opportunities for suitably qualified persons with disabilities for employment in government departments, statutory bodies and local authorities.
3. To relax the prescribed minimum age limit for recruitment of persons with disabilities for government departments, statutory bodies and local authorities, subject to the formulation of government policy.
4. To ensure the observance of person with disabilities quota in government departments, statutory bodies and local authorities
5. To disseminate information on job-opportunities for persons with disabilities

According to the Persons with Disability Welfare Act 2001, vocational rehabilitation activities are to be planned for the design and development of training manuals for the vocational training of Persons with Disabilities. Such training programs should be conducted according to the manual\(^ {22}\).

**Community-based Rehabilitation**

*See Annex 1-3. for the list of facilities on Disability

【Current situation】\(^ {23}\)
The Asian and Pacific Decade of Disabled Persons essentially called for using Community-Based Rehabilitation (CBR) as a specific strategy for implementing rehabilitation activities in the communities. In Bangladesh the CBR approach has been increasingly accepted and in recent years medical and occupational rehabilitation services have been included in CBR. NGOs and governmental agencies have been increasingly implementing CBR programs and projects across the country.

\(^{21}\) Disability World Retrieved February 6, 2002, from http://www.disabilityworld.org/


As many as 65 private organizations and at least 3 government departments directly implement rehabilitation programs for persons with disabilities in Bangladesh, mostly adopting the CBR approach. Of these organizations, the Impact Foundation Bangladesh, BNSB, CRP, ABC, BDF, Pangu Shidhu Niketan (Disabled Children's Home), Bangladesh Protibandhi Kallyan Somity (BPKS), AWDP, HICARE, DRRA, CDD and VHSS have contributed significantly.

CDD works to integrate persons with disabilities into the mainstream using Community Approaches to Handicap and Disability (CHAD), a strategy that implements CBR, focusing on the needs of the community as a whole and by meeting needs through the integration of impairment and disability issues into its development assistance. It trains organizations on capacity building and institutional development, provides TOT for professional development, prepares preventive and rehabilitative materials (books, bulletins, posters, flip charts, cards, etc.) and exchanges materials and documents with local and international agencies.

In addition, a number of organizations implement community-based rehabilitation programs for the mentally disabled, which covers education and skills development.

The Action for Blind Children (ABC) and Bangladesh Drishtihin Foundation (BDF), both involved in prevention and rehabilitation of visual impairment, provide assistance by operating hospitals, eye camps, and promote CBR. Each organization helps more than 1000 persons annually.

Pangu Shishu Niketan (Disabled Children's Home), one of the biggest organizations working in the field of disability, has organized 16 eye camps, 2 dental camps and 2 camps for the hearing and speech impaired. A total of approximately 2500 people have benefited since its establishment. It has a CBR program for 300 children with disabilities and people suffering from paralysis. Pangu Shishu Niketan provides various types of therapy such as electrotherapy, hydrotherapy and occupational therapy by orthopedic surgeons. Likewise, the Association for the Welfare of the Disabled People (AWDP) and Village Disability and Development Centre (VDDC) are also assisting a large number of persons with disabilities, the former in the city slum areas and latter in the rural communities.

The Centre for Rehabilitation of the Paralyzed (CRP), a large NGO located in Savar, has a
massive rehabilitation program with a sophisticated logistic center for different types of treatment and therapies. Recently, a special Tele-link system was installed to contact overseas medical experts and surgeons when necessary. This new on-line system opens a new window in the area of medical care service. CRP runs a hospital with 100 beds and a modern operating room, physiotherapy and occupational therapy departments and other essential departments. It provides vocational training, micro-credit and health education to person with disabilities beneficiaries. CRP operates CBR program in 49 Thanas with the assistance of the Bangladesh Social Service Department.

### Communication Tools

**Current situation**

No information available.

#### 3-5. Experts and Workers in the Field of Disability

Domestic support personnel for Person with Disabilities in training and HRD in the country could be classified as follows:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Training system (School/year)</th>
<th>Duration</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Manager</td>
<td>Center/ institution based</td>
<td>3 days to 3 years</td>
<td>1. Postgraduate in special education, medicine, management, nutrition etc.</td>
</tr>
<tr>
<td>Resource Personnel</td>
<td>Community based</td>
<td>3 days to 3 years</td>
<td>2. Graduation in sped., PT, MBBS etc.</td>
</tr>
<tr>
<td>Training Officer</td>
<td></td>
<td>3 days to 3 years</td>
<td>3. Dip. in PT, OT, HRD etc.</td>
</tr>
<tr>
<td>Field trainer</td>
<td></td>
<td>3 days to 3 years</td>
<td>4. Short courses and orientation courses</td>
</tr>
</tbody>
</table>

The qualifications of support personnel vary according to their training. They may have a simple, non-academic background in dealing with disabilities, as well as high-level academic degrees.

