

Disability and Extreme Poverty: Recommendations from Practitioners in Bangladesh

Disability and poverty form a vicious cycle where each reinforces the other. To eradicate extreme poverty, it is essential to focus on disability. This focus on disability is essential to meeting the Millennium Development Goals¹ and is likely to be integrated in the post-2015 framework. Bangladesh is a party to the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific. The Incheon Strategy covers 2013 and 2022 and sets disability-inclusive development goals for the region.

People with disabilities are more likely to be in extreme poverty

15% of the world’s population have disabilities.² Persons with disabilities are more likely to be among the poorest of the poor.³ Surveys from Bangladesh range between 1 and 16% of the population having a disability⁴. The Household Income and Expenditure Survey of 2010 shows 9.1% of the population is disabled.⁵ Poor people are more likely to have one or more disabilities and women are 37% more likely than men to have a disability.⁶

There are two ways that disability changes the way we think about who is in extreme poverty. First, even when a household is not in extreme poverty, the person with disability may be excluded and neglected in such a way that they are experiencing extreme poverty.⁷ Secondly, there are extra costs that result from disability – to do with extra medical needs, rehabilitation, transport, or as a result of social exclusion. Sometimes these costs result in families entering poverty. The extra costs of disability also mean that a family with a member with disability needs to have a higher income to have the same economic status.⁸

People in extreme poverty face similar challenges with or without a disability

Many of the challenges of persons with disabilities in extreme poverty are the same as other people in extreme poverty. These include lack of education and employment opportunities, limited quality health care, unsanitary environments, gender inequalities and lack of social participation. Vulnerabilities to internal and external shocks such as health issues, loss of livelihood or natural disaster are also shared. Even though challenges and vulnerabilities are often similar for other people in extreme poverty, people with disabilities often feel them more acutely because of limited access to other resources.

Many of the conditions of poverty can cause or worsen disability. Injury and impairment can be created through poor access to water and sanitation, malnourishment, and other unsafe working or living conditions. Limited education, health care and weak public health contribute to poor management of injuries and stigma towards those with impairments.

Disability-specific challenges need to be overcome to eradicate extreme poverty

People with disabilities have a range of specific needs related to both their impairments as well as the social and environmental barriers they face. One of the principal difficulties people with a disability face in Bangladesh is the attitudes and stigma surrounding disability. This results in low self-confidence, exclusion from family, community and other social and economic participation.

Accessibility of physical infrastructure and information is especially important. Difficulties with communication, mobility and transport prevent persons with disabilities from accessing services, education and employment opportunities. In terms of health and rehabilitation, persons with disabilities have specific needs that are unmet in terms of diagnosis, care, treatment, assistive devices and other support. One woman in extreme poverty spent almost five years in bed after an injury – after some sessions of physiotherapy she was able to walk again, and she now runs her own shop.⁹ The combination of difficulties in different areas mean that interventions need to be comprehensive: one organization

reports that even after employment was secured for persons with disabilities, they could not take up the opportunity because of inaccessible transportation and housing.¹⁰

The path out of extreme poverty needs to take into account these disability-specific needs for both individuals and their families. As the example of the injured woman confined to her bed shows, these challenges need to be overcome before persons with disabilities can access mainstream services. To ensure that gains of poverty reduction are maintained, disability-specific vulnerabilities have to be responded to. Furthermore, addressing disability-specific needs will reduce any cost of care that the family provides.

Lack of institutional capacity prevents us addressing needs of persons with disabilities

There have been a number of poverty reduction efforts that have focused on disability.¹¹ In general, however, poverty reduction efforts exclude persons with disabilities implicitly or explicitly. Exclusion of persons with disabilities comes about through targeting criteria, limited knowledge on disability among decision-makers, implementers and field workers, inflexibility of interventions, inaccessible design of infrastructure, limited budget allocation and weak monitoring.

Organizations have struggled with accurate identification of persons with disabilities, rehabilitation requirements, limited technical capacity of staff and the perceived higher cost-per-beneficiary. Sometimes reaching a higher number of people has taken priority over reaching those with more complex needs.

Recommendations

Identify and target extreme poor in a disability-sensitive way

- Identify and monitor the disability status for each individual beneficiary.¹²
- Recognize that individuals may experience a different poverty situation in comparison to the rest of their households.
- Adjust the poverty-line for households with disabled members to take into account extra costs due to disability.
- Design interventions that cater and respond to individual needs.

