

Community Approaches to Handicap in Development Including Disability Issues into Development.

The Experiences of Centre for Disability in Development (CDD) in Bangladesh

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Background

Bangladesh is a developing country of South Asia. Poverty is widespread in the country with 44.3 %¹ of the population² living below the poverty line. Currently the per capita GDP stands at US\$ 365 (2001-02). Essential services like health, education, social security, employment scopes are far too inadequate. Natural disasters in different forms are regular events for the country that further aggravates the sufferings of the people.

The Government undertakes different development initiatives in the country. But the needs for development services are so intense that Non-Government Organizations (NGOs) have evolved to supplement the services of the Government. The efforts of the NGOs have allowed greater reach and wider coverage of development initiatives on multi-sectored areas. But still, due to limitation of resources, development initiatives are very limited, reaching only a certain percentage of the population.

Approximately 13 million persons with disabilities live in the country. They are amongst the most vulnerable of the disadvantaged people of Bangladesh. Most of the persons with disabilities receive little or no development assistance. Therapeutic services and availability of assistive devices are also extremely limited. The persons with disabilities are left out of the development process mainly due to the lack of awareness of the people who design and implement development programs, negative attitude among the general population prevalent towards persons with disabilities, scarcity of resources and the lack of knowledge and skills on how to address the needs of persons with disabilities inside development programs.

CDD was established in 1996. At that time disability issue was not recognized as a crosscutting development issue, it was seen more as an issue of charity than

¹ 2000, daily intake below 2122 K.Cal

² In Bangladesh 892 people reside per square kilometer. The total population is 134 million and land area of 144,000 square kilometer.

development, which require specialized services. Most of the organizations that were working on development issues excluded the persons with disabilities. Whatever few organizations that were addressing disability issues were mainly city based and/or were addressing single disability with the emphasis on delivering therapeutic services.

CDD felt that Inclusion of persons with disabilities does not compulsorily require creation of any separate mechanism. Major groups of persons with disabilities can be included into existing development components. Just as it is important to include persons with disabilities and disability issues into existing development process, it is equally essential and imperative to consider the issues in all phases of planning relevant to new development initiatives and interventions. Besides this realization and drive, the inclusion of persons with disabilities and disability issues also demands supplementary initiatives. Misconceptions on disability and subsequent negative attitudes are a major barrier in the inclusion process. The process of eradication of negative attitude towards an environment of positive atmosphere is crucial. Persons with disabilities according to their type and degree of disability, also require therapeutic interventions to empower themselves physically and mentally for participation in the society.

Development organizations in the country have long history. These are scattered geographically with development interventions, basically of similar nature. But as mentioned, most of them were not addressing the issue of disability, more because of a lack of understanding, information and skilled human resources than of limitation of interest. These organizations were identified by CDD as a strength and entry point on disability issues into their respective working communities. If these organizations could be tapped and their resources and capacity developed to address disability issues than large number of persons with disabilities could be reached at a quicker time with maximum utilization of limited resources. But this process of working in partnerships with development organizations would also be limited in its reach and effectiveness if other resources like institutions, agencies, public bodies, forums and most important of all the Government were not tagged into the process.

After its establishment CDD first developed it's capacity as a resource organization essential to facilitate simultaneous development of the service delivery capacity of existing organizations, while at the same time increasing their understanding of disability issues and their ability to develop disabled-person friendly components in their programs.

Disability in Development

As an effort to systematically and strategically address the issue of disability in development, CDD developed the concept termed "***Community Approaches to Handicap in Development***" (CAHD) in Bangladesh. It is a concept for

implementing CBR. CAHD recognizes impairment, disability and handicap as crosscutting development issues. CAHD attempts for *"Recognition of the existence of disabled people and people with impairments, the inclusion of these people in society and the subsequent provision of services to meet their needs."* CAHD, and the processes necessary to implement it, are designed to be included into the ongoing activities of existing organizations. Using existing organizations to establish CAHD is one of the core strategies in this concept. Implementing the CAHD concept means expanding existing program activities.

