

A baseline study with gender analysis on the project area of Protection of children with disabilities through capacity building and advocacy at different levels.



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Protection of children with disabilities through capacity building and advocacy at different levels Project

- A Study Report by

newventurefund



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Abbreviations and Acronym

ASD = Autism Spectrum Disorder or Autism
CG = Caregiver
CSID = Centre for Services and Information on Disability
CSO = Civil Society Organizations
CBCPC = Community Based Child Protection Committee
DSS = Department of Social Services
DoWA = Department of Women Affairs
FGD = Focus Group Discussion
JPUF = Jatiyo Protibondhi Unnayan Foundation
HFWC = Health and Family Welfare Center
IDI = In-depth Interview
KII = Key Informant Interview
LGI = Local Govt. Institute
MoHFW = Ministry of Health & Family Welfare
MoPME = Ministry of Primary and Mass Education
MoSW = Ministry of Social Welfare
MOWCA = Ministry of Women & Children Affaires
NGO = Non-Governmental Organizations
OPD = Organizations of Persons with Disabilities
SHG = Self Help Group of Persons with Disabilities
UNCRPD = United Nations Convention on Persons with Disabilities (UNCRPD)
UNCRC = United Nations Convention on the Rights of the Child
WHO = World Health Organization

Foreword

Disability has been globally recognized as a development issue, creating a positive impact on development initiatives even in Bangladesh. Development organizations working on disability related issues are, in fact, at this stage looking for systematic interventions to address the felt needs of the people with disabilities in Bangladesh. The Centre for Services and Information on Disability (CSID) had the privilege to carry out a baseline study on the situation of the children with disabilities in Kamrangirchar of Dhaka area. The prime objective of the baseline study is for identifying benchmarking values and to uncover the child protection situation of children with disabilities and understanding of the families regarding the issue of child protection within the target area. The baseline will uncover the child protection situation of children with disabilities in the target area, will collect disability inclusion at community level and community engagement in child protection mechanism. Besides this the study will identify some potential areas where need advocacy to make the existing child protection mechanism disability friendly.

The study has provided a wide range of information both quantitative and qualitative covering diversified and complex areas concerning the situation of children with disabilities. CSID could come up with a comprehensive and analytical report on the situation. The job by any count was a challenging one. We could however, face that effectively as the 'Study Team' had the real dedication to do the job properly and with colour. In more plain words, the sincere efforts and dedication of the research team, comprised of persons with an extraordinary depth of understanding on disability and the development context; were the key strength of CSID in undertaking this challenge. CSID feels honoured to recognize sincere contribution of children with disabilities and their parents to the study. CSID sincerely recognizes the role of the New Venture Fund for the support, both financial and technical, they extended in undertaking the study. We are very hopeful that the findings, including recommendations advanced, of the study will serve as an effective tool to update and redesign ameliorative package by the development planners to include the children with disabilities in special focus on girls with disabilities as a vulnerable class in Bangladesh in a much better way.

Khandaker Jahurul Alam
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SUMMARY

Introduction

Bangladesh is a signatory to some key international instruments including the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. The Country has also adapted its own legislative measures (e.g. Children Act, 2013 (amended in 2018) and the Rights and Protection of Persons with Disabilities Act, 2013) both, relatively in alignment with these instruments in order to protect the rights, enhance uninterrupted growth and development and to promote social inclusion of children including those with disabilities. Bangladesh has its own programs and she also collaborates with various national and multi-national players including Ignite Philanthropy to improve the lives, and life-skills of children, including adolescents. Despite these initiatives, many children in Bangladesh as in other countries continue to be exposed to various forms of violence, abuse, neglect, exploitation, both by people who are considered to protect them and/or strangers.

Moreover, there is limited efforts to systematically assess the risk/situation, build resilience, life-skills, and counsel children in general, and children with disabilities in particular on issue related to various forms of violence, abuse and ways to prevent, report on these. There are hardly any effort to maintain disability disaggregated data on issues including violence and abuse of different types. Children with disabilities in Bangladesh and across the world, are among the most vulnerable to violence, abuse, exploitation and neglect. All of these make it essential to identify the level of awareness, practice/place of seeking assistance, action – if any taken, reasons for non-reporting by victimized children, and possibility of engaging with community to get assistances to reduce/mitigate violence against children with disabilities in Bangladesh.

The Centre for Services and Information on Disability with assistance of New Venture Fund Bangladesh is implementing in selected areas of Dhaka with the objective to address the barriers regarding the risk of sexual exploitation and abuse through empowering children with disabilities with special emphasis on needs of girls, strengthening systems and influence disability friendly policies at all levels in close coordination and collaboration with the relevant government authorities, CSO partners, Disability Rights and Protection Committee and Organizations of Persons with Disabilities (OPDs) including children with disabilities.

Working Area

Name of district	Name of Upazila/ Thana	Name of municipality/union/Zone	Total Wards/ No. of Ward
Dhaka	Kamrangir char	Dhaka South City Corporation Zone: - 3	<i>Ward No: 55</i> <i>(Jhawchar, Noyagaon, Hasan Nagar, Munshihati, Monsurbag, Sharajnagar, Nobinagar, Aminbag)</i> <i>Ward No: 56</i> <i>(Rasulpur, Borogram, Islamnagar, Alinagar, Hujurpara, Ashrafabad)</i> <i>Ward No: 57</i> <i>(Ahsanbag, Mominbag, Jangal Bari, Monir Chairman Lane, Kumilla para, Rahmatbag Haslai, Muslimbag)</i>

Methodology and Data Collection Plan

The study design combined both qualitative and quantitative approaches and tools. A total of 200 children (with 11 categories of disabilities) and their parents were interviewed utilizing a short semi-structured questionnaire. A cross-section of people/positions belonging to community, and public and non-governmental organizations and SHG/OPDs were interacted with through focus group discussion and/or key informant interviews. Quantitative data was analysed on excel, while qualitative data was analyzed manually.

