

# **Disability Inclusion in Major Health, Education, and Employment Sector Policies in Bangladesh:**

## **A Policy Brief**



## Context

In Bangladesh, one in every ten citizens lives with some form of disability. Yet, barriers to healthcare, education, and decent work remain widespread, hindering the full participation of persons with disabilities in society. Since its independence in 1972, Bangladesh has introduced various policies to enhance the health, wellbeing, and livelihoods of persons with disabilities. However, the extent to which these policies have fostered a disability-inclusive society remains uncertain.

Understanding how government policies in the health, education, and employment sectors address disability inclusion is critical. Inclusive education improves lifetime earnings<sup>1</sup>, accessible health services reduce preventable deaths<sup>2</sup>, and equitable employment contributes to economic growth<sup>3</sup>. Achieving these outcomes requires robust scientific evidence.

This policy brief presents findings from a policy analysis conducted under the study titled **Status of Health, Education, and Employment of Persons with Neurodevelopmental Disabilities in Bangladesh**.



## Methodology

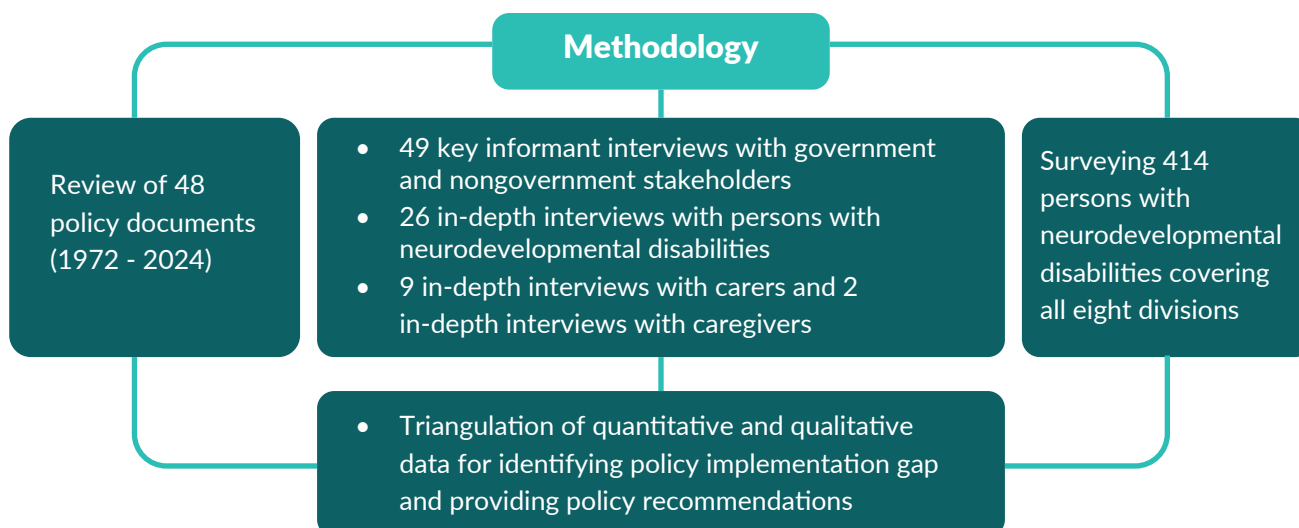
A total of 48 policy documents were reviewed to assess the extent to which disability inclusion is addressed across health, education, and employment sectors' policies of the country. To identify the potential barriers of the implementation of the policies, 49 key informant interviews were conducted with stakeholders, 26 in-depth interviews were conducted with persons with

neurodevelopmental disabilities, 9 in-depth interviews were conducted with carers (parents and/or relatives) and 2 in-depth interviews with caregivers of persons with neurodevelopmental disabilities, along with 414 persons with neurodevelopmental disabilities were surveyed, covering all administrative divisions of Bangladesh.

