

Voluntary National Report

On

Sustainable Development Goals

**Issues and Concerns of
Persons with Disabilities**

May 2017

The Disability Alliance on SDG, Bangladesh

Table of Contents

Abbreviations & Acronyms	
Executive Summary	1
Introduction	4
Methodology	5
The Disability Alliance on SDG	5
Consultations – Dhaka and elsewhere	5
Goals & Targets	6
Goal 1 – End poverty in all its forms everywhere	6
Target 1.1	6
Target 1.2	6
Target 1.3	8
Target 1.4	9
Target 1.5	10
Goal 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture	11
Target 2.1	11
Target 2.2	11
Goal 3 – Ensure healthy lives and promote well-being for all at all ages	12
Target 3.2	12
Target 3.4	12
Target 3.6	14
Target 3.7	14
Target 3.8	15
Target 3.9	16
Target 3.c	16
Goal 5 – Achieve gender equality and empower all women and girls	17
Target 5.1	17
Target 5.2	17
Target 5.4	18
Target 5.5	18
Goal 9 – Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	20
Target 9.1	20
Target 9.2	20
Target 9.3	20
Target 9.c	21
Goal 17 – Strengthen the means of implementation & revitalize the global partnership for sustainable development	23
Target 18	23
The Way Forward	24
Conclusion	26
Annexure	27
List of DPOs Participated	27

Abbreviations & Acronyms

BASIS	Bangladesh Association of Software and Information Services
BBS	Bangladesh Bureau of Statistics
BDT	Bangladesh Taka
BIDS	Bangladesh Institute of Development Studies
BTTB	Bangladesh Telegraph and Telephone Board
DPO	Organizations of Persons with Disabilities (<i>formerly</i> , Disabled Peoples' Organizations)
DSS	Department of Social Services
ESCAP	Economic & Social Commission for Asia and the Pacific
FDI	Foreign Direct Investments
GED	General Economics Division, Ministry of Planning, Bangladesh
HIES	Household Income and Expenditure Survey (2010)
HLPF	High Level Political Forum
ICDDR,B	International Center for Diarrheal Diseases Research, Bangladesh
ICT	Information and Communications Technology
ILO	International Labor Organization
IMF	International Monetary Fund
IT	Information Technology
JPUF	Jatiyo Protibondhi Unnayan Foundation
MDG	Millennium Development Goals
NCD	Non Communicable Diseases
NGO	Non Government Organizations
PKSF	Palli Karma Shohayak Foundation
PPP	Purchasing Power Parity
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
USD	United States Dollars
VNR	Voluntary National Review
WHO	World Health Organization

Executive Summary

The Sustainable Development Goals (SDGs), otherwise known as the 2030 Agenda, are significantly different from its precursors, the Millennium Development Goals (MDGs). Not only have the goals been more than doubled numerically, the entire essence of leaving no one behind, by making the goals universal – for all people and all countries – and not merely the poor people in poor countries, and by calling for meaningfully engaging with the vulnerable population in all stages of national and global development, this indeed is the world's first blueprint for sustainable development. People with disabilities, who have always remained as the forgotten agenda in all mainstream development initiatives, for the first time found a strong place in the SDGs. Concerns of persons with disabilities have been specifically mentioned 11 times, including 7 mentions in 5 of the 17 goals. It has also been included within people in vulnerable situations, which also has been mentioned 18 times!

Moreover, the SDGs also call for inclusion and meaningful participation of all the different vulnerable groups of people in all stages of development – which has also given empowerment of persons with disabilities a whole new meaning. As such, people with disabilities, their organizations, and the other organizations working in the field of disability and development in Bangladesh felt the necessity to support the Government of Bangladesh in its pursuit of participating in the Voluntary National Review (VNR) process of 2017.

The Disability Alliance on SDGs, a platform of prominent national and international DPOs and NGOs active in promoting disability inclusive SDG programming in Bangladesh has prepared this report. The report looks at the different goals being reviewed this year using a disability lens, and has been prepared after several consultations were held across different parts of the country with people with disabilities and their organizations.

Goal 1: No Poverty

Poverty and disability form a vicious cycle. According to the World Bank, 20% of the World's poorest are disabled people. But in most cases, they are left out of all development agenda. Policies and program manuals may prioritize them, but they remain out of the program reaches in actuality. Even the statistics on disability is confusing. The national census (2011) found a prevalence rate of 1.4% whereas the HIES study also conducted by BBS in 2010 found it at 9.07%. This had been reported to the international community, and had been authenticated by a visiting team from ESCAP. At this rate there should be about 15 million persons with disabilities in Bangladesh. Whereas the Department of Social Services has so far found only 1.5 million people. Where their sheer recognition and identity is at stake, it is only understood how far they would lack in access to education, employment or other livelihood opportunities.

For people with disabilities poverty cannot and should not only be calculated by the scarcity of their income. They also face a handicap in converting their income into good living, due to the additional costs they need to incur because of their disability. But that is not calculated in this country, where the national poverty line is calculated at USD 2 per day. So the government has a fairly large safety-net program, with 143 schemes and a budget of BDT 452.3 billion in the 2016-17 fiscal year. Under this program, through 10 schemes targeting almost 2 million people, the government has allocated only 1.5% of the entire safety-net budget for persons with disabilities. If access of persons with disabilities is not ensured in all development spheres, they will continue to remain in poverty.

Goal 2: Zero Hunger

Through schemes under different ministries, the Government of Bangladesh has successfully tackled hunger from some pockets of the country that had suffered drought and starvation perennially.

Death from hunger has been abolished, though malnutrition remains a cause for concern. Stunting of children and wasting have been reduced through several programs taken by the government, especially promoting community based programs. However, there are no programs specifically focused at persons with disabilities.

Goal 3: Good Health and Well-being

Bangladesh has done remarkably well in terms of its health indicators. Life expectancy has gone up to 71.8 years in 2015. Immunization coverage is almost 100%. Infant mortality and under 5 mortality rates have been reduced. However, even though adolescent pregnancies have been reduced over the last few years, at 113 per 1,000 adolescents, it is still one of the highest in the world, and way beyond the global average of 44.1 per 1,000 adolescents. Moreover, 60% of deliveries are conducted by unskilled personnel with no health knowledge whatsoever. As a result, behind the ever reducing health indicators, the incidence of disabilities in children, especially with conditions like cerebral palsy or intellectual disabilities is on the rise.

A considerable stress is being given on non communicable diseases (NCDs), but road traffic accidents and drowning are on the rise. Violence against women and children also are on the rise. And arsenic contamination of ground water remains a huge public health challenge. Mental health, with all the taboo and social stigma attached to it, remains a serious concern. According to a recent study by ICDDR, mental disorders in Bangladesh are between 6.5 to 31% among adults, with disorders such as depression, anxiety and neurosis most commonly reported. The prevalence of mental disorders was much higher in overcrowded urban communities than rural ones, and among the poor. Women were vulnerable across all settings.

For persons with disabilities, mainstream health infrastructure and service remains inaccessible. The professionals that are required for physical and social rehabilitation and well-being of persons with disabilities, such as physiotherapists, occupational therapists, speech & language therapists, clinical psychologists, audiologists, orthotics and prosthetics technicians etc are not recognized under the mainstream health workforce. Inter-ministerial coordination also does not exist; as such the one-stop-service centers under the Ministry of Social Welfare have no referral mechanism with the mainstream health system.

Goal 5: Gender Equality

Bangladesh has strived and come a long way to curtail, if not end discrimination against women and girls in all spheres of life. Not only has gender parity been addressed in school enrolment, the girls have started outperforming their male peers in public examinations. In terms of employment, both in the public and private sectors, women are being encouraged through quotas and other incentives. Besides human resource policies, almost all organizations (public and private) have gender policies with special provisions for women. The major labor force of the business sectors of Bangladesh, especially the export oriented sectors now comprise mostly of women. Women are climbing their way up to top management levels, both in the public and private sectors, besides taking leadership roles in the political arena also, from grassroots to national level.

