



**Case
Stories**

**Process
Documentation**

**Research
Summaries**

DEFYING THE BARRIERS



Save the Children

Concept & Co-ordination	: Laila Khondkar, Save the Children
Text	: Md. Reazul Haque, Chairman, Department of Development Studies, University of Dhaka
Editor	: Ruhina Taskin, Firoz Rahman, Save the Children
Photo Credit	: Tanvir Ahmed, Roland Karmokar, Save the Children
Cover photos, Design and Layout	: Roland Karmokar, Save the Children
First Publish	: December 2017
Published by	: Save the Children
Copyright	: Save the Children

Disclaimer: Photos of this publication are taken with the permission of the children and beneficiaries from IPEP - Child Protection projects following the standards and guidelines of Save the Children International. All rights reserved. No image and text of this publication can be reproduced in any form or by any means, electronic or mechanical, without permission from Save the Children.

INDEX

Case Studies 3

An Earning Member for the family: Uttam Das.....	4
Advocating for Change: Doly Akter.....	5
A Father in the Caregiving Role: Makhon Jalali.....	6
Taking Responsibility for Own Community: Md. Fakhrul Islam.....	7
Singing for a Better Future : Sayma Sharmin Ema.....	9
Freedom from Seven Years of Confinement: Md. Rabbi Hossain Sahadat	10

Process Documentation 12

Research Summary 20

Understanding the Vulnerabilities of Children with Disabilities Living in both Government-run and Private Residential Institutions.....	21
The Vulnerabilities of Children with Disabilities from Low-income Households	24
Social Protection Schemes Relevant to Children with Disabilities and their Families	26

Preface

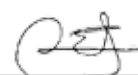
For many of the children with disabilities, life is harsh and isolated. They experience social exclusion and discrimination just for their very existence. Although two specific international conventions i.e. United Nations Convention on the Rights of the Child (UNCRC) and United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) are in place, children with disabilities are still marginalized and deprived of their rights. According to a report by the World Health Organization (WHO), children with disabilities are four times more vulnerable than children without disability. In this backdrop, with the support of European Union and Save the Children Denmark, Save the Children in Bangladesh implemented, “Inclusive Protection and Empowerment Project for Children with Disabilities (IPEP)” since 2014- 2017. The aim of the project is to build resilience and capacity among children with disabilities and to create a violence-free community for them. The project ran in five districts of Bangladesh i.e. Sylhet, Dhaka, Barishal, Rangpur and Gaibandha. To assess and explore the disability scenario under different contexts in Bangladesh, we conducted three pieces of research through independent researchers. One research excavated up the vulnerabilities and types of violence against children with disabilities living in street and from low-income households; another research highlighted the situation of government and private run residential institutions for children with disabilities in contrast with UN minimum standard of care and the last research assessed the opportunities for children with disabilities and their families to be included and benefitted from the Social Protection Schemes of Bangladesh. An essence of those researches has been incorporated into the book.

Psychosocial Resilience Building Program and the Community Based Child Protection Committee are two of the key approaches followed in the project to bring positive changes for children with disabilities and to

increase their psychosocial resilience. In the process documentation segment of this book, we briefly incorporated those approaches so that the readers can understand about implementation strategies, achievements and learnings of those approaches.

From the project implementation experiences, it is evident that this project impacted significantly in the wellbeing of children's lives in terms of improving confidence, mobility, capacity to protect themselves and raising voice for their rights. At the same time, it made caregivers and duty bearers more responsive and accountable for creating an enabling environment. Few case studies have been incorporated in this book as evidence of the positive impact in the life of children with disabilities.

We are thankful to the project participants e.g. children and their parents/caregivers who are in the centre of this project. We are grateful to the community people, service providers and duty bearers for their support which made it possible to implement the project successfully. We acknowledge the effort of the research consultants. We are thankful to the consultant who developed research summaries, process documentation and case studies. We express gratitude to the implementing partners and Save the Children program team who executed this project and contributed in the process of developing and publishing this book.



Md. Mojib-Ul-Hasan

Senior Manager, Child Rights Governance & Child Protection



Case Studies

Rising above the barrier: Uttam Das

Unlike most young boys of his age, Uttam Das is a financially independent person. He is studying in 11th grade and working in a computer store which enables him to support himself as well as his family.

Now a motivation among the peers, Uttam's early days were not so easy. A sudden accident at eleven forced him to live a life with disabilities. But he the youngest children of Kajol Das, a day labourer and Shunondi Rani, a housewife didn't admit defeat and began a journey towards a better future.

"After my accident, I discovered a strange world. I couldn't walk or run like I used to. I couldn't attend school. Even my friends turned back on me. Gradually I found myself enclosed in the home," said Uttam.

At that time, he got connected with us. With support from our Inclusive Protection and Empowerment Project (IPEP), Center for Services and Information for Disability (CSID) runs the resilience building program in Sylhet where Uttam lives. He received resilience building training from the project.

Uttam recalls how the program brings change in his life, "My confidence and self-esteem have been regenerated because of resilience building program." He learned about child rights and protection issues such as violence against children, stigma and discrimination, ways to be protected from violence during the training. He gained information on several government and non-government support services available for children with disabilities and how to access those as well.

To improve Uttam's mobility, specialists at Jalalabad Disabled Centre and Hospital suggested prosthetic limb for him. But the expenditure was too high for his family. Through the project, Uttam applied for financial assistance from the hospital which was granted after a while. He received two months long training in the hospital on how to use a prosthetic leg. He said it increased his confidence as it reduced his visible disability.

Considering his economic condition, this project sought to generate income for him. Sylhet Jubo Academy, another partner organization of the project enrolled him to a three-month-long computer training program. Now Uttam has his own computer and provides computer maintenance services from his brother's shop in the local market. He earns about BDT 500/- a day. He is also granted a merit-based fully funded scholarship from his college.

