

STUDY ON

**“POSSIBILITIES OF INTEGRATING
STREET CHILDREN WITH DISABILITIES IN TO
EXISTING DEVELOPMENT SERVICES”**

FINAL REPORT

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POSSIBILITIES OF INTEGRATING STREET CHILDREN WITH DISABILITIES IN TO EXISTING DEVELOPMENT SERVICES

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**CENTRE FOR SERVICES AND INFORMATION ON DISABILITY (CSID)
STUDY ON "POSSIBILITIES OF INTEGRATING STREET
CHILDREN WITH DISABILITIES IN TO EXISTING SERVICES" PROJECT**

INTRODUCTION TO CSID

Centre for Services and Information on Disability (CSID) is a registered Non-profit Charity Trust established in December 1997 by some dedicated social workers. It is also registered with the NGO Affairs Bureau of Government of Bangladesh (Registration # 1322, dated 15.12.1999).

CSID has been reelected as President of National Forum of Organizations Working with the Disabled (NFOWD) a Networking and Coordination body of over 175 organizations and member of "National Coordination Committee" for the development of People with Disabilities formed by the Ministry of Social Welfare, Government of Bangladesh.

Vision

An inclusive society where People with Disabilities are living with equal rights, opportunities, access and dignity in comparison to other citizens of the country.

Mission

Raising Mass awareness, sensitizing the disability issues and undertaking specific interventions after analysing the actual situation of people with disabilities on different specific issues through conducting study/Research.

VALUES

Disability is not a special or Welfare issue:

CSID believe disability is a development issue. As almost 10% of the total population is disabled and these segment of population have a very limited opportunity and access to participate in mainstream development process. The nation would not be able to achieve desired development goal without including the disabled population in the process.

Equity of opportunities and dignity:

As human being each and every person should have equal opportunity and dignity irrespective of age, gender, race, colour, religion, socio-economic and political status even disability.

Children and women first:

Children are the future of the nation and women are the primary and principal caregivers of the children. Again Children and women with disabilities are the most vulnerable and deprived segment of population. So, CSID believe without addressing the need of children and women, creating positive environment for growing up children's physical and mental condition properly that the national development is not achievable.

Freedom of expressing opinion and enjoying rights:

Every human being and creatures should have freedom and chance to express their view/opinion and enjoy their rights, which are recognised by the sates and almighty God.

Accountability and transparency:

Each and every person should transparent to others and accountable for his performance/behaviour to the respective persons/authorities.

INTRODUCTION TO THE STUDY

BACK GROUND AND RATIONALE:

CSID in association with Save the Children, Sweden conducted a study on "Street Children with Disabilities in Dhaka City" in 1999. On the basis of that study findings a sharing meeting was organized on 31st January 2000 at WVA Auditorium. In the sharing meeting about 60 representatives from different Ministries, Departments of GOB, UN Bodies, Development Organizations, Donor Agencies, Newspapers and Red Cross Society participated.

In the sharing meeting some important recommendations were adopted by the participants. On the basis of the study findings and recommendations CSID intended to initiate a project to develop the condition of SCWDs through integrating them in to the mainstream in association with the Save the Children, Sweden.

After several discussion sessions CSID and Save the Children Sweden unanimously agreed that prior to initiate any service delivery program it is needed to be find out the resources and scope to use the resources towards development of CWDs, views of Street Children with Disabilities, their families, community, resource organisation/ professionals and assess the needs. In the above circumstances this project has been identified.

GOAL: The Goal of the study is to identify Community Resources, find out the scope of using them in developing condition of Street and Working Children With Disabilities and to find out views and assess their needs in order to integrate them in to the mainstream development process.

OBJECTIVES:

The specific objectives of the study are

01. To raise Community Awareness on Disability.
02. To identify the Street Children with Disabilities within the project area, find out their views towards own development and assess their individual needs.
03. To find out possibilities of creating unity and empower the Street Children with Disabilities for initiating interventions towards their own development.
04. To find out and assess the possibilities of using the existing community resources for developing the condition of Street Children with Disabilities.
05. Follow up of the learning.

METHODOLOGY

Data Collection:

The Data has been collected through using two ethnographic qualitative research techniques (i) Open-ended questionnaire and (ii) Individual interview and group discussion meeting.

Open-ended questionnaires were used while interviewing the Street and Working Children with Disabilities and the policy level personnel of resource organisations. Group discussion meetings and interviews were held with the community people, Head of resource organisations and group of Street and Working Children with Disabilities.

Study area and respondents:

The study has been conducted within the Dhanmondi and Mohammadpur Thana areas under Dhaka Metropolitan City.

The respondents of the study were 156 no. Different types of identified Street and Working Children with Disabilities and 112 no. Policy level personnel of the identified Local Resource Organisations.

