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Evaluating the Role of Volunteer Social Welfare Organizations (VSOs) in Identifying Children with Disabilities and Enhancing their Access to Support Services in Selected Areas in Sylhet Division

Final Report

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Executive Summary

Globally, more than 1.3 billion people live with disabilities, with the majority in low- and middle-income countries. In Bangladesh, 7–10% of the population experience disabilities, with girls facing compounded barriers of stigma, discrimination, and limited access to education, healthcare, and social protection. Despite government initiatives such as disability certification and social protection schemes, implementation remains uneven and heavily medicalized.

This study assessed the role of Volunteer Social Welfare Organizations (VSOs), including Organizations of Persons with Disabilities (OPDs), in disability identification and access to services in Sylhet Division. The study collected both quantitative and qualitative data through interview, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs). A total of surveyed 252 respondents across Sylhet, Sunamganj, and Habiganj, and conducted 15 key informant interviews and six focus group discussions. The institutional and community-level insights were gathered through KIIs and FGDs involving government officials, local leaders, disable child parents/caregivers, VSOs and disable center representative. The data collection activities covered the feature of the social and economic status, relevant challenges, services and delivery gaps, and adaptive strategies by local populations. For this study, "Children" refers to any person below the age of 18 years, consistent with the Children Act 2013 and the United Nations Convention on the Rights of the Child (UNCRC). "Disability" refers to a long-term physical, mental, intellectual, sensory, or psychosocial impairment which, in interaction with various attitudinal and environmental barriers, may hinder an individual's full and effective participation in society on an equal basis with others, as recognized under the Rights and Protection of Persons with Disabilities Act 2013.

Although awareness of the rights of persons with disabilities is high, misconceptions remain prevalent, with many respondents continuing to associate disability with dependency or superstitious beliefs. While over 80% of children with disabilities are registered, the process is slow, medicalized, and sometimes involves unofficial costs. Service access is concentrated on allowances and ID cards, while inclusive education, healthcare, and re habilitation remain scarce. Only 11.5% of children with disabilities attend general schools.

VSOs are recognized and trusted, particularly for their role in securing certification and navigating bureaucracy, with 87% of respondents reporting positive experiences. However, their contributions to early identification, awareness raising, and education support remain limited, and outreach is uneven, with Habiganj notably underserved.

The study concludes that Bangladesh has made progress in disability recognition, yet systemic challenges hinder equitable service delivery. Strengthening awareness, diversifying services, decentralizing identification, enhancing VSOs capacity, and improving inter-agency coordination are essential to ensure inclusive and gender-responsive disability services. With greater investment and collaboration, VSOs can play a pivotal role in bridging gaps between policy and practice for children with disabilities, especially girls, in Sylhet and beyond.

Table of Content

Photo: Students at Buddhi Protibondhi Bidyaloy, Sekhhat, Sylhet Sadar

List of Table

List of Figure

List of Abbreviation

CBR	Community-Based Rehabilitation
CWD	Child with disability
DIS	Disability Information System
DSS	Department of Social Services
FGD	Focus Group Discussion
GWDs	Girls with Disabilities
HIES	Household Income and Expenditure Survey
ICDDR,B	International Centre for Diarrheal Disease Research, Bangladesh
ILO	International Labor Organization
KII	Key informant Interview
NSSS	National Social Security Strategy
MoSW	Ministry of Social Welfare
NSPD	National Survey on Persons with Disabilities
OPDs	Organizations of Persons with Disabilities
RPPD Act	Rights and Protection of Persons with Disabilities Act (2013)
SDG	Sustainable Development Goal
SPSS	Statistical Package for the Social Sciences
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
VSO	Volunteer Social Welfare Organization
WHO	World Health Organization

Chapter 1: Introduction

1.1 Background

Disability is increasingly recognized not only as a health condition but also as a multidimensional development and human rights issue linked to social inclusion, equity, and participation (Groce et al., 2014; Waddington & Priestley, 2020). Globally, more than one billion people live with disabilities, many of whom face significant barriers to accessing education, healthcare, employment, and social protection services (World Health Organization & World Bank, 2011; World Health Organization, 2021). These challenges are often more pronounced in low- and middle-income countries, where poverty, limited service availability, and social stigma further restrict opportunities for participation and inclusion (UNESCAP, 2020).

Children with disabilities are among the most marginalized groups in society. Evidence indicates that they are more likely to experience exclusion from education, reduced access to healthcare and rehabilitation services, and greater exposure to discrimination and social isolation (UNICEF, 2021; Leonard Cheshire, 2021). Girls with disabilities face additional barriers due to the intersection of gender and disability, often resulting in lower levels of mobility, participation, and access to support services compared to boys with disabilities (UNFPA, 2020).

In Bangladesh, disability inclusion has gained increasing policy attention through the Rights and Protection of Persons with Disabilities Act 2013 and various social protection initiatives implemented by the Government of Bangladesh (Government of Bangladesh, 2013; Ministry of Social Welfare, 2020). Nevertheless, studies continue to report significant gaps between policy commitments and actual service delivery. Children with disabilities frequently encounter challenges in obtaining disability certification, accessing inclusive education, receiving appropriate healthcare and rehabilitation services, and benefiting from social safety-net programmes (CDD, 2018; ICDDR,B, 2023; UNICEF, 2021). Limited awareness, social stigma, inadequate institutional capacity, and geographic barriers further constrain access to available services, particularly in rural and underserved areas (Haque & Ahmed, 2020).

Community-based organizations, including Volunteer Social Welfare Organizations (VSOs) have emerged as important actors in promoting disability inclusion and facilitating access to services. Previous studies have highlighted the contributions of non-governmental and community-based organizations in raising awareness, supporting disability identification, facilitating referrals, advocating for rights, and strengthening links between vulnerable households and government support mechanisms (Kabir, 2015; Rahman et al., 2019; Hashemi

et al., 2020). Similarly, OPDs have been recognized globally as important platforms for advancing the rights, participation, and empowerment of persons with disabilities (Inclusion International, 2017; Khan et al., 2019).

Despite growing recognition of their importance, the specific role of VSOs in identifying children with disabilities and facilitating their access to services remains insufficiently documented in Bangladesh. Existing research has primarily focused on disability prevalence, policy implementation, service gaps, and the broader role of NGOs, with limited empirical evidence on how community-based volunteer organizations contribute to disability identification and service access at the local level (Jahan & Rahman, 2019; Hashemi et al., 2020). Moreover, little is known about how these organizations operate in geographically challenging and socially marginalized regions such as Sylhet Division, where factors such as remoteness, poverty, and cultural norms may affect service accessibility.

Against this backdrop, the present study examines the role of VSOs in identifying children with disabilities and facilitating their access to essential support services in Sylhet Division, with particular attention to the experiences and vulnerabilities of girls with disabilities. By generating evidence on the contributions, challenges, and opportunities of VSOs, the study seeks to address an important knowledge gap and inform disability-inclusive policy and programming in Bangladesh.

1.2 Context of the Study

Bangladesh has made significant commitments to promoting the rights and inclusion of persons with disabilities through international conventions and national policy frameworks. The country is a signatory to the United Nations Convention on the Rights of the Child (UNCRC, 1989), the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), the Sustainable Development Goals (SDGs, 2015–2030), the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, and the Beijing Declaration and Platform for Action. At the national level, these commitments are reflected in key legal and policy instruments, including the Rights and Protection of Persons with Disabilities (RPPD) Act 2013, the Children Act 2013, the National Social Security Strategy (NSSS), and the Eighth Five-Year Plan, all of which emphasize the protection, participation, and inclusion of children and persons with disabilities.

For the purpose of this study, children are defined as all persons below the age of 18 years, consistent with the Children Act 2013 and the United Nations Convention on the Rights of the Child (UNCRC). Disability refers to a long-term physical, intellectual, sensory, mental, or

psychosocial impairment which, in interaction with attitudinal and environmental barriers, may hinder a person's full and effective participation in society on an equal basis with others. This definition is consistent with the principles of the UNCRPD and the Rights and Protection of Persons with Disabilities Act 2013. These definitions have been applied consistently throughout the study in data collection, analysis, and interpretation.

Although Bangladesh has established an enabling legal and policy framework, translating these commitments into effective services remains a significant challenge. Children with disabilities, particularly those living in rural and underserved communities, continue to face barriers in disability identification, certification, access to education and healthcare, rehabilitation services, and social protection programmes. Addressing these challenges requires effective collaboration among government agencies, local authorities, health and education institutions, and community-based organizations.

Within this service delivery system, Volunteer Social Welfare Organizations (VSOs) play an important complementary role by supporting community-level disability identification, conducting awareness-raising activities, facilitating referrals, assisting families in accessing government services, and strengthening linkages with institutions such as the Department of Social Services (DSS), health facilities, and educational institutions. The RPPD Act 2013, the Volunteer Social Welfare Organizations (Registration and Control) Ordinance 1961, and the Foreign Donations (Voluntary Activities) Regulation Act 2016 provide a legal basis for the operation and engagement of voluntary organizations in social welfare and disability-related services. Despite their recognized contribution, empirical evidence regarding how VSOs perform these functions, particularly for girls and other vulnerable children with disabilities, remains limited.

According to the Disability Information System (DIS, 2025), more than 43,800 children with disabilities have been identified in Sylhet Division. While this indicates considerable progress in disability identification, limited evidence exists regarding the community-level processes through which children are identified and subsequently linked to essential support services. Previous studies in Bangladesh have largely focused on disability prevalence, policy implementation, service barriers, and the contributions of non-governmental and community-based organizations (Kabir, 2015; Rahman et al., 2019; Hashemi et al., 2020). However, the specific role of Volunteer Social Welfare Organizations in identifying children with disabilities, facilitating referrals, collaborating with government institutions, and improving access to services remains insufficiently explored. This knowledge gap is particularly important in Sylhet

Division, where geographical isolation, poverty, and other socio-economic challenges may further constrain access to disability-related services.

Against this context, the present study seeks to generate empirical evidence on the role of Volunteer Social Welfare Organizations in identifying children with disabilities and facilitating their access to essential support services in Sylhet Division. The findings are expected to contribute to strengthening disability-inclusive policies and programmes and to inform collaborative approaches for improving service accessibility, with particular attention to the needs of girls and other vulnerable children with disabilities.

1.3 Purpose and Objectives of the Study

The main purpose of this research is to evaluate the role of VSOs in identifying children with disabilities and facilitating their access to essential support services in selected areas of Sylhet Division.

Specific objectives include:

- ✓ To examine the extent of VSO contributions to identifying children with disabilities in collaboration with the Department of Social Services (DSS) under the Disability Information System (DIS).
- ✓ To explore the mechanisms through which VSOs support families and children with disabilities in accessing government and non-government services.
- ✓ To identify barriers (policy, practice, funding, and coordination) and enabling factors in disability identification and service facilitation.
- ✓ To understand stakeholders' perceptions regarding the facilitative role of VSOs in enhancing access to support services.
- ✓ To generate actionable recommendations for strengthening inclusive and gender-responsive disability policy and programming in Bangladesh.

1.4 Research Questions

The main research question of this study is: how effectively do VSOs play a role in disability identification and facilitating access to support services for CWDs.

The specific research questions are as follows:

- ✓ To what extent is collaboration maintained between VSOs and DSS local offices for disability identification?
- ✓ What programs or approaches (awareness, parenting support, referrals, advocacy) are used by VSOs to assist families and children with disabilities in accessing support services?

- ✓ What factors (policy, practice, funding, and coordination) hinder or enable identification and service facilitation processes?
- ✓ How do stakeholders perceive the role and effectiveness of VSOs in facilitating access to government and non-government disability support services (stipend, assistive devices, healthcare, allowances)?
- ✓ What recommendations can strengthen disability policy and programming based on the experiences of caregivers, VSOs, and government service providers?

1.5 Scope of the Study

This study focuses on the role of VSOs, including PDs in identifying children with disabilities and facilitating their access to support services in selected areas of Sylhet Division. The study covers children with disabilities aged 6–17 years and examines access to education, healthcare, social protection, rehabilitation services, assistive devices, and disability certification. The research adopts a rights-based, gender-sensitive, and participatory approach, with particular attention to the experiences of girls with disabilities. It also explores the institutional capacities of VSOs and OPDs, their collaboration with government agencies, and the challenges and opportunities associated with strengthening disability-inclusive service delivery.

