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

- A Study Report by

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Theme: Child Protection, Empowerment, Disability
Project operates in parts of Dhaka, Barisal, and Bhola
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Contents

Abbreviations and Acronym

ASD = Autism Spectrum Disorder or Autism

CG = Caregiver

CSID = Centre for Services and Information on Disability

CSO = Civil Society Organizations

CBCPC = Community Based Child Protection Committee

DSS = Department of Social Services

DoWA = Department of Women Affairs

FGD = Focus Group Discussion

JPUF = Jatiyo Protibondhi Unnayan Foundation

HFWC = Health and Family Welfare Center

IDI = In-depth Interview

KII = Key Informant Interview

LGI = Local Govt. Institute

MoHFW = Ministry of Health & Family Welfare

MoPME = Ministry of Primary and Mass Education

MoSW = Ministry of Social Welfare

MOWCA = Ministry of Women & Children Affaires

NGO = Non-Governmental Organizations

OPD = Organizations of Persons with Disabilities

SHG = Self Help Group of Persons with Disabilities

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

UNCRC = United Nations Convention on the Rights of the Child

WHO = World Health Organization

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Rifat Shahpar Khan and S A Rashida
Team of Consultants

SUMMARY

Introduction

Bangladesh is a signatory to some key international instruments including the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. The Country has also adapted its own legislative measures (e.g. Children Act, 2013 (amended in 2018) and the Rights and Protection of Persons with Disabilities Act, 2013) both, relatively in alignment with these instruments in order to protect the rights, enhance uninterrupted growth and development and to promote social inclusion of children including those with disabilities. Bangladesh has its own programs and she also collaborates with various national and multi-national players including UNICEF to improve the lives, and life-skills of children, including adolescents. Despite these initiatives, many children in Bangladesh as in other countries continue to be exposed to various forms of violence, abuse, neglect, exploitation, both by people who are considered to protect them and/or strangers. According to UNICEF almost 90% of children in Bangladesh face physical or psychological antagonism from caregiver, including their parents and teachers.

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

The Centre for Services and Information on Disability with assistance of UNICEF Bangladesh is implementing in selected areas of Bhola, Barishal, and Dhaka with the objective to develop the skills and capacities of children with disabilities, and work in collaboration with others, including engaging self-help-groups/organizations of persons with disabilities, duty bearers/service providers, parents, carers, families, and community.

Working Area

Main Areas Blocks	Name of City Corporation/ Upazila	Name of municipality/union/Zone	Total Wards
Dhaka	South City Corporation	Zone 2	08
Dhaka	North City Corporation	Zone 3	14
Barisal	Barisal Sadar	Entire Barisal City Corporation	30
Bhola	Charfashion	(Nurabad Aminabad, Ahamadpur, Osmangong, Aslampur and Abubakkarpur) 06	06

A formative study was conducted, which attempted to set some benchmark for the project, describes the situation of children with disabilities in context of child protection, and identify some key actions and implications for the project intervention.

Methodology and Data Collection Plan

The study design combined both qualitative and quantitative approaches and tools. A total of 373 pairs of children (with 11 categories of disabilities) and their parents were interviewed

utilizing a short semi-structured questionnaire. A cross-section of people/positions belonging to community, and public and non-governmental organizations and SHG/OPDs were interacted with through focus group discussion and/or key informant interviews. Quantitative data was analysed on excel, while qualitative data was analyzed manually.

Key findings of the study

- Degree of awareness on rights based issues of children with disabilities, support of family, various other stakeholders is limited.
- Lack of strong coordination and collaboration among various public agencies/bodies observed. Lack of understanding of disability-inclusion makes child protection needs of those with disabilities even more difficult for potential service providers.
- Wide spread lack of understanding of what constitutes violence was observed among children, parents and others. For example, child marriage may not be considered a violence by many, also different types of physical and verbal abuse may not be recognized as abuse by many.
- Majority of the children mentioned physical abuse as the commonest types of violence, while over 109 children could not name any type of violence. A very insignificant number of children (e.g. only 14) mentioned child marriage, (18 mentioned) bullying, (22 mentioned) sexual abuse, (39 mentioned) calling names, and (42 mentioned) discrimination as violence. Almost 2/3rd of children (n=112) have no idea about the likelihood of children with disabilities being subject to violence.
- Many of the respondents in both quantitative and qualitative exercises were found not aware about overall violence, abuse, safeguarding issues. Many did not mention discrimination in the family/society, use of disrespectful word (e.g. bullying, emotional abuse etc.) against children with disabilities as violence. While questions were elaborately explained they shared that such things they had been encountering from the beginning of the life.
- None of the responding children were found participating in any club (e.g. adolescent club) or in e.g. little doctor program, only 1 child said of participating in school cabinet – thus most of them had very little opportunity to participate and learn from these initiatives. Only 167 out of 373 were enrolled in schools of various types.
- Family members are not always supportive of children with disabilities, and girls with disabilities are seen as burden, and they have to face bullying, disrespectful words of their own family members, neighbors and community people. Unacceptable touching is commonly experienced by girls with disabilities, of which they cannot tell anyone because they are afraid that their family will blame them (girls) instead or will not believe them.

Recommendations

1. Explore the opportunity for mandatory inclusion of adolescents with disabilities in the existing adolescent clubs and advocate for their mandatory inclusion in various programs of the Ministry of Women and Children Affairs. Advocate with the ministries of education for mandatory inclusion of children with disabilities in e.g. school cabinets, and little doctors programs to empower them and create their active and positive image with their peers.

2. Arrange training/orientation for various service providers including those with women and children's affairs, law enforcing, health service providers, family welfare providers, social services and education service providers/professionals on disability-inclusion and child/adolescent safeguarding/protection. Monitoring the performances of trained personnel is essential. Ensure that skills and delivery of services of government, implementing partners staff at national level and subnational level meets quality standards. Advocacy with the relevant Government authority in central level to district, sub-district level for proper implementation of existing policies.

3. Advocate for strengthened coordination and collaboration of various duty bearers of government and others. Take specific intervention to popularize the existing services available and provided by the Government.

4. Replicate disability-inclusive child protection/safeguarding initiatives to all over Bangladesh in a sustainable manner. All children, including adolescents, with and without disabilities should be better protected from all forms of violence, abuse, exploitation and neglect and harmful traditional practices. System and mechanisms that facilitate increased awareness, resilience, better utilization of services, promotion and adoption of specific key childcare practices and positive social norms need to be promoted. Where necessary explore engagement with OPDs and other community based institutions including children and adolescents to sustain the positive impact created.

5. Advocate with the judicial system and popularize the available service to ensure persons with disabilities get proper distribution of family resources. Need to popularize 'Prevention of violence against women cell- lawsuit/case file department' to ensure justice for victims.

6. Advocacy with government to collect disability (disaggregated) data by the different department of government. Promote data disaggregation by disability for all service to promote disability-inclusion. Monitor if children with disabilities too are registered at birth.

7. Capacity, accountability and portfolio of field social workers in the public sector needs to be enhanced to introduce and sustain community based resilience building of children with and without disabilities. Define and make community aware of which ministry they are working under.

For Children and Parents/Carers

8. Organize a series of orientation sessions (with provisions of refreshers) covering both parents, family, community, local authorities, government official on child rights, sexual violence, abuse, exploitation, trafficking, social norms, popularise the toll-free numbers including '1098' and '109'.

9. Training contents for children must be adapted to the mental age of the child. Children's age-specific messaging will need to be considered for training. For instance, batches of same/similar aged children could be clustered together with age-specific and child-friendly deliberation of messages, with everyday strategies. It will be essential to assess the intellectual age of children with neuro-developmental disabilities. Some of them (e.g. those with neuro-developmental disabilities having difficulties concentrating, remembering etc.) may need repeated trainings interventions than others, and the project will need to take special care to reach out to their caregivers/parent with safeguarding messages and other supports. Clustering of children for orientation may also need to consider issues such as their independence or dependence/difficulties in communication, concentration and remembering, the need for using signage/sign language/lip reading, and Braille/ tactile methods in some cases. Gender-based clustering may be also needed focusing children, and sometimes caregivers as well considering the cultural context of certain areas.

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

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

12. Ensure that children, adolescents and caregivers/parents are made aware and have the skills to prevent/ reduce violence. Promote resilience building mechanism utilizing schools, clubs and families.

13. Ensure that at least an equal number of girls and boys with disabilities having all 11 types of disabilities can be proportionately targeted and benefited from any orientation. Where possible more girls, and more vulnerable children may be positively discriminated to receive training on resilience building.

For Community stakeholders

14. Raise mass awareness among the Qazis, and motivate imams, local elites, parents, and others on disability, and negative impact of violence. Strengthen monitoring of Qazis and Imams to prevent child marriage.

15. Involve local OPD members in safeguarding communication and advocacy with different departments of government to explore services and increase people's pressure on service providers for disability inclusion. The OPD need to receive orientation to enhance their knowledge on violence. Raise awareness among OPD members about the different services available by the government.

16. Mapping out the organizations and community based groups to build ally for preventing violence and sustaining the efforts.

17. Focus on child protection in climate affected areas.

18. Engage boys and men to change social and bring about positive behavioral change through effective communications and interventions.

19. Ensure adolescent clubs include a certain percentage of children/adolescents with disabilities of both gender on a mandatory basis. Community engagement platforms/ mechanisms supported by UNICEF should be made disability-inclusive across development priorities (e.g. on child protection, health, nutrition, education, WASH etc.).