<sup>1</sup> Banks, L. M., & Polack, S. (2014). The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities: Evidence from 13 Low and Middle-Income Countries. London School of Hygiene & Tropical Medicine. Available: [https://ces.ulab.edu.bd/sites/default/files/ULAB-CES\\_KN\\_Inclusive-Education\\_2019.pdf](https://ces.ulab.edu.bd/sites/default/files/ULAB-CES_KN_Inclusive-Education_2019.pdf)

<sup>2</sup> Khan, N., Trisha, N. I., & Rashid, M. (2022). Availability and readiness of healthcare facilities and their effects on under-five mortality in Bangladesh: Analysis of linked data. Journal of Global Health, 12:04081. Available: <https://jogh.org/wp-content/uploads/2022/09/jogh-12-04081.pdf>

<sup>3</sup> Boudreau, L., & Naeem, F. (2021). Resilient jobs to support Bangladesh's economic development and equity: An overview of labour market trends, a review of related research, and recommendations on policy and research directions. International Growth Centre. Available: <https://www.theigc.org/sites/default/files/2021/10/Boudreau-and-Naeem-Draft-final-report-.pdf>



## Health Sector Policies

The government of Bangladesh is implementing several policies to promote the uptake of formal healthcare utilisation among persons with disabilities, including those with neurodevelopmental disabilities, and to make healthcare disability-inclusive. Notable policies include the National Health Policy 2011 (NHP 2011), National Action Plan on Disability 2019 (NAPD 2019), and the National Strategic Plan for Neurodevelopmental Disorders (NSPND 2016–2030).

### Policy Commitment #1

Ensure persons with disabilities have access to the highest standard of healthcare service on the basis of availability in all existing healthcare facilities (NHP 2011, NAPD 2019).

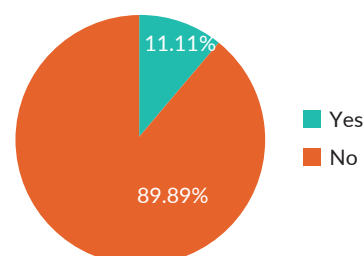
### Implementation Gaps

Most upazila health complexes and district hospitals lack accessible infrastructure, disability-specific equipment, and staff trained in disability-sensitive healthcare.

*"I have an issue with my right eye... There was only one lift operational... the other one was out of service... It was a struggle to go upstairs." – A 23-year old adult with cerebral palsy, Khulna, IDI.*

Only 11.11% of the 414 survey participants were using assistive devices (e.g., spectacles, hearing aids, walking sticks, wheelchairs, prostheses) at the time of survey data collection. Due to a lack of assistive device many persons with neurodevelopmental disabilities did not seek formal healthcare.

**Assistive device use by the survey participants (n=414)**



### Priority Actions

Ministry of Social Welfare (MoSW) and Ministry of Health and Family Welfare (MoHFW) should collaborate to:

- (1) Apply Bangladesh National Building Code (BNBC) 2020 universal-access design to all new construction and renovations, in partnership with the Health Engineering Department (HED) and Public Works Department.
- (2) Issue national guidelines for accessible hospital equipment, covering both local production and imports, with input from the Health Services Division and Jatiyo Protibondhi Unnayan Foundation (JPUF).
- (3) Conduct nationwide training on

disability-inclusive healthcare using Directorate General of Health Services (DGHS)'s "disability-inclusive health service" module, in partnership with JPUF and allied health professional associations.

## Policy Commitment #2

Persons with disabilities will receive appropriate rehabilitation services as needed, led by JPUF's Protibondhi Seba O Sahajjo Kendra (disability rehabilitation centres) (NAPD 2019).

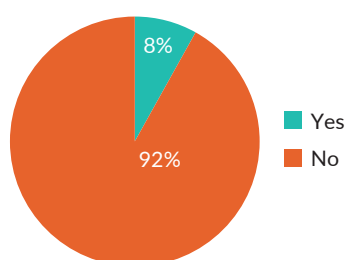
## Implementation Gaps

(1) JPUF run disability rehabilitation centres only exist in some upazilas but lack uniform coverage and referral links with corresponding upazila health complexes.

(2) These JPUF-run rehabilitation centres often lack standardised treatment protocols, trained professionals, assistive devices, and equipment.

Only 8% of the 414 survey participants accessed health-related rehabilitation services at least once in their life time.