Photo: Discussion with caregivers at Art and Artistic School, Sylhet Sadar

Chapter 2: Literature Review

2.1 Global and National Overview

Globally, more than 1.3 billion people live with disabilities, of whom nearly 80% reside in low- and middle-income countries (WHO, 2021). In Asia, an estimated 690 million people live with disabilities, with prevalence rates ranging between 5% and 15% in Southeast Asia (UNESCAP, 2020). In Bangladesh, national estimates suggest that between 7% and 10% of the population live with disabilities (WHO & World Bank, 2011; ICDDRB, 2023).

Children with disabilities (CWDs) in Bangladesh experience layered forms of marginalization due to stigma, discrimination, inaccessible infrastructure, and inconsistent policy implementation. Girls with disabilities (GWDs) are particularly excluded from education, healthcare, social protection, and justice systems, while also being underrepresented in official data and programmatic interventions (UNFPA, 2020; Leonard Cheshire, 2021).

The Government of Bangladesh has initiated several disability-related measures including identification surveys, digital certification, therapeutic services, and social protection schemes. However, these efforts remain unevenly implemented. Disability assessments are still predominantly medicalized and insufficiently aligned with the rights-based framework of the UNCRPD (Waddington & Priestley, 2020).

Internationally, countries increasingly adopt rights-based and community-centered approaches to disability inclusion, emphasizing early identification, community participation, inclusive education, and decentralized service delivery. Evidence suggests that interventions are most effective when government agencies collaborate with community organizations, OPDs, caregivers, and local leaders to identify and support children with disabilities (WHO, 2021; Groce et al., 2014). These experiences provide useful lessons for strengthening disability-inclusive programming in Bangladesh.

2.2 Rights and Protection of Persons with Disabilities Act 2013

Rights and Protection of Persons with Disabilities Act (2013) represents a milestone in Bangladesh's disability rights landscape. Aligned with the UNCRPD, it guarantees rights to education, healthcare, accessibility, and participation, while mandating committees at multiple administrative levels to oversee implementation. Importantly, Sections 28 and 30 highlight the roles of VSOs in disability protection. Despite this, enforcement remains weak due to limited

community awareness, poor monitoring, and inadequate resource allocation (Centre for Disability in Development, 2018).

2.3 Disability Awareness

Preventive strategies are central to reducing the incidence and long-term impact of disabilities. Globally, prevention efforts focus on maternal health, early childhood nutrition, immunization, accident prevention, and early detection of developmental delays (WHO, 2011). In Bangladesh, public campaigns have raised awareness on preventable causes such as malnutrition, unsafe deliveries, and communicable diseases. Nonetheless, prevention awareness remains weak in rural and marginalized areas, where cultural stigma and misinformation persist (Haque & Ahmed, 2020). Limited collaboration between health systems and community-level organizations further constrains the reach of preventive initiatives.

2.4 Support Services and Assistance

Support services including rehabilitation, inclusive education, assistive technologies, and social protection are essential for improving the quality of life of persons with disabilities. International evidence demonstrates that community-based rehabilitation (CBR) and community-based inclusive development approaches can significantly improve service accessibility, educational participation, social inclusion, and family well-being (WHO & World Bank, 2011).

Experiences from countries such as India, Nepal, and the Philippines show that community-based organizations play a critical role in identifying children with disabilities, facilitating referrals, supporting inclusive education, and linking families with government services, particularly in rural and underserved areas (Miles, 2007; Groce & Kett, 2014). Studies have found that community-level outreach and early identification mechanisms contribute to improved access to rehabilitation and social protection services, while also reducing stigma and discrimination against persons with disabilities (Groce et al., 2014).

In Bangladesh, disability allowances, stipends for students with disabilities, and specialized institutions have expanded service coverage (Ministry of Social Welfare, 2020). However, service provision remains concentrated in urban areas and is often constrained by limited resources, weak inter-agency coordination, and shortages of trained personnel (CDD, 2018; ICDDR,B, 2023). Consequently, many rural families continue to rely on NGOs, VSOs, and community volunteers to access available services.

2.5 Role of VSOs

International experience demonstrates that community-based organizations and OPDs play a vital role in advancing disability inclusion. In many countries, these organizations support disability identification, community awareness, service referrals, advocacy, and monitoring of rights-based service delivery. They also contribute to strengthening accountability by ensuring that the voices of persons with disabilities are reflected in policy and programs implementation (Inclusion International, 2017).

Studies from South Asia indicate that community-based organizations often serve as a bridge between marginalized families and formal service systems, particularly where government outreach is limited (Miles, 2007; Groce & Kett, 2014). Such organizations have been shown to improve awareness of disability rights, facilitate access to social protection programs, and enhance community participation of children with disabilities.

In Bangladesh, VSOs act as important intermediaries between families, communities, and government institutions. Their contributions include disability identification, counseling, referrals, awareness-raising, advocacy, and support for accessing disability certification and social protection services (Kabir, 2015; Jahan & Rahman, 2019). However, their work remains under-documented and is often constrained by limited funding, donor dependency, and weak institutional linkages with government systems (Hashemi et al., 2020).

OPDs complement these efforts by promoting the participation and representation of persons with disabilities in decision-making processes. While OPDs have contributed to advancing disability rights and inclusive development in Bangladesh, challenges related to organizational capacity, financial sustainability, and integration into mainstream development planning continue to limit their effectiveness (Khan et al., 2019).

2.6 Policy and Guidelines of Donation

Charitable donations and zakat-based contributions are long-standing support mechanisms for persons with disabilities in Bangladesh. Bangladesh National Social Welfare Council Grant Distribution Policy 2011, Foreign Donations Regulation Act (2016) and related policies guide the allocation of funds to registered VSOs and OPDs. While donations provide immediate relief such as wheelchairs, cash, and food support they often lack sustainability and are not systematically aligned with national disability strategies (Rahman, 2020). The absence of standardized guidelines for integrating donations into long-term disability empowerment programs remains a major gap.

2.7 Research Gaps

The reviewed literature demonstrates that community-based organizations can play an important role in disability identification, awareness raising, referral services, and social inclusion. International experiences from South Asia and other low- and middle-income countries highlight the potential of community-led approaches to improve access to disability-related services. However, evidence from Bangladesh remains limited and fragmented.

Existing studies have primarily focused on disability prevalence, policy implementation, service delivery challenges, and the broader role of NGOs and OPDs. Very few studies have specifically examined the contribution of VSOs to disability identification and service facilitation, particularly for children with disabilities and girls with disabilities. Furthermore, limited evidence exists regarding how VSOs collaborate with government agencies, support disability certification processes, and address barriers to service access in geographically remote and socially marginalized areas such as Sylhet Division.

These gaps underscore the need for empirical research on the role, effectiveness, challenges, and opportunities of VSOs in promoting disability-inclusive development and improving access to services for children with disabilities in Bangladesh.

2.8 Synthesis

The reviewed literature underscores three overarching points:

- *Limited documentation of VSO contributions:* Despite their importance, little evidence exists on how VSOs specifically contribute to disability identification and support services.
- *Weak collaboration mechanisms:* Existing studies rarely explore the dynamics of coordination between VSOs, OPDs, and government agencies.
- *Narrow perspectives:* Few studies incorporate voices from multiple stakeholders such as caregivers, VSO representatives, service providers, and children with disabilities leaving important realities unaddressed.

2.9 Conceptual and Theoretical Framework

This study is guided by a rights-based, participatory, and social inclusion framework that draws on the Social Model of Disability, the Human Rights-Based Approach (HRBA), and the Empowerment Theory. Together, these perspectives provide a comprehensive lens for understanding how VSOs and OPDs contribute to disability identification and access to support services for children with disabilities.

The Social Model of Disability argues that disability arises not only from an individual's impairment but also from social, environmental, institutional, and attitudinal barriers that restrict participation in society (World Health Organization & World Bank, 2011; Groce et al., 2014). This perspective shifts attention from medical diagnoses to the barriers that prevent children with disabilities from accessing education, healthcare, social protection, and community life. In the context of this study, the model helps explain how VSOs and OPDs can reduce these barriers through awareness raising, referrals, advocacy, and service facilitation.

The Human Rights-Based Approach is grounded in the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Rights and Protection of Persons with Disabilities Act 2013 of Bangladesh. This approach views persons with disabilities as rights holders rather than beneficiaries of charity or welfare and emphasizes equality, participation, dignity, non-discrimination, and access to services (Government of Bangladesh, 2013; Waddington & Priestley, 2020). The framework is particularly relevant for assessing whether disability identification and service provision processes promote inclusion and uphold the rights of children with disabilities.

The study also draws on Empowerment Theory, which emphasizes the importance of participation, local capacity, and collective action in addressing social exclusion and improving access to resources (Rappaport, 1980). From this perspective, caregivers, VSOs, OPDs, and community actors are viewed as active agents of change rather than passive recipients of support. Their engagement can strengthen community awareness, improve access to services, and enhance the participation of children with disabilities in decision-making processes affecting their lives.

A gender-sensitive perspective is integrated throughout the framework to recognize the intersecting disadvantages faced by girls with disabilities. Evidence suggests that girls with disabilities often experience multiple forms of exclusion related to both gender and disability, resulting in lower access to education, healthcare, social protection, and community participation (UNFPA, 2020; UNICEF, 2021). Therefore, the analysis pays particular attention to gender-related barriers and opportunities for inclusion.

Drawing on these complementary perspectives, the conceptual framework assumes that effective collaboration among caregivers, VSOs, OPDs, communities, and government institutions can improve disability identification, reduce social and institutional barriers, strengthen access to services, and promote the inclusion and well-being of children with disabilities. The framework guided the development of the research questions, data collection

tools, and analysis of findings, enabling a holistic assessment of the role of VSOs and OPDs in disability-inclusive development.

Photo: Credit from Niketan Report on Disability

Chapter 3: Methodology

3.1 Research Design and Approach

The study adopted a descriptive exploratory design with a mixed-methods approach to evaluate the role of VSOs in identifying children with disabilities and facilitating access to support services in Sylhet Division.

Quantitative methods, primarily surveys, were used to generate measurable evidence on VSO activities, community practices, and service access. Qualitative methods, including Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and observations, provided in-depth insights into challenges, strategies, and stakeholder perceptions. The combination of methods allowed for triangulation of data, strengthening both the validity and reliability of findings.

3.2 Study Location

The study was conducted within the Sylhet Division of northeastern Bangladesh, specifically focusing on the catchment areas of 32 VSOs including OPDs. The study covers three primary districts: Sylhet, Sunamganj, and Habiganj. Moulvibazar district was excluded to ensure greater depth of investigation and data quality within the available resources and timeframe.

The selected districts represent geographically challenging and underserved areas characterized by haor, wetlands, hilly terrains, tea garden communities, and border regions. These conditions create barriers to disability identification and access to education, healthcare, rehabilitation, and social protection services for children with disabilities (CWDs). The region's cultural and ethnic diversity further influences perceptions of disability and social inclusion. Given these characteristics, the study area provides an appropriate context for examining the role of VSOs and OPDs in identifying children with disabilities and facilitating their access to essential support services.

3.3 Sampling Strategy and Sample Size

A cross-sectional design and simple random sampling were used to select participants from the catchment areas of VSOs and OPDs.

The sample size was determined using Cochran's formula (95% confidence level, 5% margin of error, $p = 0.5$), adjusted for the finite population of approximately 1,665 individuals from 34 registered VSOs. To account for non-response and subgroup representation, the final sample was set at 250 survey respondents.

Table 3.1: Sample distribution across districts

District	Share	Sample Size
Habiganj	21%	54
Sylhet	53%	133
Sunamganj	26%	65
Total	100%	252

3.4 Data Collection

The study employed multiple tools to capture both breadth and depth:

Interviews

- Face-to-face interviews conducted with selected 252 caregivers of child with disabilities using the structured questionnaire.
- Topics included demographic details, assess knowledge, practices, and service accessibility and challenges.

