

Urban Poverty Reduction and Persons with Disabilities

Lessons learned and recommendations from UPPR Project

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Executive Summary

Urban Partnerships for Poverty Reduction (UPPR) did significant work for persons with disabilities in nearly all the towns and cities it worked in. This report documents the successes and challenges faced, as well as making recommendations on inclusion of persons with disabilities in future programming.

UPPR initiated its activities in 2008 and works in 23 towns and cities in order to lift three million urban poor and extreme poor people out of poverty by 2015. It is implemented by the Government of Bangladesh (GoB) in partnership with UNDP and UN-HABITAT, with support from UK-Aid. UPPR commissioned this report by Peter Fremlin, an independent consultant, to assess the extent of interventions for persons with disabilities taken by the project and to make recommendations for inclusions of persons with disabilities in future urban poverty reduction programming in Bangladesh. The report is based on interviews, desk review, and review in the field of a piloting initiative UPPR conducted in Tangail.

In 22 of the 23 towns and cities it worked in, UPPR conducted initiatives that targeted persons with disabilities. Of particular note are activities under the socio-economic fund. Over 1,000 persons with disabilities were supported by the core grants of this fund. In addition to this, 7 towns conducted initiatives on schooling and education, 10 towns provided assistive devices and 4 towns provided livelihoods support. In 2011, UPPR designed a strategy to build on best practices and mainstream persons with disabilities throughout all project activities. The commissioning of this report to assess the inclusion of persons with disabilities also reflects the importance given to the subject by UNDP and GoB management.

Alongside these considerable achievements, the projects faced challenges in inclusion of persons with disabilities and project-wide implementation of the strategic directions identified on mainstreaming of persons with disabilities. The design of the project did not explicitly consider people with disabilities or set targets for inclusion. Beyond this the household-oriented nature of the project as well as centralized administrative procedures were a challenge in responding flexibly to the diverse needs of persons with disabilities. Limited information on the numbers of persons with disabilities was a challenge throughout the project and is linked with limited integration of persons with disabilities into the project's community governance and planning.

UPPR saw a range of community-led initiatives that supported people with disabilities in poverty and extreme poverty. It also demonstrated pilot initiatives to address the gaps in information on and integration of persons with disabilities in community structures. Together with the lessons learned from implementation, this is an important contribution to international and national work on inclusion of persons with disabilities in poverty reduction programmes. There is an important opportunity to capitalize on this momentum for future poverty reduction initiatives in Bangladesh.

Acknowledgements

UPPR staff and community members have shown resourcefulness and dedication to ensure the project activities meet the need of persons with disabilities. Those interviewed for this report were all frank in sharing successes and the limitations of work done, and any strengths of this report are a result of that cooperative spirit.

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Introduction

This report summarises the actions taken by Urban Partnerships for Poverty Reduction, a large urban poverty reduction project in Bangladesh to target and address the needs of persons with disabilities. Based on the challenges of addressing disability further and on the opportunities for future work, recommendations are made for future programming on urban poverty reduction in Bangladesh and how it can include persons with disabilities in its programming, in an effective and meaningful way.

The Project being reviewed is Urban Partnerships for Poverty Reduction (UPPR), which from 2008-2015, has worked to reduce the poverty of 3 million urban poor and extreme poor people in 23 towns and cities in Bangladesh. UPPR uses a community-based approach by mobilizing community-based committees formed mostly by women, to determine and support implementation of community needs. The project's main interventions have been in socio-economic and settlement improvement support. In parallel to these, it has strengthened the urban policy framework at the national level, worked through local government institutions, and developed poor people's access to services from other government and non-government institutions.

UPPR is implemented by the Local Government Engineering Department, UNDP, UN-Habitat, city corporations and municipalities. Funding support came from the United Kingdom's Department for International Development. The Government of Bangladesh, with support from UNDP, is designing a National Urban Poverty Reduction Programme to scale-up the UPPR-model of poverty reduction work more widely in Bangladesh.

In its design, UPPR focussed on interventions to tackle poverty and vulnerability, without specific targeting or interventions for persons with disabilities. However, a range of interventions took place within the scope of the project. Based on local needs in different towns, and with support from project management and the donor, initiatives on disability included support for schools for disabled children, provision of assistive devices and prioritising persons with disabilities and their families in the provision of the main project interventions (especially in terms of socio-economic supports). Half-way through the project implementation, a strategy on mainstreaming persons with disabilities was developed based on learning from the on-going interventions and gaps identified.

Now, at the end of the project, this review looks at the extent to which UPPR was able to meet the needs of persons with disabilities. Part of this is looking at the extent to which the project could live up to the ambitions of the strategy created for mainstreaming persons with disabilities. More generally, the review is designed to capture the best practices and challenges from UPPR's work with persons with disabilities in order to guide future programming.

In 2012, UPPR's work on disability was presented by DFID at an international conference as a case study on the approach that DFID takes to disability. Beyond the context of poverty reduction in urban areas in Bangladesh, this review is also relevant to the challenges of disability sensitive programming more generally.

UPPR is an example of a flagship development programme which gave attention to disability issues and this review examines its successes and challenges in this area.

UPPR and the Urban Context

UPPR is itself the continuation of a previous project that targeted urban poverty reduction in Bangladesh: the Local Partnerships for Urban Poverty Alleviation Project (LPUPAP), also implemented by UNHABITAT and UNDP, and ran from 2000-2007. UPPR inherits some of the approaches of LPUPAP, such as, settlement improvement, and added significantly to the socio-economic supports that the project gives. Furthermore, UPPR continues to support to community groups initially established under the LPUPAP.

Both UPPR and LPUPAP were designed as responses to a rapidly-changing and urgent situation for poor people in urban areas in Bangladesh. The growth of towns and cities has not been effectively planned or managed, and until recently, attitudes of policy makers to the urban poor had been that they should return to rural areas rather than be better accommodated in urban centres. Rapid urban growth, especially of Dhaka city, is expected to continue. While towns and cities offer increased economic opportunities, they also increase costs and force people into physically, economically and socially insecure environments.

UPPR was designed to tackle the comprehensive needs of the urban poor. Mobilizing communities brings poor people's actual needs to the forefront, and has been shown to be a method to formally link communities with local government and other institutions. Groups led by women transform gender relationships and allow a different set of inequalities to be addressed. Socio-economic development has been pursued mainly through apprenticeship support, small business grants and education support. Alongside these interventions, savings and credit groups, awareness-raising activities, community-based services, urban agriculture and other programmes have been conducted, including specific interventions on disability. For settlement improvement, the project has focussed on building latrines, tube-wells and foot-paths. Beyond these three interventions, there were a range of other settlement improvement activities, based on community needs, including an considerable emphasis on improved cooking stoves. Work at the policy level has led to the creation of the Bangladesh Urban Forum (BUF) as well as contributions to the development of government policy on urban areas.

At the time of writing this report, UPPR has met the ambitious targets that the program had for mobilizing and providing services for poor people. Impact studies have also shown the effectiveness of socio-economic activities, as well as, the benefits of the settlement improvement activities. UPPR has played a key role in advocating for the government to recognise the urban sector as a sector needing specific attention. The Bangladesh Urban Forum was formed in 2011, and is an institution that is made up of an inter-ministerial steering committee, a secretariat and a core group of clusters. One of the clusters of focus for the BUF is on Children, Women and Persons with Disabilities.

Background on Disability

The key international understanding of what disability is and the responsibilities of state actors have towards people with disabilities is enshrined in the United Nation's Convention on the Rights of Persons with Disabilities (CRPD). The Convention establishes disability as an "evolving concept," and one that results from the interaction between people's impairments and attitudinal and environmental barriers. This builds on a "social" understanding of disability, where disability is not created by the individual's mental or physical impairment, but the barriers that they face.

When we use the understanding of disability as it is in the Convention, we focus on the environmental and attitudinal barriers and the way that these are socially made. This refocuses attention on how programmatic response can limit or tackle these social barriers – which means that working with disability is now considerably broader than just medical rehabilitation. This change, to bring programs and services in-line with the philosophy of the CRPD is something that all countries, including Bangladesh, are moving towards. It is a move away from only seeing persons with disabilities as requiring medical and rehabilitation services towards comprehensive approaches based on the rights, dignity and participation of persons with disabilities and their full integration into all parts of society.

Current global estimates indicate that 15% of the world's population are persons with disabilities. In Bangladesh, the figures range from 1% of the population to 32%, largely differing depending on the methodology used for collection. Perhaps one of the most representative results is the Household Income and Expenditure Survey (2010), which showed that 9.2% of the population are persons with disabilities.¹

Scope of Review

This review is being conducted in the last few months of the UPPR project. The review itself consisted of three components: a description of the context of inclusion of persons with disabilities in poverty reduction in Bangladesh, a review of implementation of disability-sensitive activities in UPPR, and field-research to gather concrete evidence from implementation. The review will document gaps, lessons-learned and recommendations from UPPR programming, both through assessing UPPR's

Study Objectives

1. Review the extent of inclusion of persons with disabilities in UPPR work, identifying gaps and lessons-learned from implementation.
2. Identify recommendations on disability inclusion for future urban poverty reduction programming.

¹ The HIES used the international standard methodology to identify disability – 6 questions on functional limitations in different areas. Report can be accessed at <http://www.bbs.gov.bd/WebTestApplication/userfiles/Image/LatestReports/HIES-10.pdf>

work and placing that in the context of Government and non-government policy and initiatives in this area.

The context for the review is that UPPR had conducted work on disability, but not systematically monitored it, or gathered the information on disability inclusive from different towns or under different components. Strategic directions had been set through the creation of a disability strategy but these had not been monitored or updated. The contribution of this review is therefore a summary of the work that had been conducted by UPPR, identification of gaps and areas to improve, and strategic directions for future programming, including through alignment with other stakeholders' initiatives on disability inclusion.

