

Bangladesh Situational Analysis

Version II - June 2020

The Institute of Development Studies (IDS) has prepared Situational Analyses (SITANs) which synthesise the most recent existing literature and evidence on factors that impact on the lives of people with disabilities in each of the six UK Aid funded Disability Inclusive Development (DID) countries to better inform the DID programme implementation in each country. For more information about how the situational analyses were conducted see page 29.

This situational analysis addresses the question of: “what is the current situation for persons with disabilities in Bangladesh?”

DID operates in six countries: Kenya, Tanzania, Bangladesh, Nigeria, Nepal and Jordan.

These SITANs can be used throughout the programme, by all those involved in it, in order to better understand the current context and available evidence. This will help lead to better informed projects within the different thematic areas and help with situating these different projects within the wider country context. Where the Committee on the Rights of Persons with Disabilities has recommendations from the concluding observations on the country, these have been integrated in relevant places to ensure that the CRPD is at the heart of the SITANs.

Where possible, the SITANs also flag up gaps in evidence which the DID programme may be interested in addressing. As living documents they can be adapted to include newly published evidence and to reflect any adaptations in areas of interest in the programme. The earliest version of the SITAN (dated 12 April 2019) reflected the context in each country before the programme's implementation stage. The annually updated SITANs may begin to reflect what has occurred during the programme implementation phase, which can support MEL efforts. This is the second version of this SITAN and was written in June 2020.

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1. Summary of key information

Country summary

Bangladesh has a population of 161 million people. Its income per capita is US\$ 1905 and the poverty rate is 24.3 percent. In recent years poverty is believed to have been falling as economic growth is high. Economic growth in 2018 was 7.86 percent. Between 1961 and 2018 the average economic growth was 4.27 percent. The labour force is 70 million people. The labour force participation rate is 36 percent for women and 81 percent for men.

National Policies

National Development Plan

The seventh five year plan (2016 – 2020) was launched in 2015. The plan promotes education and inclusive development, and pays special attention to persons with disabilities, among other marginalised groups.

UN CRPD and national disability policies

Bangladesh ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in November 2007. However, its implementation has lagged behind policy commitments. Since 2007, Bangladesh reviewed many of its laws and policies, including the Children Policy (2011); Children Act (2013); and the Rights and Protection of Persons with Disabilities Act (2013). In addition, the Constitution of the People's Republic of Bangladesh guarantees basic human rights of every citizen, prohibiting any form of discrimination based disability among other grounds.

The Rights and Protection of Persons with Disabilities Act (2013) replaced the Disability Welfare Act (2001). It bans discriminating against people with disabilities in the workplace and in the education system. Both organisations and individuals can face prosecution for non-compliance. A national committee was established to oversee and coordinate rights and protection of persons with disabilities.

In December 2019 the government offered reassurance that as the Disability Act was passed after ratification of the CRPD, care had been taken to ensure that the legislation adheres to the human rights model of the disability. The government have detailed how a long-term Plan of Action (2018–2025) for disability inclusion is under implementation. However, a collaborative response by organisations for people with disabilities, non-government organisations (NGOs) and international non-government organisations (INGOs) has stated that the government has not incorporated the CRPD into domestic law. They argue that activities are still mostly being driven by charity-based approach. In general, there has been a lack of harmonisation of mainstream laws and policies with the CRPD. The Disability Act is criticised for failing to acknowledge that women with disabilities are particularly marginalised.

Employment and livelihood policies

The national disability policy promotes employment of the persons with disabilities. The Government of Bangladesh reserves 10 percent quota for orphans and persons with disabilities for public sector jobs, however compliance is thought to be low. The National Skill Development Policy (2011) includes improving access to training for people with disabilities.

The government confirmed that the Disability Act sets positive steps to ensure people with disabilities have employment opportunities, are not discriminated against, and have priority access to banking and commercial services relating to work. However, a response from organisations for people with disabilities, NGOs and INGOs have challenged progress in this area, arguing that no database has been developed to track the proportion of the persons with disabilities who are employed in the public and private sectors. They also argue that the Disabilities Act lacks enforcement measures to remedy discrimination in employment. Legislation fails to recognise that persons with psychosocial or intellectual disabilities may be particularly disadvantaged with regards to employment.

Social Protection policies

The Government Programmes for People with Disabilities provides benefits for people with disabilities in Bangladesh. However, awareness of what support is available is thought to be limited.

Education policies

The Education Policy (2010) includes children with disabilities, as does the Comprehensive Early Childhood Care and Development Policy (2013). Many of the initiatives focus on early learning centres/preschools with fewer initiatives focusing on secondary education for students with disabilities. The National Skills Development Policy (2012) was developed with technical support from the International Labour Organization (ILO). It includes mainstreaming of disability inclusion in all public training programmes. A National Strategy for Inclusion of Persons with Disabilities in Skills Development (2013) further strengthens disability inclusion in the sector. While disability inclusion is on the agenda for both the Ministry of Education and the Ministry of Primary and Mass Education, children with disabilities fall under the purview of the Ministry of Social Welfare, resulting in the education of students with disabilities being siloed away from those in charge of education.

Health policies

The current health policy is detailed in the Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016-2021, which aims to deliver quality and equitable healthcare for all citizens. However, disability inclusion does not feature prominently in HNPSIP.

The situation for people with disabilities

Disability prevalence

The official government figure for number of people in Bangladesh with a disability is 1.8 million. However, other disability prevalence estimates vary dramatically, ranging from to be 1.4 percent (1.3 percent female, 1.5 percent male) to 31.9 percent depending on the source. A Household Income and Expenditure Survey (2010), which used the Washington Group questions, found the disability prevalence rate to be 9.07 percent. Prevalence in rural areas is slightly higher than in urban areas. Despite recent progress in the health sector, a decline in the incidence of disability is unlikely.

Attitudes towards disability and disability stigma

Despite being directly addressed by legislation (including the Disabled Persons Protection and Rights Act 2013), discrimination, exclusion and neglect of persons with disability is still prevalent. Some of the discrimination intersects with gender factors and other characteristics. Women with disabilities are particularly marginalised. Negative attitudes are often based on a poor understanding of disability. The main barriers to employment for persons with disability in Bangladesh are reported to be prejudice and ignorance. In Bangladesh disability is often regarded as a curse and a cause of shame to the family. Very few interventions have aimed to address these misconceptions and to raise awareness of persons with disabilities at the community level. Often it is not an impairment that excludes people, but attitudinal and environmental factors. Discrimination happens in the family, community, and the workplace. Some progress has been made to address negative attitudes, manifested by policy modifications and social mobilisation.

Disability and poverty

People with disabilities are disproportionately affected by poverty in Bangladesh. The poverty rate is higher for people with disabilities (28 percent) compared to people without disabilities (24 percent).

Disability and livelihoods/work

Persons with disabilities are less likely to be involved in any economic activity in Bangladesh. Unemployment rate for adults with disabilities are higher (1.9 percent) compared to people without disabilities (1.5 percent). Females present higher rates than males regardless of disability status. A higher rate of youths with disabilities are neither in work nor education (64 percent), compared to youths without disabilities (43 percent). However, other sources report that the number of employed persons in Bangladesh with disabilities may be lower than 1 percent of the population with disabilities. Workers with disabilities may get paid less than others doing the same work, especially in manual jobs. Only 5 percent of people with disabilities who are working are employed in the public sector. Approximately 20 percent work for non-government organisations, and the rest are in self-employed.

The economic costs of people with disability in Bangladesh not working is approximately US \$1.18 billion per annum (1.74 percent of Bangladesh's GDP). The lack of access to employment for people with disabilities costs US \$891 million per annum in Bangladesh. The model estimates that 736,000 people with disabilities are employed and that 1.9 million people who otherwise would have been employed are not employed due to their disability. The main barriers to employment seem to be prejudice and ignorance. A lack of education and training at higher levels stops people with disabilities progressing.

Despite the public sector employment quota of 10 percent, employment rates remain low. There are nearly 100 credit and employment schemes for persons with disability in Bangladesh, yet few private companies employ people with disabilities. Explicit inclusive employment policies in the private sector are rare. Despite extensive guidelines on occupational health and safety, work related accidents in the private sector often result in disabilities being acquired. Urban and rural areas offer very different livelihood opportunities for people with disabilities, with more job prospects existing in urban areas.

Barriers to employment

Securing work in Bangladesh is a challenge in general, but a particularly challenging for persons with disabilities – regardless of educational background. Some people with disabilities have had to pay bribes to obtain work. Some people with disabilities do not have the confidence to apply for jobs due to internalised misconceptions about their capacity due to their disability. Women in particular face barriers to employment due to cultural norms. Female youth with disabilities experience particularly high rates of economic and social exclusion.

Despite most of the people with disability have some skills or knowledge, the available employment opportunities for them remain limited. Access to credit to facilitate business start-ups is limited for people with disabilities. Barriers to employment could be addressed by providing access to training, micro credit, specialised programmes for the women with disability, rehabilitation services, and establishment of quotas.