Key Informant Interviews (KIIs)

- A total of fifteen (15) Key Informant Interviews (KIIs) were conducted with individuals experienced in disability identification and referral systems. Participants included representatives from local government agencies (Upazila and District Social Services), Disability Service and Assistance Centers, special schools (government and private), Voluntary Service Organizations (VSOs), Union Parishad members, and community leaders.

- The KIIs explored themes such as disability identification, coordination between government agencies and VSOs, existing challenges, and potential strategies for improving service delivery. A semi-structured questionnaire guided the discussions, which typically lasted 25–30 minutes. All sessions were audio-recorded with participant consent and supplemented by structured note taking to ensure accuracy and completeness.

Focus Group Discussions (FGDs)

- Organized 06 no. of FGD with 10–15 participants per session, ensuring diversity in gender, age, occupation, and socio-economic status.
- At each district, two FGDs was conducted with caregivers, representatives of voluntary social welfare organizations (VSOs), children with disabilities (CWDs),

and community members to explore their perspectives and experiences regarding disability inclusion.

- The discussions were pre-arranged and facilitated using standard participatory approaches to ensure inclusiveness and active engagement. A structured checklist guided the sessions, covering key areas such as disability identification processes, types of support provided, challenges and barriers, training and capacity-building, the effectiveness of VSOs, gaps and needs, and recommendations for improving inclusive services.
- FGDs were documented through notes, audio recordings (with consent), and photographs.

Secondary Data Collection

- Institutional data, statistical reports, and relevant research were gathered from government offices, disability welfare society/care center/schools within study areas.
- This information provided contextual benchmarks for interpreting field data.

3. 5 Data Processing and Analysis

- Quantitative data was entered into an Excel database by trained personnel at EPRC headquarters.
- A descriptive statistical tool was used for analyzing the data. An inferential analysis i.e. a two-sample t-test was done using software program SPSS 23 to assess if there are any significant variations in between the studied districts.
- Data were displayed through different tables and graphs based on nature of information. Collected data from the survey were also correlated with research objectives and interpreted descriptively.
- KIIs and FGDs were transcribed, coded, and subjected to thematic analysis. Emerging themes highlighted barriers, enabling factors, and best practices.

3.6 Data Triangulation

To enhance the validity and reliability of the findings, the study employed methodological triangulation by integrating data collected through quantitative surveys, FGDs, and KIIs. Quantitative survey data were used to generate descriptive evidence on disability identification, service access, awareness, and perceptions regarding the role of VSOs and OPDs. Qualitative data from FGDs and KIIs were analyzed thematically to provide contextual understanding, explain observed patterns, and capture stakeholders' experiences and perspectives.

During the analysis stage, findings from the three data sources were systematically compared and cross-checked to identify areas of convergence, complementarity, and divergence. Survey findings were validated and enriched through insights obtained from caregivers, VSO representatives, OPD members, community leaders, and government officials participating in FGDs and KIIs. Where inconsistencies emerged, qualitative evidence was used to explore underlying reasons and contextual factors.

The triangulation process enabled a more comprehensive understanding of disability identification and service access by combining statistical trends with stakeholder experiences and institutional perspectives. This approach strengthened the credibility of the findings and ensured that conclusions were based on multiple sources of evidence rather than a single method.

3.7. Data Quality Assurance

A rigorous quality control process was implemented throughout the data collection and analysis phases to ensure the validity, reliability, and consistency of findings. The approach combined pre-survey preparation, in-field monitoring, and post-survey checks. To maintain the data quality, the following actions were taken:

- Prior to the survey, enumerators received intensive orientation on objectives, ethical standards, and tool application. Survey instruments were piloted in the field, refined for clarity and cultural relevance, and finalized to align with research objectives.
- The supervisor conducted spot checking during the survey time and reviewed the collected data every day, and the feedbacks were provided to enumerators as and when needed.
- The supervisor random revisited the interviewed people to do cross-checking of the data collected by the enumerators.
- Data accuracy were checked before analyzing.

3.8 Ethical Considerations

The research adhered to international and national ethical standards:

- Informed consent was obtained from all participants, with parental/guardian consent for children.
- Confidentiality was maintained through anonymization and secure storage of data.
- Accessibility was ensured by making accommodations for participants with disabilities (e.g., simplified language, assistive support).

- Participants were informed of their right to withdraw at any stage without consequences.
- Special sensitivity was applied when engaging with children and vulnerable groups, minimizing risks of harm or distress.
- The study disclosed funding sources, avoided conflicts of interest, and secured necessary approvals before data collection.
- The culture and perception of the communities were prioritized from highest admiration point of view.

3.9 Study limitations

Several limitations should be considered when interpreting the findings. First, the study was conducted in selected areas of Sylhet Division; therefore, the findings may not be fully generalizable to other regions of Bangladesh. Second, the study did not include any clinical or medical assessment of disability and relied on existing records and self-reported information. Third, some responses may have been affected by recall bias, social desirability bias, and cultural sensitivities surrounding disability. Fourth, limited availability of administrative data and the reluctance of some key informants to share detailed information constrained the verification of certain findings. Finally, time and resource constraints limited the number of focus group discussions and case studies conducted. Despite these limitations, the use of mixed methods and multiple data sources enabled triangulation of findings and strengthened the overall reliability of the study.

Photo: Suvery with mother of CWDs, Sylhet Sadar

Chapter 4: Key Findings

4.1 Socioeconomic and Demographic Features

Gender, Age, and Education of the Respondent

A total of 252 respondents (54% female and 46% male) participated in the study survey, with the highest number from Sylhet (133), followed by Sunamganj (65) and Habiganj (54). Overall, the data indicate that respondents from all three districts share similar demographic characteristics in terms of age. The average age of respondents is fairly consistent across all three districts, ranging between 37 - 40 years. The overall mean (40.00) and median (38.00) confirm that respondents are generally middle aged, the gap between minimum (~19 years) and maximum (~65 years) shows a wide generational spread among respondents.

The educational status of the surveyed respondents shows notable variations across districts (fig: 4.1). All three districts show highest proportion of respondents (38%) with secondary and above level of education. However, Sylhet leads in higher education (44%) attainment, Habiganj (30%) lags behind in literacy, and Sunamganj excels in primary and high school levels but faces challenges in transition to higher education. The proportion of respondents with no formal education remains relatively low across all districts, ranging from 15 to 20 percent. The socio-economic condition was responsible for less education rate in the vulnerable communities.

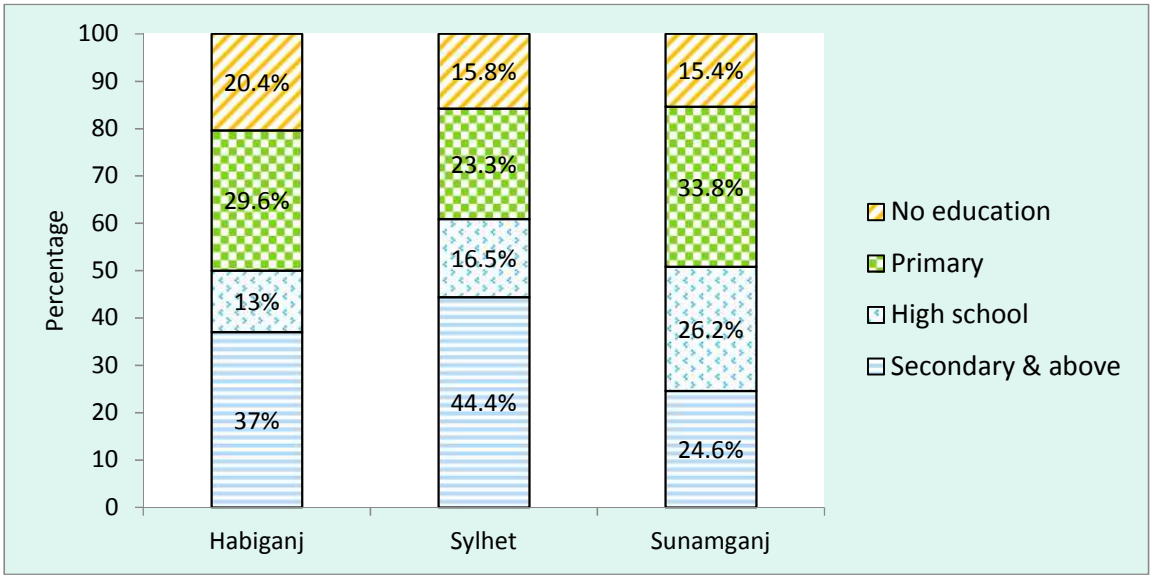

Fig 4.1: Educational Attainment of the Respondent in the Study Districts

Family Size of Respondent Households

The analysis of household size in the region reveals that families are relatively large, with an average 5.7 members per household, indicating that families typically consist of five to six members. Sunamganj has the largest mean family size (5.8), slightly higher than Sylhet (5.6) and Habiganj (5.6). This figure is significantly above the national average household size of 4.06 members reported by the Bangladesh Bureau of Statistics (BBS, 2022), highlighting the persistence of extended and joint-family systems in rural societies. This suggests that Sunamganj families are relatively larger, likely due to cultural, economic, or rural living patterns.

Income Status of Respondent Households

The income profile of respondent households varied considerably across districts (fig: 4.2). The primary sources of family income were business (24.6%) and service (27.0%), followed by day labour (17.1%) and agriculture (15.1%). A smaller share of respondents depended on foreign employment (9.5%), while auto or van driving, self-employment, and masonry contributed marginally to household income. District wise, Sylhet showed a higher concentration of households engaged in service (37.6%) and business (27.1%), reflecting a more urbanized and diversified economy. In contrast, agricultural and day labour based incomes were more prevalent in Sunamganj (26.2% and 23.1%, respectively), indicating a stronger dependence on traditional and informal livelihoods.

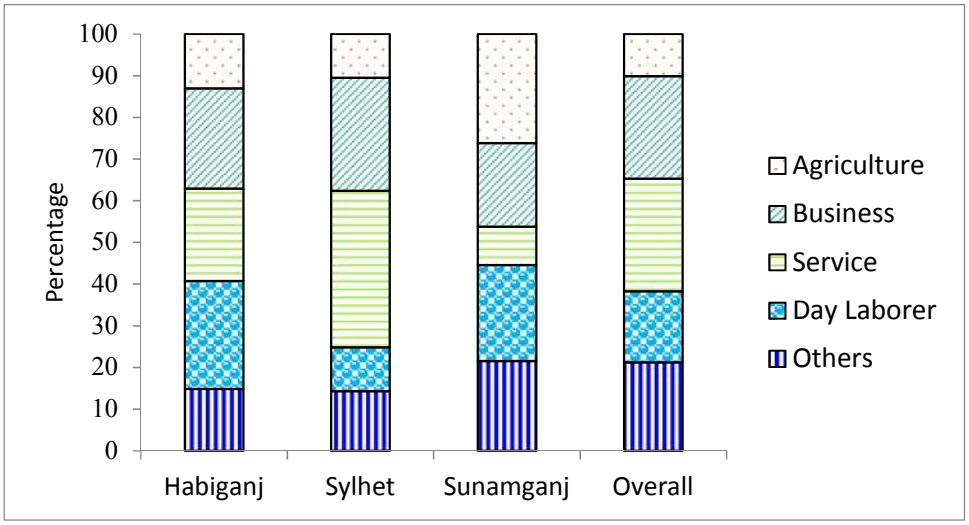

Fig 4.2: District wise main household income sources

Income levels also varied notably by district. The average monthly household income was highest in Sylhet (BDT 33,756), followed by Sunamganj (BDT 27,400) and Habiganj (BDT 19,093). The median household income across all districts was BDT 20,000, with the overall range spanning from BDT 8,000 to BDT 200,000. The relatively high standard deviation (BDT

23,872) suggests substantial income disparity among households, particularly in Sylhet, where income levels were the most diverse. Overall, the findings indicate that households in Sylhet are generally better off economically, while those in Habiganj and Sunamganj rely more on low-income and informal occupations.

Housing pattern and Ownership

The type of Kutcha houses were found overall 27.4% of respondent households, particularly in Habiganj (43%). Semi-pucca/half building houses made up 34.5% of the total, with higher prevalence in Habiganj (41.0%). Building houses were least common overall (38.0%), but more prominent in Sylhet (50.4%).