Methodology

This is a programmatic review of the measures taken by UPPR on disability inclusion. As such the principal evidence assessed in the review is based on UPPR documentation, interviews with UPPR staff and other stakeholders, and a field assessment of a pilot initiative on disability inclusion. Informally structured interviews were conducted after identification of key concerns between the consultant and the UPPR team. The review was designed to gather the extent of disability inclusion within the project, lessons learned and implications for future directions rather than for evaluative purposes. To do so it assesses the steps taken under each of UPPR's components for disability inclusion and the extent to which they occurred across the 23 towns and cities UPPR works in. Focussing on these elements, the review was not designed to be systematic impact-level assessment of the work on disability.

A desk-review of internal and external documentation was conducted, as were interviews with colleagues in UPPR and consultations with external stakeholders. It was complemented by field-work conducted by UPPR staff to assess the successes and limitations of one of the pilot projects on disability. Unfortunately, for reasons of time and the prevailing security situation, the lead consultant could not visit the field directly during this assignment.

This review gathers together data from project documentation and knowledge of project implementers, managers and concerned stakeholders. An important aspect of this review has been the collection of information on disability from both town-teams and HQ – indeed, one of the findings of this work is that disability data had not been collected in a systematic way. For instance, the information on disability specific interventions or the disabled people receiving grants had not been collected in one place systematically before this review. The challenge that the review process faced – a lack of centrally collected data on interventions for persons with disabilities – is highlighted as one of the challenges faced by the project as a whole, and this review explores approaches to address it.

The field visit conducted by UPPR HQ staff was conducted in Tangail. Tangail was one of the three sites chosen by UPPR for piloting the strategy on mainstreaming persons with disabilities. Piloting in Tangail with a community-led survey to identify persons with disabilities in two areas, using internationally-approved methodology (the Washington Group questions). Based on this survey and its

findings, groups of persons with disabilities were formed, and these were incorporated into the UPPR methodology of group-led identification of needs and provision of services. The field visit to Tangail conducted two focus group discussions with persons with disabilities, community leaders, interviews with UPPR town-team staff and meetings with local government officials. The focus group discussions with persons with disabilities were based on those that belonged to groups of disabled people formed as part of the pilot initiative. Descriptions of the stakeholder interviews conducted and the results of the Tangail field visit are provided as annexes.

Further field trips were planned to assess mainstreaming of persons with disabilities in project grants, and the extent of mobilization of persons with disabilities in community governance structures, but these could not be conducted due to time limitations and the political situation.

Context on Disability and Poverty Reduction

International Context on Disability Programming

The key international instrument and reference point for disability inclusion is the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Bangladesh has ratified and signed this convention. As described above, the Convention provides the guide for our understanding of disability, and it also details the principles and rights-based framework for approaching disability. UPPR works directly on rights enshrined in the Convention, including through support for women and children with disabilities, awareness raising on disability, and promotion of living independently and being included in the community, education, health, work and employment, and many others. Furthermore, it is important to note, the context of UPPR within the framework of International Cooperation. Article 32 of the UN CRPD stipulates the responsibility for state parties to ensure the inclusiveness of development programs and the participation of persons with disabilities in their design. This responsibility was not lived up to in the design of UPPR, but there is a chance that it can be followed in the design of further programming.

An important regional framework is the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, which was ratified at the ministerial level by countries in the region, including Bangladesh. The Incheon strategy is guided by the CRPD and by previous regional work on disability. Three subsequent Asia Pacific Decades of Persons with Disabilities (1993-2002; 2003-2012; and now 2013-2022), the Biwako Millenium Framework for Action and Biwako Plus Five have given a regional basis for understanding the way forward on disability. The Incheon Strategy is unique internationally in setting goals and indicators at the regional level. Of particular relevance to the UPPR mandate is the Goal 1 of the strategy: “Reduce Poverty and Enhance Work and Employment Prospects.” Target 1.A. of the strategy is to “eliminate extreme poverty among persons with disabilities.” This is an ambitious target that goes beyond UPPR’s mandate and perhaps the mandate of future urban poverty reduction

programming. However, it shows the vital contribution that UPPR and subsequent programming can make towards meeting this regionally approved target.

In terms of the international organizations responsible for UPPR and for future programming, both DFID and UNDP have frameworks or strategies on disability inclusion.

DFID recently developed (in December 2014) a Disability Framework, *Leaving No One Behind*. The framework sets out DFID's commitment to disability inclusive development and touches explicitly on many of the sectors at the heart of UPPR's work: health, education, water and sanitation, infrastructure and livelihoods. DFID will be developing a guidance note on the intersection on disability and violence against women and girls, which will provide valuable input to future programming. Furthermore, DFID's framework includes the target of influencing multilateral partners to further focus on disability and development.

UNDP has a Guidance Note on Applying the Convention on the Rights of Persons with Disabilities in UNDP Programming. The note makes explicit that inclusion of persons with disabilities is essential to fulfil UNDP's mandate. There is specific guidance on inclusion of persons with disabilities in poverty reduction initiatives. This guidance is based on the principles of the CRPD: non-discrimination, participation, accessibility and accountability. An important component of the Guidance Note is the need to include organisations representing persons with disabilities in the planning process of programmes. .

Institutional and Policy Frameworks in Bangladesh

The Government of Bangladesh has taken measures to bring the country's response on disability in-line with the ambitious commitments of the CRPD. In 2013, the government passed new legislation on disability in the form of the Persons with Disabilities Rights and Protection Act. This legislation is part of the move towards a rights-based approach to tackling disability issues from the previously welfare-oriented legislation of 2001. This Act sets out the rights of persons with disabilities in each area of life and also establishes committee structures to coordinate work on disability across ministries and civil society. At the national level, there is a coordination and an executive-level committee;

and coordination committees at district level, sub-district, town and municipality levels. The town/city level committees are chaired by the executive officers

Role of local government on disability inclusion

A recent government circular on the responsibilities of municipalities on disability issues (dated 26 February 2015) sets out clearly the areas for local government to act. It stipulates that persons with disabilities should be given priority in development initiatives and that there should be a budget allocation for work on disability. Raising awareness on disability issues is emphasized, as are accessibility features for both tube-wells and toilets. It is also made clear that local governments should consult with disabled people and organizations specialising on disability.

(*nirbahi kormokorta*), and include representatives from respective district and sub-district officials; medical officers; women's officers (*mohila bishoyok kormokorta*); thana official and social services and disability organizations. These town and municipality-level committees responsible for disability issues did not exist under previous legislation, but now provide a key opportunity to address poverty of persons with disabilities in urban areas.

The official State responsibility for disability issues in Bangladesh lies with the Ministry of Social Welfare. This is reaffirmed with the 2013 legislation as the Ministry of Social Welfare chairs the coordination and executive committees formulated in the law. Furthermore, the Ministry of Social Welfare also supervises the implementation of disability-specific programming, currently through the National Disability Development Foundation and the Department for Social Services. A specific department on disability issues is in the process of being formed. Disability services are rapidly expanding over the past few years. Disability one-stop centres, currently being established at the district level, are focussed on providing largely medically oriented rehabilitation services. They are not currently providing a wider range of services or responsible for the administration of stipends. Disability stipends, available to extreme poor persons with disabilities have doubled in size and coverage. From 250Tk/month in 2009 they are now at 500Tk/month in 2014. Coverage of people has gone from 200,000 to 400,000 in a similar period. Furthermore, the government allocated significant expenditure for the establishment of new institutions – principally the Trust for the Protection of Persons with Neuro-Developmental Disabilities.

Over the past few years, there has been a perceptible shift in the attitudes of other ministries and departments in government to more positively engaging with disability issues. The transition in the 2013 law and the commitment at the Prime Ministerial level are reflected in other government agencies acknowledgement that disability issues are relevant to all. Previously, government agencies and ministries were likely to refer the issue to Ministry of Social Welfare, but now there is growing commitment to mainstream disability inclusion.

In addition to the disability-specific institutions, there are key institutions in the urban and human rights context that are important to link with. At the national level, the Bangladesh Urban Forum provides a structure in which disability issues are already included at the level of one cluster. The National Human Rights Commission offers a structure where violation of human rights can be reported and addressed independently at the national level. The Commission has to some extent already tackled issues of disability discrimination at legislative and policy levels as well as being able to intervene in some cases of rights violation of persons with disabilities. Both City Corporations and Municipalities have a range of committees responsible for different issues in local government, and through which disability issues could potentially be mainstreamed – for instance in slum development, water and sanitation, infrastructure upgrading, etcetera.

The institutional and policy frameworks described in this section need to be further assessed in terms of their consistency, implementation and effectiveness. There are questions on how the services, budgets and institutions established are

functioning, and their appropriateness to the situation of persons with disabilities. Beyond the disability-specific programmes and institutions, there is a strong need to analyse the extent that mainstream institutions and services reach persons with disabilities.

Inclusion of persons with disabilities in poverty reduction

The past few years have seen a growing body of knowledge and experience on the inclusion of persons with disabilities in poverty reduction programmes. Internationally, organizations are gathering their experience² and in Bangladesh, there have been an increasing series of initiatives on this, as well as a increasing experience of implementation. An Extreme Poverty Research Group meeting was held in 2013 on “Disability in Bangladesh, the Knowledge to Break Barriers.” More recently, experts and organizations specialising on disability have gathered their knowledge to make a brief guide on “Disability and Extreme Poverty: Recommendations from Practitioners in Bangladesh.”³ This particular document provides an overview of what is known about persons with disabilities in extreme poverty in Bangladesh, and provides recommendations in four key areas:

- Identifying and targeting the extreme poor in ways that include persons with disabilities;
- Introducing a disability focus to mainstream poverty reduction efforts;
- Adopting measures to overcome disability-specific challenges;
- Strengthening institutional capacity to work on disability issues.

This guidance note from practitioners in Bangladesh shows that there is an increasing consensus on the way to address disability issues within poverty reduction projects. It is clear what kind of initiatives are needed to support persons with disabilities. However, the specific details of initiatives and their place in relation to existing programmes needs to be further explored.

There are, however, serious institutional questions that remain. A large part of the experience of implementation at both international and national levels come from small-scale projects that have specifically targeted persons with disabilities. There are very few clearly documented examples of large projects like UPPR that have mainstreamed persons with disabilities. Here we briefly explore two examples that exist. The first is a food security project conducted in Northern Bangladesh that targeted 40,000 households. The second is Shiree, like UPPR a large poverty-reduction project, and that aims to support over 1 million people to come out of extreme poverty.