Formal employment

Types of jobs available and main/growing sectors of employment

Only 13 percent of the labour market operate in the formal sector while 87 percent operate in the informal economy. 10 percent of women were engaged in formal sector employment and 14 percent of men. 8.3 percent of formal employment is in rural areas and 26 percent in urban zones. Employment in agriculture has dropped from 60 percent in 1991 to 48 percent by 2010. In contrast, the industry sector has increased from 13 percent to 18 percent and the service sector from 16 percent to 35 percent. Nearly 55 million workers were employed in 2010, 70 percent of which were men. 25.7 million people work in agriculture, 8.4 million in trade, restaurants & hotels sector and 6.7 in the manufacturing sector. The sector with the lowest employment gender gap is in the 'other sector' and the agricultural sector where women present 46 percent and 41 percent of the workers, respectively. The COVID-19 crisis has hit the global textiles, clothing, leather, and footwear industry hard as sales and production have fallen. This has resulted in a lost revenue of around US\$ 3 billion for Bangladesh, with over 2 million workers affected. Many workers will face unemployment as less than 20 percent of firms can continue to pay wages. Over a million workers have been dismissed or furloughed with 72.4 percent being sent home without pay.

Main businesses/employers

In 2017, GDP in Bangladesh was mostly composed of the service sector (56.5 percent), followed by industry (29.2 percent) and agriculture (14.2 percent).

Programmes to support employment

There are limited programmes to support employment in Bangladesh for persons with disabilities. One positive example is the TVET Reform Project (2007 to 2015) which was funded by the EU and implemented by the Government and the ILO. It aimed to reduce poverty by improving vocational educational and training and making it accessible to all. The project concentrated on removing policy-related barriers as well as physical barriers. In addition the government supports vocational rehabilitation centres. Additionally, nearly 100 credit and employment schemes exist for persons with disability. It is not clear how successful any of these interventions have been.

Despite the existence of the 10 percent quota for persons with disabilities and orphans in public sector employment, persons with disabilities remain out of work, with orphans often being selected instead.

A market responsive inclusive skills training programme is detailed in Bangladesh's Seventh Five Year Plan. Approximately 260,000 people will be trained (with 70 percent of these coming from disadvantaged groups including people with disabilities). Within ten years an estimated 1.5 million people will be trained through 30 Centres of Excellence and 15 Industry Skill Councils with public-private partnership. All these activities will be coordinated by a National Skill Development Authority (NSDA) with support from the National Human Resources Development Fund (NHRDF).

Disability and social protection

The Allowance for Financially Insolvent Persons with Disabilities is available for anyone over 6 years old with a disability with an annual income of less than 36,000 taka. In 2016 there were 750,000 recipients. The monthly transfer equates to \$20. The value of the transfer annually is equivalent to 6.3 percent of GDP per capita. The expenditure on the scheme is 0.005 percent of GDP.

Disability and education and training

Many people with disabilities are out of education, with enrolment rates remaining low. Adolescents with disabilities are 40 percent less likely to have completed primary school. For children with disabilities who do go to school literacy rates are lower and performance poorer than the rest of the children. Common barriers include a non-inclusive environment, limited personal assistance, absence of accessible transportation, inaccessible infrastructure, absence of inclusive policy, and a negative attitude of the family, teachers and community. A lack of proper training amongst the teachers, as well as a lack of accessible materials and assistive devices also restricts educational access.

The Ministry of Social Welfare implements a stipend programme for the students with disabilities. However, financial incentives for students with disabilities to participate in the education system remain low with limited coverage. Data indicate that the majority of people with disabilities who manage to complete secondary level of school are also able to proceed and complete their tertiary level of education. However, the majority of children with disabilities who access education are those with mild to moderate physical impairments. There is a correlation between household income and the enrolment of children with disabilities. Parents may prioritise the schooling of children without disabilities. If all Bangladeshi children with disabilities accessed education the national economy would be boosted by \$26 million annually.

Further and higher education

In Bangladesh the proportion of people without disabilities who have completed university is more than twice that of children with disabilities. There are 14 percentage points for participation in education or training between people with and without disabilities for youths (13 percent for youths with disabilities compared to 27 percent of youth without disabilities). The gap observed for adults is much smaller (0.5 percent for adults with disabilities compared to 0.3 percent of adults without disabilities). While improving vocational training for persons with disability is generally considered a good thing, there is concern is that even after being trained, students may have difficulty finding jobs.

Disability and transport/public accessibility

The current road system fails to address the needs of people with disabilities. Transport not being inclusive is a barrier to many aspects of life in Bangladesh, including education. Significant changes to infrastructure and public service delivery are needed to facilitate greater inclusion. Infrastructure and facilities in hospitals, schools, workplaces, recreational settings and voting centres also need to become more disability inclusive. On public transport, 5 percent of seats are supposed to be reserved for persons with disabilities but compliance is a challenge.

Disability and health

Poverty, disability and health are intertwined. A lack of access to health facilities can increase the prevalence of disabilities. People who are poorer have worse health and are more likely to have a disability. Evidence from people with physical disabilities indicates that age, sex, marital status, occupation, and household expenditure were significantly associated with health-related-quality-of-life in Bangladesh, which decreases with age. Most people with physical disabilities were found to visit formal health care providers. Women with a disability in Bangladesh are believed to have poorer health than men, largely due to discrimination and cultural norms.

Accessing health services can be affected by disability; family and community; direct and associated cost; location of referral; negative camp experience; deliberate non-uptake; and procedural problems. Even when logistical and financial support is available to facilitate health uptake, access may still be a problem. Treatment provided locally at village level may result in greater willingness to accept it. Understanding the reasons for why people with disabilities do not access health care is needed to inform future planning.

The Covid-19 crisis has disrupted many people with disabilities in Bangladesh from accessing medical and rehabilitation services. Those living in rural areas were worst affected. The lack of access to health care during the crisis has increased the risk of experiencing poor health for persons with disabilities in Bangladesh.

Access to assistive devices and assistance

Assistive technology has been shown to increase capacity of persons with disabilities in Bangladesh. However, evidence is limited. Bangladesh is believed to lack a proper official distribution system and financing to support the delivery of assistive devices. The law supports people with disabilities to obtain assistive technologies, which should facilitate progression in this area in the future. Lack of affordability is a significant reason for not possessing assistive technology in Bangladesh. Distance and stigma also limit access.

Organisations supporting people with disabilities

The National Forum of Organizations Working with the Disabled (NFOWD) is a national disability think tank. It was established in 1991 to safeguard and promote the rights and interests of people with disabilities. It has nearly 400 members.

The National Grassroots and Disabilities Organization (NGDO) works in 23 districts and is a network of over a hundred grassroots organisations for people with disabilities working to promote rights and inclusion of people with disabilities. NGDO coordinates the organisations for people with disabilities and has over 25,000 members.

The National Council of Disabled Women (NCDW) works with grassroots organisations for women with disabilities to ensure the rights and dignity of women and children with disabilities.

Humanitarian situations

An estimated 900,000 Rohingya refugees fled persecution in Myanmar and are now in camps in Bangladesh. Disability prevalence of the refugees are likely to be between 15 and 18 percent equating to between 130,000 and 180,000 people, although some estimates are far lower. Relatively few humanitarian agencies focusing on disability and rehabilitation are operational in the camps. The lack of financial resources needed to meet the disability needs are a challenge. Education programmes for refugee children with disabilities are currently limited.

A rapid assessment of the Rohingya refugee response has shown that the needs of persons with disabilities and older persons remain unmet. Awareness of disability inclusion issues was low and disaggregated data was not being collected. Camp facilities were found to not be accessible. A need for greater focused coordination and advocacy on disability inclusion across the coordination and cluster systems was identified.

COVID-19 could have dire consequences in refugees camps in Bangladesh. The Kutupalong-Balukhali Expansion Site is thought to be at particular risk due to the sheer number of people there. COVID-19 may result in hospitalisation needs exceeding capacity very rapidly in refugee camps. As people with disabilities in the camps are already marginalised, COVID-19 could have a disproportionate impact on them

Main report

2. Country overview

In 2018 Bangladesh had a population of 161 million people, of which half were male and half were female (World Bank 2020). In 2019, its income per capita was US\$ 1905.7 and the poverty rate was 24.3 percent in 2016 (UNDP 2020). According to the Asian Development Bank, the population living below the national poverty line in Bangladesh is falling, with figures dropping from 24.3 percent in 2016 to 21.8 percent in 2018 (ADB 2020). Bangladesh was ranked 136th on the Human Development Index in 2017 (UNDP 2020).

Economic growth (the rate of change of real GDP) in 2018 was 7.86 percent. Between 1961 and 2018 the average economic growth was 4.27 percent. Bangladesh's labour force in 2019 was 70 million people. The labour force participation rate was 36.26 percent for women and 81.37 percent for men in 2019. The unemployment rate in 2019 was 4.19 percent (6.2 percent for females and 3.31 percent for males). Between 1991 and 2019 the average unemployment rate for Bangladesh was 3.61 percent (Global Economy 2020).

In 2010, agriculture had the majority share of the employment sector in Bangladesh with 48 percent. This was followed by manufacturing (12 percent), transport, storage and communication (7.4 percent), public administration, education and health (5.3) and construction (4.8 percent) among others (LO/FTF Council 2016). According to LO/FTF Council (2016) the majority (over 50 percent) of those in employment in Bangladesh are own account workers.

In 2020, the COVID-19 crisis has hit the global textiles, clothing, leather and footwear industry hard, as government restrictions have closed shops and customers stay at home. The Bangladesh Garment Manufacturers and Exporters Association (BGMEA) estimates that the impact of this on Bangladesh amounts to lost revenue of around US\$ 3 billion and affects some 2.17 million workers, many of whom will become unemployed. Many workers will face unemployment as production declines steeply. It is estimated that less than 20 percent of firms are able to continue paying staff wages. Over a million workers have already been dismissed or furloughed. According to a survey of employers in Bangladesh 72.4 percent of furloughed workers have been sent home without pay, and 80.4 percent of dismissed workers have not received severance pay (ILO 2020).