However, for women with disabilities the gap still is too wide. Even within organizations of persons with disabilities the women do not have a very strong voice. And they continue to remain as easy victims of abuse and violence. The Rights & Protection of Persons with Disabilities Act, 2013 has created provisions of committees from the national till the upazilla level and there are also town committees prescribed. However, ensuring inclusion of women with disabilities in these committees is yet to be guaranteed.

Goal 9: Industry, Innovation and Infrastructure

According to the IMF, Bangladesh's economy was the second fastest growing major economy of 2016, with a rate of 7.1%. Bangladeshi industries are also diversifying and finding newer avenues. However the rich-poor divide continues to affect our economy, and so the steadily rising per capita income over the past few years does not give a true picture of people still in poverty. Access to nutrition, health services, especially maternal & child health, water & sanitation, education & employment etc. are all affected by the divide.

This is changing though, as Bangladesh is seeing a massive growth in business and industrialization with thousands of jobs being created every year. In order to ensure availability of skilled human resources, the government has undertaken a national skills development program. Even though the programs are disability inclusive, actual jobs for persons with disabilities is still far below expectation levels.

Goal 17: Partnerships

The greatest challenge for adequate disability programming planning in Bangladesh is the lack of reliable and comparable statistics on disability. The database prepared by the DSS can provide data disaggregated by age, gender, educational status, income, ethnicity, geographic location, type and grade of disability, services received etc. But this is only available for currently 1.5 million persons with disabilities. This project has been extended till 2021. An all out effort should be given to ensure that all people with disabilities are identified and their data entered into the national database by then. Meanwhile, all other national statistics should have data desegregated by disability.

The Way Forward:

- Identify the number of persons with disabilities living under the national and international poverty lines;
- Ensure that safety net programs for persons with disabilities promote their dignity;
- Measure access of persons with disabilities in basic services like education, employment, housing, food etc.;
- Ensure availability of disability specific specialized health services in all healthcare centers from grassroots to national level.
- Create positions in upazilla & district level hospitals for physiotherapist, occupational therapist, speech & language therapist etc. and bring these positions under the national health work force
- Make police stations, court, One-stop Crisis Centers and Victim Support Centers meaningfully inclusive for persons with disabilities
- Provisions protecting the rights of women with disabilities must be included in the Dowry Prohibition Act 1980, the Domestic Violence (Prevention and Protection) Act 2010, the Family Court Ordinance 1984, Victim Witness Protections Law and other pending law reform initiatives.
- Provide special incentives to entrepreneurs with disabilities to run small scale industries;
- Disability and gender inclusive industrial policy.
- Emphasis should be given to identify the authentic number of persons with disabilities in Bangladesh
- Rights and Protection of Persons with Disabilities Act 2013, and other disability related policies should be implemented properly to achieve the SDGs.
- Finally, to improve the effective implementations and monitoring of SDGs, Government should engage persons with disabilities and their organizations in the SDGs implementation process.

Introduction:

Bangladesh has been recognized globally as one of the most successful countries in attaining the Millennium Development Goals (MDGs), spread over the period of 2000 till 2015. During this process however, the nation recognized that pertinent issues and concerns of several vulnerable groups had been missed out while setting the MDG agenda. Therefore during the process of transition from the MDGs towards the Sustainable Development Goals (SDGs) over the period of 2016-2030, Bangladesh actively participated and contributed towards setting the new agenda. A draft was forwarded to the United Nations, comprising of 11 goals, 58 targets and 241 indicators. During the preparatory process the General Economics Division (GED) under the Ministry of Planning held extensive national level consultations with representatives of different interest groups. Persons with disabilities and their organizations were also invited to these consultations. Therefore, it could be said that people with disabilities of Bangladesh had played a role in formulating the SDGs from an early stage.

Once the SDGs were adopted, a call for its monitoring was raised at the United Nations. And thus a mechanism was created – the High Level Political Forum – where heads of states and governments will meet every four years. However, it was made into an annual event, where UN member states were asked to volunteer in sending national reports on certain goals made thus far. Thus the Voluntary National Review (VNR) system was put into motion. After the 2016 round of review went successfully, Bangladesh volunteered to send its report in 2017. 40 such countries are sending their review reports this year.

During the review process, the national governments will remain accountable, the reviews will be open and inclusive while also being participatory and transparent. It is therefore also expected that the preparations of the national review reports also need to be prepared through an inclusive, participatory and transparent consultative process.

When the newly launched Disability Alliance on SDGs came to know that this year the Government of Bangladesh has decided to participate in the VNR process, they decided to approach the GED and volunteer to contribute in preparing the national report, especially focusing of the issues and the concerns of persons with disabilities. This report is a reflection of that process, which came about through a series of consultations amongst the members of the alliance and also with a large number of Disabled People's Organizations (DPOs) and NGOs working in the field of disability & development in Bangladesh.

The greatest challenges and impediments faced by persons with disabilities in Bangladesh are their voices remaining unheard at all levels of their lives! The disability dimension of poverty and thus their development has historically remained as one of the least understood and most neglected issues of the mainstream development agenda. The SDGs, otherwise known as the "Agenda 2030" is the first set of global mainstream development agenda that has effectively addressed concerns of persons with disabilities as a cross cutting issue, and has strengthened the call for inclusive development through its declared principle "Leaving no one behind"!

It is therefore earnestly expected that issues and concerns of persons with disabilities raised in this report will be duly incorporated in the VNR report, and that the alliance shall also be invited to the national consultations to defend their findings, as and where required.

Methodology:

(a) The Disability Alliance on SDG

In order to engage persons with disabilities into the entire process of SDGs implementation progress monitoring and facilitation, a collective platform '**Disability Alliance on SDGs**' was formed on 9 March 2017. The Disability Alliance on SDGs is an alliance of prominent national and international DPOs and NGOs working in the field of disability & development in Bangladesh, who are deliberately conducting their respective programs in alignment with at least one of the 17 goals of the SDGs.

As a core criterion for membership, each organization believes in and deliberately practices the principles of promoting full and effective participation of persons with disabilities in decision-making processes.

The Alliance membership currently comprises of the following organizations:

- Access Bangladesh Foundation
- ADD International
- CBM
- Center for Disability in Development
- Center for Services and Information on Disability
- Disability Research and Rehabilitation Association
- HelpAge International
- Leonard Cheshire Disability Bangladesh
- National Coalition for Disabled Women
- National Grassroots Disability Organization
- Sightsavers

(b) Consultations – Dhaka and elsewhere

As part of the very initial activities the Disability Alliance on SDGs planned to ensure the engagement of the persons with disabilities into the VNR process. Therefore, the alliance planned to develop a position paper on the progress, gaps and way forwards on SDG implementation for the persons with disabilities based on consultation with grassroots DPOs.

The Alliance members ADD International and Sightsavers jointly initiated the consultation process by conducting a National Level DPO consultation in Dhaka. Later on Three further consultations were held in Narsingdi, Sirajganj districts and Dhaka with DPO leaders, district level government officials and civil society actors. At Narsingdi, the consultation was locally arranged by a coalition of 25 DPOs, who were former partners of Sightsavers until the end of 2016. This was held at the conference room of the Civil Surgeon, and the Civil Surgeon attended as the Chief Guest along with her colleagues. In Sirajganj, the consultation was locally arranged by the ADD International Bangladesh regional office with the participation of DPO leaders from 11 union DPOs, 1 District Federation and 1 Women Federation. The Deputy Director of Local Government was present as the Chief Guest in Sirajganj while the Additional District Magistrate and other civil society representative were present as special guest. Access Bangladesh Foundation also arranged a large consultation at Dhaka, where all the partners of the Disability Rights Fund also attended.

In each of the consultations, the participating DPO representatives were invited to discuss the felt achievements and advancements, the challenges faced by persons with disabilities, and the ways forward, by each of the goals under review.

In total, over 250 persons with disabilities representing over 100 DPOs and NGOs working in the disability and development arena had been directly consulted with for writing this report.