Key findings of the study

- ✚ Differest stakeholders including family members have limited idea on disability and their rights.
- ✚ Lack of strong coordination and collaboration among various public agencies/bodies observed.
- ✚ Wide spread lack of understanding of what constitutes violence was observed among children, parents and others. For example, domestic violence may not be considered a violence by many, also different types of physical and verbal abuse may not be recognized as abuse by many.
- ✚ Majority of the children mentioned physical abuse as the commonest types of violence, while over 62 children could not name any type of violence. A very insignificant number of children (e.g. only 9) mentioned child marriage, (10 mentioned) bullying, (12 mentioned) sexual abuse, (23 mentioned) calling names, and (22 mentioned) discrimination as violence. Almost 124 children have no idea about the likelihood of children with disabilities being subject to violence.
- ✚ Many of the respondents in both quantitative and qualitative exercises were found not aware about overall violence, abuse, safeguarding issues. Many did not mention discrimination in the family/society, use of disrespectful word (e.g. bullying, emotional abuse etc.) against children with disabilities as violence. While questions were elaborately explained they shared that such things they had been encountering from the beginning of the life.
- ✚ Girls with disabilities are seen as burden, and they have to face bullying, disrespectful words of their own family members, neighbors and community people.
- ✚ Unacceptable touching is commonly experienced by girls with disabilities, of which they cannot tell anyone because they are afraid that their family will blame them (girls) instead or will not believe them.

Recommendations

1. Advocate with the ministries of education for mandatory inclusion of children with disabilities in e.g. school cabinets, and little doctors' programs to empower them and create their active and positive image with their peers.
2. Arrange training/orientation for various service providers including those with women and children's affairs, law enforcing, health service providers, family welfare providers, social services and education service providers/professionals on disability-inclusion and child/adolescent safeguarding/protection. Ensure that skills and delivery of services of government, implementing partners staff at national level and subnational level meets quality standards.
3. Advocacy with the relevant Government authority in central level to district, sub-district level for proper implementation of existing policies.
4. Advocate for strengthened coordination and collaboration of various duty bearers of government and others. Take specific intervention to popularize the existing services available and provided by the Government.
5. Girls' children with and without disabilities should be better protected from all forms of violence, abuse, exploitation and neglect and harmful traditional practices. System and mechanisms that facilitate increased awareness, resilience, better utilization of services, promotion and adoption of specific key childcare practices and positive social norms need to be promoted. Where necessary

explore engagement with OPDs and other community based institutions including children and adolescents to sustain the positive impact created.

6. Advocate with the media and popularize the available service to ensure persons with disabilities get proper distribution of family resources. Need to popularize 'Prevention of violence against women cell- lawsuit/case file department' to ensure justice for victims.
7. Advocacy with government to collect disability (disaggregated) data by the different department of government. Promote data disaggregation by disability for all service to promote disability-inclusion. Monitor if children with disabilities too are registered at birth.
8. Capacity, accountability and portfolio of field social workers in the public sector needs to be enhanced to introduce and sustain community based resilience building of children with and without disabilities. Define and make community aware of which ministry they are working under.

For Children and Parents/Carers:

- Should involve the children with disabilities in the training process. Children with disabilities can facilitate the training and that would be more effective. Girls with disabilities can facilitate the training where the participants will be girls with disabilities.
- Ensure that children, adolescents and caregivers/parents are made aware and have the skills to prevent/ reduce violence.
- Ensure that at least an equal number of girls and boys with disabilities having all 11 types of disabilities can be proportionately targeted and benefited from any orientation. Where possible more girls, and more vulnerable children may be positively discriminated to receive training on resilience building.
- Organize a series of orientation sessions covering both parents, family, community, local authorities, government official on child rights, gender, sexual violence, abuse and exploitation.
- Need to consider the mental age of children before organizing training. Children's age-specific messaging will need to be considered for training. For instance, batches of same/similar aged children could be clustered together with age-specific and child-friendly deliberation of messages, with everyday strategies.
- Gender-based clustering may be also needed focusing children, and sometimes caregivers as well considering the cultural context of certain areas.
- Intervention design would need to take into consideration the mother's availability, the time they leave their children alone and/or with others' carers, etc. in order to first ensure these working parents are not missed out from training/participating in project activities, and children with disabilities who are left alone at home or with others' supervision also benefit from child safeguarding and other issues introduced by the project.
- The project should carefully engage a number of male respondents and non-responding male parents in its activities and utilize them to reach out to more male figures to reduce the gender imbalance in care activity as well.

For Community stakeholders

- Should aware the community people including religious leader, local elite, caregivers and service providers on the protection of children with disabilities and genders discrimination.
- Advocacy with different departments of government to explore services and increase people's pressure on service providers for disability inclusion.
- The capacity of local OPDs need to be enhanced regarding the rights of children with disabilities.
- Mapping out the organizations and community-based groups to build ally for preventing violence and sustaining the efforts.
- Engage boys and men to change social and bring about positive behavioral change through effective communications and interventions.
- All Community engagement program supported by New Venture Fund should disability friendly.
- Awareness activities to disseminate information on existing support and services for children with disabilities

The Project, Area where the Baseline of Children with Disabilities is focusing:

The project “Protection of children with disabilities through capacity building and advocacy at different levels” explores and tries to positively influence the access of children with disabilities to services and address capacity gaps of caregivers and service providers in the selected geographic areas in close coordination and collaboration with the relevant government authorities and other CSO partners like Bangladesh Shishu Odhikar Forum.

