Cover Page

Baseline Report for the project

"Protection and Empowerment of children with disabilities through an Inclusive Approach"

of

the Centre for Services and Information on Disability (CSID), Bangladesh

Theme: Child Protection & Empowerment
Sub theme/key words: Disability, inclusive protection

Location of the project: Dhaka, Barisal, and Bhola

Creative Pathways

Name of the project: "Protection and Empowerment of children with disabilities through an Inclusive Approach"

Location of the project: Dhaka, Barisal, and Bhola

Baseline Report
May 2019

Submitted to
Centre for Services & Information on Disability

by

Creative Pathways
Name & contacts of the Consultant
Rifat Shahpar Khan
rifat.shahpar.khan@gmail.com
rkhan.creativepathways@gmail.com
Cell: +88 01715161272

STATISTICIANS & METHODOLOGISTS
Mohammad Abdul Hannan Shakhider (Statistician & Data Analysis)
Rifat Shahpar Khan (Methodology & Analysis)

The Team

Rifat Shahpar Khan
Ashrafun Haque Shikha
Mr Md Arifuzzaman

Enumerators (CSID, Dhaka)
Kazi Tasmin Jahan
Ruma Khatun
Md. Zihad Hossen
Mahmuda Khatun Sheuly

Enumerators (CSID, Barishal)
Md. Asadul Haque Chowdhury
Rokeya Begum
Md. Majarul Islam

Enumerators (CSID, Bhola)
Md. Helal Uddin

Contents

List of acronyms

Abbreviations and Acronym

ADC = Additional Deputy Commissioner

ASD = Autism Spectrum Disorder or Autism

CG = Caregiver

CSID = Centre for Services and Information on Disability

CWD = Children with Disability

CSO = Civil Society Oorganizations

CBCPC = Community Based Child Protection Committee

DSS = Department of Social Services

DPO = Disabled Peoples' Organizations

DLAC = District Legal Aid Committee

FGD = Focus Group Discussion

JPUF = Jatiyo Protibondhi Unnayan Foundation

IDI = In-depth Interview

KII = Key Informant Interview

LGI = Local Govt. Institute

MoH&FW = Ministry of Health & Family Welfare

MoPME = Ministry of Primary and Mass Education

MoSW = Ministry of Social Welfare

MOWCA = Ministry of Wemen & Children Affaires

NGO = Non-Governmental Organizations

UNO = Upazila Nirbahi Officer

UNCRPD = United Nations Convention on Persons with Disabilities (UNCRPD)

UNCRC = United Nations Convention on the Rights of the Child

ULAC = Upazila Legal Aid Committee

WHO = World Health Organization

Acknowledgement

On behalf of the team of Consultants we would like to thank the team of 8 field staff of CSID who have contributed to this baseline study & situation analysis as data collectors. Acknowledgement is also due to the CSID management and project officials namely Mr. Khandaker Jahurul Alam, Executive Director, CSID, Mr Iftekhar Ahmed, Ms. Sadia Afroz, Mr Bipul Chakraborty, Mr Mizan, & Mr Helal Uddin Of CSID for supporting our field team in field-testing of the tools, supervision of field work, connecting us to the other stakeholders for conducting KII & FGD in the field.

We would also like to express our gratitude to the children and their parents in the community and other stakeholders including government officials who have voluntarily participated and provided their valuable time and suggestions that enriched and served the purpose of the baseline study & situation analysis.

_____
Rifat Shahpar Khan
Consultant
23 June 2019

EXECUTIVE SUMMARY

Brief Introduction:

The United Nations Convention on the Rights of the Child (UNCRPD) emphasizes children's rights to physical and personal integrity, and outlines States parties obligations to protect them from "all forms of physical or mental violence", including sexual and other forms of exploitation, abduction, armed conflict, and inhuman or degrading treatment or punishment. It also obliges the State to enact preventive measures and ensure that all child victims of violence receive the support and assistance they require. Secondary literature review (includes some grey literature) indicate unnatural death of children rose by a shocking 37.66%, while violence against children rose by 18.75% in 2018 in Bangladesh1. When it comes to disability, despite there's a scarcity of data on abuse committed against children with disabilities in Bangladesh, 'available information points to a spike in sexual violation of girls with disabilities', and that 'the main constraint faced by children with disabilities is widespread prejudice, discrimination' & exclusion rather than the child's impairment. (UNICEF). Exposure to violence and/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. Although there's been some progresses made in the form of enacting legislative framework including signing and ratification of the United Nations Convention on Persons with Disabilities (UNCRPD) and its Optional Protocol; and the Rights & Protection of Persons with Disabilities Act, 2013 (henceforth referred to as the Act)[2] by the Government of the People's Republic of Bangladesh and the Children's Act, 20133 (amended in 2018), child maltreatment remains for many people a highly sensitive and emotive issue that is not easily discussed in private, let alone in public debate[4].

According to World Health Organization (WHO), Bangladesh has an estimated 7-10 million children with disabilities (out of a total of 72 million children, WHO report). Most of the time, these children are treated as a burden on their families or the community and thus become subject to negligence and other forms of violence. There are inadequate knowledge, monitoring, capacities and support at home, community and at a national level to cater to the needs of children with disabilities in Bangladesh. There are limited effort or awareness to address the rights of children with disabilities, and much less understanding to build resilience of children with disabilities against violence or build capacities of their caregivers/parents and other support system to safeguard these children from violence.

Protection and Empowerment of Children with Disabilities through an Inclusive Approach: The project 'Protection and Empowerment of children with disabilities through an Inclusive Approach' (19 Nov2018 – 18 Nov 2020) operates with financial assistance of UNICEF's programmes on child protection to address the access to services and capacity gaps of caregivers and service providers in the selected geographic areas. It has the potential to introduce a resilience model against violence targeting at least 645 children with disabilities (among them 60% are boys and 40% are girls), 855 caregivers of children with disabilities (among them 70% will be female), 600 children without disabilities (among them 50% will be boys and 50% will be girls). This is to contribute to a targeted population of 2850 children addressed by UNICEF programme on child protection. The project also targets 150 teachers (100 will be female and 50 will be male), 100 Police Officers, lawyers, NGO Representatives & Others (among them 500% will be female and50% will be male), and 500 CBCPC members (female-30% and male-70%).. The CSID operated part of the project has three broad components – Capacity building of teachers, social workers and health workers; capacity building of

parents/caregivers; skills development activities for children with disabilities to increase their resilience.

The Project will closely coordinate and collaborate with the relevant government authorities and other CSO partners- AB, COAST Trust.

The donor/partners: This is a project of CSID funded by UNICEF Bangladesh.

Rationale for the Baseline & Situation Analysis of Children with Disabilities in project areas:

To set benchmark for the project to assist measuring the project output at end-line. The baseline will mainly focus (i) in collection and analysis of pre-intervention data describing the situation in alignment with the output of the project (ii) giving a snapshot of indicators at a time.

It will touch-base the areas indicated in the result and outputs of the project keeping in mind some of the following areas:

- Explore overall child protection situation of the project participants, their families.
- Determine the social problems and their cause-effect relationship regarding disabilities.
- Explore the rights of Children with Disabilities and overall rights situation in the project area.
- Explore the overall situation of the access to service provider institutions for both protection and other areas of the project participants.
- Asses the degree of awareness on rights based issues of the CWDs, their family, various groups and relevant stakeholders.
- Identify the influential stakeholders, relevant service providers and government agencies and their perception on this project
- Make a snapshot of the accountability, role and sensitiveness of the govt. agencies and other stakeholders.
- Highlight the need of project participants and their expectation from the project.
- Explore the overall situation of poverty related to the project participants
- Assess the implementation state of Government Policy, legislation and schemes relating to disability in project level.
- Identify variables on which to measure the success of the project intervention.
- Identify the situation of Community Based Child Protection Committee (CBCPC) regarding disability and child protection issues in the target area.

Deliverables of the assignment are as following:

(a) Develop a survey questionnaire/checklist addressing both quantitative and qualitative part
(b) Orient the project staffs and survey team on how the survey would be conducted
(c) Assist to ensure data quality and reliability
(d) Data Entry & Analysis
(e) Prepare and submit a survey report according to survey findings

Methodology and Data Collection Plan

The baseline was carried out using a mixed method approaches. Both quantitative and qualitative tools including semi-structured questionnaires

1) Baseline survey was conducted utilising a semi-structured questionnaire covering (on 250 Children with disability, 240 children without disability, and 250 parents of children with disability). Interview was taken of CWD & CG forming one unit of sample.
2) Qualitative tools including key informant interview (16), focus group discussions-FGD (12 & Indepth Interview-IDI – (7) have been conducted in all three project areas.
3) A literature review was carried out.

Exclusion criteria:

- Those who are unwilling to take part in the interview processes or survey were not considered.
- Care-givers and/or parents of children without disabilities covered by the baseline were not considered for the survey as they are not direct beneficiaries of the project and in terms of constraints of time and other resources.

Ethical Consideration, Consent &/or Assent: All participants and/or their parebts/caregivers were asked to sign/ give fingerprints or oral consent prior to participating in survey/ KII/ IDI/ FGD. The consent form attached with the set of quantitative and/or qualitative questionnaires have been read out &/or given to respondents before participating in the interview/FGDs. Confidentiality of the respondents will be maintained.

The following sample size have been finally considered: Considering the finite project target population, the following formula has been used to derive a sample size of 247 cases of children with disabilities and 235 children without disabilities for project area. The derived figures were then proportionately distributed for each district for collecting data.

Table …: Sample

Project Target Population for CWD=645	Project Target Population for non-CWD=600
$n = \frac{N}{1 + Ne^2}$ $n = \frac{645}{1 + (645)(.05)^2}$ n = 247	$n = \frac{N}{1 + Ne^2}$ $n = \frac{600}{1 + (600)(.05)^2}$ n = 240

Table 1: Sampling Plan

Districts	Children with disability	Children without disability	Samples for children (interven-tion)with disability	Samples for Children without disability	**Actual no. of CWDs reached**	**Actual no. of non-CWDs reached**	**Total CG/ Parents of CWDs reached**	Total individual samples reached
Barisal	315	200	121	80	**121**	**120**	**121**	**362**
Dhaka	240	300	92	120	**93**	**90**	**93**	**276**
Bhola	90	100	34	40	**36**	**30**	**36**	**102**
Total	645	600	247	240	**250**	**240**	**250**	740

A total of 250 sampling pairs of children with disabilities and their caregivers (CG)/parents (from 3 districts) against the proposed 247 pairs of samples have been interviewed using semi-structured questionnaire. Another 240 non-disabled children were interviewed using semi-structured questionnaire.

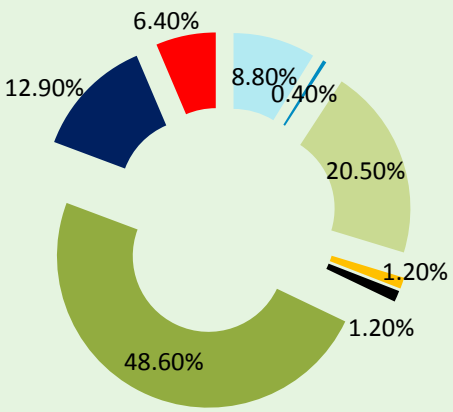
Data analysis:
Quantitative data have been analyzed utilizing either excel.

Findings against Core Indicators

This section of the report presents the main findings in alignment with the core indicators of the project. In order to dig into the findings, situation, challenges and lessons, the both quantitative and qualitative tools have been analysed.

The table below gives an analysis of children having different types of disabilities covered by the semi-structured quantitative questionnaire for baseline:

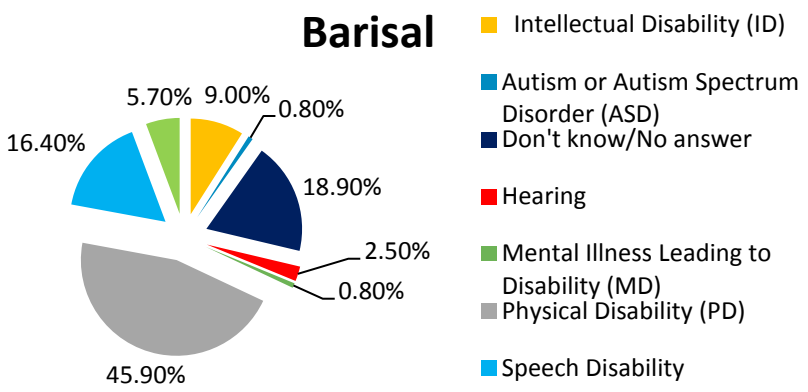
Chart 1: Types of Disabilities of

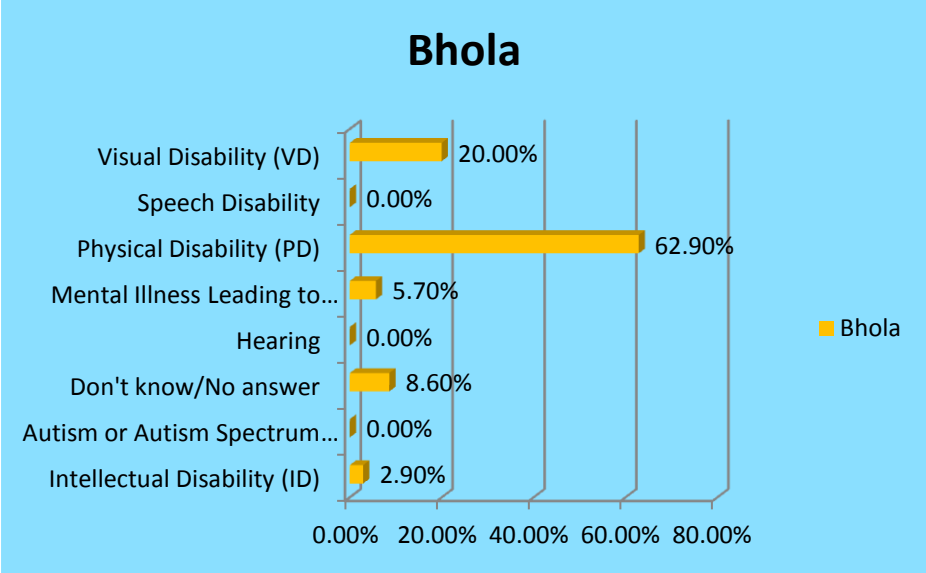


Intellectual Disability (ID)
Autism or Autism Spectrum Disorder (ASD)
Don know/No answer
Hearing
Mental Illness Leading to Disability (MD)
Physical Disability (PD)
Speech Disability
Visual Disability (VD)

A vast majority of children with disabilities covered by the baseline has physical disabilities (48.6% or n=121), followed by speech disability (12.9% or n=32), intellectual disabilities (8.8% or n=22), visual disabilities (6.4% or n=16), hearing (1.2% or n=3), mental disabilities (1.2% or n=3), and ASD (0.4% or n=1). 20.5% (n=51) of the parents/CG do not know the type of disabilities of their children. 249 out of 250 parents/ CG responded to this question.

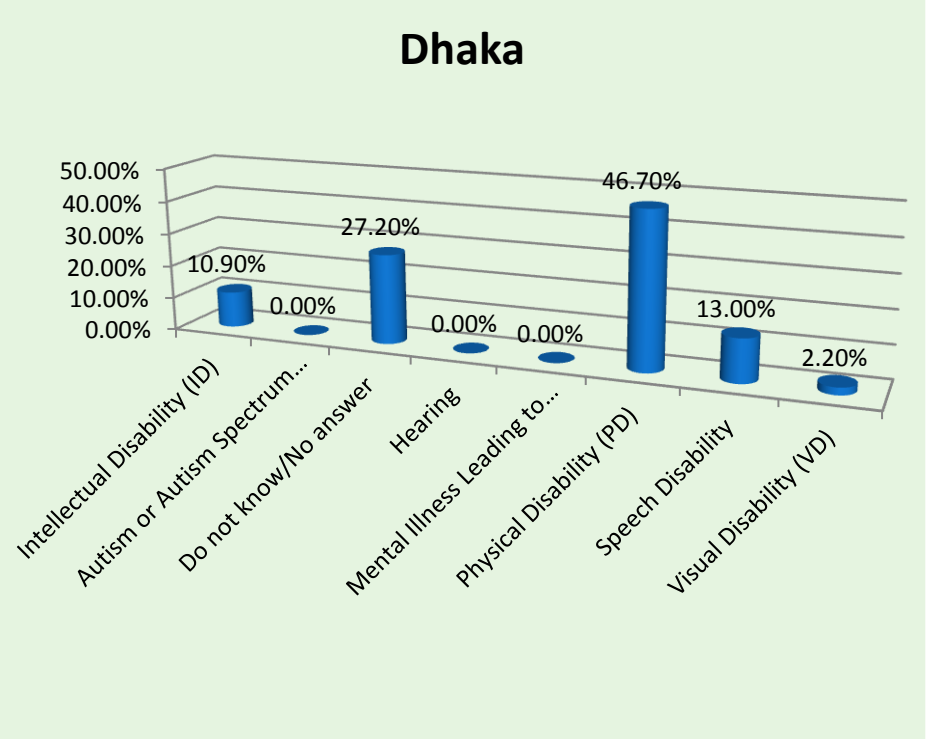
Chart(s) 2: Type of disabilities of children based on responses of parents/CG by districts are as following:





Physical disability was found dominant, part of which may be it is often more visible and easier to recognize, & despite disability some of them are still relatively mobile within the community. Parents of a reasonably large proportion of children with disabilities (20.5%) in the 3 districts don't yet know the type of disabilities of their children. 27.2% (n=25) of respondents in Dhaka and 18.9% (n=23) in Barishal, and only 8.6% (n=3) in Bhola do not know the type of disability of their children. *This indicates issues with diagnosis.*

Lack of knowledge & information of the type



of disability in other word may mean absence of diagnosis, which may pose challenges in planning appropriate interventions for the child(ren).

