

Water supply and sanitation access and use by physically disabled people

Report of second field- work in Bangladesh

H.E. Jones & R.A. Reed

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Water, Engineering and Development Centre
Loughborough University Leicestershire
LE11 3TU UK



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Glossary

AD	assistive device
ASEH	Advancing Sustainable Environmental Health programme
CBO	community-based organisation
CBR	community based rehabilitation
DPO	Disabled people's organisation
GoB	Government of Bangladesh
HRD	Human Resource Development
INGO	international non-government organisation
NGO	non-governmental organisation
PRSP	Poverty Reduction Strategy Paper
R & D	Research and Development
<i>taka</i>	Bangladesh unit of currency
<i>Upazila</i>	sub-District
VDC	Village Development Committee
WATSAN	water and sanitation
WEDC	Water Engineering Development Centre

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1. Introduction

1.1 Project Background

This report has been produced as part of phase two of KaR (Knowledge and Research) project R8059: '**Water supply and sanitation access and use by physically disabled people**'. The research is funded by the UK Department for International Development (DFID) and is being carried out at the Water, Engineering and Development Centre (WEDC), Loughborough University, UK, together with collaborators in the UK, Cambodia, Bangladesh and Uganda. The project webpage is www.lboro.ac.uk/wedc/projects/auwsfpdp/index.htm

As part of phase two of the research, in-depth fieldwork has been carried out in four low-income countries. Criteria for selection of fieldwork locations were:

- Availability of current information about multiple examples of good practice on access for disabled people to water and sanitation;
- Commitment/interest from a local partner;
- Support/approval of a local disabled people's organisation (DPO);¹
- Contribution to a diversity of cultural and geographic contexts.

Bangladesh was both the second and fourth fieldwork location for this research project.

1.2 Purpose of final fieldwork visit to Bangladesh

Principle aims:

1. To generate learning for WEDC research, specifically about activities, approaches, and processes for service delivery, planning and strategy that contribute to improving access to water and sanitation (WATSAN) for disabled people. The focus was on approaches and ideas that others could learn from.
2. To take forward the process of improving access for disabled people to WATSAN in Bangladesh. It was expected that the visit would result in further ideas for practical implementation.

Bangladesh was selected as the fourth fieldwork location for the following reasons:

Significant gaps remained in the data collected by WEDC for this research, primarily in the area of service delivery approaches. This is because very few WATSAN implementers have included disabled people in their work, so there was a lack of information and experience about how to do it.

¹ i.e. an organisation which is run by and for disabled people themselves.

Meanwhile in Bangladesh, several small scale initiatives had already been implemented by local WATSAN agencies, partly prompted by the first two field-work visits by WEDC in Bangladesh (see Jones & Reed, 2003 for the report of this field-work).

In order to remedy the gaps in research data, it was decided that WEDC could learn from the activities in Bangladesh, and from being involved in the process of supporting agencies to plan further practical initiatives.

1.3 Methodology

1.3.1 Discussion process

The WEDC research team visited Dhaka for 10 days in March 2004.

1. Meetings were held between WEDC and individual agencies, some of whom had previously been involved in the research, and others who were new to the research, to update each other/get acquainted concerning recent activities and developments, and to discuss the agencies' ideas for practical implementation.
2. A planning and brainstorming workshop was held mid-way through the visit, attended by representatives from a range of agencies including:
 - o disabled adults and children, and non-disabled staff from DPOs,
 - o disability service providers,
 - o WATSAN sector organisations, including implementers, planners and donors.(See Appendix 3 for meeting minutes and full list of participants).

This workshop had two aims:

- o To bring a range of agencies together to engage in dialogue, and to recognise perspectives of different sectors on the issue of WATSAN;
- o To produce a draft outline framework for a 'way forward' to improving access to WATSAN for disabled people in Bangladesh.

This was implemented through group discussions as follows:

- a) Participants were invited to consider a 'Vision' of inclusion drafted by WEDC researchers (See Section 3.1)², and to discuss in small groups what activities would be needed to move towards that vision, according to four areas of activity: development of best practice, planning/strategy, advocacy and scaling-up.
- b) Results of discussion were then fed back to the whole group and summarised.

2 The 'Vision' of inclusion drew on the DFID Disability Issues paper (DFID, 2000), and on WEDC's previous research findings (Jones & Reed, 2003).

Participants also made brief presentations on what activities and experience their organisation already had in this area, and what activities they would like to do in the future.

3. Follow-up meetings were held with individual agencies, with the purpose of assisting them to develop their own plans for activities that would contribute to the 'way forward' framework, and to explore ideas for collaboration.

1.3.2 Contributors

88 people contributed to the research, through discussions and meetings (see Appendix 2 for the complete list). Contributors to the research were from agencies involved in WATSAN policy and service delivery, agencies working in disability service provision, and DPOs, some of which also provide services. They were from government and NGOs, including DPOs and international organisations. 17 contributors were disabled (as far as WEDC researchers were aware), of whom 9 were children.

Table 1. Type of organisations met

Organisations visited / discussions held with	WATSAN sector	Disability sector	Total
Government offices/ services	2	2	4
Organisations which are not government, i.e. NGOs, INGOs, DPOs, etc)	5	10	15
(including DPOs)	-	(5)	(5)
Donors	6	1	7
Number of organisations	13	12	25

Note that some organisations came into more than one category.

Table 2. Number of people met

Who	Female	Male	Total
Disabled adults	2	6	8
Disabled children	3	6	9
Total disabled people	5	12	17
Non-disabled people met	12	59	71
Total number of people met	17	71	88

Table 3. Local and international organisations

Local organisations	International organisations
16	9

1.4 Constraints

Civil disturbances in Dhaka, including a full-day strike, meant the loss of a whole day when meetings could not be scheduled, and prevented some participants from attending the planning meeting.

Representatives of the relevant government sectors, i.e. Ministry of Social Welfare, which has statutory responsibility for disabled people in Bangladesh, and Ministry of Local Government and Rural Development, whose Department of Public Health Engineering (DPHE) has responsibility for WATSAN planning and provision, were invited but were unable to attend the planning meeting. Individual meetings were therefore arranged to ensure that their views were included.

2. New information since last WEDC visit

2.1 New initiatives to include disability issues within mainstream WATSAN service provision

A range of initiatives have been taken by a number of agencies in the WATSAN sector during the past 15 months, since the first visit of WEDC to Bangladesh in December 2002.

These can be grouped under the following headings: i) policy, planning, ii) data collection, and iii) information on technology options.

Policy, planning

- NGO Forum is officially committed to the issue of disability as part of its WATSAN programme. All project proposals now include specific mention of the issue of disability.
- VERC recognise disabled people as amongst their most vulnerable and poorest target groups, and have specifically included reference to disabled people in plans for their forthcoming programme, i.e. to collect baseline data on disabled people and their situation, and to implement staff development to improve their understanding of disability issues.
- UNICEF have included several budget lines for the evaluation of technology options in terms of accessibility for disabled people.
- DFID requires projects to have a poverty focus and to consider issues of diversity, equity and exclusion. Disability is therefore an issue that partners are encouraged to consider within this.
- WaterAid Bangladesh (WAB) and partner organisations recognise the need to explicitly include disabled people as target beneficiaries if they are to provide equitable access to safe water, environmental sanitation and hygiene promotion in project areas. They are currently identifying practical ways to do this in their current strategic planning process.

Data collection

- Both UNICEF Bangladesh and NGO Forum have included questions related to disability in recent baseline community surveys;
- Information from the surveys has been analysed and findings used to advocate for inclusion of disability throughout their projects.

Information on technology options

- UNICEF Bangladesh has recently produced a booklet “Low-Cost Latrine Options” (UNICEF-GoB, 2003) which includes a page with three low-cost ideas for how to improve access for disabled people to toilets.

2.1.1 Information on disability in Bangladesh

- UNICEF Bangladesh found ‘significant’ numbers of disabled people in the communities where they are currently carrying out data collection.
- NGO Forum found:
 - low numbers of disabled people in the communities surveyed. They recognise that the definition of disability needs to be clearer, e.g. that people with impairments as a result of ageing should also be included;
 - 100% of carers of disabled people are women;
 - Disabled people do not raise demand for accessible facilities because they are unaware that the possibility exists. Messages about accessibility and its benefits are therefore essential, as well as the hardware.
- Additional information on the prevalence of disability in Bangladesh was provided:
 - According to 2001 National Census, 0.8% of the population is disabled.
 - According to the GoB’s Statistical Pocketbook (2000) less than 0.4% of children are disabled.

(Both these statistics were strongly criticised by several informants, as being too narrowly defined and therefore too low).
 - According to a 1996 report by Actionaid Bangladesh, four surveys found that the prevalence of disability was an average 14%.

2.1.2 Problems experienced

UNICEF recognises problems in gaining access to disabled people to understand their views and needs. Reasons may be issues of physical access, disabled people unable to leave the house, or social - they may be unaccustomed to socialise, or to being asked their opinion, or may have difficulty communicating.

There is limited capacity within WATSAN organisations themselves to address the need for staff development in the area of disability.

2.2 New approaches to providing ADs/WATSAN facilities to individual disabled people

Disability sector service providers, who provided the bulk of the examples of good practice in the initial research, are continuing their work, addressing issues of accessible WATSAN on an individual basis as the need arises. This is documented in the report of previous fieldwork in Bangladesh (Jones & Reed, 2003).

There appear to be no significant changes to date in working approaches.

3. Planning for future activities

Information in this section draws both on discussions with individual organisations, and from the outcomes of the large planning workshop.

3.1 Draft framework for a ‘way forward’

WEDC researchers drafted a ‘Vision of Inclusion’, which formed the focus for discussion of ways forward (see Section 1.3.1 for methodology).

Vision
Equal access for disabled people to WATSAN services, through a twin-track approach of inclusion in mainstream services and specific disability focussed provision.

The following is the outcome of discussions to identify what steps would be needed to make progress towards this vision.

3.1.1 Policy, strategy and planning

- Prepare a situation analysis to establish the size and scope of the problem;
- Ensure that the needs and rights of disabled people are specifically mentioned and addressed in the policy and strategy papers of:
 - Government WATSAN and planning departments;
 - Donor agencies funding WATSAN activities;
 - WATSAN service providers;
- Ensure that DPOs are represented on committees/ task groups, preferably alongside a disability-sensitised specialist.

3.1.2 Development of best practice

- Identify, document and share current best practice;
- Develop pilot projects to test new ideas, develop appropriate technologies and assess alternative implementation methods;
- Foster collaboration between WATSAN organisations and DPOs in the design, implementation and evaluation of pilot projects;
- Establish a network that includes DPOs, main WATSAN sector agencies and disability service providers;
- Review pilot projects and share experiences and lessons learned.