Main components of the proposed project are a) Support for implementation of Disability Protection Act 2013 and strengthening disability networks and participation of children with disabilities; b) Strengthen the Capacity of Disability Rights and Protection Committee and OPDs to realize the rights of Children with disabilities and sensitize to demand quality services for children with disabilities; c) Strengthen child protection systems for report and response to sexual abuse against children with disabilities by developing capacity of service providers and strengthening referral mechanism; d) Advocacy with Ministry of Social Welfare(MoSW) and Ministry of Women and Children Affairs(MoWCA) to prioritise the protection of children with disabilities in field level service delivery level.

Exposure to violence or disaster, separation from family members and friends, deterioration in living condition, lack of access to services, domestic violence or neglect, continue discrimination and exploitation, as well as long term consequences for the development of children with disabilities is very common in the society and resilience building training not only develop their psychological side but also increase their knowledge on abuse and opportunities.

The project has four following outputs:

- Children with disabilities in the project areas have skills and capacity to report and prevent all forms of violence including sexual exploitation and abuse against them. Project will provide capacity building to 15 children with disabilities in the project area based on the resilience building training module. After receiving the training those 15 children with disabilities provide resilience training on sexual exploitation and abuse to 225 children with disabilities in the project area. So those children with disabilities also gained knowledge on sexual exploitation and abuse and the way to protect from those abuse.
- Strengthened the child protection system in the target community where children with disabilities have access in the existing services that protect them from violence. For this output project will be sensitive parents/caregivers, community people, school teachers as a result a favorable child protection mechanism will be practiced at the community level highlighting the sexual exploitation and abuse.
- Advocacy initiatives explore opportunities for children with disabilities including and initiatives taken to make the child protection mechanism disability friendly. For this output project will advocate with ministry of social welfare (MoSW), Ministry of Women and Children Affairs (MoWCA).

As part of this project, a Baseline study including genders analysis was conducted to identify the situation in the project area in context of violence and protection of children. The study also supports setting benchmark for the project. Keeping these in mind the following objectives was considered to:

1. A comprehensive baseline study with gender analysis will be carried out during the four months of the project. The baseline study and gender analysis will provide the basis for M&E system and will be carried out by an external consultant who will gather data from both target districts.
2. Design a comprehensive range of age and disability sensitive training materials for children with disabilities and session on preventing sexual exploitation and abuse.
3. Organize 4 days nonresidential training on violence and advocacy for the 15 children with disabilities and the training will be facilitated by the Trainer of CSID.
4. The 15 Children with disabilities who receive the 4 days training will provide resilience building training on protection, sexual exploitation and abuse to the 225 community children with disabilities.
5. Organise 2 advocacy meeting with Ministry of Social Welfare (MoSW) and Ministry of Women and Children Affairs (MoWCA) regarding the protection, sexual exploitation and abuse and the mechanism to make the existing child protection system disability friendly.

6. Organise 2 National level advocacy with Media People & authorizes/government decision makers to make the existing child protection system friendly for children of different age, gender, with different disabilities in different settings

7. Organise 8 community meeting and the issues of the meeting will be the protection rights of children with disabilities.

8. Organise awareness 10 sessions for caregivers/parents of the children with disabilities in the target areas will be facilitated by project staff where children with disabilities will be involved as co facilitators.

9. Organize 2 orientation for Government, Non-government, Private school teachers on the abuse including the sexual exploitation and abuse of children with disabilities.

A.11 Working area for the formative study: At least 40% of the project areas will be selected purposively from each of the following main area blocks.

Table 1: Working Area

Name of district	Name of Upazila/ Thana	Name of municipality/union/Zone	Total Wards/ No. of Ward
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A.12.1 Primary beneficiaries of the project:

The primary beneficiaries of the project are girls and boys with disabilities (6/7 yrs. to 18 yrs.; 225 children with disabilities (Boys-135, Girls-90 as per project) with different types and degree of disabilities.

A.12.2 The project also plans to work with a range of secondary beneficiaries and/or other stakeholders including caregiver/parents, community people, children without disabilities, teachers, legal professionals, local level representatives, media, OPDs/SHGs, Social Workers and NGOs workers etc.

METHODOLOGY

B.1 Methodology and Data Collection Plan

The study was conducted combining qualitative and quantitative tools, and involving a door-to-door household situation assessment. Study design, methodology and tools were shared with all parties for finalization prior to being implemented in the field.

Tools, Approaches, and Design

- ✚ Following desk review of project documents, two sets of semi-structured quantitative questionnaires containing > 25 broad & some sub-questions and >24 broad & some sub-questions for parents/ caregivers, and children, respectively were developed in English, which was then translated into Bangla.
- ✚ Attempts were taken to reach out to a diversified group of children with disabilities by gender, types of disabilities and age. Lists of children with disabilities were collected from project areas. These lists were generated by CSID field staff through door to door and/or snowball methods for the project. These lists were disaggregated by age, gender and types of disabilities by the study team initially, and then purposively generated second group of lists were developed and distributed back to the field offices through CSID for initiating data collection. When unable to reach out to children in the list, child with disabilities respondent from an alternative list had to be interviewed. Despite attempts made more boys than girls could be finally reached by the data collectors.
- ✚ Qualitative tools such as Key Informant Interview –KII, In-depth Interview-IDI, and Focus Group Discussion –FGD guidelines were developed, finalized upon receiving feedback, and utilized to generate qualitative data to supplement quantitative data in Project area.

Inclusion Criteria

The following issues were considered for inclusion in data collection:

- ✚ Children aged between 6 to <18 years with different types of disabilities living in the project areas
- ✚ A total of 200 children with 11 types of disabilities (includes multiple disability) selected from project area-based lists initially spotted through door to door and/or snow ball methods. Later, they were reached with quantitative questionnaires for face to face interview along with their caregivers/parents.
- ✚ The willingness and availability of both the children and their caregivers/parents. In cases where the child could not be reached, another alternative small list (also identified randomly) was utilized to reach the needed number.
- ✚ Attempts were made to reach out to an equal number of girls and boys, as for age and types of disabilities, emphasis was also given to ensure representation of various types of disabilities.