**Lifetime access to health-related rehabilitation services (n=414)**



## Priority Actions

(1) MoSW should expand JPUF-run rehabilitation centres to every upazila nationwide.

(2) MoSW and MoHFW should establish a functional referral system between these disability rehabilitation centres and corresponding upazila health complexes.

(3) MoSW should implement the Bangladesh Rehabilitation Council Act 2018 to address staffing and operational needs of JPUF.

*"I've never received any such instructions on national standardised guidelines or condition-specific questionnaires for measuring levels of functional difficulty... not from JPUF, the Upazila Health Complex, the Civil Surgeon's Office, nor from the Ministry of Health and Family Welfare... I rely solely on my own professional clinical knowledge when documenting patient's level of functional difficulty."*

-Clinical Physiotherapist, Protibondhi Seba O Sahajjo Kendra, Pabna, KII

*"The specialised services (that) persons with disabilities need can't be delivered at the upazila health complexes... We're not aware of how referral system for persons with disabilities should work... we need instruction on this issue"*

-Medical Officer, a government health facility, Kurigram, KII

*"...I went to the (local) somajseba office..... they asked me to go (local) the upazila health complex to check my disability.... The doctor just looked at me... wrote something down, and didn't ask me any questions."* -25-year-old woman with Autism, Pabna, (IDI)

## Policy Commitment#3

Promote prevention, early diagnosis, and lifelong management of neurodevelopmental disabilities and other disabilities using a family-centred, multidisciplinary approach (NHP 2011, NAPD 2019, NSPND 2016–2030).

## Implementation Gaps

(1) No national guideline for raising awareness about preventing all 12 disability types.

(2) DGHS's Child Development Centres, namely, Shishu Bikash Kendra run as a donor funded project, face funding shortages, staff vacancies, and operational limitations.

(3) No national framework for community-based rehabilitation.

## Priority Actions

(1) Since development of national awareness guidelines on prevention and awareness of 12 disability types demands the collective technical expertise and workforce of MoSW and MoHFW, these ministries should collaborate together to develop such guidelines in partnership with DGHS, JPUF, the Neurodevelopmental Disabilities Protection Trust, and allied health professional associations for additional technical support.

(2) With necessary assistance from MoSW (if required), MoHFW should, in line with the mandate of NSPND 2016-2030 and the Bangladesh Rehabilitation Council Act 2018, recruit the required allied health professionals for the Shishu Bikash Kendras and scale them up to every district and medical-college hospital nationwide. MoHFW should also sustainably finance the Shishu Bikash Kendras by transferring the project to the revenue budget for smooth operation.

(3) As creating referral pathways among Shishu Bikash Kendras, JPUF-run rehabilitation centres, and corresponding upazila health complexes demands the collective technical expertise of MoHFW and MoSW, these ministries should collaborate to create guidelines of such referral pathways.

(4) MoHFW and MoSW should collaborate to establish a nationwide Community Based Rehabilitation framework for involvement of the local community in prevention, treatment and rehabilitation of all 12 disability types.

## Education Sector Policies

Policies under implementation to improve access and inclusion for students with disabilities include the National Education Policy 2010 (NEP 2010), Integrated Special Education Policy 2019 (ISEP 2019), and National Action Plan on Disability 2019.

### Policy Commitment #1

Ensure physically accessible learning environments for students with disabilities (NEP 2010).

## Implementation Gaps

Lack of ramps, narrow doorways, inaccessible toilets, and insufficient space prevent access and participation of students with disabilities in educational institutions.

### Priority Actions

To ensure that every new building or renovation in educational institutions complies with BNBC 2020's universal-access rules, several coordinated steps are required. First, the Education Engineering Department (EED) of the Ministry of Education (MoE) should coordinate with the Ministry of Housing and Public Works (MoHPW). Next, the Directorate of Primary Education under the Ministry of Primary and Mass Education (MoPME) should work with the Local Government Engineering Department (LGED) of the Ministry of Local Government, Rural Development and Co-operatives (MoLGRDC). Likewise, for public universities, EED and the universities need to partner with Public Works Department to ensure their campuses comply with BNBC 2020's universal access standard. Finally, under University Grants Commission (UGC) oversight, private universities must obtain approval for all renovations and new construction from both RAJUK and Public Works Department, ensuring that their permanent campuses also meet the BNBC 2020 universal-access standard.