The Food Security for Ultra-Poor Programme (2009-2013), largely funded by the European Union and implemented by a coalition of national and international partners, supported food security through group mobilization and livelihood activities. In one of the districts where the project was implemented, considerable

² See for example, CBM’s “Addressing Poverty through Disability Inclusive Development”, a collection of 8 case studies.

³ This can be accessed at <http://desibility.org/disability-and-extreme-poverty-recommendations/>. The consultant on this review was also involved in the creation of these guidelines.

efforts were taken to mainstream persons with disabilities, and of the 40,000 ultra-poor female headed households the project targeted, almost 4,000 of the beneficiaries were persons with disabilities and a further 3,000 had minor impairments or treatable diseases.⁴ The project initiatives for mainstreaming including specific targeting of disabled people, staff development, and rehabilitation supports. Evaluation of the work on disability inclusion has shown that it was successful, and that disabled women were able to pursue livelihoods work. This is perhaps the best example in Bangladesh of disability mainstreaming in a poverty reduction programme. One of the most important lessons drawn from it was that for disability mainstreaming to be successful, it helps for there to be capacity on disability issues in place before the project starts. This may be through pre-existing relationships with organizations specialising on disability, or through project proposal writers and management having their capacity enhanced to be able to address disability issues. The project shows that inclusion can work in Bangladesh, but that it needs to be planned for effectively.

Shiree is a large poverty reduction programme in Bangladesh, of a comparable size to UPPR, and supported by DFID and SDC. Disability issues were not integrated into the initial design of the project but disability developed as a focus through the project based on needs in the field and the priorities identified by implementing partners. Shiree has approached disability through a combination of inclusion of persons with disabilities in its regular programming, as well as through “innovation” activities supported through a fund designed to reach vulnerable groups. A range of implementing measures were used by partner organizations, including both intensive and individually-based rehabilitation work, as well as approaches more centred around advocacy and disabled people’s organizations. In the different interventions, there was different emphasis on providing of medical rehabilitation services, small-business development and training to link with wage employment. Shiree has made important contributions to technical knowledge in this area, through creation of guidelines for implementing livelihoods for persons with disabilities, supporting the Extreme Poverty Research Group on disability (mentioned above) and the recommendations from practitioners in Bangladesh, which came about as a result of a request from Shiree management. In an interview with the Shiree programme manager responsible for these initiatives, one of the lessons learned highlighted the need to develop specific, intensive and medium term initiatives to address the needs of persons with disabilities.

This collection of initiatives show that disability inclusion within poverty reduction initiatives in Bangladesh is a rapidly developing field. A key focus of poverty reduction programming is livelihoods activities, and sometimes these have been restricted to the “able-bodied”. But the initiatives here, together with the UPPR experience described in this report, show that there is a range of practical initiatives of disability inclusion in poverty reduction activities in Bangladesh. Future poverty reduction programming in Bangladesh stands to gain from this growing experience and knowledge on the issue.

⁴ A full description of the initiatives taken here for disability mainstreaming are given in the Light For the World Publication “Inclusion works! Lessons learned on the inclusion of persons with disabilities in a food security project for ultra poor women in Bangladesh” by Paulien Brujin.

Disability Activities within UPPR

Context for addressing vulnerability and extreme poverty in UPPR

The UPPR project was designed to tackle the needs of the urban poor. The guiding logic of the project is of a community-based, bottom-up intervention: where poor people become mobilized into community structures, and through these community structures, both determine their needs and take action, on finding solutions. The infrastructure, water and sanitation, and socio-economic interventions all address key needs for the urban poor. Furthermore, the project gives an especially strong focus on women and girls, as the majority of UPPR's community groups, except for some inherited from the previous project, are led by women. This makes sure that UPPR's work is contributing to a significant social transformation in the roles of women in its communities. Beyond the poverty and gender dimensions, UPPR does focus on other vulnerabilities. Throughout the project, households were identified if they were headed by a woman, when there was a disabled family member, or whether they belonged to a tribal or indigenous population. UPPR's Extreme Poverty strategy emphasises the importance of this approach, as it makes clear that seeing the poor as a homogenous group will result with certain groups being excluded from poverty reduction interventions.

UPPR's model has been shown to be successful in implementing poverty reduction at scale. But there are important limitations in both the logic of the model and the way that it was implemented. These limitations have important consequences for how the project and future interventions can work with persons with disabilities, as well as other vulnerable groups, such as working on early or forced marriage or violence against women and girls. Limitations are present in both the household-centred approach taken by the project, in the way community governance structures were implemented, and in the pressures of implementing according to fixed targets of delivery.

A tested alternative to household-level approach

In the case of homeless people, UPPR modified its household-level approach to successfully meet the needs of a vulnerable population. Working in Dhaka and Chittagong, the project adopted particular identification and targeting methodologies to make sure that the population was successfully reached. As well as the mainstream interventions of livelihoods and trainings, the project also provided services specific to this population: day-care, a centre to meet and to keep things during the day.

The principal interventions of UPPR treated the household as a unit. In community assessments of poverty levels and of interventions, it was the household that was categorised as poor, extreme poor or non-poor, and it was the household for whom the intervention was made. The risk of this approach is that it can hide the differences within each household. This is as much a factor for gender differences as it is for disability. To tackle early marriage and violence against women and girls, interventions will have to consider intra-household dynamics. As experience with poverty reduction programmes for disabled people has shown, persons with disabilities often face different levels of poverty from other members

of their household. As detailed in the box, the UPPR adopted an individual-based approach for homeless populations. This was an intervention that successfully met the needs of a vulnerable population. However, an evaluation of this approach mentioned that not all of the needs of the beneficiaries had been met, and that there were potential challenges in sustainability.

The primary groups, community development committees, clusters and federations that UPPR has established in its community governance structure have shown themselves to be able to contribute to social transformation, and raise the voice of people in poor communities to be significant in their towns and cities and nationwide. However, while these community governance structures are formed in order to represent the communities, it will always be challenging for them to fully represent the full diversity among community members. Through the project there was a deliberate and increased emphasis on targeting extreme poor households – which was successful in drawing more people in extreme poverty into the ambit of the project and its interventions. However, there are challenges in terms of other vulnerable groups. One challenge in particular faced by the project is that of migrants – people who come into areas where UPPR interventions are running, but are not registered in the identification of households and therefore not eligible for support, even if their needs are greater. This is one of the ways in which the UPPR model may not have always reached the most vulnerable members in the areas in which it works.

Throughout project implementation, HQ staff and field staff were under pressure to achieve implementation results that sometimes went against or diluted the bottom-up nature of the project. The ambitious project targets contributed to, at times, a culture of “delivery” – an emphasis on making sure targets of mobilization or interventions were met. The culture of achieving “delivery” puts a focus on a number of pre-determined items, such as number of latrines, which are determined in a top-down manner, and not on the needs identified by communities. Furthermore, the accountability structures within UPPR were highly centralised, and both field and HQ staff report that this led to inflexibility in providing services. A Management Review conducted in the middle of the project pointed out the weaknesses in a centralised, HQ-based, approval system for community contracts. The Review also pointed out that field-workers in the project were not properly oriented in the logic and community-based nature of the project. The combination of these factors means that the project objective of being community-based may not always have been realised in practice. Below, we will examine specific cases of how these forces manifest themselves in relation to work with people with disabilities.

Review of Disability Inclusion Activities in UPPR

In 2011, UPPR designed a strategy to mainstream disability throughout project activities. This strategy was designed based on a review and consultations in the field, as well as, assessment of disability-specific initiatives conducted in several towns. The strategy made recommendations for changes to be made in each level of UPPR’s work, from community-based work to management in head-office. The purpose of the strategy was both to scale-up existing best practices within the

project, as well as, to achieve a comprehensive and consistent disability focus in UPPR's work. In 2011, the strategy found that some interventions had already been excellent, and that communities and town teams were interested to work on disability. The strategy also warned that not all of the interventions focussed on disability had addressed inequality or discrimination and that persons with disabilities were being excluded from mobilization and grant giving.

This section provides a summary of component-wise progress and a summary of the extent that the recommendations of the Strategy on Mainstreaming People with Disabilities were realised.

Mobilization of Community Groups

UPPR's extensive mobilization covered a total of almost 750,000 households across 23 towns. Through the process of Participatory Identification of Poverty (PIP), the poverty status of these households, as well as whether they had a disabled family member, was assessed by communities. Of the 746,740 households mobilized, 14,960, or 2%, reported as having disabled family members. This figure ranges from a low of .9% in Kushtia to a high of 3.8% in Chapai Nawabganj, and is slightly more prevalent among extreme poor households, where 2.7% are reported as having a member with disability.

However, the 2% figure of households with disabled family members is not an accurate one.⁵ It was found during the creation of the Disability Strategy that PIP radically underestimates the numbers of persons with disabilities in communities. Community members themselves were in some cases able to identify persons with disabilities that had not been registered during the PIP. Furthermore, internationally accepted methodology on identification of persons with disabilities requires an assessment at an individual level. Community members have differing understandings of disability. These understandings sometimes do not include the range of common areas of impairments (for example, not thinking a visual impairment would be related to disability) and/or focus on the severe impairments. Stigma around the word "disability" is another factor that will limit the numbers of people that are identified as disabled. Another challenge with PIP is that these questions were asked at the household level, rather than about individuals in the household – an approach that will struggle to bring out the details of each member.

Beyond the PIP, UPPR has conducted impact studies that also assessed the numbers of people with some disabilities. The follow-up study on Women's Empowerment in 2014, for example, showed that 9.9% had family members with disabilities. This is significantly higher than PIP, but faces the same methodological challenges. Surveys conducted in Tangail and Comilla, using internationally accepted methodology, found much higher numbers of persons with disabilities. The surveys used community leaders and facilitators to identify persons with disabilities.