3.1.3 Advocacy

- Raise the issue within:
 - 12 thematic groups currently considering the PRSP,³
 - WATSAN donor agencies,
 - Government WATSAN departments,
 - WATSAN NGOs,
 - Private sector working in WATSAN;
- Continue to raise awareness of the problem and its solutions amongst the general public to increase customer demand, e.g. by:
 - Developing accessible public WATSAN facilities,
 - Including the issue in the school curriculum.

3.1.4 Moving on from piloting

- Gradually increase the size and scope of activities as knowledge and experience grow;
- Expand implementation capacity to other organisations working in WATSAN;
- Develop information and materials to support widespread implementation.

3.2 Ideas for practical implementation

See Appendix 4 for the complete table of ideas.

The contents of this table draw on ideas discussed throughout the 10-day visit, during individual meetings and at the planning workshop.

Most of the ideas were developed based on each individual organisation's experience, strengths and interests. Some may be possible to implement within the organisation's existing resources; others would be likely to require external input of some form, whether financial or technical.

A few of the ideas were stimulated by the exchange of ideas among participants at the planning workshop, especially ways of collaborating with agencies from the other sector.

³ 'Poverty Reduction Strategy Papers describe a country's macroeconomic, structural and social policies and programs to promote growth and reduce poverty, as well as associated external financing needs. PRSPs are prepared by governments through a participatory process involving civil society and development partners'
www.worldbank.org/poverty/strategies

The majority of ideas are in the areas of developing best practice. This is both understandable and desirable, as a frequently raised issue is that of the lack of information and experience on which to base further development.

The majority of ideas involve an element of collaboration between WATSAN service providers, with either disability service providers, or DPOs, or both.

A number of gaps are apparent in the list of activities. For example, other marginalised groups such as elderly people, or with people living with HIV/AIDS, experience similar access difficulties as disabled people. No organisations working with either of these groups have been involved in any meetings to date, although information has been sent to them. Further contact with relevant organisations will be pursued in an effort to remedy these gaps.

4. Lessons learned

4.1 Achievements

Some WATSAN sector organisations have taken some simple but significant actions to include disability issues as part of their mainstream work. These activities are within their existing capacity to implement, and do not rely on external input.

Implementation of simple small-scale activities has generated information about and focused attention on disability-related issues. This has provided encouragement to other agencies to undertake similar activities, and given implementers the confidence to plan further practical implementation.

Interest from organisations in Bangladesh has grown considerably since WEDC first started the research in April 2002. As the profile of the research has gradually risen, with the circulation of some interim findings and outputs, an increasing number of organisations, particularly in the WATSAN sector, have become interested not only in learning about the research, but also in getting involved in practical implementation in this area.

There is value in bringing groups from WATSAN and disability sectors together for several reasons:

- Participants recognise that an issue can be viewed from different perspectives, and to value the knowledge and expertise of other sectors;
- Participants can situate their own work in a broader context;
- Ideas may be stimulated as to the benefits of collaboration with other agencies.

The disability-related information generated during recent data collection, including numbers and issues faced, has highlighted the inadequacy of existing government statistics, and the need for more accurate information for planning and programme development.

4.2 Contributing factors

There are a number of factors that undoubtedly contributed to the increased activity and interest in Bangladesh, compared to other countries involved in this research.

4.2.1 International factors

- International organisations are being encouraged to increase their focus on issues of equity, including reaching the 'hard-core poor'.

4.2.2 Factors specific to Bangladesh

- Some examples of good practice already existed that provided an illustration of what was possible, and a starting point to build on.
- The key role played by CRP and WHO in ensuring high level participation by a range of agencies including government at meetings facilitated by WEDC. CRP is a highly respected institution widely known in Bangladesh well beyond the disability sector. The CRP local co-ordinator not only disseminated information about the research and meetings, but proactively followed up written invitations with personal phone calls, and in some cases face-to-face visits. The second meeting was hosted jointly by WHO, which gave added credibility, and ensured good attendance from DPHE and other high level WATSAN sector agencies.
- The combination of a high-profile and respected local partner, i.e. CRP, and receptive individuals in key positions in WATSAN agencies, e.g. NGO Forum, UNICEF.
- Opportunities existed to include disabled people, e.g. in data collection activities such as community baseline surveys.
- Current strategy planning/development activities, including:
 - Bangladesh PRSP currently under discussion,
 - WAB strategic planning;
 - Discussion on sectoral policy to implement the Disability Welfare Act (GoB, 2001).
- Bangladesh has recently agreed a target of 100% sanitation by 2010, which is strongly supported by the major donors.
- Bangladesh's active, well-developed, competent and diverse NGO sector provides an innovative working environment.
- The good working relationship between WATSAN funders and implementers enables ideas to be rapidly communicated. Donors can respond quickly to information and feedback from implementers, especially those respected by the donors, and vice versa. (No conclusion was reached as to whether or not this was also the case in the disability sector).
- This is an area with potential for innovation, and the chance for agencies to be at the forefront of development in a new area globally.

4.2.3 The role of WEDC

- WEDC has good relations and a history of collaboration with the WATSAN sector in Bangladesh, which has given the research a head start.

4.3 Future developments

The consensus seemed to be that the best way to develop practical implementation in this area is not to create one single master plan, but that an action research approach is needed, with a range of activities piloted on a small scale by different organisations at the same time.

Pilot projects are a useful step in offering the chance to organisations to try out new areas of activity, learn how to collaborate with a previously unfamiliar sector.

Learning from the pilot activities should then be shared and thereby contribute to further planned and co-ordinated development.

5. General Conclusions

The research in Bangladesh started with the involvement of a small group of interested organisations, but interest has steadily grown, particularly in the WATSAN sector. There may be a number of reasons for the initial low response: the obstacle of English as a second language, getting information to the right person in an organisation, making relevant connections at the opportune moment, etc.

The ‘iterative approach’ adopted by the research involved disseminating interim outputs and updates during the life of the project to a wide audience, in order to generate interest and participation. In this way, opportunities were made available at all stages of the research for agencies to become involved, dictated less by the research time-frame and more by the needs and perceptions of the organisations, as they saw its relevance to their own work. It is not necessary to wait until everyone is involved before starting an initiative. The process of implementation can be used to generate interest and participation.

It is important to identify relevant local initiatives, e.g. 100% sanitation initiative, strategy planning exercises, and to demonstrate why the issue of disabled access cannot be ignored, and how addressing the issues can contribute to achieving the goals of the initiative.

When addressing cross-cutting issues, a respected organisation from each sector is needed to provide a ‘stamp of approval’ that will bring other organisations on board. In this case a key role was played by both CRP and WHO in the facilitation of key meetings.

A working environment is needed that can enable innovation. In Bangladesh this has been the existence of well-developed NGOs with the practical experience, skills, understanding of the needs of communities they work with, and the flexibility (which governments generally do not have) to try out new and innovative ideas. In other countries, where NGOs have a less prominent role, different avenues of innovation would need to be sought, e.g. in China and Viet Nam this may be through mass organisations.

The challenge is to initially start the ball rolling, and to capitalise on the competitive nature of an NGO-dominated environment, which means that agencies do not want to be left behind by innovation.

The role of WEDC has been that of a catalyst. It has had several advantages:

- WEDC is a neutral external organisation, but with good relations and a history of collaboration with the WATSAN sector – both donors and implementers – in Bangladesh. It is perceived by implementers as

having the power to influence donors, which gives confidence that things can happen.

- WEDC's bi-sectoral research team brought together the professional backgrounds of public health engineering and disability in development. This enabled the team to speak with authority to both sectors, but at the same time not be allied to one sector more than the other.
- Information was provided to the WATSAN engineering sector of the significant problem of disabled access, emphasising the importance of addressing the issue of disability, and the potential benefits for other vulnerable groups, etc. This was presented in ways that were useful to sector professionals, e.g. numbers, impact on Millennium Development Goals, and practical solutions that they could see they had the technical expertise to implement.

5.1 Challenges

There are many reasons why disabled people have been largely ignored until now. One of them is that the majority have been socially isolated and hidden. They face not only physical but also social barriers to participating in community activities. Flexible and creative solutions will need to be explored to address these obstacles.

A challenge is presented by the sectoral and organisational fragmentation of the agencies involved in WATSAN and disability, and the risk that, as has happened up to now, small local initiatives remain local and undocumented. Co-ordination will be needed to maintain the momentum, to ensure that experience and learning are shared and can be applied by other agencies. Because of the competitive working environment, this should be done by an agency which is perceived to be neutral.

Collaboration between the WATSAN and disability sectors will be a challenge, but will be essential to effective implementation. For example:

- For WATSAN implementers to gain an understanding of disabled people's issues and needs, and of ways to overcoming communication barriers, they will need to collaborate with existing DPO networks;
- For WATSAN implementers to address the need for capacity-building in the area of disability knowledge and understanding, they will need to collaborate with disability service providers and DPOs.

Current trends in the WATSAN sector towards more community managed, participatory, demand-led approaches could potentially open opportunities for inclusion of a wider range of options appropriate for marginalised groups. For

this reason, there is a need to work not only with agencies and institutions, but with disabled community members, to ensure they have the information, knowledge, and confidence to participate, and make their demands known. Without this, disabled people are likely to find themselves further marginalised by more powerful and vocal sectors of the community.

Recent surveys and experience of sector professionals suggest that existing government statistics on disability are inadequate. In the absence of more reliable data, the official figure of 0.8% disability prevalence reinforces the assumption by service providers that disability is an insignificant minority issue. The challenge will be to produce improved data that presents a more accurate picture of both the size and the nature of the problem of disability in Bangladesh, that is useful both for advocacy, and for practical planning and strategy. In order to come to a consensus on the criteria for inclusion as a disabled person, and data that is accepted by all key stakeholders, more sharing and collaboration will be needed between agencies not only on results of data collection, but also the methodologies used.

The way donor funding is allocated sectorally – for WATSAN, for disability, etc, makes it difficult to identify appropriate sources of funding for this cross-cutting issue, as it does not fit neatly into either a disability or a WATSAN box. Funding arrangements are needed that would encourage implementers to address cross-cutting issues such as access for disabled people, the elderly, people with HIV/AIDS etc. in each infrastructure sector.