Goals & Targets

The SDGs have 17 goals, 169 targets and 232 indicators. In 2017, the High Level Political Forum shall be reviewing some of the goals only, which also will be reflected in the voluntary national review reports. As such, this report looks into only those goals, and more specifically only those targets within those goals, which specifically concern persons with disabilities.

A. Goal 1 – End poverty in all its forms everywhere

Poverty and disability go hand in hand, forming a vicious circle. According to the World Bank, 20% of the poorest people of the world are people with disabilities. In the World Disability Report (2010) the World Health Organization (WHO) estimates a global disability prevalence rate of 15.7%, meaning that there are approximately 1 billion people living with some or other form of disability in the world today, and a majority of them live in the poor and developing countries.

<p style="text-align: center;">Target 1.1 <i>By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day</i></p> <p style="text-align: center;">Target 1.2 <i>By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions</i></p>
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The prevalence rate of disability in Bangladesh leaves much room for confusion. The national census (2011) claims this to be 1.41%, while the Household Income and Expenditure Survey (HIES 2010) also conducted by the Bangladesh Bureau of Statistics (BBS) found this at 9.07%.

Where the disability prevalence rate leaves so much room for confusion, it is understood that measuring poverty among persons with disabilities also remains vague. The Department of Social Services (DSS) is conducting an identification survey of persons with disabilities in Bangladesh. So far, 1.5 million people with disabilities have been identified and their information has been entered into a national database.

Overall, Bangladesh has succeeded in curtailing the number of people living under the national poverty line (of USD 2.00 per day). Poverty rate dropped to 18.5% in 2010 from 44.2% in 1991. Then in 2016 it had been estimated at 12.9%¹. Neither the national census nor the HIES study however give any description on how persons with disabilities fare in this situation. The HIES study found that, among people without disabilities aged 14 years and older, 44.41% had found some means of income generation, whereas it was 36.07% for people with mild disabilities, and only 24.84% for people with moderate to severe disabilities. Where their access to education was limited, and formal employment opportunities thus strained, income from any valid and legal informal source was not found by 3 out of 4 people with moderate to severe disabilities. There are barriers every step of the way for persons with disabilities.

Moreover, for persons with disabilities, measuring poverty only by calculating the level of their income does not give a true picture, as in most cases, they are not able to convert their income into good living as could be done by their non-disabled peers. In his presentation to the World Bank Conference in 2004 on Disability and Justice, Dr Amartya Sen introduces the theory of conversion handicap, which needs to be calculated in measuring poverty of persons with disabilities. He says,

¹ Wikipedia, Poverty in Bangladesh, quoting the World Bank.

“It is extremely important to distinguish between two types of handicap that tend to go with disability, which may be respectively called 'earning handicap' and 'conversion handicap.' A disabled person may find it harder to get a job or to retain it, and may receive lower compensation for work. This earning handicap will be reflected in the opulence-based theory, since a disabled person may well be seriously disadvantaged in terms of income and wealth. But that is only a part of the problem. To do the same things as an able-bodied person, a person with physical disability may need more income than the able-bodied person. To move easily or at all, a person who happens to be, say, crippled by an accident or by illness may need assistance, or a prosthesis, or both. The conversion handicap refers to the disadvantage that a disabled person has in converting money into good living. It is not sufficient to be concerned only with earning handicap, since disabled persons tend to suffer also from conversion handicaps.”

The barriers that persons with disabilities face are manifolds. On the one hand there are institutional and infrastructural barriers, which people with disabilities need to face in their day to day lives. And on the other hand, there are attitudinal barriers that they begin facing from very early childhood, starting from their own families, and continue as they advance with age.

Where denial to their sheer recognition as meaningful contributing members of the family begins at home, it is not surprising that people with disabilities are most commonly left out of almost all kinds of development agenda.

Research papers published by the Bangladesh Institute of Development Studies (BIDS) have shown that poverty acts as both a cause and effect of a lack of education, which in turn adversely affects employment opportunities. Having an unskilled workforce also greatly decreases the productivity of the workforce which decreases the appeal of Foreign Direct Investments (FDIs) and thus impedes sustainable economic growth. In essence, education is an important contribution to the social and economic development of a country.

Bangladesh has done remarkably well in terms of educating its children, with an almost 100% enrolment rate in primary education. However, for most children with disabilities this is yet to become a reality. The Primary Education (Compulsory) Act 1990 had left room for respective schools to deny admission to children if they have a disability. This however has been addressed in the Rights & Protection of Persons with Disabilities Act, 2013, which prohibits discrimination in school enrolment on the grounds of disability. But because of the former law, thousands of children with disabilities have been deprived of their right to education and by now have crossed the school-going age.

A national study² conducted in 2001-2002 found a primary school enrolment rate of only 4% for children with disabilities. Over the last decade and a half, significant measures have been taken, but the enrolment rate cannot be estimated over 20% as yet. In 2014, UNICEF published situation analysis of children with disabilities in Bangladesh, where they quoted data from the Bangladesh Primary Education Annual Sector Performance Report-2013 in this regard. Both reports give enrolment figures of children with disabilities in absolute numbers. The 2014 report estimates total number of children with disabilities within the age group of 3-14 at almost 200,000 and calculates the enrolment rate at 59.4%, whereas the 2002 study had estimated the total number of children at approximately 1.6 million.

In a recent move, therefore, the Ministry of Primary & Mass Education has introduced a standalone subject on disability in the curriculum of primary school teachers' training. As such, 11,000 teachers

² *Educating Children in Difficult Circumstances: Children with Disabilities*, Department of Primary Education, 2002

will be trained on disability inclusion in primary schools every year from here onwards in the country. This will positively influence the enrolment and quality of education for children with disabilities in Bangladesh, and thus pave the way for a better life and livelihood of persons with disabilities in the near future.

Target 1.3
Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

In April 1971, Bangladesh was proclaimed as an independent nation, guaranteeing for every citizen equality, human dignity and social justice. The National Constitution adopted in 1972 thus not only upheld equality of opportunity for every citizen in all spheres of life, but also created additional equitable measures for the backward sections of the population. This provision has created enough room for the Government of Bangladesh to chalk out a massive safety net scheme. The safety net programs or schemes of the government can be divided into four major categories: (a) cash transfer (allowances), (b) food security (social protection), (c) micro-credit programs (social empowerment), and (d) development sector programs (social empowerment). Under these four categories, in the fiscal year 2016-2017, the government has taken a total of 143 programs or schemes with a total budget of BDT 452.3 billion. For persons with disabilities 10 such schemes have been taken, with a coverage of 1.177 million persons with disabilities and an annual allocation of BDT 7.56 billion. While this apparently looks like a considerable amount, actual direct costs amount to BDT 6.74 billion against 6 schemes, which calculates to only about 1.5% of the entire national social safety net program. In other words, the planned safety net programs offer each person with disabilities BDT 477 per month, or a mere BDT 16 (USD 0.20) per day.

The largest scheme for persons with disabilities is the allowance for financially insolvent persons with disabilities, where 750,000 persons with disabilities receive an allowance amounting BDT 600 per month. However, under the newly adopted National Social Safety Net Strategy, this will increase over the next five years to BDT 1,600 per month, and coverage will increase to 1 million poor people with disabilities. By 2020, the government plans to have 145 schemes with a coverage of 3.57 crore) citizens (almost 20% of the national population) at a cost of BDT 600 billion.

Under the micro-finance scheme, which was initiated more than ten years back, DSS used to provide a loan amounting BDT 10,000 to acid survivors and people with disabilities. A decade later, the loan amount is still BDT 10,000. This is not justified and due to inflation, the economic value of the same amount has gone down significantly.