The district specific information on types of disability should be considered to support planning of the training/ orientation activities district-wise.

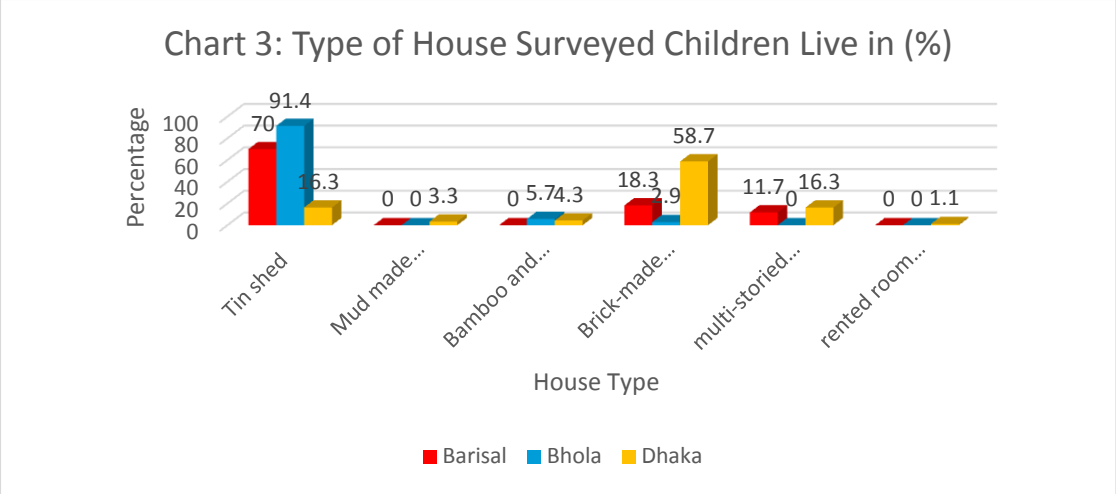
The Rights & Protection of Persons with Disabilities Act, 2013 tried to define 12 forms of disabilities. Through this baseline survey, children with 7 broad-based disabilities were preliminarily shortlisted – appropriate diagnosis may be required to plan interventions for them within the mandate of the project. It may be useful to consider diagnosis of impairment and/or disability by the project of the concerned chil(ren) beneficiaries. A strategy to reach out to children with severe and profound forms of disabilities at least by reaching out to their caregivers/parents (if the children cannot directly participate in the resilience building initiatives) will be required.

General

1. 740 individuals have been covered by the quantitative survey including (250 children with disabilities, 240 children without disabilities and 250 caregivers or parents of children with disabilities.

Children and their Socio-economic situation

2. Almost all children identified by the survey belong to lower socio-economic strata. Many of them, particularly those living in Dhaka city, rented a one or two rooms house in a brick-made building structure; while a good majority of children in both Barishal and Bhola live in tin-shed houses. Both Barishal and Bhola (island) are coastal districts and their living in tin shed house may not indicate relative economic affluence rather an interest to live in safer conditions. 9 children in these three districts live in even more poorer conditions e.g. in mud-made, bamboo etc. made make-shift houses. The project therefore, is working with some of the most vulnerable children in terms of impairment/disability and also socio-economic backgrounds.



3. 48.7%, n=112 parents of CWDs earn an average of TK 834 or just over US$ 10 a day (?), while 24.3%, n=56 earns <TK. 5,000 or US$61 a month, 17%, n=39 earns less than 10,000 or US$ 121.95 a month, and 10%, n=23 earns >25,000 or US$ 304.87 a month.
4. 45.4%, n=104 children with disabilities in three districts according to their parents (includes 45%, n=50 in Barishal, 28.1%, n=9 in Bhola and 52.3%, n=45 in Dhaka) financially assist their families.
5. 23.5% of the caregiving parents or other parents are home-maker, 3.3 work as domestic help, 2.6 are involved in small businesses, 0.6% are shop owner or shop keepers, 1.2% are involved in tailoring, 0.8% in farming, 2.2 in other works, 0.4% in construction work, 0.2% in rikshah pulling, 0.2% in teaching.
6. The surveyed children with and without disabilities ranged from 6 years to 18 years of age.

Perception of Rights, Protection issues

7. Only 11.3% (n=24) of children with disabilities feel that they have the right to be listened to against 44.2% (n=102) of children without disabilities. Due to various reasons children with disabilities acquire a low level of self-esteem (an individual's subjective evaluation of their own worth[5]). When it comes to right to participation and association with peers and parents only 0.9% (n-2) children with disabilities and 2.6% (n=8) children without disabilities think they have the right to associate themselves with peers and parents although positive parent-child and individual-peer relationships are often the key to healthy development of children/adolescents.
8. Only 56.3% (n=120) children with disabilities against 85.3% (n=197) children without disabilities consider education as their rights; and 37.1% (n=79) children with disabilities and 60.6% (n=140) children without disabilities consider that they have the right to health care. The percentage gaps between children with and without disabilities may be a reflection of the differences of treatments they are subject to at their home and surrounding areas.
9. 53% (n=132) of the children with disabilities surveyed are boys, while 40.2% (n=96) of the children without disabilities covered by the survey are boys – which may be positively utilized by the project to reach out to more girls with disabilities (comprising 47% of the surveyed children with disabilities populations) with its resilience building initiatives. This shift is necessary considering the degree of more discrimination girls face within the community. Interestingly participating children of both sexes and despite having disability or not came up with several examples of discriminations including eve teasing & harassments some girls face particularly when outside their homes/on ways to schools etc.
10. 20.2% (n=43) children with disabilities and 29.4% (n=68) children without disabilities; and 22.5% (n=48) children with disabilities and 23.4% (n=54) children without disabilities consider 'identity' as a human being, and basic needs for 'physical protection' as their rights, respectively. Only 6.1% (n=13) children with disabilities and 22.1% (n=51) children without disabilities consider having 'safe environment' as an issue of rights.
11. A vast majority of children (88.9%, n=217 children with disabilities, and 89.6%, n=216 children

without disabilities) reach out to their mothers if they felt sad or unsafe over the last 6 months. Against this overwhelming figure, only about 34.4%, n=84 CWD and 30.3%, n=73 non-CWDs reached out to their fathers; 3.7%, n=9 CWD and 1.7%, n=4 non-CWD reached out to other caregivers, 1.2%, n=3 CWDs and 2.1%, n=5 non-CWDs reached out to their teachers, 0%, n=0 CWDs and 0.4%, n=1 non-CWDs reached out to their neighbours for similar situations. These figures may significantly point out to the situation of an utter lack of support services for children in general, and children with disabilities in particular, external to their own family. Particularly, the overwhelming low level of reliability of children on their teachers may be considered as an alarming lack of empathy towards children.

12. 82.9%, n=199 CWDs and 85.4%, n=204 non-CWDs stated their satisfaction of how their parents listened to them over the last 6 months. This satisfaction was higher among children without disabilities by 2.5%.
13. 63.8%, n=155 CWDs against 44.1%, n=105 non-CWDs do not feel they can go anywhere alone at night; while 6.3%, n=15 CWDs and 10.2%, n=24 non-CWDs could not share incidence of sadness/insecurity with any neighbours over the last 6 months. This
14. 28.1%, n=25 children in Barishal, 28.6%, n=10 children in Bhola, 60.7%, n=89 children in Dhaka were never allowed to go to school either because of disability, gender, eve teasing and/or social and economic situations.
15. 11.2%, n=10 children in Barishal, 2.9%, n=1 children in Bhola, and 10.1%, n=9 children in Dhaka responded that children with disabilities are never allocated equal resources e.g. food, clothes & toys etc.
16. 11.2%, n=10 children in Barishal, 0.0%, n=0 children in Bhola, and 6.7%, n=6 children in Dhaka responded that children with disabilities are never allowed to participate in events at their neighbours or relatives'.
17. Only 24.9%, n=60 CWDs and 60.3%, n=144 non-CWDs know who/where to reach out in the community during any violent incident. Interestingly only 5.3%, n=13 CWDs, and 5.9%, n=14 non-CWDs currently reach out to anyone in the community when they are concerned about any issue.
18. A overwhelming 95.4%, n=230 CWDs and 92.9%, n=223 non-CWDs have no idea what a community based child protection committee (CBCPC) is or what does it do. Almost similar responses came-up for responding parents/CG. Most respondents of qualitative tools also had no idea about CBCPC and their existence within their communities. And none of them consider CBCPC to address issues related to disabilities.

Parents/ Caregivers' knowledge and responses to violence etc.

19. 31.3%, n=75 (includes 27.3% for Barishal, 33.3% for Bhola and 36.1% for Dhaka) parents have no knowledge of violence against children, which poses significant concern, as globally, it is estimated that up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in the past year[6]. Children in Bangladesh are exposed to severe forms of physical and mental violence at home, in the work place, in institutions and other public places[7]. Only 22.1%, n=53 (includes 21.5%, n=26 for Barishal, 30.6%, n=11 for Bhola, and 19.3%, n=16 in Dhaka) parents/caregivers could tell at least 3 types of violence that may occur against children with disabilities.
20. 19.3%, n=23 parents in Barishal, 22.2%, n=8 parents in Bhola and 57%, n=53 parents in Dhaka responded positively of being aware of CWDs being affected with violence at home and/or neighbourhood over the last 6 months.
21. The least understood and/or talked about violence were exploitation & sexual violence, both scored the lowest in all 3 districts (Barishal, n=1, Bhola, n=2, Dhaka, n=1 for exploitation and Barishal, n=7, Bhola, n=0,Dhaka, n=9 for sexual violence).
22. Only 44%, n=106 parents (includes 44.6%, n=50 parents in Barishal, 36.1%, n=13 parents in Bhola, and 46.2%, n=43 parents in Dhaka) have some ideas about how perpetrators

groom/entice children towards violence.

23. Only 193 out of 250 parents responded to question on violence inflicted upon by peers. And only 12.4%, n=24 parents in three districts (includes 1.1%, n=1 in Barishal, 6.7%, n=1 in Bhola and 25.6%, n=22 in Dhaka) responded positively that peers humiliate and/or inflict upon violence on children in the neighbourhood. Some children during qualitative interviews indicated of incidences that they are enticed/often forced to be engaged in carrying/dealings of drugs within the community.
24. An overwhelming 89.9% in Barishal, 87.1% in Bhola and 94.4% parents of CWDs in Dhaka think their children face violence for their disabilities.
25. 25.2%, n=55 parents in three districts (includes 33.3%, n=35 parents in Barishal, 3.8%, n=1 parents in Bhola, and 21.8%, n=19 parents in Dhaka) do not think that children with disabilities have access to playgrounds. Only 218 out of 250 parents/CG responded to this question.
26. 61.9%, n=125 out of 202 parents (includes 82.1%, n=87 in Barishal, only 9.4%, n=3 in Bhola, 54.7%, n=35 in Dhaka) responded positively regarding separate toilets for girls at schools.
27. 75.8%, n=144 parents think that schools maintain confidential complaints mechanism.

Schools and accessibility

28. 70.2%, n=134 parents (includes 50%, n=47 in Barishal, 90.9%, n=30 in Bhola and 89.1%, n=57 in Dhaka) responded negatively regarding ramp based accessibility at schools in relation to children with disabilities.
29. Only 11.7%, n=13 out 111 parents who responded (includes 16.7%, n=8 in Barishal, 9.7%, n=3 in Bhola and 6.3%, n=2 in Dhaka) stated that schools have Braille signage & orientation and mobility features.
30. Only 6.1%, n=11 out 180 parents who responded (includes 8.5%, n=8 in Barishal, 6.5%, n=2 in Bhola and 1.8%, n=1 in Dhaka) stated that schools have sign language trained teachers.
31. Only 8.4%, n=15, parents in three districts (includes 10.2%, n=9 in Barishal, 13.3%, n=4 in Bhola, and 3.3%, n=2 in Dhaka) thinks that the road to the school is wheel chair accessible for their children.

Recommendations

1. 47% of children with disabilities covered through the baseline are girls. This has the potential to reconsider the initial target of reaching out to only 40% girls with disabilities through resilience building/child protection and/or other related interventions (e.g. providing/linking with assistive devices etc). As a result of persisting social norms and traditions, girls apparently encounter greater discriminations than boys at family, community and society, therefore, it is recommended to increase the no. of training/intervention targets for girls with disabilities to contribute to increasing their resilience. The initial screening list by CSID will be useful toward this end.

2. 20.5% of the parents/ caregivers who participated in the quantitative survey are unsure about the form of disabilities of their children; it may be highly likely that many more of these children have never undergone appropriate diagnosis of their impairment &/or disabling conditions, which could actually minimize the effects of impairment in interaction of their environment, - therefore, it may be useful to take support of various resources to complete the diagnosis of their impairment and/or disabilities to improve the quality of life of these children. For example, a small portion of children identified with low vision may have the clinical condition of having squint – it may be worth exploring with concerned pediatric ophthalmologists to see if some of the child's impairment can be minimized, which

may have a very positive influence on their lives.

3. There is no common national level child protection and resilience building guideline in Bangladesh. A small proportion of organizations operate individualized child-protection guidelines. It is necessary to develop a child=protection mechanism and resilience building mechanism with a focus on national-level endorsement in order to ensure a greater number of children including children with disabilities across the country benefit from it. Explore possible collaborative mechanism for children with and without disabilities with e.g. the Ministry of Child & Women Affairs (MoWCA) and other ministries including those concerned with health & wellbeing, education, youth and sports, social welfare, ICT, cultural issues, legal and justice issues and law & order.

4. Some of the issues to be considered during adaptation are: how to reach out to children with multiple disabilities? how to reach out to children with different categories and degrees of neuro-developmental disabilities? How to reach out to children with speech impairment &/or communications difficulties of different types and those with visual disability? How to differentiate the training sessions for younger and older children respectively? How to take into consideration the children's various levels of education, literacy and illiteracy? How to strike a balance between addressing the children as homogenous group and yet take their different situations and needs into consideration in context of gender, but not at the risk of excluding anyone. The gender dimension also needs to be considered. Training materials and sessions should consider all aspects e.g. audio, visual, tactile materials/methods, how to communicate with illiterate as well as literate groups? It is essential to pay heed to cultural aspects, while at the same time ensuring that children's resilience is strengthened optimally and that their interests are always safeguarded.

5. Specific interventions targeting parents of children having severe to profound level of some specific disability may be necessary to reach out to the most marginalized among this marginal population who are often subject to exclusion in our society.

6. The survey reached out to children with disabilities by i) taking support of community people &/or ii) following a child with disability in the street, &/or iii) asking an identified child or family to lead to the next child having a form of disability, and/or iv) keeping in mind the resilience building aspect. As such it is highly likely that some children with profound disabilities who may not be at all visible outside their home or who continued to survive in a family without the knowledge of the neighbourhood - remained out of the survey/list prepared by the project. Therefore, special initiatives by the project are required to reach out to children with profound disabilities and/or their parents with resilience building activities, so that some of these extremely vulnerable children can also benefit from the project.

7. A monitoring framework focusing short, mid & long-term objectives and outcomes/results with clearly defined roles and responsibilities should be developed. A set of advocacy objectives and actions with local to national level outcomes will be useful to influence both policies and practices of local to national, individual, family & community to policy level players in context of children, issues of inclusion, and strengthening community-based response-mechanism to prevent and curb violence and abuse against children as a whole. The project should consider involving a group of children with disabilities (both gender and different age-groups) and their caregivers/parents to promote participatory monitoring which can act also as a tool of empowerment and contribute to improve project operation within limited time-frame and sustainability.

8. Children with disabilities often 'nurture' low level of expectation for example, only 37.1% (n=79) children with disabilities and 60.6% (n=140) children without disabilities consider that they have the right to health care. The percentage gaps between children with and without disabilities in-terms of their expectation in areas of health care, education, safety must be minimized by continuous actions/nurturing of resilience building of the project. This gap cannot be minimized only by imparting 'training' at a piecemeal basis, rather it will need continuous follow-up.