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Appendix 1 Timetable of visits

Visits 23.2.04 – 3.3.04		
Date	Activity	
Mon 23.2.04	10.30am: Hazel Jones arrives Dhaka 4pm: Planning meeting at CRP	
Tues 24.2.04	9am: CSID & disabled children's advocacy group 11:30: BPKS 2pm: Lunch and meeting with NGO Forum for DWS&S	
Wed 25.2.03	9am: Handicap International 11:30: PROSHIKA 3:30: SARPV	
Thur 26/2	7am Bob Reed arrives 9:00: DSK (HJ) 11:30 – DFID (HJ) 3.30 – VERC (HJ & BR)	
Fri 27/2	9.00 am CRP pm: Afternoon off	
Sat 28/2	am: Typing up - preparation 3pm: DFID	
Sun 29/2	10:00 – Planning Meeting - CRP Mirpur sub-centre 1.15 Lunch with participants pm: Typing, review, planning	
Mon 1/3	8:15 – UNICEF WES (HJ & BR) 11.00am- Meeting and lunch with NGO Forum DWS&S (HJ & BR) 4pm: Wateraid:	
Tues 2/3	9:00: Action on Disability & Development 11.00: Interlife Bangladesh	
Wed 3/3	9:00 – CSID (HJ) 11.00 – National Foundation for Development of Disabled Persons, Ministry of Social Welfare, (HJ & Mr Alam, CSID) 5pm Director General, Dept of Social Services Ministry of Social Welfare (HJ & Dr AKM Momin, Director, CRP)	DPHE: Chief Engineer (BR) R&D Division, social development division WSP ITN, BUET:
Thurs 4/3	am: Depart Dhaka for UK	

Appendix 2 People contacted

	Name	Position	Organisation	Place	Contacts
1.	Mr Mosharraf Hossain,	Country Representative	Action on Disability in Development (ADD)	House #56, Rd 11, Block C, Banani, Dhaka 1213	Tel: 880 2 9862554; 0173014474; 018238635 mosharraf@siriusbroadband.com
2.	Mr Fayazuddin Ahmad Advocate	Human Rights Coordinator			fayaz@siriusbroadband.com
3.	Ms. Adan Islam, Ms Azima Sultana, Ms Umme Habiba Rahman, Md. Kamrul Hasan	Human Rights Trainees			
4.	Mr Fazlul Azim	Advocacy Officer			
5.	Md Ehsanul Karim	Finance Manager			
6.	Gobinda Bagchi, Shahir Rahman	Theatre for Development (TfD) Promoters			
7.	Md Shabbir Hasan	Jr Auditor			
8.	Mr Santosh Zhapa	Driver			
9.	Ms Anna Campbell-Johnston	Programme Co-ordinator & Fundraiser	Action on Disability & Development (UK)	Vallis House, 57 Vallis Rd, Frome, Somerset, BA11 3EG	anna.campbell_johnston@add.org.uk
10.	Mr Abdus Sattar Dulal	Executive Director	Bangladeshi Protibandhi Kallyan Somity (BPKS)	BPKS Complex, Dakkhinkhan, Uttara, Dhaka 1230	Tel: 880 2 8923915, 8960077; Fax: 880 2 8960078 bpks@citechco.net ;
11.	Mr Md Hannan	Programme Manager			bpkspm@agni.com
12.	Mr Tanvir Hasan	Associate Coordinator (Monitoring Evaluation & Research)	Centre for Disability in Development (CDD)	D-55 Talbug Savar Dhaka.	Tel: 7711379, Fax: 7711567 cdd@bangla.net

13.	Dr AKM Momin	Director	Centre for the Rehabilitation of the Paralysed (CRP)	PO CRP-Chapain, Savar, Dhaka 1343,	Tel: (880) 2 7710464/5 or (880) 2 7711766; Fax: 7710069 crp@bangla.net momin@crp-bangladesh.org
14.	Mr Ilias Mahmud	Research associate			research@crp-bangladesh.org
15.	Md Ehsunul Ambia Suhad,	Co-ordinator - therapy services & social welfare unit (SWU)			
16.	Mr Abedullah	In-charge of SWU			
17.	Mr Shorab Hossain	Head of Physiotherapy Dept.			
18.	Mr Alauddin Ahmed	Advocacy & networking co-ordinator			
19.	Md Abu Zahid,	Administrative Officer			
20.	Ms Selina Sharmin Farzana Ruma,	Receptionist			
21.	Mr Albert Mollah	Assistant Director, Admin, finance & personnel			
22.	Mr Khandaker Jahurul Alam	Executive Director (<i>also President of National Forum of Organisations Working with the Disabled (NFOWD)</i>)	Centre for Services & Information on Disability (CSID)	House 715, Road 10, Baitul Aman Housing Society, Adabar, Shyamoli, Dhaka 1207	nfowd@bdmail.net
23.	Mr Rabiul Hasan	Assistant Director			Tel: 9129727, 81256669; Fax: 880 2 8125669
24.	Mr Bipul Chakraborty Shuley	staff			csid@bdonline.com
25.	Md Moner, Hossain, Ibrahim Hossain, Halima, Md Rubel, Abdul Mnnan, Khushi, Sohel, Rabeya Sultana, Hossain,	Disabled children - Members	Disabled Street/Working Children Advocacy Group (supported by CSID)		

26.	Mr Carel PM de Groot	Sector Programme Co-ordinator	DANIDA Programme Support to WATSAN Sector	SPS Office: DPHE Bhaban (5 th Floor), 14 Shaheed Capt. Mansur Ali Sarani, Kakrail, Dhaka 1000	Tel: 9359832, 9346167-70 ext 112 wasps@siriusbd.com , degroot@citech-bd.com
27.	Mr Samsujjoha	Senior Rehabilitation Officer	Danish Bangladesh Leprosy Mission (DBLM)	House no.17A Road No.3, Banani DOHS, Dhaka 1206	+880 2 8826395 ; Fax: +880 2 8821074 DCO@TLMBangladesh.org
28.	Mr Rodney Dyer	Manager, Water & Sanitation	Department for International Development, UK (DFID)	DPHE Bhaban (GoB_UNICEF, 3 rd Floor) 14 Shaheed Captain Mansur Ali Sarani, Kakrail Dhaka 1000.	Tel: 9354016; Fax: 8823474, 8823181 r-dyer@agni.com ; r-dyer@dfid.gov.uk
29.	Mr A.Y.B.I. Siddiqi	Local consultant	Arsenic Policy Support Unit (APSU)/DFID		+880 2 9669301 ext 461 aybisiddiqi@agni.com
30.	Mr Guy Howard	International specialist			guyhoward@agni.com
31.	Ms Anna Miles	Social Development Adviser	Department for International Development, UK (DFID)	United House, 10 Gulshan Ave, Gulshan, Dhaka 1212	Tel: 8810800 Fax: +880 2 8823181 A-Miles@dfid.gov.uk
32.	Mr Peregrine Swann	Senior Infrastructure & Livelihoods Adviser			p-swann@dfid.gov.uk
33.	Mr Kurshed Alam	Chief Engineer	Department of Public Health Engineering (DPHE), Ministry of Local Government, Rural Development and Co-operatives	DPHE Bhaban, 14 Shaheed Captain Mansur Ali Sarani, Kakrail Dhaka-1000	Tel: 9330061, 9343358, Fax: 9343375 cedphe@bdcom.com [Fax and Tel preferred]
34.	Md Saifur Rahman	Research & Development Division			Tel: 9343361 bgs@bangla.net
35.	Mr Lutfor Rahman	Senior Social Development Adviser	DPHE Social Development Division		02 934 9744
36.	Mr Ranajit Das	Project Chief, WATSAN	Dushtha Shasthya Kendra (DSK)	4/8 Iqbal Road, Block A, Mohammadpur, Dhaka – 1207	88-02-9128520, 8115764 Fax: +880 2 8115764 dsk@citechco.net ; dskhq@citechco.net dskwatsan@dhaka.net ranajit@aitlbd.net
37.	Mr Zakir Hossain	Senior Project Co-ordinator, WATSAN			
38.	Mr Enamul Haque	Deputy Project Co-ordinator			
39.	Mr Mohammed Ali	Deputy Project Co-ordinator, Advocacy			

40.	Ms Rebeka Khatun	Deputy Project Co-ordinator, Monitoring & Evaluation			
41.	Mr Allama-AI Razee	Senior Project Engineer			
42.	Mr Akhil Chandra Das	Deputy Project Co-ordinator			
43.	Ms Amy Skelton	VSO Youth for Development Volunteer			Amyskelton_yfd@yahoo.co.uk
44.	Ms Anne-Laure Pignard	Country Director	Handicap International	138 Gulshan Avenue (4 th Floor) Flat #402, Gulshan-2, Dhaka 1212	0171 428246; 018 251416; 01180 9086; 885 9794 Dp.hibgd@dominox.com
45.	Mr Håkan Olsson	Country Representative	Interlife - Bangladesh (ILB)	House 5A, Road 25A, Banani, Dhaka 1213,	Tel: 8813240, 9881594; Fax: +880 2 881 2780 ilb@citech-bd.com 0171 040130
46.	Mr Salah Uddin Saibal	Capacity Builder (Assistive Technology)			
47.	Mr Salauddin Ahmed	Occupational Therapist			
48.	Mr Johan Borg	Consultant (Assistive Technology)			
49.	Mr Satya Ranjan Saha	Team Leader, Infrastructure Services	Intermediate Technology Development Group (ITDG)	House 32, Road 13A, Dhanmondi R/A, Dhaka 1209. GPO Box 3881 Dhaka-1000	Tel: 880 2 8111934, 9123671, 8111855, ext 108, Fax: 8113134 satya@itdg.bdmail.net satvasahabd@hotmail.com itb@itdg.bdmail.net
50.	Sk Abu Jafar Shamsudin	Centre Manager	International Training Network Centre (ITN)	Civil Engineering Building, 3 rd Floor, BUET, Dhaka 1000	88 02 9663693 Fax 88 02 9663695 itnjafar@agni.com
51.	Mr Akhtar Husain Khan	Director General	Dept of Social Services, Ministry of Social Welfare	Samajseba Bhaban, Agargaon, Sher e Bangla Nagar, Dhaka 1207	9131966, Fax: 880 2 8110074 sseba@citechco.net
52.	Mr M Ishaque Bhuiyan	(Joint Secretary) Managing Director	National Foundation for Development of Disabled Persons, Ministry of Social Welfare	Bangladesh-UAE Maitri Complex, House No.2, Rd No.17, Block C, Banani, Dhaka 1213	9888967, Fax: 9891052 disfound@bttb.net.bd