The social safety net schemes for persons with disabilities currently in operation are as follows:

	Social safety net scheme	Beneficiaries	Budget 2016-17
	Direct Services		
1	Allowance for financially insolvent persons with disabilities	750,000	5,400,000,000
2	Monthly education stipend for students with disabilities	60,000	478,800,000
3	Grants for schools of children with disabilities	25,000	125,000,000
4	Micro-credit for acid survivors & persons with disabilities	30,000	30,000,000
5	One-stop Service Centers	307,000	530,800,000
6	Institute of Pediatric Neuro Disorder	5,000	172,300,000
	Total Direct Services	1,177,000	6,736,900,000
	Indirect Services		
1	Neuro-developmental disability protection trust		105,000,000
2	Physical disability protection trust		50,000,000
3	Establishment of Autism Academy		600,000,000

4	Establishment of hostels for visually impaired children (37)		71,700,000
	Total Indirect Services		826,700,000
	Total Allocation on Disability in 2016-17		7,563,600,000
	National Social safetynet budget for 2016-17		452,300,000,000
	Percentage of total safetynet budget in Disability		1.5%

Disability cuts across all different sections of a country's population. As such, within people living in geographically vulnerable areas, or within vulnerable groups because of their ethnicity, religion, place of birth, socio-economic status, or family profession whatsoever, a considerable portion of the population also lives with disability, and thus further aggravates their poverty. Therefore, while planning special support programs or packages for any different vulnerable groups, it also becomes highly imperative to think about disability!

Target 1.4

By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

The Government of Bangladesh in recent years has shown a keen interest to increase its generation of electricity, to bring the entire country under the network, in order to extend basic services across the nation. This has promoted the growth of micro-industries & entrepreneurships that have paved the way to increase quality of life even at the grassroots level. Besides the government, cell phone operators have also covered almost the entire country, enabling access to information, through the internet within the hands of people. As this has been done without discrimination, persons with disabilities have benefitted equally with others. There still is some room for improvements though, as some services are yet to become fully accessible to persons with visual impairments.

Inheritance and control over land and other forms of property had been a massive concern for persons with disabilities in Bangladesh for long, as they have most commonly been deprived of their rightful share even by close family members. The Rights & Protection of Persons with Disabilities Act, 2013 has put that concern to rest, ensuring these as a right. There still are confusions though, for persons with psychosocial disabilities especially, as the Mental Health Act has still not been enacted, and so discriminatory provisions under the century old Lunacy Act 1912 still prevails, even though it has been abolished.

The government operates a specific micro-finance scheme for persons with disabilities, which is free of any interest, but only at a 5% simple service charge. Within the non-government sectors, several NGOs have opened their respective micro-finance programs for people (especially women) with disabilities. And in almost all cases, persons with disabilities have demonstrated better regularity and efficiency in handling, utilizing and returning their loans. However, if the large players in this arena, such as BRAC, the Grameen Bank or the Palli Karma Shohayak Foundation (PKSF) made it mandatory to ensure a certain percentage of each group are persons with disabilities, access to income would have increased manifolds. The schedule banks have also been instructed to provide loans to persons with disabilities. But in most cases the instruction is not being followed diligently.

Besides the safetynet programs, the government also leases out land and ponds or water bodies to poor people, families or clusters to utilize and earn a decent living. The land is generally barren non-agriculture land, and so people set up micro or cottage industries, or farms for chicken or cattle rearing. The ponds are used for fish and/or duck farming etc. Unfortunately though, the proportion of such leases to persons with disabilities is still very negligible.

Where government employees have children with a disability, after their retirement from the service pension is provided throughout the lifespan of the disabled child. This is a major positive measure adopted by the government to ensure their quality of lives.

Target 1.5

By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

Bangladesh is a highly disaster prone country, with almost every form of natural disaster striking some or other part of the country perennially. With time and experience, we have innovated our own ways of dealing with such events of humanitarian conditions effectively. The Standing Order on Disaster is a unique set of documents to deal with major disasters, helping in planning, evacuating and managing response operations. There also is the Disaster Management Act 2012, and several policy documents to deal with different categories of disasters. All these documents have been made disability inclusive. In December 2015, Bangladesh hosted the first international conference on disability & disaster risk management following the Sendai Framework 2016-2030. A comprehensive Dhaka Declaration was adopted, prompting the government and NGOs alike to look into disability inclusion in all situations of environmental and disaster related shocks. A special circular has been issued by the Ministry of Disaster Management & Relief to ensure that all working committees on disaster management, from national to grassroots level, will include persons with disabilities such that they can meaningfully and effectively participate in all decision making processes. Now these grassroots level committees are gradually being formed.

B. Goal 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Target 2.1

By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

Recognizing the plight of vulnerable people during times of seasonal food scarcity and natural disasters and calamities, the Government of Bangladesh operates ten safety net schemes throughout the year. These are, Open Market Sales, Vulnerable Group Development, Vulnerable Group Feeding, Test Relief Food, Gratuitous relief, Food For Work, Work For Money, Test Relief, Employment Generation Programs for the Poor, and Food Assistance in Chittagong Hill Tracts Areas. A total of 32.5 million people are benefitting from these schemes in the fiscal year 2016-17 at a total cost of BDT 88.5 billion. According to the working procedures of each of the schemes, persons with disabilities and their families are officially prioritized as recipients or participants in the programs.

Besides, the government has also extended the Char Livelihood Program, the One House One Farm Program the Rural Livelihood Program, the Cluster Village (guchchho gram) and some other similar schemes, which also contribute to food security in vulnerable areas.

The beneficiaries for each of the schemes are selected by representatives of the local government. Unfortunately though, the people with disabilities and their families have often been left out of the actual lists of beneficiaries. But the situation is changing. In a recent move, the Ministry of Local Government and Rural Development has issued a circular, directing all local government entities to ensure prioritization of persons with disabilities in all their initiatives, including provisions for special allocations in their respective budgets. It is therefore expected that the situation will positively change for persons with disabilities in the near future.

Target 2.2

By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

The government has introduced Adolescents Clubs across the country to raise awareness of chiefly adolescent girls on several different issues, including nutrition and hygiene. There are also Maternity Allowance Programs for Poor Women and Allowances for Urban Low Income Lactating Mothers to counter stunting and wasting of children under five. For elderly people, the government provides a monthly Old Age Allowance to 3.15 million people aged 60 and over at a cost of BDT 18.9 billion in this fiscal year alone. While elderly people with disabilities have benefited somewhat from the Old Age Allowance scheme, adolescent girls and women with disabilities have not actually benefited to a great extent from the other schemes as yet, even though the policies have prioritized women with disabilities in the schemes.

C. Goal 3 – Ensure healthy lives and promote well-being for all at all ages

Target 3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

According to UNICEF (2015), the Under 5 mortality rate in Bangladesh has been drastically reduced from 144 per 1,000 live births in 1990 to 35 in 2015, a drop by 73%. At this rate, the country is well on track to reduce the rate to 25 or below by 2030. The neonatal mortality rate, similarly has fallen from 63 to 23 per 1,000 births during this period, but is still considered moderately high.

On the other hand, Bangladesh has one of the world's highest rates of adolescent motherhood, based on the proportion of women under the age of 20 giving birth every year. For girls between the ages of 15 and 19 years, it was 113 per 1,000 adolescent girls in Bangladesh in 2015, where globally, the rate was 44.1 per 1,000 adolescent girls³. The number of deaths among adolescent mothers is double the national average. These high mortality rates are supported by the fact that about 80% of women give birth at home, and 60% are with unskilled attendants or relatives assisting. Therefore, while the infant and neonatal mortality rates have been reduced, children living with conditions such as cerebral palsy and intellectual disabilities are on the steady rise. Without specific measures to curtail such conditions, prevalence of disability is expected to rise in the coming years.

Target 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

As a tropical developing country with a high population density, Bangladesh had historically faced a burden of communicable diseases. But social transition, unhealthy dietary and other habits, rapid urbanization have caused a rapid increase in the burden of non communicable diseases (NCDs) in recent years. According to the World Bank, the share of deaths caused by non communicable diseases of all the deaths that occur in Bangladesh due to ill health has increased from 43% in 2000 to 67% in 2015. The heaviest toll is borne by underprivileged communities. The principal risk factors are the use of tobacco, health conditions like diabetes, obesity and consumption of alcohol. And the major NCDs in Bangladesh are: (a) Diabetes, (b) Cardio Vascular Diseases, (c) Hypertension, (d) Stroke, (e) Chronic Respiratory Diseases and (f) Cancer.