Now a days Uttam participates in child club activities and child led awareness program which improves his self-confidence. He shares his life story with other children with disabilities in his community to encourage them and try to convince their parents to support their children. Uttam has learned that his disability is no longer a barrier to achieving his life goals.

Advocating for Change: Doly Akter

Doly Akter (16) lives in a beautiful area of Golapgonj, Sylhet; in a house located on the top of a hill and surrounded by green trees. But for most of her childhood, she was confined at home due to her immobility.

Doly fell down from a tree when she was in grade 2 that made her unable to walk without any support. Her 65 years old father works as a day labourer and her mother is a housewife. She has three sisters and a brother who lives separately from the family.

Her family took her to several hospitals but she was not recovered fully. They even sold their only cultivable land for her treatment. As their financial condition deteriorated, her treatment had to be stopped and she was forced to drop out of school. Becoming hopeless, they accepted the situation as their fate.

In the meanwhile, Doly was identified as a beneficiary by Centre for Services and Information on Disability (CSID). She was enrolled in the ten-week long psychosocial resilience building program where she learned about child rights, violence against children, bullying, stigma and discrimination, body boundary, ways to be protected from violence etc.



Her mother also became a part of the program where she got knowledge on disabilities, how to take care of children with disabilities, positive discipline for children etc. Doly became a member of the Child Club where she became friends with other children. There were many children with disabilities as well. It helped her to strengthen her confidence to talk with other people.

Now, as a member of Community Based Child Protection Committee (CBCPC), Doly influences other members of the committee to act for the betterment of children with disabilities. She also participated in many awareness-raising events organized by the project. Later on, Sylhet Jubo Academy, another partner of the project provided her training on tailoring and linked her with a local tailoring shop.

Now Doly is an advocate in her community for creating an improved and safe environment for all children specially children with disabilities. In her words, “Before the training, I did not have any idea about abuse, especially sexual abuse. But now I have got a clear understanding on this from participating in the training. As most of the girls are vulnerable to sexual abuse, I started sharing my knowledge with my friends. I also learned that there are lots of services available for children with disabilities. Now I discuss it with my neighbours and encourage them to avail those services. Due to my advocacy and repeated encouragement, one of my neighbours brought her child to Sylhet Osmani Medical College Hospital. There the child got the Ponseti Treatment which cured her clubfoot. Likewise, two other families also brought their children with disabilities to Jalalabad Hospital for this kind of treatment”.

Dolly now has a clear plan for her life. She said, “I want to build my career in such a way that other children with disabilities will follow my example. I want to be a famous tailor in future and have my own tailoring house.”

A Father in the Caregiving Role: Makhon Jalali

Singer/songwriter Makhon Jalali (50) uses his flair to raise awareness on disability and child rights nowadays. His life story proves how a person can change his attitude towards disability and can act as an agent of change after getting an orientation on child rights issues.

Makhon Jalali lives in Hilalpur village of 3 No. Fulbari Union Parishad under Golapgonj Upazila, Sylhet. His youngest daughter Tunajji Jalali was born with physical disabilities. The social stigma attached to disability and discriminatory behaviour from community people made the father feel embarrassed about his daughter’s vulnerability.



This made him put restrictions on Tunajji's life. She was not allowed to go outside for play or socialization. Gradually she became irregular at school and was isolated from her surroundings. She had a hope to be engaged in social life when she was identified as a primary beneficiary of Inclusive Protection and Empowerment Project for Children with Disabilities (IPEP) project.

Initially, Makhon was not ready to give his consent. But the project staffs discussed their activities with him and invited him to participate in parent session of the resilience building program. He took part in all four parent sessions.

He learned about child rights; rights of children with disabilities; types and causes of disabilities; ways to take care of children with disabilities; stigma, discrimination and violence against children; ways to protect children from violence; positive discipline for parenting and stress management from the training.

Makhon now encourages Tunajji to make new friends and takes her with him to visit relatives. He no longer hides her at home. He says, "Before the training, I used to hate my own child. But now I know she is not the result of my sin."

He takes care of Tunajji and motivates others in the community to act in a non-discriminatory way. In his words, "If I see any parent beating or shouting at their children, I rush there to stop them. I also try to inform others about disabilities and violence against children through my songs which, I believe, helps in changing the attitude of my neighbours."

Taking Responsibility for Own Community: Md. Fakhrul Islam

Taking care of the children and creating an environment where they thrive takes more than just parent's participation. If the people from the community are involved in this process, together, they can build a violence-free surrounding for children.

Md. Fakhrul Islam (35) proves how a member of the community can carry forward the work started by NGOs and make that sustainable. He works as an Assistant Teacher at Srijoni Govt. Primary School. He lives in Lakhipasha Union at Golapgonj Upazila, Sylhet. He is a member of Community Based Child Protection Committee (CBCPC) in his area.

At the beginning of 2016, Centre for Services and Information on Disability (CSID), a partner organization of Save the Children's Inclusive Protection and Empowerment Project for Children with Disabilities (IPEP) project contacted him to be a member of CBCPC. After learning about the project's objectives, activities and functionality of CBCPC, he agreed and become a member. This committee was formed in March 2016 at Lakkhipasha union Parishad.

He became very positive about the project activities and said, "The resilience building project is really exceptional. Children with disabilities will be able to learn many things which will be helpful in their life. Children cannot get such information spending money."

Community Based Child Protection Committees (CBCPCs) have been formed with the objective that these CBCPCs will work for creating a violence free environment for all children especially children with disabilities in their community. CBCPC members received a series of training on child rights, violence against children, advocacy etc.

They were also linked with the child club so that the members of CBCPC can help the children of child club in organizing different awareness-raising activities i.e. street shows, drawing competitions, day observations, child led cultural program etc. in the community.