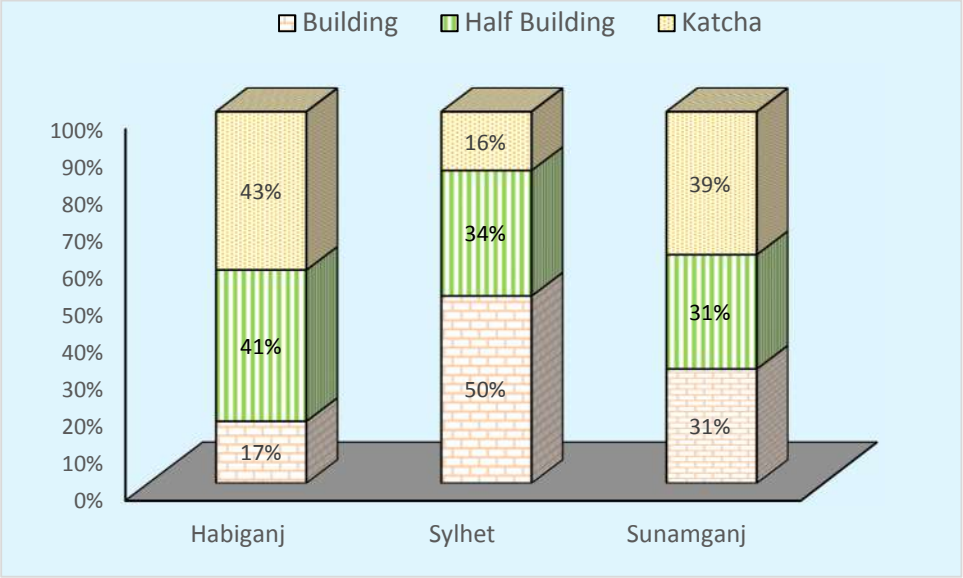

Fig 4.3: Types of Housing in the Study Districts

Assets of Respondent Households

The survey revealed distinct patterns of asset ownership, reflecting differences in livelihoods, mobility, and economic capacity across the study districts. Basic utilities like electricity and mobile access are widely available in all three districts, indicating strong infrastructural coverage. Electricity coverage was almost common, with grid electricity access at 98% households. Solar electricity was reported in Sylhet (3.0%) and Sunamganj (1.5%). Mobile phone ownership is also very high across all regions, peaking in Sylhet (99.2%).

Asset distribution further highlights disparities in economic capacity. Refrigerator ownership was highest in Sylhet (78.2%) suggesting comparatively better electrification and income levels. In contrast, productive assets such as motorcycles, Van and agricultural machinery

(Shallow Machine / Power tiller) remained scarce, potentially limiting income-generating opportunities and weakening overall household economic resilience (Table 4.1).

Table 4.1: Household Assets Status in the Study Districts

Type of Asset	Habiganj	Sylhet	Sunamganj	Overall
Electricity	100.0%	97.0%	98.5%	98.0%
Mobile	96.3%	99.2%	98.5%	98.4%
Refrigerator	46.3%	78.2%	40.0%	61.5%
Television	38.9%	40.6%	27.7%	36.9%
Motor Cycle	3.7%	10.5%	6.2%	7.9%
Cycle / Van	3.7%	1.5%	0.0%	1.6%
Power tiller	3.7%	0.8%	0.0%	1.2%

4.2 Primary Knowledge on Disability and Awareness

The findings reveal that respondents possess a generally high level of awareness regarding disability and related rights but have limited knowledge of specific support services and institutions. All respondents (100%) had heard of disability, acknowledged that disabilities are not always visible, and believed that persons with disabilities (PWDs) have equal rights—reflecting strong conceptual awareness (Fig:4.4). However, practical knowledge about available education and service provisions varied. While 79% were aware of special schools, only 35% mentioned mainstream inclusion, indicating a preference or greater familiarity with segregated education settings. Regarding health services, 75% reported allopathic treatment and 50% mentioned physiotherapy support.

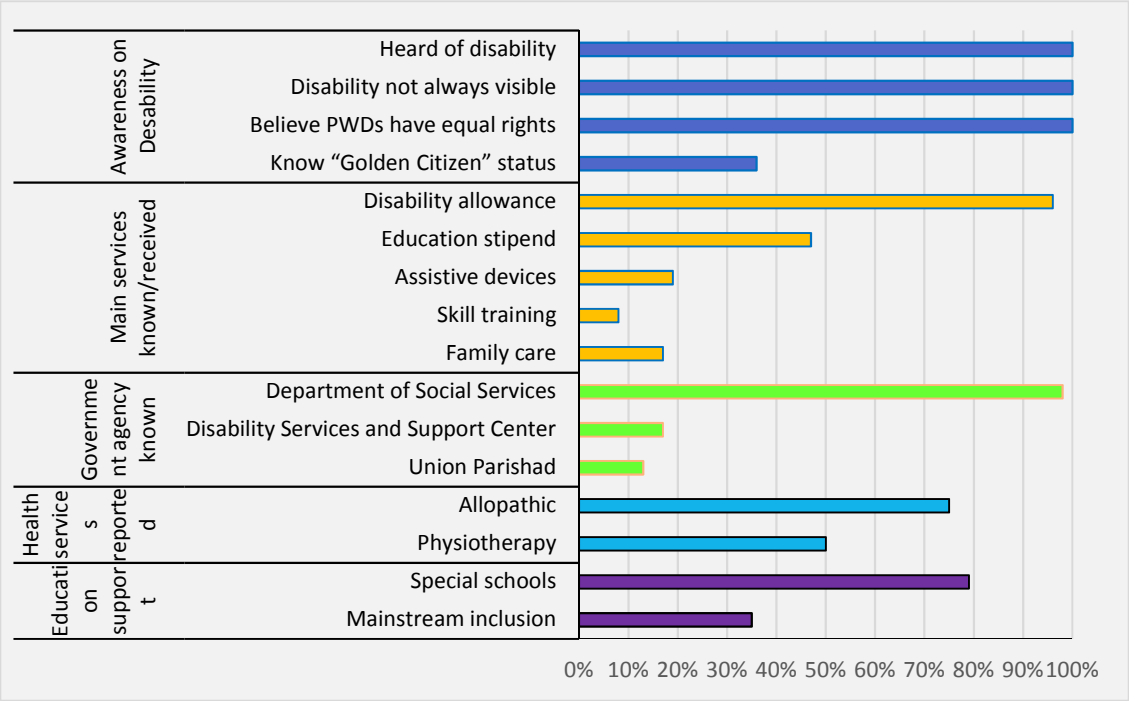

Fig 4.4: Overall Primary Knowledge and Awareness on Disability

In terms of institutional awareness, almost all respondents (98%) recognized the Department of Social Services as a key government agency, whereas fewer were aware of the Disability Services and Support Center (17%) or Union Parishad's role (13%). Among services, disability allowances (96%) and education stipends (47%) were most frequently cited, while knowledge of assistive devices (19%), family care (17%), and skill training (8%) remained limited. Awareness of the *"Golden Citizen*" or "*Suborno Nagarik*" status was relatively low (36%). Overall, the results indicate strong general awareness of disability and rights but limited understanding of available service mechanisms and inclusive education options.

4.3 Volunteer Social Organizations (VSO) and Disability-Related Activities

Overall, about 77% of the respondents are aware about volunteer social organizations (VSOs) in the study districts. However, this percentage varies across the study districts 93.8% in Sunamganj, 85% in Sylhet and only 37% in Habiganj. The respondents identified different types of VSOs including, about 27% respondents have identified Union Parishad as the main VSO while about 15% identified School for Intellectual Disabilities, and about 12% have identified Prottay School as the main VSOs.

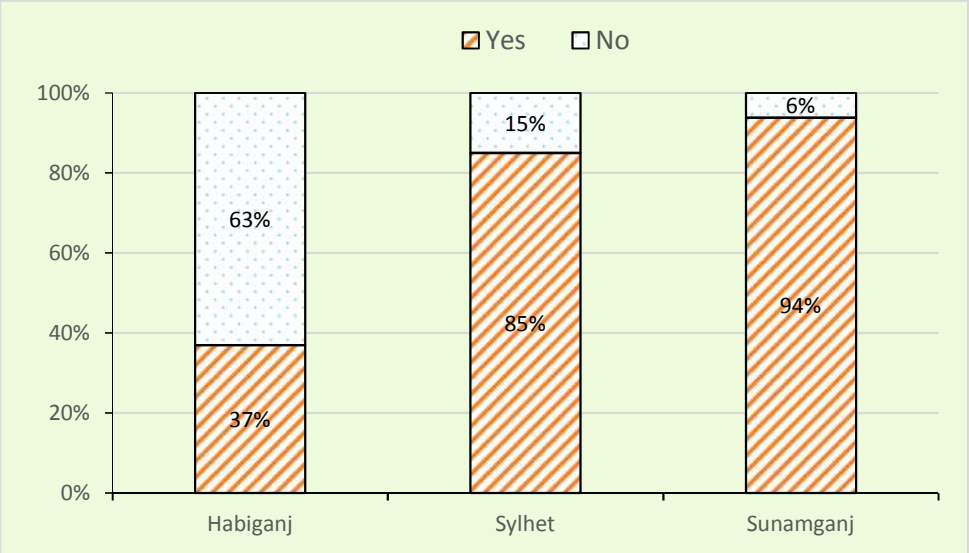

Fig 4.5: Aware about program of VSOs

Type of services received from VSOs varies across the study districts. In Habiganj, a large majority (61.1%) did not receive any services from VSOs. Among those who did, 22.3% gained knowledge, 16.7% received parenting training, 24.1% got paperwork support, and 22.3% benefited from other services (identification, Referral, relief etc.). Overall, service coverage in Habiganj appears relatively low. In Sylhet, only 12% reported not receiving services, indicating better outreach compared to Habiganj. The distribution among service categories is quite balanced: 36.8% gained knowledge, 43.6% received parenting training, 43.6% got paperwork

support, and 30.9% benefited from other services. However, Sunamganj district shows the highest service coverage, with just 3.1% reporting no services. The majority (78.5%) received paperwork support, followed by 41.5% who gained knowledge, 20% who participated in parenting training, and 9.2% who received other forms of assistance. Overall, Sunamganj demonstrates the most extensive reach of VSO services, followed by Sylhet, while Habiganj lags behind significantly. The data suggests uneven service distribution across districts, highlighting the need for improved outreach in Habiganj to ensure equitable access to VSO support programs.

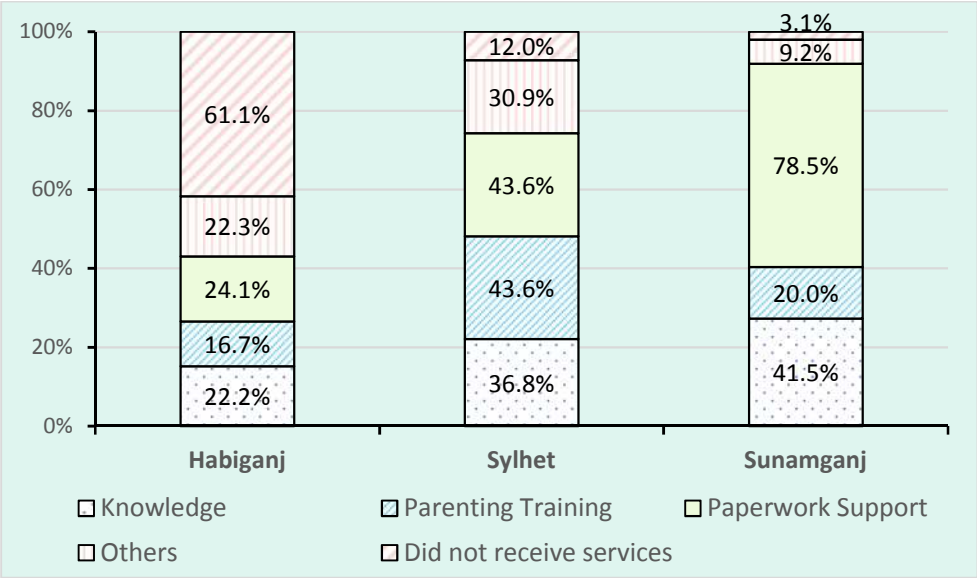

Fig 4.6: Services received from VSOs

Overall, less than half of the respondents (46.4%) participated in VSO awareness activities. Highest participation was found in Sylhet (57.1%) and lowest in Habiganj (22.2%). However, most of the participants have participated in one or two activities (30.2%), while a very few attended more than five activities (1.2%).