3. National Policies

National Development Plan

The seventh five year plan (2016 – 2020) which aims to accelerate growth and empowering citizens was launched by the General Economics Division (GED) of the Planning Commission in 2015. The plan highlights the importance of education and to promote inclusive development, special attention is given to the disadvantaged groups, including persons with disabilities. Bangladesh has progressed in terms of promoting and protecting the rights of persons with disabilities. Both the CRPD and the Beijing Proclamation on the Full Participation and Equality with Disability in Asia and the Pacific Region have been ratified. A 5 year National Disability Action Plan in 2006 was also implemented, making all relevant ministries responsible for undertaking various initiatives to include and protect people with disabilities. The Sixth Plan built on these foundations to further consolidate the gains (GED 2015).

CRPD and national disability policies

CRPD

Bangladesh signed the CRPD on 9 May 2007 and ratified it on 30 November 2007 (UN 2018 a). However, some critics argue that the implementation of the CRPD in Bangladesh has lagged far behind policy commitments (Jones, Presler-Marshall & Stavropoulou 2018).

In 2018, the Committee on the Rights of Persons with Disabilities released the initial State Party's Report submitted by Bangladesh under article 35 of the Convention. The report had been due in 2010 but was received in April 2017. The report was delayed due to a period of political transition in Bangladesh. With regards to the legal basis for the CRPD, the report states that in 2009, the government constituted an independent National Human Rights Commission, which is entrusted with the responsibility to act as a watchdog for monitoring the rights and fundamental freedoms of all citizens, especially those who are most vulnerable. Up until a separate Disability Rights Commission is up and running, it is this Commission that will ensure the rights and privileges of persons with disabilities in the country, on an equal basis with others. Unlike most countries which attune their concerned laws prior to acceding to a human rights treaty, Bangladesh first ratified the CRPD, and then ensued the process for attuning its laws and policies. The disability legislation has been enacted in Bangladesh following the principles, spirit and content of the CRPD. National policies and action plans are yet to be attuned. Therefore, progress of implementation of the CRPD is not reflected much in the initial report (Committee on the Rights of Persons with Disabilities 2018).

The CRPD has been translated into Bangla, the official language of Bangladesh. Popular versions, in far simpler language with examples and explanations have also been published. A child-friendly version with stories, poems and plays has also been published to sensitise children on the issues of disabilities as well as to create awareness about their responsibilities. These are widely disseminated to ensure that the general public, especially people with disabilities living in remote grassroots areas, are aware of the rights and entitlements enshrined in the CRPD. Sections from these publications are also being published in national and local daily newspapers for wider circulation (Committee on the Rights of Persons with Disabilities 2018).

At the Global Disability Summit held in 2018, the Government of Bangladesh made a number of commitments. These included the launch of a new National Plan of Action to implement the Disability Rights and Protection Act 2013, which they state is in line with the CRPD. They also committed to implementing a 5 year National Strategic Plan for Neuro-Developmental Disorder 2016-2021. They also stated that at the national level they would work to eliminate stigma and discrimination of people with disabilities. In terms of data, as well as improving the way the census and various surveys collect data on disabilities, a real time Disability Survey System that was established by the Ministry of Social Welfare, will be used to improve disability data. At the Summit, the Government of Bangladesh also reaffirmed their commitment to empower organisations for people with disabilities in policy creation. The Government committed to empowering the persons with disabilities by providing special quota in the government services. No further detail is provided on how this quota would be implemented or evaluated. Finally, the Government committed to strengthening support for the Neuro Developmental Disabilities Trust (GDS 2018).

In February 2019, the alternative report on the status of implementation of the CRPD in Bangladesh was published by organisations for people with disabilities, Community Based Organisations and NGOs working for the rights of People with Disabilities. It details concerns about the Rights and Protection of Persons with Disabilities Act (2013). Firstly, it articulates a

concern that it is unclear whether the Act prevails over other laws that affect persons with disabilities. Secondly, it suggests that the Act is not all encompassing and it does not address all the articles of the CRPD in separate sections. Thirdly, it reports that there is no appropriate and efficient monitoring mechanism in place to oversee proper implementation of the Act. It is argued that the Act is not properly implemented due to a general lack of awareness among persons with disabilities, stakeholders and duty bearers about the rights and duties established under each of the Sections and Schedule of the Act (CRPD Alternative Report Platform 2019).

The alternative report also states that consultation with the persons with disabilities in developing plans, programmes, policies and legal frameworks concerning persons with disabilities in Bangladesh has been inadequate. There is no process through which the government regularly consults with persons with disabilities through their representative organisations. In addition, documentation on the use and impact of the Act (2013) is unavailable. The shadow report that while the harmonisation of laws, policies, strategies and action plans with the CRPD is taking place, there is a long way to go. In addition, the policies the government has aligned with CRPD remain weak in implementation (CRPD Alternative Report Platform 2019).

In May 2019, the Committee on the Rights of Persons with Disabilities published a list of issues in relation to the initial CRPD report of Bangladesh. In terms of general obligations, the committee requested to be provided with information on the measures to incorporate the CRPD into domestic law or make it automatically part of the Constitution to ensure that any public action for its implementation follows a human rights-based approach. In addition they requested information on the harmonisation of laws and policies with the CRPD and on measures to ensure that the concept of disability used in the State party fully adheres to the human rights model of disability. Further, it was questioned whether and how the national action plan for persons with disabilities adopted in January 2019 will be amended to include time-bound targets and a functioning monitoring and evaluation framework, to ensure synergies with other national policies such as the National Women Development Policy, ensuring they are in line with the human rights model of disability (UN 2019).

In December 2019 the government responded to the list of issues in relation to its initial report that are detailed above. The response reiterates that the Rights and Protection of Persons with Disabilities Act (2013) was enacted after Bangladesh's ratification of the CRPD and that care was taken to ensure that the legislation adheres to the human rights model of the disability. The response confirms that the Disability Act details the right to employment of people with disabilities and prohibits discrimination on the basis of disability as long as that person has the required capacity (UN 2020).

The CRPD Platform-Bangladesh (2020) detailed a collaborative response by organisations for people with disabilities, NGOs and INGOs. They argued that Bangladesh has neither taken any measure to incorporate the Convention into domestic law nor made it part of the Constitution to ensure a human rights-based approach of public action for its implementation so far. Public activities are still mostly driven by charity-based approach. They argue that harmonisation of mainstream laws and policies with the CRPD is yet to be achieved. In addition, the national plan of action for the persons with disabilities has been adopted, but without a functioning, monitoring, and evaluation framework. In addition, there has been limited efforts to ensure synergies with other national policies to ensure they are in line with the human rights model of disability. They also argue that legislation in Bangladesh does not acknowledge that women with disabilities are particularly marginalised.

National disability legislation

In Bangladesh, policy documents from pre-2001 through the early 2000s focus mostly on women, children and the poor. It was not until 2008-09 that policies started to address the needs of other vulnerable groups, such as people with disabilities (CPD 2017). The government has established several programs to address the needs of the poor and vulnerable, persons/people with disabilities (people with disabilities) require further attention (Ali 2014). Following the ratification of the CRPD in 2007, Bangladesh has taken a number of legislative and policy actions towards nationalising these global commitments, including the Children Policy, adopted in 2011; a new Children Act, passed in June 2013; and the Rights and Protection of Persons with Disabilities Act 2013, which was passed in October 2013 (UNICEF 2014).

The Constitution of the People's Republic of Bangladesh guarantees basic human rights of every citizen of the country irrespective of colour, sex, religion, races etc. It also prohibits any form of discrimination between various social groups including due to disability. In the light of the constitutional provisions and commitments made by the Government at the international arena by adopting the United Nations Standard Rule on the Equalization of Opportunities for Persons with Disabilities, the National Policy for Persons with Disabilities, 1995 was formulated. To protect and promote the rights of the persons with disabilities the Bangladesh Parliament in 2001 enacted the Disability Welfare Act, 2001. The law made provision for the constitution of National Coordination Committee and District Coordination Committees to ensure coordination on disability related issues both at the national and local level. The Act made provisions to ensure protection of rights and equal opportunity of persons with disability. It includes 10 specific areas for intervention, such as, disability prevention, identification, curative treatment, education, health care, rehabilitation and employment, transport and communication, culture, social security and self-help organization. The Government has also established a National Foundation for the Development of the Disabled Persons to provide funding support to programs and projects of different non-governmental and social organizations. As part of affirmative action, the government has also introduced 10 per cent quota system for the employment of people with disabilities in the services of the Republic. A national Action Plan on disability concerned issues has also been developed. The Action Plan focuses on areas like, self-help organization, women with disability, early detection and intervention, education, training and employment, access to built environment and transport, access to communication, assistive technology, social security, public awareness etc. (Hussain 2008).

The 2013 Disabled Persons Protection and Rights Act protects people with disabilities' rights. Amongst other things, this law bans educational institutions, enterprises and other organisations from discriminating against people with disabilities. Organisations and individual will face fines and imprisonment if they discriminate against people with disabilities (GED 2015).

Employment and livelihood policies

National policies regarding disability issues contain policies to promote employment of the persons with disabilities. The Government of Bangladesh reserves 10 percent quota for orphans and persons with disabilities for all government jobs, which in practice is not fully followed though (Ali 2014).

The National Skill Development Policy 2011 includes improving access to skills development for various groups of citizens including women and people with disabilities, as well as encouraging participation in skills development by industry organisations, employers and workers and improve skills acquisition in communities (GED 2015).

Social Protection policies

The Government Programmes for People with Disabilities is a support strategy which consists of a disability benefits for children with a disability and those of working age population with a disability (GED 2015).