Fakhrul attended all training and gained knowledge on child rights, child abuse, violence, protection, needs of children with disabilities etc. He is now an active member of the CBCPC. Every month he invites other members to join the monthly meeting. In those meetings, they discuss and take initiatives for children with disabilities such as organizing awareness activities; enrolling children with disabilities in school; providing stipend, education materials, winter clothes; support to get disability allowance, birth certificate etc. He also included some children with disabilities in the government database and provided treatment cost for children with disabilities in this area. He raises fund from local elites as well for this cause.

He is aware that the project would withdraw its support at the end of the project period. So to continue the activities of the CBCPC in future, he engaged the committee with another local organization who have committed to take over committee after the project period.

Fakhrul said, "It's an eye opener for me. If I had not joined the committee, I would never believe that the community people as a group can influence the decisions of government officials which ultimately helps to create a violence free environment for children with disabilities."

Little things can make big difference: Sayma Sharmin Ema

10 years old Sayma Sharmin Ema, lives in Modhubajar, Dhaka with her mother and two elder sisters. She has a visual impairment which hampered her mobility and other social activities. Since her father's death in 2008, her mothers is working as a house help. Her oldest sister works as part-time teacher to support the family

Ema was prohibited to go alone outside due to the social stigma and the lack of caregiving services. She wasn't even enrolled in any school. Though she has a passion for singing, her family discouraged her as they had no hope for her future.

Project staffs of IPEP had identified Ema as a primary beneficiary during its household survey.

She had participated in psychosocial resilience building program of the project. Under the resilience program, the project sought to improve the psychosocial well-being of children with disabilities and increase their skills to protect themselves from violence i.e. physical, psychological, sexual, neglect and exploitation.

The program consists of ten sessions for children with disabilities and four sessions for their caregivers/parents. In the sessions, the children get orientation on child rights and protection issues, exploring the community, violence against children and its types, stigma and discrimination, body boundary, ways to protect themselves from violence, normal reaction to abnormal events, controlling emotions etc.

Ema's sister and mother participated in the sessions for caregivers where they have learnt about disabilities, types of disabilities, reasons of disabilities, child right, violence against children, ways to protect their children from violence, positive discipline for parenting, techniques to release stress and take care of themselves etc.



PC: Save the Children

This training gave Emma a platform to mingle with other children with disabilities and children without disabilities through child club. She made many new friends and shared her experience with them. The project also motivated her family members to invest in her education and to build rapport with neighbours and relatives through visits.

From 2018, Emma is enrolled in a school for children with physical impairment named Sanai Foundation. She is practising singing and dreaming to be a famous singer in future. Her family plays a supportive role in all her activities. They invite other relatives and neighbours so that Emma can socialize with them. Her family is cautious about her safety as, after the training, they know that children with disabilities can be more vulnerable to violence. Emma herself became more aware of her safety and protection.

Now, as she became hopeful about the future, her family is willing to provide for her education as well as musical training. Ema said, “One day I will be a renowned singer by my own merit. I will be an earning person like my sisters and contribute to my family.”

Freedom from Seven Years of Confinement: Md. Rabbi Hossain Sahadat

Md. Rabbi Hossain Sahadat, the second son of Faruq Mia and Zarina Begum, was a healthy kid and enjoying his childhood. But a genetic disorder caused his arms and legs to lose strength at the age of seven. It started with a high fever and gradually his arms and legs became too weak to be moved. The doctors informed his parents that there is no cure for this disorder. Two of his maternal uncles and one of his maternal cousins have suffered from the same disorder.



With his physical suffering, Rabbi's social life also started to fall apart as he was being humiliated by the neighbours. They often laughed at him and taunted him for his disability. His parents found it hard to cope with this situation and started ignoring him. They confined him in his small house in Kamrangir Char, Dhaka where five other members of his family also shared the room. His father is a tailor and a part-time rickshaw puller. His mother is a domestic worker. His elder brother is supporting his father in the tailoring shop to bear the expense of their family.

Rabbi was forced to stay in this condition for seven years. He did not go outside or participate in any play or recreations. In 2015, Centre for Services and Information on Disability (CSID) have provided him and his mother a psychosocial resilience building training under 'Inclusive Protection and Empowerment Project for Children with Disabilities (IPEP)'.

From the training program, Rabbi got knowledge on child rights, rights of children with disabilities, violence against children, stigma and discrimination, ways to be protected from violence, normal reaction to abnormal events, dreaming about future etc. His mother learnt about the types of disabilities, causes of disabilities, ways to take care of children with disabilities, stigma, discrimination, violence against children and its types, ways to protect children from violence, positive discipline for parenting, stress management etc. Rabbi got a wheelchair from an organization named Nari Maitree, which improved his mobility.

After attending the training and rigorous counselling by the project staffs, his mother now realizes that Rabbi deserves love, affection, care, recreation, education just like other children. After 7 years of confinement in the small room, now Rabbi is free to go outside. His mother takes him with her when she is visiting the neighbours and relatives. Rabbi is now going to school with support from the project. To prevent his drop out, the project also worked to increase awareness among the school teachers and students so that an inclusive and friendly environment can be ensured.

In his word, "I feel like I am reborn. I used to think that only death can give me freedom from this situation. It gives me solace that now I can breathe in open ground. I can go to school and most importantly, I have a future."



Process Documentation

Psychosocial Resilience Building program for Children with Disabilities (CWDs)

In Bangladesh, almost all initiatives for children with disabilities are launched for improving their health, education and livelihood situation. Except for the resilience program, very few initiatives were taken before to address the vulnerability of children with disabilities towards violence. As per the report of WHO, children with disabilities are 3.6 times more likely to be victims of physical violence, 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their peers without disabilities. Meanwhile, Save the Children Denmark launched child resilience program which stemmed from a number of researches within the psychology field in association with Psychological Centre, International Federation of Red Cross & Red Crescent Society and has implemented throughout 22 countries for children and youth without disabilities. We, Save the Children in Bangladesh, for the first time, adapted the module for children with disabilities and piloted in five districts of Bangladesh to address violence against children with disabilities.