Exclusion criteria

- ✚ Those who are unwilling to take part in the interview processes or survey were not considered.
- ✚ Those who do not fall under the specified age groups.
- ✚ A pair of child and parent established to take part in the study. No parent and/or child could individually participate in the interview.
- ✚ Those who may still remain unidentified, and/or were unreachable at the time of the field work of study.

Ethical Consideration, Consent &/or Assent

- ✚ All participants and/or their parents/caregivers were asked to give consent prior to participating in survey/ KII/ IDI/ FGD. Parents gave consent in favor of the children unable to give decision for participating. Confidentiality of the respondents are maintained.
- ✚ Care was taken to ensure child safeguarding policy issues and in most cases interviews were taken in presence of the care-giver and/or two staff members conducted the interviews. Survey/interview was participatory.

The Sampling

The following sample size was considered maintaining 95% confidence level and 0.05 margin of error against a population of 200 children(Boys-111, Girls-89) with 11 different types of disabilities (including multiple disabilities) and their parents/caregivers (mostly mothers were available for the interviews) that lasted about an 40 minutes to over an hour for each. Disability of two children were not known, for the disability types of others, information given on disability ID card or parents were followed.

The sample calculation is given below:

The sample required to estimate a proportion with an approximate 95% confidence level, we will use W.G. Cochran's widely used formula for estimating the sample size,

Initial Sample Size:

$$n_0 = \frac{(Z_{\alpha/2})^2 p(1-p)}{e^2} = \frac{1.96^2 \times 0.5(1-0.5)}{(0.05)^2} = 200$$

Final Adjusted Sample Size:

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}} = \frac{Nn_0}{N + n_0 - 1} = \frac{300 \times 200}{300 + 200 - 1} = 120$$

Where,

N	=	Total number of beneficiaries	300
n_0	=	Initial sample size	200
$Z_{95\%}$	=	The z value for the 95% confidence interval	1.96
p	=	The proportion of the population	0.5
e	=	The degree of precision (Margin of error 5%)	0.05
n	=	Adjusted sample size (Final sample size)	200

For KII/ IDI/ and FGD the following populations were considered:

- Caregivers/parents/ other family members/ children with disabilities/children without disabilities
- Teachers at regular school, teacher at madrasah, and community people
- Partner staff
- Representatives of the Department of Social Services (DSS), local government (elected), three legal aid providers.
- Representatives of district level official of the Ministry of Women and Children Affairs (MoWCA).

Limitations/ Challenge

- Children with communication difficulties and difficulties in remembering and concentration could not often comprehend and/or fully participate in the interview though questions were made simpler for them, asked in shorter form and explained several times. Some of the children continued to repeat the same response, while some listened but did not talk. A few of them continued to provide the same response to all questions despite several attempts were made to deliver the question in easy words. For them their caregivers, mostly mothers responded.
- Interviewers could mainly access the households belonging to mainly low income groups. Therefore, the findings may not completely represent all socio-economic strata of those four areas in three districts.

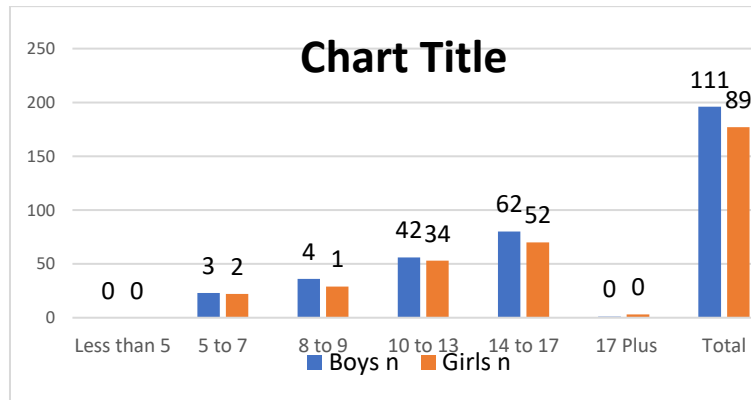
FINDINGS

The findings section is presented in the following order:

1. Characteristics of the child respondents
<ul style="list-style-type: none">✚ Degree of awareness on rights-based issues of children with disabilities, support of family, various other stakeholders is limited.✚ Lack of strong coordination and collaboration among various public agencies/bodies observed.✚ Lack of understanding of disability-inclusion makes child protection needs of those with disabilities even more difficult for potential service providers.
2. Actions Taken, Accountability & Responsiveness to Violence against Children & Systems in Place & their Functionality
<ul style="list-style-type: none">✚ Determine the social problems and their cause-effect relationship regarding disabilities.✚ Overall child protection situation of the project participants, their families.✚ Snapshot of the accountability, role and sensitiveness of the govt. agencies and other stakeholders as exist.✚ Assess the implementation state of Government Policy, legislation and schemes relating to disability in project level.✚ Situation of Community Based Child Protection Committee (CBCPC) regarding disability and child protection issues in the target area.✚ Identify variables to measure the success of the project intervention.✚ Potential areas to be made accessible for the protection of children with disabilities.✚ Method & areas of advocacy to increase the budget allocation for children with disabilities in social security scheme.✚ Strategies & method to include children with disabilities into the existing adolescent club.
3. Community capacities in context of preventing violence
<ul style="list-style-type: none">✚ Identify influential stakeholders, relevant service providers and government agencies and their perception on this project.✚ Identify the community thinking regarding the protection of children with disabilities.✚ Identify the SBCC method for community people to create awareness regarding the protection of children with disabilities.✚ How to engage community regarding the protection of children with disabilities.✚ Identify the mechanism to activate disability rights and protection committee at project area.