⁵ Annex 3, on Methodology for Identification of Persons with Disabilities, provides a technical overview of the different methods that can be used here.

Community-led pilot surveys in Comilla and Tangail

	Persons with Disabilities	No. of people surveyed	% persons with disabilities	Number of HH with disabled family member	HH surveyed	% HH with disabled family member
Comilla	830	16,148	5	1660	3879	43
Tangail	588	4,764	12	443	1234	36

The surveys show a radically different perspective from the PIP on the prevalence of disabilities across the UPPR project. The overall numbers of disabled people differs from 5% and 12% in Comilla and Tangail, respectively, and these numbers are comparable with national surveys using the same methodology. Crucially, however, they show that the numbers of households with disabled family members is much higher than anticipated. Rather than the 2% identified in PIP, these surveys indicate that 36% to 43% of households have family members with disabilities. There is room for further assessment of these figures and the findings of these surveys, including the need to assess why there is a significant difference between these towns. But for the purposes of the assessment of the project, the most important finding is the confirmation that UPPR's standard methodology radically underestimates the number of disabled people with which the project works.

Further questions in terms of mobilization were raised in the Disability Strategy. After mobilizing into groups, a Community Action Planning process takes place where issues relevant to the community are identified and where next steps to be taken by the community and the project are identified. The Disability Strategy raised the concern that these processes did not fully take into account disability-related issues, and when they did, they were only able to do so in a superficial way. A pilot initiative in Tangail (discussed in more detail below) in which persons with disabilities were given their own forum to discuss their needs, shows that this was indeed the case. When persons with disabilities had the chance to meet in their own groups, a different and much wider set of issues were raised, with more nuance, than had been possible under the mainstream community activities.

Review of Disability Strategy Recommendations

Recommendation	Progress
Raise awareness on disability	Considerable progress in some towns, where interventions have focussed on disability. Increasing awareness among UPPR staff (through the issue being raised by HQ team).
Pilot action groups for people with disabilities at CDC and Cluster levels	Actions piloted successfully in Tangail (reviewed below). Initially planned for Comilla also, but this pilot was not continued.
Design, conduct and repeat a standardised survey of people with disabilities	Before the Disability Strategy, at least 8 towns had surveyed persons with disabilities using their own survey formats. A standard survey format shown to be effective and accepted by

	communities in Tangail and Comilla. The survey was not repeated due to its resource intensiveness. Questions to systematically identify persons with disabilities were not included in other information-gathering or assessment tools.
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Settlement Improvement

Settlement improvement activities in UPPR have principally included construction of footpaths, tube-wells and latrines. Footpaths have contributed to transformation of urban settlements for all community members, as before their existence, there were often dirt or mud paths which were extremely difficult or dangerous to pass throughout part or all of the year. In the case of tube-wells and other interventions (such as construction of bathing places), accessibility concerns for persons with disabilities are important but a lower priority than they are in terms of latrines.

The initial design of latrine used by the project had no accessibility features, and was a design with relatively high steps and no handles or other support, with a flat-pan toilet. Through both the Disability Strategy and some sensitization of responsible staff and changes in design, the project gradually adopted some changes in the design to make it more accessible. Steps were made less high and handles were introduced inside the latrine. In some places, ramps were installed – but these were not without problems as some designs of ramps had a particularly steep incline that would make them dangerous for any user, especially when wet. In order to contribute to this review, engineers in Khulna and Chittagong were asked to assess on a sample basis some of the latrines that had been made for households with persons with disabilities and their suitability.

Example of adapted design of latrine, Andho Colony, Chittagong



In Chittagong, UPPR has done a range of interventions in a “blind colony” where people with visual and physical impairments are living. These include the design of latrines which have a hand-rail and ramp attached. In this case, they are reported as being suitable for their users, although certainly this design would not be appropriate for all persons with disabilities. Nevertheless, it is a successful

example where a modification has been made to the basic design and users have benefited as a result.

Child with disability has difficulties using UPPR latrine, Khulna



Rajib, 12 years old, with his mother (left) and the latrine made by UPPR for him and his family to use. Rajib has difficulty standing without assistance, and this latrine is difficult for him to use. He cannot use it without support as he cannot squat to use it. Even in the case of the handles, which are certainly beneficial, the latrine is not meeting the needs of Rajib, and as a result his mother is also required to give more care to him.

With the information that we have, the overall assessment of UPPR latrines is that they improved in the period of the project, but they will not have met the diversified needs of persons with disabilities, *even when they were made for the families with disabled family members*. Disabled people may require a range of sanitation solutions (and in fact there are examples under the socio-economic component where disabled people have been provided with toilet chairs). In the majority of cases, these needs were not addressed directly by the UPPR project.

There were constraints that were faced in meeting the needs of persons with disabilities. Communities and project staff were constrained in their ability to work on disability issues because of the limited mobilization and targeting and also their limitations in awareness and ability to address disability issues. Beyond these constraints, toilets like the one made for Rajib, are an example of project interventions not being able to meet the needs of individuals. The problem occurs even at the point of deciding what the intervention should. Latrines are allocated for certain households, without an assessment of the needs of different members within the household. There is also a problem at the administrative decision around the intervention. For example, one SIF field staff reported that in developing contracts for latrines, there was a fixed cost and fixed design that had to be followed for all beneficiaries. Furthermore, at the head-office level of the project, staff reported that mid-way through project implementation, a series of new designs for infrastructure had been made, including more accessible latrines, but that it had not been possible to disseminate and implement these designs. It was a challenge at that stage in the project to get new designs approved and

disseminated to implementing staff. From the field to head-office, administrative procedures are a risk to the project being able to provide needs-based support to communities that is responsive to the different needs of individuals in them.

Review of Disability Strategy Recommendations

Recommendation	Progress
Make all UPPR infrastructure more PWD-friendly and accessible	To some extent, latrines were made more accessible for all users, not just persons with disabilities. However this progress was limited and does not appear to be generalized in the other infrastructure components UPPR worked on.
Provide tailored solutions to meet the water and sanitation needs of PWDs	There are examples of latrines with modifications and the Blind Colony in Chittagong shows attention here also. But this was not pursued in a significant way across the project.
Orient and sensitize UPPR staff, Pourashova and communities on possible designs	UPPR staff were reminded of the need to design for persons with disabilities, and an external agency provided an orientation on improving designs in 2011. However this was also not pursued in a significant way.
Provide guidelines and support to build UPPR staff capacity	This was not pursued.

Socio-economic interventions

In nearly all UPPR towns there were interventions on persons with disabilities through the socio-economic fund. In 22 of 23 towns and cities there were reported activities on disability.⁶ The socio-economic funds' main interventions were through its apprenticeship, block and education grants; respectively, that support skills training, initiation of small businesses and supporting children to stay in school. In an information request to towns at the end of the project, 13 towns reported on the numbers of people with disabilities that were included in these grants. They reported a total of over 1,000 persons with disabilities that had been included in mainstream grants. There were almost 270,000 of these three grants over the project period – making 1,000 people a low 0.4% of total grant receivers. However, in towns that reported these numbers of disabled people, Mymensingh and Chittagong reported numbers that were 1% of grants given, and Dhaka South reported over 7%.

⁶ Only in Tongi is there no information on concrete activities taken on disability – this may represent a gap in information at the end of the project, or it may represent that work was not in fact done.

We do not have enough information to assess the extent of mainstreaming of disabled people within the SEF grants. Anecdotally, there is some notable change in the attitudes and practices of some field workers. At the time of the creation of the Disability Strategy, many field workers reported the SEF grants were not appropriate for disabled people, or that disabled people “could not” utilize them by starting a business. By the end of the project, some field workers, notably in Dhaka and Comilla, reported that disabled people were “mainstreamed” through giving “priority” at the time of grants. The figures from Dhaka South show this increased attention to have resulted in much higher numbers of disabled people receiving grants. While there had been plans to monitor this data systematically in each SEF grant contract, this did not prove to be feasible. As disability data was not related to any fixed project target, it was easy to be left out, and because of this the data we have is incomplete and unreliable. If anything, we would expect the numbers of disabled people to be underreported, as not all disabled people will be easily identified by town teams, and there are many ways that even those identified will have not been counted in this reporting exercise.

Highlighting an effective partnership

In Narayangonj, UPPR formed a partnership with a local Disabled People’s Organization (DPO). The DPO supported UPPR in conducting a survey of disabled people and their needs. Based on their recommendation, UPPR supported the DPO to create a pre-primary school. Based on its success, it expanded to 4 schools that have educated 127 children with disabilities, supporting many to go into mainstream education. The schools have contributed significantly to attitude changes in the community, supported other disabled people to access their rights (such as disability allowances and ID cards), and been recognised as a crucial intervention by local stakeholders including the Mayor. This is an important intervention for having involved persons with disabilities in both its design and implementation.

Outside of the mainstream SDG grants, there were considerable initiatives to support people with disabilities through specific initiatives. There were initiatives for schooling and education of persons with disabilities in 7 towns⁷, and UPPR supported the creation of pre-schools for disabled children in both Gazipur and Narayangonj. There were initiatives for assistive devices in 10 towns⁸. There was specific skills training or income-generating activity of different sorts in 4 towns.⁹ The total numbers of people supported through these initiatives is not complete. However, at least 2,300 persons with disabilities were supported through disability-specific activities.¹⁰ In at least 6 towns¹¹ UPPR has supported disabled

⁷ Barisal, Comilla, Gazipur, Gopalganj, Khulna, Narayangonj, and Sirajgonj.

⁸ Bogra, Chapainawabganj, Chittagong, Jessore, Khulna, Khustia, Naogaon, Rajshahi, Sirajgonj, and Tangail.

⁹ Barisal, Bogra, Gopalganj, and Sirajgonj.

¹⁰ UPPR also conducted considerable interventions on eye-care. These are excluded from this report as they fall under prevention of impairment rather than interventions to do with disability.

¹¹ Chapai Nawabganj, Dinazpur, Jessore, Naogaon, Narayangonj, and Sirajgonj.

people to access the disability grants made available by the Ministry of Social Welfare.