Study period:

The study period was May 2000 – April 2001.

Limitations and Barriers:

The major limitations and barriers of the study were

- Due to the floating and scattered living style of Street and Working Children with Disabilities it was difficult to have follow-up information.
- For discussion and collection of data it was needed to meet with the Head or Policy level personnel of the resource organisations. It was difficult to get them. So, the study team had to visit the organisations more than one time and for some organisation 3-4 times.

OBJECTIVE BASED FINDINGS:

01. Raising Awareness on Disability:

The project conducted total 33 no. Awareness meetings within this period in different Slum areas. 30 – 60 community members including Male, Female & Children attended each meeting. The following issues were discussed in those meetings:

- a) Rights of the Street and Working Children With Disabilities
- b) 10 Awareness messages on Disability
- c) Care of Pregnant Mothers
- d) Causes of disabilities
- e) Prevention of Disabilities
- f) Ear Infection and prevention of hearing impairment
- g) Burn
- h) Child Development Chart and sign of Disability
- i) Role of Families and Communities towards development of Street and Working Children With Disabilities

Recommendations from the meetings and discussion sessions:

Following the discussion and awareness meetings the project tried to find out the views and changes of attitude of the participants and asked for their recommendations. Following are their recommendations on what should be the role of different levels towards development of Street and Working Children with Disabilities.

- i. Role of Community –
 - a) Should call a Street or Working Children With Disabilities by his/her name instead of his/her disability
 - b) Should behave well
 - c) Should give them equal dignity in comparison to other children
 - d) Should help and cooperate with them for their development
 - e) Should allow them to play with other children
 - f) Should take care of them
- ii. Role of Government:
 - a) Should create opportunities for free treatment
 - b) Should create opportunities for education of Street and Working Children With Disabilities.
 - c) Should make the infrastructure accessible
 - d) Should create opportunities for skill training
 - e) Should make residential home for Street and Working Children With Disabilities
- iii. Role of Parents:
 - a) Should take proper care
 - b) Should go to the doctor for proper treatment
 - c) Should send them to School for education
 - d) Should give equal love and respect in comparison to other children of the family
 - e) Should not isolate them in to home and must allow them to play with other children

iv. Role of NGOs:

- a) There are no NGOs are working with Street and Working Children with Disabilities. NGOs should work for development of Street and Working Children with Disabilities and include them in NGOs Children programs.
- b) NGOs should help for their treatment
- c) NGOs should establish schools for their education
- d) NGOs Should work towards prevention and awareness on disabilities
- e) NGOs should help the families of Street and Working Children with Disabilities to build their capacity to take proper care of them. Then it will not be needed to send the Children with Disabilities on the street for income.

Within this period the project also conducted discussion sessions with Ward Commissioners, Slum Leaders, Head/Policy level officers of 111 Organizations to make them aware of Disability.

02. **Identification of Street Children With Disabilities & Need Assessment :**

The project has been identified total 156 Street and Working Children with Disabilities within the project period. The information on the identified Street and Working Children with Disabilities and need assessment has been shown in the following Tables:

TABLE: 01
TYPE AND GENDER WISE NUMBER OF IDENTIFIED SCWDS

<i>Sl. No.</i>	<i>Type of Disabilities</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage</i>
01.	PHYSICAL				40.39%
	• Club foot	02	01	03	
	• Cerebral Palsy	06	02	08	
	• Polio	13	04	17	
	• Burn	04	03	07	
	• Muscular Dystrophy	02		02	
	• Monoplegia	01	01	02	
	• Paraplegia	02	01	03	
	• Quadriplegia	02		02	
	• Amputee	02		02	
	• Congenital Anomaly/ missing limb	04	02	06	
	• Rickets	01	02	03	
	• Dislocation	01	02	03	
	• Deformity		01	01	
	• Epilepsy	01	01	02	
	• Muscle Weakness due to Malnutrition	02	02	04	
	TOTAL PHYSICAL:	43	20	63	
02.	HEARING AND SPEECH:				17.31%
	• Hearing problem in one ear	01		01	
	• Speech problem	05	01	06	
	• Both Hearing & Speech problem	07	04	11	
	• No Hearing and Speech at all	03	06	09	
	TOTAL HEARING & SPEECH:	16	11	27	
03.	VISUAL:				13.46%
	• Low vision one Eye		03	03	
	• Low vision both Eyes	04	02	06	
	• No vision one Eye	03	04	07	
	• No vision both Eyes	02	03	05	
	TOTAL VISUAL:	09	12	21	