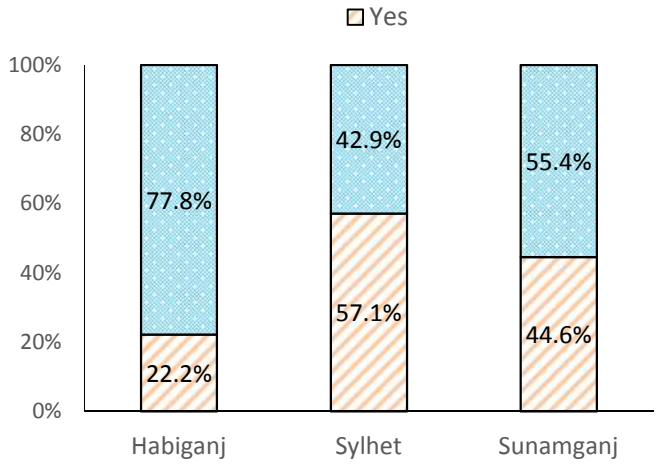

Fig 4.7: Attend in awareness activates

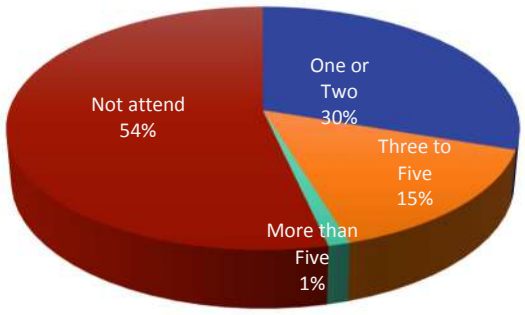

Fig 4.8: Times participate in awareness activities

4.4 Disability Identification and Certification

The data reveal that medical professionals played a pivotal role in the early recognition of disability among children. Overall, 82% of respondents reported that doctors were the first to identify the signs of disability, followed by family members (6.3%) and health workers (4%). The involvement of community-based actors such as para-social workers, teachers, and local representatives was minimal, indicating limited grassroots engagement in early disability identification.

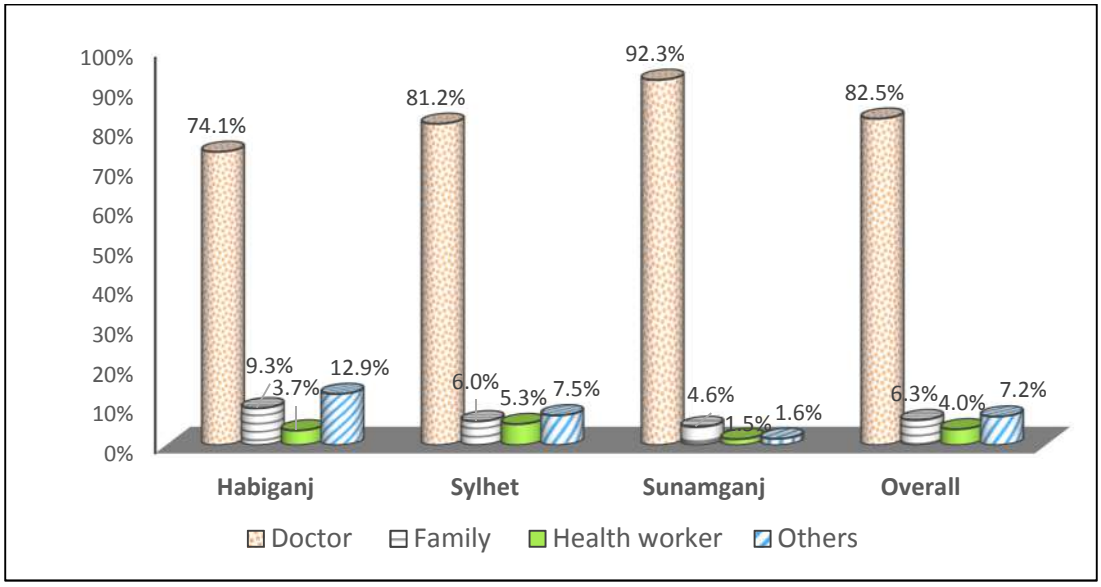

Fig 4.9: First understanding the signs of disability

The process of formally identifying children as “Golden Citizens” (officially recognized persons with disabilities) varied considerably across districts. While about one-fourth (23.4%) of children were identified within six months of the first symptoms, a significant proportion (42.9%) experienced delays exceeding 12 months. Delays were most pronounced in Sunamganj (66.2%) and Sylhet (45.9%), compared to Habiganj (7.4%).

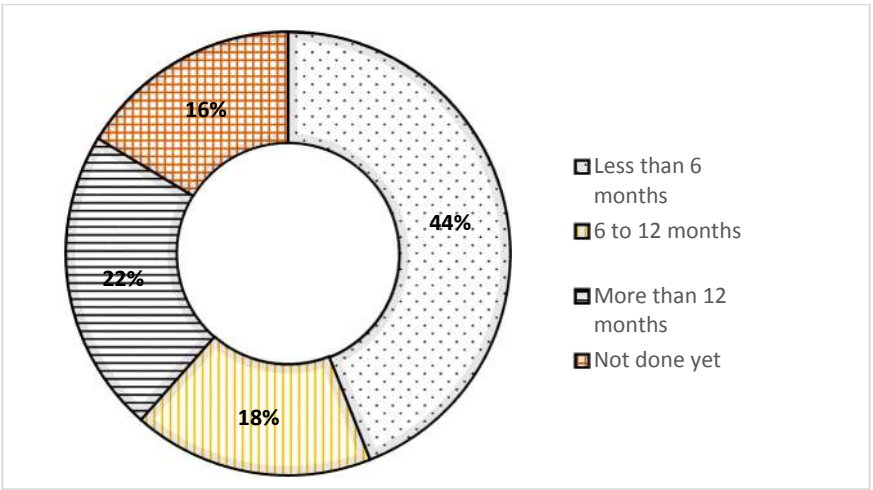

Fig 4.10: Obtain Disable Identification Card

Regarding certification, nearly half of the respondents (44%) received their Golden Citizen certificate within six months, though 22.2 % reported waiting more than a year, and 16.3% had not yet obtained certification. Sylhet showed relatively higher efficiency in certification (50.4% within six months), whereas delays were more frequent in Sunamganj (38.5% waited over a year).

4.5 Disability Registration and Type of Disability

The majority of children with disabilities identified in the study had already been registered with the Department of Social Services. Overall, 81.7% of respondents confirmed registration, with Sylhet showing the highest rate (88%), followed by Sunamganj (86.2%) and Habiganj (61.1%). The lower registration rate in Habiganj suggests possible gaps in outreach or accessibility of disability registration services in that district.

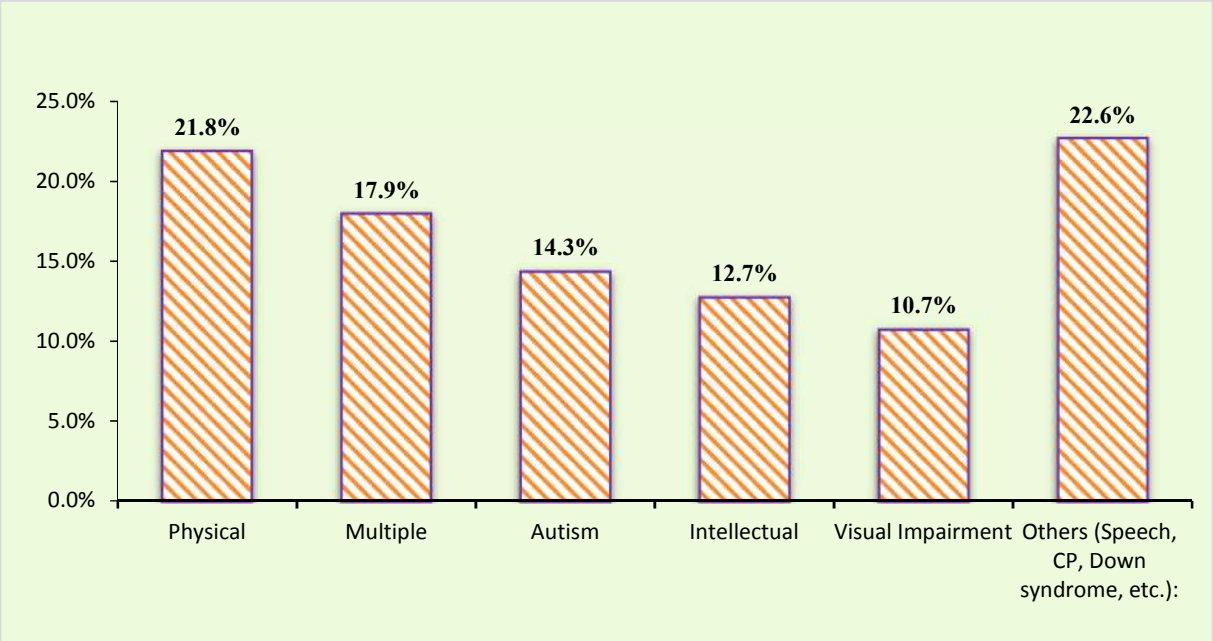

Fig 4.11: Types of Disability

Regarding the types of disabilities reported, physical disabilities were most prevalent (21.8%), followed by autism (14.3%), intellectual disabilities (12.7%), and visual impairments (10.7%). Multiple disabilities were also notable, representing 17.9% of the total cases. A considerable percentage experiences multiple disabilities, indicating the presence of overlapping challenges that require integrated care and multidisciplinary support services. Autism constitutes a significant proportion, reflecting growing recognition and diagnosis of neurodevelopmental conditions. This emphasizes the need for specialized educational and behavioral interventions. Individuals with intellectual disabilities form a notable group. This highlights the importance of inclusive education and vocational training to enhance independence and social participation.

Less frequently reported types included cerebral palsy (6.0%), speech impairments (8.3%), and Down syndrome (4.0%), while hearing impairments were rare (1.2%). The distribution varied by district: Habiganj had the highest share of physical disabilities (48.1%), whereas Sylhet reported comparatively more visual (18%) and intellectual disabilities (18%). Sunamganj showed a higher proportion of autism cases (21.5%) and cerebral palsy (7.7%). However, even this smaller segment requires targeted accessibility measures, such as Braille materials and assistive technologies. The data indicates that no single category overwhelmingly dominates, suggesting a fairly diverse distribution of disability types. Physical disabilities are the most prevalent, representing a major portion of the population with disabilities. This suggests a high need for mobility support, rehabilitation, and accessible infrastructure.

Overall, the findings highlight substantial progress in disability registration, especially in Sylhet and Sunamganj, but also indicate the need for more targeted support for children with multiple or less visible disabilities and for improving registration outreach in Habiganj.

4.6 Support Services after Disability Certification

Access to post-identification support was encouraging, with 82.9% of households reporting receipt of some social services or assistance following identification (fig: 4.12). However, disparities remain, particularly in Habiganj, where only 61% reported receiving such support, compared to nearly 89% in Sylhet and Sunamganj. About 17% of respondents did not receive any support, indicating service gaps.