The vision of CAHD is to establish activities that will minimize the negative impacts of impairment, disability and handicap. In other words to create changes in attitudes to counter the existence of or to eliminate handicap. To reach towards the vision of CAHD, programs focus on activities that:

1. "Change the attitude of people and their organizations to create a more equitable sharing of resources of all people, especially those who are disabled",
2. "Change the social environment and the attitudes of people and their organizations to eliminate the barriers that result in the exclusion of disabled persons",
3. "Reduce the impact of impairment and disability on individuals and families through prevention of impairment and provision of adequate services"

CAHD is comprised of four components on which interventions are directed. Simultaneous activities are essential in all of these four components. These are:

1. **SOCIAL COMMUNICATION (Awareness and attitudinal):** Providing knowledge to people and organizations about:
 - ◆ Causes of impairment, disability and handicap.
 - ◆ Roles of family members and organizations, in creating handicap.
 - ◆ Activities that will prevent impairment, disability and handicap.
 - ◆ Rehabilitation practices that will minimize the impact of impairment and maximize the personal development of disabled persons.
2. **INCLUSION AND RIGHTS (Inclusion and participation into development and socio-political activities with equal status and rights):** Providing disabled persons the equal opportunity to access their rights as citizens and to participate in all of the activities in their families and communities enables:

- ◆ Disabled persons to improve the quality of their lives.
- ◆ People and their organizations have positive experiences with disabled persons, which will change their attitudes.
- ◆ Organizations to include disabled persons in their existing programs to give them equal access to opportunities for education, economic activities, and health services.
- ◆ Disabled persons to promote their right to play active roles in social and economic activities in their families and communities.
- ◆ National organizations to promote for legislation, policy and regulations for recognition of the rights of disabled persons.

3. **REHABILITATION (Therapeutic Interventions):** Providing assistance to people who have impairments and disabled persons that will minimize the functional difficulties that are the result of their impairments and maximize their personal development by:

- ◆ Providing basic rehabilitation service in the community.
- ◆ Providing referral and transfer services to meet the special needs of disabled persons.
- ◆ Developing linkages and transfer options between basic therapy service delivery in the home and referral services.

4. **MANAGEMENT:** An organizational function necessary to make sure that the previous three activities are implemented simultaneously and that these activities are relevant, efficient and effective by:

- ◆ Developing a monitoring, research and evaluation system.
- ◆ Capacity building of local partners.
- ◆ Including disabled persons, their families and the community in the design and monitoring, research and evaluation process to ensure accountability of the CAHD system.
- ◆ Developing and facilitating networks.
- ◆ Documenting the development and evaluating the impact of the CAHD system.

- ◆ Using monitoring, research, documentation, and evaluation information to facilitate and direct the creation of changes to the CAHD system.

Effectiveness of CAHD requires implementation of intervention activities in the following three sectors:

1. **Primary:** The micro-level, family situations, where people live out most of their lives,
2. **Secondary:** The first macro-level where people, as members of organizations, work to provide governance or goods and services, and create social change, in the primary sector, and
3. **Tertiary:** The second macro-level where people, as members of organizations, work to provide in-direct governance, manufacture goods, provide in-direct services, and create social change in the primary sector.

Implementing CAHD

CAHD, and the processes necessary to implement it, are designed to be included into the ongoing activities of existing organizations. Using existing organizations to establish CAHD is one of the core strategies in this concept. Implementing the CAHD concept means expanding existing program activities.

CAHD requires the involvement of many different organizations, from government bodies to small local NGOs. Implementing CAHD requires the fundamental involvement of the following types of organizations:

1. **Initiating organization:** The organization, usually an international non-government organization (INGO) or a local organization supported by an INGO, that has the interest, technical skills and resources to facilitate the development of CAHD in a particular region or country.
2. **Implementing organization:** Community development or community based rehabilitation (CBR) organizations that are actively providing assistance to people in communities.
3. **Research Organization:** An organization with the technical skills and capacity to develop monitoring, research and evaluation activities as part of a CAHD program.
4. **Referral organizations:** Organizations that have the capacity to provide professional medical and rehabilitation services to disabled persons.
5. **CAHD Networks:** Informal groups of organizations that work together to achieve a common purpose such as the implementation of CAHD.