9. Alongside issues of resilience the project has the potential and should also address accessibility and reasonable accommodation (both attitudinal and structural) targeting both home, school and other external environments. Peer children, teaching staff, School Management Committee members, Parents' association, representatives of locally elected government etc. both within and outside schools may be engaged with.

10. A wholehearted efforts will be required to cover as many girl children with disabilities as possible (at least 50%) through the resilience building interventions.

11. Apart from considering the regular five form of violence.g. *Physical Abuse*[1]*, Emotional or Psychological Abuse*[2]*, Sexual Abuse*[3]*, Neglect*[4] *and Exploitation*[5]*,* also consider online harassment issues and drug abuse.

12. The project should explore to optimally utilize and collaborate with the public sector. For example, field level staff of Ministry of Women and Children Affairs (MoWCA), Ministry of Social Welfare (MoSW), Ministry of Primary & Mass Education/Ministry of Education, Public Legal Aid providers, Ministry of Health and Family Welfare and other government and non-governmental implementing partners of UNICEF keeping sustainability issues in mind. A list of stakeholders to be prepared to engage with, should be developed in advance considering advocacy agenda, orientation, skill transfer and sustainability. Apart from children, peer children, parents/caregivers, family members, some of the following public field positions should also be given consideration for engagement by the project:

Table 2: Potential stakeholders (not in order of precedence for action, necessarily)

• District/Upazila Legal Aid Committees (DLAC or ULAC)
• Child Desk Officer, Police Station/Thana
• Representative of One Stop Crises Centre at district level
• District Primary Education Officer, Upazila Education Officer (Primary Education)
• District Education Officer (Secondary)/Upazila Secondary Education Officer (Secondary Education)
• Teachers
• Upazila/District Women Affairs Officer
• Upazila Health & Family Planning Officer, Residence Medical Officer (RMO), District/Upazila Family

[1] includes violent physical force which cause actual or likely physical injury or suffering (e.g. beating, kicking, slapping, burning, torturing, etc)
[2] includes humiliating and degrading treatment (e.g degrading language, stigma and discrimination, isolating the person).
[3] includes all forms of sexual violence (e.g touching in bad intention, Showing CWD pornographic material, Early and forced marriage).
[4] includes abandonment, the failure to properly supervise and protect children from harm as much as is feasible, the deliberate failure to carry out important aspects of care which results or is likely to result in harm to the child, the deliberate failure to provide medical care or carelessly exposing a child to harm for examples can amount to neglect.
[5] Includes the use of children for someone else's advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social emotional development.

Planning Officer, Responsible person for Adolescent Health Corner or if concerned with disability issue
• Deputy Director, DSS at district, Upazila Social Service Officer, Probation Officer, DSS (District/Upazila Social Service Officer
• DRO (for district)/Project Implementation Officer at Upazila (responsible for emergency)
• Representative from vocational institute
• Woman Member, Union Parishad
• Other LGI members at Union & Upazila
• SMC representative
• Non-Governmental Organizations (NGO)/Civil Society Oorganizations (CSO)/Disabled Peoples' Organizations (DPO) working with children, adolescents, disability, gender, youth, other marginalised groups
• Upazila Nirbahi Officer (UNO)/ Additional Deputy Commissioner (ADC)- Admin or Education
• Children & adolescents clubs
• Representative of Protibondhi Seba O Sahajjay Kendra of Jatiyo Protibondhi Unnayan Foundation (JPUF)

13. The project should advocate and work closely to include components of child protection and resilience initiatives within the existing child/adolescent club operating mechanism. Initiatives should be taken to transfer skills on child protection and resilience to selected caregiver/parent and older adolescent with disabilities to develop and sustain capacities within the community.

14. Some of the indicators and targets set may be revisited, if possible. (Please refer to the table of indicators).

15. Expert training facilitators should be involved right from the beginning to transfer skills to different target groups. Better the facilitator, better the outcome of the workshop/training. Frequent & periodic refreshers training should be considered.

16. As most of the children identified belong to poorer families often with both parents busy making a hand-to-mouth existence, who often leave their children unattended at home, it is essential to design the orientation programme and timing carefully to reach out to caregiver/parent and children so as to the family can avoid wage loss, while learning issues of protection/violence/resilience. Continuous follow-up by staff must be strengthened, and home/community based orientation sessions and refreshers sessions should be also periodically arranged.

17. Linkage with services provided by public and other health, education, rehabilitation, sign and Braille teaching etc. may be explored so that target children can benefit from these services in an efficient manner.

18. Joined-up advocacy involving UNICEF is recommended to endorse the resilience & child protection module and to introduce its utilizations by all stakeholders working with children, particularly children with disabilities.

BACKGROUND & CONTEXT

The World Report roughly estimates 5.1% or 4.743 million children living with a 'moderate or severe' disability and 0.7%, or 13 million children, live with severe difficulties[8]. UNICEF puts this figure even higher – estimating that there are 150 million children with disabilities globally in 2005[9] . Both groups agree that childhood disability is most common in low and middle income countries[8, 9]. Children with disabilities are among the most vulnerable members of any society. Children with disabilities may be more likely to face discrimination and restricted access to social services, including education. Children from the poorest 60% of households were frequently more likely to be at risk for disability than those from the wealthiest 40% of homes. Parents of children who screened positive for disability were significantly more likely to report using severe physical punishment in seven of the 15 countries providing discipline data, while children screening negative were reported to be more likely to receive physical punishment in two of the 15 countries. The link between nutrition and child development has been well documented[10]. Global factsheets reveals that children with disabilities are often excluded from or unable to access mainstream assistance programs as a result of physical or attitudinal barriers. Published in July 2012, review carried out by the Liverpool John Moores University's Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, and WHO's Department of Violence and Injury Prevention and Disability indicate that in general globally, **children with disabilities are almost four times (3.7 times) more likely to experience violence of any sort compared to children without disabilities. This review also highlights the lack of data on this topic from low- and middle-income countries, and states that they are 3.6 times more likely to be victims of physical violence, 2.9 times more likely to be victims of sexual violence; and children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers.** The review further **identifies factors such as stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them, which place people with disabilities at higher risk of violence.**

Children with disabilities in Bangladesh in general like in other countries are affected by violence of different forms. Although Bangladesh has recently enacted the Children Act, 2013 (amended in 2018) to safeguard their interests, there is hardly any major efforts in Bangladesh to systematically assess the risk/situation and build resilience of children with disabilities and/or their caregivers to detect, prevent, challenge and respond violence and abuse of different kinds.

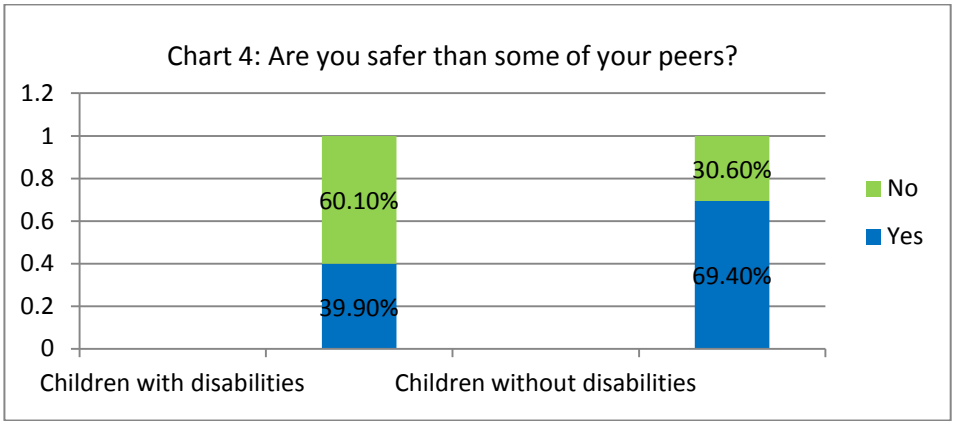
Children with Disabilities scored much less in almost all accounts during the baseline, which indicate to their limited exposure and awareness about rights. **At baseline, just 11.3% (n=24) of children with disabilities feel that they have the right to be listened to against 44.2% (n=102) of children without disabilities, although they further indicate their satisfaction (82.9% (n=199) at the way their parents listen to them – both of which indicate a low level of self-esteem. 74.3% (n=185) parents responded positively about knowledge of violence against children with disabilities at baseline.**

The Convention on the Rights of the Child emphasizes children's rights to physical and personal integrity, and outlines **States parties obligations to protect them from "all forms of physical or mental violence", including sexual and other forms of exploitation, abduction, armed conflict, and inhuman or degrading treatment or punishment[11].** It also obliges the **State to enact preventive measures and ensure that all child victims of violence receive the support and assistance they require.** And yet, child maltreatment still remains a highly sensitive and emotive issue that is not easily discussed in private or public debates.

Bangladesh was among the first set of countries to ratify the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and the Optional Protocol in 2008. The CRPD compels states to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities, including children and adolescents. The constitution of Bangladesh guarantees human rights and equal treatment and protection for all citizens of the country, and yet intended or non-intended discrimination against people with disability and other vulnerable groups of societies including women, older people and children, is still operative in our society. Still, children with disability are among the most vulnerable sections in our country and they encounter many and varied problems. This is the case, even after the country has enacted the Rights and Protection Act for Persons with Disabilities 2013. Bangladesh is among the first 20th countries in the world to have ratified the United Nations Convention on the Rights of Children (UN CRC) on the 3rd of August 1990, although with Reservations for:

"[The Government of Bangladesh] ratifies the Convention with a reservation to article 14, paragraph 1. "Also article 21 would apply subject to the existing laws and practices in Bangladesh."

Many children are deprived of their basic human rights due to unacceptable health, nutrition and education and social and economic conditions. Children are exposed to severe forms of physical and mental violence at home, in public place. Poorer children engaged in earning for their families are often at risk of violence in their 'work place'. Children irrespective of age, sex, socio-economic class and disability are at risk despite efforts made by government and non-government organizations. For children with disabilities, the situation is even worse. When it comes to disability, the exposure of children with disabilities to all forms of violence may be much greater than that of children without disabilities in Bangladesh and other countries. This situation exacerbates with a lack of understanding, and lack of capacity of various stakeholders. **Only 39.9%, n=93 of child respondents at baseline indicated that they are more safer than some of their peers against 69.4%, n=163 children without disabilities who think they are more safer than some of their peers.**



Thus, Bangladesh's estimated 7-10 million children with disabilities (out of a total of 72 million children, WHO report) are often treated as a burden to their families or the community and they become subject to negligence and various other forms of violence. Often **even their caregivers/parents, lack skills and resources to appropriately address the needs and situation of CWDs. Only 18.3%, n=44 of the parents at baseline knew more than 3 types of violence that inflicts upon children/with disabilities. Only 6%, n=14 of the parents/caregivers have ever heard of CBCPC at baseline; only 2.5%, n=6 of CG/parents know what the 109 number is for; only 2.6%, n=6 of cg/parents can tell of any law which has been passed to protect children;** Moreover, there are hardly any efforts to sensitize the peer groups of children with disabilities, which results in further stigmatization and discrimination of children with disabilities.

Being a signatory to the United Nations Convention on the Rights of the Child (UNCRC), Bangladesh also implements some initiatives such as facilitating child club, running children's home, special education schools in both residential and non-residential forms, but the focus on child protection and resilience building in a systematic manner need to be strengthened. **For example although Bangladesh has Children Act and National Adolescent Health Strategy, no Child Protection & Resilience Building Strategy and/or National Adolescent Policy exist in the country yet.**

The Project has three outputs to reach a particular result as following:

CPD Output 2.3: By 2020, national and subnational child protection systems have the technical, management and financial capacities to provide high-quality services and protection against violence to girls and boys, including children with disabilities and children in hard-to-reach areas, urban and in emergency and non-emergency situations.	Number of para-workers, Union and Urban social workers trained and conducting early identification and case management of vulnerable and affected children
Programme Output 1 By 2020, Children with disabilities in the project areas have skills and capacity to report and prevent all forms of violence against them, appropriate to their age and the level of disability.	Number of children with disabilities received resilience building training
	% of children who received vocational training started light employment activities/self employed
	Numberof CWDs received assistive devices after assessment by the service providers.
Programme Output 2 By 2020, Caregivers and family members in the project areas have skills and understanding to prevent and respond to violence against children with disabilities (CWD).	Number of cases on violence against CWDs reported by parents /caregivers.
	Number of community facilitators, Gov. Health Workers, Social Workers and NGOs workers received training on, VAC/D,gender-responsive and disability- specific case management and referrals protocols
Programme Output 3 By 2020, Child protection systems in the target areas are strengthened and Children with disabilities in the project areas have access to violence-free learning environments	Number of Community Based Child Protection Committee (CBCPCs) activated to respond to violence against children with disabilities
	Number of teachers take initiative to the immediate needs of children with disabilities
	Numberof legal professionals, police, NGOs representatives & othersbecome supportive

Table 3: Project Location

Name of district	Name of Upazila/	Name of municipality/union	Total Wards
Dhaka	Keranigonj	Kamrangirchar	03 (55,56,57)
Barisal	Barisal Sadar	Entire Barisal City Corporation	30
Bhola	Charfashion	Nurabad	09

Primary beneficiaries of the project: The primary beneficiaries of the project are girls and boys with disabilities (6/7 yrs. to 18 yrs.; 645 children with disabilities (Boys-387, Girls-258) with different types and degree of disabilities. The project also plans to work with a range of secondary beneficiaries and/or other stakeholders including caregiver/parents, children without disabilities, teachers, legal professionals, local level representatives, Gov. Health Workers, Social Workers and NGOs workers etc. A total of 41 CBCPCs is targeted to be made functional and disability inclusive.

METHODOLOGY

Methodology and Data Collection Plan

The baseline was carried out using a mixed method approaches. Both quantitative and qualitative tools including semi-structured questionnaires

Tools:

- Semi-structured quantitative questionnaires were developed focusing both the child and caregiver/parents. The two sets of semi-structured quantitative questionnaires contained a to tal of > 48 broad & some sub-questions and >66 broad & some sub-questions for children and parents/ caregivers, respectively. Questionnaires were field tested and corrected before being used in the field. Attempts were taken to reach out to all categories/types of disabilities based on identification almost on a simultaneous basis, by CSID data collectors.
- KII & IDI (same tool) and FGD guideline were developed and utilized to generate qualitative data to support triangulation of information for the baseline.

Approaches & implementation:

- Field data collection was done by CSID's own staff members, who have been pre-trained on the utilization of the semi-structured quantitative questionnaires. A majority of who were also engaged in field testing.
- A Case-Control Approach (in same geographic locations): A case-control approach was tried at limited pace by including children without disabilities as survey respondent – this is expected to create the scope for post-implementation cross analysis between children with and without disabilities, particularly in areas of knowledge of violence, knowledge and practice of resilience, reporting etc. during final evaluation or annual M&E interventions. Inclusion of children without disabilities in the quantitative data collection and analysis will allow a comparative analysis between children with disabilities VS children without disabilities during post-project implementation review and/or annual internal project review. (Parents with disabilities were excluded as they are not direct beneficiaries of the project and in terms of constraints of time and other resources).
- To conduct baseline survey (a pair of 250 Children with disability and their parent/care-givers were reached. Another 240 children without disability (against the target of 235) were interviewed with the same field-tested semi-structured questionnaire (i.e. for children with or

without disabilities). A total of 250 pairs of children with disabilities and their 250 parents/caregivers in project areas have been reached against the target of 240 (maintaining 95% confidence level).

- Qualitative tools including key informant interview-KII (16), focus group discussions-FGD (12), and Indepth Interview-IDI (7) have been conducted in all three project areas.
- A literature review was carried out pre & post field work.

The following sample size was considered maintaining 95% confidence level and 0.05 margin of error against a population of 645 children with disabilities and 600 children without disabilities respectively:

Table 4 : Sample

<table>
<tr><th>Population</th><th>Sample</th><th>Remarks</th></tr>
<tr><td>Project targeted Population for children with disability

N=645</td><td>$$n = \frac{N}{1 + Ne^2}$$
$$n = \frac{645}{1 + (645)(.05)^2}$$
$$n = \mathbf{247}$$</td><td rowspan="2">The sample maintains 95% confidence level. With a sample of this many people and responses from everyone, it is more likely to get a correct answer than it would from a large sample where only a small percentage of the sample responds to the survey.

In the field we have been able to reach out to a total of 250 children with disabilities and 240 children without disabilities with the quantitative semi-structured questionnaire.

Data was collected by CSID field staff majority of who have been directly trained by Creative Pathways. The same team was also involved in prêt-testing of the tools with both children and adults.