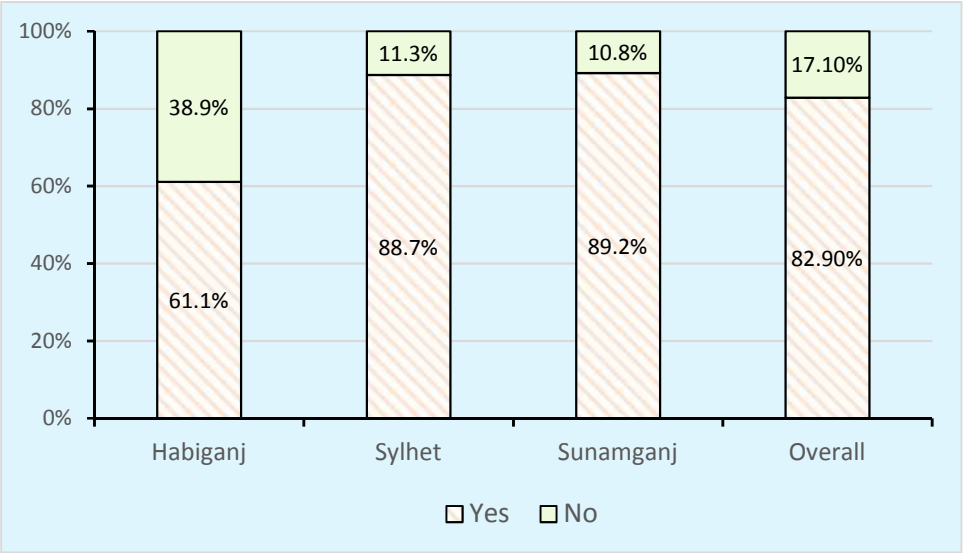

Fig 4.12: Received Support service after identification

The figure 4.13, presents the types of assistance received by respondents after obtaining the disability identification card across the three districts. The findings show that overall financial

and social protection support emerged as the most commonly received assistance (75.7%). A substantial proportion also benefited from education and skill development services, received by 56.5% of respondents overall. This was followed by education and skill development services, with particularly high proportions in Sylhet (75.2%) and Sunamganj (73.8%), compared to only 20.4% in Habiganj. In contrast, access to health and psychosocial support was relatively limited across all districts (ranging from 9.1% to 13.0%, overall 11.0%), while institutional support was minimal (overall 1.2%), regarding the issuance of disability identification cards, 69.3% of respondents overall had received their cards, with district variations. Meanwhile, unmet needs—referring to those who had not yet received the card—were notably higher in Habiganj (22.2%), compared to Sylhet (2.3%) and Sunamganj (6.2%). These results indicate variations in the level and type of post-identification support among districts, with Sylhet and Sunamganj showing relatively stronger service linkages

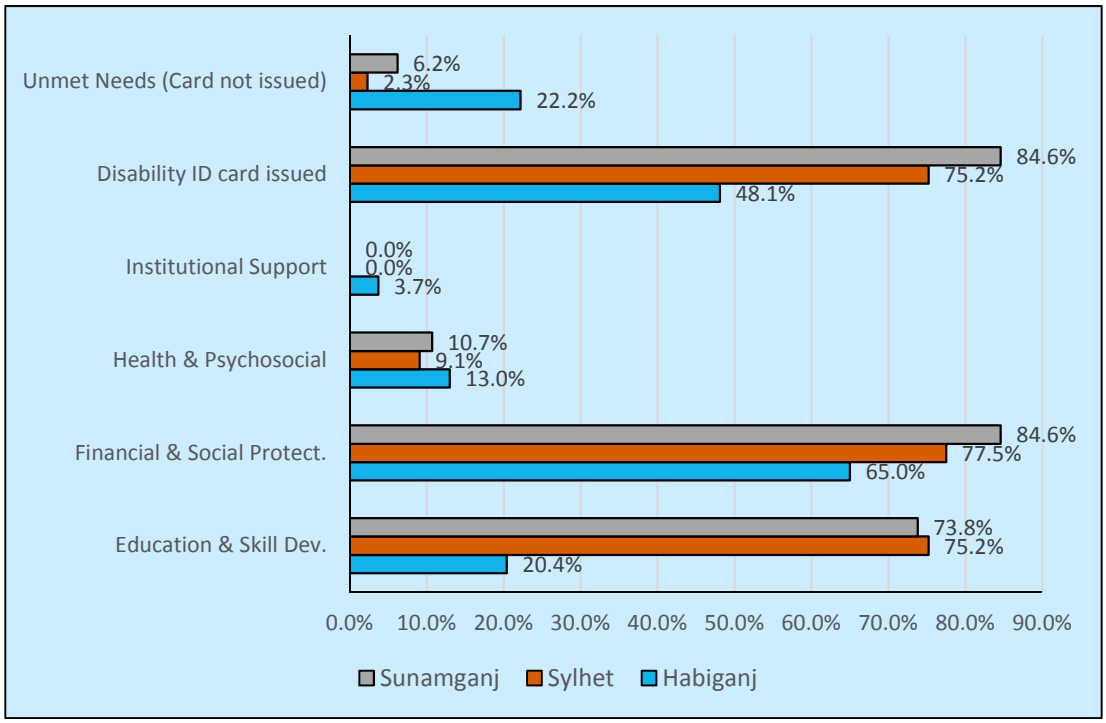

Fig 4.13: Services received by Disable person after certification

***Utilization of Specific Services*:** The findings reveal significant variation in the utilization of different support services among persons with child disabilities. A majority of respondents (73%) reported currently receiving disability allowance, while an additional 13.5% had applied but had not yet received it. In contrast, access to inclusive education remains limited, with only 11.5% of respondents currently enrolled in regular schools, and 65.5% having never applied. Uptake of the education stipend was notably low (0.8%), as was the use of free rehabilitation services (4%) and assistive devices or equipment (1.2%). Access to reserved seats in public transport was almost negligible (0.4%). These results highlight the predominance of financial

support over other essential services such as education, mobility, and rehabilitation, indicating substantial gaps in the overall inclusion and service coverage for persons with disabilities.

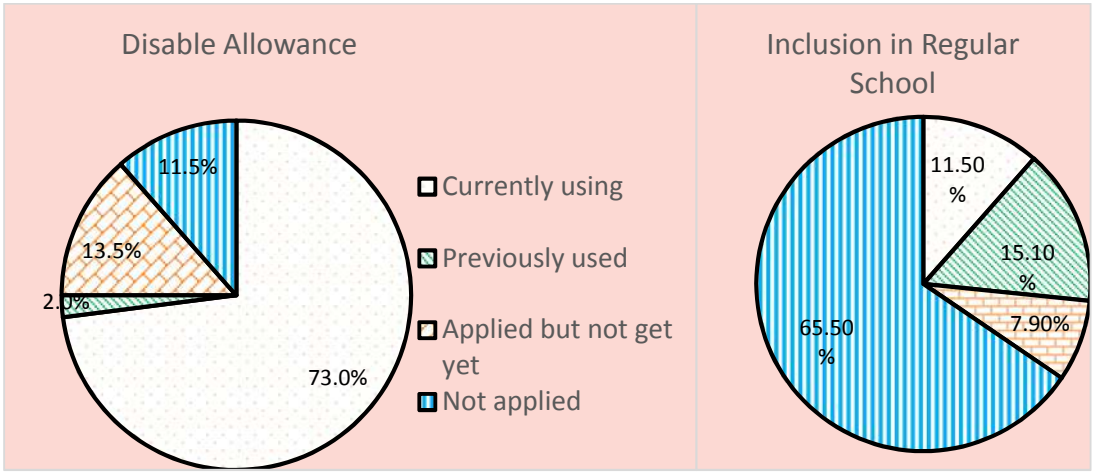

Fig 4.14: Disable allowance Vs inclusion in Regular School

4.7 Frequency of Communicated with VSOs for Scheduled Services

The figure 4.15 illustrates the extent of liaison and engagement of respondents with Volunteer Social Welfare Organizations (VSOs) regarding scheduled services. The findings show varying levels of interaction across districts. Overall, 27% of respondents contacted VSOs seven or more times, indicating a high level of persistence among some clients, while 14.3% reported never contacting VSOs after being scheduled for services. District wise variations are notable: Habiganj shows the lowest engagement, with 40.7% never contacting VSOs, compared to only 9% in Sylhet and 3.1% in Sunamganj. In Sylhet, the majority of respondents (42.1%) followed up one or two times, whereas in Sunamganj, a relatively higher proportion (44.6%) maintained frequent contact (seven or more times). These findings suggest that service engagement and follow-up tendencies are stronger in Sylhet and Sunamganj, while limited in Habiganj, potentially reflecting differences in awareness levels, accessibility, and VSO responsiveness across the districts.

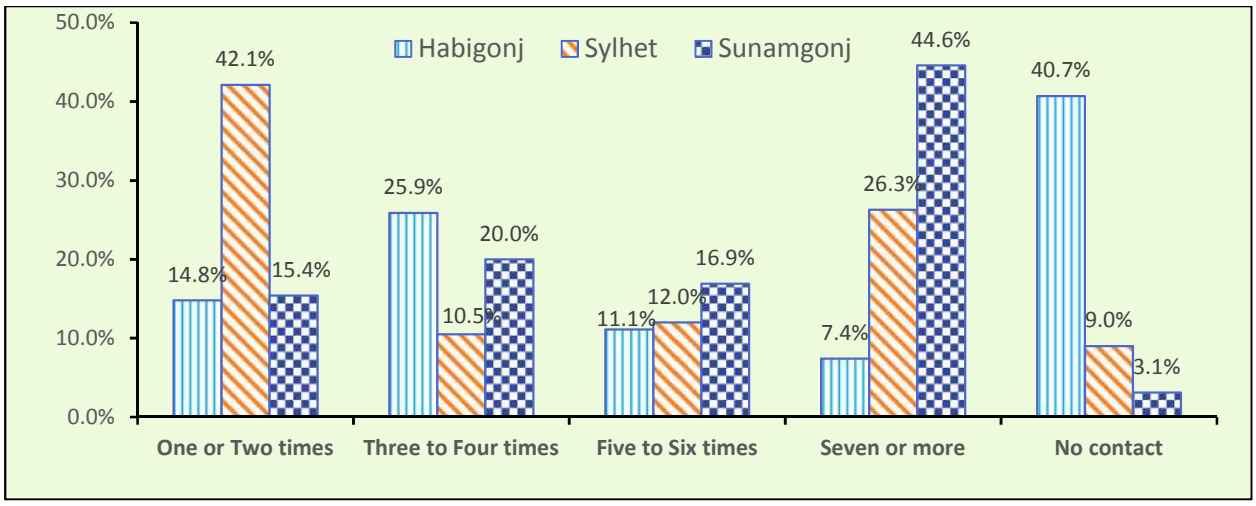

Fig 4.15: Frequency of liaison with VSOs

Service Charges or Fees for Receiving Prescribed Services: Regarding the financial aspect of service access, the majority of respondents (92.5%) reported not having to pay any charges or fees for receiving the prescribed services. However, 7.5% did incur expenses, predominantly in Sunamganj (21.5%), followed by Sylhet (3.8%), while none were reported in Habiganj.

For those who paid, the average cost for obtaining a disability identification card was BDT 1,868, with a median of BDT 2,000. The reported fees ranged from BDT 500 to BDT 5,000, indicating inconsistencies in service cost across locations. Notably, the mean cost was higher in Sunamganj (BDT 2,000) compared to Sylhet (BDT 1,500). These findings suggest that while most services are provided free of charge; there remain instances of irregular or unofficial payments in certain areas, particularly in Sunamganj.

4.8 Satisfaction with VSO Activities

Table 4.2 presents respondents' satisfaction with various support services and activities provided by Volunteer Social Welfare Organizations (VSOs) the three study districts. The findings indicate that VSOs are perceived to be most effective in facilitating access to services and institutional linkages, while their contribution to early disability identification and school enrollment remains relatively limited.

Overall, access to services and institutional linkage emerged as the most highly rated area of VSO support, reported by 63.1% of respondents. The highest level of satisfaction was recorded in Sunamganj (70.8%), followed by Sylhet (63.2%) and Habiganj (53.7%). This suggests that VSOs have played a significant role in connecting children with disabilities and their families to social protection benefits, healthcare services, educational opportunities, and other government support mechanisms.

