



# Pocket guide: Safeguarding people with disabilities in civil society organisation (CSO) programmes in Bangladesh

This guide focuses on disability-inclusive safeguarding in programmes and activities in the humanitarian and development sector



This guide focuses on disability-inclusive safeguarding in programmes and activities in the humanitarian and development sector. The guide has been contextualised for the Bangladesh country context, the full global guide can be found [here](#). Disability-inclusive safeguarding practices can help better safeguard everyone; it is in the interest and obligation of all organisations to consider this guide in their safeguarding work.

This guide may be useful for all staff, especially those working in programmes, monitoring and evaluation (M&E), proposal/business development and community engagement. An accompanying guide has been developed that focuses on disability-inclusive safeguarding in the workplace for Civil Society Organisations (CSOs) in the development and humanitarian sector which is available [here](#).

This guide is split into three sections:

- Overview of the country context; legal and societal landscape protecting people with disabilities from discrimination, hard and abuse
- Risks of harm, including sexual exploitation and abuse, that people with disabilities face in programmes
- Managing the risks identified and how to make your safeguarding measures disability inclusive

# Overview of the country context

Since the United Nations Convention on the Rights of People with Disabilities (CRPD) entered into force in May 2008, numerous policies, tools and guidelines have been produced at the global level to support the inclusion of people with disabilities in humanitarian and development action including:

- Charter on Inclusion of People with Disabilities in Humanitarian Action (2016)
- Humanitarian Inclusion Standards for Older People and People with Disabilities (2018)
- Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of People with Disabilities in Humanitarian Actions (2019).

Officially, Bangladesh attaches great importance to the inclusion of people with disabilities in society. It was one of the first countries to sign the CRPD and its Optional Protocol, and in 2013 passed a national policy – the Rights and Protection of People with Disabilities Act. This act approaches disability from a human rights perspective and promotes inclusive education, accessibility in all public places, equal opportunities in employment and the protection of inherited property rights. A number of accountability mechanisms at different administrative levels oversee the implementation of the act and strive to protect the rights of people with disabilities. Nevertheless, people with disabilities still face many barriers that prevent them from fully enjoying their human rights. Several key factors continue to impact the rights of people with disabilities in Bangladesh including:

- Roads and infrastructure in the district are in poor condition
- Public buildings and local transport are not accessible for people with limited mobility because
- authorities lack the financial means to remodel the infrastructure at a faster pace
- Lack of official national data on people with disabilities
- Limited comprehensive needs assessments of populations carried out by humanitarian and development actors.

Several studies<sup>1</sup> indicate that employees of local government institutions, and humanitarian and development actors are working to become more inclusive, but often lack awareness about the specific rights of people with disabilities, international and national protection standards and practical and technical support.

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<sup>1</sup> **Mainstreaming Disability in Humanitarian Action: A Field Study from Cox's Bazar, Bangladesh**

The National Survey on People with Disabilities (NSPD) 2021<sup>2</sup> indicates that 7.14% of the population have at least one functional difficulty (using Washington Group Questionnaire) and 2.80% of total population have at least one disability (as per the Government defined categories of disability). Also, the NSPD shows that 43.38 percent of people with disabilities have ever felt discriminated against or harassed on any of the grounds of disability.

As the frequency of natural disasters are higher in Bangladesh and anticipated to worsen in the coming years due to climate change, failure to proactively plan for the safeguarding needs of women and girls with disabilities places them at greater risk of harm and GBV.

Additionally, Bangladesh is currently dealing with more than one million Rohingya Refugee who were forcefully displaced from Myanmar and a dedicated humanitarian programme is being currently implemented by UN agencies, INGOs, NGOs and Red Cross & Red Crescent Societies in Cox's Bazar under the coordination of Inter-Sector Coordination Group (ISCG). The prevalence of people with disabilities in Rohingya Refugee Response is 13.8%<sup>3</sup>.

## **Risks of harm, including Sexual Exploitation and Abuse (SEA), that people with disabilities face in programmes**

Studies have shown that people with disabilities including children and adolescents with disabilities are 3-4 times<sup>4</sup> more likely to experience abuse including neglect, physical abuse, sexual abuse and emotional abuse. Research findings show that 31% of children with disabilities suffer abuse compared with 9% of children without disabilities. Further to this, people with disabilities, especially women and children with disabilities are also at a higher risk of experiencing multiple abuses and enduring multiple episodes of abuse<sup>5</sup>.