53.	Mr S.M.A Rashid,	Executive Director	NGO Forum for Drinking Water Supply & Sanitation	4/6 or 3/11 Block-E Lalmatia, Dhaka-1207	Tel: 8154273/4; Fax: 880 2 8117924; ngof@bangla.net
54.	Dr Avizit Reaz Quazi,	Senior Research Officer, Research Monitoring & Evaluation Cell			quaziavizit@hotmail.com ; re-ngof@easybd.com
55.	Mr Azahar Ali	Manager, Field Operations			ngofmfo@bangla.net
56.	Mr J.K Baral,	Director Health Water Sanitation & Housing	PROSHIKA	PROSHIKA Bhaban, I/1 – GA, Section –2 Mirpur Dhaka 1216 (14 storied red building nr stadium)	Tel: 8015945, 8013398, 8015812, 8015946, 9005797 baral@proshika.bdonline.com
57.	Dr Dipak Kumar Biswas,	Senior Programme Coordinator, Health Programme			biswasdk@proshika.bdonline.com , dkbiswas@bdonline.com
58.	Mr Dulal Chandra Dey	Sr Programme Coordinator, Housing & Health Infrastructure Building Programme			0118 10023 housing@proshika.bdonline.com ; dcdey@bdonline.com
59.	Md. Mohsin,	Associate Coordinator, Health Education Programme			
60.	Md Ataur Rahman Badal	Associate Programme Co-ordinator, Arsenic Mitigation Cell, Housing WS&S Programme			
61.	Mr G.A.M Rafiqur Rashid	Associate Programme Co-ordinator, Housing WS&S Programme			
62.	Mr Shahidul Haque Mr Mayeen Ahmed	General Secretary Executive Director	Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)	3/8, Block F, Lalmatia, Dhaka 1207 GPO Box 4208, Dhaka 1000	Tel: 8119271, Fax: 8119274 shaque@bd.drik.net ; mayeen2001@yahoo.com
63.	Mr Paul Edwards	Chief	UNICEF Water & Environmental Sanitation (WES) Section	GPO Box 58, Dhaka-1000 BSL Office Complex, 1, Minto Rd, Dhaka-1000	Tel: 9336701-20 9336715-20, 9335809 (direct) Fax: 880 2 9335641-2 pedwards@unicef.org
64.	Ms Joy Morgan,	Social Development Officer			Tel: 9336701-20 extrn: 429; jmorgan@unicef.org

65.	Ms Qumrun Nahar	Project Officer			qnahar@unicef.org	
66.	Mr Yaqub Hossain	Deputy Director	Village Education Resource Centre (VERC)	Anandapur, Savar, Dhaka - 1340	Tel: 7710779, 7710412; Fax: 811 3095 Attn: VERC verc@bangla.net	
67.	Md. Qamrul Islam	Hygiene Promotion Manager				
68.	Mr Han Heijnen	Environmental Health Adviser	World Health Organisation (WHO), Environmental Health Unit	DPHE Bhaban (4 th Floor), 14 Shaheed Capt. Mansur Ali Sarani, Kakrail, Dhaka 1000 GPO Box 250, Dhaka 1000	Tel: <u>9343372</u> , 861 4653-5; h: 8823506; Fax: 8613247 whosani@citechco.net	
69.	Mr Golam Morshed	Project Officer				
70.	Dr Tanveer Hasan	Urban Specialist	Water & Sanitation Program (WSP), S Asia,	World Bank, 3A Paribagh, GPO Box 97, Dhaka 1000	Tel: 880 2 966 9301 8611056 ext 353 Fax: 880 2 8615351 8613220 tahsan1@worldbank.org	
71.	Mr Timothy Claydon	Country Representative	Water Aid Bangladesh (WAB)	House 123A, Road 4, Banani, Dhaka, 1213	Tel/fax: +880 (0)2 881 5757; wateraid@wateraidbd.org	
72.	Ms Jane Crowder	Programme Technical Adviser				jane@wateraidbd.org
73.	Ms Rokeya Ahmed	Senior programme Co-ordinator, Advocacy				Wab-pca@wateraidbd.org
74.	Mr A.B.M Ziaul Kabir	Programme officer – advocacy			ziaul@wateraidbd.org	
75.	Mr Sanjoy Mukherjee	Programme Co-ordinator, Water Sanitation & Hygiene Promotion			sanjoy@wateraidbd.org	

Appendix 3 Minutes of Planning meeting

Water and sanitation for disabled people – planning for implementation in Bangladesh

Date: 29th February 2004

Location: CRP sub-centre, Mirpur, Dhaka

Time: 10.30 am – 1pm

Chairman: Dr. A KM Momin, CRP director
 Workshop facilitators: Mr. Bob Reed, Senior Programme Manager, and Ms. Hazel Jones, Assistant Programme Manager, Water Engineering and Development Centre (WEDC), Loughborough University, UK.

List of participants:

	Name	Designation	Organization
1.	Mr. Mosharraf Hossain	Country Representative	ADD
2.	Md Hannan	Head of PSID(coordinator)	BPKS
3.	Md. Tanvir Hasan	Associate Coordinator (Monitoring Evaluation and Research)	CDD
4.	Mr. Abedullah	In charge of SWU	CRP
5.	Dr. A K M Momin	Director	CRP
6.	Mr. Ilias Mahmud	Research Associate	CRP
7.	Mr. Alauddin Ahmed	Advocacy and networking coordinator	CRP
8.	Mr. Ehsunul Ambia	Coordinator therapy services and social welfare unit	CRP
9.	Ms. Selina Sharmin Farzana Ruma,	Receptionist	CRP
10.	Mr. Shorab Hossain	Head of the Physiotherapy Dept.	CRP
11.	Md. Moner Hossain	Member, Disabled Street Children Advocacy Group	CSID
12.	Mr. Ibrahim Hossain	Member, Disabled Street Children Advocacy Group	CSID
13.	Mr. Rabiul Hasan	Assistant Director	CSID
14.	Mr. Carel de Groot	Sector Programme Coordinator	DANIDA
15.	Mr. Samsujjoha	SRO	DBLM
16.	Ms. Anne Laure Pignard	Country Director	HI
17.	Mr. Satya Ranjan Saha	Team Leader	ITDG
18.	Mr. Raihan	journalist	New Age
19.	Dr. Avizit Reaz Quazi	Senior Research Officer	NGO Forum DWSS
20.	Md. Azhar Ali	Manager Field Operation	NGO Forum DWSS
21.	Dr. Dipak Kumar Biswas	Senior Programme Coordinator	PROSHIKA
22.	Mr. Dulal Dey	SPC water sanitation	PROSHIKA
23.	Mr. Shahidul Haque	Chief Executive	SARPV
24.	Md. Quamrul Islam	Hyg. Promotion Manager	VERC
25.	Ms. Jane Crowder	Programme Technical Adviser	Water Aid

26.	Ms Rokeya Ahmed	Senior Programme Coordinator-Advocacy	Water Aid
27.	Mr. Golam Morshed	PO	WHO

A3.1 Welcome

Mr. Bob Reed welcomed everybody. He informed that this is the third time they are in Bangladesh to carry out their research study on **Access and use of water and sanitation facilities by physically disabled people**. The location of this research project are Uganda, Cambodia and Bangladesh. In Bangladesh CRP is the partner organization of the project. Bangladesh is one of the leaders for providing WATSAN facilities for disabled people. He thanked CRP for their support. Hazel Jones conveyed her good wishes to all. The participants then introduced themselves.

A3.2 Introduction (Hazel Jones)

2.1 Workshop objectives:

- to discuss what steps might be needed to make progress towards improved access to WATSAN services for disabled people.
- For WEDC to learn from the experts, i.e. the participants, about how to initiate implementation.

1.2 Brief description about WEDC research project.

Overall goal: to contribute to poverty alleviation, particularly of disabled people and their families, bearing in mind the close link between poverty and disability.

Specific aim of the research: to produce materials – a book, guidelines, for use by providers of WATSAN services in making their facilities and services more accessible and inclusive of disabled people. The information in the book will be based on existing good practice from around the world. To this end, in-depth research has been undertaken in 3 low-income countries Uganda, Cambodia and Bangladesh. Reports have been produced of each field-work visit, and the final materials are being written. WEDC aims to produce the book by the end of the year.

Key findings:

A twin track approach is the most effective, ie on the one hand, services that specifically focusing on support for disabled people (eg physiotherapy, surgery, assistive devices, etc.) and on the other, making WATSAN facilities more accessible. Until now, the WATSAN sector has paid little attention to disabled people, nor have DPOs considered it a priority in their advocacy work. The majority of attention has been paid by the disability service providers and individual disabled people.

A range of solutions has been documented, most are simple and low-cost. Most information is related to assistive devices, facilities and adaptations. Little has so far been found on how service delivery approaches can be made

more accessible and inclusive, or how to start planning for including a disability dimension.

Wider Benefits, not only to disabled people: accessible facilities are also easier to use by other marginalised groups, such as frail elderly people or pregnant women. Gender dimension - carers of disabled people – almost always women, have workload reduced or made less onerous, increased opportunities to do other household tasks, earn income, etc. A lack of available information about accessibility options, information that does exist is often not widely shared. Lack of awareness of what is possible leads to lack of demand, which is widely assumed to mean a lack of need.

A3.3 *Moving towards equal access (small group discussions)*

Participants were asked to consider the following ideal **vision and question**:

Equal access to water and sanitation services for disabled people through a twin track approach of inclusion in mainstream services and specific disability focussed provision.

What steps need to be taken in the following areas to achieve this vision:

- Policy, strategy and planning;
- Advocacy;
- Development of best practice; and
- Scaling up.

(Some of these may need to be considered at different levels, such as organisation/country, etc.)

Participants were then divided into three small groups for discussion. Each group consisted of seven participants.

A3.4 *Tea break*

A3.5 *Feedback from group discussions*

After half an hour discussion the group presented their ideas to the whole group for further discussion (see Appendix 2).

A general discussion was then held. Participants stressed the value of the twin-track approach. They said that it is the most effective approach to include physically disabled people in planning and designing the WATSAN project in the country. They also recommended inclusion of NGOs in the policy making process so that they can contribute designing the project sharing their practical experiences.

A3.6 *Presentations from participating organisations*

Participants were then requested to present their organisation's current programme and ideas for future plans and activities that would contribute

improved access/inclusion of disabled people in WATSAN. These were recorded on a flip-chart (see Appendix 4 for compilation of ideas for activities).

A3.7 *Next steps*

1. The minutes of this meeting will be circulated electronically for corrections and comments.
2. Once approved they will be circulated more widely for comments from key stakeholders who were not present at the meeting, e.g. Ministry of Social Welfare, DPHE, DFID, UNICEF.
3. They will then be included in the report of the overall visit of WEDC researchers. This will be circulated to all participants.
4. Information from the meeting and visit will also contribute to the final book, which will support implementers to include disability issues in WATSAN.