### Policy Commitment #2

Provide specialised support to fulfill individual learning needs of students with disabilities (ISEP & NAPD 2019).

## Implementation Gaps

(1) Specialised learning support is uneven nationwide, most teachers still lack training on disability inclusive teaching and learning methodologies

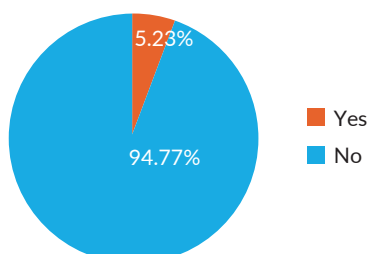
(2) Most educational facilities still lack Braille, tactile and visual aids, and other assistive devices;

(3) Rehabilitation therapy service is still not integrated into regular classroom-based learning activities in most educational facilities.



Only 5.23% of the 151 survey participants, who got chance to study in schools, reported receiving health-related rehabilitation support in their institutions.

#### Availability of rehabilitation support in schools (n=151)



### Priority Actions

(1) Regularly conduct nationwide teacher-training programmes on Individual Education Plan (IEP) development. For developing necessary training modules in this regard, Ministry of Primary and Mass Education (MoPME) and Ministry of Education (MoE) should take the lead and collaborate with JPUF and Neurodevelopmental Disabilities Protection Trust of MoSW, and DGHS of MoHFW along with allied-health professional associations for necessary technical support and workforce.

(2) Supply all educational facilities with Braille, tactile and visual aids, and other necessary assistive devices. MoPME and MoE should take the lead in this regard to collaborate with JPUF, Neurodevelopmental Disabilities Protection Trust, DSS of MoSW, and DGHS of MoHFW for effectively import, select and distribute of all kinds of assistive technology nationwide.

(3) Integrate rehabilitation therapy services into regular classroom-based learning activities in educational institutions with the help of all the above stakeholders.

### Policy Commitment#3

Implement modified admission processes to accommodate the needs of students with disabilities (ISEP & NAPD 2019).

### Implementation Gaps

Rules for modified admission and examination (e.g., quota, fee waiver, extra time) are rarely enforced, so students with disabilities are often excluded.

### Priority Actions

MoPME and MoE should collaborate to issue and enforce clear guidelines on modified admission and examination processes, monitor compliance, and publish regular annual progress report.

### Policy Commitment#4

Adapt and roll out inclusive curricula for all 12 disability types (ISEP & NAPD 2019).

### Implementation Gaps

Special-education curricula-specifically the Neurodevelopmental Disabilities Protection Trust's draft curriculum under the MoSW and National Academy for Autism and Neurodevelopmental Disorder, (NAAND's) national curriculum-adaptation package under the MoE- are not implemented yet due to stigma, limited teacher understanding, and high student-teacher ratios.

### Priority Actions

Since a unified curriculum demands the collective technical expertise of MoSW, MoHFW, MoPME, and MoE, these ministries should jointly finalise an inclusive curriculum; subsequently, MoPME and MoE should collaborate to train teachers to use it and roll it out nationwide with targeted advocacy.

*"There is no nationally standardised curriculum in place for them (e.g., persons with neurodevelopmental disabilities).....The key need is to explore how we can modify or simplify the curriculum and present it in ways that suit specific groups (e.g., persons with neurodevelopmental disabilities)... Unfortunately, that work has not yet been done."*

*-Professor, Institute of Education & Research (IER), University of Dhaka, KII).*

## Employment Sector Policies

In the employment sector, several policies are currently being implemented by the government of Bangladesh to promote disability-inclusion. National Skills Development Policy 2011 (NSDP 2011) and

National Action Plan on Disability 2019 (NAPD 2019) are two key policies in this regard.

### Policy Commitment#1

Give persons with disabilities access to all public and private Technical and Vocational Education and Training (TVET) institutions through tailored courses and accessible facilities (NSDP 2011 & NAPD 2019).