BACKGROUND & CONTEXT

The Convention on the Rights of the Child (CRC) to which Bangladesh is a signatory, emphasizes on children's rights to physical and personal integrity, and outlines the state parties' obligations to protect children from all forms of physical and mental violence, including sexual and other forms of exploitation, abduction, armed conflict, inhuman or degrading treatment or punishment. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) obliges the State to enact preventive measures and ensure that all child victims of violence receive the support and assistance they require. Yet child maltreatment including violence against children including children with disabilities continues. A study conducted in West Africa, found that children with intellectual disabilities encounter most discrimination, and children with all forms of disabilities were more likely to experience various kinds of abuses, including physical assault on the way to and from school and ridicule and verbal abuse from both peers and adults **[1]**. Epidemiological data is required to understand the situation and source of the child abuse issues, and to track and monitor its response **[2]**. Children with disabilities are among some of the most vulnerable populations to violence, abuse, exploitation and neglect (United Nations), irrespective of their location/residence partly because of their increased vulnerability due to various types of disabling factors, and social stigma or the economic cost of raising them. Among them girl children with disabilities are even more neglected, more vulnerable to violence and abuses, and face further exclusions due to the cultural bias and discriminatory social norms against gender and disability, as UN reports that up to 68% of girls and 30% of boys with intellectual or developmental disabilities are likely to be sexually abused before reaching their 18th birthday **[3]**.

Being a signatory to both the United Nations Convention on the Rights of the Child (UNCRC), and the UN Convention on the Rights of Persons with Disabilities (CRPD) Bangladesh enacted the Children Act, 2013 (amended in 2018) and the Rights and Protection of Persons with Disabilities Act, 2013 to uphold the rights of children and those having a disability, respectively. The country has also introduced a number of national legislative measures including the National Children Policy 2011, the Children Act 2013, the National Strategy for Adolescent Health (2017-2030), the National Adolescent Strategy (draft), and the Rights and Protection of Persons with Disability Act, 2013. The overall aims of all these instruments are to empower their target groups irrespective of gender, class, ethnicity, disability, identity and other vulnerabilities. The RPPDA even promulgates provisions of a disability allowance, a stipend for education and establishment of disability service and support centers in all 64 districts (Ministry of Social Welfare, 2015). The Children Act 2013 considers well-being of children by encouraging family based care and protection considering best interest of the child and their meaningful participation. The government in collaboration with multilateral agencies and development organizations has launched initiatives such as facilitating adolescent club, running children's home, special education schools, promoting inclusive education at regular schools, introducing child desk at police station, running little doctor program and child cabinets at schools, and setting-up child development center at tertiary hospitals, and one stop crises centers at selected places. Unfortunately, many of the initiatives such as child cabinet, little doctors program still do not consider mandatory inclusion of children with disabilities in the framework. Children with disabilities in Bangladesh continue to face many constraints and challenges in accessing service First, due to attitudinal barriers starting at their own family – which extends to community and institutional levels. Lack of capacity, infrastructural and environmental barriers further complicate this.

Despite the enactment of the Children Act, 2013 (amended in 2018) and the Rights and Protection of Persons With Disabilities Act 2013 there is hardly any major efforts in Bangladesh to systematically assess the risk/situation and build resilience of children in general, and children with disabilities in particular**[4]**.Children with disabilities in Bangladesh are among the most vulnerable to violence, abuse, exploitation and neglect, and gender is also a key factor, as girls with disabilities are less likely than boys to receive food and care**[5]**.It is therefore,

essential to identify and assess the level of awareness, practices and source of violence, practice/place of seeking assistance, action – if any taken, reasons for non-reporting by victimized children, and possibility of engaging with community to get assistances to reduce/mitigate violence against children with disabilities in Bangladesh.

The Project, Area where the Formative Study and Baseline of Children with Disabilities in project areas is focusing:

The project "Protection and Empowerment of children with disabilities through an Inclusive Approach" explores and tries to positively influence the access of children with disabilities to services and address capacity gaps of caregivers and service providers in the selected geographic areas in close coordination and collaboration with the relevant government authorities and other CSO partners- AB, COAST Trust.

Main components of the proposed project are: a) support for implementation of Disability Protection Act 2013 and strengthening disability networks and participation of children with disabilities; b) strengthen community mechanism to realize the rights of the Children with disabilities and sensitize to demand quality services for children with disabilities; c) strengthen child protection systems for report and response to violence against children with disabilities by developing capacity of service providers and strengthening referral mechanism; d) Advocacy with policymakers to prioritize children with disabilities in policy formulation and increase social protection support for children with disabilities.

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

The project has four following **outputs:**

1. Children with disabilities in the project areas have skills and capacities to report and prevent all forms of violence against them, where Self-help Group/Organizations of persons with Disabilities (SHG/OPDs) has acted as supportive group.
2. Strengthened capacities of service providers in the targeted community where children with disabilities have access to information and the existing services that protect them from violence.
3. Strengthened coordination mechanism in the selected locations according to Rights and Protection of Persons with Disability Act 2013 for ensuring the access of CWD to services including safety nets.
4. Parents, caregivers, family members and community people in the project areas have improved understanding and adequate knowledge to support early identification and development of children with disabilities, seek services when required and response to prevent violence against children with disabilities. (Family, Caregivers, Community).

As part of Output 1, a formative study was conducted to measure the lesson towards the overall objective in select areas in context of violence and protection of children. The study also supports setting benchmark for the project. The study focuses on (i) collecting and analyzing pre-intervention data describing situation with regards to output of the project, (ii) give a snapshot of indicators at a time. Keeping these in mind the following objectives was considered to:

- 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 others of the project participants.
- Assess 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.
- Identify the community thinking regarding the protection of children with disabilities.
- Identify some potential areas as sampling basis that need to be accessible for the protection of children with disabilities.
- Explore the method of advocacy to increase the budget allocation for children with disabilities in social security scheme.
- Identify the method to include children with disabilities into the existing adolescent club.
- Identify the SBCC method for community people to create awareness regarding the protection of children with disabilities.
- Identify the community engagement method regarding the protection of children with disabilities.
- Identify the mechanism to activate disability rights and protection committee at project area.
- Identify the OPDs/SHGs and assess their capacity

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

Table 1: Working Area

Main Areas Blocks	Name of City Corporation/ Upazila	Name of municipality/union/Zone	Total Wards
Dhaka	South City Corporation	Zone 2	08
Dhaka	North City Corporation	Zone 3	14
Barisal	Barisal Sadar	Entire Barisal City Corporation	30
Bhola	Charfashion	(Nurabad Aminabad, Ahamadpur, Osmangong, Aslampur and Abubakkarpur) 06	06

A.12.1 **Primary beneficiaries of the project:**

The primary beneficiaries of the project are girls and boys with disabilities (6/7 yrs. to 18 yrs.; 645 children with disabilities (Boys-387, Girls-258 as per project) with different types and degree of disabilities.

A.12.2 The project also plans to work with a range of secondary beneficiaries and/or other stakeholders including caregiver/parents, children without disabilities, teachers, legal professionals, local level representatives, Gov. Health Workers, OPDs/SHGs, Social Workers and NGOs workers etc. A total of 41 members of CBCPCs will be targeted to contribute to disability inclusion and make CBCPC functional in terms of child protection and resilience.

METHODOLOGY

B.1 Methodology and Data Collection Plan

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

Tools, Approaches, and Design

- Following desk review of project documents, two sets of semi-structured quantitative questionnaires containing > 60 broad & some sub-questions and >61 broad & some sub-questions for parents/ caregivers, and children, respectively were developed in English, which was then translated into Bangla. Upon receiving feedback from CSID, the questionnaires were transformed into KoBo and field-tested with support of data collectors and other team members following orientation on tools for data collectors. Orientation was done in person for the Dhaka-based field staff; while field staff in Barishal and Bhola participated in the orientation online. However, prior to data collection in Barishal, orientation was also done for Barishal, in person.

- Attempts were taken to reach out to a diversified group of children with disabilities by gender, types of disabilities and age for 4 major project areas: Barishal, Bhola, Dhaka City Corporation North and Dhaka City corporation South. Lists of children with disabilities were collected from four project areas. These lists were generated by CSID field staff through door to door and/or snowball methods for the project. These lists were disaggregated by age, gender and types of disabilities by the study team initially, and then purposively generated second group of lists for each four areas were developed and distributed back to the field offices through CSID for initiating data collection. The design of the study had to consider involving KoBO on smart phone for two reasons – to minimize the time in data collection and reduce time in transforming data for analysis. Data was collected at the latter stage of the COVID 19 pandemic, and some delay occurred. When unable to reach out to children in the list, child with disabilities respondent from an alternative lists had to be interviewed. Despite attempts made more boys than girls could be finally reached by the data collectors.

- Qualitative tools such as Key Informant Interview –KII, In-depth Interview-IDI, and Focus Group Discussion –FGD guidelines were developed, finalized upon receiving feedback, and utilized to generate qualitative data to supplement quantitative data in two districts i.e. Barishal and Bhola.

Inclusion Criteria

The following issues were considered for inclusion in data collection:

- Children aged between 6 to <18 years with different types of disabilities living in the project areas
- A total of 370 children with 11 types of disabilities (includes multiple disability) selected from 4 area based lists initially spotted through door to door and/or snow ball methods. Later, they were reached with quantitative questionnaires for face to face interview along with their caregivers/parents.
- The willingness and availability of both the children and their caregivers/parents. In cases where the child could not be reached, another alternative small list (also identified randomly) was utilized to reach the needed number.
- Attempts were made to reach out to an equal number of girls and boys, as for age and types of disabilities, emphasis was also given to ensure representation of various types of disabilities.

Exclusion criteria

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

Ethical Consideration, Consent &/or Assent

- All participants and/or their parents/caregivers were asked to give consent prior to participating in survey/ KII/ IDI/ FGD. Parents gave consent in favor of the children unable to give decision for participating. Interviews were directly input into KoBo using smart phone and internet on spot. Confidentiality of the respondents are maintained.

- Care was taken to ensure child safeguarding policy issues and in most cases interviews were taken in presence of the care-giver and/or two staff members conducted the interviews. Survey/interview was participatory.

The Sampling

The following sample size was considered maintaining 95% confidence level and 0.05 margin of error against a population of 374 children with 11 different types of disabilities (including multiple disabilities) and their parents/caregivers (mostly mothers were available for the interviews) that lasted about an 40 minutes to over an hour for each. Disability of two children were not known, for the disability types of others, information given on disability ID card or parents were followed.