04.	INTELLECTUAL:				
	• Slow learning	01	02	03	8.97%
	• Behavior problem	05		05	
	• Slow Development	01	02	03	
	• Autism	02	01	03	
	TOTAL INTELLECTUAL:	09	05	14	
05.	MULTIPLE:				
	• Physical with Hearing & Speech	07	02	09	19.87%
	• Physical with Intellectual	01	02	03	
	• Hearing & Speech with Visual	01		01	
	• Hearing & Speech with Intellectual	02	03	05	
	• Physical with Hearing Speech & Intellectual.	04	08	12	
	• Physical with Visual, Hearing & Speech and Intellectual all together	01		01	
	TOTAL MULTIPLE:	16	15	31	
	GRAND TOTAL :	93	63	156	100%

Among the identified 156 Street and Working Children with Disabilities the highest number of type found physically disabled which is 40.39%. Multiple is 19.87%, Hearing & Speech 17.31%, Visual 13.46% and Intellectual 8.97%. Among the physical Disability it is found that Polio is the highest number (17) and next is cerebral palsy (08). The 3rd highest is Congenital anomaly (06). It indicates that the families were not aware of taking Polio vaccine for their children. Cerebral palsy, congenital anomaly and many other disabilities mentioned above table are congenital, which mostly happens due to lack of prenatal care. So it also indicate that awareness and consciousness on primary health care and pregnant mothers care lack highly in the community where these children live in.

TABLE: 02
INFORMATION ON TYPES, AGE GROUP AND
GENDER WISE NUMBER OF SCWDs

Sl. No.	Types of Disability	Age Group								Grand Total
		0 – 5		6 – 12		13 – 18		Total		
		M	F	M	F	M	F	M	F	
01.	Physical	11	08	21	7	12	04	44	19	63
02.	Hearing & Speech	02	05	11	06	03	00	16	11	27
03.	Visual	03	02	04	05	02	05	09	12	21
04.	Intellectual	01	01	06	02	02	02	09	05	14
05.	Multiple	06	03	07	10	03	02	16	15	31
	TOTAL:	23	19	49	30	22	13	94	62	156
	GRAND TOTAL:	42		79		35		60.26%	39.74%	
	Percentage	26.92%		50.64%		22.44%		100%		

The Project has been identified and assessed needs of total 156 Street and Working Children with Disabilities within this period. Among them highest number 50.64% found is 06 – 12 years of age group and the lowest 22.44% are 13 – 18 years of age group. The percentage of under 5 age group is 26.92%. The male female ratio among identified Street and Working Children with Disabilities is 60.26%: 39.74%.

TABLE: 03**INFORMATION ON CAUSES OF DISABILITY**

Causes	Types of Disabilities										TOTAL	Percentage
	Physical		Hearing & Speech		Visual		Intellectual		Multiple			
	M	F	M	F	M	F	M	F	M	F		
Congenital	17	08	13	10	04	07	06	05	11	10	91	58.33%
Disease / Fever	17	05	03	01	04	04	02		04	05	45	28.85%
Accident	03				01		01		01		06	3.85%
Malnutrition	03	02									05	3.20%
Burn	04	03									07	4.49%
Wrong treatment		01			01						02	1.28%
TOTAL:	44	19	16	11	09	12	09	05	16	15	156	100%

Causes of disability found 58.33% congenital, which is the highest percentage and disability caused by disease and Fever is the second in number 28.85%. It again indicating awareness and consciousness about health and disability lack highly among the community they live in.

TABLE: 04**INFORMATION ON LIVING PLACE**

Living Place	Number of SCWDs	Percentage
Living on the Street at day time	151	96.79%
Living on Street whole day & night	05	3.21%
TOTAL:	156	100%

Among the identified Street and working Children with Disabilities 151 are living on the street at daytime and only 5 all daylight.

TABLE: 05**INFORMATION ON CAUSES OF MIGRATION**

Causes of Migration	No. of respondent	Percentage
Social Conflict	35	22.43%
River Erosion	07	4.49%
Lack of Job opportunity	95	60.90%
Disability Treatment of CWD	07	4.49%
Escaped as unable to refund Grameen Bank Loan	01	0.64%
Living in Dhaka City from last few generation so, can not explain the cause of migration	11	7.05%
TOTAL :	156	100%

All most all the families have been migrated from different rural areas in Dhaka City. Among them the largest section have migrated (60.90%) due to lack of jobs and income opportunity, second large portion (22.43%) due to Social conflict and the third largest group (7.05%) are living in Dhaka City since long time. Some of their previous generation migrated in Dhaka City long time ago but the present generation does not know the causes. Among other families 4.49% each migrated due to river erosion and Disability treatment of their Disabled Children and one has been found escaped from native village as unable to refund loan received from Grameen Bank (a big NGO).