Beyond its core grants and further development activities, this component also covered a considerable intervention on nutrition and support for savings and credit. The design of the nutrition intervention mentions the particular vulnerability of persons with disabilities, but in the intervention and its implementation, the inclusion of persons with disabilities was not assessed or monitored.

Savings and credit groups offer an extremely important contribution of UPPR into community wellbeing and the sustainability of activities beyond the period of UPPR. In Bangladesh, other savings or microcredit initiatives have been identified as excluding persons with disabilities intentionally. This discrimination is based largely on attitudes that persons with disabilities will not be able to effectively return any loan made to them. As in other sectors of work, the participation of people with disabilities in savings and credit groups had not been monitored. For this review, an inquiry was made from head-office to field teams whether they were aware of cases of inclusion. The attitude of both the consultant performing this review and the head-office official responsible for savings and credit was one that assumed that persons with disabilities had *not* been included in savings and credit groups. In fact, responses from Dinajpur and Sirajgonj demonstrated very positive examples where disabled people had not only been included in savings and credit groups, but these groups were flourishing. In both cases they appear to be community-led initiatives, where savings and credit group leaders identified and positively supported community members they saw as particularly vulnerable. In Dinajpur, 21 disabled people had been participating in savings and credit groups, with 10 of them taking loans for livelihood activities, 2 for housing improvement and one for education support. In Sirajgonj, 4 people with mental or physical disabilities had been supported to start small livelihood activities (such as sewing or making packaging). These examples show that in some cases, goodwill in the community is manifesting itself in community-led responses and support for disabled people.

While this component of UPPR's work shows considerable, widespread and diverse work to support persons with disabilities, it also shows the challenges of doing so. The lack of precise information of the interventions performed demonstrates that, despite a significant volume of work, "mainstreaming" was not achieved in a systematic, controlled way. Furthermore, the type of interventions had not been assessed for their quality and relevance for persons with disabilities. At the time of the formation of the Disability Strategy, it was noted that some projects – such as provision of wheelchairs – were done in a generalized way, giving the same support to a wide group of disabled people despite their different needs. Some of the grants under this component, such as the grant for business support of BDT 5,000, were seen as small and constrained for all beneficiaries, and particularly would need to be complemented or extended in the case of vulnerable groups such as persons with disabilities. While the extent of these interventions is impressive, these interventions by themselves are unlikely to have met the diverse needs of persons with disabilities without additional supports. As in the

settlement improvement component, providing responsive interventions is a challenge throughout the structure of project implementation, from the field to processes in head-office.

Review of Disability Strategy Recommendations

Recommendation	Progress
Develop guidelines for towns on best practices for SEF interventions on PWD	Guidelines provided to town-teams on mainstreaming disability. Detailed guidelines on SEF not developed.
Pilot new interventions on unmet needs (e.g. schooling at home, day-care)	One pilot intervention in Tangail conducted intensively (see below). Beyond that, UPPR did not develop pilots on the needs identified in the Disability Strategy.
Use SEF grants to target people with disabilities and not just their families	Reports from towns are partial, but positive in terms of the extent mainstream SEF grants targeting persons with disabilities. However, this was not monitored systematically and the overall numbers are still relatively small.

Partnerships and Linkages

An essential part of UPPR's work is to engage other stakeholders at community, town and national levels to support poor communities. At the national level, the inclusion of disability in one of the clusters of the Bangladesh Urban Forum represents a small success in highlighting the issue of disability. UPPR has shared its experience at events on disability, and UPPR's experience was also highlighted in an international conference in 2012 as a case-study of how DFID approaches disability. However, at this stage in the project, UPPR's key partners are not aware of the work that UPPR has done on disability across the towns it works in. This is partially the result of UPPR itself not having clarity on the extent of the interventions undertaken on disability. This review will potentially contribute to raising visibility both inside and outside of UPPR of how people with disabilities were supported.

As part of the sustainability strategy of UPPR at the town and city level, Joint Action Plans were created between local government and UPPR communities on how to sustain interventions after the end of this phase of UPPR's work. These Action Plans represent a significant achievement of the project in establishing community ownership of the interventions. However, they do not include the work that towns have done on disability. Even though nearly all towns have done interventions to support disabled people, the subject is mentioned in the most limited way in the Joint Action Plans. Many towns consulted with the Department for Social Services and identified an opportunity for the department to support persons with disabilities. However, this identification often seems superficial, and does not identify the range of other government or NGO-provided services for disabled people. Even in Narayangonj, where the pre-schools for disabled children are lauded as a considerable achievement and sustainability is being actively

pursued by the town-team and the Mayor, they are not mentioned in Joint Action Plans. Unfortunately, this appears to be the case where the top-down aspects of UPPR management – a pressure for delivery and the provision of uniform structures – seem to have obscured the differences on the ground. Joint Action Plans across towns demonstrate considerable similarities, and this has, in the case of disability, hidden the differences between towns.

Outside of the Joint Action Plans, the Disability Strategy identified that specific town-level interventions on disability contributed to wider attitude change. This component so far seems to represent a missed opportunity. UPPR has done considerable work on mainstreaming persons with disabilities and is a key example in Bangladesh and beyond. The lessons that are here are an important contribution to stakeholders more widely, and it is to be hoped that they can be shared more widely at the end of the project and through future programming.

Review of Disability Strategy Recommendations

Recommendation	Progress
Facilitate access to government ID cards for people with disabilities across UPPR	At least 6 towns report accessing government grants for disabled people. This was not implemented or monitored in a systematic way across the project.
Develop linkages and partnerships at community, town and HQ levels with effective Disabled People's Organisations	Existing linkages and partnerships were present at the time of the Disability Strategy in 2011, the most important of which being the partnership in Narayanganj. New linkages/partnerships were not extended significantly afterwards.
Make DPOs partners in development	Again, beyond the partnership in Narayanganj, there was no significant progress in this aspect.
Towns can use information to facilitate work with organizations other than UPPR	This happened in the case of disability piloting in Tangail, and may have taken place in some of the other town-level work on disability. It does not appear to have been pursued systematically.

Project Management

Staff within UPPR often expressed their unfamiliarity with disability issues and the best way to approach them. As the volume of work conducted under the project demonstrates, this was to some extent, improved upon through project implementation. However, particularly in the mobilization and settlement improvement components, limitations in awareness and understanding surely limited the work that UPPR could do successfully on disability inclusion. This is perhaps a symptom of a wider capacity gap on disability issues. UNDP Bangladesh does not have specific expertise on this issue, and despite the existence of the guidance note on inclusion of disabled people in UNDP programming, it is not clear where further expertise would come from. This means that UPPR management

was not in a position to be able to effectively guide national partners in the best approaches to take on disability.

As has been noted, the fact that disability was not systematically included in monitoring or evaluation has meant that there are significant unknowns in how the project was or was not able to address disability inclusion. Impact studies and research initiatives (apart from this review) did not include disability or disability issues in a meaningful or effective way. Where disability was included, it was through brief and primitive identification of “physically unable household members,” which will not provide the relevant information.

Various aspects of project administration and implementation (not specific to disability issues, but impacting upon them) have been raised in previous sections. These aspects of centralization of decision-making, a household-focussed approach and the pressure to meet implementation targets were not comprehended or addressed in the original Disability Strategy. This review has highlighted that, for programming to be effective for persons with disabilities, it also needs to be responsive and flexible in a more general sense.

Some questions are unanswered by this review. For instance the number of persons with disabilities among UPPR staff, and whether UPPR became more or less disability-friendly as an employer, was not assessed. Furthermore, the accessibility of buildings used by UPPR at town and national levels was not assessed. These remain important questions for future programming.

Review of Disability Strategy Recommendations

Recommendation	Progress
Introduce disability indicators into reporting and monitoring	This was not done, which represents a significant gap in achieving and monitoring disability mainstreaming.
Support towns through guidelines and training	Towns supported informally, especially in the period of the creation of the Disability Strategy.
Establish focal points on disability at HQ and town-level	Focal point at HQ, and in some cases in towns.
Liaise with municipalities, LGED and Public Works Departments on accessibility of public and private buildings	This does not appear to have been pursued, except in the case of informal advocacy in some towns.
Create internships for people with disabilities (HQ, Towns)	This was not pursued.
Recruit COs with experience in mobilizing people with disabilities	This may have been pursued in some cases.

Piloting initiative in Tangail

As part of the Disability Strategy, 3 piloting initiatives were designed – in Comilla, Dhaka and Tangail. In both Comilla and Tangail, the pilots were designed to survey and identify persons with disabilities in communities that had already been mobilized in order to subsequently bring them into to existing community structures. In Dhaka, the pilot was designed to incorporate persons with disabilities in the mobilization from the beginning, by raising the subject at community meetings and explicitly encouraging persons with disabilities to come forward. Surveys were successfully conducted in Comilla and Tangail. However, due to competing pressures for time, pilot initiatives were not continued in Comilla. In Dhaka, disability was emphasised in initial meetings, but this was not clearly followed up.

For this review, the UPPR SEF Coordinator visited the pilot initiatives in Tangail to assess their impact on persons with disabilities and to draw lessons for future programming. The visit included discussions with persons with disabilities, community leaders, UPPR staff and local government officials; it is detailed in an annex accompanying this report.

The intervention in Tangail was shown to have a successful impact on the lives of persons with disabilities. The survey on persons with disabilities developed knowledge of community members and town team staff on how to identify persons with disabilities and the situation that they had been in. Persons with disabilities met together, and these meetings were transformative both for the disabled people and within UPPR communities. The participants reported a sense of empowerment and worth from being able to attend these meetings and speak for themselves. The meetings were also transformative for the project, and they are a key example where the diversified needs of persons with disabilities were met with a range of interventions. The disabled people interviewed unanimously reported the benefits as positive.

“Before I could not move around without support from my mother. After getting a wheelchair I can now move around and I am studying in school at class two. One day I will complete Secondary School.”
– Child with disability in Tangail

“The benefit is that we feel we are not vulnerable, that we are also human beings. We get the opportunity to share our problems and get various supports from UPPR.”