The option has created a limited scope of building a case-control analysis as part of the baseline, allowing to possibility to look back during endline of the project upon completion of project operation.</td></tr>
<tr><td>Project targeted Population for children without disability

N=600</td><td>$$n = \frac{N}{1 + Ne^2}$$
$$n = \frac{600}{1 + \left(600\right)(.05)^2}$$
$$n = \mathbf{240}$$</td></tr>
<tr><td colspan="3">Although random selection of sample was originally proposed. Field reality and time pressure contributed to revising the strategy early on by interviewing each willing child with disability and CG/parent as long as they 1) fit the criteria of age, 2) had disability, 3) belonged to project area, and 4) willing to take part in the interview. One child with disability and his/her caregiver/parent formed a single pair of sample; which no parent interview was taken for the child without disability.

As mentioned, in lieu of a list of 1245 targeted children, samples were selected from any one direction of the project area and survey continued till the total projected number (n) was reached in defined areas of Kamrangirchar in Dhaka, selected wards of Barishal City Corporation, and Nurabad union of Bhola district.</td></tr>
</table>

Table 1: Sampling Plan per district and actual number of children & parents who have undergone survey (quant.)

Districts	Children with disability	Children without disability	Samples for children (interven-tion)with disability	Samples for Children without disability	**Actual no. of CWDs reached**	**Actual no. of non-CWDs reached**	**Total CG/ Parents of CWDs reached**	Total individual samples reached
Barisal	315	200	121	80	**121**	**120**	**121**	**362**
Dhaka	240	300	92	120	**93**	**90**	**93**	**276**
Bhola	90	100	34	40	**36**	**30**	**36**	**102**
Total	645	600	247	240	**250**	**240**	**250**	740

Baseline study areas: **Selected areas of Dhaka, Barishal and Bhola district.**

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 CBCPC members
- Partner staff
- OCC officials
- Police personnel
- Representatives of DSS, local government (elected), legal aid providers (public) and lawyer (private) etc. mostly at local and some at national levels.

Tools: The end-line and Final Evaluation used both quantitative and qualitative tools as following:

Quantitative tools used: A semi-structured survey tool consisting of two parts (part-1 for children with disabilities with 48 broad & some sub-questions, and caregivers/parents with broad & some sub-questions) was developed in alignment with the project document. The questionnaire was pre-approved by CSID upon field-testing at Mohammadpur, Dhaka on 26/02/2019 prior to utilization for data collection. The same questionnaire has been used for both children with and without disabilities.

Qualitative tools used: A range of qualitative tools including IDI (7), KII (16), and FGDs (12) with different stake-holders have been conducted mainly for purposively selected samples. Qualitative interview guidelines for IDI, KII and FGD were developed and shared with CSID for feedback which were reflected. The contents of these guide-lines were pre-approved prior to field testing and implementation.

16 KIIs have been conducted with representatives of legal professionals/legal aid service providers (both public and private), nursing staff at One Stop Crisis Centre, Sub-inspector of Police at OCC, elected local government representative, teacher of madrasah and school, representative of Department of Social Services at union level, Sub-Inspector of Police responsible for child and disability desk at police station, staff members of CSID.

12 Focus Group Discussions (FGD) (i.e. 4 in each district) were conducted with purposively selected homogeneous groups (where possible by gender, child/adult, profession etc.) of 1) girls (50% with disabilities), 2) boys (50% with disabilities), 3) children with disabilities (boys & girls), 4) community people with representation of e.g. health workers/ family planning workers, teachers, CBCPC members, parents, SMC members, religious leaders, locally elected members of local government etc.) were conducted to create enough scope of discussions, interactions, participation and generation of information for the baseline and situation analysis. FGD with community people for this sparsely populated areas had to be conducted in a mixed group of men and women due to unavailability of adequate members of homogeneous gender/group. Care was taken to ensure participation of all groups.

7 IDIs were conducted of mothers-2, father-1, grand-mothers-2, child with disability-1 and aunt-1 have been conducted to generage in-depth analysis of situation to support evidences.

Inclusion Criteria:

The following issues were considered for inclusion criteria.

- Children aged between 7 to <18 years with different types of disabilities living in the project areasChildren without disabilities aged between 7 to <18 years and of the same community
- Children with disabilities who were first identified within the community
- The willingness and availability of the CWD & his/her CG and non-disabled children of the same age to participate in the survey/IDI & FGD.

Exclusion criteria:

- Those who are unwilling to take part in the interview processes or survey were not considered.
- Care-givers and/or parents of children without disabilities covered by the baseline were not considered for the survey as they are not direct beneficiaries of the project and in terms of constraints of time and other resources.

Ethical Consideration, Consent &/or Assent:

All participants and/or their parebts/caregivers were asked to sign/ give fingerprints or oral consent prior to participating in survey/ KII/ IDI/ FGD. The consent form attached with the set of quantitative and/or qualitative questionnaires have been read out &/or given to respondents before participating in the interview/FGDs. Confidentiality of the respondents will be 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 participation was done on a voluntary basis.

Limitations/ Challenge:

The actual survey and interviewes had to be conducted within a very short period, which did not allow pace to first develop a list of identified children with disabilities to allow systematic

randomized sampling. In order to cope-up with this problem, the following criteria were consulted in order to instantly take interview of the child with disability if i) they were of the right age group (7 to <18 years), 2) belonged to the project areas, 3) both child and parents were willing to take part in survey.

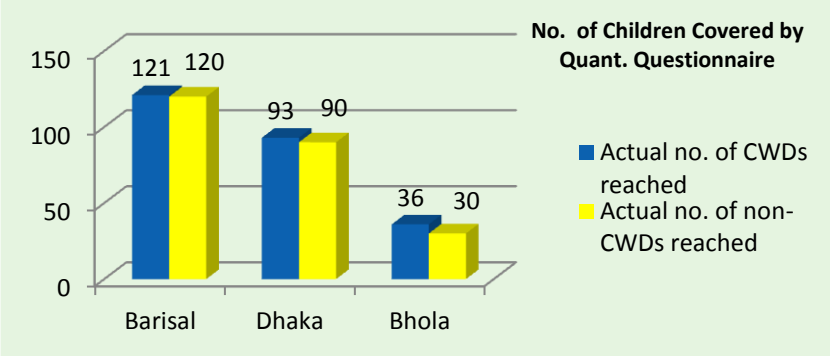
Limitation of time and resources, and nature of the intervention did not allow taking interview of parents/caregiver of children without disability utilizing the semi-structured quantitative questionnaire. About 24% of children had impairment related to speech, intellect, autism, hearing and psycho-social issues. The CSID enumerators had to interact with the parents (who are often the caregivers) of some of these children, which at times can pose a degree of limitation.

FINDINGS

Characteristics of the Base-line Population

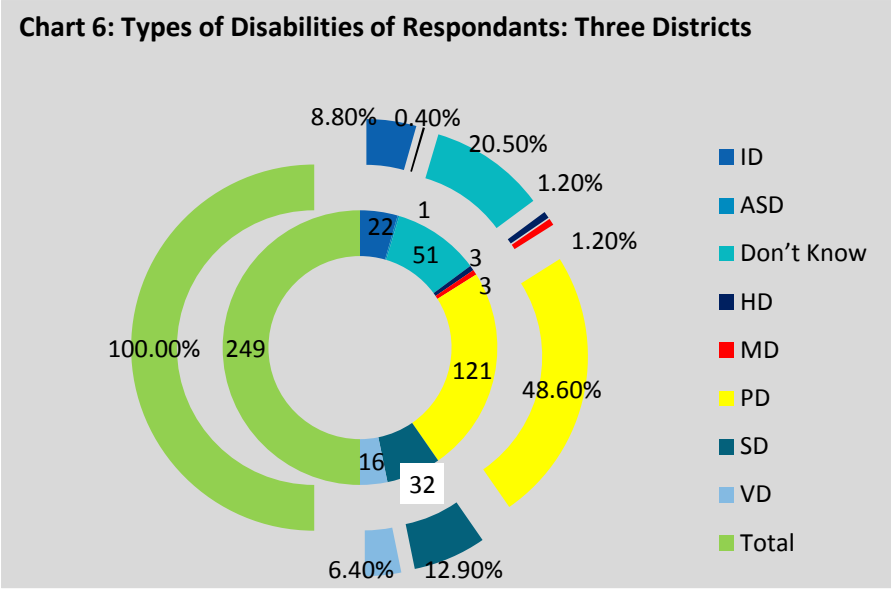
A total of 250 pairs of samples of CWDs and CG/parents have been reached against the planned sampling plan of 247 pairs in 3 project areas with two sets of semi-structured quantitative questionnaires (Part 1 for children and part 2 for CG/parents). This excludes 240 children without disabilities also reached for quantitative surveys.

Chart 5: CWDs reached by District – Quantitative Survey



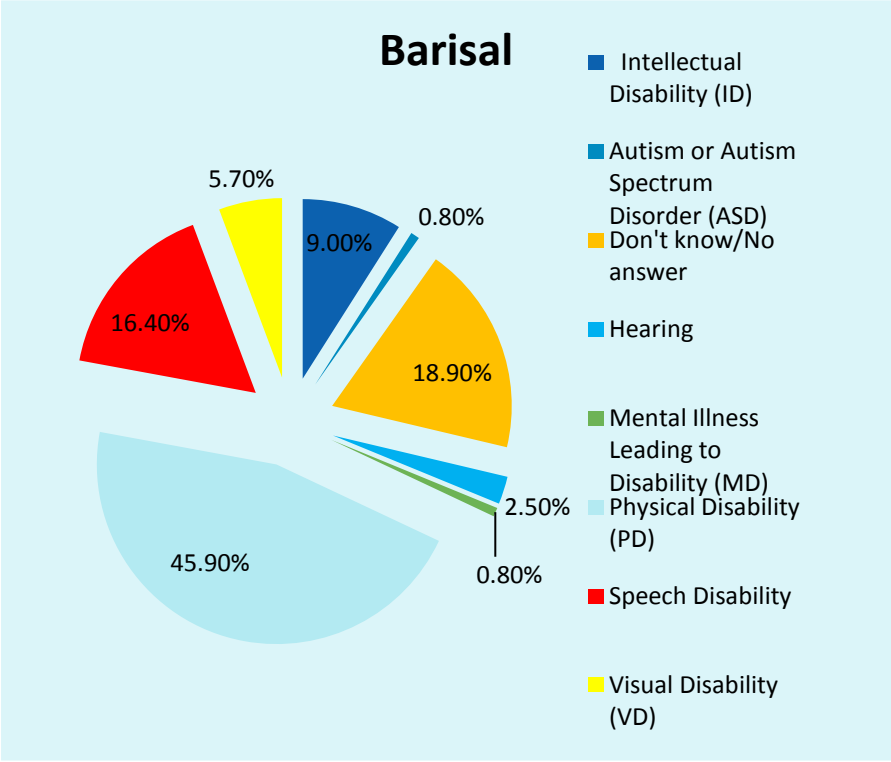
Type of disabilities: Type of disabilities of children covered by baseline is as following (Chart….). Information on the types of disabilities is expected to be utilised in planning the training, monitoring and follow-up activities, as different communication and specific support may be required and planned for some interventions. Specific interventions targeting parents of children having severe to profound level of some specific disability may be necessary to reach out to the most marginalized among this marginal population who are often subject to exclusion in our society.

The charts below gives an analysis of children having different types of disabilities covered by the semi-structured quantitative questionnaire for baseline:



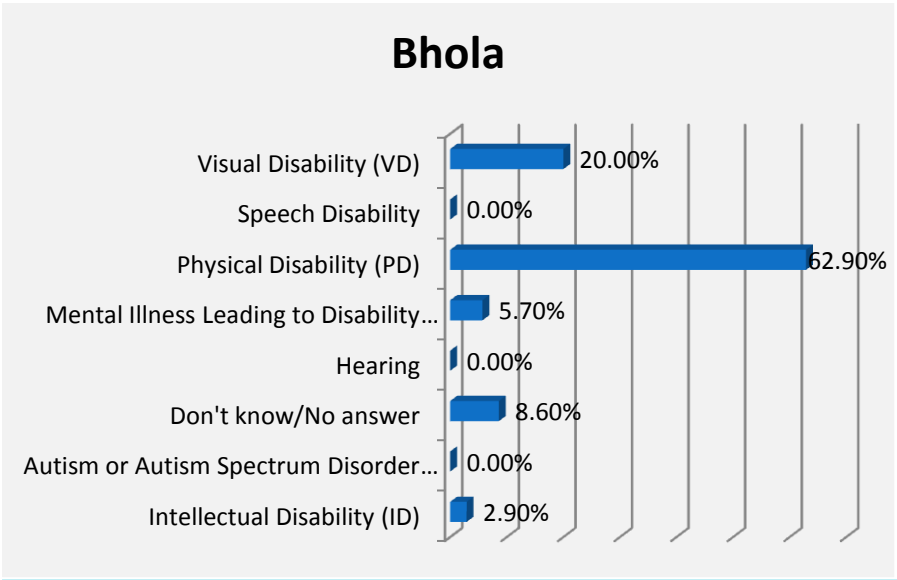
A vast majority of children with disabilities covered by the baseline has physical disabilities (48.6% or n=121), followed by speech disability (12.9% or n=32), intellectual disabilities (8.8% or n=22), visual disabilities (6.4% or n=16), hearing (1.2% or n=3), mental disabilities (1.2% or n=3), and ASD (0.4% or n=1). 20.5% (n=51) of

Chart(s) 7: Type of disabilities of children based on responses of parents/CG by districts are as following:



the parents/CG do not know the type of disabilities of their children. 249 parents/ CG responded to this question.

Physical disability was found dominant, part of which may be it is often more visible and easier to recognize. 27.2% (n=25) of respondents in Dhaka and 18.9% (n=23) in Barishal, and only 8.6% (n=3) in Bhola do not know the type of disability of their



children. This indicates issues with diagnosis.

The district specific information on types of disability can support planning of the training/ orientation activities.

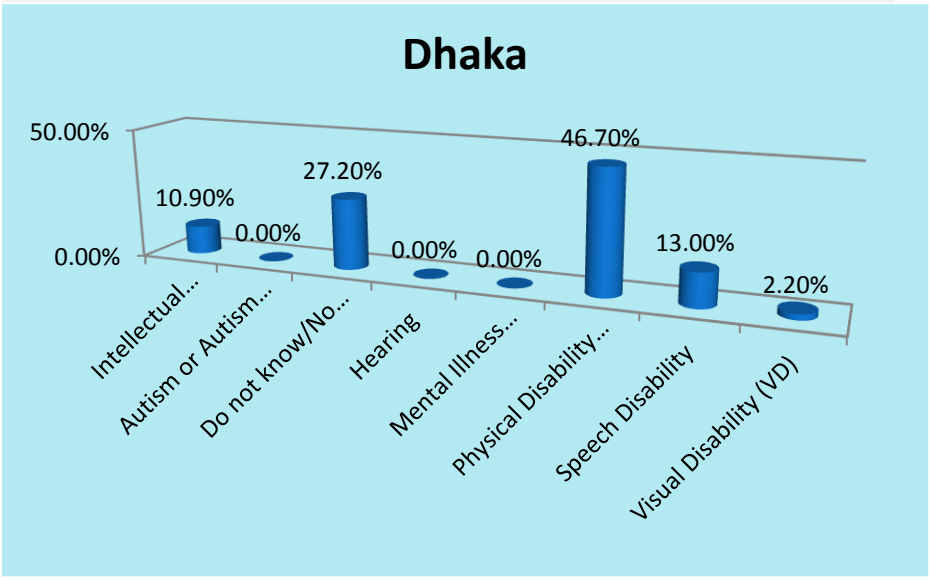


Chart 8: Percenage dstribution of sex of the CWD child

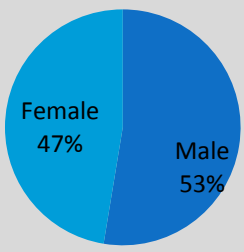
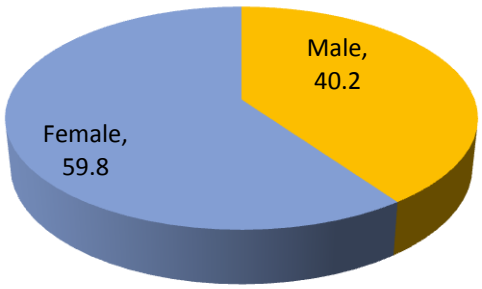