Key approaches:

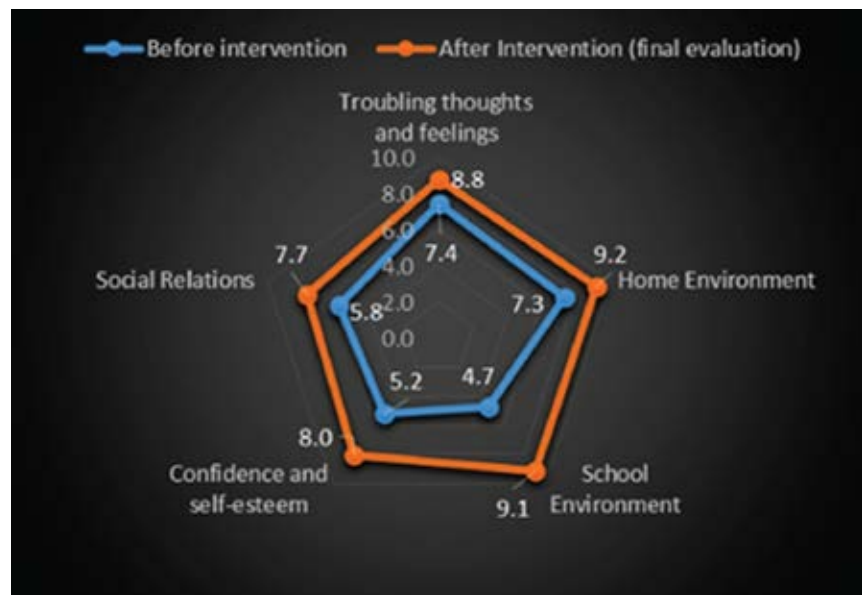
The main objectives of the resilience program is to strengthen children's resilience to react and ask for help if they or their peers are in trouble, to strengthen children's knowledge of their rights and what this means in practice; to strengthen feeling of solidarity and sense of community in child groups and to strengthen children's knowledge about how to thrive, how the social protection system works and where to get help if they are exposed to violence, neglect, abuse or exploitation and to create ownership and support from parents, caregivers, family, school and the community. It enables children to increase positive self-image, to enhance individual talents and skills, to nurture ability to self-regulate, to enhance ability to seek help from others, become disciplined, to grow strong cultural identity and cognitive, social and emotional skills. The core of the project is resilience building training which is provided to children with disabilities and their parents/caregivers. During the training, children with disabilities have been oriented on their rights, types of violence and abuse, body boundary, good & bad touch, bullying, how to protect themselves from those, normal reaction to abnormal events, how to control their feelings/emotions, building self-confidence etc.

Parents are also equipped with knowledge on child rights, violence and abuse, how to protect their children from those, positive discipline, self-care etc. The training consists of ten sessions for children and four sessions for parents/caregivers.

Key achievements:

Child protection and Child Rights Governance Sector of Save the Children in Bangladesh rolled out training to 11715 children with disabilities (Boy 6695, Girl 5020) and 14082 parents/caregivers (Male 2507, Female 11575) in five districts (Dhaka, Barisal, Rangpur, Gaibandha and Sylhet) of Bangladesh. To measure the impact of resilience training in the life of children with disabilities, a unique monitoring mechanism is developed to collect data directly from the field. Apart from this, project baseline and end line survey is conducted to explore the changes in the life of children. As per end line evaluation, children with disabilities trained on resilience are not feeling isolated anymore; developing friendships, becoming aware of their rights and gaining skills on protection. This is contributing to their well-being and empowerment.

The graph developed from baseline and end line survey



Psycho-social wellbeing measured by 5 indicators

clearly shows differences between pre-training and end-line/final evaluation (post) results in the lives of children in context of psychosocial wellbeing. In terms of troubling thoughts and feelings a difference of 1.4 points is indicated between pre-training and end-line/final evaluation – as children with disabilities in case areas are now more conscious about both vulnerabilities and are more resilient. They now perceive reduced incidents of violence (32.3% at end-line against 72.2% at baseline). The home environment for the children with disabilities after project intervention has improved by 1.3 points as compared to the pre-intervention period of the project. School environment has improved significantly by 4.4 points. The improvement in ‘confidence and self-esteem’ and ‘social relations’ are respectively 2.8 and 1.9 points.

Parents are not viewing their children with disabilities as burden and facilitating their enrolment in schools and their participation in social activities. Capacity of parents/caregivers as well as children have been developed to claim the resources available for them and to make duty bearers accountable. Children with disabilities now identify the nature of violence and the perpetrators and can protect themselves accordingly. Parents are now more aware about their children and know how to protect their children from violence.

Challenges & lessons learnt:

Having adapted and implemented the module for the first time, a number of challenges were confronted and lesson learnt accordingly. The child resilience program uniquely addressed three dimensions – child protection, psychosocial resilience and children with disabilities. Hence, capacity of human resources had to be developed as very few staffs have understandings on all three dimensions. Each type of disability requires special attention so it's quite tough to address those in a single session. Since unique teaching methods are needed for children with neurodevelopment disabilities, it is not possible to group them up with other children with disabilities in the same training. Besides, receiving capacity of children varies based on their ages. Children with disabilities are living in a scattered manner so the area coverage had to be increased to form a group for the training. The drawback of it is, children with disabilities had to travel a long distance to attend the training venue which is tough for them because our social infrastructure is not disability inclusive and friendly. In the urban areas, appropriate training venue is quite unavailable.

Way forward:

Considering the impact of resilience training in the life of children with disabilities and their caregivers, the sector have decided to replicate the training in its other projects after revising the manual as per disability and age groups. The resilience manual could be adapted for other struggling groups of children as well. The resilience program can bring positive changes in the life of children. Thereby, government and other non-government organizations may use the program in their settings to reduce vulnerability of children with disabilities towards violence and abuse physical, emotional, sexual, neglect and exploitation).

