BANGLADESH'S COMMITMENT TO DISABILITY INCLUSIVE HEALTH SERVICES

How DRRA's model helps improve inclusion in government health services

While Bangladesh has a strong national commitment to providing health services that are inclusive, people with disabilities continue to experience stigmatisation, discrimination and inequalities in accessing health and rehabilitation services, and have poorer health outcomes compared to people without disabilities.

The Disabled Rehabilitation & Research Association (DRRA) has been working with the mainstream health system to demonstrate how inclusive health services can work in the context of Bangladesh. This has been supported by CBM Australia through project funding from the Australian Government, through the Australian NGO Cooperation Program (ANCP).

The main goal of the inclusive health project has been to to demonstrate effective approaches to disability inclusion in health care services at union (community) and upazila (sub-district) levels, which can be scaled up nationally by the Ministry of Health and Family Welfare (MoHFW).

The approach involves three main areas of focus:

1. **Provision of inclusive health and rehabilitation services**
2. **Empowerment of people with disabilities**
3. **Advocacy to influence government disability policy**

Together with government health services, DRRA are modelling a successful approach to inclusive health. This approach has now been recognised by government and is now being piloted in other locations.

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DISABLED REHABILITATION & RESEARCH ASSOCIATION

Australian Aid

WAYS OF WORKING

Provision of inclusive health and rehabilitation services

In each of the nine upazilas where the project is operating, the project has worked with a government hospital to establish an Upazila Health and Rehabilitation Centre (UHRC) within that hospital. The UHRCs have been provided with designated space, staffing and necessary equipment to be able to provide treatment and rehabilitation services and referral services for people with disabilities. A government funded doctor has been established as the disability focal person at the UHRCs, a series of services including pathology are provided without cost, and a separate registration queue has been established to better provide care for the needs of people with disabilities. Accessibility has also been considered, with ramps constructed, and beds allocated in the hospital. The project has also involved strengthening disability inclusion in services available at union level, through Community Clinics (CCs). Efforts have involved:

Health workforce trained in disability inclusive service provision

DRRA, in partnership with the Directorate General of Health Services (DG-HS), developed a curriculum for capacity building of medical staff at both the sub-district and district levels. As a result, 115 doctors and 242 frontline community health assistants received training to identify the needs of people with disabilities and ensure they can equally access and benefit from general mainstream health services, such as providing referral services so they can provide ongoing service even if they are transferred to another sub-district or district.

A MODEL FOR QUALITY AND INCLUSIVE HEATLH FOR ALL

AT UPAZILA HOSPITALS

- set up health & rehabilitation centres
- train health workforce on inclusion in all services
- improve hospital accessibility
- better referrals
- designated staff supporting people with disability
- coordinate with MoHFW & DGHS for inclusion

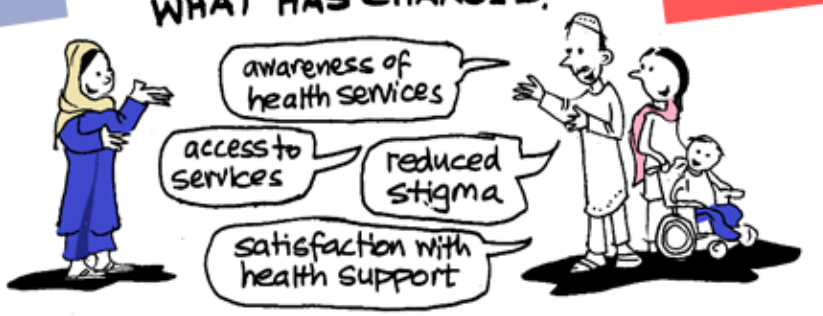
GETTING PEOPLE with DISABILITY ACTIVE

- community mobilizer in each upazila
- work with Organizations for Persons with Disabilities
- raise disability issues locally
- engage local media

INFLUENCING GOVERNMENT

- establish & influence upazila disability health committees
- support people with disability to engage with government
- link to Inclusive Health Alliance
- national level advocacy for inclusive systems

WHAT HAS CHANGED?