The sample calculation is given below:

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

Initial Sample Size:

$$\boldsymbol{n_0 = \frac{(Z_{\alpha/2})^2\ p(1-p)}{e^2} = \frac{1.96^2 \times 0.5(1-0.5)}{(0.05)^2} = 385}$$

Final Adjusted Sample Size:

$$\boldsymbol{n = \frac{n_0}{1 + \frac{n_0 - 1}{N}} = \frac{N n_0}{N + n_0 - 1} = \frac{5660 \times 385}{5660 + 385 - 1} = 361}$$

Where,

N	=	Total number of beneficiaries	5660
n_0	=	Initial sample size	385
$Z_{95\%}$	=	The z value for the 95% confidence interval	1.96
p	=	The proportion of the population	0.5
e	=	The degree of precision (Margin of error 5%)	0.05
n	=	Adjusted sample size (Final sample size)	361

Four purposively selected lists representing the 4 project areas (i.e. Barishal, Bhola, Dhaka City Corporation North and Dhaka City Corporation South) were developed based on initially spotted children through door to door and/or snow ball methods. Later, they were reached with quantitative questionnaires for face to face interview along with their caregivers/parents. Where any of the randomly selected child could not be reached, another alternative small list (also identified randomly) was utilized to reach the needed number. The table below indicates distribution of samples per areas.

Table 2: Area wise sample size plan

Area name	Area wise child population	Area wise required child sample	M	F
DNCC 1	100	7 +9 (extra)	3+4=7	4+3=9
DSCC 2	1385	87	47	40
BCC 3	1935	124	60	64
Charfashion 4	2240	143	71	72
Total	5660	361 +9=370	185 (50%)	185 (50%)

Table below indicates distribution of samples based on age-groups and gender. In the demography section of the report actual number of children by age, gender, type of disability and areas have been indicated. A very small number of children/adolescents belonging to the last age-group i.e. 15 to 17 years could be reached.

Table 3: Age and Gender-based sample size for 4 areas as plan

	6 to 9 years		**10 to 14 years**		**15 to 17 plus years**		**Total samples by area**
	M	F	M	F	M	F	
DNCC (Dhaka North City Corporation)	2 (1+1 extra)	3 (1+2 extra)	5 (1+4 extra)	3 (1+2 extra)	1	2	16
DSCC (Dhaka South City Corporation)	16	15	16	17	10	13	87
BCC (Barishal)	22	21	15	16	25	25	124
Charfashion (Bhola)	20	23	25	25	25	25	143
Total	**60**	**62**	**61**	**61**	**61**	**65**	**370**
	122 (33%)		**122 (33%)**		**126 (34%)**		

A total of 373 against 370 children and their parents/caregivers were interviewed.

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

- Caregivers/parents/ other family members/ children with disabilities/children without disabilities
- Teachers at regular school, teacher at madrasah, and community based child protection committee (CBCPC) members
- Partner staff
- Child desk officer at two Police stations were interviewed.
- Representatives of the Department of Social Services (DSS), local government (elected), three legal aid providers at BRAC office were met.
- Representatives of district level official of the Ministry of Women and Children Affairs (MoWCA).

Limitations/ Challenge

- Children with communication difficulties and difficulties in remembering and concentration could not often comprehend and/or fully participate in the interview though questions were made simpler for them, asked in shorter form and explained several

times. Some of the children continued to repeat the same response, while some listened but did not talk. A few of them continued to provide the same response to all questions despite several attempts were made to deliver the question in easy words. For them their caregivers, mostly mothers responded.

- Interviewers could mainly access the households belonging to mainly low income groups. Therefore, the findings may not completely represent all socio-economic strata of those four areas in three districts.

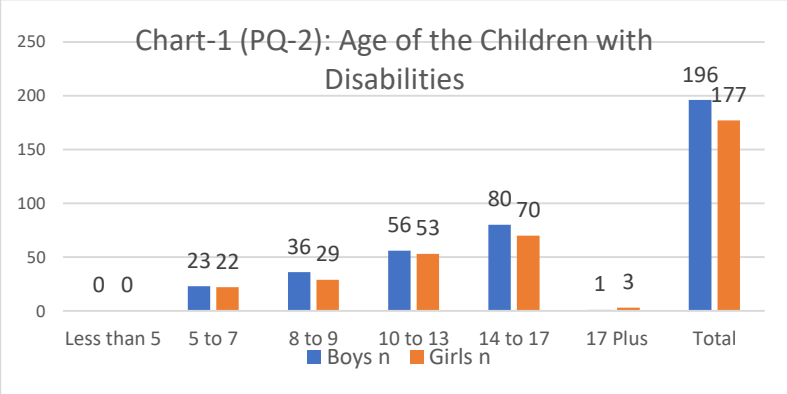
FINDINGS

The findings section is presented in the following order:

1. Characteristics of the child respondents
2. The Awareness/Knowledge of Children with Disabilities and their and their Caregivers in context of Violence
▪ Degree of awareness on rights based issues of children with disabilities, support of family, various other stakeholders is limited. ▪ Lack of strong coordination and collaboration among various public agencies/bodies observed. Lack of understanding of disability-inclusion makes child protection needs of those with disabilities even more difficult for potential service providers. ▪ Overall situation of access to service providing institutions for both protection and other issues.
3. Actions Taken, Accountability & Responsiveness to Violence against Children & Systems in Place & their Functionality
▪ Determine the social problems and their cause-effect relationship regarding disabilities. ▪ Overall child protection situation of the project participants, their families. ▪ Snapshot of the accountability, role and sensitiveness of the govt. agencies and other stakeholders as exist. ▪ Assess the implementation state of Government Policy, legislation and schemes relating to disability in project level. ▪ Situation of Community Based Child Protection Committee (CBCPC) regarding disability and child protection issues in the target area. ▪ Identify variables to measure the success of the project intervention. ▪ Potential areas to be made accessible for the protection of children with disabilities. ▪ Method & areas of advocacy to increase the budget allocation for children with disabilities in social security scheme. ▪ Strategies & method to include children with disabilities into the existing adolescent club.
4. Community capacities in context of preventing violence
▪ Identify influential stakeholders, relevant service providers and government agencies and their perception on this project. ▪ Identify the community thinking regarding the protection of children with disabilities. ▪ Identify the SBCC method for community people to create awareness regarding the protection of children with disabilities. ▪ How to engage community regarding the protection of children with disabilities. ▪ Identify the mechanism to activate disability rights and protection committee at project area.

Characteristics of Child respondents

A total of 373 pairs of children and caregiver (CG)/parents have been reached against the planned sampling plan of 370 pairs in 4 project areas with two sets of semi-structured quantitative questionnaires (Part 1 for CG/parents and part 2 for children with disabilities). Despite attempts made to reach an equal number of girls and boys through selection of purposive sampling for the quantitative survey, (based on spotted children beforehand by project staff), ultimately 52.55%, n=196 boys and 47.45% girls (n=177) were reached.



Share of child respondents aged 5 to 9 years is 29.49%, n=110, 10 years to 13 years is 29.22%, n=109, and 14 years to below 18 years is 41.29%, n=154.

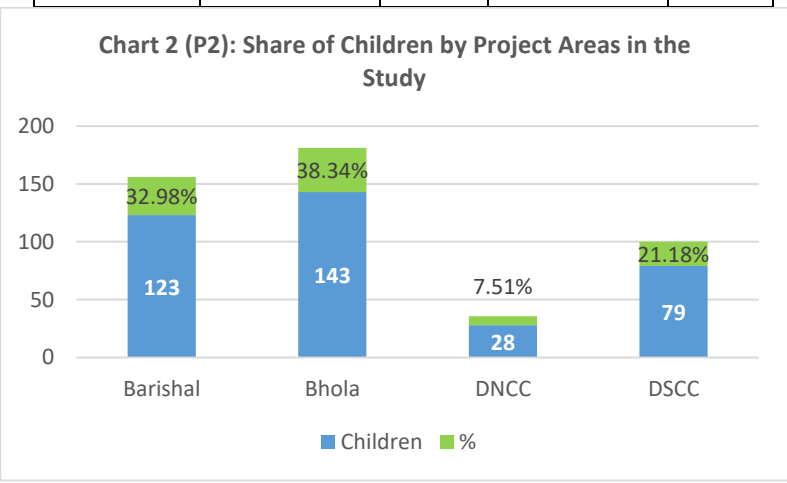
Attempts were taken to reach out to an equal number of girls and boys through design from an initial list of identified children with disabilities of the four project areas, and yet a lesser number of girls were reached compared to boys, which could be due to unwillingness of parents of girls to participate.

Table 4 (PQ-2): Children with Disabilities by Age and Gender

	Boys		Girls	
	n(frequency)	%	n(frequency)	%
Less than 5	0	0	0	0
5 to 7	23	11.73	22	12.43
8 to 9	36	18.37	29	16.38
10 to 13	56	28.57	53	29.94
14 to 17	80	40.82	70	39.55
17 Plus	1	0.51	3	1.69
Total	196	52.55	177	47.45

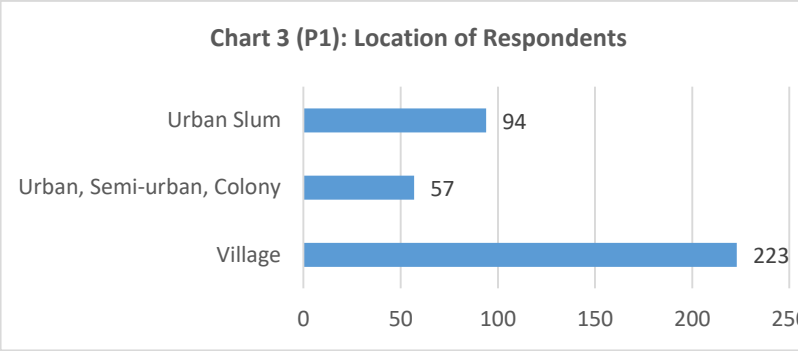
Of 373 children, 29.49%, n=110 belonged to less than 10 years age-categories, 29.22, n=109 belonged to 10 to 13 years plus age-group, while 40.21%, n=154 belonged to 14 years to below 18 years category.