A3.8 *Closing remarks*

In the concluding session CRP director Dr. A K M Momin thanked Bob Reed and Hazel Jones for their contribution to the WATSAN research project for disabled people. He also thanked the participants for coming to CRP Mirpur and joining the workshop. The meeting closed at 1pm.

Lunch

Appendix 1: Feedback from group discussions

Policy, strategy and planning

Group 1

- Disabled people should be specifically mentioned and included in all policies including:
 - Organisational policies (include in any checklists for policy design)
 - Safe drinking water and sanitation policy
- Ensure that the issue is addressed in the Poverty Reduction Strategy Paper (PRSP) currently under development by the Government. Achieved through the inclusion of at least one disabled person and one disability sensitive specialist in the participation process.

Group 2

- Include disabled people's organisations (DPOs) in the national level policy formulation and planning process for WATSAN
- Pro-active involvement of DPO network in the national policy planning level to ensure the inclusion of disability as a development issue.

Group 3

- Carry out a situation analysis to determine:
 - The current physical, technical, Environmental and attitudinal situation
 - Current problems and their root causes
 - Organisations responsible for service delivery
 - Resources available
- Review the existing policy to include the needs of disabled people
- Include WATSAN in public places
- Include the issue in the school curriculum

Advocacy

Group 1

- Raise the issue within the 12 thematic groups set up to consider the PRSP
- Target donors in order to make them aware of the issues and to get them to include disability in their infrastructure programmes.

Group 2

Group 3

- Promote the issues within government departments, NGO's and the private sector working in WATSAN.

Development of best practice

Group 1

- Identify current best practice
- Identify the organisations who are appropriate for further development work
- Disseminated the information to other stakeholders

- Disability focused organisations could give inputs to WATSAN organisations to design facilities for all.

Group 2

- Carry our action research to find out best practice.
- DPO network to identify WATSAN as a separate issue and to work with experienced organisations in the WATSAN area

Group 3

- Document best practice and share with other organisations
- Implement pilot projects to develop appropriate initiatives

Scaling up

Group 1

- Need to do a lot of things together
- Establish big donor funded projects
- Ensure Government involvement
- Mass awareness creation

Group 2

- Disseminate lessons learned amongst DPOs
- Establish a network including DPOs and main WATSAN sector agencies

Group 3

- Review pilot projects and share experiences and lessons learned
- Develop further planning and partnerships with organisations such as
- Ministry of Education
- Transport dept
- City municipality
- Corporate sector
- Develop advanced materials

Appendix 2: What each organisation could do

Organisation	Current and planned activities	Strategy/ planning	Developing best practice	Advocacy	Scaling up	Further research
ADD	<p>Could be involved in 3 areas:</p> <p>Scaling up of best practice – disseminate information to 52 partner DPOs, who could raise awareness and share info in own communities</p> <p>Advocacy at policy level</p>	✓		✓ ✓	✓	
BPKS	<p>Will continue to expand implementation of accessible sanitary latrines and tube-well programme, in collaboration with local DPOs and adapted to their needs</p> <p>Will disseminate information about approach</p>		✓	✓		
CDD	CDD provides training and technical support to 222 partner organisations (development orgs), on how to include disabled people. Will introduce watsan as a training topic and training materials on watsan issues		✓			
CRP	<p>Currently provide support to individuals in accessing WATSAN in form of assistive devices, adaptations & accessible facilities</p> <p>CBR work in rural area – collaboration with local service providers will be expanded in future to include local government watsan providers</p> <p>Research – students could carry out research in this area</p> <p>Interested in collaboration with WATSAN orgs to disseminate accessibility ideas</p> <p>National level – will raise issue with National Forum on Welfare of Disabled people?</p> <p>Will disseminate information on hardware/designs through CRP newsletter</p>		✓ ✓	✓ ✓		✓
CSID	In CBR programmes in slum and rural areas, currently addressing individual needs in relation to watsan		✓	✓		✓

	<p>Will carry out research into problems disabled children face</p> <p>Disabled children's advocacy group intend to advocate on issue of access to watsan</p> <p>Would like to do research on the issue of sanitation in schools, and use info to advocate on accessible school sanitation.</p> <p>Have an information dissemination network through which info on this issue can be circulated among the disability sector.</p>			<p>✓</p> <p>✓</p>		<p>✓</p>
DANIDA	<p>Currently preparing next phase of sector support. Several possible entry points to introduce disability</p> <p>Can influence PRSP group and Local Consultative Groups</p>	<p>✓</p>		<p>✓</p>		
DBLM	<p>Until 2002 provided tube-wells to people with leprosy</p> <p>In future will focus on providing information and raising awareness on issues of watsan & health/hygiene issues, will also include people with other types of impairment not only leprosy</p>			<p>✓</p>		
Handicap International	<p>Will try to get disability considered in all PRSP thematic groups, especially #6: Sanitation, & #10: Water.</p> <p>Contribute experience of disability issues to watsan agencies and draw on work done in Africa (??)</p>	<p>✓</p>		<p>✓</p>		
ITDG	<p>Currently 3 projects including WATSAN</p> <p>Will have 1 WATSAN project in slum area, will include issue of accessibility</p> <p>Will invite 2 partner disability organisations to provide input</p> <p>Will share experience with ITDG programmes in other countries</p>		<p>✓</p>	<p>✓</p> <p>✓</p>		
New Age (media)	<p>Media has a role in raising awareness on the issue of accessible WATSAN for disabled people.</p>			<p>✓</p>		
NGO Forum	<p>Action research – how to include/address disability as part of a mainstream watsan programme</p> <p>Collaborate with organisations working in disability sector</p> <p>Include disabled people in village development committees at community level</p>		<p>✓</p>			

	Advocacy/messages at community level Develop/pilot technologies			✓		
PROSHIKA	Has work in both WATSAN and disability areas, but so far no link made between the two. Advocacy at local and national level Develop technology options Involve disabled people in local sanitation production units Start work in a few areas on pilot basis and then gradually expand to all PROSHIKA working areas Conduct different studies including impact assessments in pilot and regular programme areas Will include issues of accessibility in existing NFE curriculum		✓	✓		
SARPV	Use PRSP to advocate at LG level			✓		
VERC	Data collection in intervention areas will collect data on disabled people, numbers, types of impairment Identify technology designs to meet local needs Improvise designs to meet individual needs at an individual and community level Engage in dialogue with LG watsan providers to discuss how to meet needs. Will need to collaborate with a disability organisation		✓	✓		
Wateraid	Disabled people are specifically included in new policy Currently in the process of developing strategies to implement new policy, which will shape forthcoming programme Partners will be required to include issue of disability in own programmes	✓				
WHO	Support to capacity building to government, support to research, advocacy	✓				

Appendix 4 **Compilation of ideas for activities to move practice forward**

(Ideas drawn from planning meeting + meetings with individual organisations).

Developing best practice

Organisation	Previous activities	Planned activities
NGO Forum	Data collection on disability as part of initial baseline surveys Disability specifically mentioned in all WATSAN proposals	Action research – how to include/address disability as part of a mainstream watsan programme Include disabled people in VDCs at community level Develop/pilot technologies
ADD		Link own DPO partners with local WATSAN NGOs to pilot local implementation
VERC	WATSAN NGO implementing 'total sanitation approach' in rural communities	Data collection in intervention areas will collect data on disabled people, numbers, types of impairment Identify technology designs to meet local needs Improvise designs to meet individual needs at an individual and community level Engage in dialogue with LG watsan providers to discuss how to meet needs
CDD	Training & technical support to development organisations on disability inclusion.	Will introduce watsan as a training topic and training materials on watsan issues
DSK	Work with poor communities to install communal water points & sanitation in Dhaka slums.	Piloting accessible designs. Exploring how to make community-based approaches inclusive.
CSID	Currently addressing needs of disabled children in relation to watsan on individual basis, in slum & rural areas.	Could provide demonstration examples of solutions in both rural & slum communities
ILB - Interlife – Bangladesh	Developing an integrated approach to assisted technology & related services for disabled people (including R&D, service delivery & HRD)	Provide training for WATSAN implementing agencies on accessibility of facilities/ environment, ADs & approaches to service delivery. Collaborate on development of technologies Translate/produce local version of WEDC Resource materials
PROSHIKA	Has work in both WATSAN and disability areas, but so far no link made between the two.	Start work in a few areas on pilot basis and then gradually expand to all PROSHIKA working areas Develop technology options Involve disabled people in local sanitation production units.

CRP	Provide support to individuals to access WATSAN, e.g. via ADs, adaptations & accessible facilities, on a needs basis.	CBR work in rural area – collaboration with local service providers will be expanded in future to include local government watsan providers Interested in collaboration with WATSAN orgs to disseminate accessibility ideas
ITDG	Currently 3 projects including WATSAN	1 WATSAN project in slum area will include issue of accessibility Will invite 2 partner disability organisations to provide input
BPKS	Implement accessible WATSAN for disabled people in context of PSID programme.	Expansion of accessible WATSAN programme, in collaboration with local DPOs & adapted to their needs.
Handicap International		Could provide technical support to WATSAN agencies interested in implementation, based on experience of disability issues
UNICEF	Data collection includes information about disabled people, numbers, problems faced.	DPHE R&D currently reviewing options for arsenic avoidance technologies, could they be made accessible disability friendly. Support to review how they could be made disability accessible.
DPHE		R&D Section collaborate with Social Development & DPOs to assess accessibility of technology options.
Wateraid		Take on co-ordination role between an number of NGOs carrying out piloting.