In a study by Hossain (2014) involving 65 participants, only 28 percent knew about government programmes for persons with disabilities. Of those who responded positively, 37.5 percent were aware of disability allowance, 30 percent were aware of destitute allowance and 25 were aware of rehabilitation centre.

A study involving 2400 participants by Titumir and Hossain (2005) into the knowledge, attitudes and practices regarding disability in Bangladesh found that 96.8 percent of respondents did not know whether there were initiatives taken by policymakers or local government bodies for prevention of disability. 78.8 percent responded that they did not have any idea whether persons with disabilities were getting help from any organisation.

Education policies

The Education Policy 2010 addresses children with disabilities, as does the Comprehensive Early Childhood Care and Development Policy 2013. Children with disabilities are adequately addressed in these policies, with emphasis on inclusion beginning with early learning centres/preschools and other early childhood development centres. Fewer initiatives are visible for secondary students with disabilities. The National Skills Development Policy 2012, developed with technical support from the International Labour Organization (ILO), includes mainstreaming of disability in all governmental training programmes. The aim is to ensure reasonable accommodation and to develop disability-inclusive training modules and curricula. Additionally, a National Strategy for Inclusion of Persons with Disabilities in Skills Development was drafted in 2013 and will assist in strengthening disability inclusion in the sector. While the Ministry of Education and the Ministry of Primary and Mass Education in Bangladesh are both working to meet the goal of providing free primary and secondary education to all children by 2030, children with disabilities fall under the purview of the Ministry of Social Welfare, meaning that the educational needs of students with disabilities are effectively siloed away from those in charge of education (UNICEF 2014).

In response to concerns raised by the UN Committee on the Rights of Persons with Disabilities, the government of Bangladesh has offered affirmation that the Disability Act of 2013 guarantees the right to access to education for every person with disabilities, including the right to participate in either general or special education, and prohibits discrimination based on disability status. In addition, The Ministry of Social Welfare has developed a Combined Special Education Policy on Disability 2019. The government argue that the policy aims to align the education system for people with disabilities with the CRPD goals (UN 2020).

Health policies

The current health policy in Bangladesh is detailed in the Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016-2021. Its overall objective is to ensure quality and equitable healthcare for all citizens of Bangladesh. One of the key driving forces upon which the policy is based is to develop new approaches and partnerships with the private sector and the community to ensure basic services for people with disabilities and other vulnerable groups. The HNPSIP aims to ensure that quality health, nutrition and population services are delivered and key services are provided more effectively, with focus on equity. The longer term aim is to move towards achieving universal health coverage (UHC) as targeted in SDGs. Under the section on

infrastructure, the HNPSIP states that health facilities that are accessible for people with disabilities are often ignored in renovation, repair and maintenance plans for all levels. This calls for the adoption of more objective, evidence-based criteria for deciding on prioritization for construction/maintenance, and a thorough assessment of maintenance followed by the development of a comprehensive maintenance plan for infrastructure and equipment. However, due to inadequate quality and capacity of implementing agencies, the number of incomplete and non-functional physical facilities is expected to rise. Disability inclusion does not feature prominently in HNPSIP (MHFW 2016).

The government of Bangladesh has confirmed to the UN Committee on the Rights of Persons with Disabilities that the Disability Act of 2013 guarantees the right of people with disabilities to live in a healthy environment, have access to medical services, and that health care facilities must be provided to PWDs. The Act calls for accessible communication to be used in all hospitals and medical institutions including sign language interpretation or employment of speech language therapists where deemed necessary. Under the Act medical and health care institutions must be accessible (UN 2020).

4. The situation for people with disabilities

Disability prevalence

In May 2019, the UN Committee on the Rights of Persons with Disabilities requested Bangladesh indicate measures envisaged to collect better data on persons with disabilities (UN 2019). In response, the Government of Bangladesh explained how the number of people with disabilities are now detailed on the Government's Disability Information System website¹ (UN 2020). According to DIS (2020), 1,810,821 people in Bangladesh have a disability (1,108,859 men, 699,473 women, and 2,489 who are described as third gender). However, other estimates of the prevalence rate of disability in Bangladesh indicates that there is much room for confusion. The census from 2011 in Bangladesh reported disability prevalence to be 1.4 percent (1.3 percent female, 1.5 percent male) (Disability Alliance on SDGs 2017). The Household Income and Expenditure Survey (2010), which is a much more in-depth study following the Washington Group questions, also conducted by the Bangladesh Bureau of Statistics (BBS) found the disability prevalence rate to be 9.07 percent. Tareque, Begum and Saito (2014) reported that in 2010, the disability prevalence was 8.83 percent for males and 10.76 percent for females. Based on World Health Survey Data (2002–2004), the Global Disability Report found disability prevalence in Bangladesh to be 31.9 percent (WHO 2011). 6 percent of people living in rural areas have a disability in comparison to 4 percent of those living in urban areas (Ali 2014).

According to the alternative CRPD report from 2019, around 24 million people, out of 160 million, have disabilities in Bangladesh. Existing data on disability or persons with disabilities is not adequate, reliable or comprehensive. Reported data on disability rights is based on sample surveys or micro-level initiatives generally undertaken by NGOs in their individual working areas. The Bangladesh Bureau of Statistics (BBS) and the Bangladesh Institute of Development Studies have yet to conduct any comprehensive mapping of persons with disabilities in Bangladesh (CRPD Alternative Report Platform 2019).

According to a health system review by WHO (2015) disability was included in national censuses in 1982, 1986 and 1991 but that the reported prevalence rates were far below international and

¹ Disability Information System - <https://www.dis.gov.bd/>

national estimates. Despite progress in the health sector made in recent years, a decline in the incidence of disability is unlikely. Disabilities due to natural circumstances and road accidents imply that the prevalence of people with disability will continue to rise, even though their nature and distribution may change. As the number of children with cerebral palsy and intellectual disabilities are rising, the prevalence of disability is likely to also rise in the coming years (Disability Alliance on SDGs 2019).

The Ministry of Social Welfare has been conducting the Disability Detection Survey (DDS) since 2013. As of 2016, 0.94 percent of Bangladeshis were identified by doctors as having disabilities. The 2011 census reports 1.4 percent and the Household Income and Expenditure Survey from 2010 reports just over a 9 percent prevalence. The Education Household Survey from 2014 suggests 1.33 percent. The DDS covered a very small area and is full of errors regarding identification. It failed to reach people in slums, geographically remote areas, the Chittagong Hill Tracts, and even people in middle and high income groups in Dhaka. Primary schools are entrusted with the responsibility of identifying children with disabilities within respective catchments areas, but there is no effective system in place for such identification, nor are identification questionnaire templates followed up regularly. Schools have no significant initiatives for identifying children with disabilities. The doctors and staff in disability intervention centres are not well trained on appropriate identification of disabilities. It is believed that a large number of persons with disabilities are assigned to the wrong category of disability (CRPD Alternative Report Platform 2019).

To address the above shortcomings, it is recommended that the DDS is enhanced, and incorporates a process of identification that is aligned with internationally accepted norms. In addition the capacity of 103 disability intervention centres, community clinics, and Upazila and district hospitals must be enhanced to identify persons with disabilities. Organisations for people with disabilities must be engaged with on a technical level to inform government disability rights initiatives. Relevant information must be disseminated in an accessible way (CRPD Alternative Report Platform 2019).

Attitudes towards disability and disability stigma

Discrimination, exclusion and neglect of persons with disability and their household are still prevalent, as the laws (including the Disabled Persons Protection and Rights Act 2013) are not being sufficiently enforced (GED 2015).

Research by Quinn et al (2016) to document the experiences of 15 women with disabilities in Bangladesh found that they had been subject to oppression due to beliefs regarding traditional gender roles and the common perception that women with disabilities do not need to be educated. Discrimination from their local community was reported by the majority of the women. All of them attributed this to a poor understanding of disability, leading to misconceptions that women with disability were 'cursed' or had committed an offence against God. This form of exclusion was found to impact on their mental health significantly, resulting in reports of depression. Drawing on research by Hosain, Atkinson & Underwood (2002), Kandasamy, Soldatic & Samararatne (2017) explains that in Bangladesh, disability is not the primary disadvantage for women in rural areas, rather, their disability becomes an additional burden in their already marginalized gender position. Ethnicity, social class and race become highly contingent factors that shape women's experience of living with a disability in contexts like Bangladesh.

Examining the views of 2,400 participants, Titumir and Hossain (2005) reported that 55 percent of respondents accept persons with disability well and 20 percent give extra privilege to them.

Most of the participants would be comfortable having friendships with people with disabilities, but would never marry them. 63 percent of respondents do not believe that persons with disabilities are a burden to the family. Most of the people argued that persons with disabilities should get extra assistance in society including in the transport, health, and education sectors.

Titumir and Hossain (2005) state that many people in the Bangladesh view disability as a curse and a cause of embarrassment to the family. In Bangladesh, there have been only a few systemic interventions to raise awareness of persons with disabilities at the community level. Women with disabilities are particularly vulnerable to social discrimination and neglect.

The main barriers to employment for persons with disability in Bangladesh are reported to be prejudice and ignorance (Danish Bilharziasis Laboratory 2004).

Persons with disability are usually left out of development due to inadequate understanding and awareness among the general people and also the people who design and manage developmental programs. They are often not aware of the extreme difficulties faced by persons with disabilities and most do not have access to gain the skills and knowledge that would enable them to include persons with disability and their families in development programs. The neglect that results from this lack of knowledge reinforces and multiplies the effects of the negative attitudes that already exist within families and communities. And most of the times it is not the impairment rather the attitudinal and environmental factors that a person with disability encounters in everyday life that cause his or her exclusion from society (CAMPE 2011).