32.98%, n=123 Children (includes 59 girls, 64 boys) are from Barishal (against the set study target of 124), 38.34%, n=143 Children (70girls, 73 boys) are from Bhola (against the set target of 143), 7.51%, n=28 Children (14 girls, 14. boys) are from DNCC (against the set study target of 16), and 21.18%, n= 79 Children (34 girls, 45 boys) are from DSCC (against the set study target of 87).



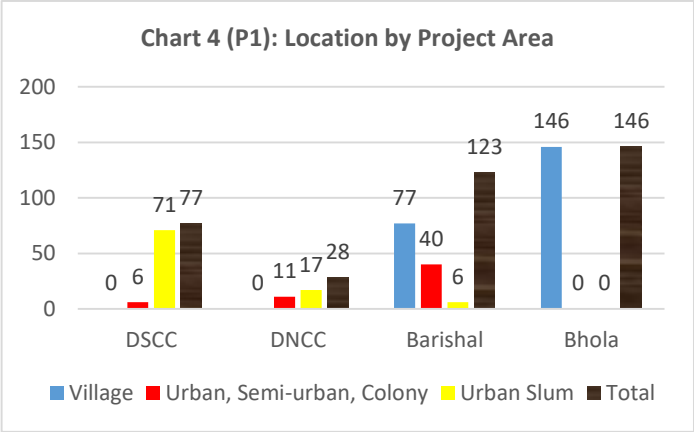
Some social, locational and economic data on the children covered with the survey

Almost 60%, n=223 of the children live in rural areas, followed by 25%, n=94 living in slums, followed by 15%, n=57 living in peri-urban or colonies in urban areas.



A majority of respondents from Dhaka City Corporation-South reside in slum area (n=71), while all respondents (n=146) from Bhola reside in rural area. A total of 57 respondents (6 in DSCC, 11 in DNCC and 40 in Barishal) was living in mainly low-cost colonies, peri-urban and urban areas.

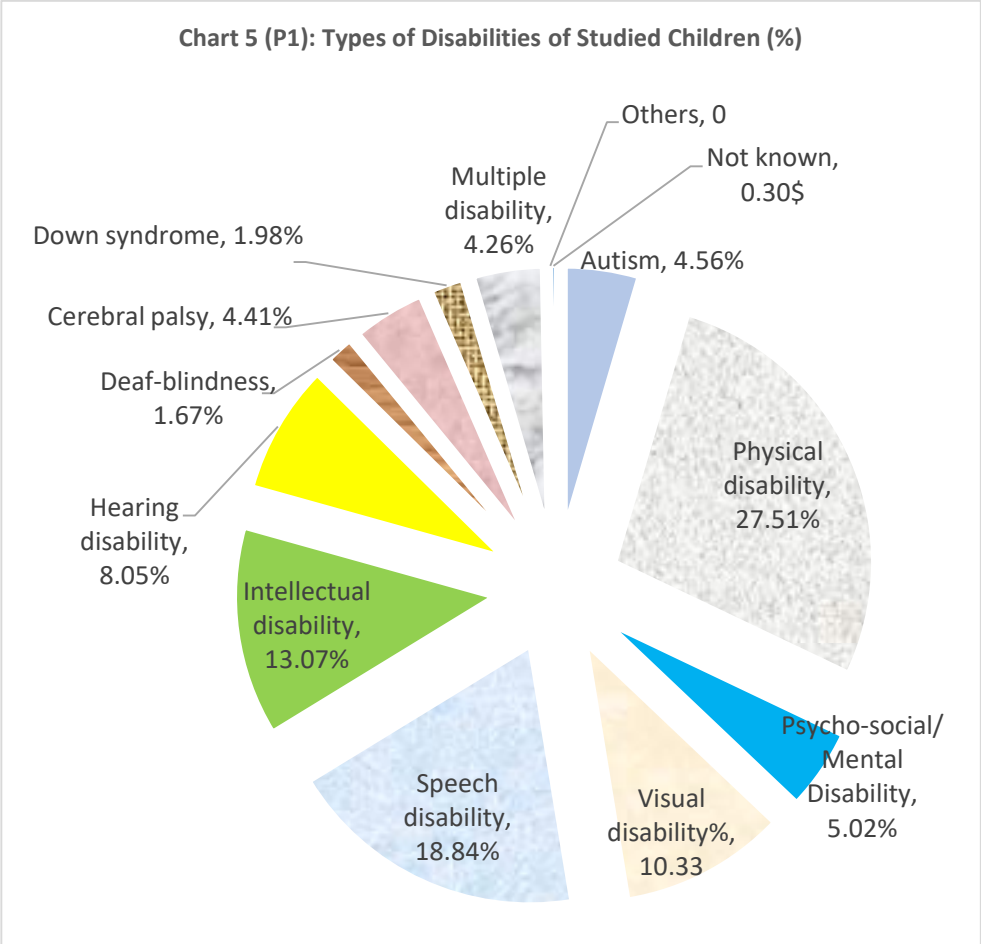
A total of 100 children (77 in DSCC, 17 in DNCC and 6 in Barishal) may have been living in slums.



Types of disabilities: A snapshot

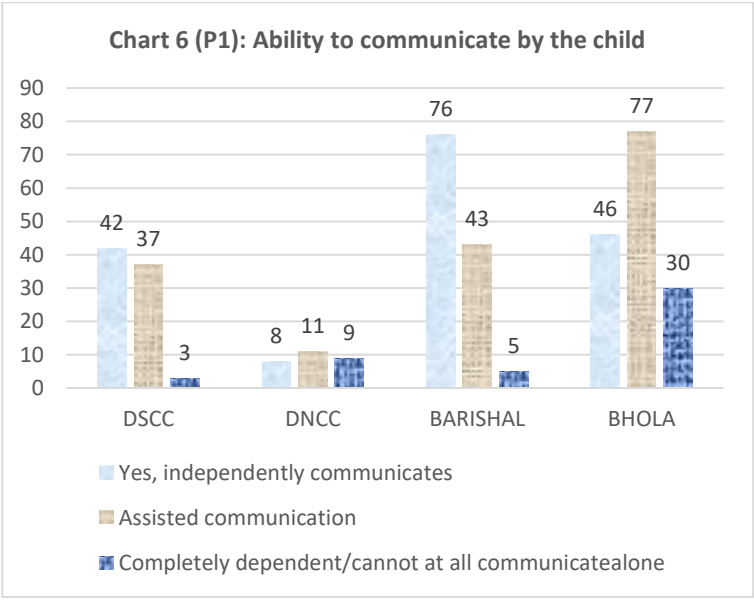
Many children reached by the study had more than one form of disabilities. However, over 1/4th (27.51%, n=181) of the children had different types of physical disabilities – some of them with other associate disabilities/multiple disabilities. Of the children with disabilities addressed by the study, 18.84% had speech/communication disabilities, while 8.05% had hearing disabilities, and 4.56% had autism. It is highly likely that children with hearing disability has speech-related impairment/difficulties at various degrees, while children with autism may have various degrees of communication including speech related difficulties. The team is aware that it is very difficult to accurately assess certain disabilities particularly in remote and rural communities in absence of multi-disciplined trained actors.

It would be appropriate to arrange assessment of disabilities by more skilled group of multi-disciplinary professionals to ensure proper implementation plan of the project.



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

Over 10% of children participating in the study could not at all communicate on their own, which is highly likely to significantly increase their vulnerability including in context of child safeguarding. Over two/fifth of the children needed some support/ assistances to respond to the interviews. Only 172 children (46%) independently responded to interviews.



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

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

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

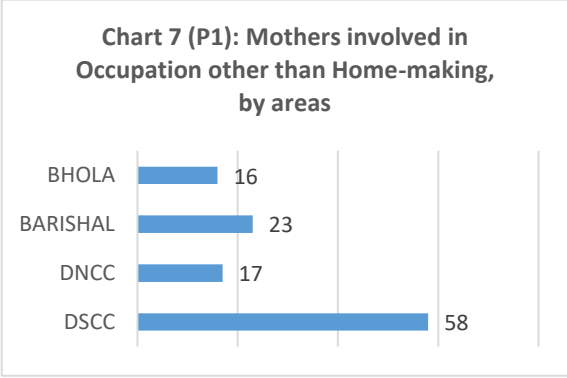
Very careful selection of intervention methods will be needed to deliver training/messages on safeguarding to these children.

A considerable percentage (>15%) of children have intellectual disabilities (including those with Down syndrome). Parents and field data collectors of the Centre for Services and Information on Disability (CSID) have identified children with 11 types of disabilities mainly based on 'reporting' by caregivers. However, it will be essential to arrange appropriate assessment of some of these children to carefully diagnose and point out the degree of disabilities in order to make some of the project interventions including training, delivery of assistive devices, and setting individual development goal/plans, more effective.

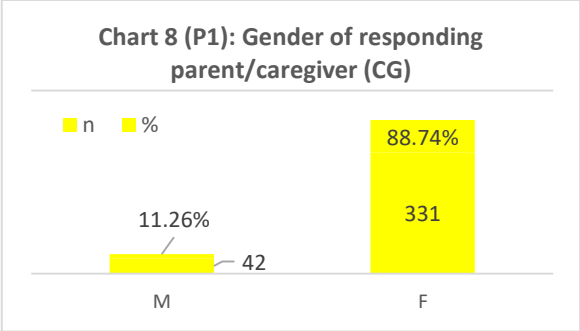
Child-centered, age-appropriate and types of disability-responsive technics may be needed to train/deliver messages to these children.

Occupations of Parents/Caregivers of the studied children

A total of 128 mothers (i.e. at least over 34% respondents) are involved in other occupations on top of home-making. These mothers work and earn by livestock rearing, processing farm goods (e.g. paddy drying, cleaning, cultivation), working in others house as maid, laborers in factory etc., runs grocery shop, and some take credits from NGOs to earn an income through various ventures. Majority of women who work and earn are from Dhaka South City Corporation areas.