Advocacy

Organisation	Previous activities	Planned activities
NGO Forum		Advocacy/messages at community level
ADD	Disability rights & advocacy on access for disabled people to services, e.g. accessible transport.	Disseminate information to partner DPOs, to raise awareness in own communities Advocacy at policy level
VERC		Engage in dialogue with LG watsan providers to discuss how to meet needs
CSID		provide demonstration examples of solutions in both rural & slum communities Disabled children's advocacy group already carry out advocacy activities, e.g. dramas on disability issues in schools & community. They could include the issue of access to WATSAN as part of existing activities & budget.
PROSHIKA		Include issues of accessibility in existing NFE curriculum. Advocacy on access issues at local & national level
CRP		National level – will raise issue with NFOWD Will disseminate information on different hardware/designs through regular newsletter

ITDG		Will promote sharing of experience with ITDG programmes in other countries
BPKS		Disseminate information about accessible WATSAN /PSID approach
Handicap International		Will try to get issue of disability access considered in all 12 PRSP thematic groups.
SARPV		Use PRSP to advocate for accessible WATSAN at LG level
DBLM	Until 2002, provided tube-wells to people with leprosy.	Will focus in future on providing information & raising awareness on issues of watsan & health/hygiene issues, will also include people with other impairments, not only leprosy.
Wateraid	Currently developing internal policies on poverty and equity.	Sensitisation of local partner NGOs to include disability as part of mainstream programmes, and subsequently sensitisation of other agencies, including govt, through own programme work.
UNICEF		Will raise the issue of disabled access on National Steering Committee of the GoB-UNICEF project. Will liaise with UNICEF child protection and education sections to identify issues related e.g. to accessible school sanitation.
Social Services Department, MSW	MSW lead agency for issues related to disabled people.	DG will take steps to get issues related to access to watsan for disabled people included in PRSP.
NFDDP, MSW		Raise issue on agenda of responsible Ministry i.e. DPHE /LGRD.
NFOWD	Provide link with Ministry of Social Welfare Have Thematic group on Assistive Technology and Accessibility	At National level, NFOWD can raise & follow up this issue with Government.
WHO	Support for advocacy.	
DANIDA		Can influence PRSP group & Local Consultative Groups

Strategy/ planning

Organisation	Previous activities	Planned activities
ADD		Advice to WATSAN sector on strategy development
Handicap International		Will try to get issue of disability access considered in all 12 PRSP thematic groups.
Wateraid	Disabled people specifically included in new policy under gender & equity theme. In process of strategy development to implement new policy, which will shape forthcoming programme.	WATSAN partners will be required to include issue of disability in projects. Wateraid's 'Research, Learning & Documentation cell' could be involved with disability issues.

UNICEF	Disability now explicit element of watsan strategy, as one of vulnerable groups to be targeted. Specific budget lines allocated.	Will liaise with UNICEF child protection and education sections to identify issues related e.g. to accessible school sanitation.
APSU/DFID	Promoting 100% sanitation in Bangladesh by year 2010.	Government's Sanitation Task Force at National, District & <i>Upazila</i> level need to include issue of disability, & representatives of disabled people.
Social Services Department, MSW	MSW lead agency for issues related to disabled people.	DG will take steps to get issues related to access to watsan for disabled people included in PRSP.
DANIDA	Currently preparing next phase of sector support.	Several possible entry points to introduce disability Can influence PRSP group and Local Consultative Groups.

Scaling up

Organisation	Previous activities	Planned activities
APSU/DFID		Government's Sanitation Task Force at National, District & Upazila level need to include issue of disability, & representatives of disabled people. Questions on disability should be included in next annual national survey/census on sanitation.
NFDDP, MSW		NGOs will in future be encouraged to pay attention to issue of WATSAN.
WHO	Support for capacity building to government.	

Further research

Organisation	Previous activities	Planned activities
CSID		Research on issue of sanitation in schools & problems disabled children face. Use the information to advocate for improved accessibility.
CRP		OT students could carry out research in this area
Wateraid		Wateraid's 'Research, Learning & Documentation cell' could be involved with disability issues.
PROSHIKA		Conduct studies including impact assessments in pilot and regular programme areas
WHO	Support for research	

Gaps

There is a need to consult with agencies working with elderly people.

Media campaign needed to raise awareness on the issue, particularly television.

Appendix 5 Visit notes

A5.1 Centre for Services and Information on Disability (CSID)

Disabled street/working children's advocacy group:

Halima, Md. Rubel, Abdul Mnnan, Ibrahim Hossain, Khushi, Sohel, Rabeya Sultana, Md. Monir Hossain

Rabiul Hasan Assistant Director

Shiuly staff

Bipul Chakroborthy staff

Date: 24th February

The disabled street/working children's advocacy group supported by CSID has 22 members. They raise awareness on rights of disabled children, participate in child rights movement, participate in the process of National Plan of Action for children and raise disabled children's rights to include in the Action Plan, e.g. rights to education, survival, accessibility, etc. 2 of the group members have been selected as Children's National Task Force member, and 4 of them received child facilitation training. At first others on the Task Force did not listen to them, but now they do. Many of them also received training on the Convention on the Rights of the Child.

Drama is used as a tool for awareness-raising – they perform plays in schools that refuse disabled children and in the community, then after the performance, hold discussions with audiences. Some schools have changed and now accept disabled children; community behaviour of some area also has changed,

Representatives also participate in the National Children's Development Council, which has been newly established.

2 of them attended an International Congress of Young Disabled people "Rights into Action" held in Wales, UK from 30th June – 4th July 2003.

2 children will attend photography training, with the aim of using photography to highlight issues of concern to disabled children and use them as advocacy tools.

Ideas for future activities:

Could use drama to raise awareness on watsan: Case-studies from WEDC book could be adapted into dramas

People need information, this could save time for other family members. Md. Monir told his own experience – [as a crutch user] he has problems using a

hanging toilet, which is common in the slums, and relies on family members to help.

They could also raise awareness of manufacturers of toilets and assistive devices about possible design options.

There is an issue of inaccessible/non-existent toilets in schools – need for further research which children could undertake.

Feedback on images:

Md. Monir: Appreciate sitting platform at handpump – convenient & comfortable

Big problem in slum areas is rented accommodation, that landlords won't spend money & don't allow tenants to adapt or alter structure of buildings. Different solutions are needed.

A5.1.1 CSID (Follow-up meeting)

Mr Khandaker Jahurul Alam, Executive Director

Mr Rabiul Hasan

Assistant Director

Date: 3rd March 2004

Ideas for future activities:

- ❑ CSID could provide demonstration examples of possible solutions
- ❑ Research into the situation of school sanitation – use the information to advocate for improved accessibility
- ❑ Children are already doing advocacy on disability issues in the community, and could include the issue of WATSAN as part of existing activities and budget.
- ❑ At a National level, Mr Alam can raise the issue with Government through NFOWD in his capacity as President.

Disability Welfare Act: current status and progress:

A National Task Force has put together a National Plan of Action, involving 18 Ministries (at Deputy Secretary level) & 7 NGOs

The draft is currently with the Ministries for comments. When these are all made, the next step is for it to be approved by the Task Force and forwarded to the National Co-ordinating Committee under law.

A5.2 Bangladesh Protibhondi Kallyan Somity (BPKS)

Mr Sattar Dulal Executive Director
Md Hannan, Programme Manager
Date: 24th February 2004

Mr Dulal made reference to the Biwako Framework (UNESCAP, 2003), which emphasises that consultation with disabled people is essential in ensuring access and rights. He himself was involved in contributing to the Framework.

BPKS is currently in a process of strategic planning. AWATSAN project (Accessible safe water and sanitary latrine) will continue to be an area of implementation within the context of the PSID – Persons with Disabilities Self-Initiatives to Development Programme. Expansion of PSID to more Districts is planned.

The current approach to implementing the AWATSAN will be adapted, for example, costs may vary depending on the local geographic conditions, or there may need to be additional or different adaptations for people with severe impairments.

BPKS currently have no plans to collaborate with the WATSAN sector on this programme.

A5.3 *NGO Forum on Drinking Water Supply & Sanitation*

Mr Avizit Quazi, Research Officer
Mr Azahar Ali, Field Operations Manager
Mr SMA Rashid, Executive Director
Date: 24th February 2004

NGO Forum is now officially committed to the issue of disability. In addition to including questions in baseline surveys, all proposals now include specific mention of issue of disabled people.

Azahar – operations manager, has existing experience of disabled people in community work; an essential issue to address – in practice, great burden on families, who don't have necessary techniques or information. NGO Forum lacks technology, knowledge on issue, need outside support, technology & advice.

A5.3.1 Ideas for including disabled people in WATSAN:

A pilot project on mainstreaming is planned. Piloting could include:
Action research – trying out designs of assistive devices, adaptations of latrines, & water supply within latrines;
Awareness-raising during needs assessment and action planning
Involve village sanitation centre on production of devices and adaptations where needed

The pilot would be integrated into an existing community watsan programme carried out at village/ Union level. Additional budget for the pilot component will be needed, (approx 1.5 – 2 million *taka* over 2 years) so the pilot would depend on the acceptance from the donor of the project.

(1 village generally comprises approx 330 households).

A5.3.2 Follow-up meeting NGO Forum on DWS&S

Mr Avizit Quazi, Research Officer
Mr Azahar Ali, Field Operations Manager
Mr SMA Rashid, Executive Director

WATSAN for disabled people could be partly applied using existing budget lines, but additional funding on technology options will be needed.

Need for piloting first in selected locations.

Key working approaches

- community management
- develop/provide training for key local people /groups with influence, e.g. local government institutions, religious leaders, teachers

A5.3.3 *Further ideas for including disabled people in WATSAN:*

- Assimilate into ongoing watsan options
 - awareness
 - materials
- increase capacity of partners (635 agencies)
- engage in advocacy, training and research activities to sensitise the community towards disabled people
- Ensure the representation of disabled people or female care-givers on VDCs
- Engage engineering section to develop disability friendly low-cost technologies
- Use private sector partners to make them
- Carry out a situation analysis

A5.4 Handicap International Bangladesh

Ms Anne-Laure Pignard Country Director

Date: 25th February 2004

Major programme component - support to CAHD (Community Approach to Handicap in Development) through CDD (Centre for Disability in Development), which was previously a part of VERC (see visit note A5.9). Rationale: few resources are available in Bangladesh, so this approach maximises the use of existing organisations and services. The major obstacle is a complete lack of knowledge about disability and how to address it; disabled people are often totally excluded, even within their own families.

Work at National level – policy

Grassroots community workers, how to adapt the environment to facilitate disabled people to carry out daily living activities

Provide training for managers of community-based organisations (CBOs), social communicators, local social workers (e.g. identification of impairments/conditions and possible interventions, local artisans (making assistive devices).

Impact is clear because the baseline starting point is generally zero.

In the area of WATSAN, training for social workers could include identifying individual needs and then identifying local WATSAN providers who could help meet the needs.

CDD: works with over 200 local NGOs/CBOs, mainly operating micro-credit, agricultural development and non-formal education projects (including some PROSHIKA staff). Demand for CDD's input is higher than its capacity - 80 more requests are currently on a waiting list.

The process followed is: CDD visits the organisation, identifies the most relevant person/people to attend training. Once returned to organisation, CDD provides follow-up monitoring visits.

Regional networks are encouraged so that organisations support each other rather than relying only on CDD. Some networks are more active than others: e.g. NW. HI can provide further training at the request of the network, e.g. recently in ADs.