Table 4.2: Satisfaction with VSO Support & Activities Reported by Respondents

Type of Support / Activity	*Habiganj (n=54)*	*Sylhet (n=133)*	*Sunamganj (n=65)*	*Overall (n=252)*
Awareness-Raising	27.8%	32.3%	30.8%	31.0%
Assistance in Early Disability Identification	9.3%	8.3%	7.7%	8.3%
Referral Services	14.8%	15.8%	18.5%	16.3%
Assistance in Obtaining Disability Certificate	29.6%	39.8%	46.2%	39.3%
Accessing Services (Allowance, Education, Healthcare) / Institutional Linkage	53.7%	63.2%	70.8%	63.1%
School Enrollment	1.9%	3.0%	9.2%	4.4%

The second most frequently acknowledged support was assistance in obtaining disability certificates, reported by 39.3% of respondents overall. Satisfaction was notably higher in Sunamganj (46.2%) and Sylhet (39.8%) than in Habiganj (29.6%). This indicates that VSOs have been particularly effective in facilitating access to official disability certification, which is often a prerequisite for receiving government allowances and specialized services. Qualitative findings from KIIs and FGDs indicate that this satisfaction is largely driven by VSOs' role in reducing procedural complexity, providing information, and supporting families during interactions with government offices. However, respondents also noted delays, informal costs, and inconsistent support, which explain why satisfaction remains moderate rather than high.

In contrast, satisfaction with awareness-raising activities (31.0%) and referral services (16.3%) was comparatively lower. This finding indicates that early screening and identification remain among the weakest areas of VSO engagement and may require greater attention, training, and collaboration with health and education service providers. FGD discussions further suggested that awareness activities are often event-based rather than continuous, reducing their long-term impact at community level.

Similarly, satisfaction with assistance in early disability identification (8.3%) and school enrollment support (4.4%) was notably low. This suggests that VSOs are less engaged in early childhood intervention and inclusive education facilitation. Respondents in KIIs highlighted that early identification is still largely dependent on health or formal assessment systems, while VSO involvement tends to occur at later stages when families are already seeking certification or services.

The coexistence of relatively high satisfaction in service linkage and low satisfaction in preventive and inclusive education-related activities indicates a dual pattern in VSO performance. VSOs are perceived as effective in navigating bureaucratic systems and connecting families to available services, but less effective in early intervention, sustained awareness-raising, and education inclusion support.

Overall satisfaction levels were slightly higher in Sunamganj compared to Sylhet and Habiganj, which may reflect differences in VSO presence, institutional coordination, and accessibility of government services across districts. Habiganj consistently reported lower satisfaction, suggesting potential gaps in VSO outreach and institutional support in more remote or underserved areas. However, their contributions to early identification of disabilities and school enrollment are comparatively limited, highlighting critical gaps that need to be addressed to ensure more comprehensive and inclusive support for children with disabilities.

4.9 Valuation of VSO Staff Behavior and Service Use

Respondents generally held a favorable view of VSO employees, with 64.7% rating their behavior as positive and another 22.2% as very positive, indicating that nearly nine in ten respondents (86.9%) viewed staff interactions positively. The perception of VSO staff behavior was particularly strong in Sylhet (72.9% positive) and Sunamganj (87.7% positive or very positive), while Habiganj (75.9%) also reflected a majority of positive experiences though with slightly higher neutrality and negativity. Only 2% of respondents expressed negative opinions, and no respondents reported very negative experiences.

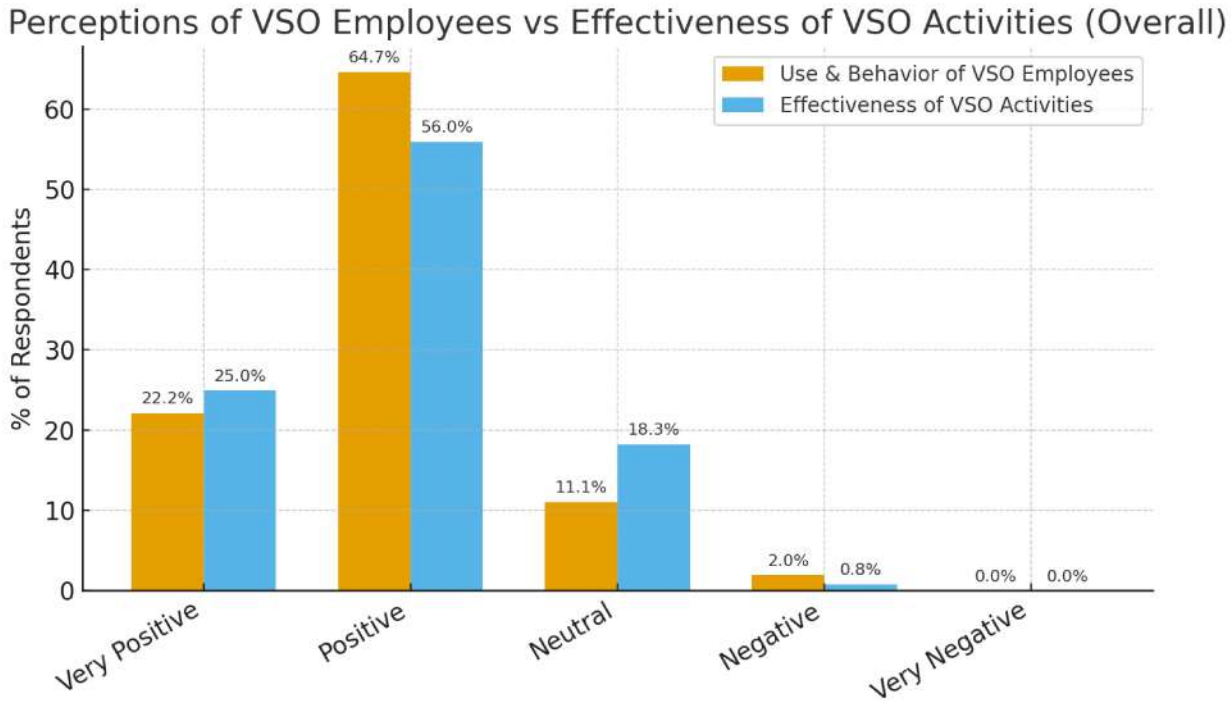

Fig 4.16: Perceptions of VSO Employees Vs Effectiveness of VSO Activities

Overall, 80% of the respondents expressed a positive view regarding the activities of VOs, while one-fourth (25.0%) rated their performance as very positive in disability identification and rights protection. About 18.3% of respondents remained neutral, and only a negligible proportion (0.8%) expressed a negative opinion. Across districts, perceptions varied slightly: in Sylhet, the majority (61.7%) of respondents reported a positive view, followed by Sunamganj (60.0%) and Habiganj (37.0%). However, Habiganj had the highest share of very positive responses (42.6%), indicating strong appreciation for VO activities in that area.

These findings demonstrate that VSOs are generally viewed as approachable and supportive by their beneficiaries, though differences across districts may reflect varying levels of field engagement and service quality.

4.10 Challenges in Implementing the Golden Citizen Identification and Service Access Program

The main challenges identified in implementing the golden citizen identification and service access program across the surveyed areas shown in figure 4.17. The most frequently cited issue was lack of information, reported by 62.7% of respondents overall, indicating persistent gaps in awareness and outreach. This challenge was particularly pronounced in Habiganj (66.7%) and Sylhet (62.4%).

A lengthy administrative process was the second most common concern, reported by 36.5% of respondents overall, with the highest frequency in Sunamganj (44.6%). Transportation problems were also significant (32.9%), especially in Sylhet (37.6%) and Sunamganj (40.0%), reflecting geographical and mobility-related barriers for persons with disabilities. Additionally, lack of coordination among service-providing institutions (25.4%) and financial constraints (9.9%) further limited smooth implementation.

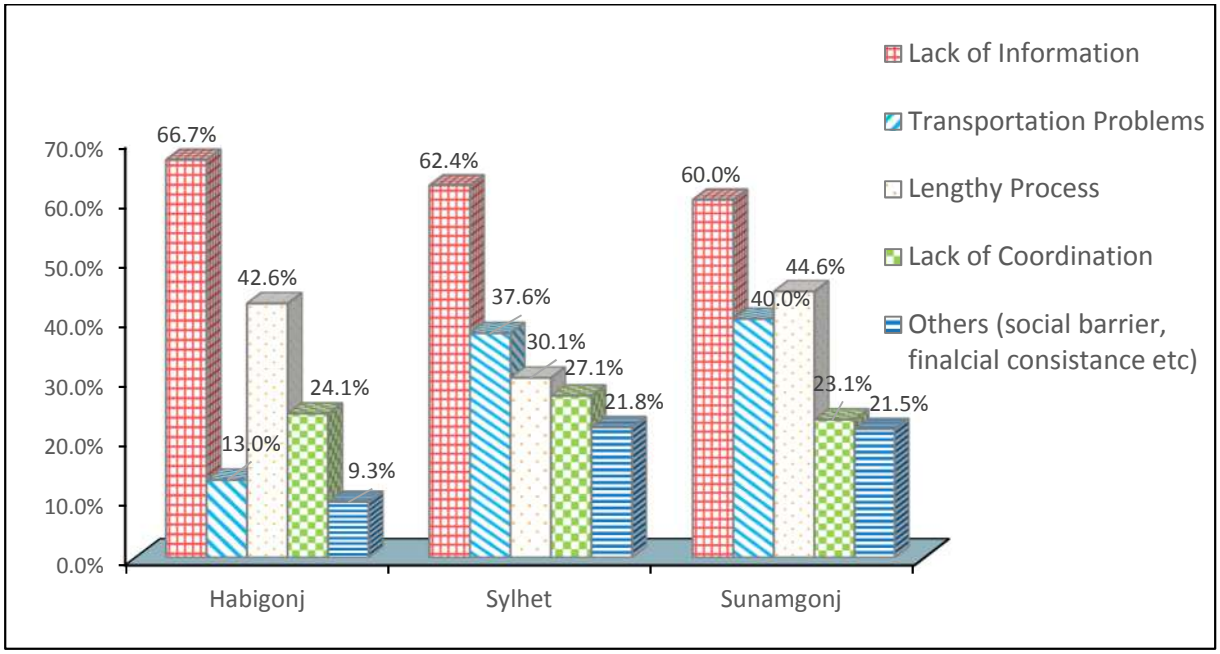

Fig 4.17: Challenges for disability inclusion and support service

Social barriers were reported by 5.6% of respondents mostly in Sylhet while a few respondents mentioned minor issues such as parents' unawareness, delays in understanding procedures, and lack of knowledge (3.6%). Collectively, these findings underscore that while the Golden Citizen Program is recognized as an important initiative, its effectiveness is hindered by informational, procedural, and logistical challenges that require stronger coordination, awareness campaigns, and accessibility measures.

4.11 Suggestions for Improving Disability Identification and Service Access

Table 4.3 summarizes the respondents' suggestions to improve disability identification and access to related services in their areas. The most common recommendation was to increase awareness/promotional activities among the community about disability identification and available services, highlighted by 39.7% of respondents overall—most notably in Sylhet (27.1%) and Sunamganj (30.8%). A considerable proportion (16.3%) emphasized the need for experienced doctors during the identification process, particularly in Habiganj (33.3%), indicating a concern about the quality and accuracy of disability assessments.

Table 4.3: Respondents' suggestions to improve identification and access to related services

Suggestions (%)	*Habiganj (n=54)*	*Sylhet (n=133)*	*Sunamganj (n=65)*	*Overall (n=252)*
✓Promotion must be increased	26.0	14.3	9.2	15.5
✓Increase awareness	9.3	27.1	30.8	24.2
✓Need experienced doctors	33.3	11.3	12.3	16.3
✓Identified by going door-to-door	22.2	14.3	10.8	15.1
✓Increase service & educational institutions	3.7	9.8	9.2	8.3
✓Increase government activities at village level	0	9.0	9.2	7.1
✓Must be informed about services	1.9	5.3	13.8	6.7
✓Increase nearby service centers	5.6	5.3	3.1	4.8
✓All work should be done from Union Parishad	7.4	5.3	1.5	4.8
✓Numbers of social workers must be increased	1.9	3.0	6.2	3.6
✓Certificate & allowance process should be easy	0	4.5	3.1	3.2
✓Other suggestions (increase NGO activities, cooperative attitude, build separate hospitals, free treatment, reduce medical costs, improve transport, etc.	9.3	11.3	9.3	10.7

Respondents also suggested enhancing promotional activities to reach more people (15.5% overall) and conducting door-to-door identification campaigns (15.1%), both of which would help ensure inclusion of those with limited mobility or awareness. Some participants recommended expanding services and educational institutions (8.3%) and increasing government activities at the village level (7.1%) to make services more locally accessible.