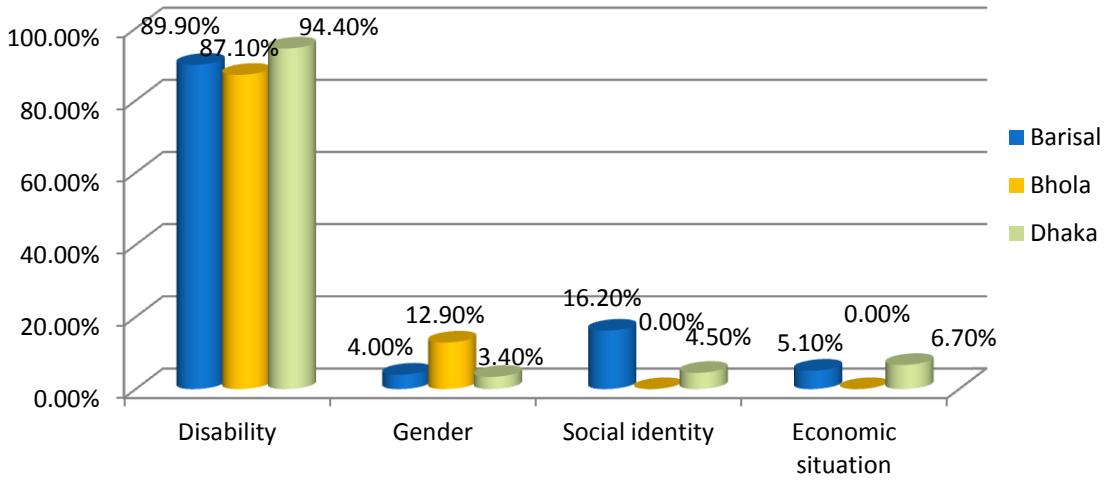
Chart 9: Sex distribuion of Chldren without disabilty



The baseline covered 250 CWDs and 240 non-CWDs. It's a good trend that more girls with disabilities may be reached by the project. Although the project planned to address at least

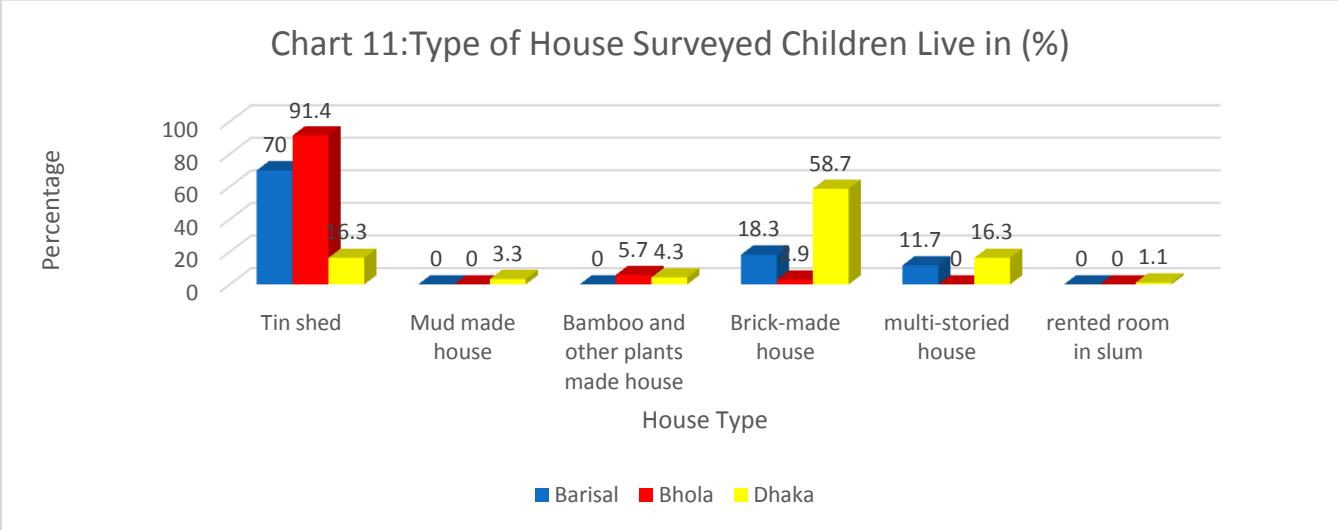
40% girls with disabilities initially, if this trend continues it may be possible to address more girls with disabilities through all sorts of interventions of this project.

Chart 10: Which of the Following Reasons May Be Contributing to Exposing Your Child to Violence? Respondents: CG



A good majority of parents/CG consider the apparent impairment and/or disability of their children to be the main cause contributing to the increased vulnerability of their children. All respondent parents/CG of the baseline have at least one child with impairment/disability.

Some socio-economic data on the children covered with the survey:

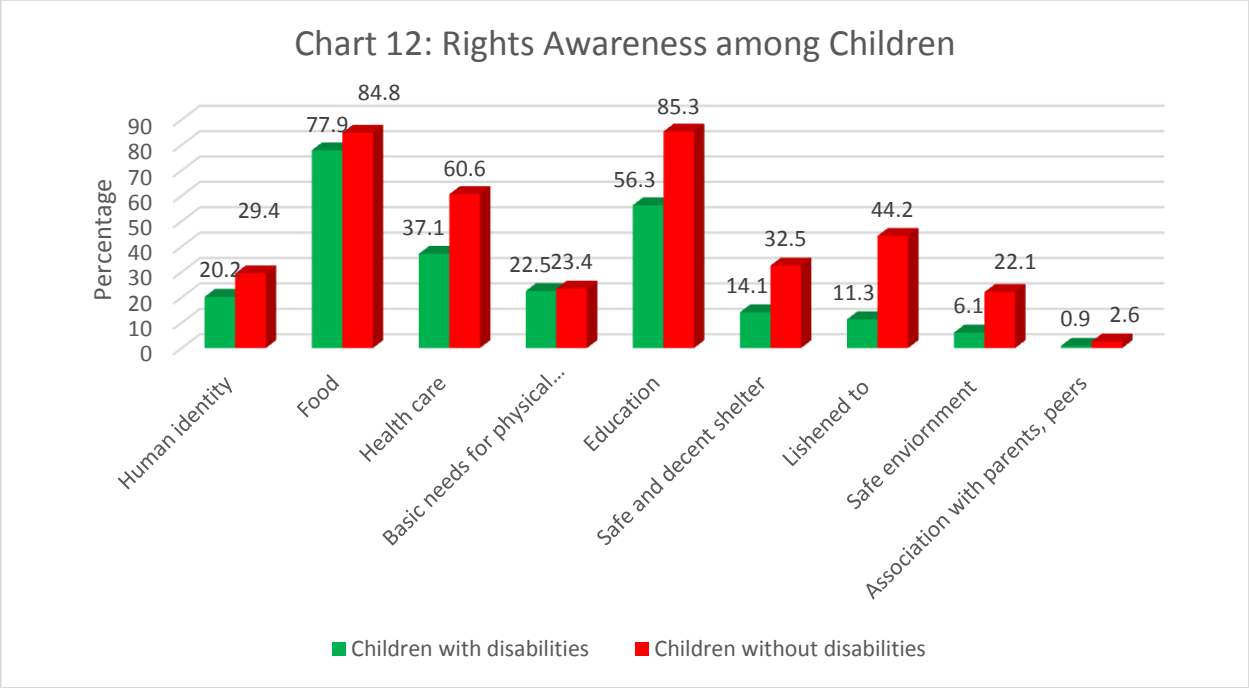


The Chart above provides information on the housing patterns of the children with disabilities. A good majority of these children live in low income groups, often sharing one or two rooms within a low-income building structure or tin shed houses. Some live in bamboo, clay-made house or in slums.

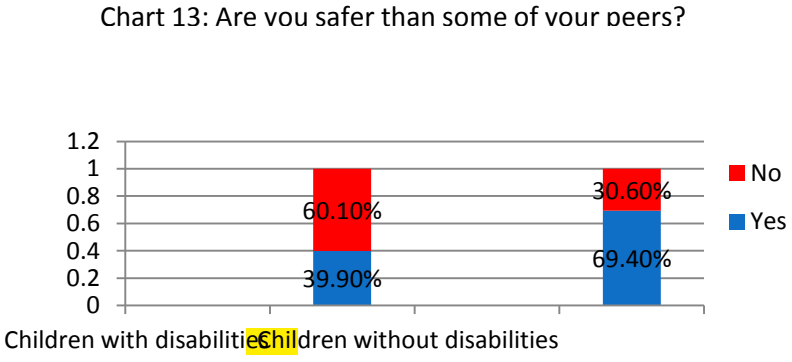
Programme Output 1

By 2020, Children with disabilities in the project areas have skills and capacity to report and prevent all forms of violence against them, appropriate to their age and the level of disability

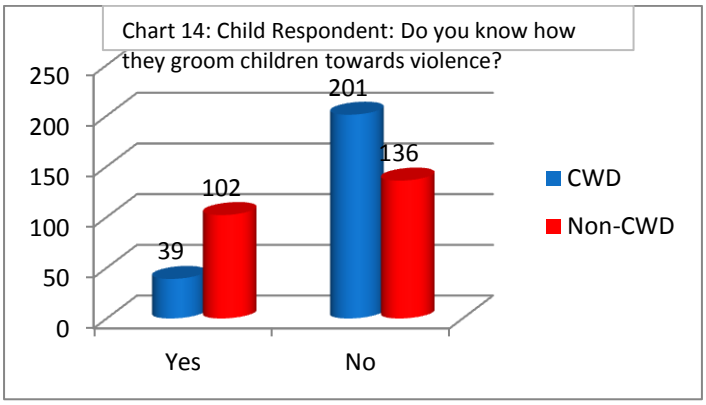
Only 20.2% (n=43) children with disabilities and 29.4% (n=68) children without disabilities; and 22.5% (n=48) children with disabilities and 23.4% (n=54) children without disabilities consider 'identity' as a human being, and basic needs for 'physical protection' as their rights, respectively. Only 6.1% (n=13) children with disabilities and 22.1% (n=51) children without disabilities consider having 'safe environment' as an issue of rights.



Only 11.3% (n=24) of children with disabilities feel that they have the right to be listened to against 44.2% (n=102) of children without disabilities. Due to various reasons children with disabilities acquire a low level of self-esteem (an individual's subjective evaluation of their own worth[12]). When it comes to right to participation and association with peers and parents only 0.9% (n-2) children with disabilities and 2.6% (n=8) children without disabilities think they have the right to associate themselves with peers and parents although positive parent-child and individual-peer relationships are often the key to healthy development of children/adolescents.



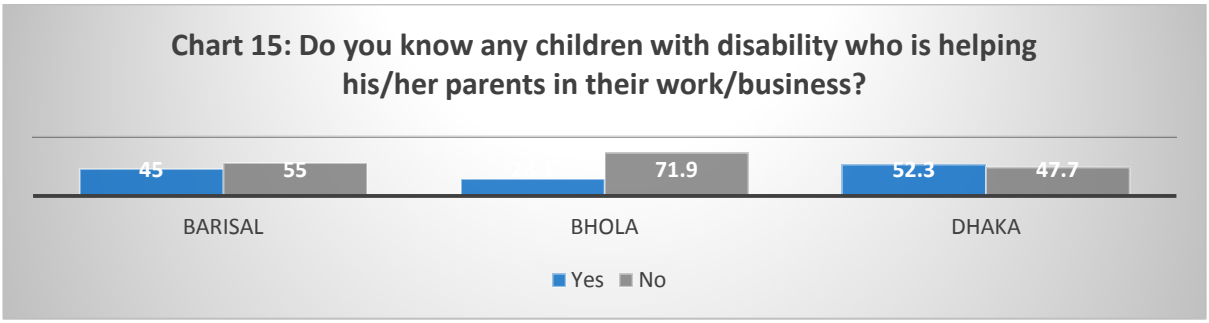
Children covered through survey indicate that only 39.9% children with disabilities in three districts may feel safe against 69.4% children without disabilities than some of their non-disabled peers. This is similar to the feelings of parents of CWDs who have put disability overwhelmingly as a contributor to increased vulnerability to violence.



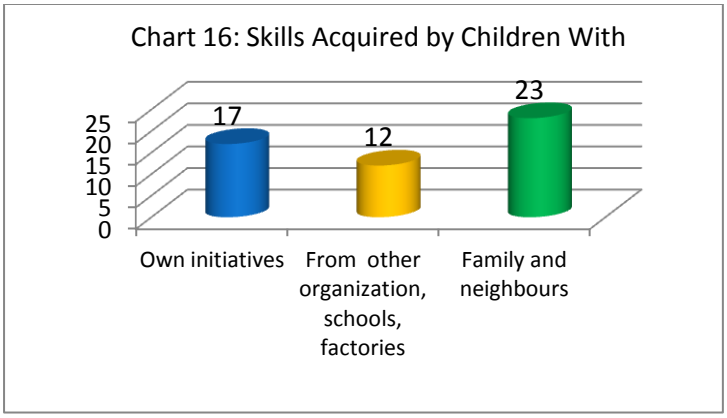
Only 39 CWDs responded positively of knowing something on how children are enticed to violence against 102 no-CWDs. This again justifies the relevance of this project.

Children participating in FGD stated of various violence they know about occurring in their community. But none of them know how to address these apart from sometimes informing their family, particularly mothers. 12% of the children with disabilities had some ideas about at least 3 types of violence, while >2/3rd of these children indicated not knowing about types of violence.

63.8%, n=155 CWDs against 44.1%, n=105 non-CWDs do not feel they can go anywhere alone at night; while 6.3%, n=15 CWDs and 10.2%, n=24 non-CWDs could not share incidence of sadness/insecurity with neighbours over the last 6 months. However, an overwhelming majority and over 1/3rd of these children still reach out to their mothers and fathers respectively when they felt sad and/or unsafe.

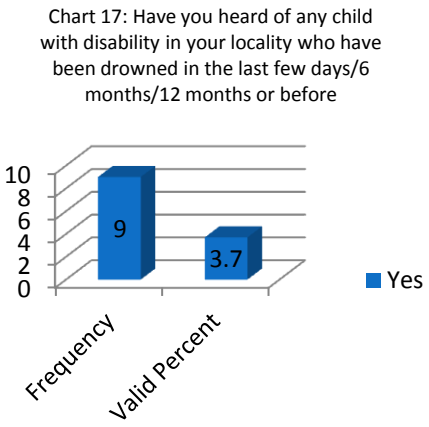


A good number of children with disabilities are financially engaged as responded by CG/parents.



86 Children with disabilities responded to the question on skills. 52 out of 86 indicated of acquiring various skills such as tailoring, working in garments factory, cane & bamboo based crafts-making, 'katha' (hand-made quilt making, handicrafts, local doll-making, drawing, block design on clothes, electronics work, singing, playing soccer, 'karchupi'/ making decorated clothes etc. Some of them work in small factories and assist their families financially.

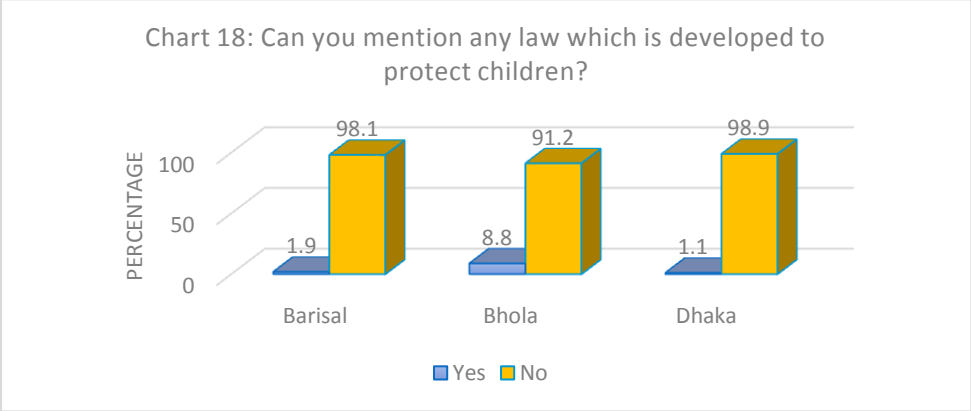
And this has the potential to increase the vulnerability of these children in workplace.



The baseline tried to explore any case of drowning of children with disability. Studies reveal that drowning claims lives of more than 30 children daily, or approximately 10,000[13] annually in Bangladesh. Most of these statistics are not available in disability desegregated manner. CG/parents interviewed reported of hearing 9 cases of drowning of children with disabilities against 35 cases of children without disabilities. The difference of cases may be due to relative limited mobility of CWDs. However, as the project has a focus on emergency situation, and it's being operationalized in Barishal, Bhola and Kamrangirchar of Dhaka, it may be worth keeping in mind the issues of drowning during resilience building sessions.