Characteristics of Child respondents

A total of 200 children with disabilities have been reached against the planned sampling plan of 370 in project area with two sets of semi-structured quantitative questionnaires (Part 1 for CG/parents and part 2 for children with disabilities). Despite attempts made to reach an equal number of girls and boys through selection of purposive sampling for the quantitative survey, (based on spotted children beforehand by project staff), ultimately 55.5%, n=111 boys and 45.5% girls (n=89) were reached.



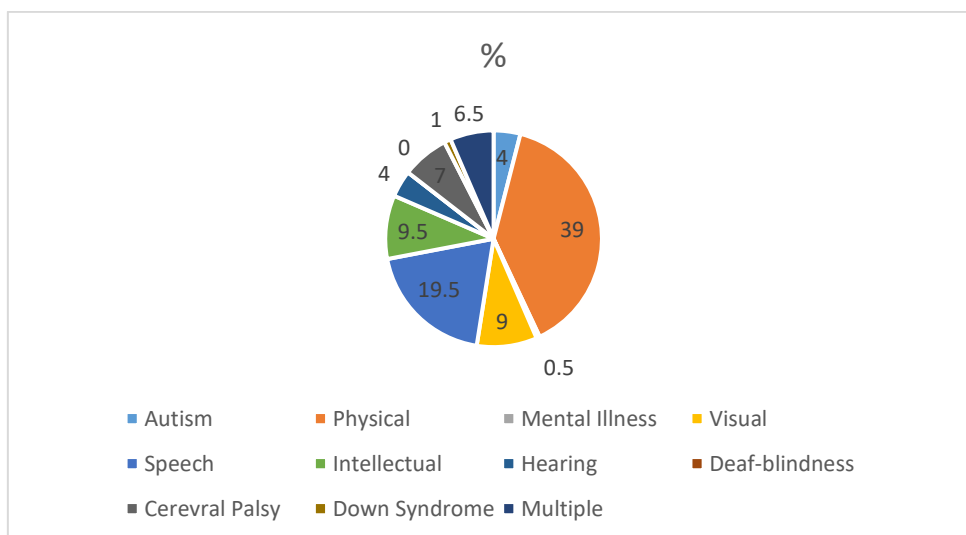
Share of child respondents aged 5 to 7 years is 4%, n=5, 8 to 9 years is 2%, n=5, 10 to 13 years old is 45% , n=76, 14 to 18 years is 46%, n=114.

Attempts were taken to reach out to an equal number of girls and boys through design from an initial list of identified children with disabilities of the four project areas, and yet a lesser number of girls were reached compared to boys, which could be due to unwillingness of parents of girls to participate.

	Boys		Girls	
	n(frequency)	%	n(frequency)	%
5 to 7	3	0.6	2	0.4
8 to 9	4	0.8	1	0.2
10 to 13	42	0.55	34	0.45
14 to 18	62	0.54	52	0.46
Total	111	0.56	89	0.45

Types of disabilities: A snapshot

Many children reached by the study had more than one form of disabilities. However, over 1/4th (39%, n=78) of the children had different types of physical disabilities – some of them with other associate disabilities/multiple disabilities. Of the children with disabilities addressed by the study, 19% had speech disabilities, while 4% had hearing disabilities, and 4% had autism. It is highly likely that children with hearing disability has speech-related impairment/difficulties at various degrees, while children with autism may have various degrees of communication including speech related difficulties. The team is aware that it is very difficult to accurately assess certain disabilities particularly in remote and rural communities in absence of multi-disciplined trained actors.



A considerable number of children reached and/or available in project areas are highly likely to have communication problems – **which has the potential to increase their vulnerability further in context of protection and safeguarding.** Part of the communication difficulty could be related to age of the younger children, but a significant portion of the problem may be associated and is the result of their types of disabilities.

Implications of the findings for training and other interventions: Children’s age-specific messaging could be perhaps considered for training. For instance, batches of same/similar aged children could be clustered together with age-specific and child-friendly deliberation of messages, with everyday strategies.

However, it may be essential to assess the intellectual age for children with neuro-developmental disabilities. Some of them (e.g. those with neuro-developmental disabilities having difficulties concentrating, remembering etc.) may need repeated trainings interventions than others, and the project will need to take special care to reach out to their caregivers/parent with safeguarding messages and other supports.

Clustering may also need to consider issues such as independence in communication, the need for using signage/sign language/lip reading, and Braille/ tactile methods in some cases. Gender-based clustering may be also needed focusing children, and sometimes caregivers as well considering the cultural context of certain areas.

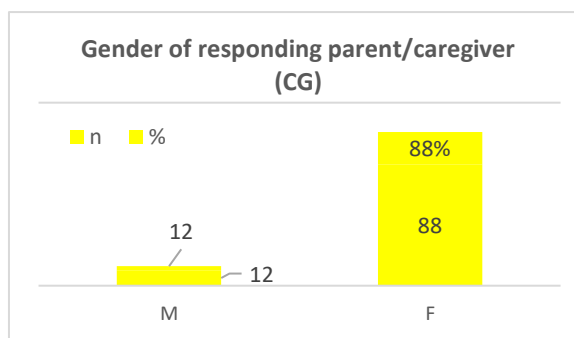
Very careful selection of intervention methods will be needed to deliver training/messages on safeguarding to these children.

A considerable percentage (>9%) of children have intellectual disabilities (including those with Down syndrome). Parents and field data collectors of the Centre for Services and Information on Disability (CSID) have identified children with 11 types of disabilities mainly based on ‘reporting’ by caregivers. However, it will be essential to arrange appropriate assessment of some of these children to carefully diagnose and point out the degree of disabilities in order to make some of the project interventions including training, delivery of assistive devices, and setting individual development goal/plans, more effective.

Child-centered, age-appropriate and types of disability-responsive technics may be needed to train/deliver messages to these children.

Occupations of Parents/Caregivers of the studied children

A majority i.e. 88%, n=88 of the responding parents/caregivers (CG) are women, many of who may have limited decision-making compared to decision-making male members in the family. However, these women are the primary caregivers of the children with disabilities, who must be included in any intervention.