With regards to children with disabilities in Bangladesh, discrimination in the family, the community and the workplace is at the core of most rights violations. The belief that disability is a curse and a punishment for sinful behaviour permeates all levels of society and affects access to adequate care, health services, education and participation. While progress is slow, changes have been noted due to policy modifications and social mobilisation. For children with disabilities this includes increased access to school and to opportunities for skills development and employment. Now that they are seen as contributors rather than burdens, their status in the family and the community is improving (UNICEF 2014).

Disability and poverty

According to a report by CPD (2017) which focused on inclusivity in Bangladesh, persons with disability perform below average across sectors. The wealth of households with a household head who has disabilities is lower in all benchmarks except in rural average. Leonard Cheshire (2018) reported a four percentage point gap in poverty rates, with a 28 percent and 24 percent poverty rate is observed for people with and without disabilities respectively. A study using data from nearly 50,000 individuals in Bangladesh suggests that for middle and rich families, respectively, there is a 14 percent lower likelihood of reporting disabilities than for poor families. Changes in the probability of having disabilities are linear with increasing wealth (Tareque, Begum and Saito 2014).

Measuring poverty among persons with disabilities in Bangladesh remains vague. This situation may change in years to come as 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. Data that does exist suggests that for people without disabilities aged 14 years and older, 44 percent had a means of income generation, whereas it was 36.07 percent for people with mild disabilities, and only 24.84 percent for people with moderate to severe disabilities. This suggests that people with disabilities in Bangladesh are less likely to have an income. The Bangladesh government has a large safety-net program, with 143 schemes and a budget of BDT 542 billion

in the 2017-18 fiscal year. However, only 1.75 percent of the entire safety-net budget is ringfenced for persons with disabilities, meaning many will remain in poverty (Disability Alliance on SDGs 2019).

Disability and livelihoods/work

Persons with disabilities are less likely to be involved in any economic activity. The vast majority of them have to leave employment (GED 2015). With regards to the unemployment rate, adults with disabilities have a higher rate (1.9 percent) than adults without disabilities (1.5 percent). Females (4 percent and 4.8 percent for women without and with disability respectively) present higher rates than males (1.3 percent and 1.7 percent for men without and with disability respectively), regardless of disability status. 64 percent of youths with disabilities and 43 percent of youths without disabilities are neither in education nor in employment (Leonard Cheshire 2018).

According to Titumir and Hossain (2005), the number of employed persons in Bangladesh with disabilities is assumed to be less than 1 percent. Mitra, Posarac & Vick (2013) found that 65.30 percent of persons with a disability were non-employed, compared to 46.37 percent for persons with no disability. NGDO et al (2015) reported that in Bangladesh, 72 percent of respondents in a survey reported that workers with disabilities tend to get paid less than others, especially in manual jobs.

A study by Quinn et al (2016) based on a relatively small sample of 15 women with disabilities reported that 6 of the women (40 percent) had no paid work and 9 of the women (60 percent) had paid work. The majority of women engaged in paid work attributed this to either employment provided by Centre for the Rehabilitation of the Paralysed (CRP) (located in Savar, 35km north-west of Dhaka) or financial assistance to begin their business provided by either CRP or another local organisation such as the National Council of Disabled Women, Bangladesh. Gender specific, local disability support is shown to facilitate employment and protect women from discrimination in the work force. Women also reported that the environmental accessibility and inclusive community attitudes contributed to their success at work and social life, as well as to improved mental and physical health (Quinn et al 2016).

A study into the livelihood patterns of persons with disabilities by Hossain (2014) included 65 participants (35 male, 30 female) from Dhaka. 69 percent of participants had a physical disability, 25 percent had a visual disability and 6 percent had a speech disability. 69 percent of participants were found to be involved in begging (38 percent female, 31 percent male). 8 percent of respondents worked as a day labour, 9 percent were involved in business, 5 percent were students, and 6 percent were not involved in any kind of work. Most of the respondents (47.69 percent) in the study work 4 to 7 hours in a day and among them 26.15 percent are female and 21.54 percent are male. In addition, 30.77 percent respondents work 8 to 11 hours and 13.85 percent work 12-15 hours in a day.

A study by Ali (2014) that analysed the economic costs of disability in Bangladesh found that disability reduces economic output by reducing or eliminating the economic contribution of the members with disabilities, their family members, relatives and close friends. The cost components of 1) costs due to lack of access to employment; 2) costs due to children with disabilities losing out on school; 3) costs due to adults helping people with disabilities; and 4) costs due to children helping a family member with disabilities, were taken into consideration in the research. The cumulative cost of the four components is approximately US \$1.18 billion per annum which is about 1.74 percent of Bangladesh's GDP.

In 2002, of the persons with disabilities who are employed, only 5 percent are employed in government agencies, 17 percent in non-government organizations, and the rest are in self-employed activities. In addition, in most cases, employees with disabilities do not get equal rights and privileges as their colleagues without any disability. Physical accessibility to the workplaces and also the indoor facilities are important for effective inclusion of persons with disabilities into employment and ensuring equal rights (Ali 2014).

According to Ali (2014), the lack of access to employment for people with disabilities costs US \$891 million per annum in Bangladesh. The model estimates that 736,000 people with disabilities are employed. Conversely, 1.9 million people who otherwise would have been employed are not employed due to their disability. If 1.9 million people lose out on an estimated 252 days of work a year each, then the impact on Bangladesh is US \$891 million.

So far very little has been achieved in Bangladesh with regards to employment, vocational training and income generating activities for persons with disabilities. To be effective, the salary and conditions must match those of all other employees. The main barriers to employment seem to be prejudice and ignorance. In addition, people with disabilities are not given the opportunity to qualify for employment through formal education at higher levels. There is a public sector employment quota of 10 percent for persons with disabilities, but actual employment rates are low. By 2002 the government ran two vocational rehabilitation centres. There is plans for further centres of this nature. It is not clear how effective vocational training is to get people into work. In 2002 there were 93 recorded credit and employment schemes for persons with disability in Bangladesh. Few private companies were found to employ people with disabilities. For the instances where people with disabilities were employed in the private sector, there were rarely explicit employment policies behind the initiative. Many work related accidents in the private sector result in disabilities which could have been prevented. There are extensive guidelines on occupational health and safety, but control and enforcement is limited. There is potential for the private sector to do more to improve the employment of persons with disabilities. With regards to the not for profit sector, several NGOs include people with disabilities in micro-credit and non-formal income generating schemes. Several centres exist to assist persons with disability access non-formal income generation (Danish Bilharziasis Laboratory 2004).

Research undertaken by VOTM (2015) aimed to understand better the experiences of social, political and economic exclusion of persons with disabilities and older people in Bangladesh from their own perspectives. Community peer researchers collected 70 stories, of which 37 were systematically analysed. The remainder were drawn upon by the researchers to validate their analysis. It found that the lack of a livelihood was an issue that appeared in nearly all the stories collected. Begging is often the only way to obtain food to survive for persons with disability and the elderly. This is especially so if they have no education or no family to support them. Urban and rural areas offer very different livelihood opportunities. Industrialised urban areas offer better job prospects than rural areas, and it is harder to make a living begging in rural areas than in towns and cities. People who live alone in rural areas often ask their neighbours for money because begging alone does not bring in enough. The lack of support for older people in rural areas who can no longer farm as a result of ageing is also an issue. No support is available for them. The ability to earn a livelihood, however, brings with it positive regard and greater acceptance from family and community. Almost all the positive stories of persons with disabilities and older people who were able to stop begging involved some sort of small shop (VOTM 2015).

A study focusing on 162 persons with disability in Bangladesh reported that 69 males from the group were employed. 55 of them (79.7 percent) reported that disability had a negative consequence on their employment. 19 of them (27.5 percent) reported not earning as much as people who did not have a disability. 18 people (26 percent) were forced to change their

employment either voluntarily or because they had lost their previous employment. A further 18 of them (26 percent) had been unemployed (either dismissed or had not been able to continue their work) (Hosain, Atkinson & Underwood 2002).

The economic costs of excluding people with disabilities from the labour force are an estimated \$891 million a year in Bangladesh (World Bank 2008).

The Made Garment industry is the topmost export earning sector of the country, employing millions of workers. The Sheikh Fazilatunnessa Training Center has been built in the vicinity of the Export Promotion Zone in the outskirts of Dhaka City, to develop skilled machine operators and floor supervisors. The centre has gradually been made disability-friendly by orienting the trainers on disability rights issues and building accessibility features in the infrastructure. Following a recent health and safety audit, all services and facilities have been modified to make them inclusive of persons with disabilities. In the private sector, formal employment opportunities for persons with disabilities are gradually on the rise. One business group alone, which began employing persons with disabilities about a decade back with only 10 people with hearing and speech impairment, today employs over 2,500 persons with disabilities. This has inspired others to follow suit. Besides cosmetic and readymade garment industries, persons with disabilities have also found employment in pharmaceutical industries, and in more technical jobs in banks and cell-phone companies. They are also working in call centres and outsourcing sectors. In order to facilitate accommodation of working people with disability, and especially women, JPUF has built two hostels (one for women and one for men) within their premises, where such potential persons can find at least a temporary living arrangement free of cost and with subsidised food, until they can settle down in their jobs and find more suitable living arrangements (Committee on the Rights of Persons with Disabilities 2018).