CAHD Implementation Process

CAHD follows the following fundamental steps in implementing CAHD. These are

1. Starting the Development of CAHD by initiating organization.
2. Situational analysis.
3. Developing training capacity.
4. Developing CAHD in implementing organizations.
5. Implementing social communication.
6. Including disabled persons in family and social activities.
7. Including disabled persons and their families in development activities.
8. Including disabled persons in secondary and tertiary sector organizations.
9. Providing rehabilitation and referral services.
10. Developing network in the secondary and tertiary sectors.
11. Including beneficiaries in the monitoring process.
12. Establishing reporting and information sharing system.

CAHD Implementation Mechanism by CDD

CDD is placed at the tertiary sector of the CAHD framework. It acts as a training and resource organization on CAHD. CDD has direct working links with the secondary sector and also with the other actors of the tertiary sector. The primary sector is linked with CDD through the secondary sector.

The first link is created once the community development organizations (secondary sector) contacts CDD (or vice versa) showing interest to work on disability issues. The applicant organizations are next screened in accordance to a pre-set policy and criteria. Once the organizations are selected they qualify to be a partner and receive long-term technical support from CDD. These support come in the form of training, materials for community education, monitoring, networking, and creating linkages with other resource organizations to strengthen the inclusion of disability issues into mainstream development and society.

The managers of the organizations are first invited for a six-day orientation course (CAHD Orientation: Program design and Management) to allow them to possess a comprehensive understanding of the CAHD approach and the means of initiating and implementing the program in their own organization and locality.

A group of staff of the selected organization is next trained (Social communication of Handicap and Disability) for 13 days and are provided with Information, Education Communication (IEC) materials that they can apply in their efforts to induce positive environment in the community and families of persons with disabilities for better

acceptance and inclusion of disabled persons. The increase in the level of awareness would also facilitate strengthening of preventive measures of disability.

Another separate group of staff is trained to respond to the therapeutic needs of disabled people of all ages and types of disability. These staff receives a group of four training courses of combined 95 days duration under the banner of "Community Handicap and Disability Resource Person (CHDRP)"

All of these training courses are supplemented by other advanced and need based training courses, conferences and seminars, information and training materials, technical and program follow-up, monitoring and networking support.

A CDO after receiving these supports is involved in a variety of activities. The major ones are; social communication at field level for increased awareness and positive attitude, networking for sharing of local and national resources, advocacy for the rights of persons with disabilities and ensuring availability of services, rehabilitation (therapeutic) services for addressing specific needs of persons with disabilities, inclusion of persons with disabilities and their family members into development and social affairs and prevention of disability which includes early detection and intervention.

To support the CAHD implementation at the secondary and primary sectors, CDD is actively involved with other actors in the tertiary sectors. A strong working relationship has been established with the National Forum of Organizations Working with the Disabled (NFOWD). Through the forum CDD has been able to advocate at the national level to the Government and other agencies for policy development and application. The specialized organizations on rehabilitation expertise and referral institutions have been approached for further extension of existing services and creation of new ones to make service access more convenient for PWDs and their families. The donor agencies are also being sensitized to extend more support to the cause of disability issues. Extensive national level sensitization on disability issues is being carried out through the national media inclusive of television and satellite channels.

To further strengthen the initiatives of the CDOs, CDD has started working with other bodies at the Government and non-government sector. In Bangladesh, the Ministry of Social Welfare and the Department of Social Services (DSS) are the respective lead ministry and department responsible on matters related to disability. This ministry and department undertake different program activities addressing the needs of the persons with disabilities. For the past few years CDD have started training the officials of DSS on disability matters, who are from different parts of the country and serving at different administrative structure of the department. Once they get back to their own working areas they and the already trained CDOs collaborate on programs for the persons with disabilities. CDD had also taken intensive efforts to link the CDOs to specialized resource organizations that could further develop the capacity of these organizations on providing services to persons with disabilities. In addition, CDD had realized that the CAHD program loses its effectiveness and efficiency if the overall management capacity of a CDO is weak. As such it is also very important for the organizations to develop their capacity not only on addressing disability matters but also to improve their organizational development and management capacities. To further expedite the sensitization process on disability matters by the CDOs, CDD has planned to build the capacity of Journalists Forum all over the country.