Implication for project: Intervention design would need to take into consideration the mothers availability, the time they leave their children alone and/or with others' carers, etc. in order to first ensure these working parents are not missed out from training/participating in project activities, and children with disabilities who are left alone at home or with others' supervision also benefit from child safeguarding and other issues introduced by the project.

The project should carefully engage a number of male respondents and non-responding male parents in its activities and utilize them to reach out to more male figures to reduce the gender imbalance in care activity as well.

Most of the respondents were not aware about overall violence, abuse, safeguarding issues. They did not mention of much discrimination in the family/society, use of disrespectful word (e.g. bullying, eve teasing, emotional abuse etc.) against children with disabilities. While questions were elaborately explained they shared that such things they had been encountering from the beginning of the life. Physical violence (hitting), and threatening was the most common violence shared by the responded.

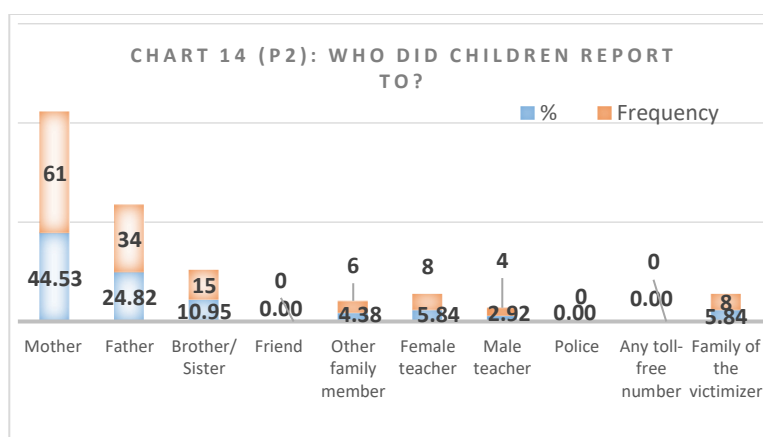
Implications: Series of training/orientation on overall aspect of violence, consequence, mitigation, where to inform, role of family, school, community would be essential.

Provide training to especially girls with disabilities, and their parents/ caregivers. However, mass awareness is required among girls and boys with and without disabilities, family and community level.

Awareness needs to be raised at school level with teachers, SMC members, community club etc.

Only 30 children have shared/reported the violence experienced by them. Seven of them did not share this with anyone before for fear, out of shame, to avoid possible repercussion of family members, while some did not bother to report it.

Of those who responded, majority (44.53%, n=61) shared about the incident with their mother; only 24.82%, n=34 of them shared with their fathers. About 11%, n=15 of them shared with siblings, and interestingly, none with the police and none considered/ knew about any toll-free number to report/ask for help.



This also indicates the lack of support for these children, and their limited awareness of options to seek

help.

Sense of safety responding children with disabilities feel at different places

Access to education/ schooling has the potential to play one of the most significant roles in uplifting the lives of children with disabilities, and increasing their access to important agencies including, access to information, life-skills, and network. Though most of the study participant children belonged to school-going age – only 107 were enrolled in schools of various types. Overall, children with disabilities are enrolled more in mainstream schools than any other schools, which indicate the necessities to design interventions in these schools to reach a greater number of children with disabilities. It is also essential to work with all other schools including in special schools. In special schools it will be possible to reach out to children with specific types of disabilities by enabling the designing of the training in specific disability-based accessibility. The percentage of children with disabilities in school is very low and in alignment with recent statistics

Findings by Specific objectives are given in the following section

Findings by Specific Objectives

Findings of KII (Group of KII Respondents)

Findings of FGD (Group of FGD Respondents)

Discussions based on findings & recommendations

The Situation of Children with Disabilities and their and their Caregivers Knowledge in context of Violence

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| <ul style="list-style-type: none">✚ Awareness on Rights of Children with Disabilities and overall rights situation in the project area need to increase.✚ Degree of awareness on rights based issues of children with disabilities, family, and various other stakeholders is limited.✚ Overall situation of access to service providing institutions for both protection and other issues may be there, but awareness on these are limited at the individual, family and community levels.✚ Disability disaggregated data is missing and it hampers informed decision.✚ Clarity of beneficiary on project objectives are needed. | <ul style="list-style-type: none">✚ Lack of awareness and orientation regarding disability and development aspects among the staff working at local offices need to be addressed.✚ Adequate coordination and collaboration with victim support center is necessary.✚ There is no representation of adolescents with disabilities in the adolescents club.✚ Data on abuse of children with disabilities is absent although officials acknowledged of supporting children/adolescents and women with disabilities over the last few months prior to the interviews.✚ At least one DoWA official had responded in a very gender-insensitive manner on various aspects of VACW, child marriage, and disability etc. (however, many of these interviews had to be conducted without option of recording – therefore, these cannot be proved.✚ Police help desks in different project areas were very cooperative and had shown their interest to do more to assist children with disabilities. | <ul style="list-style-type: none">✚ Sometimes due to longer closure of the schools some girls are also not interested to continue their education.✚ Students studying in special school did not complain regarding bullying, behavior etc. but the same is not true for those studying in mainstream schools with no intervention on disability-inclusion/and inclusive education.✚ Girls studying at mainstream schools shared that they have supportive friends, however not all the students are willing to make friendship, or willing talking with them. Some of the classmates use disrespectful words. Teachers also need adequate orientation on disability.✚ Girls informed that family think they are burden, all the time they have to face bullying, disrespectful word at their own family, and with neighbors and community.✚ Unacceptable touching is commonly experienced by girls with disabilities. However, most of the time they did not share this to anyone because they thought family will blame them (girls) instead, or family will not give importance and or family will not believe them.✚ Their families are not always supportive, and they compare us with other siblings and cousins without disabilities. This puts huge pressure on | <ul style="list-style-type: none">✚ Currently there is no mandatory criteria for the adolescent clubs to include adolescents with disability as members. There is scope to include adolescent with disabilities in these clubs. District level DoWA representatives mentioned there is no restrictions to include them. Due to lack of understanding on disability they were not able to think in an inclusive way earlier. Their inclusion should be explored and advocated for.✚ District level staff working in DoWA mentioned the need for orienting them on disability, development, aspect so that they can develop and execute a disability-inclusive plan for the society.✚ There're need to organize a series of orientation sessions targeting individuals with disabilities (including children and adolescents), both parents/family, community, local authorities, government official on child rights, various forms of violence and how to prevent violence, and resilience building of children/adolescents. |
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them. Sometimes their own family does not perform their duty toward a disabled child.