TABLE: 06

INFORMATION ON EDUCATION OF SCWDS

Disability	Age group under -06		Age Group over - 06					Total going School	Total not going School	GRAND TOTAL		
	Not going School	N A	Going School Level								Not going School	
			i	ii	iii	iv	v					
Physical	05	14	05	04	01	02	02	30	14	35	63	
Hearing & Speech	03	03	01				02	01	17	04	20	27
Visual	03	03	01	02				02	10	05	13	21
Intellectual		02	02	01					09	03	09	14
Multiple	04	06	02	01	01				17	04	21	31
TOTAL:	15	28	11	08	02	04	05	83	30	98	156	

Among under 6 age group 28 are under aged for going school and other 15 not going any school or having pre-school education at home. Among over 6 age group total respondents are 113. Among them 30 are going to some local non-formal schools and are reading within class One to class Five level, 83 are not going school.

TABLE: 07

INFORMATION ON AWARENESS OF CHILD RIGHTS

Awareness Status	No. of SCWDs	Percentage
Heard when watching TV but not Aware	28	17.95%
Never heard	46	29.49%
Not Applicable	82	52.56%
TOTAL	156	100%

52.56% of identified Street and Working Children with Disabilities were unable to response this question as they were under aged, Intellectual Impaired, hearing and Speech impaired. Among others 46 no. (29.49%) responded they never heard about Child Rights and 28 no. (17.95%) answered they have heard the words when watching Television but do not understand and know what it is.

TABLE: 08**INFORMATION ON NEED ASSESSMENT**

Sl. No.	Kind of Support required	No. SCWDs					Total
		Physical	Hearing & Sp.	Visual	Intellectual	Multiple	
A.	Medical & Therapeutical:						
01.	Referral and Medication	38	26	09	11	26	110
02.	Surgery	17		13		05	35
03.	Physiotherapy	50				24	74
04.	Occupational Therapy	31				28	54
05.	Speech Therapy	02	26		03	27	58
06.	Psychotherapy				14	16	30
07.	Visual Assessment			18		03	21
08.	Hearing Assessment		19			07	25
B.	Aids & Appliances:						
01.	Wheel- Chair	10				03	13
02.	Axillary Crutches	05				01	06
03.	Calipers	06				02	08
04.	Standing Frame	09				10	19
05.	Walking Frame	12				08	20
06.	Special; Seat	01				05	06
07.	Special Shoes	03					03
08.	Elbow Crutches	05					05
09.	Braces and Splints	01				02	03
10.	Toilet Chair	01			01	09	11
11.	Hearing Aid		19			04	23
12.	White Cane			05			05
13.	Glasses			21		01	22
14.	Artificial Limb	02					02
C.	ADL Training	18			10	19	47
D.	Education:						
01.	Inclusive Education	44	11	08		10	72
02.	Special Education		10	05	14	16	46
E.	Skill Training & IGA support:						
01.	Skill Training	21	07	05	02	03	38
02.	IGA support (Credit/material)	21	06	06	02	03	38

Considering the sequences of livelihood in accordance with the Types of Street and Working Children with Disabilities the Needs has been assessed. The sequences have been divided in to 5 aspects; i. Medical and Therapeutical, ii. Assistive Devices (Aids and Appliances), iii. ADL (Activities of Daily Living) ability, iv. Education and v. Economical aspect.

The findings of the need assessment have been shown in the above table.

TABLE: 09
INFORMATION ON IGA INVOLVEMENT OF SCWDs

Source of Income	Type of Disability					TOTAL	Percentage
	Physical	Hearing & Speech	Visual	Intellectual	Multiple		
Begging	23	01	06		02	32	20.51%
Small Business/Vendor	01	01				02	1.28%
Collecting Rice from floor of Rice market and selling	01					01	0.64%
Not Involved	27	43	14	13	22	121	77.57%
TOTAL:	54	45	20	13	24	156	100%

Among the total 156 identified Street and Working Children with Disabilities 35 (22.43%) are involved in IGA. The study found almost all of them i.e. 32 out of 35 are earning income through begging. Most of them are being forced by their families to beg as source of income. Among 3 others Two are vending in footpath and other One is staying at Krishi Market Mohammadpur and at the end of the day he is sweeping the floor of rice market and collecting the rice remaining on the floor and selling it for money.

TABLE: 10
MONTHLY INCOME RANGE OF SCWDs

Disability	Income Range (Taka)						None	TOTAL
	Up to 500	500 to 1000	1000 to 2000	2000 to 4000	4000 to 6000	6000 Above		
Physical	03	06	12	04			38	63
Hearing & Speech	01			01			25	27
Visual	04	02					15	21
Intellectual							14	14
Multiple	01		01				29	31
TOTAL:	09	08	13	05	00	00	121	<u>156</u>
	25.71%	22.86%	37.14%	14.28%				

Among the 35 Children involved in IGA, income range per month of the highest number (37.14%) is within Taka 1000–2000. 25.71% are earning up to Taka 500, 22.86% earning Taka 500 – 1000 and only 14.28% are earning in highest range i.e.; Taka 2000 – 4000 per month.