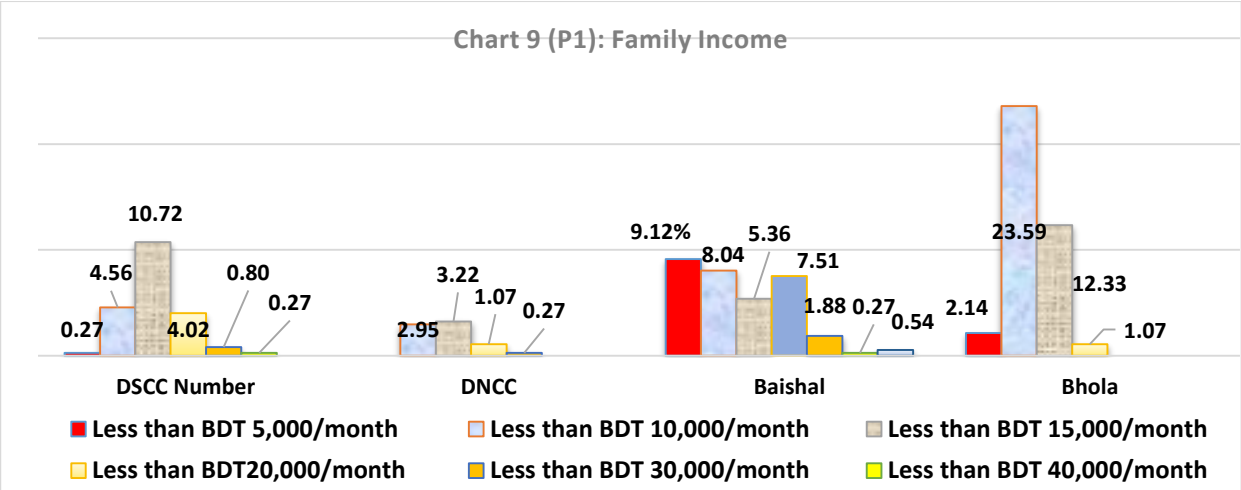


A majority i.e. 88.74%, n=331 of the responding parents/caregivers (CG) are women, many of who may have limited decision-making compared to decision-making male members in the family. However, these women are the primary caregivers of the children with disabilities, who must be included in any intervention.



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

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



A total of 11.53% responding household (HH) earns less than BDT 5,000 (US$ 57.69)/ month, while 9.7 % households also spend this amount per month.

A total of 39.14% of the responding household have earning below BDT 10,000 (US$ 115.38)/ month, while a slightly lower percentage of households (38.1%) spends the same amount monthly.

A total of 31.635% HH, 13.67% HH, 2.949% HH, respectively earns less than US$ 173, US$ 230.768, US$ 346 and US$ 461.536 per month. Only 0.536%, n=2 HH earns more than US$ 461.536/ month.

While 35.4% HH spends less than US$ 173; 13.4 HH spends less than less than US$ 230.768; 2.9% HH spends less than US$ 346; and 0.5% HH spends more than US$ 346/ month.

Majority of these households belong to low-income groups, who hardly have any scope to save money for future.

Table 5 (P1): Family Income

Family Income/ month	DSCC	DNCC	Barishal	Bhola	Total
< BDT 5,000	n=1		n=34	n=8	n=43 (11.528%)
< BDT 10,000	n=17	n=11	n=30	n=88	n=146 (39.14%)
< BDT 15,000	n=40	n=12	n=20	n=46	n=118 (31.635%)
< BDT 20,000	n=15	n=4	n=28	n=4	n=51 (13.67%)
< BDT 30,000	n=3	n=1	n=7		n=11 (2.949%)
< BDT 40,000	n=1		n=1		n=2 (0.536%)
Others			n=2		n=2 (0.536%)
Total	n=77	n=28	n=122	n=146	n=373

Table 6 (P1): Family Expenditure by Project Areas

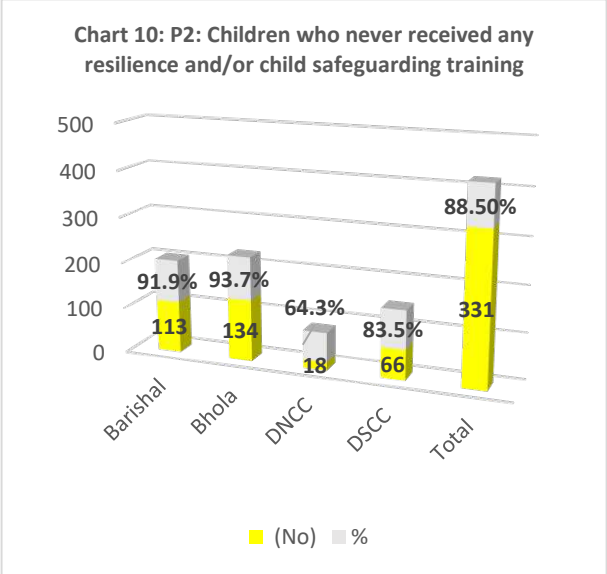
There are area-specific diversities in income, a proper poverty analysis cannot be done as from this data as it was not intended in the first place.	Expenditure/ month	DSCC	DNCC	Baishal	Bhola	Total
	Less than BDT 5,000	1.3 (1)		27.9 (34)	.7 (1)	9.7 (36)
	Less than BDT 10,000	23.4 (18)	42.9 (12)	20.5 (25)	59.6 (87)	38.1 (142)
	Less than BDT 15,000	55.8 (43)	50.0 (14)	14.8 (18)	39.0 (57)	35.4 (132)
	Less than BDT20,000	14.3 (11)	7.1 (2)	29.5 (36)	.7 (1)	13.4 (50)
	Less than BDT 30,000	5.2 (4)		5.7 (7)		2.9 (11)
	Others			1.6 (2)		0.5 (2)
	Total	100.0 (77)	100.0 (28)	100.0 (122)	100.0 (146)	100.0 (373)

Implications: Starting from the project design, and planning, up to the implementation phases the project would need to explore engaging with both parents/ caregivers and ensure specific interventions can accommodate and adapt to their schedule as much as possible to benefit from their participation for a more sustaining impact of the intervention. Where adapting to their schedule is not possible tradeoff can be made by incorporating specific day's wage to ensure concerned persons' participation.

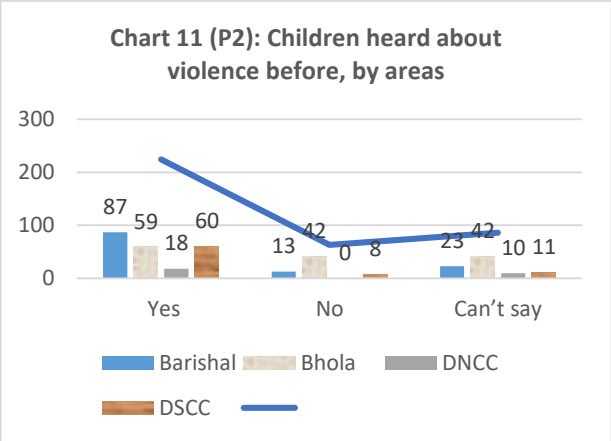
Prior history of children receiving training on resilience building

A vast majority of children e.g. 93.7% children in Bhola, 91.9% children in Barishal, 83.5% children in DSCC, and 64.3% children in DNCC have never received any resilience building training prior to the project.

A very insignificant number of children (42 out of 374) reached have previously participated in resilience building activities where they have learned about How to introduce themselves, what is rights? What is torture, Types of violence, Who to report if someone face violence? What is friendship? Body Boundaries, Good touch, bad touch, Toll free number and their purposes, benefit of education, disaster, games.



Though majority of children with disabilities have no specific idea about various types of violence and protective measures, most (224 out of 373) of them have heard of 'children in general' being tortured/abused. Project area specific variations are observed. 75.95% children in DSCC, 70.73% children in Barishal, 64.29% children in DNCC and only 41.26% children in Bhola have heard about violence that may have occurred against children.

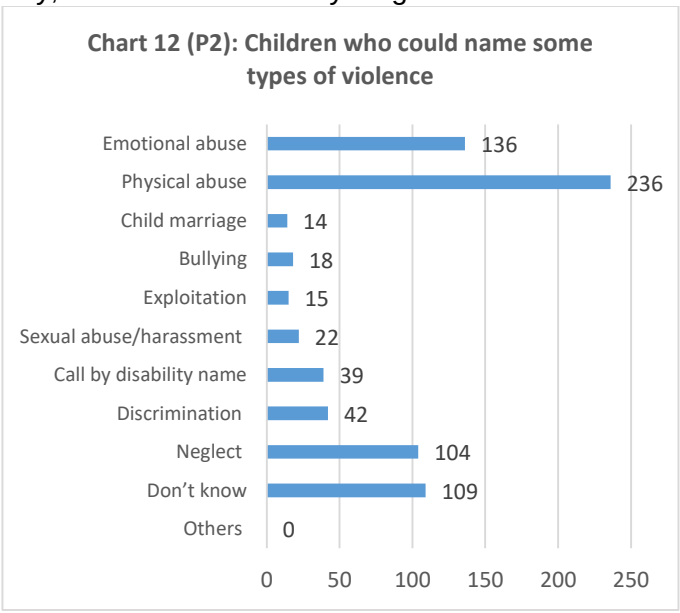


Wide spread lack of understanding of what constitutes violence is observed while using both qualitative and quantitative tools with various stakeholders. For example, child marriage may not be considered a violence by many, similarly different types of physical and verbal abuse may not be recognized as abuse by many.

Implication: This figure may help design the number of training in different project areas based on needs.

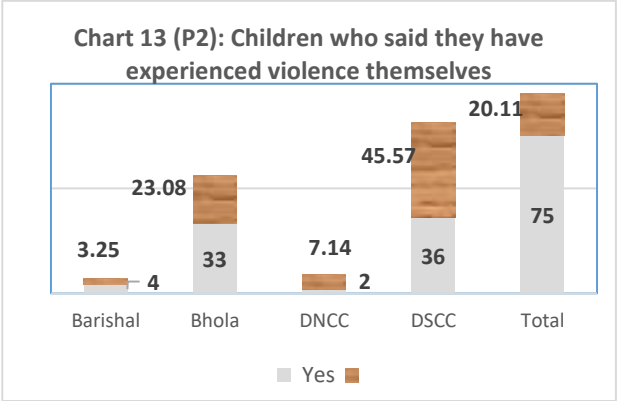
However, when asked if anyone has heard about children with disabilities in their locality subjected to any type of violence, only 58 out of 373 (15.5%) children responded of hearing about children with disabilities being abused/subjected to any form of violence. Almost 2/3rd of children (n=112) have no idea about the likelihood of children with disabilities being subject to violence, while over a half of them (n=203, 54.4%) did not know much about the issue. Earlier many of them mentioned of hearing about violence against children in general – this may be due to a lack of awareness about children with disability living in the locality or a complete lack of awareness that those with disability also could be subject to abuse. This could be the case also due to lack of confidence. Only 15 child respondents said some action was taken against such violence against children in their locality, 175 did not know anything about it.