Responding to individual needs

The survey in Tangail and the specific mobilization of persons with disabilities led to a diverse identification of needs. Interventions to address those needs included:

- Provision of a range of different assistive devices, including home-based support;
- Medical check-ups;
- Physiotherapy;
- Trainings on empowerment and formation of groups of persons with disabilities;
- Obtaining social-welfare cards;
- Education support for children.
- Livelihoods support.

- Member of group of persons with disabilities in Tangail

There were also challenges for successful implementation of this pilot intervention. The purpose of the group meeting was not clear and they did not meet regularly. Benefits of group formation could have been strengthened by more regular meetings and possibly through acquiring a common space that they could use. Staff found it challenging to get support from partner organizations, given the limited work on disability issues in Tangail. The project also found it difficult to raise the profile of this intervention at local levels and in terms of sharing its successes at the national level. The disability survey took a broader identification of disability than some stakeholders were used to – in fact leading to a moment in a public forum when a local government official raised the question of whether a beneficiary was disabled. A clear lesson is that awareness work on disability needs to be done throughout the project to entrench support and knowledge/understanding.

The pilot project showed that the UPPR community structures and staffing capacity can be successfully utilized to assess and respond to the individual needs of persons with disabilities. It also showed the challenges of maintaining and building on these successes in the context of other on-going work.

Challenges and Lessons Learned

Reflections on the goal of “mainstreaming”

The Disability Strategy designed in 2011 set the goal of “mainstreaming” persons with disabilities through the UPPR project. This ambition was accompanied by the component-wise recommendations for work across the project. The review has found that these recommendations were in some cases realised, but that they had not set up the accountability structures in place to clearly monitor and assess the extent of mainstreaming and implementation of the strategic directions. The logic of disability mainstreaming was not integrated into project management or implementation. **There are two conclusions to be drawn from this: first that project management did not commit fully to the target of disability mainstreaming, and second, the goal of “mainstreaming” was too ambitious.**

In terms of commitment of project management, the development of the disability strategy was not followed up with intensive measures at the head-office level until the conduction of this review at the end of the project. The project did not take full ownership of the strategic directions, either internally, in transforming them into directions for staff, or externally in terms of sharing them and generating momentum with stakeholders. Project management was under diverse pressures to ensure delivery and accountability of the principal project goals, and disability was not, and did not become, one of these goals. As such, it did not gain further emphasis or traction. Because it was not seen as a goal, it was easy for project management to perceive it as an “extra” (in the best case) or a “burden” or “cost” (in the worst case). While the key stakeholders involved in the project funding and implementation – namely DFID, GoB and UNDP – were all in favour of developing

a strategy on disability, this commitment did not extend to using the strategic directions a guiding factor in their relations in the rest of the project. This is potentially a case where high-level directions have missed out a subject that communities and field-teams across the project area were identifying as important and trying to address in ad-hoc ways.

In terms of the “ambitious” nature of the target of mainstreaming, the strategy was certainly designed in a way that suggested comprehensive change to the way the project was being implemented from the field to the head-office levels. The goal of “mainstreaming” is in itself somewhat nebulous, and put in this way it is hard to assess whether it was achieved or not. The answer on whether persons with disabilities were “mainstreamed” within the project is that they were to some extent. While concrete activities were suggested in the strategic directions, these were suggested in an ideal sense, and they were not negotiated against competing resources. The idea of disability-specific surveys, for instance, is surely a great technical solution; but it is one that is relatively expensive in time, finances and expertise. While there is certainly the need for some top-down and systemic changes in management and implementation to become more inclusive of persons with disabilities, the UPPR experience has also shown that *even without these systemic changes*, people with disabilities were being successfully included in project activities in a community-driven way. In this case the question and recommendations move away from the ideal, expensive, system-wide changes, and moves towards responsive processes of evaluation, learning, cross-fertilization and expansion of successful activities. If, for instance, the success of savings and credit groups to reach persons with disabilities had been identified earlier in project implementation, then these groups could have served as leaders to motivate and expand their initiatives to other groups. Not only were the targets of the disability strategy ambitious, they were to an extent “top-down” in their nature.

The following section looks at factors that limited more extensive inclusion of persons with disabilities in the project. Importantly, some of the factors identified in this review had not been identified in the design of the disability strategy.

Factors promoting and limiting more extensive inclusion

An important finding of this review is that there were **factors limiting the inclusion of persons with disabilities that were not to do with work on disability as such, but rather in the design, implementation and administration of the project**. The household-oriented nature of the project often erased the differences within households, and did not challenge the discrimination that disabled people face at the household level. A centralized administration and contracting procedures made it more difficult for field workers to create interventions that were responsive to diverse needs. Furthermore, the project targets and the drive for quantity in implementation often de incentivized or sidelined more intensive work with vulnerable populations. The important lesson to be drawn for disability mainstreaming is that mainstreaming initiatives need to take into account wider concerns that are

core to other vulnerable groups and excluded populations: disability mainstreaming needs to focus on the core of the project design and implementation, rather than be simply “extra” targets tacked on. The following section on recommendations for future programming explores possible responses to minimize the effects of these factors and to ensure that the diverse needs of vulnerable groups are met.

This review found a wider range of interventions for disabled people than had been anticipated. Apart from the creation of the Disability Strategy, UPPR had not really positioned itself internally or externally as an organization focussed on work with persons with disabilities. Nevertheless, this review has found that across the project, UPPR and its communities have been doing a range of different initiatives to support persons with disabilities, and persons with disabilities have been incorporated in many of the different components of the project. This is a very positive note for future programming, and shows the opportunities that are available. It shows that to some extent, the challenges of disability mainstreaming are *overestimated* – in fact, without external support, communities have taken the lead on inclusion of persons with disabilities. UPPR was not able to fully take advantage of this by disseminating cases of good practices internally or promoting cross-learning on this issue. It will be an opportunity for future programming to take advantage of.

Both this process of review on disability inclusion and the creation of the disability strategy have been done without clear information. Both the strategy and the review were based on partial information on the extent of disability inclusion within the project. Even contractual information on specific interventions was hard to gather and analyse across towns. One of the recommendations of the Disability Strategy had been to monitor the number of beneficiaries with disabilities. The project was unable to do this systematically for disability, or for other potentially vulnerable groups, as it would have required a reform of the information collection and monitoring systems. This was combined with weak data on the extent of mobilization of persons with disabilities within the project. However, the project did not pursue this systematic data gathering partly because of the resources that would have been required. To the extent that it did (for instance in PIP), the data collected was unreliable and does not support full analysis. So the learning here is that **we need to develop ways of enhancing disability inclusion that are not solely data-driven.** The project was able to include persons with disabilities without this systematic data-collection. One alternative that can be considered is dynamic assessment, spot-checks and responsive programming. To be able to do this, a project will need to be designed in a way that it is flexible enough to respond adaptively to these kinds of assessments.

Closely linked with the issue of data collection is the one of **explicit targets for inclusion of persons with disabilities.** UPPR management and field workers all raised this issue – that the lack of explicit targets meant that inclusion was not a priority issue, became easily sidelined, was not monitored and lacked investment in resources. Targeting is needed to promote and ensure the inclusion of a socially excluded group. Furthermore, targeting is essential for management of the

project, where **disability-specific targets are essential for the issue to gain priority and addressed in a systematic way**. In light of the previous comments that overall data on the numbers of persons with disabilities may be challenging for a project to gather, targets could be designed based on sample and intensive assessments rather than overall numbers.

The review also confirmed some of the limitations already identified in the Disability Strategy. In particular **mobilization and integration into community structures is a key challenge** as well as the **awareness and competency of staff and management to address disability issues**. While there are positive examples of how community structures included persons with disabilities, in the majority of cases it has to be assumed that this was not the case. Specific attention needs to be given here to make sure that community mobilization does not reproduce existing discrimination and exclusion within communities. The Disability Strategy had already highlighted the gap in terms of competency and awareness of community leaders, implementing staff and management to address disability inclusion. This review has made it clear that the capacity and awareness gap is also an institutional one. GoB, UNDP and DFID only have limited institutional capacity on disability issues, which is currently not sufficient to support the implementation of programming of this scale. While disability organizations in Bangladesh have considerable field experience, they currently do not have the institutional capacity to advise on such a large programming initiative. This capacity gap is a serious barrier to mainstreaming persons with disabilities, and its existence shows the importance of disseminating and promoting the lessons learned from UPPR.

Conclusions

The conclusions of this report present recommendations for disability-inclusive urban poverty reduction programming in Bangladesh. These are made up of recommendations to address vulnerable groups, elements of programming that are disability-specific and a suggested framework for disability-specific targets. This structure of conclusions reflects an important finding from the report, that achieving disability inclusion requires both vulnerability-sensitive programming as well as disability-specific measures. In programme design and implementation sufficient flexibility and responsiveness have to be built in to ensure that the diverse and varied need of those in extreme poverty can be met effectively. This is especially true for a programme to be able to identify and meet the needs of persons with disabilities in extreme poverty.

Recommendations for future programming to address vulnerable groups

This review has identified concerns with the implementation process that is relevant to all vulnerable groups, as well as disability specific recommendations. There are three issues that need to be addressed in future programming to ensure that it meets the needs of extreme poor, vulnerable groups and among these, persons with disabilities:

- Addressing intra-household dynamics and individual needs;

- Developing administrative procedures responsive to diverse needs and solutions;
- Reaching a large population and delivering at scale without sacrificing quality and depth.

Design interventions to address intra-household dynamics and individual needs. In order to address the individual needs and intra-household dynamics, future programming will need to take individual differences much more into account at each stage of mobilization and programmatic intervention. Field staff will need to have more capacity to recognise these needs, and community governance structures will need to develop safe spaces where vulnerable groups can identify and discuss these needs. This will involve a more in-depth and nuanced approach to community mobilization than was previously practiced within UPPR. This approach will contribute not only to identifying and meeting the needs of persons with disabilities, but will also ensure that gender concerns, such as early marriage and violence against women and girls, can be addressed in a thorough way.