“The most important thing I learned from the resilience training is that abuse can take place at home, by close relatives and known persons. I'll be careful about it and disseminate the knowledge among my siblings and friends.” – **Uttom Das, boy with physical disability.**

“Before attending the resilience training for parents, I fed my child in a separate place. Now I know that she has an equal right to take a meal along with us. She is a human being and not a worthless soul.” – **Morjina Begum, mother of a girl with disability.**

“I would like to become an engineer fighting against all the odds, especially poverty and disability. Children with disabilities need an example in front of them to draw courage from and chase their dreams. I want to set that example for them.” – **Shamima Akter, girl with disability.**

Community Based Child Protection Committee

Every child has the right to live and grow up in a safe and protected environment. Being a member of the society, children with disabilities are also entitled to this right. But due to the age-old misconception, fear and negative attitude about disabilities, society intentionally pay no attention to the existence of these children. To eliminate the social stigma and discrimination, awareness among community people needs to be raised at first. But it is not possible for one or two organizational initiatives unless community people themselves do not engage at large. With a view to involving them, we assisted the community people to construct a committee who will be working for the protection of children including children with disabilities. In harmony with Children Act 2013, the committee has been named Community Based Child Protection Committee (CBCPC).

Approaches

Overall 110 CBCPCs have been developed in four districts (Dhaka, Sylhet, Barisal, Rangpur, and Gaibandha) of Bangladesh and nurtured by the project to capacitate them with required knowledge and skills. Key objectives of the CBCPCs are to identify and respond to the violence against children with special focus on children with disabilities with the support of local government and community people; to play a role in the child protection model to reduce violence and abuse in their community and to improve self-confidence of children with disabilities and to ensure their physical and psychological development by giving proper opportunity. These committees have been regulated by a specific guideline which helps them to work efficiently.

Each committee consisted of 13 members who represented local government, civil society and children with disabilities. The committees maintained good rapport with the police, local government, the City Corporation and political entities to ensure security for the children in their locality. Securing the interest and to protect the children with disabilities from violence demands a specific type of knowledge and skills. The members were rigorously trained on roles and responsibilities of CBCPCs, different relevant conventions, policies and laws on disabilities, child rights, child protection, communication methods and channels, networking and linkages with other organizations, financial management etc. The inclusion of child representatives in the CBCPCs created an opportunity for both to get benefit from each other. The children got a platform to present their problems and the committee got an internal information source on cases of child marriage, abuse, violence, type of supports etc.

Achievements

With essential knowledge and skills, the CBCPC contributed significantly to protect the interest of children with disabilities in their community. Due to their advocacy and follow up, 1679 children with disabilities (Boy 870, Girl 809) have been linked with different social safety net programs provided by the Government of Bangladesh. CBCPCs maintain liaison with law enforcing agencies regularly and assisted them accordingly.

For example, an incidence of sexual abuse took place in Dhamrai Upazila of Dhaka district. The members of CBCPC of that area informed local police personnel immediately, which enabled them to arrest the perpetrator quickly. The CBCPCs were able to channel resources collected from different sources for the betterment of children with disabilities. With their assistance, 1090 children with disabilities had been referred to different service providers, 923 children with disabilities received medical assistance, 396 children with disabilities were equipped with assistive devices, and 409 children with disabilities were skilled with different vocational training.

They also organized awareness-raising events i.e. folk song, rally, campaign, observing Child Rights Day & International Disability Day, discussion meeting, debate program, human chain etc. with community people. In these events, local government officials, public representatives i.e. Union Parishad chairmen, members, representatives from police, school teachers, children and people with disabilities, their caregivers and mass community people participated.

Lesson learnt

- i) A committee consisting of a mixed group of people from a diverse line of work and having influence within the community leads to a faster and cost-effective problem solving, helps in changing harmful cultural practices and mobilizing community resources. Also, including members with strong linkages to formal systems like the local police and the local government agencies helps in quicker disposal of cases and locating effective referrals.



- ii) Including child leaders in the CBCPC produces a two-way benefit such as it eases the beneficiary access to the community focal point of justice and on the other hand it improves the process of first-hand reporting and investigation of complaints.
- iii) The existence of an influential committee works as a security cushion for the project implementers as well. The committee provides protection not only to children but also to project staff trying to reach a risky and dangerous group of stakeholders who were themselves, potential perpetrators.
- iv) Without the capacity development of child protection groups on child protection issues, psychosocial aspects, vulnerability analysis and facilitation members cannot recognize the extent of rights violation or abuse, understand the family dynamics and fulfil obligations like engaging in dialogues, advocacy or address complaints.
- v) Projects paying attention to the overall well-being of children alongside providing child protection support is able to gain community trust and pave the way for addressing highly sensitive issues.
- vi) The child protection objective gets affected if the CBCPC includes members with vested and conflicting interests and difficult nature.



Challenges

- Members with political interest try to influence the decisions in relation to channelling resources to the target people which actually helps them creating vote bank.
- It was challenging to ensure the female members attendance in the coordination meetings. Also, the government officials have difficulty in attending external meetings as they work under time constraint.

Way Forwards

- Future interventions should target creating CBCPCs with a goal of sustainability.
- Prior to CBCPC formation, planning for area selection, beneficiary coverage and costing should be based on baseline data analysis, community consultation and lessons learned from earlier similar interventions.
- During group formation, careful attention should be given in selecting like-minded members with a philanthropic attitude.
- To make a CBCPC properly functioning, a long time intervention is required instead of project based approach.