Advocacy project: DFID funded (Civil Society Challenge Fund) to lobby towards rights/ inclusion of disabled people

- government at policy level
 - major donors (including DFID!) to include disability as a cross-cutting issue
- USAID has shown an interest in taking a lead on this issue – e.g. trying to encourage donors to set up a specific disability fund.

HI are very interested in this issue of inclusion in WATSAN, and consider it completely in line with their strategy and current programme areas. They have an increased focus on institutional learning.

However they are nervous about direct involvement in water provision, because of the arsenic contamination issue, and their own lack of specialist knowledge in this area.

Could be co-ordinator between local WATSAN/disability agencies, or provide technical support to a WATSAN agency if they were the co-ordinator.

Needed: some way of monitoring, to ensure the involvement/consultation of disabled people at every stage and aspect of project development

HI have a regional accessibility specialist based in Delhi

Consider it would be easier to access funding for a large project. If 3 NGOs were involved, could access 1.5 million euros from EC. Then put out call for applications from local NGOs.

All Districts have a disability development committee, which are supported by NFOWD

HI is in the process of getting involved with CARE in their programme of support to local governance to include the issue of disability.

DFID will shortly have a new social development adviser - Eric Hanley, Senior Social Development Adviser (arriving in March 04).

A5.5 PROSHIKA

Mr. J. K. Baral,	Director, Health Water Sanitation & Housing
Dr. Dipak Kumar Biswas	Sr Programme Coordinator, Health Programme
Mr. Md. Mohsin,	Associate Coordinator, Health Education Program
Mr. Dulal Chandra Dey,	Sr Programme Coordinator, Housing & Health Infrastructure Building Programme
Mr. Md Ataur Rahman Badal	Associate Programme Co-ordinator, Arsenic Mitigation Cell, Housing WS&S Programme
Mr. G.A.M. Rafiqur Rashid,	Associate Programme Co-ordinator, Housing WS&S Programme
Mr Stijn Blomerde	Researcher, water filters

Date: 25th February 2004

PROSHIKA are working in 220 *Upazilas* taking a holistic approach to development, which includes work in WATSAN, education and disability. Among 220 *Upazilas* disability programme is being implemented in 30 *Upazilas*,

Disabled people are part of the 'hard-core poor'. Levels of development or reduction of poverty of PROSHIKA organized group members are classified from 1 – 5 according to specified criteria. Up till now they have never thought of linking the issues of WATSAN & disability. The Director is very supportive about the issue.

The disability approach is to firstly identify disabled people in the village. A big problem is lack of understanding and knowledge - disabled people are often isolated even within their own families.

Disabled people are integrated into PROSHIKA's development programmes, e.g. in training programmes for credit, WATSAN, education, income generating activities, they participate in village level groups with extra support as needed.

A5.5.1 Ideas for including disability in WATSAN:

PROSHIKA could start something tomorrow on a small scale – e.g. in some selected *Upazilas*, using existing staff and project networks. They have trained staff in all 30 *Upazilas* where they work, in both WATSAN and disability sectors.

What will be needed: initially staff said "Give us the technology and PROSHIKA can apply it". After further discussion however, it was agreed that it was important to get input and ideas from disabled people who will be using the technologies. PROSHIKA could provide some basic ideas as a starting point, thereby acting as a catalyst for the development of ideas locally.

Consultation with disabled people – this will not be a problem, as there are disabled people among PROSHIKA group members and among PROSHIKA staff, e.g. one Vice President and some other staff at Head Quarter are disabled.

Accessibility within own organisation: discussion moved on to the need to improve accessibility of their own building, e.g. there are lifts from the ground floor, but in order to enter the building there are several steps at the entrance, which wheelchair users need help to be lifted up. However, PROSHIKA will consider this aspect for future constructions.

A5.6 *Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)*

Mr Shahidul Haque – Founder and Executive Director

Date: 25th February 2004

In the past Mr Haque has held dialogues on this issue with NGO Forum on DWS&S.

A major problem in rural areas is that the toilet is usually located at a distance from the house which is too far for many disabled people. This means they rely on family members to either take them or empty containers for them, or they soil themselves. A common consequence of this is that families sometimes neglect the disabled person, by reducing the amount of food to punish them or so that they defecate less.

Mr Haque advocates installing toilets inside the house, with a ventilation pipe. This reduces the workload of the family and is more convenient for all. Traditionally and culturally this is not the norm, but when the family recognises the benefits it becomes accepted.

The important message is that accessibility is of benefit to all.

A5.6.1 Ideas to promote inclusion

- ❑ Video stories need to be shown on TV, showing examples of good practice.
- ❑ Need an advocacy group
- ❑ Every committee approving the design of WATSAN and other facilities need to have a disability sensitised architect/engineer or disabled person.
- ❑ LG Ministry – need to do a training on disability
- ❑ Training for local government engineers is funded by DFID – needs to include the issue of accessibility

A5.7 Dushtha Shasthya Kendra (DSK)

Mr Ranajit Das	Project Chief, Water and sanitation
Zakir Hossain	Senior Project Co-ordinator WATSAN
Enamul Haque	Deputy Project Co-ordinator (DPC)
Mohabbat Ali	DPC – Advocacy
Rebeka Khatun	DPC – Monitoring & Evaluation
Allama-AI Razee	Senior Project Engineer
Akhil Chandra Das	Deputy Project Co-ordinator
Amy Skelton	VSO Youth for Development Volunteer

Date: 26th February 2004

DSK have four main programmes, including water and sanitation provision (WATSAN), which works closely with Primary Health Care as they provide health hygiene training. These services are provided on an integrated basis. The main WATSAN working areas are the slums of Dhaka and Chittagong cities.

DSK's water point model is based on mediating with the relevant government Water and Sewerage Authority (WASA) and City Corporation to provide legal connections for people who have no legal land holding numbers.

Until 2003, DSK provided approx 140 water points in Dhaka slums alone, each used by 20-40 households. Communities completely payback the capital cost of installations in instalments. DSK provide training for community in managing the water point, including maintenance and paying the government for services. DSK completely hands over management to the community after two years, but monitoring continues. Community finds way to subsidise cost for poorest. A big problem is eviction – 30% of households where water points were installed have since been evicted.

DSK are about to implement a 5 year WATSAN programme in slum areas as part of the DFID-funded Advancing Sustainable Environmental Health (ASEH) project. This is being run through WaterAid Bangladesh. This programme will scale-up the existing community managed approach in a structured way, focusing on the poorest of the poor. To help reach these target people three thematic task groups have been set up addressing – gender & equity, participation, & poverty

Staff's own experience is that access to WATSAN services is problematic for the poorest in terms of cost and accessibility. This includes disabled people.

A5.7.1 Ideas for including disability in WATSAN:

DSK are interested in

- piloting different technology designs
- how to make approaches inclusive.

**A5.8 UK Department for International Development (DFID)
Bangladesh**

Rodney Dyer Manager, DFID Water and sanitation programme
Anna Miles Social Development Adviser, DFID
Mr A.Y.B.I Siddiqi Local consultant, Arsenic Policy Support Unit (APSU)
Date: 26th February 2004

The role of APSU has expanded beyond arsenic mitigation to also cover sanitation. Mr Siddiqi has been a major force in promoting the issue of sanitation in Bangladesh, which now has a target to achieve 100% sanitation by the year 2010.

In view of the numbers of disabled people being quoted by WEDC,⁴ if we ignore disabled people this cannot be achieved.

A5.8.1 Ideas for addressing the issue:

- Media campaign to raise awareness on the issue, particularly television;
- Government's Sanitation Task Force at National, District and *Upazila* level need to include the issue of disability, and include representatives of people with disabilities;
- Questions on disability should be included in the next annual national survey/census on sanitation;
- UNICEF would be a key partner as they work very closely with DPHE.

A5.8.2 DFID and the inclusion of disability

(Information provided by Anna Miles by email (24.03.04))

There is no firm requirement from DFID for projects to cover issues of disability explicitly. However, projects are intended to have a poverty focus more generally and consider issues of diversity, equity and exclusion. Disability is therefore an issue that has been explored by project partners within this, and an area that DFID encourages partners to consider.

4 A recent World Bank report estimated that as many as 1 in 5 of the hard-core poor in the world are disabled (Elwan, 1999). According to 2001 National Census in Bangladesh 0.8% of population are disabled, but there are problems with this data. See NFDDP notes (A5.16) for comments on 2001 data.

A5.9 Village Education Resource Centre (VERC)

Mr. Yaqub Hossain Deputy Director
Mr Md. Qamrul Islam Hygiene Promotion Manager
Mr Mahmud
Mr Jahid

Date: 26th February 2004

Disabled people are not excluded from VERC's programmes, but on the other hand no specific activities have been carried out to actively include them. In the forthcoming project phase, from April onwards, it is a requirement from the funder DFID to address the issue of disability.

Ideas for addressing the issue:

For VERC:

- Starting with a baseline survey, data will be disaggregated to show disabled people according to age, gender and disability.
- Staff development: VERC staff need training and awareness-raising about disability, and practical ways to address it in the community. VERC will need input from an external agency with expertise in this area.
- Pilot phase: in one community (a community ~30 – 100 households, village ~300 households) the chairman of the local Union steering committee will liaise with the District Chairman and local government engineer, and work together to identify solutions to address accessibility issues.

Other ideas:

A media campaign is needed to raise awareness on the issue
The government's Sanitation Task Force at National, District and *Upazila* level need to include the issue of disability
UNICEF would be a key partner as they work very closely with DPHE.

A5.10 Centre for the Rehabilitation of the Paralysed (CRP)

Mr AKM Momin	Director
Mr Ilias Mahmud	Research assistant & visit co-ordinator
Md Ehsunul Ambia Suhad	Co-ordinator - therapy services & social welfare unit (SWU)
Mr. Abedullah	In-charge of SWU
Mr Albert Mollah	Assistant Director, Admin, finance & personnel

Date: 2nd March 2004

In CRP's CBR programme they have so far involved local government sectors such as education, health, social welfare in issues of disability at *Upazila* level. But altogether there are 18 sectors. The plan is to involve them all in the future, including local government engineers responsible for water supply.

In the work of occupational therapists, to support disabled people in regaining their independence, the work will continue to address issues related to WATSAN as they arise on an individual needs basis.

Research – occupational therapy students have to carry out a research project, which could include issues of access to WATSAN.