A total of nine types of violence were named by the studied children with disabilities, and/or their caregiver (for children who could not independently participate in the interview either due to age and/or other difficulties).
Majority of 236 could name physical violence, followed by emotional/psychological violence (136), and followed by neglect (104). Only 14 mentioned child marriage, 18 mentioned bullying, 22 mentioned sexual abuse, 39 mentioned calling names, and 42 mentioned discrimination as violence. A number of children mentioned more than one types of violence. (There are overlapping in response).



109 out of 373 children could not name any types of violence.

Out of 75 responded in three different intervention areas 20.11% children with disabilities have shared their experiences on violence. Studied children with disabilities of Barisal, DNCC, and Bhola responded significantly less against this question. Their response were 3.25%, 7.14%, and 23.08% respectively.



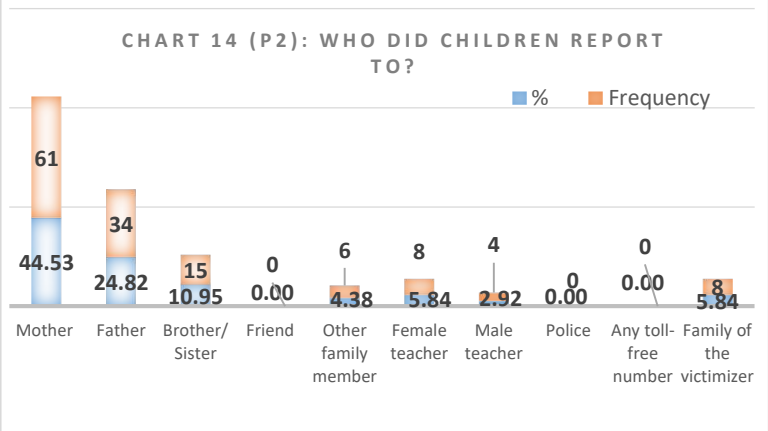
Most of the respondents were not aware about overall violence, abuse, safeguarding issues. They did not mention of much discrimination in the family/society, use of disrespectful word (e.g. bullying, eve teasing, emotional abuse etc.) against children with disabilities. While questions were elaborately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

Implications: Series of training/orientation on overall aspect of violence, consequence, mitigation, where to inform, role of family, school, community would be essential.
Provide training to especially girls with disabilities, and their parents/ caregivers. However, mass awareness is required among girls and boys with and without disabilities, family and community level.

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

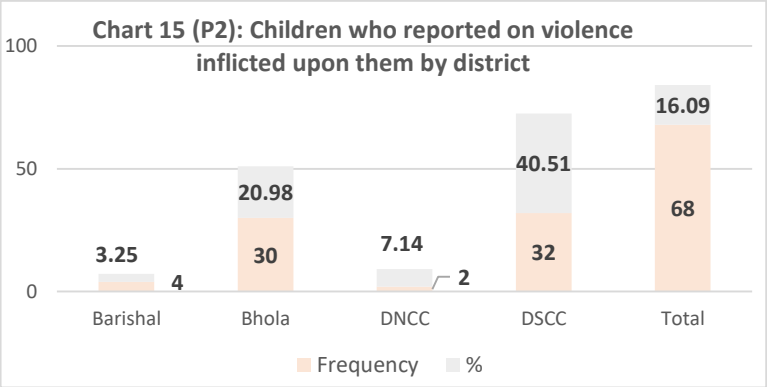
Only 68 out of 75 children said they have shared/reported the violence experienced by them. Seven of them did not share this with anyone before for fear, out of shame, to avoid possible repercussion of family members, while some did not bother to report it.

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



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

Area-specific variation was observed in the percentage of children with disabilities reporting violence inflicted upon them. The situation of Barishal and DNCC were worse compared to DSCC and Bhola. This could be due to targeting new areas in Barishal and DNCC.



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.

Implications: A lot more concerted efforts will be required to create a family based and community based support systems for children with focus on children with disabilities, and girls. This study could not explore the situation of children living in alternative care, who are another group of vulnerable children.

Moreover, information on the toll-free numbers and other support systems have to be popularized by everyone including the project.

Sense of safety responding children with disabilities feel at different places

Of 373 respondents 319 mentioned they feel most safe when at home. There are however, area-based variations. For example about 19% gap was pointed out in context of living in their own home by children with disabilities living in the Barishal and Bhola and children with disabilities living in the two Dhaka City Corporation areas. More children with disabilities living in Dhaka area had both their parents working leaving their children living in slums areas often alone. On the other hand, 19% children in DSCC and 32% children in DNCC felt safe at schools, while only 6.5% children in Barishal and 90%

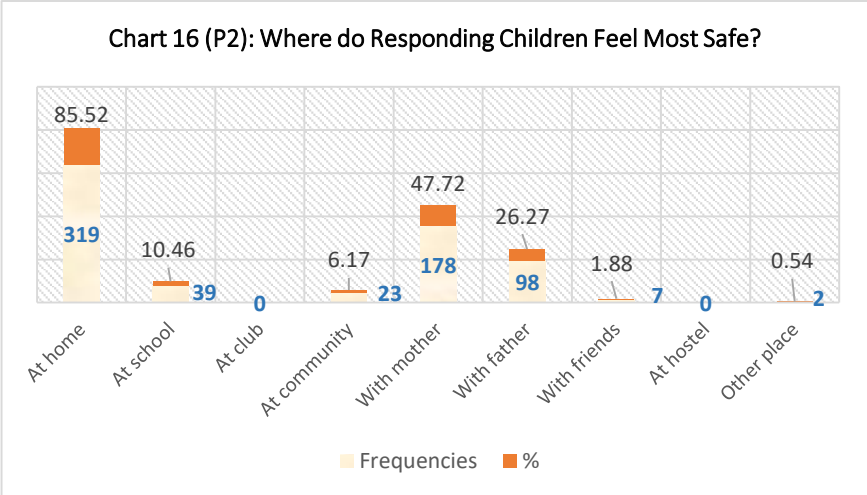


Table 7 (P2): Felt sense of safety as according to responding children by project areas

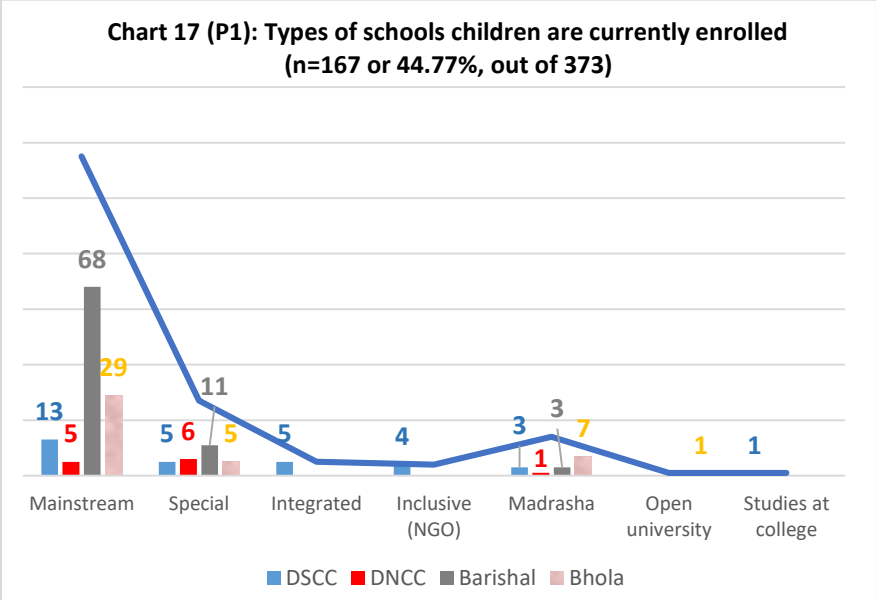
	Barishal	Bhola	DNCC	DSCC	Total
At home	91.87%, n=113	90.2%, n=129	71.42%, n=20	72.15%, n=57	85.5%, n=319
At school	6.5%, n=8	4.9%, n= 7	32.1%, n=9	19%, n=15	10.5%, n= 39

children in Bhola felt safe at school. None of the responding children were found participating in any club (e.g. adolescent club) or in e.g. little doctor program, only 1 child said of participating in school cabinet – thus none has any experience of feeling safe or unsafe about/at any club. Most children

At club					0
At community	7.3%, n=9	1.4%, n= 2	21.4%, n= 6	7.6%, n= 6	6.2%, n= 23
With mother	56.1%, n= 69	15.4%, n= 22	75.0%, n= 21	83.5%, n= 66	47.7%, n= 178
With father	28.5%, b= 35	13.3%, n= 19	39.3%, n= 11	41.8%, n= 33	26.3%, n= 98
With friends	3.3%, n= 4		3.6%, n= 1	2.5%, n= 2	1.9%, n= 7
At hostel					0%
Other place				2.5%, n= 2	0.5%, n= 2

of all areas feel safer with their mothers (cumulative score 47.7%), although children in Bhola had given this option much less score compared to other areas (only 15.4%). All participating children were community based, therefore, no information on this criteria for children with disabilities living in hostel/alternative care are available.

Access to education/ schooling has the potential to play one of the most significant roles in uplifting the lives of children with disabilities, and increasing their access to important agencies including, access to information, life-skills, and network. Though most of the study participant children belonged to school-going age – only 167 were enrolled in schools of various types.