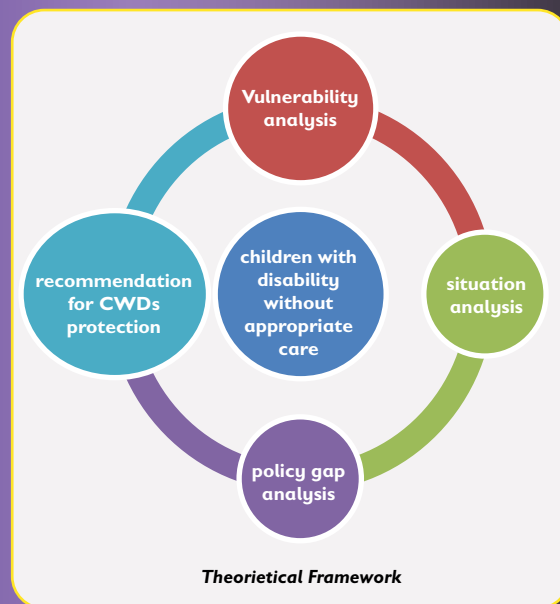


Research Summary

Understanding the Vulnerabilities of Children with Disabilities Living in both Government-run and Private Residential Institutions

Introduction

Very few attempts like the study ‘Understanding the vulnerabilities of children with disabilities living in both government-run and private residential institutions’ have been initiated to reveal the nature, magnitude, and patterns of the vulnerabilities of children with disabilities living in public and privately run residential institutions in Bangladesh. Being one of the most densely populated countries, disability rate among children in Bangladesh is pretty high. Most of the time, these children with disabilities are treated as a burden on their families or the community and thus traditionally, they are more likely to be placed in residential care rather than family settings. As per the report of World Health Organization (WHO), children with disabilities are four times more vulnerable to abuse and violence than their peers without disabilities. In that backdrop, we explored the situation through an independent research on government-run and private residential institutions who are dealing with children with disabilities.



Objectives

The key objectives of this research conducted in 2016 are to generate a clear understanding of the nature, magnitude, and patterns of vulnerabilities of children with disabilities living in government-run and private run residential institutions; to assess the environment of the government-run and private residential institutions considering UN minimum standards of residential child care; to ascertain the gap within the laws, regulations and policies of residential institutions in comparison to UN minimum standards of care; and to suggest alternative care options for children with disabilities living in the institutions.

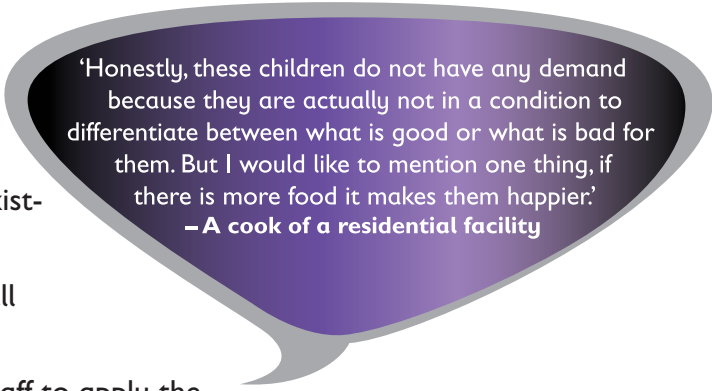
Methodology

The research covered 20 institutions (15 government-run institutions and five private run institutions) in four districts (Barisal, Chittagong, Dhaka, and Sylhet) of Bangladesh. The research followed cross-sectional approach using both quantitative and qualitative tools such as questionnaire, in-depth interview, key informant interview, focus group discussion etc. The study was conducted in 20 residential institutions including 15 government-run institutions, 3 NGO run institutions, and two madrasahs. Survey of children covered 210: children with visual disability (n=92), children with hearing and speech disability (n=80), children with intellectual disability (n=38).

There were four focus group discussions (FGD) with children with visual disability (mixed group n= 07), male teachers (n=6), male field staff members of NGO (n= 6) and female staff members of NGO (n=5); 19 In-depth interviews with Children with disability (9 includes 2 children in government-run residential facility who have recently graduated from special school with residential care), Attendant/care-taker (5), National level CSO representative addressing disability & rights (5) and 23 Key-informant interviews with Cook of the institutions-(3), attendant/caretaker (7), house parent (1), guard (1), NGO field staff (2), NGO leader (1) and representative family welfare, UHC and representative, health, UHC (2).

Major Findings

- Willingness to modify and upgrade the existing management framework of residential institutes being utilized was seen among all respondents, but this will need a much stronger boost from within all layers of staff to apply the policy/legislative framework.
- The protection issues of children with disabilities in the institutions are alarming. The children especially girl children are exposed to violence and sexual harassment.
- Food and nutrition situation is not up to the mark. Proper hygiene is not maintained for cooking. Although the children are supposed to be given meal three to four times a day in every residential facility (government and NGO-run) and most of them have a menu, these rules are not followed regularly. Children often have a very monotonous carbohydrate based meals every day.
- The sanitation and medical facility is one of the major areas which need to be improved. In most cases, the guardians arrange health services for children with disabilities living in residential care rather than the facility authorities.
- Children do not have enough space for walking, playing and the majority of the residential facilities are not wheelchair accessible. The number of centres and/or seats for girls are inadequate and in general, girls with disabilities should have more security in residence.
- There was a good example of bannisters, colourful walls, coloured tiles with Braille dot on the floor and wall was seen at one of the Dhaka Physically Handicapped Training (PHT) Centres. Though other PHT Centres do not have these.
- Children with low vision have no option to learn and study utilizing sighted materials along with Braille, which limits their full potential. It is a violation of their rights. Similarly, children with hearing & speech disabilities are taught sign language but they do not have options to e.g. learn lip reading and or get speech therapy. Children having a degree of secondary disabilities living in the residential facility do not receive any significant support.