JPUF have also organised a disability development fair in 2014 and disability job fairs in 2016 and 2018 (Committee on the Rights of Persons with Disabilities 2018, UN 2020). From the job fair 2018, 65 persons with disabilities got job in formal sector of different private organisations (UN 2020).

There is also a job placement cell for persons with disabilities based on a referral mechanism under the joint GO-NGO collaboration at JPUF. In addition, the Ministry of Telecommunication and Information Technology has created various training opportunities for educated youths with disabilities. The ICT Division of the Bangladesh Computer Council and an NGO are working together to offer ICT training opportunities to youths with disabilities. The Association of Cyber Cafe Owners have also agreed to install screen reading software on their computers, and they are also providing jobs. The Bangladesh Road Transport Corporation has recently provided employment to 40 people with hearing and speech impairments in its central workshop. To promote the technical education skills of persons with disabilities, a 5 percent quota has been created for them, by the Technical Education Board under the Ministry of Education, in enrolment into all public and private polytechnic institutions, and technical schools and colleges (Committee on the Rights of Persons with Disabilities 2018).

The 2020 COVID-19 crisis has had a major impact on the global textiles industry. It may result in Bangladesh losing US\$ 3 billion in revenue with over 2 million workers affected. Many workers will face unemployment as production declines steeply (ILO 2020). As people with disabilities are already marginalised in the employment sector, the impact of COVID-19 on them may be significant.

Barriers to employment

Finding a job in such a populous country as Bangladesh is difficult for everyone, but especially so for persons with disabilities and older people. Even for educated persons with disabilities, finding a job is hard. On occasion, they are asked to pay bribes (VOTM 2015). Some people with disabilities reported not applying for work as they felt they would be rejected because of their disability (Huq et al 2013). A study involving 15 women with disabilities by Quinn et al (2016) found that participants reported that their access to employment was impacted by perceived inefficiencies of women with disabilities as compared to women without disability and particularly men (with or without disability). Bangladeshi society in general prefers males to participate in the workforce, and adopted cultural norms result in a failure to recognise that women with disability have earning capacity. The majority of participants reported that women with disability are usually expected to stay within the home and complete domestic duties, or sit idly and not participate at all.

UN Women (2018) reported that in Bangladesh female youth with disabilities aged 15–24, face high rates of economic and social exclusion compared to other low income contexts. Titumir and Hossain's (2005) study into knowledge, attitudes and practices regarding disability found that people have little knowledge about obstacles to employment opportunities for persons with disabilities. Access to training, micro credit, specialised programmes for the women with disability, rehabilitation services, and establishment of quota for the persons with disability in government employment were suggested as recommendations to improve the situation. Although most of the people with disability have some forms of special skills or knowledge, the available employment opportunities for them are limited (Ali 2014).

Access to affordable credit to start businesses is difficult for persons with disabilities and older people. Banks and NGOs offer loans, but the sums involved can be insufficient. Sometimes, loans bring with them repayment problems or families exploit loan systems for their own benefits. Many persons with disabilities are unaware of disability allowances. These are, in any case, limited in number. Corruption also surrounds their distribution. For example, people have to pay to obtain the application forms for them. On occasion, people bribe officials to receive these allowances when they are working. This is also the case for older people, who cannot get jobs and often do not have a pension. The list of older people to whom pensions are distributed is out of date. For those who do receive a pension, the amount is insufficient to live on. In addition, older people are often not eligible for loans to start their own businesses (VOTM 2015).

Access to finance may be a barrier to employment. According to World Bank data on poverty and bank account ownership, 2.8 percent of people with disabilities have a bank account. The proportion is slightly higher (3.1 percent) for people without disabilities (Leonard Cheshire 2018). Persons with disabilities are often excluded from microfinance schemes (GED 2015). In 2002, of the persons with disabilities who are employed, only 22 percent had been able to find access to credit services (micro credit or from other sources) (Ali 2014). Three government banks provide micro-credit schemes for persons with disabilities who wish to start up their own business. The loads range from BDT 10,000 to 25,000 (Danish Bilharziasis Laboratory 2004).

People with disabilities encounter several exclusions in the mainstream microfinance institutions (MFIs) in Bangladesh. At the same time, MFIs faces numerous challenges to serve these people. People with disabilities are found to encounter discrimination such as social, political, physical, cultural, environmental; serious barriers including formal and self-employment, less access to credit, government support and social safety net system. MFIs do not realise that many people with disabilities are economically active, that customers with disabilities expect service, and do not know how to adapt products for people with disabilities. The profitable partnership between

MFIs and organisations for people with disabilities are absent in practice. The government's social safety nets program is also very limited. Economic rehabilitation would come into progress when integration happens by blending social protection and necessary resources for income generation (Sarker 2015).

Formal employment

Types of jobs available and main/growing sectors of employment

Bangladesh's labour market is divided into formal sector and informal economy. The former is a marginalized sector that to a large degree covers business, finance and public administration in the service sector. Only a total 13 percent operate in the formal sector while 87 percent in the informal economy. At the national level, 10 percent of women were engaged in formal sector employment and it was 14 percent for men; just as 8.3 percent of formal employment was in rural areas and 26 percent in urban zones. Taking into consideration that the wages and other labour regulations are more effectively applied in the formal sector, it remains a narrow aspect of the labour force (LO/FTF Council 2016).

The employment in the agriculture sector has demonstrated changes - a drop from 60 percent in 1991 to 48 percent in 2010. In contrast, the industry sector increased from 13 percent to 18 percent while the service sector from 16 percent to 35 percent, respectively (LO/FTF Council 2016).

54.4 million workers were employed in 2010 which is very dominated by men on all sector and a total of 70 percent. Employment in the agricultural sector remains the largest sector which covers 25.7 million workers. The next dominating sectors are the trade, restaurants & hotels sector of 8.4 million workers (15 percent of the total employment) followed by the manufacturing sector by 6.7 million workers (12 percent). The sector with the lowest employment gender gap is in the 'other sector' and the agricultural sector where women present 46 percent and 41 percent of the workers, respectively (LO/FTF Council 2016).

Main businesses/employers

In 2017, GDP in Bangladesh was mostly composed of the service sector (56.5 percent), followed by industry (29.2 percent) and agriculture (14.2 percent) (CIA 2018).

Programmes to support employment

There are limited programmes to support employment in Bangladesh for persons with disabilities (Danish Bilharziasis Laboratory 2004). The TVET Reform Project was an initiative of the Government of Bangladesh, assisted by the International Labour Organisation and funded by the European Union. It ran from 2007 to 2015. The goal was to ensure Bangladesh's competitiveness in the global market and reduce poverty by improving the quality of vocational educational and training. One of the key reform objectives was to make TVET accessible to all, including youth with low literacy and numeracy, child workers, women and rural communities and persons with disabilities. The project concentrated on removing policy-related barriers as well as physical barriers (ILO 2018).

A public sector quota states that 10 percent of the workforce must be made up of persons with disabilities and orphans, but this is not implemented well (Danish Bilharziasis Laboratory 2004). Orphans are often preferentially chosen to fill these posts over persons with disabilities (VOTM 2015).

By 2002 the government ran two vocational rehabilitation centres. There is plans for further centres of this nature. It is not clear how effective vocational training is to get people into work. In 2002 there were 93 recorded credit and employment schemes for persons with disability in Bangladesh and employment policies to support persons with disabilities were rare. Several NGOs have micro-credit and non-formal income generating schemes that persons with disabilities can avail of. Several centres exist to assist persons with disability access non-formal income generation (Danish Bilharziasis Laboratory 2004).

A market responsive inclusive skills training programme, laid out in Bangladesh's Seventh Five Year Plan, will engage public training institutions of three ministries, 9 industry associations, Palli Karma-Sahayak Foundation, and Bangladesh Bank Small and Medium Enterprise Department to train about 260,000 people in the first phase in six priority sectors, with an average job placement of 70 percent targeting among others, people from disadvantaged groups including people with disabilities. In three phases the ten year program will train about 1.5 million people in 15 priority sectors strengthening along the way the training institutions and the quality assurance system. To expand the capacity, the program will support 30 Centres of Excellence and 15 Industry Skill Councils with public-private partnership. All skill development activities will be coordinated under a National Skill Development Authority (NSDA) with additional and uninterrupted finance to be mobilized and disbursed through a National Human Resources Development Fund (NHRDF) (GED 2015).

Disability and social protection

According to the Development Pathways (2018) Disability Benefits Database, in Bangladesh the Allowance for Financially Insolvent Persons with Disabilities is available for anyone aged 6 or older with annual income up to 36,000 taka and assessed with a sensory, mental, speech, or physical disability. In 2016 there were 750,000 recipients. The value of the monthly transfer (USD Purchasing Power Parity or PPP) is 20. The value of the transfer annually (as percentage of GDP per capita) is equivalent to 6.3. The expenditure on the scheme as a percentage of GDP is 0.005. A designated committee determines eligibility, giving priority to the most vulnerable.

Disability and education and training

Large percentages of persons with disabilities are still out of education. The rate of enrolment among persons with disabilities is very low. Common causes of non-enrolment among children with disabilities are: lack of adaptive ability with the school environment, no or low scopes of personal assistance, absence of accessible transportation, inaccessible infrastructure and environment, absence of implication of policy, negative attitude of the family, teachers and community (CAMPE 2011).

In Bangladesh, Male and Wodon (2017) report that of adolescents aged 15–18, those with disabilities are 40 percent less likely to have completed primary school. The Department of Social Services under the Ministry of Social Welfare has started a stipend Programme for the students with disabilities, which is encouraging the students with disabilities to enrol in the general 584 educational institutions (GED 2015). In addition the government of Bangladesh, with donor support, has recruited 650 primary school teachers with disabilities, about 70 percent of them women (UNESCO 2020).