- ✚ Bullying, discrimination, hitting, negative perception are common practices at schools still. Special effort to raise awareness and to change practices at family, community, institution and individual levels is highly essential.
- ✚ Family think girls with disabilities are burden, all the time they have to face bullying, disrespectful words from family members, and community.

Actions Taken, Accountability & Responsiveness to Violence against Children & Systems in Place & their Functionality

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| <ul style="list-style-type: none"> ✚ Make child safeguarding responses disability-inclusive. ✚ Focus on the overall child protection situation of the project participants, their families. ✚ Snapshot of the accountability, role and sensitiveness and capacities of duty bearers VS lack of awareness and willingness of family/community about disability rights and child safeguarding. ✚ Utilization of the Government Policy, legislation and schemes relating to disability in project level. ✚ Situation of Community Based Child Protection Committee (CBCPC) regarding disability and child protection issues in the target area. ✚ Identify variables to measure the success of the project intervention. | <ul style="list-style-type: none"> ✚ Coordination between various departments on issues of disability need to be stronger and focused. The department of women affairs, justice system, health and department of social welfare, and education need to collaborate to ensure child safeguarding of children/adolescents with disabilities more. ✚ Lack of coordination and collaboration with OPD members was observed. Capacities of OPDs too need to be enhanced to promote safeguarding of children/adolescents with disabilities. ✚ Local political engagement | <ul style="list-style-type: none"> ✚ Out of 6 girls only one girl responded regarding violence, as she received training from CSID. Other than her none of the participants knew about child protection. ✚ Social stigma remains a challenge for children/adolescents with disabilities and their families to access services. ✚ Who are the government social workers? What is their portfolio? How to ensure they are present in the field? Which ministry are they working under currently? | <ul style="list-style-type: none"> ✚ Focus on building capacities, accountability of duty bearers as well as families. ✚ Advocate involving OPDs, and create scope of more participation and life-skill development of children and adolescents with disabilities alongside other children/adolescents. ✚ A good number of local level duty bearers are trying to address the situation, which could be leveraged by the project with appropriate level of advocacy, capacity building and collaboration. However, unanimous positiveness of local level duty bearers will be essential e.g. to prevent violence against children, adolescents and women, and child marriage including for those with disabilities. ✚ Disability disaggregated data is |
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- ✚ Potential areas to be made accessible for the protection of children with disabilities.
 - ✚ Method & areas of advocacy to increase the budget allocation for children with disabilities in social security scheme.
 - ✚ Strategies & method to include children with disabilities into the existing adolescent club.
- sometimes hinders justice for the victim.
 - ✚ Cases of sexual abuse are often not reported. This is even less for victims with disabilities. Sexual violence is also difficult to prove.
 - ✚ Officials sometimes also get false reporting on sexual violence for all (i.e. for those with and without disabilities).
 - ✚ More cases of physical violence for all are reported.
 - ✚ Orientation on various aspects of disability-inclusion and the way to communicate with children/adolescents with different types of disabilities for duty bearers and service providers is needed.
 - ✚ Lack of orientation/training on safeguarding/protection for the staff is essential also for the police and one stop crises centers and health care providers, e.g. so that during providing counselling service the service providers including doctors and nurses could follow safeguarding/ protection protocol.
 - ✚ Lack of knowledge on the policies/laws also make the situation difficult. Appropriate
- essential for informed decision-making.
 - ✚ It's essential to create more scope of participation for children/adolescents with disabilities in initiatives including adolescent clubs, CBCPC, child cabinet at schools, little doctor programs and what not!
 - ✚ A concerted efforts involving DC, UNO, other departmental officials, LGI, youth, men and women, OPD at all tiers is essential to decrease violence and build resilience of children/adolescents with disabilities.
 - ✚ Raise awareness among the girls and boys on who to inform/seek support, how to be safe, how not to blame the victims.
 - ✚ Popularise the '109' and '1098' to seek support. Monitor the effectiveness of the toll-free numbers.
 - ✚ Disability Rights and protection act-2013 need proper implementation. Advocate with judicial system and popularize the available service to ensure persons with disabilities get proper support from their own family and property. Mass awareness on disability, potential of persons with disabilities, their competency need to be highlighted.
 - ✚ Increase coordination between DSS and HEWC. Provide orientation to duty bearers on disability, safeguarding protection.
 - ✚ Support systems also need to create provisions for psycho-social counselling

referral mechanism need to be strengthened between the players.

- ✚ for victims of abuse.
- ✚ Stengthen collboartion among local level authorities (chairman, members) and to strengthen referral mechanism, follow-up and monitoring.