Improved accessibility of health facilities

At the start of the project accessibility was identified as a gap for people seeking health services. Accessibility of health complexes was assessed via an audit and changes were incorporated. UHRCs' physical accessibility has been improved such as through installation of ramps and accessible toilets and the use of colour coding. Greater accessibility ensures that people with disabilities are granted priority to avoid long queues and do not have to pay any fees.
At a community level, the project has focused on ensuring Community Clinics are sensitised about inclusion of people with disabilities and provide primary screening and referral to the UHRCs, and that Union Parishads are providing support through access to safety net services.

Referral services established

Referral services have been established at both the sub-district and district levels and are functioning well. When UHRCs and CCs are unable to provide people with disabilities with treatments and rehabilitation services, they direct them to specialised hospitals and private clinics according to their disability type and health needs.

Hospital staff and community health workers providing services

The health complexes now provide a range of services for people with disabilities, including therapy services and other general health services. At the district level, a disability inclusion and training manager and a disability inclusion coordinator are responsible for supervising the activities at health complexes. Additionally, two occupational therapists (OTs) and nine assistant physiotherapists (ATs) develop individual rehabilitation plans and provide rehabilitation services within the nine UHRCs. They also visit community clinics and homes when people with disabilities have mobility issues that make it more challenging for them to reach the upazila hospital. Community health workers also conduct home-to-home visits and can provide referral services.

National level engagment and coordination

The PIHRS project was implemented in collaboration with government officials from the MoHFW, responsible for health-related issues among people with disabilities. Staff in key positions were actively involved in supporting the project and especially contributed to the allocation of spaces for rehabilitation services in hospitals; the building of ramps and accessible toilets; the

development of a curriculum for capacity building of medical staff; and sending medical staff to DRRA training. Coordination meetings were also conducted at the national level to update progress and adapt the project for phase two. Importantly, the project also sought to incorporate disability data into the national healthcare database.

Empowerment of people with disabilities

Empowerment of people with disabilities has focused on building capacity in Organisations of Persons with Disabilities (OPD) and their leadership and functioning.

Nine community mobilisers were engaged - one in each upazila - to work with OPDs to raise awareness. Then OPD volunteers work directly supporting the community mobilisers. This has included awareness raising with people with disabilities and their families about rights, and health and rehabilitation services, as well as raising awareness in the general community, using information, education and communication materials.

Community mobilisers also developed a partnership with a national newspaper, *Bhorer Kagoj*, to inform journalists about disability issues and the project and its activities.

Advocacy to influence government disability policy

The project has set up an Upazila Disability Health Committee at each Upazila Health Complex. Each of these committees includes four members of OPDs and upazila health complex senior management and government officers from Social Welfare, Education and Youth departments.

These committees meet quarterly and provide a forum for OPDs to raise and then together address issues relating to people with disabilities accessing health services. Together they have identified people with disabilities who are as yet unreached by the project and provide them with health, rehabilitation and referral services, as well as government allowances. Government allowances have been managed through the project by sharing the eligibility guidelines and ensuring that people who meet the criteria are added to the government lists to access government support. They have also taken initiatives to support enrolment of children with disabilities in school.

At union parishad level, the project has engaged with the community groups (CGs) who are responsible for overseeing the community clinics. Specifically, an OPD member is included in the CGs and communicates the need for inclusivity.

Nationally, the project has tapped into the Inclusive Health Alliance platform – an alliance of national and international NGOs – for influence and advocacy, bringing more voices, specifically OPDs, to their work. Through this they have advocated for:

- A Memorandum to all upazila health complexes re: provision of accessibility has been achieved. This is a significant benefit of the DRRA approach, because this drew on the tools developed by the DRRA.
- Commitment from the Directorate General of Health to include disability data in national HMIS data.
- Integration of rehabilitation services at upazila level, as is being demonstrated by the project.