In Bangladesh, postgraduate and graduate degrees in special education, physiotherapy, medicine and management are available. Specialists in different fields contribute to different training programs as resource persons. In addition, many organizations have regular training
officers and field trainers. Training officers usually assist the training managers in carrying out different training programs. Field trainers conduct training and orientation courses at field levels, as well as door-to-door counseling on disability.

In Bangladesh, there are two main training systems. One is center-based or institution-based and the other is community-based. All systems cover special education, activities of daily living (ADL) and the formal curricular education of the disabled persons. Inclusive or integrated approaches are becoming increasingly popular. Qualification of the personnel is varied in nature.
4. Disability-related organizations and Activities

4-1. Activities by Disability-related organization

*See Annex-1-2. for the list of organizations

Current Situation of Organizations

Public Organizations

In 1989, the Voluntary Health Services Society (VHSS) in collaboration with the Canadian University Services Overseas (CUSO) organized a two-day seminar on disability, resulting in recommendations for the government. This seminar eventually identified the disability movement in Bangladesh as strongly needing a common platform of organizations working in the field of disability. The National Forum of Organizations Working with the Disabled (NFOWD) was established.

The NFOWD is concerned with the rights and privileges of the persons with disabilities as well as the protection and safeguard against infringements on existing rights and privileges. The NFOWD is involved in:

1. Lobbying, advocating and networking with concerned government agencies to promote the rights of Persons with Disabilities, such as the preparation of the National Disability Policy, National Action Plan, Disability Legislation, matters related to Accessibility and Communication, and similar documents

2. Public awareness programs such as the observation of special national and international days of importance for persons with disabilities, launching campaigns through mass media (newspaper, radio, television)

3. Issue-based surveys (for example, the Mapping of Disabled Children in NFOWD member organizations), provision, exchange and sharing of information, documents, publications and materials

4. Provision of technical, management and secretarial services to member organizations and

See also:


concerned governmental agencies

5. Provision of training, follow-up and backstopping services

NFOWD supports the NCC in development and promotion activities related to disability.

A National Foundation for the Development of Disabled Person has been established to provide necessary guidance and support to the government and NGOs regarding disability issues.

NGOs

The disability movement within NGOs is still at an early stage in Bangladesh. Since the post liberation war-torn days many indigenous voluntary organisations have become involved in disability issues and CBR programs to tackle and improve the overall situation in the country and to support the government efforts in disability issues.

Cooperation between NGOs and the government is an important factor in the field of disability and CBR. As the role of NGOs in development field has been strongly recognized, a significant number of NGOs have emerged in Bangladesh. However, the number of NGOs in the field of disability and CBR remains insignificant. Therefore, different initiatives have been taken to develop effective cooperation between government and NGOs. The cooperation between the government and NGOs has been expanded in the field of disability and CBR through the formation of a National Coordination Committee on disability in 1993.
4-2. Cooperation Projects on Disability Organized by International and Other Donors

*See Annex 2 for the list of cooperation projects on Disability

<table>
<thead>
<tr>
<th>Cooperation Projects by Multilateral/Bilateral Organizations and International NGOs</th>
</tr>
</thead>
</table>

There is very little information on multilateral and bilateral disability assistance. However, USAID, through its social marketing programs, has helped reduce infant and child mortality rates by providing rehydration salts and immunizations, such as for polio. This has probably contributed to the prevention of disabilities. DFID has provided training programs to improve persons with disabilities self-confidence and skills. For example, the Jamalpur Integrated Rural Development Project was conducted from 1992-1995. DFID has also recently commissioned a report to Helen Keller International on disasters and livelihoods in rural Bangladesh (1999-2001). Helen Keller International is an NGO that specializes in disability issues.

<table>
<thead>
<tr>
<th>Assistance by Japan</th>
</tr>
</thead>
</table>


[26] Information can be found at Development Gateway AIDA, using the key words “disability” and “Bangladesh.”

Japan has primarily provided assistance for immunization campaigns, polio eradication and iodine deficiency prevention through training courses. In the past, Japanese volunteers have worked on polio eradication in Bangladesh.\textsuperscript{28}

\textsuperscript{28} See JICA’s homepage for records of JICA’s assistance (in Japanese only)
5. References

This report is edited based on the main source which was drafted by a local consultant.

Main source:
VHSS. *Country Profile Study on Persons with Disabilities in Bangladesh*. March 2000

Other references:


ESCAP. *Asian and the Pacific Decade of Disabled Persons: mid-point – Country Perspective*, UN. 1999