People with disabilities have suffered from a lack of access to adequate education services (Ali 2014). Persons with disability have lower literacy rates and poorer performance by education level compared to the rest of the population of Bangladesh (CPD 2017). Leonard Cheshire (2018) report that the proportion of children without disabilities who have completed primary or

secondary education is more than twice that of children with disabilities. The school completion rate for boys is higher than that of girls except for primary education, 81 percent for girls without disabilities and 38 percent of girls with disabilities, compared to 71 percent and 32 percent of boys without and with disabilities. With regards to participation in organised learning one year before primary school age, in general fewer than one quarter of the children participate in organised learning. The gap between people with and without disabilities in the female sample - 10 percentage points (22 percent for girls without disabilities and 12 percent of girls with disabilities) is slightly higher than that of the male sample, which is 8 percentage points, (21 percent of boys without disabilities, 13 percent of boys with disabilities) (Leonard Cheshire 2018).

Quinn et al (2016) undertook a study to better understand barriers and facilitators to socioeconomic inclusion for women with disability in Bangladesh. 15 women took part in semi-structured in-depth interviews. The results suggest that barriers to formal education include poor societal attitudes regarding female disability, poverty, teacher and student discrimination and poor physical accessibility within educational institutions. The women reported feelings of frustration, prejudice and oppression due to beliefs regarding traditional gender roles and the common perception that educating a woman with disability is futile. Women in the study described barriers mostly related to high school, college and university level institutions. In addition, the majority of women who had progressed beyond primary education reported teacher and student discrimination, poor disability awareness and the absence of disability inclusion policies. Other students often excluded the women from study and social circles, thereby increasing their dependence on family.

Teachers in Bangladesh reported a lack of both pre and in-service opportunities for professional development on meeting the needs of students with disabilities (UNESCO 2020). According to Ali (2014) in addition to the lack of proper training amongst the teachers and lack of appropriate teaching-learning materials, access to education of children with disabilities is very limited in Bangladesh due to improper physical infrastructure, and lack of assistive devices for both mobility and communications. There are few specialised schools and most are located in urban regions of the country. The National Forum of Organizations Working with the Disabled (NFOWD) in 2002 reported that there are about 1.6 million school aged children who suffer from disability, and only about 20,000 of these children have access to school education. The report also reflects a high proportion of dropouts among children with disability. The majority of those who complete secondary level are also able to proceed and complete their tertiary level of education.

In Bangladesh children with disabilities have clearly been among the most marginalized when it comes to education. The majority of children with disabilities who access education are those with mild to moderate physical impairments (UNICEF 2014). The more success Bangladesh has with teaching children with disabilities and supporting inclusive teaching practices, the more positive attitudes are towards inclusive education (UNESCO 2020).

With regards to education, the support given to students with disabilities and special needs is inadequate. Financial incentives for students with disabilities to participate in the education system are low with limited coverage. Additional efforts will be needed on these aspects during the Seventh Plan (GED 2015).

Excluding children with disabilities from education results in lower earnings as adults. Exclusion of children with disabilities from education is estimated to cost the Bangladeshi economy about \$26 million annually (World Bank 2008).

Bangladesh has a population of nearly 165 million, yet is particularly poorly equipped with special schools. The CRPD Monitoring Report lists only 62 schools for children with intellectual

impairments, 11 schools (all urban) for children with autism, 5 schools for children with visual impairments and 5 schools for children with hearing and/or speech impairments (Jones, Presler-Marshall & Stavropoulou 2018). Lamichhane and Kawakatsu (2015) found a correlation between household income and the enrolment of children with disabilities, leading them to conclude that when resources are tight, parents prioritise the schooling of children without disabilities.

Further and higher education

Vocational training, in addition to education, is important for many children with disabilities. When barriers to skill development training and employment are removed, they can become contributing members of communities versus being seen as a burden to families and society. While most of the immediate benefits affect older adolescents and adults with disabilities, progress made towards inclusive skills development and employment also promotes future opportunities for children with disabilities and societal changes in attitude that will also benefit them. A number of organisations working with and for children and adults with disabilities, including organisations for people with disabilities and special education schools, support vocational training. The concern is that even after being trained, students have difficulty finding jobs (UNICEF 2014).

Leonard Cheshire (2018) report that the proportion of children without disabilities who have completed university is more than twice that of children with disabilities. The analysis of the participation rate in education or training reveals a 14 percentage point gap between people with and without disabilities for youths (13 percent for youths with disabilities compared to 27 percent of youth without disabilities), while no gap is observed for adults (0.5 percent for adults with disabilities compared to 0.3 percent of adults without disabilities). Fewer than half of Bangladeshis with a disability who are at least 15 years of age are literate (53 percent and 28 percent for those without and with disabilities respectively) (Leonard Cheshire 2018).

Disability and transport/public accessibility

The current road system fails to meet the minimum requirement in most of the big cities, but also does not cater to the needs of certain groups, including those with disabilities (GED 2015). In their study of women with disabilities in Bangladesh, Quinn et al (2016) found that of the 15 women included in the study, nine women (60 percent) were wheelchair dependent, while six women (40 percent) were independently ambulant. Transport was found to be a barrier to participation in education. The introduction of disability friendly public transport would facilitate educational inclusion. The study also reported that physical accessibility issues were barriers to the inclusion of women with disabilities in the workforce. The majority of women reported difficulty in accessing public places due to inaccessibility of transport and public buildings. People with disabilities face multiple levels of infrastructural inequity. Significant changes to approaches in infrastructure and public service delivery are needed to facilitate greater inclusion of these people (CPD 2017). VOTM (2015) details accounts of adolescents with disabilities who feel they lack disability-friendly infrastructure and facilities in hospitals, schools, workplaces and recreational settings. Transportation is also as a major barrier. Half of respondents in a survey in Bangladesh noted that public transportation is not disability-friendly. Persons with disabilities also experience physical accessibility barriers to participation in public and civil affairs. 44 percent of respondents in a survey said that voting centres are inaccessible without ramps and polling booths are located on the second or third floor. On public transport, 5 percent of seats are supposed to be reserved for persons with disabilities by law. However, the enforcement of laws and policies are challenging (NGDO et al 2015).

Disability and health

Persons from places with insufficient transportation, treatment, and health care facilities may have more disabilities. In Bangladesh, people who are poorer have worse health and are more likely to have a disability (Tareque, Begum and Saito 2014).

A cross-sectional survey involving nearly 300 participants with physical disabilities found that age, sex, marital status, occupation, and household expenditure were significantly associated with health-related-quality-of-life in Bangladesh. Health-related-quality-of-life among people with physical disabilities were found to decrease with age. Female sex is associated with high anxiety and poor quality-of-life. High household expenditure does not guarantee high health-related-quality-of-life. Most people with physical disabilities were found to visit formal health care providers (Verma and Namdeo 2016).

In Bangladesh women with disability have poor health outcomes within a gender-biased cultural context. This is due to ill-informed attitudes and routine discrimination against women with disabilities across Bangladeshi society. Practical interventions through both up-scaling and expansion of disability-specific programming and sustained policy implementation are required to facilitate individual empowerment and better health outcomes for women with disability (Quinn et al 2016).

Research that aimed to identify reasons for non-uptake of health service referral for children with disability reported seven thematic barriers. These were severity of the disability; family and community; direct and associated cost; location of referral; negative camp experience; deliberate non-uptake; and procedural problems. Parents often discussed multiple reasons for non-uptake, interrelating socio-cultural, logistical and experiential factors. Understanding the reasons for the parents of children with disability not taking up referral is important for the design and implementation of appropriate, relevant and contextual medical and rehabilitative services (Bedford et al 2013). A study into health service uptake for children with disabilities in Bangladesh found that providing referral for health treatment or rehabilitation is often not enough to ensure access to service for children with disabilities in Bangladesh. Even when some logistical and financial assistance is available, children with impairment from low-income families may require additional support to take up referrals. Treatment provided locally at village level may result in greater willingness to accept it (Nesbitt et al 2012).

COVID-19

The shutdown introduced during the COVID-19 crisis created massive disruptions to Bangladesh's healthcare services delivery. People with disabilities generally have more healthcare needs than other people (both in terms of general health needs and needs linked to impairments). Many people with disabilities in Bangladesh require emergency medical and rehabilitation services but could not access them during the crisis. This was particularly the case for those living in rural areas with limited access to health services. The lack of access to health care facilities has increased the risk of health complications and even death for persons with disabilities in Bangladesh (Kibria et al 2020). As people with disabilities in the camps are already marginalised, COVID-19 could have a disproportionate impact on them.

Access to assistive devices and assistance

Despite the importance of assistive products and devices to persons with disability, as of 2017, there was no proper official distribution system or financial support in Bangladesh. Assistive products' production, import, distribution in Bangladesh are in the primitive stage. However, the

law concerning people with disabilities and access to assistive products will justify future developments in this area (Khan, Oku and Sano 2017).

Current knowledge of the provision and outcomes of assistive technology use in Bangladesh is limited. A study by Borg et al (2012 a) aimed to explore the relation between outcomes of assistive technology use and user involvement in the service delivery process in Bangladesh. Structured interviews were recorded from 136 users of hearing aids and 149 users of manual wheelchairs. Users reported outcomes comparable to those found in other high- and low-income countries. User involvement increased the likelihood for reporting better outcomes except for measurement among hearing aid users. The findings support the provision of assistive technology as a strategy to improve the participation of people with disabilities in society. They also support current policies and guidelines for user-involvement in the service delivery process. Simplified strategies for provision of hearing aids may be explored.