People with disabilities often face forms of exclusion and discrimination which can lead to common, and specific, risks of harm and abuse when participating in programmes or receiving services. Forms of exclusion and discrimination, and risks of harm and abuse, are compounded by organisational approaches to safeguarding which are not disability-

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<sup>2</sup> **[Report on National Survey on People with Disabilities \(NSPD\) 2021](#)**

<sup>3</sup> **[Age and Disability Inclusion Needs Assessment - Rohingya Refugee Response](#)**

<sup>4</sup> Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and Disabilities: A Population-Based Epidemiological Study. *Child Abuse & Neglect*, 24, 1257-1273

<sup>5</sup> Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and Disabilities: A Population-Based Epidemiological Study. *Child Abuse & Neglect*, 24, 1257-1273

inclusive and lack an understanding of intersectional risks. This includes underlying negative and incorrect assumptions and attitudes relating to disability.



Considering both the national and refugee context in Bangladesh, there are many safeguarding risks in place. Those risks include:

## Discrimination and exclusion

Lack of clear understanding among humanitarian and development actors, CSOs and authorities on disability may lead to people with disabilities being excluded from activities either inadvertently or purposefully. Many staff lack understanding of the correct terminology to use when discussing disability, safeguarding policy and mechanism are often not accessible for people with disabilities, and organisational practices are often compounded by incorrect assumptions, stigma and discrimination.

Additionally, inconsistency or lack of reliable data on disability may exclude people with disability from accessing basic services provided by humanitarian and development actors.

## Increased risks of harm and abuse

People with disabilities are at 3-4 times more risk of harm and abuse<sup>6</sup>. A number of these risks may be common, some may present differently for different disabilities, and some of the risks will be specific to the type of disability a person has. The following are risks of harm and abuse that might be faced by people with any disability:

Perpetrators may target people with disabilities if they consider them less able to report abuse or more likely to be disbelieved.

People may make fun of, insult, bully, harass (attitudinal barriers) and refer to people with disabilities differently because of their disability. This may increase the risks of emotional

<sup>6</sup> Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and Disabilities: A Population-Based Epidemiological Study. *Child Abuse & Neglect*, 24, 1257-1273

and psychological harm and may increase the likelihood that people with disabilities will also have emotional challenges, low self-esteem, and confidence issues.

Children and adolescents with intellectual disabilities may be unfairly reprimanded or punished due to assumptions of bad behaviour that actually relate to the child's disability which could lead to distress and confusion for the child and emotional trauma.

People with disabilities may be more reliant on caregivers and support staff, which can create more opportunities for abuse to occur.

Social isolation can make persons with disabilities more vulnerable to abuse as it limits their ability to seek help or report abuse, increasing their susceptibility to ongoing harm.

Limited employment opportunities and financial independence can lead to economic exploitation, with perpetrators taking advantage of their vulnerability by exploiting them for labour or controlling their finances.

## **Lack of inclusive safeguarding approach at an organisational level**

Though the exact number of CSOs in Bangladesh is unknown, more than 88,000 organisations are registered with government authorities. Although we know that having robust safeguarding practices in place, there is limited data on how many CSOs currently have safeguarding policies in place and have the necessary technical understanding and support to safeguard of people at increased risk due to their disability. Organisations implementing safeguarding measures which are only designed to safeguard those without disabilities, and are not intersectional, will create or contribute to key risks which include:

- **Inaccessible information** – where sharing mechanisms are not accessible for people with disabilities, they may not be aware of their rights, the safeguarding obligations of organisations, and reporting mechanisms (communication barriers).
- **Stigma and discrimination** – myths and negative stereotyping mixed with sympathy and misunderstanding, may lead to approaches that are not fully inclusive or participatory (attitudinal barriers).
- **Programme risk assessments are not inclusive** and activity planning may not consider People with disabilities appropriately so their needs and perspectives may not be taken into account (institutional barriers).