Introduce disability-focus to mainstream poverty reduction efforts

Persons with disabilities should be included in *mainstream* poverty reduction efforts. Measures can be taken that will be beneficial for persons with and without disabilities:

- Provide motivational support to both individuals and their communities to embrace disability inclusive development.
- Provide outreach options for services.
- Use universal design measures for infrastructure (including wat-san initiatives) and communications.
- Make focused efforts on transport and public health.
- Ensure that persons with disabilities have access to education opportunities.
- Include persons with disabilities directly in mainstream skills development, access to financial services, employment and work promotion initiatives.
- Ensure that disaster risk-reduction activities are responsive to the needs of persons with disabilities.
- Deliver support through solutions tailored to individual needs and abilities.
- Take measures to reduce the impact of health shocks, such as community-based funds or insurance for medical treatment.
- Encourage access to leisure, recreation and cultural activities.

Adopt measures to overcome disability-specific challenges

- Recognize the mandate of poverty reduction efforts to work with persons with disabilities.
- Sensitize and educate stakeholders from community, implementers, and policy makers on disability and the potential of persons with disabilities.
- Ensure provision of basic rehabilitation services in the community.
- Ensure provision of assistive devices to increase mobility, communication and functional abilities.
- Actively link persons with disabilities with the expanding services provided by government and non-government providers, including access to social safety net programmes.

Strengthen institutional capacity to work on disability issues

- Develop, demonstrate and build knowledge on effective interventions for inclusive development.
- Establish a budget allocation in regular and development budgets for disability-specific interventions.
- Ensure the meaningful participation of persons with disabilities and their representative organizations to inform decision-making concerning development strategies, plans and programmes.

About this document

This document is being prepared as a collaborative effort by organizations and individuals with experience working on disability and extreme poverty in Bangladesh. So far it has had input from:

- Action on Disability and Development (ADD)
- CBM Bangladesh
- Centre for Disability in Development (CDD)
- Center for Services and Information on Disability (CSID)
- Handicap International Bangladesh
- Julian Francis, Consultant
- Light for the World
- National Grassroots Disabled Organization (NGDO)
- Peter Fremlin, Consultant

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¹ “Disability and the Millennium Development Goals”, a 2011 review produced by the United Nations Secretariat, reports “a growing body of opinion and data argues that unless persons with disabilities are included, none of the MDGs will be met”.

² *World Report on Disability*, 2011, World Health Organisation and World Bank.

³ “Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice”, 2011, *Third World Quarterly*, N. Groce, M.Kett, R. Lang et al.

⁴ The Household and Population Census of 2011 found 1.4% of the population to be disabled; the World Health Survey of 2003 found 16.2%. The differences between these surveys is largely due to definition of disability and methodology chosen.

⁵ From the Household Income and Expenditure Survey of 2010.

⁶ “Inequality in Disability in Bangladesh”, 2014, Md. Ismail Tareque, Sharifa Begum and Yasuhiko Saito.

⁷ Reported in interviews with Action on Disability and Development and Handicap International Bangladesh. Both organizations’ field-work revealed families that did not match the criteria set for extreme poverty but where individuals were excluded, without access to food, clothes, income, etc.

⁸ In Vietnam the extra costs of disability are estimated to be 11.5%, meaning that a family with a member with disability needed to be earning 11.5% as much to be of the same economic status. See “Disability and Poverty in Vietnam”, 2011, *The World Bank Economic Review*, Daniel Mont and Nguyen Viet Cuong.

⁹ Reported by Handicap International Bangladesh, from field work in Sitakundo Upazilla, Chittagong District.

¹⁰ Reported by Center for Services and Information on Disability (CSID), in the implementation of an “Access for Livelihoods for Persons with Disabilities Project.”

¹¹ Perhaps the best example in Bangladesh is the Gaibanda Food Security Program funded by, among others, the European Union. This project was able to target over 20% of households with disabled family members. Initiatives on disability have also been taken by the Shiree/EEP and Urban Partnerships for Poverty Reduction projects.

¹² Methodology is important here. Consider using the Washington Group Questions, which use questions on functionality without directly mentioning “disability”.