In 2010, The Ministry of Health and WHO jointly conducted a NCD Risk Factor Survey, which found that 99% of the surveyed population had at least one and 29% had at least 3 of the risk factors. Every year, 12.5% of all deaths in Bangladesh occur due to Cardio Vascular Diseases. 9.8% of the males and 15.6% of the females suffer from hypertension. 10% of the urban population and 7% of the rural population have diabetes. Every year 200,000 new cases of cancer are reported, while cancer alone claims 150,000 lives every year.

The Government of Bangladesh has thus chalked out a NCD Operational Plan at the national level, which includes:

- (a) Development and implementation of effective, integrated, sustainable & evidence-based public policies on chronic disease and their public health problems, risk factors and determinants.

³ World Health Statistics 2017, WHO

- (b) Strengthening country's capacity for better surveillance of chronic diseases, their consequences, risk factors, and the impact of public health interventions
- (c) Foster and promote social and economic conditions that address the determinants of chronic diseases and empower people to increase control over their health and to adopt healthy behaviors.
- (d) Facilitate and support strengthening the capacities of health system for the integrated management of chronic diseases and their risk factors.

The Components of the Operational Plan include:

- (a) Conventional NCDs
 - Cardio Vascular Diseases
 - Diabetes
 - Chronic Respiratory Diseases
 - Cancer
 - Renal Disease
 - Deafness
 - Arsenicosis
 - Osteoporosis
 - Oral Health
 - Thalassemia
- (b) Non-conventional NCDs
 - Road Safety & Injury Prevention including Child Injury,
 - Violence against Women
- (c) Occupational Health & Safety (Industrial & Agriculture)
- (d) Climate Change, Air Pollution, Water Sanitation & Other Environmental Health issues
- (e) Emergency preparedness & Response, Post Disaster Health Management & Emergency Medical Services
- (f) Mental Health, Tobacco, Alcohol & Substance Abuse

The mental health is a highly neglected issue in Bangladesh, with only about 0.5% of the national health budget spent on this area. According to a study (2011) conducted by the National Institute on Mental Health, there are about 14.5 million adults in the country with some or other form of mental health disorders. About 20% of children aged 12-17 years have a mental illness of some degree. A more recent study was conducted by ICDDR (2015), which opined that mental disorders in Bangladesh are a serious but overlooked problem, and that better data, awareness and more mental health practitioners are needed to address the unmet needs for mental health care. Mental health disorders, such as depression, anxiety, addiction, schizophrenia and neurosis have a serious impact on the health situation in Bangladesh.

The review found that the overall prevalence of mental disorders in Bangladesh is between 6.5 to 31% among adults, with disorders such as depression, anxiety and neurosis most commonly reported. The prevalence of mental disorders was much higher in overcrowded urban communities than rural ones, and among the poor. Women were vulnerable across all settings. The study also found that data on mental disorders among children are scarce, but prevalence is estimated to be between 13.4 to 22.9%. Behavioral disorders were common among socially disadvantaged children, such as those living in urban slums. The evidences suggest that psychiatric disorders among children are also associated with malnutrition, low education of parents and a family history of mental illness.

However, due to the strong social stigma attached to mental disorders in Bangladesh, prevalence in both children and adults is likely to be disguised or underestimated. At the same time, a lack of

knowledge, superstitious beliefs and social stigma prevent individuals with mental health conditions from seeking care. Beliefs that mental disorders are untreatable or the result of evil influences also play a role. Women are both more vulnerable to experiencing mental disorders and less able to access treatment due to their lower social status.

The study stressed the need for more research to better understand the magnitude of the problem in Bangladesh, better access for patients to qualified mental health professionals and mass awareness raising campaigns to reduce misconceptions and stigma about mental health conditions.

Target 3.6
By 2020, halve the number of global deaths and injuries from road traffic accidents

According to the World Bank (2015), 8% of all deaths in Bangladesh result from injuries, a majority of which are road traffic accidents. The death rate has remained the same from the year 2000 till 2015. WHO on the other hand opines (2015) that 8 people die every day in the country from road traffic accidents, and the economic cost is between Taka 50-60 billion per year, and between 2-3% of the country's GDP. By 2020, WHO estimates it will become the 3rd leading cause of death and disability. The table below shows the increasing trend in the number of deaths and injuries leading to permanent physical disabilities over a three year period (2013-2015).

Year	Number of Accidents	Number of Deaths	Number of Major injuries
2013	2029	1957	1396
2014	2027	2067	1535
2015	2394	2376	1958

There are human related causes, such as reckless driving, use of drug and/or alcohol by drivers, incompetence of the drivers, and illegal competitions. Then there are road related causes, which include hazardous roads, lack of proper design and construction, curve of the road and a lack of safety measures. Finally, there also are socio-economic and demographic causes, which include lack of roadway maintenance, poor implementation of traffic rules & regulations, poor maintenance of the vehicles and lack of awareness among the general people.

In a recent move however, the government is enacting a new Transportation Act, which is expected to curtail this number considerably. Along with strict implementation of the law, awareness needs to be raised at a massive scale. More trauma centers with basic injury management mechanisms need to be built at strategically important points along the highways. People in general need to be made aware of basic rescue measures, including on how to handle and shift injured persons from the wreckage to safer accommodations.

Target 3.7
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

Sexual and reproductive health issues are still considered quite a taboo subjects in Bangladesh, and is not discussed as widely and openly as the need demands. Where this concerns persons with disabilities, especially women with disabilities it is far more hushed up. Families rarely consider their daughters with disabilities as 'sexual beings', and so even when they enter adulthood, rarely plan their marriages. While it is not easy arranging marriages of women with disabilities due to all the superstitions that still exist in the common Bangladeshi society, their sexual and reproductive health

issues also remain almost entirely ignored. Young women with neuro-development disabilities are the most ignored victims.

In recent years though, the government has commissioned an inter-ministerial national taskforce on autism & other neuro-development disabilities, and it is being coordinated by the Ministry of Health. Under the non-communicable diseases programs, the health ministry has also chalked out a fairly large program to deal with neuro-developmental disabilities. It is therefore expected that the sexual and reproductive health issues of persons with disabilities will soon become effectively integrated into the mainstream health planning system.

Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Bangladesh has done remarkably well in its vaccination and immunization programs over the years, and outshines its neighbors in this area. Diseases like small pox and polio, which has left a long trail of death and disability in the country in the past, have successfully been eradicated. Also, the health service delivery infrastructure of Bangladesh has gradually become quite extensive, even deep into the grassroots level. While there are 128 government hospitals at the secondary and tertiary levels, there are 484 hospitals at the upazilla and union levels⁴. The number of functional hospital beds is almost 47,000 in government hospitals, and a further 75,000 in almost 5,000 private clinics and hospitals across the country, that are registered with the government. In addition, there are almost 13,000 active community clinics at the grassroots level.

Unfortunately though, few of these institutions are fully equipped to handle the special needs of persons with disabilities. Hospitals lack accessibility features, and the personnel are also not fully supportive. Alternative communication systems also remain a challenge for the patients with such communication disorders.

Child Development Centers have been set up in only a few of the 36 medical college hospitals operated by the government. Each hospital has a functional orthopedics unit and there is also a national orthopedic hospital at the capital city, however, provisions for physiotherapists, occupational therapists, speech and language therapists etc. are rare or totally absent. The Jatiyo Protibondhi Unnayan Foundation (JPUF) (under the purview of the Ministry of Social Welfare) however operates 103 one-stop disability service centers, offering these services. Each center also has a specialized corner to deal with children with autism. They also have 32 mobile vans taking the services to the remote rural areas. Besides providing the necessary therapy services, these centers also provide assistive devices free of cost to the poor people with disabilities. But there is no proper coordination or an official referral mechanism between these centers and the mainstream hospitals, as the two systems are operated under two different ministries.