### Implementation Gaps

Most of the training centres and TVET institutes still remain inaccessible, lack adaptive tools, and have few instructors trained in disability-inclusive workplace practices.

### Priority Actions

(1) The Ministry of Labour and Employment (MoLE) should collaborate with the National Skills Development Authority (NSDA) in the Chief Advisor's Office to upgrade every technical training centre and TVET institute to universal-design standards in line with BNBC 2020.

(2) MoLE and NSDA should also work together with MoE to implement regular instructor training on classroom inclusion inside public TVET colleges, using the existing training module entitled *"Including Persons with Disabilities in Technical and Vocational Education and Training- A Guide for Administrators and Instructors"* developed by Directorate of Technical Education of MoE.

(3) To supply the workforce needed for upgrading and constructing all relevant facilities, as well as for delivering assistive-technology training, MoLE and NSDA should partner with the Public Works Department and allied-health professional associations.

### Policy Commitment #2

Link vocational training directly to paid jobs by partnering with industry. (NSDP 2011 & NAPD 2019).

### Implementation Gaps

Job-linkage services are weak; most trainees with disabilities receive no placement support, and employers are unaware of skills of persons with disabilities.

### Priority Actions

(1) In collaboration with all other relevant ministries of Bangladesh NSDA and MoLE should take lead to set up mandatory "disability job placement" desks in each public and private employment centre, run and enforce regular employer-outreach and internship programmes nationwide,

*"I completed my diploma in engineering..., but I am currently unemployed... I don't have (any) connections with potential employers...I have some movement difficulties in my legs ... (but) I can work well using my hands and brain."*

-A 24-year old, person with cerebral palsy, diploma graduate, Jashore, (IDI).

(2) Ministry of Planning (MoP) should take the lead to collaborate with MoLE to publish regular data on involvement of persons with disabilities in the formal job sector in BBS's quarterly labour force survey and Labour Market Information System (LMIS) dashboard in collaboration with National Skills Development Authority (NSDA) under chief advisor's office, to assess the efficiency of the vocational trainings in real life job placement.

### Policy Commitment#3

Enforce the public-service disability quota (NSDP 2011 & NAPD 2019).

*"We see ... quotas in government jobs ... But these measures are not well implemented ..... (because of) political issues ... in the health sector (jobs)."*

-Professor, Rajshahi Medical College, (KII).

### Implementation Gaps

Ministries seldom fill the 1 % quota and quota use is not tracked.

### Priority Actions

Ministry of Public Administration (MoPA), Public Service Commission (PSC), MoSW, and all other relevant ministries and departments should publish annual quota-utilisation reports and regularly conduct targeted advocacy campaigns to inform persons with disabilities and their guardian on the relevant quota facility.

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## Conclusion

Our policy analysis shows that most schools, health centres, and workplaces still lack ramps and lifts, trained staff, and inclusive infrastructure for persons with disabilities. The government should make sure every agency follow the 2020 BNBC and pay for access upgrades in every new or renovated facility. To ensure greater inclusion in society, first, in the health sector, the government should establish more disability rehabilitation centres run by the JPUF of MoSW and more Child Development Centres—Shishu Bikash Kendra—operated by the DGHS of MoHFW, link both of them to local upazila health complexes, and set up simple referral systems that would guide patients to the right place. These facilities should be staffed by trained therapists and support workers. Next, in education, the MoE and the MoPME should complete development of an inclusive curriculum, provide necessary learning aids,

assistive devices, integrate rehabilitation therapy services in schools, and train teachers nationwide to introduce and implement IEPs. Finally, in employment, all technical and TVET institutes need access upgrades and disability job-placement desks that work closely with industry, while the NSDA should publish a yearly report showing how many public-sector jobs went to persons with disabilities. Taken together, if the MoHFW, MoSW, MoPME, MoP, MoLE, NSDA, and MoPA act together, set clear deadlines, and allocate dedicated resources for betterment of persons with disabilities, Bangladesh can bring real change for the one in ten citizens who have some form of disability and move closer to the country's national promise of leaving no one behind in its constitution and in the Sustainable Development Goals (SDGs).

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