A study by Borg et al (2012 b) aimed to explore the relation between assistive technology use and capability poverty in Bangladesh. Interviews were conducted with people with hearing impairments using and not using hearing aids, and people with ambulatory impairments using and not using manual wheelchairs. Differences in outcomes between users and non-users of assistive technology were analysed using logistic regression. The results indicate that assistive technology users were more likely than non-users to report enhanced capabilities, hearing aid users to a larger extent than wheelchair users. Synergistic effects between assistive technology use and education were found. The use of assistive technology is therefore found to be predictive of reduced capability poverty in Bangladesh.

Borg & Östergren (2015) used descriptive and analytic statistics to analyse cross-sectional data from a total sample of 581 hearing aid users, wheelchair users, individuals with hearing impairments not using hearing aids and individuals with ambulatory impairments not using wheelchairs living in eight districts of Bangladesh. The study found that sources of awareness, types of providers and costs paid varied between users of different types of assistive technology. Lack of affordability was the main reason for not possessing assistive technology. Outcome differences were found between younger and older groups, men and women, and literate and illiterate respondents, while no differences related to place of living were identified.

Huq et al. (2013) found that distance, cost, and stigma mean that devices such as hearing aids are difficult for rural residents to access.

Organisations supporting people with disabilities

The National Forum of Organizations Working with the Disabled (NFOWD) is a national disability think tank and the only registered national disability network in Bangladesh. It is the well-recognized national apex federating body of NGOs working in the field of disability in Bangladesh. Based on a consensus arrived through a National Seminar on persons with disabilities held in 1989, NFOWD was formally established on February 3rd 1991 with a view to, safeguarding and promoting the rights and interests of people with disabilities in the society; lobbying with concerned government authorities/agencies to pass a national policy and subsequent legislation on disability. It has 388 active member organisations and liaises with relevant government and NGOs to formulate coordinated action plans towards establishing equal rights and participation of persons with disabilities in all spheres of national life and providing backstop services to the organisations working with people with disabilities. NFOWD works at the interface between the Government & the NGOs in this field. NFOWD has two administrative tiers – the General Body and the 15 member National Executive Committee, elected to office every two years, and operates all its functions through an independent Secretariat. It has major programs, such as coordination, networking, capacity building of the member organisations, liaison with both local and international organisations and the government, raising awareness & sensitisation, analysis and dissemination of information on disability, education, training and awareness raising, hosting national &

international events and working closely with the media and policy advocacy & influencing. NFOWD assists with preparing national legislation, policies, strategies and action plans concerning disability and disability-friendly national budgets and supporting the government in the implementation and monitoring of national and international instruments concerning disability issues (NFOWD 2018).

The National Grassroots and Disabilities Organization (NGDO) is a national level network of over a hundred grassroots organisations for people with disabilities working to promote rights and inclusion of people with disabilities through strengthening disability movement. It works in 23 out of 64 districts in Bangladesh. From the inception of NGDO; ADD has been facilitating the networking wing to build a broader network for boosting the disability rights. NGDO coordinates the organisations for people with disabilities, which contain over 25000 active members and escalating the activities regarding the disability movement over the country. As a leading network of organisations for people with disabilities in the country, NGDO attributed many successes to having built good linkages with government, civil society organisations, NGOs and the media, which in turn contributed to the acceptance of people with disabilities within wider society (NGDO 2018).

The National Council of Disabled Women (NCDW) strives to strengthen grassroots organisations of women with disabilities in Bangladesh to ensure the rights and dignity of women and children with disabilities. Their work focuses on obtaining justice for women with disabilities. NCDW worked in collaboration with NGDO, with persons with disabilities, lawyers and other members from the community level in seven districts of Bangladesh. NCDW have also in the past collected primary data through their members which included women with disabilities (NGDO et al 2015).

Humanitarian situations

As of June 2018, the UN and WHO estimates that to 900,000 Rohingya refugees have fled violence and persecution in Myanmar and now live within displacement camps in Bangladesh (UN 2018 b). Using conservative projections of disability prevalence of somewhere between 15 and 18 percent, it is estimated that the number of Rohingya living with a disability in Bangladeshi displacement camps is between 130,000 and 180,000 people (Landry & Tupetz 2018). Islam, Amin & Islam 2018 (2018) estimate that of the forcibly displaced Myanmar nationals in Bangladesh, only 0.4 percent have a disability.

Relatively few humanitarian agencies focus on disability and rehabilitation in displacement camps. Nongovernmental organizations (NGOs) that are active in the camps are functioning at capacity and working to implement emergency relief under extreme austere environments. The biggest challenge they face is the lack of financial resources needed to deliver programming to meet enormous disability needs. Further, attempting to meet the multifaceted needs of people with disabilities in complex emergencies, without a stable and proportionally funded humanitarian emergency agenda, creates desperate challenges in meeting expectations (Landry & Tupetz 2018). No targeted services for mainstreaming refugee children with disabilities in education programmes currently exists (Begum et al 2019).

In 2017, a rapid assessment focusing on age and disability inclusion was undertaken in the Rohingya refugee response in the Cox's Bazar area in Bangladesh. In general, beside some notable inclusion actors, the needs of persons with disabilities and older persons were found to be not sufficiently being taken into account in the response. A general limited awareness and practice of identifying persons with disabilities and older persons within the response was found. Few actors were found to be collecting disaggregated data. Very few services or camp terrains are accessible to persons with disabilities and older persons with functioning limitations. This was found to impact on persons with disabilities and older persons basic needs, increasing reliance

on their family members for support, often in a way that reduces their dignity. Information important to persons with disabilities and older persons is not reaching many of them. Participation or consultation of older persons and persons with disabilities in community and camp activities and service provision and planning was found to be limited or non-existent. Persons with disabilities and older persons face discrimination and barriers in the camps, including from service providers. Persons with disabilities and older persons have skills and capacities that are not being recognised. Persons with disabilities and older persons interviewed were not aware of their rights as either refugees or as persons with disabilities or older persons. There is a need for greater focused coordination and advocacy on age and disability inclusion across the coordination and cluster systems (ASB, CDD & ADH 2017).

As part of the government response in December 2019 to the UN Committee on the Rights of Persons with Disabilities, details were given of the National Disaster Management Policy that was adopted in 2015, which reserved special provisions for persons with disabilities. In addition, the National Plan for Disaster Management (2016–2020) also ensures inclusiveness and representation of persons with disabilities at all disaster management programmes. In September 2019, the government published “Standing Orders on Disaster 2019”. This document was formulated in line with the Sendai Framework for Disaster Risk Reduction 2015–2030 and ensures representation of organisations of persons with disabilities in all stages of disaster management (UN 2020).

COVID 19

COVID-19 could have even more dire consequences in refugees camps in Bangladesh than in the general population. Bangladesh has confirmed COVID-19 cases. 600,000 of the 1 million Rohingya refugees are now concentrated in the Kutupalong-Balukhali Expansion Site. Based on modelling, it is estimated that if COVID-19 starts to spread among the refugee populations it is likely that hospitalisation needs will exceed capacity within a maximum of 136 days. A COVID-19 epidemic in Bangladesh’s refugee settlements may have profound consequences, requiring large increases in healthcare capacity and infrastructure (Truelove et al 2020).

5. How the SITANS were conducted

A non-systematic literature review has been conducted for each country within the time and resources available, covering both academic and grey literature, focusing on a number of areas, including the general situation for people with disabilities in each county and the four focus areas of the DID programme: health, education, livelihoods and stigma and discrimination.² Searches of publicly available English language literature for each thematic area have been conducted through academic databases, search engines and websites which host grey literature. As disability and development is an under researched area, much of the available literature and evidence is grey literature published by governments and organisations working in the countries, rather than academic literature. Also, the most recent and up to date evidence comes in the form of journalism or press releases. Some of the evidence presents contradictory findings, especially in relation to disability prevalence.

² The Bangladesh, Kenya, and Nigeria SITANS have adapted and made more relevant to DID’s themes, the SITANS written earlier for three of the four countries in the UK Aid funded Inclusion Works programme, which focuses on issues relating to formal employment, in order not to duplicate efforts. Nepal and Tanzania SITANS have been written from scratch. The Jordan SITAN draws on a K4D helpdesk report on disability inclusion in Jordan.

The most recent well-evidenced literature was selected for synthesis in the SITANs to provide those working on the DID programme with an overview of the current situation in the country to help with the design of the interventions. As a time lag sometimes exists between evidence being gathered and then published, the SITANs are living documents, which will be updated annually to reflect newly available evidence. Having the SITANs as living documents also means they can be adapted to reflect new areas of interest to the programme, or areas to be developed further, throughout its implementation. As people in the different countries use and engage with the SITANs in the project planning processes in the countries, they will have the opportunity to feedback on the SITANs based on their current experiences (helping deal with the time lag issue) and provide useful internal evidence which is not available publicly. Feedback on the content of the SITANs is thus incorporated in two different ways:

- 1) Highlighting published material that can be incorporated into the main text.
- 2) Unpublished commentary that is added under 'Annex 1 - Feedback and commentary on the SITAN from consortium partners'.

The SITANs have been reviewed by a gender expert from IDS to ensure that gender/intersectionality are well reflected, where possible.

DID SITANs:

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Thompson, S. (2020). *Nigeria Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Kenya Situational Analysis*. Disability Inclusive Development.

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Annex 1 - Feedback and commentary on the SITAN from consortium partners

No feedback or commentary was provided by the DID partners for the 2020 version of the SITAN.