School enrollment of children with disabilities was highest among the group with 67.48%, n=83 children in Barishal were enrolled in school against 43%, n=34 in DSCC, 42.86%, n=12 in DNCC and only 29.37%, n=43 in Bhola. The total enrolment rate was only 44.77%, n=167 for (all 4) project areas. Overall, children with disabilities are enroled more in mainstream schools than any other schools, which indicate the necessities to design interventions in these schools to reach a greater number of children with disabilities. It is also essential to work with all other schools including in special schools. In special schools it will be possible to reach out to children with specific types of disabilities by enabling the designing of the training in specific disability-based accessibility. The percentage of children with disabilities in school is very low and in alignment with recent statistics.

Some Quotes

1. “My family has taken decision for her marriage (I am not yet 18 years old). The groom’s family has chosen me, and yet they are asking for a lot of dowry. My family was not in the position to fulfill their requirements. Therefore, my marriage did not take place. Since then my family misbehaves with me, and it seems I am responsible for my disability. It is unbearable and hurts me a lot.” – A girl with physical disability (14) during in FGD in Bhola.

2. “I heard that a girl with disabilities (aged 15 years) has been abused by the son of the local chairman. The victim said that they were in love, but then he used this situation and took advantage. Now he is avoiding her. When I talked to the boy’s father, his father said that I am doing this because of money and to ruin his and his son’s reputation’’. – A woman with physical disability (24) and an OPD representative.

3. It is easy to trap women with disability. Many make fake promise of loving them, and then they leave them – A man with physical disability (22) and an OPD representatives.

4. “Neighbors told that I am not fair. They say I also have disability, and what will happen me, who will marry me?” – A girl with disability (14) in Bhola during an FGD

5. “Unacceptable touching is commonly experienced by girls with disabilities”. However, most of the time we do not share this to anyone because our family will blame us (girls) instead, our family will not give importance to these and/ or will not believe us.” – A girl with disability (16) during an FGD

6. “Bully, criticism, shouting these are common for us. We don’t even know these too are abuses.”- Girls with disability (14) in Bhola during an FGD.

7. “There is no record that any woman with disabilities have filed any case of abuse or for any support. There is no restriction to provide support to the women with disabilities however, their information is not available”. – A Bench Assistant (legal), Kashipur, Barishal in a KII.

8. “In Bhola there are 60 adolescent centers formed by UNICEF now currently managed by the Department of Women Affairs (DOWA). These clubs do not have any adolescent with disabilities as members” – a representative from Women Affairs, Bhola, (male).

9. “When you have disability they focus more on what you cannot do. In the interview board they told me ‘you have physical disability, how would you move to different places to collect information/work, you will always need other’s support.” – A woman with disability (24 years) and an OPD member with physical disability.

10. ‘Unwanted sexual remarks or advances by a man to a woman in a public place has reduced now due to corona as adolescent girls/boys have to stay home.” – An official of DoWA, Bhola, (male).

11. “We do not have any problem of child marriage or child safeguarding. We are facing more problem with too many divorce.” - An official of DoWA, Bhola, (male).

Findings by Specific objectives are given in the following section

Findings by Specific Objectives	Findings of KII (Group of KII Respondents)	Findings of FGD (Group of FGD Respondents)	Discussions based on findings & recommendations
The Situation of Children with Disabilities and their and their Caregivers Knowledge in context of Violence			
▪ Awareness on Rights of Children with Disabilities and overall rights situation in the project area need to increase. ▪ Degree of awareness on rights based issues of children with disabilities, family, and various other stakeholders is limited. ▪ Overall situation of access to service providing institutions for both protection and other issues may be there, but awareness on these are limited at the individual, family and community levels. ▪ Disability disaggregated data is missing and it hampers informed decision. ▪ Clarity of beneficiary on project objectives are needed.	▪ Lack of awareness and orientation regarding disability and development aspects among the staff working at local offices need to be addressed. ▪ Adequate coordination and collaboration with victim support center is necessary. ▪ There is no representation of adolescents with disabilities in the adolescents club. ▪ Data on abuse of children with disabilities is absent although officials acknowledged of supporting children/adolescents and women with disabilities over the last few months prior to the interviews. ▪ At least one DoWA official had responded in a very gender-insensitive manner on various aspects of VACW, child marriage, and disability etc. (however, many of these interviews had to be conducted without option of recording – therefore, these cannot be proved. ▪ Police help desks in different project areas were very cooperative and had shown	▪ Due to covid-19 pandemic school is closed. Most of the time girls were spending time at home. They supported with household chores, help mother for cooking, sewing, watch TV, and learned cooking using YouTube etc. Out of 06 girls 5 is continuing schools and 01 girls is not attending school, though she has minor disability. ▪ Parents are not willing to send back their daughters to school. Families have developed a negative attitude and are unwilling to invest on girls' education during post COVID period. ▪ Sometimes due to longer closure of the schools some girls are also not interested to continue their education. ▪ Students studying in special school did not complain regarding bullying, behavior etc. but the same is not true for those studying in mainstream schools with no intervention on disability-inclusion/and inclusive education. ▪ Girls studying at mainstream schools shared that they have supportive friends, however not all the students are willing to make friendship, or willing talking with them. Some of the classmates use disrespectful words.	▪ Currently there is no mandatory criteria for the adolescent clubs to include adolescents with disability as members. There is scope to include adolescent with disabilities in these clubs. District level DoWA representatives mentioned there is no restrictions to include them. Due to lack of understanding on disability they were not able to think in an inclusive way earlier. Their inclusion should be explored and advocated for. ▪ District level staff working in DoWA mentioned the need for orienting them on disability, development, aspect so that they can develop and execute a disability-inclusive plan for the society. ▪ There're need to organize a series of orientation sessions targeting individuals with disabilities (including children and adolescents), both parents/family, community, local authorities, government official on child rights, various forms of violence and how to prevent violence, and resilience building of children/adolescents. ▪ Norm changing initiatives at school and communities may be needed.

their interest to do more to assist children with disabilities.	Teachers also need adequate orientation on disability. - Girls informed that family think they are burden, all the time they have to face bullying, disrespectful word at their own family, and with neighbors and community. “Bullying, criticism, shouting are common for us. We don’t realize that these constitute violence/abuse” - Girls with disability (14 years) in Bhola during an FGD in Bhola. - Unacceptable touching is commonly experienced by girls with disabilities. However, most of the time they did not share this to anyone because they thought family will blame them (girls) instead, or family will not give importance and or family will not believe them. - Their families are not always supportive, and they compare us with other siblings and cousins without disabilities. This puts huge pressure on them. Sometimes their own family does not perform their duty toward a disabled child. - Due to COVID 19 pandemic all school were closed. Girls are at home most of the time and passed time doing household chores. It has been found that parents had lost interest to send back their girl children to schools. In some of the cases girls too are no longer willing to continue with education at schools.

- Bullying, discrimination, hitting, negative perception are common practices at schools still. Special effort to raise awareness and to change practices at family, community, institution and individual levels is highly essential.
- Family think girls with disabilities are burden, all the time they have to face bullying, disrespectful words from family members, and community.
- Especially in Bhola and Barisal districts adolescent girls with and without disability have extremely limited knowledge on violence, child protection, and their rights. The study team found very limited number of adolescents were able to clearly explain violence and how to mitigate these.

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

- Make child safeguarding responses disability-inclusive.
- Focus on the overall child protection situation of the project participants, their families.
- Snapshot of the accountability, role and sensitiveness and capacities of duty bearers VS lack of awareness and willingness of family/community about disability rights and child safeguarding.
- Utilization of the Government Policy, legislation and schemes relating to disability in project level.
- Coordination between various departments on issues of disability need to be stronger and focused. The department of women affairs, justice system, health and department of social welfare, and education need to collaborate to ensure child safeguarding of children/adolescents with disabilities more.
- Lack of coordination and collaboration with OPD members was observed.
- Out of 6 girls only one girl responded regarding violence, as she received training from CSID. Other than her none of the participants knew about child protection.
- Social stigma remains a challenge for children/adolescents with disabilities and their families to access services.
- Who are the government social workers? What is their portfolio? How to ensure they are present in the field? Which ministry are they working under currently?
- Focus on building capacities, accountability of duty bearers as well as families.
- Advocate involving OPDs, and create scope of more participation and life-skill development of children and adolescents with disabilities alongside other children/adolescents.
- A good number of local level duty bearers are trying to address the situation, which could be leveraged by the project with appropriate level of advocacy, capacity building and collaboration. However, unanimous

- Situation of Community Based Child Protection Committee (CBCPC) regarding disability and child protection issues in the target area.
- Identify variables to measure the success of the project intervention.
- Potential areas to be made accessible for the protection of children with disabilities.
- Method & areas of advocacy to increase the budget allocation for children with disabilities in social security scheme.
- Strategies & method to include children with disabilities into the existing adolescent club.

Capacities of OPDs too need to be enhanced to promote safeguarding of children/adolescents with disabilities.

- Local political engagement sometimes hinders justice for the victim.
- Cases of sexual abuse are often not reported. This is even less for victims with disabilities. Sexual violence is also difficult to prove.
- Officials sometimes also get false reporting on sexual violence for all (i.e. for those with and without disabilities).
- More cases of physical violence for all are reported.
- No data available on victims with disabilities who received services from the Health and Family Welfare Center (HFWC).
- Orientation on various aspects of disability-inclusion and the way to communicate with children/adolescents with different types of disabilities for duty bearers and service providers is needed.

- Lack of orientation/training on safeguarding/protection for the staff is essential also for positiveness of local level duty bearers will be essential e.g. to prevent violence against children, adolescents and women, and child marriage including for those with disabilities.
- Disability disaggregated data is essential for informed decision-making.
- It's essential to create more scope of participation for children/adolescents with disabilities in initiatives including adolescent clubs, CBCPC, child cabinet at schools, little doctor programs and what not!
- A concerted efforts involving DC, UNO, other departnebtal officials, LGI, youth, men and women, OPDat all tiers is essential to decrease violence and build resilience of children/adolescents with disabilities.
- Raise awareness among the girls and boys on who to inform/seek support, how to be safe, how not to blame the victims.
- Popularise the '109' and '1098' to seek support. Monitor the effectiveness of the toll-free numbers.
- Disability Rights and protection act-2013 need proper implementation.