Develop administrative procedures responsive to diverse needs and solutions. In terms of reforming administrative procedures to allow the flexibility that dealing with vulnerable groups requires, the precise nature of these reforms is beyond the scope of this review. However, UPPR leaves behind it the legacy of the Management Review conducted in 2011 that assessed the existing management procedures and made a series of recommendations, in particular to reform of the contract system. UPPR certainly developed its accountability procedures as a result. In future programming it will also need to develop its responsiveness to the diverse needs of vulnerable groups. To guarantee the “bottom-up” and community-led logic of the project is fully realised, further protections need to be established and space given for genuinely community-led processes.

Ensure quality and depth of implementation while reaching a large population and delivering at scale. The mobilization and intervention process for vulnerable groups that require more resources and more intensive support needs to be built into the logic of the project intervention, targets and accountability structure. This may be in the form of specific targets, budget allocations, or reporting mechanisms. It will be essential to establish this concept of vulnerability, and that some people need more intensive support to get out of poverty than others. Without this stipulation, future programming is liable to face the risk of implementation pressure to reach high targets for numbers rather than quality of intervention.

Recommendations for disability-specific programmatic elements

Address the capacity and awareness gap on disability issues at all levels of the project implementation.

At a strategic level, GoB and UNDP need to build their capacity and awareness to manage a complex project that targets persons with disabilities. As well as bringing in or developing technical expertise, they will need to develop partnerships with organizations representing persons with disabilities. Consultations with these organizations are state responsibility, and is stipulated in the UNCRPD. As a micro-level example, the intervention in Narayanganj under UPPR, clearly illustrates that such consultations are the key way to develop fully informed interventions on disability.

With the continuation of programming, technical expertise on disability will need to be developed with the creation of guidelines and training for implementing staff and government partners. This needs to be in the form of full inclusion in baseline studies, as well as in the creation of technical guidance on inclusion in settlement improvement and socio-economic activities.

Local government institutions have considerable responsibilities to support persons with disabilities, but little of the necessary capacity to do so. A realistic capacity and development plan should be developed with the concerned stakeholders to identify the path to be taken on gradually increasing capacity.

At the community level, awareness and sensitization activities should be conducted to ensure that disability sensitivity is disseminated across the area of project intervention and systematically expanded.

Ensure the mobilization and representation of persons with disabilities

The community governance model of UPPR has shown that it can meet the needs of vulnerable populations *if they are included in it*. This has not always been the case for persons with disabilities. The path for mobilization is a serious challenge for the project, and alternatives need to be seriously investigated. If resources are available to incorporate the disability-specific survey that assesses disability status on an individual level, then this was shown in the pilot initiative in Tangail to be an effective foundation for meaningful inclusion.

If resources are not available for such a thorough individual identification, then the project should adopt inclusive measures (such as accessible meetings), promote disability inclusion in a general sense, and do post-hoc evaluation and learning on whether persons with disabilities are coming forward and being included in mobilization. In certain areas, partner organizations can support the identification and mobilization of persons with disabilities.

Develop disability sensitive programming

Through the bases of mobilization and increased capacity on these issues, future programming will be in a better place to explore the disability specific needs in each of its interventions, be they in developing infrastructure or socio-economic transformation. A number of the technical points have already been mentioned in this review and in the Disability Strategy that precedes it. Future programming is in a position that it can build on this experience and develop interventions further.

Guarantee resources for tackling disability issues

In budgeting for future programming, specific allocations should be made for work with persons with disabilities. These will cover the increased costs related to disability, such as transport, rehabilitation support, or more intensive interventions. They will also ensure that project staff do not have the excuse of insufficient resources to prevent them from tackling disability issues. Specific areas for budget allocation include:

- Accessibility and universal design features in infrastructure
- Intensive support and adaptations in socio-economic grants
- Fund for accessibility work at municipality/city-corporation premises

Engage partners in the search for disability inclusion

The importance of engaging persons with disabilities in design and implementation of the project has already been mentioned, and it is an obligation of the government to do so under the CRPD.

GoB and UNDP can also consider the strategic relationships required with specialist organizations on disability issues in order to provide the necessary technical support and capacity on disability.

At the level of implementation, further partnerships should be considered:

- Linking with national-level structures in urban governance and human rights, principally considering BUF and NHRC.
- Linking disabled people to health services, social security schemes, loans, and disability-specific supports from NGOs and government
- Performing advocacy with the private sector on the advantages of employing persons with disabilities.
- Participation in and support for the government's disability coordination committees at city- and town- levels.

Take measures to develop an inclusive organization

The implementers of future programming, at both national and local levels, need to promote inclusivity within their organizations. Principally this involves hiring and supporting staff with disabilities as well as making sure that buildings and communications are done through accessible formats. These are challenging areas. Some concrete steps that can be taken:

- Accessibility audits of office premises and communications;
- Hiring schemes / internships for persons with disabilities.
- Establishing reasonable accommodation/adaptation procedures for staff with disabilities.

Recommendations for disability-specific targets

The following targets are given as illustrative. Apart from the case of the target for skills development, which is based on national policy, the other programme level targets are currently based on rough estimate of what would be appropriate.

Goal level: The goal level statement should state clearly that persons with disabilities be among the targeted groups among the beneficiaries of the future urban programme.

Programme level:

- Policy and institutional advice to government, and ensuring consultation of groups representing persons with disabilities
- 2% community leaders being persons with disabilities
- 5% of skills and employment initiatives being provided to persons with disabilities (this is the target suggested by Bangladesh National Skills Development Policy)
- 2% of water and sanitation initiatives having adaptations for enhanced accessibility or modifications for persons with disabilities
- Housing design have features of universal design for all, and with specific adaptations where needed for persons with disabilities.
- 1% staff of programme being persons with disabilities

Closing Remarks

UPPR has done significant work on disability issues across nearly all of its towns. Where it was not able to include persons with disabilities, it has provided valuable lessons on how to go forward in the future. Future programming on urban poverty reduction in Bangladesh provides an important opportunity to build on momentum on disability inclusion that exists internationally, nationally and at the community level. This is a chance for future programming to make an important innovation in the contribution of techniques for poverty reduction.

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- Annex 2: List of Interviewees
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Annex 1: Tangail Field Visit to Review Pilot of Disability Inclusion in UPPR

Plan

Objectives

1. Find out clear description of what intervention was and how stakeholders perceive it.
2. Assess the ability of UPPR interventions in Tangail to meet the needs of persons with disability, with particular emphasis on the two clusters where disability was piloted.
3. Develop lessons-learned relating to the methodology of intervention and the engagement of different stakeholders.

Consultations

- Disabled community members in 2 targeted clusters (FGD, and possible house visits)
- CDC, Cluster and Federation leaders from relevant clusters, with/without disabilities (FGD, separate from those with disabled people)
- UPPR staff (in office)
- Municipality officials, and other relevant local stakeholders (meeting in office)

Disabled community members in 2 targeted clusters

- Ask them to introduce themselves and say what they do
- Ask to describe what they have done with UPPR–
 - Do they have a group? Do they still meet regularly?
 - Why do they meet? What are the benefits?
 - How were interventions planned? How were people's needs worked out?
 - Have they gotten anything from UPPR? What?
 - What organizations were involved?
- How has this process benefited or harmed them?
 - What did they get from the grant/skills/treatment/training? Has that changed their lives?
 - Have attitudes towards them changed? (family, community)
 - Were they hurt or set back in any way by the intervention?
- How do they see their futures?

Note: on talking to persons with disabilities, give more time to those that need it. Ask specific questions to those who have not spoken. Encourage people to speak for themselves, even when others are willing to answer for them

CDC/Cluster leader

- Describe their work and how they were involved with the disability issue.
 - How they did it
 - What skills/attitude change they needed to do it
 - Was the survey important? How did they use the survey?
 - Was everyone on the survey disabled? Were there some people on the survey they didn't consider disabled?
 - Were they able to bring disabled people in alongside the other people the CDC is supporting?
 - Did people with disabilities participate in group meetings?
 - Was it difficult to convince people/organizations to help?
 - What would their advice be to new CDCs/Clusters targeting these issues?

Uppr town team

- Clear description of intervention
- What were challenges of intervention and working with disabled people?
- How do you evaluate the success of the work with disabled people?
- What more needs to be done for the disabled people we worked with so far?
- What role do you see for Municipality/City Corporation on work on disability?
- What role do you see for local government departments (e.g. Department of Social Services)?
- Were you able to integrate disabled people into regular SEF? Did you make any adaptations?
- Were you able to integrate disabled people into regular SIF? Did you make any adaptations?
- What are your recommendations for doing more work on disability in the future?

Local Govt Officials

- What is the role of local government on the social issues of poverty reduction (**not** just disability)?
 - What kinds of programmes does municipality have?
 - How is municipality involved in the grants/services that government departments are giving (e.g. department of social services)
- How was local government involved in disability intervention? (if at all)
- What is impression of the work with disabled people? What successes? What challenges?
- What advice for other local governments on how to deal with disability?

- How can we better support local governments in any future programme?

Field Report

This field report was provided by Koushik Das, SEF Coordinator. Focus groups were held with:

- Altogether there were 16 people present where 10 were female at community level in one Cluster named Karnaphuli
- In Madhumati Cluster 14 were present of whom 9 were female.
- FGD with the community leaders 13 were present and all were female.
- Four were present from LGIs of whom one was female.

Details note on Focus-Group discussion with different stakeholders in Tangail

Focus-group discussion with persons with disabilities

The first Focus Group Discussion (FGD) was conducted in Karnaphuli Cluster where disable beneficiaries and their parents and relatives were present. People with wide range of disability were there of whom physical, mental, deaf and dumb, eye impairment was noticed. They have formed their own group only with people with disability along with they are continuing with their main group that formed under CDC. A total of six groups exclusively formed with people with disability with 117 members. At the beginning the members who present in the meeting introduced themselves and then the objective of the discussion was shared.