A5.11 UNICEF Water & Environmental Sanitation Section

Mr Paul Edwards, Chief

Ms Joy Morgan, Project Officer

Ms Qumrun Nahar, Project Officer

Date: 1st March 2004

Government statistics indicate <0.4% of children disabled.⁵

Figures from 2001 National Census are not yet available.⁶

A 1993 UNICEF survey of 133,583 households on child mortality found 3.9% boys and 1.9% girls have been injured, of which 93.7% boys and 94.4% girls have recovered, 2.1% boys and 1.5% girls are still suffering and 4.2% boys and 4.1% girls have died. There is no indication of rates of impairment among survivors of injury.

UNICEF is interested in processes, especially that target the poorest, e.g. how to include and consult disabled people during community planning exercises. At community level every Ward has been conducting focus groups of poor households and those with disabled people.

Qumrun – has a team of researchers who have followed up the disability issues in some wards and have found significant numbers of disabled people, but many are hidden, and finding out their views and needs is problematic.

UNICEF could act as a link with government:

DPHE has a new Social Development Division set up under DFID funded GoB-UNICEF project. The Project Director is Mr Abdul Quader Chowdhury. A senior social development officer (SSDO) Mr Lutfor Rahman, is particularly interested in the issue of disability.

DPHE R&D Division (with SSDO) could carry out a review of existing standard designs/ facilities and how they could be made more accessible, e.g. 4 filters for arsenic avoidance technologies have been officially approved for use in Bangladesh and the community filters could be made accessible/disability friendly. Budget lines are available for disability work:

2.7.4: review materials on disabled people's accessibility (\$1,000)

5.5.8 arsenic – review guideline standards and accessibility manual (\$2,000)

School sanitation is an area of interest to UNICEF, issues of accessibility need to be considered. More information is needed in this area, e.g. from UNICEF Education section, and Protection section.

UNICEF will raise the issue of disabled access on National Steering Committee of the GoB-UNICEF project.

⁵ Statistical Pocketbook (2000) Bangladesh Bureau of Statistics.

⁶ See NFDDP notes (A5.16) for comments on 2001 data.

A5.12 Wateraid Bangladesh (WAB)

Jane Crowder Programme Technical Adviser
ABM Ziaul Kabir Programme officer – advocacy
Sanjoy Mukherjee Programme Co-ordinator, Water Sanitation & Hygiene Promotion

Date: 1st March 2004

(Also includes further information from Jane Crowder by email, 24.03.04 and 4.04.04)

WAB are currently developing internal policies on poverty and equity. Disability is an issue being discussed as part of WAB's gender and equity strategy. DFID (one of WAB's donors) is one driving force behind ensuring WAB become sensitised on such issues.

The planning meeting which Jane and Rokeya attended stimulated ideas about how this could be taken forward in practical ways.

A5.12.1 Ideas for including disability in WATSAN:

- ❑ WAB could have a co-ordination role between a number of NGOs carrying out piloting;
- ❑ WAB have a Research Learning & Documentation cell, which could be involved intensively with Disability issues.
- ❑ Sensitisation of local partner NGOs on equity & disability, ensuring that both WAB and they mainstream disability (amongst other poverty factors) into programmes.
- ❑ Through WAB programme, sensitisation of other organisations (including government) on such equity issues.
- ❑ ASEH(Advancing Sustainable Environmental Health)project (see DSK notes) could raise further issues for research.
- ❑ The issue was raised of the need for consultation with agencies working with elderly people.

A5.12.2 The issue of disability in WATSAN programmes

1. DFID funds (allocated to the WaterAid Bangladesh ASEH (Advancing Sustainable Environmental Health) programme) are channelled via WAB to a number of local Partner Organizations, including VERC.
2. Following an evaluation of the earlier DFID-WAB programme and in line with current sector thinking (i.e. not just by DFID), WAB and its Partners have identified the need to put more emphasis on addressing issues of poverty and equity. Whilst defining and deepening our commitment to poverty and equity in terms of access to safe water, environmental sanitation and hygiene promotion (SWESHP), we (WAB and its POs) have recognized the need to explicitly include those with disabilities in our target

beneficiaries (although as some of the poorest of the poor they should have been implicitly included in previous programmes). In practical terms this means developing disaggregated monitoring indicators in our monitoring systems which include disability indicators (exactly what form these indicators will take has not yet been determined).

3. Through ASEH, **it is not a mandatory requirement imposed by DFID** that we must address disability issues, but it is a need that has been highlighted jointly by WAB and its POs if we are to provide **equitable access to SWESHP** in our project areas.

An Actionaid report⁷ from 1996 summarise surveys in 4 communities of nearly 47,000 people:

Prevalence of impairment (not disability): 14% of population.

Out of over 8,000 households, over half had a family member with an impairment.

⁷ Actionaid Bangladesh (1996).

A5.13 Action on Disability and Development (ADD)

Mosharraf Hossain,
Fayazuddin Ahmad *Advocate*
Ms Adan Islam Mou, Azima Sultana,
Umme Habiba Rahman, Md Kamrul
Hasan
Fazlul Azim
Md Ehsanul Karim
Gobinda Bagchi, Shahir Rahman

Md Shabbir Hasan
Santosh Zhapa

Country Representative
Human Rights Coordinator

Human Rights Trainees
Advocacy Officer
Finance Manager
Theatre for Development
Promoters
Jr Auditor
Driver

Date: 2nd March 2004

ADD have 52 partner Disabled People's Organisations in 23 Districts.

A5.13.1 Ideas for including disability in WATSAN:

ADD could be involved in advocacy, which is part of their current and planned strategy

Could also be involved in piloting technologies and approaches at grassroots level, e.g. in collaboration with local WATSAN implementing agencies

Would be happy to respond to requests for consultation and advice from the WATSAN sector

At a regional level, there is potential to disseminate information between ADD country programmes about country level activities.

A5.14 Interlife Bangladesh (ILB)

Mr Håkan Olsson	Country Representative
Mr Salah Uddin Saibal	Capacity Builder (Assistive Technology)
Mr Johan Borg	Consultant (Assistive Technology)
Mr Salauddin Ahmed	Occupational Therapist

Date: 2nd March 2004

A5.14.1 Organisational background

WATSAN has been part of ILB's community development approach since the mid 1980s. When working with disabled people at an individual level (CBR), wells and toilets already exist, so usually a matter of adaptation to make them usable.

Working approaches:

CBR at field level

ADs – production and service delivery

Training and information for awareness-raising among the media and decision-makers

CBR has now largely been handed over to local networks.

BCAT - Bangladesh Centre for Assistive Technology is currently an administrative unit of ILB

Aim – to develop and implement an integrated approach to assistive technology and related services in 4 major areas:

- Policy & practice
- Research and development
- Service delivery
- Human resource development

The intention is to develop regional centres producing assistive technology, and training on accessibility issues, e.g. for DPOs and architects, planners to look at how the built environment could be planned /changed to be more accessible.

A5.14.2 Ideas for taking forward mainstreaming disability in WATSAN

- ILB could translate/produce a local version of the WEDC materials
- Technical facilitation in arranging training or workshops on accessibility to the built environment and WATSAN facilities in particular, options, approaches to service delivery
- NFOWD has a thematic group on Assistive Technology and Accessibility – could follow up this issue. They provide the link with the Ministry of Social Welfare.

Several agencies ILB know of are working on both WATSAN and disability issues.

**A5.15 *Department of Public Health Engineering (DPHE, Ministry of
Local Government and Rural Development***

**Lutfor Rahman, Senior Social Development Adviser
Saifur Rahman, Research and Development Division
Date: 3rd March 2004**

Bob Reed described the proposed project and explained how they could be involved through the use of UNICEF funds already allocated for the topic. Both were very interested for DPHE to participate. Asked them to contact Joy Morgan at UNICEF to find out the procedure for accessing the funds.

**A5.16 *National Foundation for Development of Disabled Persons,
Ministry of Social Welfare***

**M Ishaque Bhuiyan Managing Director (also Joint Secretary of
the National Co-ordination Committee for Welfare of Persons with
Disabilities)**

A.T.M Abidur Rahman Deputy Director

Also present was Mr Khandaker Jahurul Alam, Executive Director of CSID, also President of the NFOWD, who made the introduction.

The Ministry of Social Welfare recognises the importance of the issue of WATSAN for disabled people. At a policy level it is important that the responsible Ministry i.e. DPHE /LGRD also recognises its importance – MSW can play a role in raising the issue on their agenda.

NFDDP is responsible for the allocation of funds to NGOs working with disabled people and in the future NGOs will be encouraged to pay attention to this issue.

According to the 2001 National Census data, disabled people comprise 0.8% of the population of Bangladesh. This figure is too low – according to Mr Alam, he himself was not counted as disabled, nor a blind man he knows. In his opinion the data collectors' interpretation of 'disability' as defined in the Disability Welfare Act is too narrow.

A5.17 Ministry of Social Welfare

**Akhtar Husain Khan Director General, Department of Social Services,
and staff**

Also present –Dr AKM Momin, Director, who made the introduction for WEDC
Mr Illias Mahmud, Research Associate, CRP

Date: 3rd March 2004

The MSW has a large programme for disabled people including 12 schools, a rehabilitation centre and an IE programme for blind children in 64 Districts; 1 special teacher training centre

There is also a micro-credit programme for disabled people.

This is an important issue of access for disabled people and is fully supported by the MSW.

Dr. Momin mentioned that the Social Services Department should work to include issues relating to access to water and sanitation for disabled people in Poverty Reduction Strategy Paper (PRSP). The DG agreed it is important to include in PRSP and he will take necessary steps to do so.

A5.18 *International Training Network Centre (ITN)*

**Meeting between Bob Reed and Abu Jafar Shamsudin, ITN Manager
Date: 3rd March 2004**

Discussed proposal to set up a small project to pilot methods for improving access and use of WATSAN services. Emerging challenges of universal access and uses of these services are enormous. Recent GoB policy to attain 100% sanitation coverage by 2010 is praiseworthy but this aspiration will demand increased attention to some specific areas that were not receiving adequate attention in the past. The estimated 14 million disabled people in Bangladesh are virtually not receiving any kind of WATSAN services through public sector support. Only ensuring adequate public sector outlay will not help redress the appalling situation in this respect. Both Bob and Jafar agreed that development of appropriate human resource base is crucial to promote and facilitate WATSAN services to the disabled section of the population. Therefore in addition to innovations and technological development the 'HRD' should be given a high priority. This proposition will require design and development of specialised training courses and of course implementation.

ITN Centre, BUET would be interested to participate in the proposed pilot project particularly in the development of HRD programme equipped with appropriate course module and materials. They see their skills as primarily the preparation and delivery of learning and teaching materials.