03. **Possibilities of forming Advocacy Groups of Street and Working Children with Disabilities:**

Through conducting individual interview and conversation with the Street and Working Children with Disabilities at the time of filling up questionnaires the information in the following table has been collected.

INFORMATION ON INTEREST TO FORMING ADVOCACY GROUP

LEVEL OF INTEREST	No. of SCWDs	Percentage
Interested	58	37.18%
Not Interested	03	1.92%
Not Applicable	95	60.90%
TOTAL:	156	100%

95 no. Respondents (60.90%) were unable to answer because of hearing and speech problem, Intellectual problem and under age. 58 no. (37.18%) responded are interested to form Advocacy Group and only 03 have shown no interest.

The project conducted 2 Workshops with the selected Street and Working Children with disabilities in view of finding out the possibilities of forming Advocacy groups of them. 26 participants attended in each workshop. In those workshops the project has been tried to sensitize the child rights issues and preliminary discussion held on their problems, barriers and solutions. In the course of discussions they have been realizing the need and importance of forming Advocacy Groups for their own development. These children are living on the street and never thought of meeting together like this. They are enjoying the meetings and expressed their feelings that they should meet together regularly. It will take time and a series of meetings needed for sensitizing and empowering them to form and manage Advocacy groups.

04. Finding out and assessment of Existing Resources:

Within this project period Total 113 No. Resource Organizations has been found out and interviewed by the project. Details are described in the following tables:

TABLE: 01

NUMBER OF ORGANISATIONS VISITED

Name of Thana	Type of organization				TOTAL
	Government	Local	NGOs International	Private Others	
Dhanmondi		16	07		23
Mohammadpur	03	70	14	03	90
TOTAL:	03	86	21	03	113

Among the total 113 Organizations 03 are Government Hospitals 86 are Local NGOs, 21 are International NGOs, , 03 are Private Organizations. Office of 16 local, 07 International NGOs are situated in Dhanmondi area and 70 local, 14 International NGOs, 03 Private Organization and 03 Government Hospital in Mohammadpur area.

TABLE: 02
NUMBER OF ORGANISATION IMPLEMENTING PROGRAMS IN DHAKA CITY

Implementing Program in Dhaka City	No Programs in Dhaka City	Total No. of Identified Organizations
74	39	113

Total 73 Organisations have Programs in different Thanas of Dhaka City and others are implementing programs out of Dhaka City. The following Table shows the thana wise distribution of Organizations who have programs in Dhaka City:

TABLE: 03
THANA WISE NUMBER OF ORGANISATIONS HAVE PROGRAMMES IN DHAKA CITY

Name of Thana	Number of Organizations have programmes
Dhanmondi	23
Mohammadpur	47
Demra	09
Gulshan	05
Hajaribagh	07
Sabujbag	08
Mirpur	13
Kamrangir Char	10
Cantonment	04
Kotoali	02
Tejgaon	09
Uttara	08
Badda	05
Lalbagh	08
Sutrapur	06
Pllabi	07
Ramna	07
Motijhil	08
Kafrul	05
Khilgaon	01
Whole Dhaka City	07
Whole Bangladesh	05

TABLE: 04
NO. OF IDENTIFIED ORGANISATIONS IMPLEMENTING DISABILITY PROGRAMMES

Working Area	No. of Organization
Dhaka City	18
Out of Dhaka City	02
TOTAL:	20

Among the organizations working with the People with Disabilities 18 are working in Dhaka City and 02 in other areas out of Dhaka City. The following table shows the Thana wise list of organizations including target groups those are working in the Dhaka City.

TABLE: 05

**THANA WISE LIST OF ORGANIZATIONS INCLUDING TARGET GROUPS
HAVE DISABILITY PROGRAMMES IN DHAKA CITY:**

Sl. No,	Name of Organization	Name of Thanas											Target Group		
		Demra	Khilgaon	Pallabi	Mirpur	Kafrul	Tejgaon	Sabujbag	Matijhil	Dhanmondi	Mohammad nir	Hajariabag	Whole Dhaka City	Type of Disability	Age Group/ Gender
01.	Shahid Sohrwardi Hospital												Whole Bangladesh including Dhaka City	Visual	Covering Children, Adult and Women with Disabilities
02.	Rehabilitation Institute and Hospital for the Disabled (RIHD)												Whole Bangladesh including Dhaka City	Physical	Covering Children, Adult and Women with Disabilities
03.	World Concern											✓	Hearing & Speech	Children	
04.	Unnayan Shohojogi Team	✓										✓	All Types	Covering Children, Adult and Women with Disabilities	
05.	Association for Welfare of the Disabled People								✓	✓			All Type	Do	
06.	National Autistic Society of Bangladesh										✓		Autistic Children	Children	
07.	Voluntary Health services Society											✓	AI Types	Covering Children, Adult and Women with Disabilities	
08.	Centre for Development Services (CDS)							✓	✓				All Types	Covering Children, Adult and Women with Disabilities	
09.	Padakhep Manobik Unnayan Kendra			✓	✓	✓	✓					✓	All Types	Covering Children, Adult and Women with Disabilities	
													Name of Thanas	Target Group	