Under the Vision 2020 program, there is a fairly robust national eye care program to prevent avoidable blindness among both children and adults. In recent years, the government has also chalked out a plan in pursuit of the Sound Hearing 2030 program, and has provided cochlear implants free of cost to poor people with hearing impairments. Providing disability specific care from district and upazilla level hospitals are also being piloted in a few districts in collaboration with NGOs active in the field. The medical education curriculum at the graduation level is also being updated to accommodate some basic disability issues, such that medical doctors are more sensitized to the special needs of persons with disabilities.

⁴ Health Bulletin, 2015, Directorate General of Health Services

Target 3.9

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Arsenic contamination of ground water has become a major health concern in Bangladesh. In a report published in April 2016, Human Rights Watch estimates that 20 million people are affected, mostly from rural poor families due to the menace. According to the report, an estimated 43,000 people die each year from arsenic-related illness in Bangladesh. The government identifies people with arsenic-related illnesses primarily via skin lesions, although the vast majority of those with arsenic-related illnesses do not develop them. Those exposed are at significant risk of cancer, cardiovascular disease, lung disease and physical disabilities as a result, but many receive no health care at all. Human Rights Watch interviewed 134 people for the report, including people suspected of having arsenic-related health conditions and caretakers of government wells in five rural villages, as well as government officials and staff of NGOs. It also analyzed data regarding approximately 125,000 government water points installed between 2006 and 2012.

Due to the unplanned growth of industrialization, many industries had sprung up at different corners of the country, including the capital city, which do not have proper mechanisms to handle and destroy the hazardous chemical wastes. This alone has polluted the environment and many water bodies, including some important rivers. These have given rise to diseases and infections, often also resulting in disabling conditions. Measures are now being taken though, by setting up proper and planned industrial zones with scientifically built effluent plants. So with time, the pollution levels are expected to improve.

Target 3.c

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

In terms of share of allocation, financing of the national health sector seems to lose some of its importance in the national budget. Allocation for health sector in the 1996-97 fiscal year was 8.66% of the entire budget, the highest ever in the history in the country. Over the past two decades, the average has remained at about 6.5%. In the current fiscal year, it is 5.13% of the national budget. However, actual allocation is about BDT 175 billion, which is 37.74% increase over the allocation of last year. This shows a significant rise in health financing.

The workforce in the formal health structure of Bangladesh includes Physicians, Dental surgeons, Sub-assistant Community Medical Officers, pharmacists, BSc nurses, Diploma nurses, Assistant nursing attendants, family welfare visitors, midwives, community skilled birth attendants, medical technologists (Sanitary inspectors, Dental technologists, Laboratory technologists, Pharmacy technologists, Radiographers and Physical therapists), Community healthcare providers (for the community clinics) and the domiciliary workers (Health inspectors, Assistant health inspectors, and the Health assistants).

Occupational therapists, speech & language therapists, orthotics & prosthetics experts, audiologists, refractionists, clinical psychologists etc positions, so vital for proper identification and/or medical rehabilitation of persons with different types of disabilities are yet to be recognized within the formal health structure workforce in Bangladesh.

D. Goal 5 – Achieve gender equality and empower all women and girls

Target 5.1

End all forms of discrimination against all women and girls everywhere

Bangladesh has strived and come a long way to curtail, if not end discrimination against women and girls in all spheres of life. Not only has gender parity been addressed in school enrolment, the girls have started outperforming their male peers in public examinations. In terms of employment, both in the public and private sectors, women are being encouraged through quotas and other incentives. Besides human resource policies, almost all organizations (public and private) have gender policies with special provisions for women. The major labor force of the business sectors of Bangladesh, especially the export oriented sectors now comprise mostly of women. Women are climbing their way up to top management levels, both in the public and private sectors, besides taking leadership roles in the political arena also.

NGOs have played a major role in Bangladesh, especially through micro-finance, to make women an earning member of the family, and thus giving them a voice in the family's decision making process. While this gave them the confidence and the sense of freedom & independence, simultaneously, the readymade garments industry also boomed in the country, requiring women workers at a very large scale. It therefore has become a win-win situation all around.

For the very poor women though, who are still not capable and confident enough to find any kind of formal employment or income, the government covers their protection through safety net schemes. There are also Allowances for Widows and for Deserted & Destitute Women besides the other general development programs that the government operates for persons with disabilities.

The biggest challenge though remains with integrating women with disabilities in the mainstream development programs. Even within small to large NGOs working with persons with disabilities, women with disabilities had historically been left out. The scenario is changing with DPOs being established and expanded across the county, and even federating bodies of women with disabilities gradually encouraging them to take leadership roles. At the grassroots level also changes are taking place with both male and female persons with disabilities alike, actively taking part in local decision making circles.

Target 5.2

Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Violence against women unfortunately remains widespread across Bangladesh. Undue influence, to some extent administrative failures, a lack of social resistance and weak implementation of laws are the top reasons that lead to the perpetrators going free. Dowry violence, rape, acid violence and stalking (sexual harassment) are the most common forms of violence against women in Bangladesh. Victims of rape face severe social stigma where in majority cases victims are treated as the guilty party by the police. As a result a majority of victims/their families do not seek justice and try to hide the incident. Due to a weak criminal justice system, insensitivity, corruption, wrong postmortem reports the judicial procedure is often hindered. Though a deep rooted patriarchal mindset and lack of awareness is behind such violence, however, non implementation of laws are also instigating such violence. The inaction and corruption of law enforcement agencies and their reluctance to investigate or arrest the accused also contribute to the continuing crime of violence against women. According to Ain o Shalish Kendra, there were 724 reported cases of rape in the country in the year

2016 alone, with another 65 reported rape attempts. 37 of the victims were killed after the rape, 16 victims later committed suicide.

For women with disabilities the situation is worse. They face emotional abuse in addition to physical and sexual abuse. A study⁵ conducted over 310 adolescent girls and adult women with disabilities in 21 districts of Bangladesh found that 75% of the women faced emotional abuse, 82% faced physical abuse and 37% faced gender based violence.

After raping a disabled woman, even if the perpetrator is caught and taken to court, visually impaired women cannot identify the person definitively, hearing & speech impaired women cannot communicate with the judge or the lawyers effectively, and women with intellectual impairments would not even understand the implications of the situation! Women with disabilities thus are easy targets. As disability multiplies a woman's vulnerability, they are often dependent on comparatively better off or influential families. More often than not, the people who should have been their protectors find them easy victims of abuse.

Provisions protecting the rights of women with disabilities must be included in the Dowry Prohibition Act 1980, the Domestic Violence (Prevention and Protection) Act 2010, the Family Court Ordinance 1984, Victim Witness Protections Law and other pending law reform initiatives. Moreover in cases of violence, exploitation and torture on disabled women, legal provisions related to summons of persons, trial in absentia, adjournment and appeals (Sections in Chapter VI, Section 339 B, Section 344 and Sections contained in the Code of Criminal Procedure) should be strictly complied with.

Target 5.4

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

Not too long ago, torture of household workers was too common a feature in Bangladesh. But the situation is gradually changing as in recent years, the Government of Bangladesh is gradually giving due stress for the recognition of household work. A policy for the care and protection of household workers has been created. For families with adults or children with disabilities however, unpaid care and domestic work calls for quite a different dimension, especially where the impairment is of moderate to severe grade.

Only a handful of families can afford professionals with very specific different skill sets coming to their houses frequently and regularly for therapy services. It is mostly the family members who take over the responsibility of almost all care and support. Not only do these volunteers not get paid, they also are generally ignored when the person is taken to formal therapists.

A rehabilitation council is in its conceptual stages within the Government of Bangladesh. When this will be established, standardization of care and care providers, including both formal and informal ancillary caregivers are expected to be outlined.

Target 5.5

Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

⁵ *The Feminine Dimension of Disability*, Center for Services and Information on Disability (CSID), 2002

The non formal adult education that was introduced in this country several years back, and operated hand in hand by the government and NGOs created a silent revolution. Poor rural women who never had the opportunity to enroll in schools now learned to read, write and calculate small amounts, which they needed in their day to day lives. Coupled with micro-finance, these women began contributing to the family income and thus also in decision making processes within the households. From the grassroots level, these women got into leadership positions and into the decision making processes.