'Honestly, these children do not have any demand because they are actually not in a condition to differentiate between what is good or what is bad for them. But I would like to mention one thing, if there is more food it makes them happier.'
 – A cook of a residential facility

Major Recommendations

- A national child protection guideline & manual and code of conduct for the staff of different levels should be developed, institutionalized and internalized by all individual staff members and offices responsible for alternative care facilities. Such protection guidelines must put equal emphasis on all children including children with disabilities irrespective of their sex, age, ethnicity, faith, and ensure that children's rights are not violated due to their identities.
- The State should ensure that the families have access to forms of support so that they can play the role of primary caregiver. Only in the cases where the family is completely unable (even after receiving appropriate support) to provide adequate care for the child, the State is responsible for ensuring appropriate alternative care.
- Skilled human resource is essential to implement any policy, legislative framework and even plan of action. Initiatives are required for awareness and capacity building of staffs on those instrument.
- Periodic assessment of children with disabilities across all such facilities is recommended. Individual assessment and plan for every child should be followed to comprehensively address their physiological and cognitive needs.
- There should be a national monitoring and coordination mechanism with the representation of relevant public and private/NGO representatives to ensure minimum requirement in the institutions.
- Apart from institutional care, the government should explore the opportunity of other alternative care i.e. formal and informal foster and kinship care.
- Community-based resources have to be linked up with the residential institutions to make all social service available for the children with disabilities in the institutions.

Conclusion

Although Bangladesh ratified the United Nations Convention on the Rights of the Child (UNCRC) and United Nations Convention on the Rights of Person with Disabilities, very few initiatives are currently being implemented to ensure the UN minimum standards of care within the government and private run residential institutions. The government should ensure that institutional care remains as a last resort for children. Facilities and resources in the institutions should be in compliance with UN minimum standard of care. Government, as primary duty bearer, should be accountable for fulfilling, protecting and respecting children's rights. It also means recognizing parents and family as the primary caregivers and protecting and supporting them in this role. It implies using participatory and empowering approaches, working in partnerships and alliances for promoting the rights of the child.

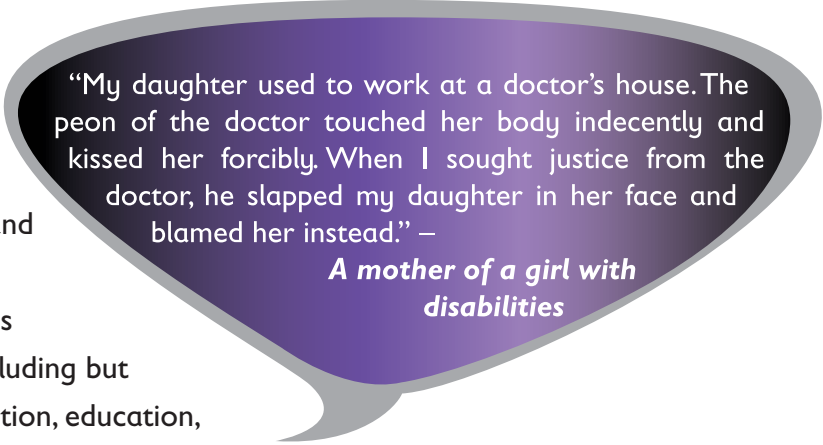
The Vulnerabilities of Children with Disabilities from Low-income Households

Introduction

Children with disability living on streets and slums have been a neglected group in Bangladesh. Information and evidence are still lacking in this area that hampers designing appropriate interventions and engaging in policy advocacy. On one hand, they are suffering from disability and on the other, they are children living on streets and slums. According to World Health Organization (WHO), children with disabilities are almost four times more vulnerable to all forms of violence, abuse, neglect and exploitation than children without disabilities. In Bangladesh, discrimination in the family, community and the workplace is at the core of most violations of the rights of children with disabilities in Bangladesh [UNICEF (2014), Situation Analysis on Children with Disabilities in Bangladesh]. In this context, we conducted an independent research in 2016, titled ‘The Vulnerabilities of Children with Disabilities from Low-Income Households’ to generate a clear understanding of the nature, extent, magnitudes, and patterns of vulnerabilities of children with disabilities in Bangladesh belonging to low-income households and provide recommendations on how to overcome these vulnerabilities’.

Objectives

The specific objectives of the research are to assess various types and patterns of vulnerabilities in terms of age, background, and different settings like home, school and institutions (including but not limited to health, nutrition, protection, education, access to services) that children with disabilities are facing in their daily lives; to analyse the conditions or circumstances that make the children with disabilities vulnerable; to explore the vulnerability of sexual abuse, physical abuse, psychological abuse, neglect/discrimination and exploitation of children with disabilities and to recommend types of services that can address these vulnerabilities.



“My daughter used to work at a doctor’s house. The peon of the doctor touched her body indecently and kissed her forcibly. When I sought justice from the doctor, he slapped my daughter in her face and blamed her instead.” –

A mother of a girl with disabilities

Methodology

The research used mixed methods approach that involves both collecting and analysing qualitative and quantitative data. In the quantitative part, five study areas have been covered with the targeted children aged from 10-18 years from Barisal, Dhaka, Gaibandha, Rangpur and Sylhet district. 400 children were interviewed in this research where 156 were children living in slum, five were children living on street and 239 were the general household children. For qualitative data, 15 Focus Group Discussion (FGDs), 25 Key Informant Interviews (KIIs), five institutional mappings, and 15 case studies were used. The research ensured confidentiality of interviewees.

Major Findings

- **Vulnerabilities at personal level:** Children with disabilities faces difficulties in performing activities of daily living. They require assistance from others. Most of the time perpetrators exploit this situation to abuse them.
- **Vulnerabilities at home:** Having a member with disabilities in the family is associated with stigma and discrimination which brings shameful and humiliating situation upon other family members. This results in isolation, discrimination in food and cloth, harsh behaviour, physical, sexual and mental abuse for the children with disabilities
- **Vulnerabilities at school:** The infrastructure of almost all schools are not disability-friendly. Teaching curriculum fails to address the need for students with disabilities. 72.7% of the participants reported that they have experienced violence from their peers in school.
- **Vulnerabilities at work:** Children with disabilities are unable to work in most workplaces due to the infrastructural and social barrier: As a result, they are given the works that the other children are not willing to do. Some employers exploit this situation and make them do risky works and pay them less. Moreover, children with disabilities often face violent and abusive behaviours from their employers and colleagues.
- **Vulnerabilities within the Community:** Children with disabilities often face social exclusion of different kinds. Some people believe disability is contagious and thus, do not socialize with children with disabilities. The infrastructure of the community is not disability-friendly which restricts their engagement in livelihood related activities.