The Government has recognised the PIHRS project as a model of promoting inclusive health and rehabilitation services for people with all types of disabilities and has expressed willingness to cooperate with DRRA, which is becoming a credible "voice" in national forums. For example, the Government invited DRRA, as a national key player, to present inclusive health and rehabilitation services at the CBR Asia-Pacific Network. Additionally, the DRRA advocacy resulted in the publication of a guide on *Defining Disability* by the Directorate General of Health Services of the Health Authority. This guide is designed for medical practitioners and primary health care workers. The Government has recognised the DRRA approach model as the best practice for inclusive health and is now piloting as a Shivalaya Model.

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IMPACT: WHAT IS CHANGING IN PEOPLE WITH DISABILITIES' ACCESS TO HEALTH SERVICES?

The establishment of nine UHRCs, together with the empowerment and advocacy efforts of the project, has resulted in a number of changes that have led to increased uptake of services. 11,620 new patients with disabilities made 52,518 visits to the nine UHRCs between 2015-18.

Awareness of available services is increasing

People with disabilities and their caregivers are increasingly aware of the health and rehabilitation services provided through the work of the project, with further strengthening of awareness continuing in remote communities. In phase 2 of the project community health camps are boosting the process of sensitisation and community radio are also broadcasting messages for disability prevention and awareness.

Access is improving

Overall, people with disabilities and their caregivers are satisfied with the access modalities to UHRCs and CCs, which are nearby, reducing the costs of transportation, and free of hospital fees. There is further work to strengthen access for people with complex/multiple disabilities with mobility issues, who live remotely, and to ensure access to services for women, with a higher number of male than female beneficiaries. In Phase 2, the project is addressing this through focusing on gender mainstreaming and adaptations for the successful access of women and girls to services. The project is also taking specific action for access of women and girls with disabilities to government safety net supports; Golden Citizen (disability identification) cards; and enrolment in education institutions.

Satisfaction

Overall, people with disabilities and their caregivers are satisfied with the quality of the health and rehabilitation services provided by the UHRCs and CCs.

Attitude change in the family and broader community

Because of the project approach, family members who were previously ashamed of their relatives with disability, now understand disability and rights. They are no longer hiding their relatives, instead assisting in seeking services.
Stigma about disability has also been reduced among the broader community. Disability is perceived less as a curse and people with disabilities are more often perceived as members of the community.

IMPACT: WHAT HAS BEEN IMPORTANT TO SUCCESS?

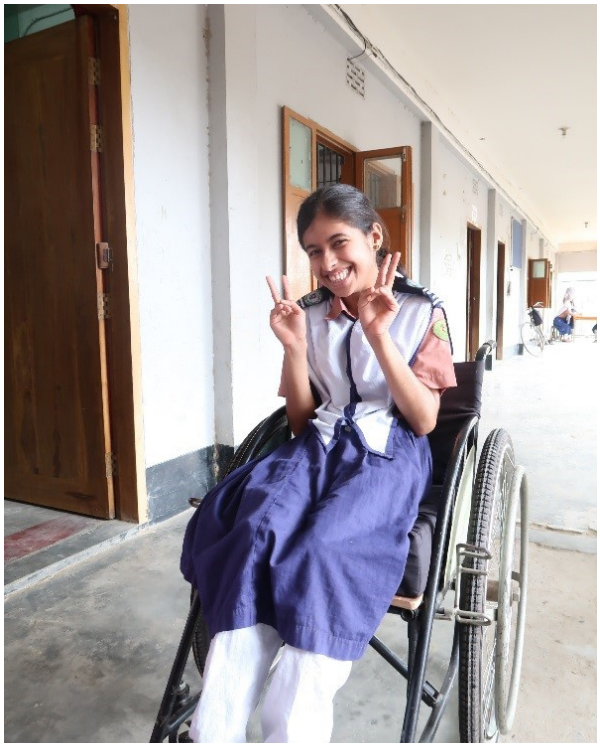
1. Partnership with government from the very beginning and at all levels, has been essential to establishing service delivery and equipment support at both sub-district and district levels.
2. Community mobilisation has been essential to improving awareness of disability issues and the project, and in working towards empowerment of people with disabilities.
3. Involvement of OPDs, people with disabilities' representative organisations, especially in committees, is essential to raise awareness of the needs and rights of people with disability and advocate for government disability policy.