Community capacities in context of preventing violence

- ✚ Identify influential stakeholders, relevant service providers and government agencies and their perception on this project.
- ✚ Identify the community thinking regarding the protection of children with disabilities.
- ✚ Identify the SBCC method for community people to create awareness regarding the protection of children with disabilities.
- ✚ How to engage community regarding the protection of children with disabilities.
- ✚ Identify the mechanism to activate disability rights and protection committee at project area.
- ✚ Local Chairman needs to follow the government policy strictly. They provide fake birth certificates for money to promote child marriage.
- ✚ Qazis, imams are not well aware or perhaps not motivated to prevent child marriage. Religious imams/priests are yet to completely cooperate to prevent child marriage otherwise these marriages couldn't be performed. Even a small amount of money buys Qazis/Imams who agree to wed off girl children.
- ✚ The project is also trying to engage with local groups and organizations of persons with disabilities (i.e. SHG and OPD).
- ✚ The OPD members highlighted that in their entire life are passing their life facing different types of violence. Bulling, bad behavior, discrimination, family/community level negligence, beating, teasing all are part of our life.
- ✚ FWC services are also not widely circulated.
- ✚ Imams can play a good role only if they could be motivated.
- ✚ Community people, neighbors often act to maintain the status quo. It's essential to motivate them to act in favor of the children/adolescents with disability.
- ✚ Engage OPD after building their awareness and capacity.
- ✚ Raise awareness among the Qazis/motivate imams about following law, policy and to refrain from allowing the practice of child marriage which has negative impact on the girl child's health and growth.
- ✚ OPD members should communicate with the DOWA to explore the information, facilities available and build relationship with the department.
- ✚ Organize a series of orientation session for children/adolescents with and without disabilities, both parents/family, community, local authorities, government official on various aspects of child protection.
- ✚ Need to identify local youth to act and advocate to prevent violence against children. Utilize community based groups including religion-based bodies (e.g. Islamic foundation, other faith-based groups) to promote disability inclusion and reduce violence against children and adolescents with disabilities.
- ✚ Proper investigation and justice need to

be ensured for the victims. Justice should not be manipulated due to utilizing the power negatively.

- ✚ Break the taboo and promote reporting. Further victimization of the victim by community, family and institutions must be stopped.
- ✚ At school/college levels student council should be trained to take responsibility to raise awareness to reduce violence.
- ✚ Map out the organizations including BRAC and government legal aid providers for accessing legal aid support to individuals, OPD and families of those with disabilities.
- ✚ The OPD need to receive orientation to enhance their knowledge on violence.
- ✚ Raise awareness among OPD members about the services of ‘Protibondhi Seba of Shahajjo Kendro’.
- ✚ Include participation of children/adolescent with disabilities in Community Based Child Protection Committee (CBCPC) and adolescent clubs.
- ✚ Continuous advocacy with the MOWCA, LGI to allocate the sufficient budget to execute the activity inclusive of disability.

RECOMMENDATIONS

- 1) Explore the opportunity for mandatory inclusion of adolescents with disabilities in the existing adolescent clubs and advocate for their mandatory inclusion in various programs of the Ministry of Women and Children Affairs. Advocate with the ministries of education for mandatory inclusion of children with disabilities in e.g. school cabinets programs to empower them and create their active and positive image with their peers.
- 2) Arrange training/orientation for various service providers including those with women and children's affairs, law enforcing, health service providers, family welfare providers, social services and education service providers/professionals on disability-inclusion and child/adolescent safeguarding/protection. Monitoring the performances of trained personnel is essential. Ensure that skills and delivery of services of government, implementing partners staff at national level and subnational level meets quality standards.
- 3) Advocate for strengthened coordination and collaboration of various duty bearers of government and others. Take specific intervention to popularize the existing services available and provided by the Government.
- 4) Organize a series of orientation session covering both parents, family, community, local authorities, government official on child rights, sexual violence, abuse, exploitation, trafficking, social norms, popularise the toll-free numbers including '1098' and '109'.
- 5) Ensure that at least an equal number of girls and boys with disabilities having all 11 types of disabilities can be proportionately targeted and benefited from any orientation. Where possible more girls, and more vulnerable children may be positively discriminated to receive training on resilience building.
- 6) Replicate disability-inclusive child protection/safeguarding initiatives to all over Bangladesh in a sustainable manner. All children, including adolescents, with and without disabilities should be better protected from all forms of violence, abuse, exploitation and neglect and harmful traditional practices. System and mechanisms that facilitate increased awareness, resilience, better utilization of services, promotion and adoption of specific key childcare practices and positive social norms need to be promoted. Where necessary explore engagement with OPDs and other community based institutions including children and adolescents to sustain the positive impact created.
- 7) Training contents for children must be adapted to mental age specific needs, and contextual.
- 8) Advocacy with the relevant Government authority in central level to district, sub-district level for proper implementation of existing policies.
- 9) Raise mass awareness among the Qazis, and motivate imams, local elites, parents, and others on disability, and negative impact of violence. Strengthen monitoring of Qazis and Imams to prevent child marriage.
- 10) Involve local OPD members in safeguarding communication and advocacy with different departments of government to explore services and increase people's pressure on service providers for disability inclusion. The OPD need to receive orientation to enhance their knowledge on violence. Raise awareness among OPD members about the different services available by the government.
- 11) Mapping out the organizations and community based groups to build ally for preventing violence and sustaining the efforts.
- 12) Need to popularize 'Prevention of violence against women cell- lawsuit/case file department' to ensure justice for victims.

- 13) Advocacy with government to collect disability (disaggregated) data by the different department of government.
- 14) Capacity, accountability and portfolio of field social workers in the public sector needs to be enhanced to introduce and sustain community based resilience building of children with and without disabilities. Define and make community aware of which ministry they are working under.
- 15) Efforts are needed for climate vulnerable adolescents with disabilities.
- 16) Ensure that children, adolescents and caregivers/parents are made aware and have the skills to prevent/ reduce violence. Promote resilience building mechanism utilizing schools, clubs and families.
- 17) Engage boys and men to change social and bring about positive behavioral change through effective communications and interventions.
- 18) Promote data disaggregation by disability for all service to promote disability-inclusion. Monitor if children with disabilities too are registered at birth.

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