At a higher level, the change has also come gradually. With positive discriminatory processes, women got into education, employment opportunities and also into political leadership. Now it is not surprising that many women get elected directly into the parliament, besides those who come in later through the quota. There are now women in leading positions in all the three wings of the government – the legislative, the judiciary and the executive. Within the corporate sector too there are women entrepreneurs in leading positions in business houses – the RMG industries, the cell phone operating companies, the pharmaceuticals and all. Within media houses, civil society leaders also women are holding important positions.

In all, however, the full and effective participation of women with disabilities still lags behind in the decision making positions. The Rights & Protection of Persons with Disabilities Act, 2013 has created provisions of committees from the national till the upazilla level and there are also town committees prescribed. However, ensuring inclusion of women with disabilities in these committees is yet to be guaranteed.

E. Goal 9 – Build resilient infrastructure, promote inclusive & sustainable industrialization and foster innovation

Target 9.1

Develop quality, reliable, sustainable and resilient infrastructure, including regional and trans-border infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all

In the area of communication infrastructure, the Government of Bangladesh has embarked on a number of massive projects. Roads are being widened into 4-lane carriageways, large bridges and flyovers, elevated expressways and elevated train services are being built. The railway system is gradually being upgraded with new tracks and renovated or newly constructed rail stations. However, almost all built infrastructure in the country is unfriendly to persons with disabilities. In recent years the Ministry of Housing and Public Works has issued a circular compelling all new public buildings to accommodate principles of universal design. As such, 10,000 newly constructed schools have built a ramp and made provisions for accessible toilets. But due to a lack of proper monitoring, most of the ramps have failed to meet the accepted standards in their slopes and lengths. Also, in most cases, the toilets have been relocated behind the school building, without ensuring continuity of the corridors, and thus they have lost their accessibility features. Almost all public offices across the country lack accessibility features. There is still not a single public transport that is suitable for use by persons with disabilities.

Target 9.2

Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries

Target 9.3

Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets

In 2016, the per-capita income in Bangladesh was estimated as per IMF data at USD 3,840 (PPP) and USD 1466 (Nominal). Therefore, the market-based economy of Bangladesh is the 41th largest in the world in nominal terms, and 29th largest by purchasing power parity; and it is classified among the Next Eleven emerging market economies and a Frontier market. According to the IMF, Bangladesh's economy was the second fastest growing major economy of 2016, with a rate of 7.1%⁶. Besides the well known RMG and pharmaceutical sectors, ship building is becoming a growing industry in Bangladesh, the potentials of which place the country at par with countries like China, Japan and South Korea. However the rich-poor divide continues to affect our economy, and so the steadily rising per capita income over the past few years does not give a true picture of people still in poverty. Access to nutrition, health services, especially maternal & child health, water & sanitation, education & employment etc. are all affected by the divide. This is changing though, with rapid growth of industries, both at large and small scale.

Bangladesh is seeing a massive growth in business and industrialization with thousands of jobs being created newly also every year in the private sector. In order to ensure availability of skilled human resources, the government has undertaken a national skills development program, which is under the direct patronization from the Prime Minister's Office. Besides making the mainstream national skills development policy disability inclusive, a standalone national policy for skills development of

⁶ https://en.wikipedia.org/wiki/Economy_of_Bangladesh

persons with disabilities has been developed. Certain quotas in seats are also being reserved for people with disabilities in vocational and technical education centers.

But generally the industries are not yet fully inclusive, more especially for persons with disabilities. There are a few sporadic cases though, such as in the case of Keya Group, which employs thousands of people with disabilities. NGOs and DPOs working closely with business houses have ensured that a few hundred factories have been systematically employing persons with disabilities over the last few years. Factory buildings are being made accessible, changes are also brought about in their respective human resource policies, and other reasonable accommodation measures are being taken. But the overall number of persons with disabilities finding such employment is still very low. Communication still remains a massive barrier of persons with hearing impairments. Availability of accessible transportation to and from the factories remains a huge challenge for people with physical disabilities. Scopes for people with visual impairments also remain very limited.

A major change is being expected though, as the Bangladesh Business Disability Network (BBDN) is now almost ready for launching. This alone will create more sensitivity towards people with different types of disabilities within the business community and pave the way for far more employment opportunities. The Bangladesh Employers' Federation and the ILO are playing significant supportive roles to make this a reality in Bangladesh.

Target 9.c

Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020

The Information & Communications Technology (ICT) sector in Bangladesh has a long history and heritage. The Telegraph branch under the Posts and Telegraph Department of the British India was first set up in this country in 1853. After the liberation of Bangladesh, the Bangladesh Telegraph and Telephone Board (BTTB) was the sole player for long, until cellular phones were introduced in 1989. The country now enjoys almost 99% geographical coverage in voice and data connectivity, and has over 95 million active cell phone users.

All India Radio began its operations in this region by setting up a center in Dhaka in 1939. However, a fully functional studio was set up under Radio Pakistan only in 1960. During the liberation war of Bangladesh, the Swadheen Bangla Betar Kendra became the official mouthpiece of the Government in Exile. After liberation, it became known as Bangladesh Betar. As of 2015, the Ministry of Information had licensed 28 private organizations for FM broadcasting, 25 of them have so far been allocated broadcasting spectrum. There also is a strong network of community radios beginning an official journey in 2008, and so far 16 such operators have been provided license.

Television services were introduced in this country in 1964, and after liberation, it became known as Bangladesh Television. This enjoyed monopoly until the mid 1990s when privately owned channels entered the market. Currently over 40 private channels have been provided license, but only two (the state owned Bangladesh Television and the Sangsad Television) have terrestrial broadcasting licenses.

The first connectivity in Bangladesh with the internet was in 1995-96, through dial up services. But the user base is growing fast, especially after internet was made available through the mobile phone network. As of February 2017, internet subscribers in Bangladesh have reached 67.245 million users, and a staggering 63.120 million are using through cell phones⁷.

⁷ Bangladesh Telecommunication Regulatory Commission, March 2017

The first computer to be installed in this country was at the Atomic Energy Center in 1964. Personal Computers began gaining popularity since the late 1980s. With Dhaka emerging as a freelance IT and IT-enabled services outsourcing center, and with a consistent GDP growth rate of around six percent for the last few years, the ICT sector in Bangladesh is poised for continued expansion. With over 95 million mobile phone users, over seven million Facebook users, and 99 percent geographical coverage in connectivity, the country is ready for service delivery using ICTs. The IT sub-sector in Bangladesh has the potential to become an attractive ICT outsourcing destination. According to the Bangladesh Association of Software and Information Services (BASIS), around 800 software and IT-related companies have registered in Bangladesh as of December 2014. The size of the ICT market, excluding telecommunications, is estimated to be worth USD 300 million. The software and IT industries share 39 percent of the market and approximately 50,000 professionals are now employed in the sector. According to BASIS, over 100 IT companies currently export to over 30 countries with North America being the main destination.

However, in spite of this, according to the Bangladesh Computer Samity, quite understandably owing to our late entrance in the ICT field, our PC penetration is one of lowest in the world (4.5 units per 1000 population). Furthermore its growth has been limited to the capital city and only a few of the large metropolitan cities in our country.

For persons with disabilities, ICT is an enormous boon, as it is the technology that could create a level playing field for them, alongside their non-disabled peers. Where mobility is a huge concern, they could have used ICT for a decent income even from the comfort and the security of their own homes. However, the available hardware or software is not yet fully disability friendly. For people with physical impairments, or with gross motor function disorders, the hardware is hardly friendly! For visually impaired people, the required software is always not available. It is difficult for them to use cell phones also, as most of the new phones that are available now are smart phones!

Only some television channels in only some news bulletins use simultaneous sign interpretation services. As such, for persons with hearing impairments, it is impossible to follow the news or gain any kind of new information.