Major Recommendations

- Counselling services for the children with disabilities and their families should be initiated.
- Training for the children with disabilities so that they adapt to their surroundings should be facilitated.
- Training and counselling for teachers and students at schools where children with disabilities study should be facilitated.
- Initiatives should be taken to boost up household incomes of children with disabilities.
- Disability-friendly infrastructure should be installed.
- Access to health care including early detection and intervention programmes should be ensured for children with disabilities.

Conclusion

Children with disabilities are struggling to utilize their full potential due to the lack of enabling environment for their integration at different levels of society. Their right to live as a healthy individual is being violated as they have to deal with inadequate rehabilitation and health services, poor quality and quantity of food within the household as well as degrading environment that erode their mental health by restraining their recognition as an individual and limiting their freedom of expression and opinion. So government should emphasize on ensuring a promising future for children with disabilities so that they can be skilled workers and contribute to the development of the country.

Social Protection Schemes Relevant to Children with Disabilities and their Families

Introduction

Bangladesh was among the first set of countries to ratify the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and the Optional Protocol in 2008. In complying with its commitment, the Government of Bangladesh has enacted two Acts in relation to a person with disabilities. Bangladesh has also introduced social safety net program for people living in poverty. But it is observed that the enrolment rate of children with disabilities and their families in the existing social protection schemes are quite low. Specific information in this regard is needed to assist the decision makers to address disability issue accurately in the social safety net program. With a view to creating some evidence-based information, we commissioned a research in 2016 on 'Social Protection Schemes Relevant to Children with Disabilities and their Families'.

Objectives

The overall objective of this study is to analyse the government social protection schemes available for the children with disabilities and their families. The specific objectives of this study are **i)** to identify challenges of accessing social protection schemes by children with disabilities and their families; **ii)** to identify gaps of existing social protection schemes in meeting the specific needs of children with disabilities and their families; and **iii)** to provide recommendations for future revisions within existing social protection schemes for children with disabilities and their families.

Methodology

The research followed qualitative methods considering both of the primary and secondary data which were collected using Focus Group Discussions (FGDs), Key Informant Interviews (KII) and secondary literature review. The information was mainly collected from District Social Welfare Officer, Upazila Social Welfare Officer, Upazila Women Affairs Office, children with disabilities, caregivers, Local NGO, teacher & School Management Committee (SMC) members, local elites etc. Confidentiality of the interviewees was maintained and participants were under no obligation to participate in the research.

Major Findings

- All of the social protection schemes fail to address the children with disabilities under the age of 6 years.

- There are hardly two or three schemes which solely address people with disabilities. So they have to compete with general people to get access to other schemes.
- Nepotism and favouritism is making the situation worse.
- Even if a person manages to enrol him/herself in any scheme, the support he/she received is not sufficient at all.
- Service providers do not have any specific database for people or children with disabilities which impedes them to include children/people with disabilities in the list for providing safety services.
- As per regulation of the government, all children with disabilities have to be certified by Upazila Health and Family Planning Officer (UHFPO). Bringing them to the Upazila health complex is another challenge. Apart from this, the officials do not have sufficient knowledge on disabilities.
- All the rehabilitation centres are located in District level; people in the rural areas are deprived of rehabilitation services.
- Special schools for children with disabilities continue to be registered under the Ministry of Social Welfare (MoSW) and not the Ministry of Primary and Mass Education (MoPME). This is a clear indication that education for children with disabilities is still viewed as charity rather than a right. The limited involvement of MoPME affects standardization of curricula, support for expansion, access to special programs such as school lunch and access to higher education.

Major Recommendations

- As most of the schemes are directed to adults, more specific schemes targeting the children with disabilities would be helpful. The quantity and quality of services should also be appropriate to address the need of children with disabilities. More resources should be allocated to develop a skilled public workforce in this regard.
- The Government should expedite the launch of the online database on persons and children with disabilities so that government officials can utilize it. The Government should develop an efficient system for diagnosing disability and provide rehabilitation services at grass root level.
- The Government should undertake awareness-raising campaign aimed at government officials, the public, and families to combat the stigmatization of and prejudice against children with disabilities and promote a positive image of such children.
- The Government should set up comprehensive system to develop inclusive education and ensure that such education is given priority over the placement of children in specialized institutions. Trained and specialized teachers and professionals should be placed in every educational institution.

- The primary care environment for the children with disabilities is their family. Providing income support to households of children with disabilities could help improve their situation. The government should initiate social protection scheme that could cushion household income shocks, facilitate better food intake, education and healthcare of children with disabilities without curtailing the well-being of other household members.
- Public-private collaboration is required in place so that services and resources of both sectors will be utilized effectively and equitably.

Conclusion

Like other children, children with disabilities can contribute to the development of Bangladesh. To manage this particular group of children, the Government needs to undertake long-term initiatives. Government and non-government organizations need to work together and combine their strategies for their well-being. As children with disabilities are more vulnerable among the vulnerable group of children, social protection schemes are extremely helpful for ensuring their development as well as fundamental rights. These schemes should be adequate and accessible so that the aims of such schemes could be fulfilled. Most importantly, while providing such supports, the rights and dignity of the children with disabilities should be ensured. This requires awareness and sensitization of all the stakeholders as well as proper skill and professionalism of the service providers. Bangladesh, as one of the early signatories of The United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) must show its continued commitment towards realizing rights of children with disabilities.



For further information, please contact

Save the Children

House: CWN(A) 35, Road: 43

Gulshan – 2, Dhaka 1212, Bangladesh

Tel: +88 02 9861690 – 1, Fax: +88 02 9886372

Web: <https://bangladesh.savethechildren.net>



savethechildreninbangladesh



SCinBD