Improving health care and enabling broader opportunities: Afia's story

Through DRRA's inclusive health and rehabilitation project, Afia has been able to gain access to therapy services to increase her mobility and access education through a government primary school. The project has been working with sub-district government health services to ensure that people with disabilities can access both general health services as well as any specific services they may need in relation to disability. "The availability of those services brought change to my daughter's life." , said Afia's mother.

Born prematurely, Afia's parents were concerned about her early development. When she was slow to sit, stand and learn to talk, they travelled to Dhaka to access medical assistance. Her parents were sought therapy services, and were shown some basic therapy exercises to use with Afia to manage effects of cerebral palsy and promote her development. When life became busier with a sibling, it was difficult for the family to access further services, particularly given they needed to travel to Dhaka for these services. The family went around seven years without accessing further support with Afia's communication and mobility skills. Afia's parents described how, over time, they became increasingly concerned about her future, wondering who would take care of her after they passed away.

"I couldn't give her the appropriate care. I was afraid of what this girl would do in the future." - mother



Access to rehabilitation

The situation changed when Afia's mother heard of the rehabilitation services being provided through the DRRA project, and Afia began to access therapy services at the DRRA rehabilitation centre located in a nearby Upazila Health Complex.

Afia received regular therapy services 2-3 times a week and her mother began using simple therapy exercises with her at home. Afia gradually learnt to move with a wheelchair and manage her personal care, becoming able to take care of herself and gaining independence.

In addition, the DRRA staff helped Afia's mother apply for and access cash support for Afia's treatment from the Department of Social Services, as well as a disability identification card.

And support with schooling

Afia, who was always interested in studying and even taught herself at home from her sister's study materials, expressed an early interest in going to school. Afia's family approached a government primary school, who were initially reluctant to admit Afia, believing her unable to study because of her disabilities. However, the DRRA staff helped Afia's mother to negotiate Afia's enrolment, reminding the school that children with disabilities also have the right to be educated.

Since she could write, Afia started school from year 3. After a 15-day trial period, Afia, turned out to be further advanced in studies than most of the other students and was admitted to the school. The DRRA staff also helped Afia's family access an education stipend from the Department of Social Services to cover fees.

After graduating from year 5 and passing her Primary School Certificate exam, Afia was ready to attend another mainstream school. Once again, Afia's parents and DRRA staff had to convince the school to accept Afia in the beginning, because of her disabilities. DRRA staff again helped her parents negotiate her enrolment on a trial basis. Afia once again adapted very well to the school environment, and she continued her education.

> **"Earlier I used to think who will take care of my disabled daughter after my death. But now I have come to know that many things have changed. I feel that she is no longer burden for me. She is studying, she can manage to get a job. I think she will be self-dependent. She can take care of herself."**

Afia's mother and teacher reported that she has always been included by her teachers and classmates, who recognise her motivation to learn, and performance at school.