Websites of almost all ministries and departments of the government have uploaded PDF versions of scanned documents (laws, policies, programs etc.) on their websites. For visually impaired people, even with screen reading software would find it impossible to read through these documents.

There is very little opportunity in this country for innovations, customization and/or adaptation of ICT related hardware. Creating such provisions could make a big difference in the lives & livelihoods of persons with disabilities. In terms of software, there already are some examples of good practices, where the Bangladesh Computer Council and the Ministry on ICT have worked closely with NGOs to provide training to young people with disabilities and provide jobs across the country. Programs like these need to be scaled up both in terms of geographical coverage and also in terms of number of youths with disabilities.

F. Goal 17 – Strengthen the means of implementation & revitalize the global partnership for sustainable development

Target 18

By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

The prevalence rate of disability in Bangladesh leaves much room for confusion. The national census (2011) claims this to be 1.41%, while the Household Income and Expenditure Survey (HIES 2010) also conducted by the Bangladesh Bureau of Statistics (BBS) found this at 9.07%.

BBS makes an effort to justify this difference in its report “Disability in Bangladesh: Prevalence and Pattern” (November 2015) as follows:

“The marked difference in the two estimates could be attributed to the differences in the criteria for identifying disabled persons and methods of data collection in the two studies. The HIES 2010 data scales the intensity of different types of disabilities as ‘Some’, ‘Severe’ and ‘Fully unable’. Thus, persons with minor disabilities are likely to be reported under the category ‘Some’. In contrast, the Census 2011 questionnaire only records whether a person is disabled or not and thus it seems more likely that only the persons who are seriously disabled have been reported. Thus, underreporting could be one of the reasons for the lower overall disability prevalence of the census estimate. Interestingly, the prevalence of overall disability of intensity ‘severe’ and ‘fully unable’ equals 1.51%, which is close to the census estimate.”

Fundamentally, both these studies had prepared their respective survey instruments based on the Washington Group classification, though the final questions varied considerably. As such, the effort to finding a data that is both reliable and also comparable failed to take place. While the HIES 2010 data seems to be closer to reality, it classified people with disabilities in six broad functional areas, which fall short with the disability classification suggested in the Rights & Protection of Persons with Disabilities Act, 2013. The law classifies disability (based on impairments) into ten categories. Any combination of these would be classified under the Multiple category, while there is also another called others, accommodating people with any other disabling conditions that cannot be classified under the abovementioned ten categories, but who still may enjoy the protection and rights that are enshrined in the law.

Under the purview of the Ministry of Social Welfare, the Department of Social Services (DSS) has been conducting a disability identification survey of persons with disabilities in Bangladesh over the last three years. In its first phase so far, 1.5 million people with disabilities have been identified and their information has been entered into a national database. The database will be opened to public sometime later this year. This survey was aimed at house to house disability identification only, not at all to find a prevalence rate.

Disaggregated data by age, gender, educational status, income, ethnicity, geographic location, type and grade of disability, services received etc shall be available about persons with disabilities from this database. So except for prevalence rate, this database could be an interesting and important tool from planning purposes. The initiative has been expanded till 2021, hoping that by that year, all persons with disabilities of the country will be reached and their information will be included into the database.

The Way Forward

The followings are a set of recommendations to find effective ways to move forward with the SDGs, ensuring that issues and concerns of persons with disabilities are meaningfully addressed:

For Goal 1:

- Identify the number of persons with disabilities living under the national and international poverty lines;
- Ensure that safety net programs for persons with disabilities promote their dignity;
- Measure access of persons with disabilities in basic services like education, employment, housing, food etc.;
- Make the local Government institutions inclusive for persons with disabilities;
- Identify the number of unemployed persons with disabilities;
- Generate self and waged employment initiatives for persons with disabilities;
- Build awareness about the abilities of persons with disabilities.

For Goal 2:

- Ensure meaningful inclusion of persons with disabilities in hunger ending programs, food security system and agriculture.

For Goal 3:

- Ensure availability of disability specific specialized health services in all healthcare centers including community clinics, upazilla and district hospital.
- Create positions in upazilla & district level hospitals for physiotherapists, occupational therapists, speech & language therapists etc. and bring these positions under the national health work force
- Provide training for existing health professionals on disability issues.
- Include disability issues in the curriculum of all health related courses.
- Ensure distribution of customized assistive devices. Promote manufacture of low-cost, but fully functional customized assistive devices in the country.
- Finalizing the National Mental Health Act 2016 (Draft) accommodating the suggestions from different stakeholders. Social issues such as employment for persons with psychosocial disorder should be included in the law.

For Goal 5:

- Increase education stipend facilities for women with disabilities;
- Create scopes of inclusive education for girls with visual and hearing disability;
- Introduce health card for accessing health facilities at free of charges;
- Ensure access to medical care & justice for women with disabilities if they fall victims of violence;
- Make police stations, court, One-stop Crisis Centers and Victim Support Centers meaningfully inclusive for persons with disabilities.
- Provisions protecting the rights of women with disabilities must be included in the Dowry Prohibition Act 1980, the Domestic Violence (Prevention and Protection) Act 2010, the Family Court Ordinance 1984, Victim Witness Protections Law and other pending law reform initiatives.

For Goal 9:

- Promote disability inclusive industries;
- Provide special incentives to entrepreneurs with disabilities to run small scale industries;

- Ensure that all built infrastructure, communication infrastructure, transportation etc are disability inclusive. Proper implementation of Bangladesh National Building Code 2015 (Draft), Dhaka Building Construction Act 2008, National Industrial Policy 2016, Bangladesh Industrial Design Act 2016 (Draft) etc. need to be ensured;
- Introduce disability and gender inclusive industrial policy.

For Goal 17:

- Availability of accurate data of persons with disabilities, desegregated by different factors is prerequisite for preparing any development plan. So emphasis should be given to identify the authentic number of persons with disabilities in Bangladesh.

Overall:

- To address the needs of persons with disabilities, participation of DPOs is crucial in the national consultations planned by the Government.
- To improve the effective monitoring and implementations of SDGs, Government should engage DPOs in the SDGs implementation process.
- Rights and Protection of Persons with Disabilities Act 2013, and other disability related policies should be implemented properly to achieve the SDGs.
- Lack of coordination among the ministries of Government is a challenge for achieving SDGs. So there should be a systematic coordination to get an impact on progress of SDGs implementation. As Non Government actors are also contributing a lot for the development of the country's economy, coordination with Government and Non Government actors will need to be strengthened.
- Strengthen coordination with the DPOs, NGOs, CSOs and other non Government actors.
- Ensure systematic inclusion of persons with disabilities in all safety net programs run by the Government.
- Undertake reasonable accommodation and accessibility measures for inclusion of persons with disabilities in the development process.

Conclusion

Disability has, and always will remain in our society, with some amount of social stigma attached to it. But in the backdrop of all these problems, the silver lining is that, the government is showing an increasing interest in the Disability sector, and at the same time, due to the SDGs, a keen interest to work hand in hand with the non-government development and private sectors. The government has all the best intentions in heart, but to some extent lacks the technical knowledge & skills. NGOs on the other hand have the technical knowledge & skills, but neither the power, nor the required financial resources. So to make some real progress in this field in a fast developing country like Bangladesh, an all out effort from all quarters is mandatory.

People with disabilities themselves, their organizations, other organizations working in this field and all the advocacy platforms now need to be engaged in all the steps for establishing their rights & privileges, as equal citizens of the country.

Measures should be taken to ensure that every child with a disability gets access to basic & quality education, every disabled person has an opportunity for a respectable employment and/or income, every built infrastructure & transportation system is equally accessible to people with disabilities, every disabled person has equal access to the legal system & basic public utilities, and that every disabled person can live a life with dignity & freedom.

Like gender development issues, Disability must also be recognized as a crosscutting mainstream development agenda for all.

Only then this country will ever practically come a step closer to achieving the SDGs and other national & international commitments, and we shall collectively bring about some positive changes in the lives and livelihoods of the people with disabilities in this country – and any other country in this world.

Annexure

List of DPOs that participated in the consultations