Advocate with judicial system and popularize the available service to ensure persons with disabilities get proper support from their own family

the police and one stop crises centers and health care providers, e.g. so that during providing counselling service the service providers including doctors and nurses could follow safeguarding/ protection protocol.

- Lack of knowledge on the policies/laws also make the situation difficult. Appropriate referral mechanism need to be strengthened between the players.

- Victims often fail to communicate due to difficulties, while service providers lack the compassion and/or knowhow to support appropriately even when families try to reach out to services. OPD engagement is also very limited.

and property. Mass awareness on disability, potential of persons with disabilities, their competency need to be highlighted.

- Increase coordination between DSS and HEWC. Provide orientation to duty bearers on disability, safeguarding protection.
- Support systems also need to create provisions for psycho-social counselling for victims of abuse.
- Stengthen collboartion among local level authorities (chairman, members) and to strengthen referral mechanism, follow-up and monitoring.

Community capacities in context of preventing violence

- Identify influential stakeholders, relevant service providers and government agencies and their perception on this project.
- Identify the community thinking regarding the protection of children with disabilities.
- Local Chairman needs to follow the government policy strictly. They provide fake birth certificates for money to promote child marriage.
- Qazis, imams are not well aware or perhaps not motivated to prevent child
- The OPD members highlighted that in their entire life are passing their life facing different types of violence. Bulling, bad behavior, discrimination, family/community level negligence, beating, teasing all are part of our life.
- One OPD member shared that an adolescent with disabilities (aged 15
- Raise awareness among the Qazis/motivate imams about following law, policy and to refrain from allowing the practice of child marriage which has negative impact on the girl child's health and growth.
- OPD members should communicate with the DOWA to explore the

- Identify the SBCC method for community people to create awareness regarding the protection of children with disabilities.
- How to engage community regarding the protection of children with disabilities.
- Identify the mechanism to activate disability rights and protection committee at project area.

marriage. Religious imams/priests are yet to completely cooperate to prevent child marriage otherwise these marriages couldn't be performed. Even a small amount of money buys Qazis/Imams who agree to wed off girl children.

- CSID in partnership with radio Meghna, started creating awareness on a number of issues to promote the protection and safeguarding of children, adolescent in the community in Bhola district. Radio Meghna has its own system to identify the coverage of the topic.
- People living on agriculture, day labor, and wage work listen to the radio content according to the Radio Meghna. One radio talk show was organized engaging the representative from the district level social service department. The discussion covered issues on the process of registration to the DSS database, disability allowance etc. The project is developing a drama on 'Child Abuse' to aware community.
- The project is also trying to engage with local groups and organizations of persons with

years) has been abused by the son of a local chairman. The chairman is influential, justice was not ensured.

- FWC services are also not widely circulated.
- Imams can play a good role only if they could be motivated.
- Community people, neighbors often act to maintain the status quo. It's essential to motivate them to act in favor of the children/adolescents with disability.
- Engage OPD after building their awareness and capacity.

information, facilities available and build relationship with the department.

- Organize a series of orientation session for children/adolescents with and without disabilities, both parents/family, community, local authorities, government official on various aspects of child protection.
- Need to identify local youth to act and advocate to prevent violence against children. Utilize community based groups including religion-based bodies (e.g. Islamic foundation, other faith-based groups) to promote disability inclusion and reduce violence against children and adolescents with disabilities.
- Proper investigation and justice need to be ensured for the victims. Justice should not be manipulated due to utilizing the power negatively.
- Break the taboo and promote reporting. Further victimization of the victim by community, family and institutions must be stopped.
- At school/college levels student council should be trained to take responsibility to raise awareness to reduce violence.
- Map out the organizations including BRAC and government legal aid providers for accessing legal aid

disabilities (i.e. SHG and OPD).

- support to individuals, OPD and families of those with disabilities.
- The OPD need to receive orientation to enhance their knowledge on violence.
- Raise awareness among OPD members about the services of ‘Protibondhi Seba of Shahajjo Kendro”.
- FWC services need to share with the adolescent and OPD members to avail the service as per need.
- Explore the opportunity to cover other two districts to raise awareness on protection. As radio Megna’s coverage is only in Bhola district. Engage the representative from the Department of Women and Child Affairs as they are primarily responsible for addressing the protection issue in the community.
- Guide, introduce and engage OPD members with the district level officials of women and child affair and support them to advocate with them to include children/adolescent with disabilities to all of their services.
- Include participation of children/adolescent with disabilities in Community Based Child Protection Committee (CBCPC) and adolescent clubs.
- Continuous advocacy with the MOWCA, LGI to allocate the

	sufficient budget to execute the activity inclusive of disability.

The Table of Indicators

Indicator	Baseline status (2022)	By year 2023	By year 2026
% of children and adolescents with disabilities are more aware about VAC	60.1%		
% of children and adolescents with disabilities who named child marriage as violence	3.8%		
% of children and adolescents with disabilities who named sexual abuse as violence	5.9%		
% of children and adolescents with disabilities who named exploitation as violence	4%		
% of children and adolescents with disabilities who named bullying as violence	4.8%		
% of children and adolescents with disabilities who named discrimination as violence	11.3%		
% of children and adolescents with disabilities who named 'name calling by e.g. disability' as violence	10.5%		
% of children and adolescents with disabilities who named emotional abuse as violence	36.5%		
% of children and adolescents with disabilities who named neglect as violence	27.9%		
% of children and adolescents with disabilities who named physical abuse as violence	63.3%		
% of children and adolescents with disability who belong to any committee/club (note: none belonged to any adolescent club)	1.4%		
% of children and adolescents with disabilities who had previously received any type of resilience building training	11%		
% of children and adolescents with disabilities in Bhola who had previously received any type of resilience building training	6.3%		
% of children and adolescents with disabilities in Barishal who had previously received any type of resilience building training	8.1%		
% of children and adolescents with disabilities in DNCC who had previously received any type of resilience building training	35.7%		
% of children with disabilities in DSCC who had previously received any type of resilience building training	16.5%		
% of children and adolescents with disabilities registered at birth increased	Not known		
# of adolescents with disabilities participating in adolescent clubs and accessing services (incl. skills for employability)	0		
% of children and adolescents with disability who could demonstrate hand washing to maintain hygiene and also in context of COVID 19 prevention	51.5%		
% of adolescent clubs including children with disabilities as members across the country by year	0		
# of staff (govt) trained to address and reduce violence against children with disabilities	0		

RECOMMENDATIONS

1) Explore the opportunity for mandatory inclusion of adolescents with disabilities in the existing adolescent clubs and advocate for their mandatory inclusion in various programs of the Ministry of Women and Children Affairs. Advocate with the ministries of education for mandatory inclusion of children with disabilities in e.g. school cabinets, and little doctors programs to empower them and create their active and positive image with their peers.

2) Arrange training/orientation for various service providers including those with women and children's affairs, law enforcing, health service providers, family welfare providers, social services and education service providers/professionals on disability-inclusion and child/adolescent safeguarding/protection. Monitoring the performances of trained personnel is essential. Ensure that skills and delivery of services of government, implementing partners staff at national level and subnational level meets quality standards.

3) Advocate for strengthened coordination and collaboration of various duty bearers of government and others. Take specific intervention to popularize the existing services available and provided by the Government.

4) Organize a series of orientation session covering both parents, family, community, local authorities, government official on child rights, sexual violence, abuse, exploitation, trafficking, social norms, popularise the toll-free numbers including '1098' and '109'.

5) Ensure that at least an equal number of girls and boys with disabilities having all 11 types of disabilities can be proportionately targeted and benefited from any orientation. Where possible more girls, and more vulnerable children may be positively discriminated to receive training on resilience building.

6) Replicate disability-inclusive child protection/safeguarding initiatives to all over Bangladesh in a sustainable manner. All children, including adolescents, with and without disabilities should be better protected from all forms of violence, abuse, exploitation and neglect and harmful traditional practices. System and mechanisms that facilitate increased awareness, resilience, better utilization of services, promotion and adoption of specific key childcare practices and positive social norms need to be promoted. Where necessary explore engagement with OPDs and other community based institutions including children and adolescents to sustain the positive impact created.

7) Training contents for children must be adapted to mental age specific needs, and contextual.

8) Advocacy with the relevant Government authority in central level to district, sub-district level for proper implementation of existing policies.

9) Raise mass awareness among the Qazis, and motivate imams, local elites, parents, and others on disability, and negative impact of violence. Strengthen monitoring of Qazis and Imams to prevent child marriage.

10) Involve local OPD members in safeguarding communication and advocacy with different departments of government to explore services and increase people's pressure on service providers for disability inclusion. The OPD need to receive orientation to enhance their knowledge on violence. Raise awareness among OPD members about the different services available by the government.

11) Mapping out the organizations and community based groups to build ally for preventing violence and sustaining the efforts.

12) Advocate with the judicial system and popularize the available service to ensure persons with disabilities get proper distribution of family resources. Need to popularize ‘Prevention of violence against women cell- lawsuit/case file department’ to ensure justice for victims.

13) Advocacy with government to collect disability (disaggregated) data by the different department of government.

14) Capacity, accountability and portfolio of field social workers in the public sector needs to be enhanced to introduce and sustain community based resilience building of children with and without disabilities. Define and make community aware of which ministry they are working under.

15) Efforts are needed for climate vulnerable adolescents with disabilities.

16) Ensure that children, adolescents and caregivers/parents are made aware and have the skills to prevent/ reduce violence. Promote resilience building mechanism utilizing schools, clubs and families.

17) Engage boys and men to change social and bring about positive behavioral change through effective communications and interventions.

18) Promote data disaggregation by disability for all service to promote disability-inclusion. Monitor if children with disabilities too are registered at birth.

19) Ensure adolescent clubs include a certain percentage of children/adolescents with disabilities of both gender on a mandatory basis. Community engagement platforms/ mechanisms supported by UNICEF should be made disability-inclusive across development priorities (e.g. on child protection, health, nutrition, education, WASH etc.).

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