Outcomes and Impacts of CAHD in Bangladesh

CAHD program interventions are gradually yet steadily bringing changes at local and national levels. Changes can be observed at different areas: in the person, family, community, organization, etc.

- **CDD as an Organization:**

CDD has been established and recognized as a resource organization in the field of disability. It has developed the capacity to provide approximately sixteen thousand person days of training in different fields of disability issues. Trainers also spend around 3500 person days in the field to provide follow up field visit.

- **Disability recognized as a development issue:**

Disability issue is now considered as an integral part of development issues by a large number of development organizations. These organizations are showing their keen interest to include disability issues into their existing and new development interventions. They also recognize the need of skilled human resources; appropriate information, materials and technical back up on disability issue.

- **Request for training and technical services:**

Each year the number of new organizations requesting CDD for training and technical support, is also increasing steeply. CDD is continuously receiving requests for additional training support from trained organizations. From a total request of 50 in 1997, new requests in year 2002 alone were more than 250.

- **Presence of human resources on disability issues:**

The number of skilled manpower has been steadily increasing as an impact of CDD training over the past years. More than 4,229 persons had received training from CDD till October 2003.

- **Presence of materials on disability issues:**

The different materials developed by CDD are now available at organizational and community level of organizations implementing CAHD. This is playing an important role in creating positive attitude at the local level and also opening access to a wide range of information to the service providers, persons with disabilities, families and communities.

- **Acceptance of CHDRPs as professionals:**

Over the past six years more than 212 organizations (October 2003) have procured rehabilitation therapy training from CDD for their staffs. These trained people are termed as Community Handicap and Disability Resource Persons (CHDRPs). At present 354 CHDRPs (October 2003) are working with extreme sincerity and hard efforts in their battle to improve the lives of the persons with disabilities and bring showers of relief to their families. From a situation of almost no services, at least there are some people now at the grass root level in many communities in Bangladesh.

Because of previous wrong beliefs, fear and superstition held by the community, the CHDRPs and their activities were underestimated. But with time, the commitment and sincerity of CHDRPs and the visible effects of their work have lead them to be well

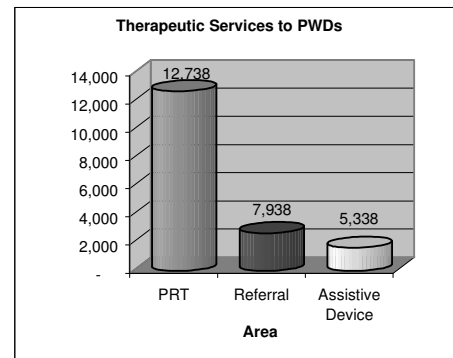
known and accepted as a resource person in the community. The profession of CHDRPs is now recognized by development organizations. Employers are requesting applications for the post of CHDRPs with in their respective organizations.

- **Change in attitude:**

There has been a visible effect of the growth of positive attitude in the CAHD implementing areas. The attitude has changed with in the implementing organization, persons with disabilities and their families, the working, the locality etc. The wave of this change has also to a great extent influenced at the national level.