Reasonable accommodation

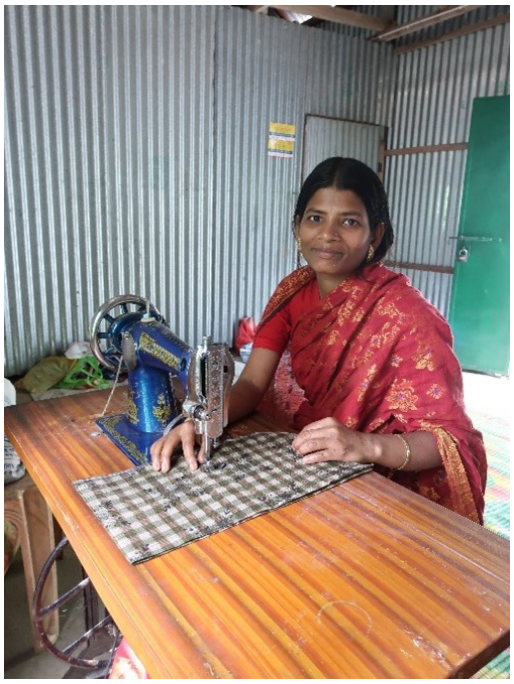
Some adjustments enable Afia's inclusion in the classroom. Afia sits at the front of the classroom to assist with following the class, given her speech and hearing impairment. Afia communicates her presence at the beginning of the class, or lets the teacher know she has finished an assignment, by raising her hand, and to let the teacher know whether she has understood the class, she writes it in her notebook. The teachers also write notes to support Afia with understanding and internalising lessons. Afia is also able to move around the school building, owing to the ramps and other facilities for accessibility that were provided by the government. This change was the result of effective advocacy between the DRRA and school management committee. Afia can also rely on the support staff at the school when she requires assistance. Today, Afia has made many friends at school and likes to perform dance, and wants to study computers. Her mother is relieved she is now independent.

Improving health care and enabling broader opportunities – Yesmin's story

DRRA's inclusive health and rehabilitation project has enabled Yesmin to make significant changes in her life and that of her community. Through access to therapy services and referral for sewing training, Yesmin is both earning an income and has been able to train others in her community. The project has been working with sub-district government health services to ensure that people with disabilities can access both general health services as well as any specific services they may need in relation to disability.

Access to inclusive health and rehab services

Yesmin has a physical disability that limits her ability to use one of her hands. Previously, the limited mobility and physical function of her hand had resulted in limited opportunities for Yesmin to work, and she was not aware of how to access health and rehabilitation services.



Through the DRRA project, Yesmin learned about the services provided by the upazila health and rehabilitation centre. After a number of sessions with a physiotherapist at the health centre and some home-based exercises, Yesmin's hand strength improved.

"After taking therapy, surprisingly, I noticed that I can move my hand. I started feeling that I can do something".

Referral for training

Yesmin was also referred to another NGO's training centre where she undertook sewing training. Once she had completed this training, she was keen to refine her skills further through a government-run tailoring course, where she performed very well. Yesmin was promptly employed as a trainer to instruct other women in tailoring skills. Yesmin has now established her own small business, where she runs training sessions from her home and

and has taught many people how to sew. This has improved Yesmin's livelihood, and has helped to change community attitudes towards her and other people with disabilities.

"I have become a teacher, that's a big achievement for me. All the community people respect me, that's a change. Now I have become a role model. The community people now value me as a teacher."

Yesmin's strong self-esteem and determination to do something for herself and society has also earned her students' respect. And an overall positive shift was observed in the way Yesmin's students perceive people with disabilities.

"They are not helpless and a burden to society. If opportunities and support are given to them, they can become resources in our society." - a student of Yesmin

Change in Health Systems Response to People with Disabilities

Reflecting on her journey, Yesmin observed a positive shift in the way she and other people with disability were treated at the health centre:

"Earlier they didn't value us. Now, due to this project, we are not facing any problems in getting the necessary services. Earlier they didn't even count the persons with disabilities."

DRRA works across the health system to improve physical access to health services for people with disabilities, but recognises that attitudinal barriers are often the biggest barriers. This project therefore focuses on changing attitudes and raising awareness among health professionals in Bangladesh.

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