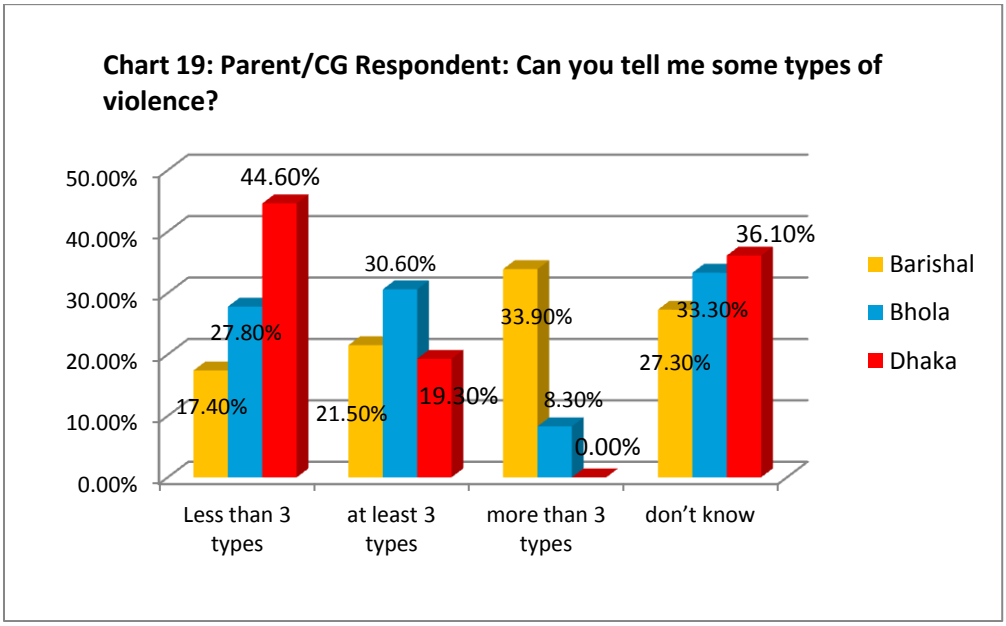
Programme Output 2

By 2020, Caregivers and family members in the project areas have skills and understanding to prevent and respond to violence against children with disabilities (CWD)

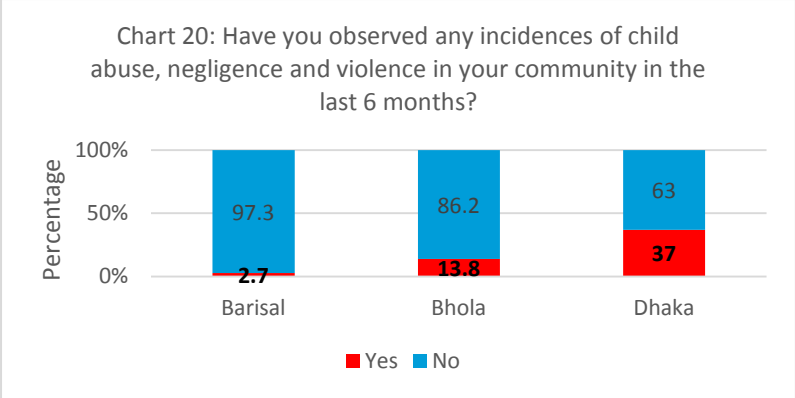


A vast majority of parents have no knowhow of any existing law to protect children.

The situation is even worse in Barishal and Dhaka with 1.9% and 1.1% parents having some knowledge of such laws.

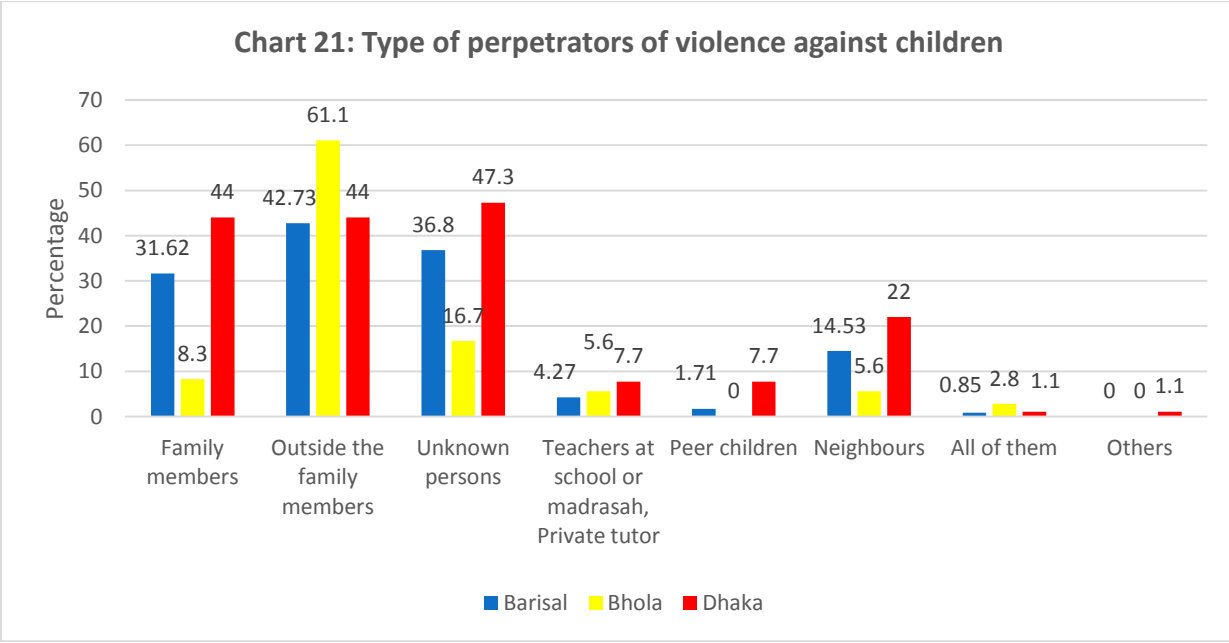


Only 33.9% parents in Barishal, 8.3% in Bhola and 0% parents in Dhaka can tell about >3 types of violence that may affect children.



Only 2.7% CG/parents in Barishal, 13.8% in Bhola and 37% CG/parents in Dhaka reported of observing/hearing any incidence of violence against children in the last 6 months.

Parents/CG interviewed indicate at least 5 types of perpetrators who usually commit violence against children. Only 12.4%, n=24 parents in three districts (includes 1.1%, n=1 in Barishal, 6.7%, n=1 in Bhola and 25.6%, n=22 in Dhaka) responded positively that peers humiliate and/or inflict upon violence on children in the neighbourhood. Some children during qualitative interviews indicated of incidences that they are enticed/often forced to be engaged in carrying/dealings of drugs within the community.



44.6% of CG/parents in Barishal, 36.10% in Bhola and 46.2% in Dhaka has some idea about how children may be groomed towards abuse by perpetrators.

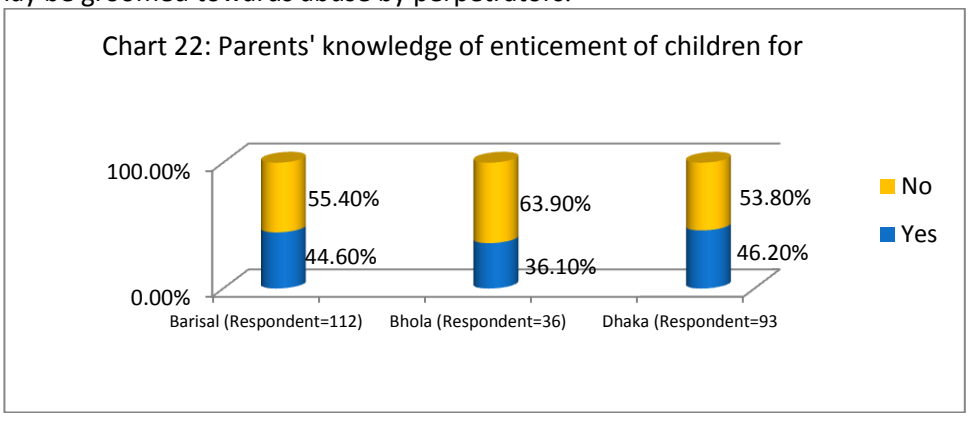
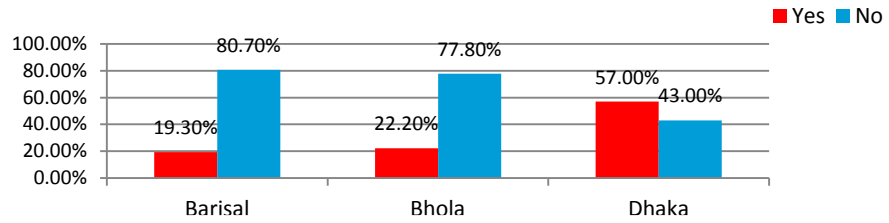
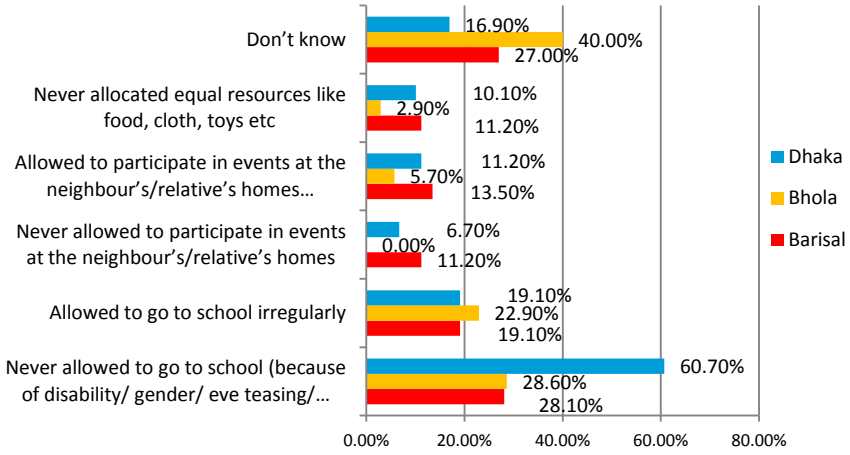


Chart 23: Children with disabilities in and around your house exposed to any violence and humiliation in the last 6 months at home (respondents: parents/CG)

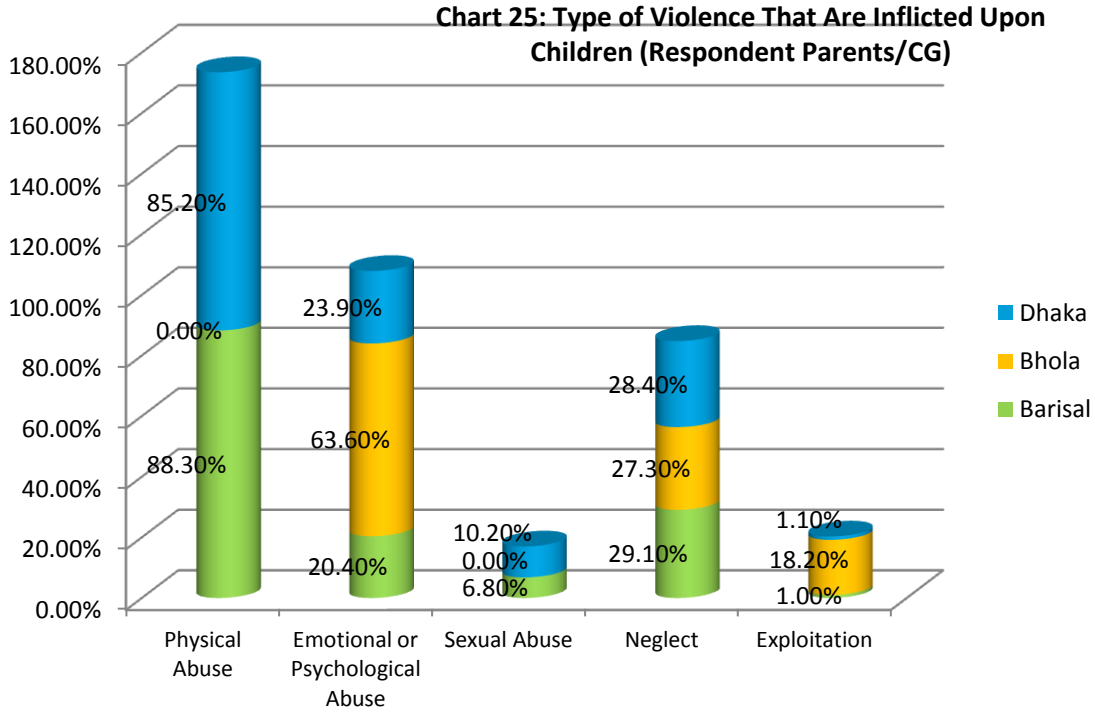


Chrt 24: Are you aware if any CWD has been affected with violence either at their home or neighborhood anytime

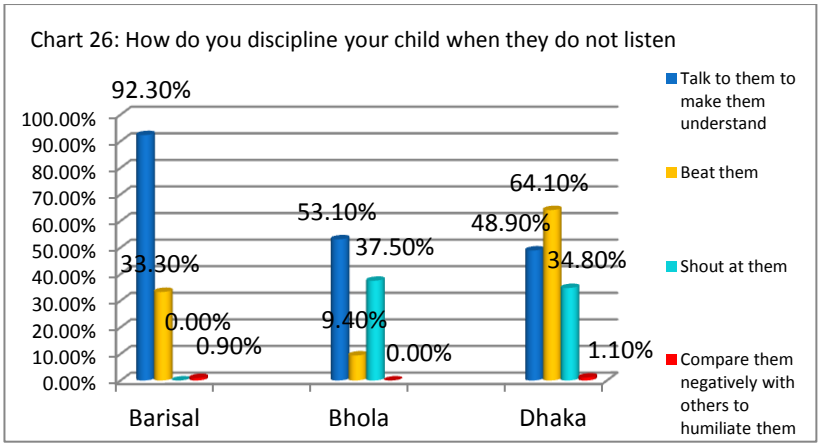


District based benchmarks may be useful to improve the condition of children. However, caution is required as often due to lack of awareness percentage of reported violence may be recorded very low. With greater awareness through project intervention reported cases of violence may be more.

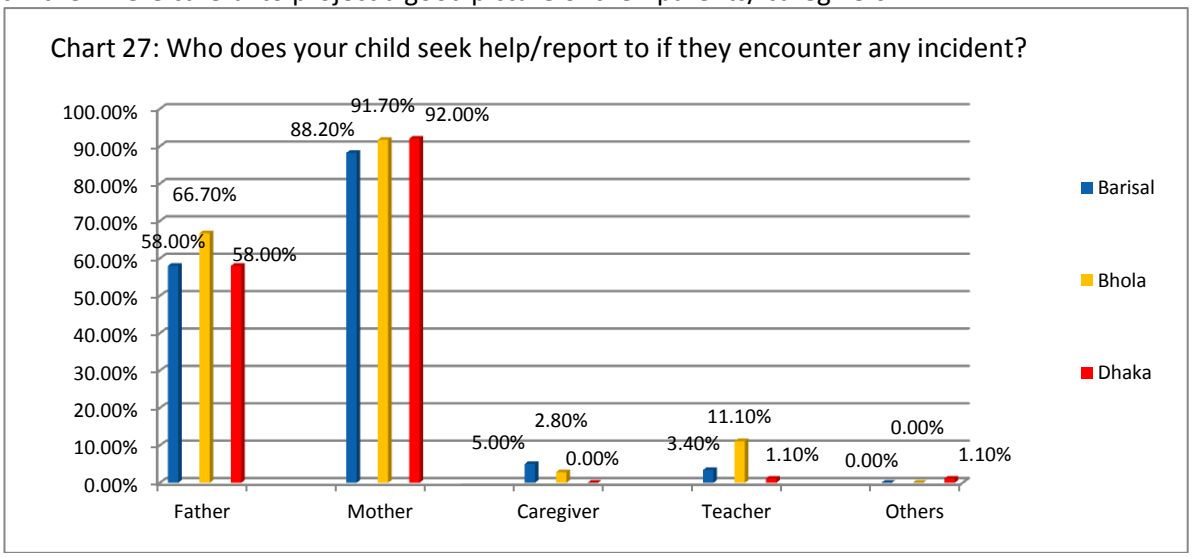
Chart 25: Type of Violence That Are Inflicted Upon Children (Respondent Parents/CG)



Physical violence scored highest in Barishal (n=91) & Dhaka (n=75). The least understood and/or talked about violence were exploitation & sexual violence, both scored the lowest in all 3 districts (Barishal, n=1, Bhola, n=2, Dhaka, n=1 for exploitation and Barishal, n=7, Bhola, n=0,Dhaka, n=9 for sexual violence). Total respondents for this question was 202 respondents (including 103 in Barishal, 11 in Bhola and 88 in Dhaka).



Many parents/CG acknowledged of beating and shouting their child with disabilities and other children when they do not listen to them. However, when asked the same question, a large number of children with and without disabilities mentioned of various other methods e.g. making them food, taking them to relative's house or children park, or buying them various things etc. that parents use to discipline them. Almost all children were careful to project a good picture of their parents/ caregivers.



A vast majority of children with and without disabilities indicated to report to their mothers when they feel sad or unsafe.