Sl. No,	Name of Organization	Demra	Khilgaon	Pallabi	Mirpur	Kafrul	Tejgaon	Sabujbag	Matijhil	Dhanmondi	Mohammad nur	Hajaribag	Whole Dhaka City	Type of Disability	Age Group/ Gender
10.	Dhaka Leprosy Control Project (DLCP)		✓	✓	✓			✓		✓	✓	✓		Physical & Visual (caused by Leprosy)	Covering Children, Adult and Women with Disabilities
11.	Ashoka Innovators for the Public													All Type	Adult
12.	National Institute of Ophthalmology & Hospital													Visual	Covering Children, Adult and Women with Disabilities
13.	Social Assistance and rehabilitation of Physically Vulnerable (SARPV)										✓			All Types	Covering Children, Adult and Women with Disabilities
14.	Srijony													All Types	Covering Children, Adult and Women with Disabilities
15.	Helen Keller International, Bangladesh (TAERB)												✓	Visual & Acid Burn	Only Adult
16.	HI-Care													Hearing & Speech	Covering Children, Adult and Women with Disabilities
17.	National Forum of the Organisations working with the Disabled (NFOWD)													All Types	Coordination & Networking with the Member organisations
18.	Disability Rehabilitation and research Association (DRRA)													All Types	Children with Disabilities

Among the above organizations serial no. 2, 5, 6, 10, 13, 15, 16 and 17 have only Disability Program. Others are running integrated programs and their services are very limited and inadequate. Some are provided direct services and some support services. But no one is working with or for the Street and Working Children with Disabilities.

TABLE: 06

**LIST OF EXISTING DEVELOPMENT SERVICES
WHERE THERE ARE POSSIBILITIES TO INCLUDE SCWDs**

Sl. No.	List of Services available to the organisations have Disability programs	List of Services available to the organizations do not have Disability programs
01	Awareness Raising	Awareness Raising
02	Advocacy	Advocacy/ Lobbying
03	Inclusive Education	Children's Group Formation
04	Special Education	Health Education
05	Referral Service	Skill Training
06	Aids & Appliances Support	Credit/IGA
07	ADL Training	Networking
08	PRT (Primary Rehabilitation Therapy)	EPI
09	Training	Training
10	Child Group formation	Hospital
11	Skill Training	Sheltered Workshop
12	Recreational Activities	Home for Children & Sex worker
14	Networking	HIV/AIDs Education
15	Credit/IGA	Adolescent development
16	Integrated Group	Agriculture
17	Parents Counseling	Street Children
18	Clinical Service	Adult group
19	Leprosy Control Program	Women Group
20	Eye/ENT Camp	Recreational Activities
21	Job Placement for Disabled	Networking
22	GOVERNMENT HOSPITAL:	Working Child Group
23	National Institute of Ophthalmology and Hospital	Capacity building of society, disadvantaged women and their children
24	• All Ophthalmic problem	Arsenic
25	Rehabilitation Institute and Hospital for Disabled (RIHD)	Water and sanitation
26	• Conveyance, Food, Blood, Medicine, Wheel-chair, Crutches, Braces, Artificial Limbs, Surgical Shoes, Mental support, Recreation and management of Dead Body.	Legal Aid
27	Shahid Sohrowardi Hospital:	Psychological counseling
28	• Mental support, Medicine, Blood, Food, Cloths, Spectacles, Wheel-chair, Crutches, Conveyance, Recreation, Home visit & Follow up	Nutrition
29		Education
30		Human Rights Education
		Environment

The study found out the existing services, which are being provided by different organizations within the project area and identified the services where it will be possible to include Street and working Children with disabilities. Among the organizations visited by the study team some are working only with People with disabilities, some have integrated programs and some have no programs on disability. The identified services have been categorized as i) Services only for disabled people and ii) Services where people with disabilities are excluded, which has been shown separately in the above table. In the above-mentioned services it will be possible to integrate Street and Working Children with disabilities.