- **Lack of funding for reasonable accommodation**, consultations and risk assessments that include People with disabilities and to ensure accessibility features in Information, Education and Communication (IEC) materials (institutional barriers).
- **Physical environment** (distribution centres, WASH facilities, service centres, etc.) may be inaccessible or hazardous or the location may give increased opportunities for strangers or carers to abuse a person with disabilities (environmental barriers).
- **Inaccessible reporting mechanisms** – a lack of consideration of the needs of people with disabilities in establishing these mechanisms may hinder reporting, e.g. a helpline may not be accessible for a person who is deaf (institutional barriers).

## Managing the risks identified and how to make your safeguarding measures disability-inclusive

Organisations that actively create and promote a safe, positive programme environment can: (1) better prevent SEA and other harms and abuses, (2) improve how reports of abuse are received and responded to, and (3) more effectively achieve organisational aims and objectives. Disability inclusion is one key part of this.

Three important steps before you start:

1. **Awareness of disability inclusion, safeguarding and SEA.** When setting up disability-inclusive safeguarding systems, the first step is to ensure that everyone (staff and community) understands that people with disabilities have the same rights as everyone else and have a clear understanding of the different types of disabilities and barriers they face in the country. Disability rights awareness must be conducted regularly. You can use the definitions and risks sections above for this, and refer to the UNCRPD.
2. **Reflect disability rights and inclusion in core documents.** Ensure that your organisational policy on safeguarding or SEA, your Code of Conduct, human resource materials and organisational strategy, work plan, and project documents highlight non-discrimination and equality as a core value and include the actions for disability-inclusive programming.
3. **Participatory approaches to identify and remove barriers that lead to increased risk** for people with disabilities. Work with people with disabilities to identify risks and barriers, needs and mitigation strategies. Consider how to consult meaningfully with a

range of different participant groups and how they can input on risks and mitigation strategies that are relevant.

4. **Establish inclusive community feedback and response mechanism:** Create structured opportunities for persons with disabilities to provide input on programme design and safeguarding measures. Involve them in consultations and feedback sessions to ensure their needs and preferences are adequately addressed.
5. **Understanding and using safeguarding information:** Simplify language and use clear, straightforward communication. Develop and provide easy-to-understand guides on safeguarding and reporting mechanisms. Ensure that staff receive training on how to communicate effectively with person with various types of disabilities.
6. **Cultural sensitivity:** Include cultural competence training that addresses disability-related attitudes and practices. Promote an inclusive culture that respects and values the contributions of persons with disabilities, challenging and changing discriminatory attitudes and behaviours.

## Quick actions

General actions to mitigate the risks of SEA and other harms and abuses for people with disabilities in CSO programmes and activities in Bangladesh:

**Risk management:** Throughout the programme cycle, include input from people with disabilities to effectively identify, understand and mitigate the risks and barriers, considering intersectionality factors, of SEA and other harm and abuses that they may face.

**[Click here](#)** to read the RSH safe programmes tip sheet.

**Awareness & capacity building:** Ensure that staff receive regular training or a briefing to build their understanding of the safeguarding risks and requirements for people with disabilities in programme activities. This should consider the risks and barriers people with disabilities are facing, disability rights, appropriate language and combatting stigma and discrimination. Please see Annex 1.

**Reporting channel:** Establish multiple safe, accessible and functional reporting channels for safeguarding and SEA complaints with the involvement of people with disabilities and OPDs. A range of reporting channels is ideal to ensure access, safety and comfort for all intended users, this includes travel to the reporting location.

**Awareness session:** Ensure transparency and organise regular awareness sessions with the community to inform them about your safeguarding and PSEA policies, reporting channels and mechanism, disability rights etc. Consider accessibility measures while organising the sessions.



**Accessible communication materials:** Ensure that information, education and communication (IEC) materials are accessible and inclusive for people with diverse disabilities (multiple formats, sign language, interpreter etc) and represent people with disabilities in IEC materials, ensure that they are presented in an empowering way.

**Identify and remove barriers:** Ensure to establish a mechanism to regularly identify the Institutional, Attitudinal, Environmental (physical) and Communication barriers and take actions to remove those barriers with the involvement of people with disabilities and their representative organisations.

**Reasonable accommodation and inclusive case management system:** Treat each individual in their own uniqueness. Be aware of the intersecting risks when a report is received. Ensure that the assigned person (focal point, investigation team etc) are trained on disability rights and takes an objective approach (attitudinal barrier). Consider reasonable accommodation (caregiver, sign language interpreter, transportation, flexible timing etc) for people with disabilities during the whole process.

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