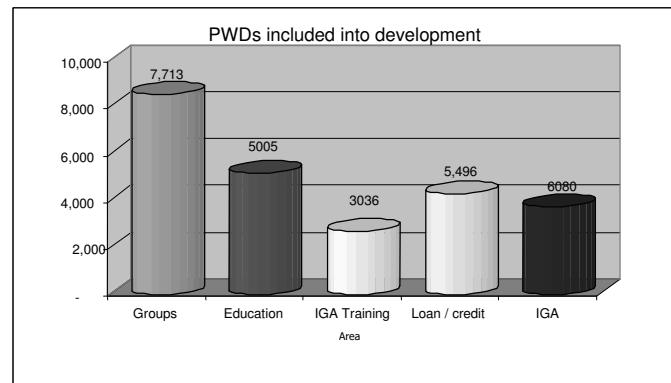
- **Presence of rehabilitation services:**

At present Primary Rehabilitation Therapy (PRT) services are available with 212 organizations (October 2003) all over Bangladesh. According to the available information from 212 organizations up to October 2003 a total of 32,538 PWDs have received CAHD services from the CHDRPs and their organizations. They have received assistive devices and had access to referral information and services. A demand and need has been created for the presence of advanced referral services at regional levels, to make these services accessible and cost effective for PWDs and their families.



- **Inclusion into development services:**

The initiation of CAHD by CDD trained organizations have lead to the inclusion of thousands of PWDs (27,330) into existing and new development components. They have been included into education, saving groups, credit and income generation programs, health services, etc.



- **Creation of accessibility for PWDs in infrastructures:**

Accessibility for PWDs has been gaining focus over the recent years. Accessibility features have been added into different infrastructures including homes of PWDs, educational institutes, health centres, etc.

- **Network and Advocacy:**

CDD trained organizations and trainees are getting involved with networking and advocacy activities. This is resulting more development organizations to be interested on disability issues. Government sectors along with International Donors are also facilitated

to come forward. The training courses of CDD are also gradually being more recognized and gaining in importance. This is resulting in the demand for more training.

Regional informal networks with CAHD implementing organizations are forming with the objective of resource, experience and opinion sharing and undertaking of joint efforts to address issues of common interests. At present four such informal networks are gaining in strengths and initiatives in four regions of the country.

- **Intensive Cooperation with Government**

The cooperation from the trained DSS officer are quite opposite from the one who did not receive any disability orientation training. Responses of these officers to the request of cooperation from the CDOs are prompt and spontaneous. The trained officers are also taking renewed interest in the disability related issues, which has never been experienced by the development organization. They are also participating at a greater rate than before in the disability related activities.

- **Recognition of the CAHD Network and its application for service delivery by other organizations**

A number of international organization have identified the CAHD networks as a strong platform based on which their services could be extended to the persons with disabilities at sub-national level.

- **Additional Impacts**

Families are receiving skills to help their PWD family members. Some families are acting as counselors to others. Local and central government agencies are extending their cooperation. National media are focusing on disability issues. Donor communities are more interested to fund in the development of human resources and disability program interventions. Different International days on disability issues are observed at local level.

Generation of further needs

Over 200 organizations are implementing CAHD in Bangladesh. The efforts and services of these organizations have enabled families, communities and organizations to comprehend and acknowledge the importance of continuation and expansion of services for the inclusion of disability issues and persons with disabilities into mainstream development. As the acknowledgement of services enhance, the demand for more skilled human resources increase to meet up the growing demand. Even though requirement of financial resources under CAHD are minimal yet there are certain costs that have to be borne by implementing organizations, especially expenses related to rehabilitation. As the organizations are expanding their rehabilitation services to include more beneficiaries, it is becoming over burden for the implementing organizations to bear all the costs associated with rehabilitation. Even though the organizations are trying to generate community contribution towards the process, the general poverty situation

does not allow adequate contribution. Besides disability is still not a prime issue among donors and as such it is difficult to find funding to support the initiatives. For CDD also it is difficult to find adequate training sponsorships to meet the growing demand of human resources by the CAHD existing and new implementing organizations. The need for assistive devices and referral services are also steeply increasing. Advocacy is being done towards the specialized organizations to bring their services further closer to the communities in different regions of the country.

Acknowledgement:

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ⁱ This paper has been developed by modifying the paper "Community Approaches to Handicap in Development", a strategic venture for mainstreaming disability issues in Bangladesh, by A.H.M. Noman Khan, Executive Director and Nazmul Bari, Deputy Director of Centre for Disability in Development (CDD).