TABLE: 07**AREA WISE LIST OF ORGANISATIONS INTERESTED TO INCLUDE SCWDs IN THEIR EXISTING PROGRAMMES**

Name of Thana	Name of Organizations interested to include SCWDs
Dhanmondi	<ul style="list-style-type: none"> • Development for the Poor (DP) • Rehabilitation and Development Organization for Landless • Food for the Hungry International -Bangladesh • Development Society (DS) • Dhaka Leprosy Control Project (DLCP) • Suravi • HI-Care
Mohammadpur	<ul style="list-style-type: none"> • Jagoroni Chakra • Dhaka Shishu Hospital • Surovi • National Institute of Ophthalmology and Hospital • Dhaka Ahsania Mission (DAM) • Save The Children Australia • Padakhep Manobik Unnayan Kendra • Bangladesh Youth First Concerns • Dhaka Leprosy Control Project (DLCP) • Food for the Hungry International -Bangladesh • Shaishab Bangladesh • Rehabilitation and Development Organization for Landless • Disabled rehabilitation and Research Association (DRRA) • National Forum of the Organizations working with the Disabled (NFOWD)

The above mentioned organizations are interested to include Street Children with Disabilities in to their existing programs. Among them 8 in Dhanmondi and 14 in Mohammadpur.

TABLE: 08**REASONS FOR NOT IMPLEMENTING AND NOT INTERESTED TO INCLUDE DISABILITY**

Reasons	Number of Organizations
Lack of Manpower	09
Lack of Fund	12
Lack of Technical Knowledge	17
Lack of Information	11
Lack of Interest	07
Organizational Policy does not allow	21

Among 113 identified Organizations total 77 are not interested to include Children with Disabilities. The above table indicates the reasons for not undertaking/including disability in their programs. Among them large portion (21) have bar of policy and the 2nd large (17) answered they do not have technical knowledge to work with disabled children. The 3rd largest group (11-12) mentioned lack of fund and lack of availability of information is the cause for not including disability in their program.

TABLE: 09

**TYPE OF COORDINATION NEEDED AS PER
COMMENTS OF IDENTIFIED ORGANISATION**

Sl. No.	Type of Coordination	Number of Organization
01	Information Sharing	101
02	Technical Staff Exchange	72
03	Experience Sharing	94
04	Field Attachment	64
05	Resource Sharing	85
06	Database Sharing	68
06	Networking	96
07	Government involvement/Policy	08
08	Publishing News letter/Media	06
09	Meeting/Seminar/Workshop	05

The table above is showing the response of interviewed organizations about effective coordination towards integrating the SCWDs in to the existing services. The highest portion (101 no.) among 113 organizations answered information sharing is the most important issue. The second is networking, 3rd experience sharing, 4th resource sharing, 5th is technical staff exchange, 6th is data base sharing and 7th is field attachment.

WORKSHOP WITH THE RESOURCE ORGANISATIONS:

The Project organized 2 Workshops with the decision/policy making level Representatives of the resource organizations. Representatives from 30 organizations attended the Workshops.

CSID explained the objectives of the study and meeting. Findings of the previous study and up to 3rd quarter of this study presented at the meeting as the basis of the discussion. Up to 3rd quarter total 82 organizations were visited and interviewed and it was found that those development organizations are running various types of development programs where there are possibilities of integrating street children with disabilities. One of the important findings was that the organizations did not integrate the disability issues in to their regular program due to organizational policy bindings. Most of the organizations mentioned if policy is changed and necessary support and information are available, they would be able to include the Street and Working Children with Disabilities in to their existing program.

After sharing the findings an open discussion was held with the participants. Followed by a long discussion session the following suggestions and recommendations adopted by the participants:

- The study of CSID on street children with disabilities is a very good beginning and it needs further focus by all development workers.
- Children should be in the focus of any program run by any organization.
- CSID should play the key role for providing information and should provide other resources to help interested organizations in developing Project Proposal and develop funds.
- CSID can play the role of catalyst for other organizations for initiating disability programs.
- Other thanas should be covered by future study.
- Initiatives should be taken to do a survey for finding the total numbers of street children with disabilities.
- A series of discussion meetings is needed and the key persons of organizations should be invited.
- More ideas of research should be initiated to find out the exact situation of the children with disabilities.

- Birth registration of every child should be maintained.
- Minutes of the discussion should be given to every participant.
- Responsibilities of organising future meetings should be shared among the participants (i.e.; each meeting should be held in different organisations premises and the respective organisation should organise it). Immediately the Hunger Project and Shishu Adhikar Forum representatives responded and proposed to organise the next meeting at their premises.
- The World Concern opined that they could give suggestions to macro groups of their organization to run disability programmes if CSID provide required support.
- Round table meeting can be organized with ILO, law enforcement authorities to solve the question raised on begging (whether beggar children are working children or not).
- Immediate feedback meeting should be organized.

The study team also visited 45 schools situated within the study area to collect data in order to find out the scopes of inclusion of these Street and Working Children with Disabilities in to existing education facilities.