Although they formed group but they don't meet regularly. When they started piloting, they met first and then they met again when they planned the support for the beneficiaries. While they planned the support they took into consideration the survey result and categorization of the disability. Afterwards, they had no meeting but identified persons received support from UPPRP and outsides. They took the persons to physiotherapy centres and they provided assistive tools, education and business grant following the designed support. According to them formation of the especial group allowed them to receive multiple support. Suppose, Redoy Das, age 10 years who affected by Polio received wheel chair as well as the education grant. In meeting he was very vocal and stated his progress. **"I could not move before without support from my mother but while I got wheel chair I can move now and I am now reading in school operating by Bangladesh Rural Advancement Committee (BRAC) at level two and one day I would complete Secondary School Certificate level"**. Univocally they acknowledged the benefit of the interventions and felt that the initiative boosted their confidence since they had opportunity to sharing problem. According to them **"The benefit is make a feelings that we are not vulnerable, we also human being, we have opportunity to sharing problem and get various support from UPPRP. UPPRP supported us with medical check-up, treatment support, Input support, education support, grant support etc"**. Few member able to manage some income, few are capable to easy movement, few have opportunity to continue their education. Few of them revealed that they did not receive any support and identified lack of information since they did not meet and leaders

from mainstream had strong role of targeting. Besides, the leader of the disable group was not active and they did not notice any extra commitment from mainstream leaders. As a result, the initiative did not provide them a continuous support rather than once off support. Even few beneficiaries lost their life by reaching the support from UPPRP. Indeed, the service delivery seemed strong to further extent but not at that level that can be considered focused and comprehensive. The linkage with the organization working with disability is almost absent and little scope to grow strong but they approached to the social welfare and Protibondhi Shahajjo o Sheba Kendra from where they also mobilized few support. They identified absent of exclusively committed and dedicated leaders and staff as well as lack of their capacity that led them to failure. Addressing that limitation in future can change the situation as well as their meeting at least bi-monthly or quarterly depending on the situation can add more value.

In second FGD with Madhumati cluster, the finding was same as stated above but two significant findings were (i) mainstreaming of children with disability. Mim , age 10 years, is physically handicap and she was used to not come out from her families and did not feel encourage to mix with other people. She usually opined **"I am a disable person so I should not go outside of home and even not to go to school"**. But when she joined in the first two meeting with the disable people along with her grandmother her attitude totally changed. Presently she requests very often to her grandmother to let her dress an attractive one and she takes preparation from morning to join any such gathering/meeting very enthusiastically. Indeed, the initial mixing through meeting opened her mind which seems had very positive impact which can be nurture through establishing disable children club in community. (ii) Three disable people are receiving regular allowances from Govt. that information and process can be cater among the group and group meeting for developing confidence and creating access. Hence, group members think that their leaders must be capable of organizing information and presenting those to the respective persons of Govt. and NGOs that may help to get sustainable support from Govt. body. It was also shared that the survey result made perplex the councillors while it was shared since the definition of the disable person was not complete to them. And they became astonished seeing the number with the disability in the two communities which is around 215 of which around 25 are not CDC member. In the two communities around 190 disable persons were identified with Participatory Identification of Poor (PIP) and rest 25 are from outside. The presence persons with disability seems high in the mobilized community that might be further investigated to know whether there are straight correlation between disability and poverty or the survey did not properly attended the disable persons who don't have the PIP.

FGD with Community leaders

There are PWD in the families of the community leaders so they have been experiencing the issue from inside. While they visited ADD and then received training they thought they should do something for PWD like as ADD doing. Earlier they had not any training to identify PWD. Even the persons with mild difficulties are not treated them as PWD. Therefore, it is essential to have knowledge about the disability issues and its compressive definition. While the survey completed their idea was totally changed because they did not think that these people could be PWD by definition as a result they did not approach to them with extra/

especial support. There was expectation that the PWD will be incorporated in their group and regularly meet but it did not happen that since they are still not aware up to that level and they need support from family members for their movement that can't be managed easily. In this regards they identified need for further support and facilitation from mainstream leaders and leaders of PWD. Besides, their needs were not properly communicated to the mainstream mechanism so they failed to address the need of PWD properly. According to them addressing the need of PWD is very difficult since it is diversified and requires long term requirement. However, they find strength formation of the group PWD since at least it gives the visibility of the vital issue. But to keep it alive they recommended establishing social club for PWD along with gathering by monthly or quarterly.

FGD with LGIs

Slum development officer, Town planner and Member Secretary of UPPRP project were present.

Municipality provide education grant, treatment grant, grant for PWD from their own fund and participate actively in selection process for old age allowances, VGF, widow allowances, and maternity allowances. Besides, Municipality usually manage garbage, street lighting, slum development issues, drainage and other services related to construction and dispute mitigation etc. Municipality does not know the real number PWD living in the municipal areas. While they participate with other organization with regards to addressing disability issues they found that there are information gap. Whatever support Municipality provides to PWD is not according to plan and they have not any systematic approach to monitor it. Although Municipality has not any database but they assume that they support 20% PWD yearly from their own fund which is a success to them. If they have proper database, monitoring system then it would help them to provide need based support to PWD.

Discussion with Town team

After receiving training they surveyed two clusters Karnaphuli and Madumati and identified around 200 PWD with different reasons and form. Community action plan was developed by categorization the PWD after identification of individual problems and their prioritization. Afterwards the support designed according to their need and capability. Then they developed community contract and sent to the UPPR HQ following the process. Unfortunately few of the identified PWD died before receiving the grant since processing time took long period. There were many challenges for completion the initiative. It was evident that the resource was scares compared to the long term demand and coverage and which is not like that supporting the poor and extreme poor people in UPPRP. LGIs as main actor to whom the definition of the PWD was not cleared so they had doubt on the selection that resulted delayed implementation of work. The investment was poor for developing their organizational development, mobilization and awareness development. The learning from ADD and the local solution was not effectively applied due to lack of committed leader and the staff for exclusively assigned for it. However, SIF intervention of UPPRP tried to installed ramp for the toilet and fixed up handle into toilet.

It is found that the piloting project supported PWD to some extent more that was not done through the SEF grant. The pilot project allowed providing them more than one support to PWD which seemed successful. The recommendations are to provide common place for their regular interaction, arrange regular medical check-up, and help updating the database of PWD of Municipality on regular basis. PWD who has no PIP should be included in this process and would receive the services. They may start group business, can buy group vehicle and can initiate group savings for scoping out economic and social inclusiveness. Hence, the UPPRP grant modality might be flexible and suited for their particular needs.

Annex 2: List of Interviewees

UPPR / UNDP / UNHABITAT / LGED Staff

- Md. Rafiqul Islam, National Project Director
- Md. Maksalin, Deputy Project Director
- Per Olof Bertilsson, International Project Manager
- Sujitha Sekharan, International Operations Manager
- Ashekur Rahman, UNDP
- Azahar Ali, National Project Coordinator
- Koushik Das, SEF Coordinator
- Ruhul Munshi, SIF Coordinator
- Kabir Ahmed, RELU Coordinator
- Shantanu, Training Coordinator
- Md. Motasin Billah, Head of Mutual Accountability Unit
- Shahinur Rahman, Socio-Economic Assistant, Dhaka South
- Kingkor Saha, Town Manager, Comilla
- Md. Hanif, Socio-Economic Expert, Chittagong
- Nozrul Islam, Town Manager, Gazipur
- Rabiul, Settlement Improvement Expert, Khulna
- Joseph Savage, former head of RELU
- Binod Shrestha, UNHABITAT
- Jahangir Alam, SIE, Chittagong
- Golam Mostafa, Savings and Credit Coordinator
- Shilpi, Community Organizer, Sirajgonj
- Shariful Islam, Socio-Economic Advisor, Dinajpur
- Yves Del Monaco, NHRC Project
- Bithika Hasan, NHRC Project
- Nazrul Islam, LGED

External Stakeholders

- Naved Chowdhury, DFID
- Philippa Thomas, DFID
- Eamoinn Taylor, CEO, Shiree
- Sutapa Paul, Shiree
- Ian Mont, Consultant, UPPR

Annex 3: Methodology on Identification of Persons with Disabilities

Background on International Standard

The internationally standard for identification of persons with disabilities in censuses are a set of 6 questions developed by the Washington Group on Disability Statistics.

These questions *do not* make reference to disability but rather to 6 areas of functional limitations caused by health conditions. Furthermore, they also assess the severity of the functional limitation rather than a simple yes/no question. They are based on the perceptions of respondents rather than any medical assessment. It is important that they are asked at an individual level, rather than making generalizations about the health/disability status of households.

The questions have been extensively field-tested and provide comparable data at a national and international level. In Bangladesh, the Household Income and Expenditure Survey (HIES) of 2010 used these questions to get a disability prevalence rate of 9.1%.

The questions themselves are the following:¹²

1. Do you have difficulty seeing, even if wearing glasses?
 - a. No - no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

¹² These questions, as well as an extended set, and justification for the short-set can be found at the website for the Washington Group on Disability Statistics: http://www.cdc.gov/nchs/washington_group/wg_questions.htm

3. Do you have difficulty walking or climbing steps?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
4. Do you have difficulty remembering or concentrating?
 - a. No – no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?
 - a. No – no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
 - a. No – no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

Application in UPPR Project

The Participatory Identification of Poverty provided the principal estimate for persons with disabilities in communities in UPPR. It was based on asking whether a household had a disabled family member. As described in the section on Mobilization of Community Groups this provides significant underestimates for persons with disabilities. The reasons described in that section summarise this as a combination of both community understandings of disability and the way that the question was applied at household level rather than at an individual level. Furthermore, the question on vulnerability status was not systematically applied to all households. This and similar methodologies were used in some of the impact studies.

Surveys conducted in Comilla and Tangail applied the Washington Group Questions at the community level. These were conducted in 2012, as part of pilot initiatives for UPPR's Disability Strategy. Community leaders and community facilitators were trained in the survey methodology and they applied the survey to all households and individuals in two clusters in each town. Analysis of the data is presented in the same section on Mobilization of Community Groups. The cut-off point for "disability" was determined as having some difficulty in any of the 6 areas. This differs slightly from the international standard for analysis of the WG question data (which uses a higher cut-off point), but is the same cut-off point as was used in the HIES 2010, so it is nationally comparable.