A vast majority of parents/CG has no idea what the no. 109 or 999 are for. 1098

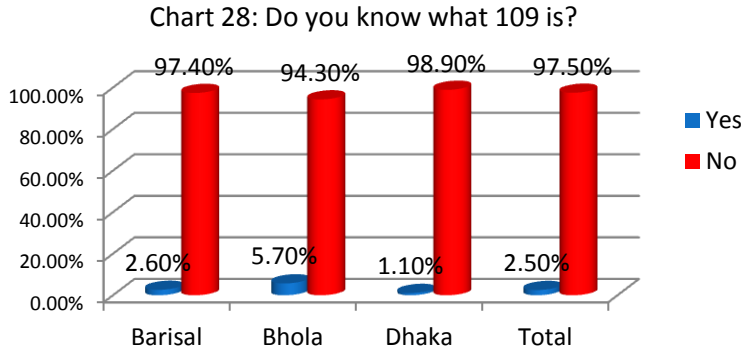
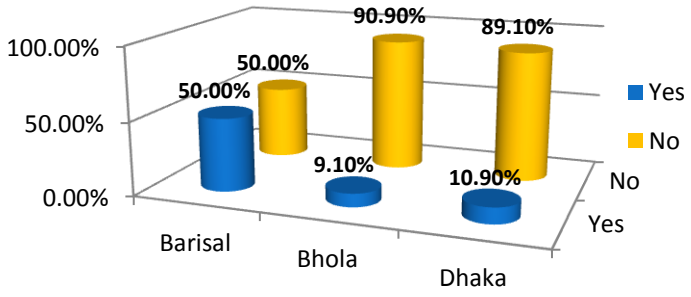


Chart 29: Schools with ramp as an accessibility feature

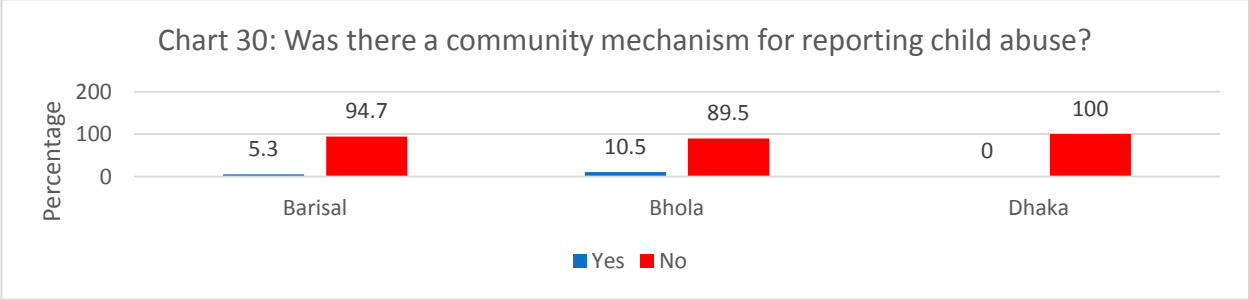


A total of 191 out of 250 parents scored school accessibility in-terms of existence of ramps. (The scoring might not have considered the quality and applicability of the ramp). Only 9.10% schools in Bhola and 10.9% schools in Dhaka have ramps, which is a key accessibility feature particularly for wheel chair users. In response to a separate question on wheel chair accessibility on way to schools, majority of the parents/CG were not satisfied.

Programme Output 3

By 2020, Child protection systems in the target areas are strengthened and Children with disabilities in the project areas have access to violence-free learning environments

Respondents at the qualitative interview indicated of sometimes reaching out to local government representatives or reporting to police although this is not regularly being followed. Representatives of police indicated their inability to follow-up on abuse or other rimes until and unless they are reached out to by victims or someone working in favour of the victims of abuse. An overwhelming majority of parents/CG indicated of never hearing about a Community Based Child Protection Committee (CBCPC) in their locality, while both children with and without disabilities during focus group discussions indicated their interest to participate in CBCPC activities if these exist in order to address violence occurring against children like them.



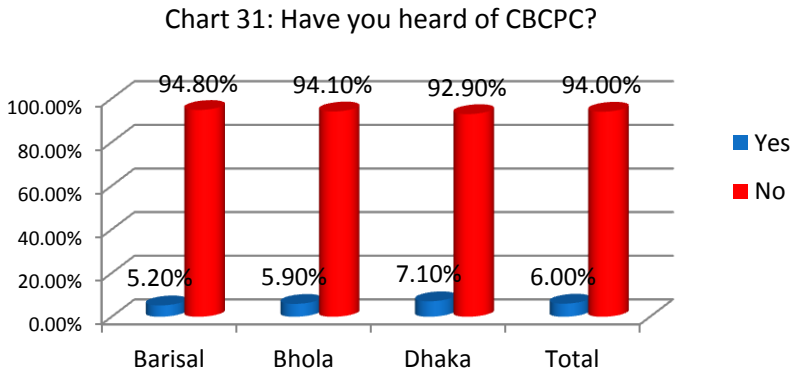
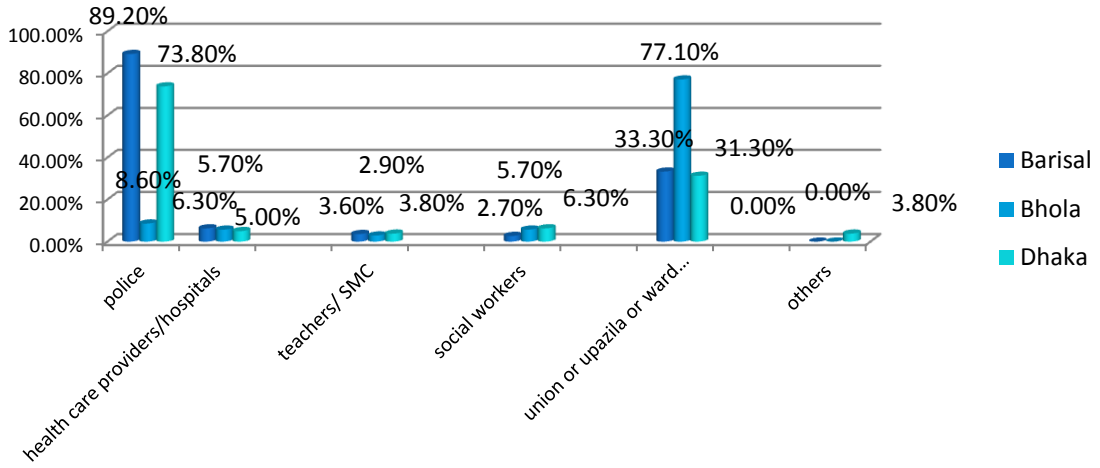
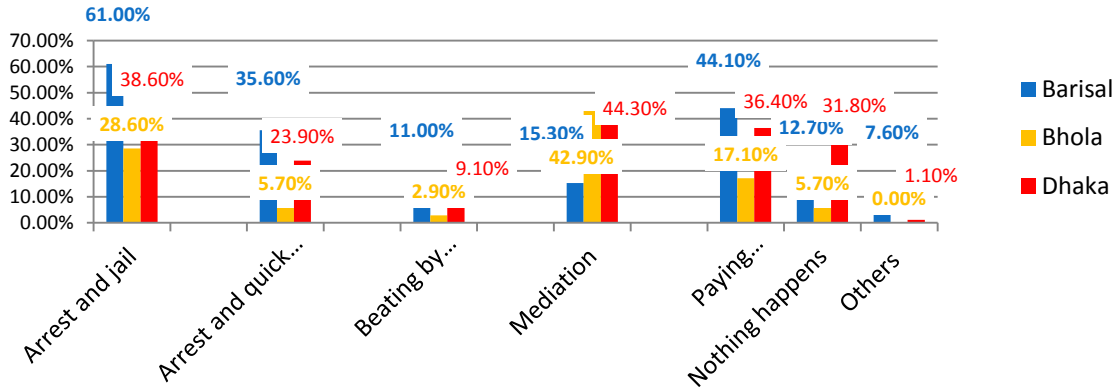


Chart 32: Where would you report any case of violence against children?



Schools are suppose to have committees to address issues such as eve-teasing. Although some teachers may have positively contributed to this end, these committees are not functioning in many schools yet. Chart 33 below indicate parents' apparent 'mistrust' as according to them a good number of perpetrators get quick release following arrest, while some perpetrators get away by paying compensation or through mediation. Some perpetrators are beaten by the victims' family members – none of which indicate the existence of an effective community based solution.

Chart 33: most common punishment inflicted upon the perpetrator to violence



Physical accessibility in and around schools:

70.2%, n=134 parents (includes 50%, n=47 in Barishal, 90.9%, n=30 in Bhola and 89.1%, n=57 in Dhaka) responded negatively regarding ramp based accessibility at schools in relation to children with disabilities.

Only 11.7%, n=13 out 111 parents who responded (includes 16.7%, n=8 in Barishal, 9.7%, n=3 in Bhola and 6.3%, n=2 in Dhaka) stated that schools have Braille signage & orientation and mobility features.

Only 6.1%, n=11 out 180 parents who responded (includes 8.5%, n=8 in Barishal, 6.5%, n=2 in Bhola and 1.8%, n=1 in Dhaka) stated that schools have sign language trained teachers.

Only 8.4%, n=15, parents in three districts (includes 10.2%, n=9 in Barishal, 13.3%, n=4 in Bhola, and 3.3%, n=2 in Dhaka) thinks that the road to the school is wheel chair accessible for their children.

Cross-Cutting Issues

Gender: Gender inequality among the children with disabilities is one of the critical concern. Girls with disabilities are more likelier than boys with disabilities to be discriminated in terms of intake of food and nutrition, learning opportunities, health care, accessing education, and disability related care services; and they are much more vulnerable to eve-teasing, mean words, violence and sexual abuse. A study conducted by CSID in 2002 mentions that the prevalence of abuse was 92 per cent for both girls and women. Almost an equal percentage of women and girls reported emotional abuse (78% and 75% respectively), physical abuse (82%) and sexual abuse (32 % for women and 37% for girls). In some cases, these women and girls developed disabilities due to the violence inflicted upon them. They did not have the opportunity to demand justice and in fact were blamed for the violence inflicted on them because of their disability. *(CSID, 'The Feminine Dimension of Disability: A study on the situation of adolescent girls and women with disabilities in Bangladesh', CSID, 2002).*

In order to address this **a wholehearted efforts will be required to cover as many girl children with disabilities as possible (at least 50%) through the resilience building interventions**. Importance should be given on their equal representations in various activities/structure to empowerment them.

- Gender disaggregated data will need to be documented during preparing quarterly progress report.
- Considering the gender landscape in children with disability, preference will be given to women during the capacity building training as in most cases women are the primary caregivers of CWD.
- Gender issues particularly empowerment of girls need to be an integral part of the capacity building interventions for both boys and men alongside girls and women.
- Assist both girls and boys with disabilities for reporting of cases and ensuring access to justice in a confidential manner.

Emergency situation & Disaster Risk Reduction (DRR): Cyclone, flood, slum fire & slum evacuation may slow down or completely disrupt the overall progress of the project. In order to mitigate this, the project will need to identify appropriate strategies and interact with the district & upazila based DRR programmes and partners (both public & non-governmental).

Some Quotes

1) "I have been able to stop a child marriage by calling 999" – a boy (15) without disability
2) "I called 999 to report a case of suicide in my neihbourhood, but no one came. Later my father went to the police station to bring them at that house where a young girl had committed suicide. I do not think it is useful to talk to people you don't know". – a boy (14) without disability.
3) "It is useful if there is a committee to provide support to children, which can work with and for children, and give support when they need" – a boy without disability
4) "I'm not allowed to go anywhere alone. But I have to fetch water for the family. If I don't, I am scolded. Sometimes I'm not allowed to go to school" – a girl without disability
5) "When I go out boys in the street call my lame. I do not tell this to my mother as she will feel bad" – a girl with disability
6) "They call me 'kana' – When I told my mother, she talked to their guardians. But it had no impact – nothing changed" – a girl with disability
7) "A boy had threatened me to give my mobile number. I did not and informed my father. He talked to the teachers, who intervened and it stopped" – a girl
8) "A girl (16) was taken away by one of her distant uncles who then raped her with some other friends and then killed the girl. All three have been arrested recently" – a girl
9) "A young girl (17) was married off to a man who married three more times. The girl was continuously tortured and later on murdered by her husband. Nothing happened. The older sister of the man has narcotics business. They bribed the police so that they did not take any complaints. – a boy
10) "Political leaders do not care. Crimes are often committed by their sons/men. Police favours them." – a girl
11) "They call me lame. They continue to laugh at me because of my disability. My mother asks me not to say anything" – a boy
12) "I've seen a girl facing eve teasing. They reported this to the chairman who had solved the issue" – a girl
13) "I there is a committee, we will contact it to get support" – a boy
14) "Parents are ashamed of their child with disability. A child in my family has intellectual disability. We consider the child as a burden on us. Children with disabilities are not taken positively at school. Peer students often mistreat them. They lag behind other children. They cannot take part in any programme" – a schoo teacher
15) "My grand daughter has intellectual disability. All other people treat her badly. I am worried what will about her future. What will happen when I'm not around" – a grand mother
16) "One of my students used to teach in a school where all other staff and students have disability. They are very smart. I wish there were many more examples such as this where people with disabilities are working and studying independently". – a participant
17) "Policy makers should be made aware of child protection. Initiatives should be taken a schools to orient children/students. Child protection and resilience building should be included in education syllabus at school levels" – two participants
18) "Training is essential on child protection" – a representative of a religion
19) "A couple had tortured a house maid by penetrating a needle in one of her eyes. The house maid has lost her eye sight. The couple had to face a brief jail sentence" – a boy
20) "Community must be prepared to safeguard children. It's a time consuming effort which is needed. A lot of awareness, orientation campaign is needed" – child/adolescent participants in FGD
21) "I do not feel safe while going to school. All stare at me" – a girl
22) "I have trouble walking to school. My mother worries about my safety too" – a girl
23) "A 8 year old girl at my neighbourhood were continuously being tortured with needle and burned. Later on the police has arrested the perpetrator" – a girl
24) "Young children should not be sent to work" – a girl
25) "Often mothers are blamed for their child with disability" – a participant
26) "I'm encountering eve teasing. A few days back a neighbour also scolded me. A girl in the neighbourhood was thrown out of her home a few days back" – a girl
27) "I'm often harassed when I go outside of my home" – a girl
28) "Children in our community are forced to take part in narcotic business. Eve teasing is very common in our area. One of my friends is involved in selling of drugs now. We do not have any good leader who can stop this" – a boy.
29) "If legal steps were taken, these crimes would stopped" – a boy
30) "I have a friend who has disability. We play together" – a boy

The Table of Indicators

Indicator	Baseline status	
Result Statement: CPD Output 2.3: By 2020, national and subnational child protection systems have the technical, management and financial capacities to provide high-quality services and protection against violence to girls and boys, including children with disabilities and children in hard-to-reach areas, urban and in emergency and non-emergency situations		
Union and Urban social workers trained and conducting early identification and case management of vulnerable and affected children		
Programme Output 1 By 2020, Children with disabilities in the project areas have skills and capacity to report and prevent all forms of violence against them, appropriate to their age and the level of disability.		
Project Indicator 1.1: Number/Percentage of children with disabilities received resilience building training	0%	645 children with disabilities(Boys-387, Girls-258)
Project Indicator 1.2: % of children who received vocational training started light employment activities/self employed	20.8%	80% children with disabilities(40% Girls and 60% boys)
Project Indicator 1.3: Numberof CWDs received assistive devices after assessment by the service providers		200 children with disabilities(100 girls and 100 boys)
Baseline (additional indicator) 1.1: Children with disabilities feel that they have the right to be listened to against	11.3% (n=24)	
Baseline (additional indicator) 1.2: Children with disabilities consider education as their rights	56.3% (n=120)	
Baseline (additional indicator) 1.3: Children with disabilities consider that they have the right to health care	37.1% (n=79)	
Baseline (additional indicator) 1.4: Children with disabilities are never allocated equal resources e.g. food, clothes & toys etc.	11.2%, n=10 children in Barishal 2.9%, n=1 children in Bhola 10.1%, n=9 children in Dhaka	
Baseline (additional indicator) 1.5: Children with Disabilities never allowed to go to school either because of disability, gender, eve teasing and/or social and economic situations	28.1%, n=25 children in Barishal, 28.6%, n=10 children in Bhola, 60.7%, n=89 children in Dhaka	
Baseline (additional indicator) 1.6: Children with Disabilities never allowed to participate in events at their neighbours or relatives' place	11.2%, n=10 children in Barishal, 0.0%, n=0 children in Bhola, and 6.7%, n=6 children in Dhaka	
Programme Output 2 By 2020, Caregivers and family members in the project areas have skills and understanding to prevent and		

respond to violence against children with disabilities (CWD		
Project Indicator 2.1 : Number/Percentage of cases on violence against CWDs reported by parents /caregivers		342 caregivers(Female-240, Male-102)
Project Indicator 2.2: Number/ Percentage of community facilitators, Gov. Health Workers, Social Workers and NGOs workers received training on, VAC/D,gender-responsive and disability- specific case management and referrals protocols		684 caregivers(Female-479, Male-205
Baseline (additional indicator) 2.1: Parents/Caregivers have no knowledge of violence against children	31.3%, n=75 (includes 27.3% for Barishal, 33.3% for Bhola and 36.1% for Dhaka)	
Baseline (additional indicator) 2.2: Parents/caregivers could tell at least 3 types of violence that may occur against children with disabilities	22.1%, n=53 (includes 21.5%, n=26 for Barishal, 30.6%, n=11 for Bhola, and 19.3%, n=16 in Dhaka)	
Baseline (additional indicator) 2.3: Parents/caregivers being aware of CWDs being affected with violence at home and/or neighbourhood over the last 6 months	19.3%, n=23 parents in Barishal, 22.2%, n=8 parents in Bhola and 57%, n=53 parents in Dhaka	
Baseline (additional indicator) 2.4: Parents/caregivers have some ideas about how perpetrators groom/entice children towards violence	44%, n=106 parents (includes 44.6%, n=50 parents in Barishal, 36.1%, n=13 parents in Bhola, and 46.2%, n=43 parents in Dhaka)	
Baseline (additional indicator) 2.5: Parents/caregivers responded positively that peers humiliate and/or inflict upon violence on children in the neighbourhood	12.4%, n=24 parents in three districts (includes 1.1%, n=1 in Barishal, 6.7%, n=1 in Bhola and 25.6%, n=22 in Dhaka)	
Baseline (additional indicator) 2.6: Children with disabilities reach out to their mothers if they have felt sad or unsafe over the last 6 months	88.9% (n=217)	
Baseline (additional indicator) 2.7: Children with disabilities reach out to their fathers if they have felt sad or unsafe over the last 6 months	34.4%, (n=84)	
Programme Output 3 By 2020, Child protection systems in the target areas are strengthened and Children with disabilities in the project areas have access to violence-free learning environments		
Project Indicator 3.1 : Number/ Percentage of Community Based Child Protection Committee (CBCPCs) activated to respond to violence against children with disabilities		41 CBCPCs are functioning
Project Indicator 3.2 : Number of teachers take initiative to the immediate needs of children with disabilities		120 teachers(Female-90, Male-30
Project Indicator 3.3 : Numberof legal professionals, police, NGOs representatives & othersbecome supportive		100 police, legal professionals and NGO representatives(Female-50 and Male-50