Following are the tabular analysis of information:

TABLE: 01
LEVEL AND TYPES WISE NUMBER OF SCHOOLS VISITED

<i>Level</i>	<i>Type of Institution</i>								<i>TOTAL</i>
	Government		Semi-Government		Private		NGO		
	Formal	Non-formal	Formal	Non-formal	Formal	Non-formal	Formal	Non-formal	
Pre-School					01			01	02
Primary	06				10		02	02	20
junior Secondary			02		05		01	01	09
Secondary	01		03		09				13
Higher Secondary					01				01
TOTAL:	07		05		26		03	04	45

Among the 45 schools 07 were formal Government school, 05 were Semi-Govt. formal, 26 were Private formal and among 07 NGO schools 03 were formal and 04 were Non-formal. The levels of education they are providing are Pre-School 02, Primary 20, Junior Secondary 09, Secondary 13 and Higher Secondary 01.

TABLE: 02**HOW MANY SHCOOLS HAVE BARRIERS TO ADMIT DISABLED STUDENTS**

Options	Type of Institution				
	Government	Semi-Government	Private	NGO	TOTAL
Have restriction to admit Student with Disabilities	01	02	09	02	14
Do not have restriction to admit Student with Disabilities	06	03	17	05	31
TOTAL:	07	05	26	07	45

1 Government, 2 Semi-Government, 9 private and 2 NGO schools have restriction to admit Students with Disabilities. And 6 Government, 3 Semi-Government, 26 private and 7 NGO schools responded they have no restriction/barrier.

TABLE 03:**POSSIBILITIES OF STREET AND WORKING CHILDREN WITH DISABILITY'S INCLUSION IN THE SCHOOLS**

Options	Type of Institution				
	Government	Semi-Government	Private	NGO	TOTAL
Interested to Admit Street and Working Children with Disabilities	07	04	13	06	30
Not interested to Admit Street and Working Children with Disabilities	01	01	13	01	15
TOTAL:	07	05	26	07	45

7 Government, 4 Semi-Government, 13 Private and 6 NGO schools responded they are interested to admit/integrate Street & working Children with Disabilities in to their schools. 1 Semi-Government, 13 private and 1 NGO School mentioned they do not agree to admit them.

As the causes of not being interested to admit Student with Disabilities they mentioned are as follows:

- Guardians of other students complaining if any disabled student allowed to admit.
- They do not have trained teachers and necessary environment
- Policy does not allow
- There are many special schools for Disabled Children so, they do not see any justification to admit them in to normal schools (head of one school comments like this).
- It is not possible to spare extra time for disabled children

- Do not have necessary technical and logistic facilities
- Do not have skill and time to provide special care for them
- Some one mentioned they did not even think about the matter

The above responses indicate that, information and awareness on education of Children with Disabilities lack highly among the authorities and teachers of the schools.

05. **Follow up of the learning:**

On the basis of learning of the first and this second study a service delivery project "Community Based Rehabilitation of Street and Working Children with Disabilities" has been designed and initiated with consultation of SC Sweden which has been incepted from 1st May, 2001.

CONCLUSION:

In Bangladesh many organizations are working for the development of Children (including Slum and Street Children). But no one for the Street Children with Disabilities. It is because lack of information and awareness on disability. This study found the disability issue is not even sensitized among the development workers, resource organization and supportive agents. People think this is a very high technical and special issue. In the process of this study primary sensitization and dialogue has been generated on disability issues specially on Street and Working Children with Disabilities among the development organizations, Educational Institutions and Rights and self-help issues among Street and Working Children with Disabilities them-selves. This process should be continued.

RECOMMENDATION:

- Massive Awareness raising program should be undertaken in the Slum communities on Primary Health Care, Pregnant Care and birth related issues, Causes, Prevention and early Intervention of Disabilities.
- Intervention should be undertaken to sensitize the Child Rights and situation of Street Children with Disabilities issues among the Development Organizations, community and Street Children with Disabilities themselves.
- Advocacy program should be undertaken to Motivate the Concern Government, Non-Government and Private sectors authorities of Education system in order to include the Street and Working Children with Disabilities in to existing education facilities.
- An effective coordination system among resource organizations should be created for proper inclusion of Street & Working Children with Disabilities in to mainstream development system through organizing meetings, workshops and seminars.
- Intervention on formation of Advocacy Groups and Empowerment of Street and Working Children with Disabilities should be undertaken to make them able in initiating self-advocacy for their development.
- Easy access should be created for Street & Working Children with Disabilities and their families to the treatment of disabilities and Aid & Appliances facilities.

- Skill training and IGA facilities for Street and Working Children with Disabilities and their families should be created.
- Policy level advocacy should be initiated with the Government and Community Development Organizations for inclusion of Street and Working Children with Disabilities while planning for development of children.

END