Baseline (additional indicator) 3.1: Children surveyed have no idea what a community based child protection committee is	95.4%, n=230 CWDs and 92.9%, n=223 non-CWDs	
Baseline (additional indicator) 3.2: CWDs who know who/where to reach out in the community during any violent incident	24.9%, n=60	
Baseline (additional indicator) 3.3: CWDs currently reach out to anyone in the community when they are concerned about any issue	5.3%, n=13	
Baseline (additional indicator) 3.4: Children with disabilities reach out to their teachers if they have felt sad or unsafe over the last 6 months	1.2%, (n=3)	
Baseline (additional indicator) 3.5: Parents/caregivers responded negatively regarding ramp based accessibility at schools in relation to children with disabilities	70.2%, n=134 parents (includes 50%, n=47 in Barishal, 90.9%, n=30 in Bhola and 89.1%, n=57 in Dhaka)	
Baseline (additional indicator) 3.6: Parents/caregivers responded that schools have Braille signage & orientation and mobility features	11.7%, n=13 out 111 (includes 16.7%, n=8 in Barishal, 9.7%, n=3 in Bhola and 6.3%, n=2 in Dhaka)	
Baseline (additional indicator) 3.7: Parents/caregivers responded that schools have sign language trained teachers	6.1%, n=11 out 180 (includes 8.5%, n=8 in Barishal, 6.5%, n=2 in Bhola and 1.8%, n=1 in Dhaka)	
Baseline (additional indicator) 3.8: Parents/caregivers responded that the road to the school is wheel chair accessible for their children	8.4%, n=15, parents in three districts (includes 10.2%, n=9 in Barishal, 13.3%, n=4 in Bhola, and 3.3%, n=2 in Dhaka)	

RECOMMENDATIONS

1. 47% of children with disabilities covered through the baseline are girls. This has the potential to reconsider the initial target of reaching out to only 40% girls with disabilities through resilience building/child protection and/or other related interventions (e.g. providing/linking with assistive devices etc). As a result of persisting social norms and traditions, girls apparently encounter greater discriminations than boys at family, community and society, therefore, it is recommended to increase the no. of training/intervention targets for girls with disabilities to contribute to increasing their resilience. The initial screening list by CSID will be useful toward this end.

2. 20.5% of the parents/ caregivers who participated in the quantitative survey are unsure about the form of disabilities of their children; it may be highly likely that many more of these children have never undergone appropriate diagnosis of their impairment &/or disabling conditions, which could actually minimize the effects of impairment in interaction of their environment, - therefore, it may be useful to take support of various resources to complete the diagnosis of their impairment and/or disabilities to improve the quality of life of these children. For example, a small portion of children identified with low vision may have the clinical condition of having squint – it may be worth exploring with concerned pediatric ophthalmologists to see if some of the child's impairment can be minimized, which may have a very positive influence on their lives.

3. There is no common national level child protection and resilience building guideline in Bangladesh. A small proportion of organizations operate individualized child-protection guidelines. It is necessary to develop a child=protection mechanism and resilience building mechanism with a focus on national-level endorsement in order to ensure a greater number of children including children with disabilities across the country benefit from it. Explore possible collaborative mechanism for children with and without disabilities with e.g. the Ministry of Child & Women Affairs (MoWCA) and other ministries including those concerned with health & wellbeing, education, youth and sports, social welfare, ICT, cultural issues, legal and justice issues and law & order.

4. Some of the issues to be considered by the project are: how to reach out to children with multiple disabilities? how to reach out to children with different categories and degrees of neuro-developmental disabilities? How to reach out to children with speech impairment &/or communications difficulties of different types and those with visual disability? How to differentiate the training sessions for younger and older children respectively? How to take into consideration the children's various levels of education, literacy and illiteracy? How to strike a balance between addressing the children as homogenous group and yet take their different situations and needs into consideration in context of gender, but not at the risk of excluding anyone. The gender dimension also needs to be considered. Training materials and sessions should consider all aspects e.g. audio, visual, tactile materials/methods, how to communicate with illiterate as well as literate groups? It is essential to pay heed to cultural aspects, while at the same time ensuring that children's resilience is strengthened optimally and that their interests are always safeguarded.

5. Specific interventions targeting parents of children having severe to profound level of some specific disability may be necessary to reach out to the most marginalized among this marginal population who are often subject to exclusion in our society.

6. The survey reached out to children with disabilities by i) taking support of community

people &/or ii) following a child with disability in the street, &/or iii) asking an identified child or family to lead to the next child having a form of disability, and/or iv) keeping in mind the resilience building aspect. As such it is highly likely that some children with profound disabilities who may not be at all visible outside their home or who continued to survive in a family without the knowledge of the neighbourhood - remained out of the survey/list prepared by the project. Therefore, special initiatives by the project are required to reach out to children with profound disabilities and/or their parents with resilience building activities, so that some of these extremely vulnerable children can also benefit from the project.

7. A monitoring framework focusing short, mid & long-term objectives and outcomes/results with clearly defined roles and responsibilities should be developed. A set of advocacy objectives and actions with local to national level outcomes will be useful to influence both policies and practices of local to national, individual, family & community to policy level players in context of children, issues of inclusion, and strengthening community-based response-mechanism to prevent and curb violence and abuse against children as a whole. The project should consider involving a group of children with disabilities (both gender and different age-groups) and their caregivers/parents to promote participatory monitoring which can act also as a tool of empowerment and contribute to improve project operation within limited time-frame and sustainability.

8. Children with disabilities often 'nurture' low level of expectation for example, only 37.1% (n=79) children with disabilities and 60.6% (n=140) children without disabilities consider that they have the right to health care. The percentage gaps between children with and without disabilities in-terms of their expectation in areas of health care, education, safety must be minimized by continuous actions/nurturing of resilience building of the project. This gap cannot be minimized only by imparting 'training' at a piecemeal basis, rather it will need continuous follow-up.

9. Alongside issues of resilience the project has the potential and should also address accessibility and reasonable accommodation (both attitudinal and structural) targeting both home, school and other external environments. Peer children, teaching staff, School Management Committee members, Parents' association, representatives of locally elected government etc. both within and outside schools may be engaged with.

10. A wholehearted efforts will be required to cover as many girl children with disabilities as possible (at least 50%) through the resilience building interventions.

11. Apart from considering the regular five form of violence.g. *Physical Abuse*[6]*, Emotional or Psychological Abuse*[7]*, Sexual Abuse*[8]*, Neglect*[9] *and Exploitation*[10]*,* also consider online harassment issues and drug abuse.

[6] includes violent physical force which cause actual or likely physical injury or suffering (e.g. beating, kicking, slapping, burning, torturing, etc)
[7] includes humiliating and degrading treatment (e.g degrading language, stigma and discrimination, isolating the person).
[8] includes all forms of sexual violence (e.g touching in bad intention, Showing CWD pornographic material, Early and forced marriage).
[9] includes abandonment, the failure to properly supervise and protect children from harm as much as is feasible, the deliberate failure to carry out important aspects of care which results or is likely to result in harm to the child, the deliberate failure to provide medical care or carelessly exposing a child to harm for examples can amount to neglect.
[10] Includes the use of children for someone else's advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social emotional development.

12. The project should explore to optimally utilize and collaborate with the public sector. For example, field level staff of Ministry of Women and Children Affairs (MoWCA), Ministry of Social Welfare (MoSW), Ministry of Primary & Mass Education/Ministry of Education, Public Legal Aid providers, Ministry of Health and Family Welfare and other government and non-governmental implementing partners of UNICEF keeping sustainability issues in mind. A list of stakeholders to be prepared to engage with, should be developed in advance considering advocacy agenda, orientation, skill transfer and sustainability. Apart from children, peer children, parents/caregivers, family members, some of the following public field positions should also be given consideration for engagement by the project:

Table (2): Potential stakeholders (not in order of precedence for action, necessarily)

• District/Upazila Legal Aid Committees (DLAC or ULAC)
• Child Desk Officer, Police Station/Thana
• Representative of One Stop Crises Centre at district level
• District Primary Education Officer, Upazila Education Officer (Primary Education)
• District Education Officer (Secondary)/Upazila Secondary Education Officer (Secondary Education)
• Teachers
• Upazila/District Women Affairs Officer
• Upazila Health & Family Planning Officer, RMO, District/Upazila Family Planning Officer, Responsible person for Adolescent Health Corner or if concerned with disability issue
• Deputy Director, DSS at district, Upazila Social Service Officer, Probation Officer, DSS (District/Upazila Social Service Officer
• DRO (for district)/Project Implementation Officer at Upazila (responsible for emergency)
• Representative from vocational institute
• Woman Member, Union Parishad
• Other LGI members at Union & Upazila
• SMC representative
• Non-Governmental Organizations (NGO)/Civil Society Oorganizations (CSO)/Disabled Peoples' Organizations (DPO) working with children, adolescents, disability, gender, youth, other marginalised groups
• Upazila Nirbahi Officer (UNO)/ Additional Deputy Commissioner (ADC)- Admin or Education
• Children & adolescents clubs
• Representative of Protibondhi Seba O Sahajjay Kendra of Jatiyo Protibondhi Unnayan Foundation (JPUF)

13. The project should advocate and work closely to include components of child protection and resilience initiatives within the existing child/adolescent club operating mechanism. Initiatives should be taken to transfer skills on child protection and resilience to selected caregiver/parent and older adolescent with disabilities to develop and sustain capacities within the community.

14. Some of the indicators and targets set may be revisited, if possible. (Please refer to the table of indicators).

15. Expert training facilitators should be involved right from the beginning to transfer skills to different target groups. Better the facilitator, better the outcome of the workshop/training. Frequent & periodic refreshers training should be considered.

16. As most of the children identified belong to poorer families often with both parents busy making a hand-to-mouth existence, who often leave their children unattended at home, it is essential to design the orientation programme and timing carefully to reach out to caregiver/parent and children so as to the family can avoid wage loss, while learning issues

of protection/violence/resilience. Continuous follow-up by staff must be strengthened, and home/community based orientation sessions and refreshers sessions should be also periodically arranged.

17. Linkage with services provided by public and other health, education, rehabilitation, sign and Braille teaching etc. may be explored so that target children can benefit from these services in an efficient manner.

18. Joined-up advocacy involving UNICEF is recommended to endorse the resilience & child protection module and to introduce its utilizations by all stakeholders working with children, particularly children with disabilities.

CONCLUSION

Article 19 of the UN Convention on the Rights of the Child (UNCRC) provides for the protection of children at home and outside. However, violence against children occur and is a real threat to children around the globe. Studies show four in five children between the ages of 2–14 years on an average experience some form of violent discipline – either psychological and/ or physical violence – at home. When it comes to children with disabilities they are almost 4 times more likely to encounter violence. While more work may be required to identify what works under which circumstances to protect children with disabilities from violence**,** this baseline and situation analysis is therefore, to assess the context and for generation of evidence base in relation to violence, child protection and resilience building. It is to create a scope of a data-driven analysis between pre and post intervention in context of resilience building closely in connection with other regular development activities including:

i) developing capacities of CG/parents,
ii) develop capacities of children, particularly children with disabilities in selected areas,
iii) developing capacities of teachers and schools through continuous interaction, counselling, monitoring and pressure group (including through CBCPC),
iv) establishing or facilitating the activation of CBCPC,
v) activating the existing child club of UNICEF and making them disability inclusive; and creating the scope for interaction between CWDs and other children in form of discussion, recreational activities,
vi) targeting police, OCC and lawyers and building their understanding and motivating them to help CWDs in need, and
vii) facilitating service provisions for e.g. therapeutic, counselling, psycho-social support and referral to other services etc.
viii) develop a module on resilience & child protection,
ix) indirectly contribute to improve school environment,
x) expose families to issues related to physical and other accessibilitiesat home,
xi) initiate local and national level advocacy and sharing of information,
xii) establish benchmarks to support project monitoring and periodic review and/or evaluation

The baseline findings indicate that less than 1/3rd of Children with Disabilities and less than 2/3rd children without disabilities reached by the baseline know who they can reach out to with the community to take support against any incidence of violence. Currently much less than a fraction of reach out to anyone in the community when they are concerned about any issue.

Although a good majority of children reach out to their mothers to share various issues a fraction of them mentioned the need of close association with parents or peers. The number of children reaching out to their father to share feelings of sadness or anxiety is limited, which too does not a reflect a healthy situation. A vast majority of caregivers are mothers, not fathers.

Many children with disabilities are not allowed to go to schools due to reasons such as disability, for being a girl with disability, to avoid unwanted situations they face on way to schools etc. Many of them are never allocated equal resources e.g. food, clothes & toys etc. at their own home. Some of them are never allowed to participate in events at their neighbours or relatives'. A vast majority of children and family have never heard of a CBCPC to operate in their community. Thus the project has the opportunity & should work with multi-stakeholders taking a multi-layer approach e.g. children, parents/care givers, other stakeholders and existing policy-making bodies/players to begin

with.

The Convention on the Rights of the Child emphasizes children's rights to physical and personal integrity. The project therefore has the potential not only to enhance the skills of CWDs to protect themselves against violence and build capacities of their caregivers and other duty bearers to pro-actively take action to detect, prevent, challenge and respond to violence against the children; it will also need to create opportunity to incorporate issues of child protection within existing systems and structures through continuous advocacy.

Appendixes

Annex 1: List of Qualitative Tools and Interviews (to be added)
Annex 2: Survey Questionnaire in English/Bangla (to be added)
Annex 3: Excel based data entry file (to be added)
Annex 5: List of Table & charts/Figures (to be added)

Reference

[1] Bangladesh Shishu Adhikar Forum (BSAF)'s report based on news media reports on violence against children in 2018, - the report unveiled at an event titled "Launching Data on State of Child Rights in Bangladesh 2018; news article published in The Dhaka Tribune, cited on Saturday 8, June 2019.
[2] Rights & Protection of Persons with Disabilities Act, 2013
[3] Bangladesh's Children's Act, 2013
[4] United Nations Convention on the Rights of Persons with Disabilities
5 Wikipedia, Self-esteem, https://en.wikipedia.org/wiki/Self-esteem
[6] WHO and Global prevalence of past-year violence against children: a systematic review and minimum estimates. Hillis S, Mercy J, Amobi A, Kress H. Pediatrics 2016; 137(3): e20154079.
[7] Odhikar, http://odhikar.org/violence-against-children-the-scenario-in-bangladesh/ cited on 20/06/2019.
[8] World Health Organization (2011) World Report on Disability. Geneva: World Health Organization
[9] UNICEF (2005) The State of the World's Children 2006: Excluded and Invisible. New York: UNICEF
[10] Unicef , Monitoring Child Disability in Developing Countries Results from the Multiple Indicator Cluster Surveys (2008), https://www.unicef.org/.../Monitoring_Child_Disability_in_Developing_Countries.pdf,
[11] United Nations Convention on the Rights of Persons with Disabilities
12 Wikipedia, Self-esteem, https://en.wikipedia.org/wiki/Self-esteem
[13] https://www.dhakatribune.com/bangladesh/nation/2019/04/10/research-30-children-drown-every-day-in-bangladesh