A smaller proportion called for better information dissemination about available services (6.7%), establishing more nearby service centers (4.8%), and conducting all related administrative work through the Union Parishad (4.8%) to simplify processes. Other less frequent but relevant suggestions included increasing the number of social workers, simplifying certificate and allowance procedures, and improving healthcare and transport facilities. Collectively, these suggestions point to the need for enhanced awareness, local-level outreach, and procedural simplification to strengthen the effectiveness and accessibility of disability identification and service delivery mechanisms.

4.12 Finding of In-depth Interview

A total of fifteen Key Informant Interviews (KIIs) were conducted with individuals possessing extensive experience in disability identification and referral systems. The respondents included government officials (Divisional and District Social Services Officers, Disability Affairs Officers), representatives from Disability Service and Assistance Centers, administrators of special schools (both government and private), members of Voluntary Social Welfare Organizations (VSWOs), Union Parishad members, disability inclusion experts, and community leaders. The major findings emerging from these interviews are summarized in Table 4.4.

Table 4.4: Thematic Key finding from KIIs

Theme	Key Findings
Responsibility & Role	Social Services Dept. formally register and issuance of identification card, provision of disability allowances. Special schools and Disabled Services & Assistance Centers provide medical and therapeutic services for children with disabilities. Identification requires doctor verification and card issuance.
Identification Process	Disability identification typically occurs between ages 3–6, often during school enrollment. Early detection is hindered by limited parental awareness, inadequate medical personnel, and poor accessibility in remote areas. VSOs often play a facilitating role by referring children to government offices for registration and assessment.
Services Provided	*Government:* medical services, monthly allowances, scholarships, assistive devices, special schools, therapy, and rehabilitation support. *VSOs:* awareness campaigns, referrals, counseling, special or therapeutic education, advocacy, and follow-up services.
VSOs Engagement	VSOs primarily focus on referral, awareness-raising, and follow-up support. Some operate special schools or therapy centers. However, their activities are mostly project-based and constrained by limited funding and human resources.
Coordination	Coordination among actors exists mainly in registration, aid distribution, and event organization. While informal communication is common, structured collaboration mechanisms and data-sharing systems are still limited.

Theme	Key Findings
Inclusion & Gender	No gender-based exclusion was reported. Inclusion largely depends on parental awareness and proactive engagement rather than gender bias.
Challenges / Barriers	Key challenges include low parental awareness, inadequate local health infrastructure, shortage of trained staff, delays in doctor screening, and overreliance on project-based VSO initiatives.
Capacity & Resources	Service provision is hampered by insufficient technical personnel, funding shortages, and limited availability of therapy and assistive resources. Digital record-keeping systems exist in some areas but are not yet fully institutionalized.
Policy / Improvement Suggestions	Recommendations include decentralizing disability screening, strengthening coordination between government and VSOs, expanding training for staff and parents, increasing financial and material support, and enhancing community awareness programs.

Overall, the KIIs reveal that while both government agencies and voluntary organizations contribute significantly to disability identification and service provision, their efforts remain fragmented and under-resourced. Enhanced coordination, capacity development, and sustained awareness initiatives are critical to establishing a more cohesive and inclusive disability identification and support system across the study areas.

4.13 Findings of Focus Group Discussion

Six Focus Group Discussions (FGDs) were conducted with caregivers, representatives of Voluntary Social Welfare Organizations (VSOs), children with disabilities (CWDs), and community members to explore their perspectives and experiences regarding disability inclusion. In total, 65 participants took part in these discussions, which covered key areas such as disability identification processes, types of support provided, challenges and barriers, training and capacity building, the effectiveness of VSOs, gaps and needs, and recommendations for improving inclusive services. The major findings from the FGDs are summarized below in Table 4.5.

Table 4.5: Thematic Key finding from FGDs

Theme / Area	Key Findings
Early Identification of Disability	Children's disabilities are initially noticed by parents through developmental delays, unusual behavior, speech/motor issues, frequent illness, or lack of responsiveness. VSOs and health workers provide preliminary observation and referral, while formal confirmation requires specialist medical evaluation. Confirmation delayed due to limited specialists.
Actors Involved in Identification	Parents play a key role in monitoring their children's development. Local doctors and health workers provide initial guidance, and specialist doctors confirm diagnoses. VSOs support field-level identification and guide parents to appropriate services. Identification often takes months to years; collaboration between parents, VSOs, and doctors is crucial.

Theme / Area	Key Findings
Types of Support Provided	Support varies according to child's needs and VSO capacity; school-based support is most consistent. Holistic support includes school enrollment, therapy, skill training (e.g., sewing), assistive devices (wheelchairs, walkers), educational materials, scholarships, cultural activities, health services, registration, referral, and awareness campaigns.
Challenges / Barriers	Delays in services reported by most parents; financial and logistical constraints common. Major barriers include a lack of diagnostic centers, insufficient training among doctors, bureaucratic delays in registration and allowance processes, inadequate government support, high travel costs, limited educational and medical resources, irregular VSO activities, and funding shortages.
Timeliness of Services	Majority of parents experienced delays; faster access observed through schools or informed relatives. Referrals and service delivery are often delayed due to limited doctor availability, lengthy registration processes, and administrative bottlenecks. Early detection and intervention are inconsistent.
Training and Capacity Building	VSOs receive training on disability rights, child protection, and service provision. Parents participate in awareness and parenting sessions focusing on health, nutrition, therapy, rights, and caregiving practices. Training enhances caregiving quality, VSO effectiveness, and parental confidence.
Effectiveness of VSOs	Active VSOs provide comprehensive support, advocacy, and awareness activities. Under-resourced VSOs face difficulties maintaining consistent services. School-linked VSOs show higher effectiveness.
Gaps and Needs	Need for additional diagnostic centers, trained teachers, special education resources, assistive devices, continuous awareness campaigns, single-point service centers, financial support, and better coordination with government agencies.
Key Recommendations	An integrated and collaborative approach is essential to ensure timely, equitable, and effective support. Strengthen early detection through trained health workers; expand VSO coverage and school-based programs; improve access to registration, allowances, and education; recruit specialized teachers; enhance medical and rehabilitation services; increase provision of assistive devices and financial aid; and promote community awareness to reduce stigma and discrimination.

Overall, the findings underscore that disability inclusion efforts are gradually strengthening but remain fragmented and dependent on local resources and project-based interventions. Strengthening coordination between government bodies, VSOs, and communities along with scaling up early detection, inclusive education, and financial support will be vital to achieving a more comprehensive and sustainable disability service framework in the study areas.

4.14 Gender Dimensions

Although the quantitative analysis did not reveal substantial gender differences in overall satisfaction with VSO support, qualitative findings suggest that girls with disabilities may face additional barriers in accessing services. Most key informants reported that disability identification and service referral processes do not formally discriminate based on gender, and

that parents generally seek support for both boys and girls with disabilities. However, several respondents highlighted that, particularly in rural areas, some families are reluctant to disclose the disability of girls due to social stigma and concerns about future marriage prospects. Informants also noted that girls with disabilities, especially those with visual impairments, often face greater mobility and safety restrictions, which can limit their participation in education, therapy, and community activities. These findings suggest that while formal identification processes may be gender-neutral, social and cultural factors can create additional barriers for girls with disabilities in accessing available services and opportunities.

Photo: Discussion with Guardian at Buddhi Protibondhi Bidyaloy, Sekhhat, Sylhet Sadar

Chapter 5: Discussion

The study provides a comprehensive insight into the socioeconomic context, awareness levels, and functional role of VSOs in identifying children with disabilities and facilitating their access to essential services across Sylhet, Sunamganj, and Habiganj districts under the Sylhet Division. Evidence gathered from household surveys, focus group discussions (FGDs), and key informant interviews (KIIs) collectively underscores both the notable progress achieved and the ongoing challenges faced by VSOs in strengthening disability identification and service linkage within Bangladesh's evolving disability-inclusive development framework. This chapter situates the findings within national and international literature while integrating triangulated evidence to provide a deeper interpretation of results.

5.1 Socioeconomic Context and Implications

The socioeconomic profile of respondents reflects typical rural demographic patterns in Bangladesh, with a mean age of 40 years, moderate educational attainment, and an average household size of 5.7 members. This is higher than the national average of 4.06 (BBS, 2022), indicating the continued prevalence of extended family structures in Sylhet Division. Similar household patterns have been documented in other low- and middle-income countries (LMICs), where larger household sizes often correlate with increased dependency ratios and caregiving burdens (UNICEF, 2021).

Survey findings indicate significant income disparities across districts, with Sylhet reporting nearly double the average household income of Habiganj. FGDs further confirmed that families in lower-income and haor-based areas face heightened challenges in accessing disability-related services due to transportation costs, opportunity costs, and limited institutional presence. KIIs also emphasized that poverty remains a key structural determinant of service exclusion.

These findings align with WHO (2021), which highlights that disability and poverty reinforce each other in a cyclical pattern, particularly in LMIC contexts where social protection and healthcare systems are unevenly distributed. The triangulated evidence confirms that socioeconomic vulnerability significantly shapes access to disability services in the study areas.

5.2 Awareness and Knowledge on Disability

The study reveals a paradox between high general awareness and low functional understanding of disability services. While all respondents recognized disability as a social

issue and supported the rights of persons with disabilities (PWDs), only a minority demonstrated practical knowledge of inclusive education, referral pathways, or service systems.

Survey data show that awareness of mainstream inclusive education remains limited (35%), and knowledge of government support mechanisms is uneven. FGDs revealed that caregivers often associate disability services primarily with financial allowances rather than holistic support such as rehabilitation or education inclusion. KIIs confirmed that awareness campaigns are often irregular and not systematically sustained.

These findings are consistent with CDD (2018) and ICDDR,B (2023), which report that while policy awareness has improved following the enactment of the Rights and Protection of Persons with Disabilities Act (2013), practical service navigation remains weak at community level. UNICEF (2021) similarly notes that awareness alone is insufficient without functional service delivery systems.

Internationally, UNESCO (2020) reports persistently low school participation rates among children with disabilities in developing countries, reflecting structural and institutional barriers rather than awareness deficits alone. The triangulated findings suggest that limited awareness in Sylhet is reinforced by weak institutional outreach and fragmented service delivery mechanisms.

5.3 Role and Reach of VSOs

Survey results indicate significant variation in awareness and engagement with VSOs, ranging from high coverage in Sunamganj (93.8%) to substantially lower coverage in Habiganj (37%). VSOs are primarily recognized for facilitating disability certification and linking families to government services, while their involvement in early identification and inclusive education remains limited.

FGDs consistently indicated that VSOs are most active at the point of service access particularly during disability certification and allowance application rather than in preventive or early intervention stages. KIIs further revealed that VSO activities are often project-based and dependent on external funding cycles, resulting in uneven coverage and limited sustainability.

These findings align with Kabir (2015) and Jahan & Rahman (2019), who found that community-based organizations in Bangladesh frequently act as intermediaries but face structural constraints such as limited resources and weak institutional integration. Hashemi et

al. (2020) similarly highlight donor dependency as a major factor limiting continuity of NGO-led disability interventions.

International evidence from Groce & Kett (2014) suggests that community organizations are most effective when formally integrated into national service delivery systems. In contrast, the findings from this study demonstrate that VSOs in Sylhet operate in a partially integrated system, limiting their potential impact on early identification and inclusive education.

5.4 Disability Identification and Certification

The study finds that disability identification remains predominantly medicalized, with physicians accounting for 82% of cases. Community actors such as teachers, volunteers, and VSOs play a minimal role in early identification.

FGDs and KIIs confirm that families typically engage with the system only after clinical diagnosis, and community-based early detection mechanisms remain weak. Respondents also reported certification delays of up to 12 months, largely due to administrative bottlenecks and centralized procedures.

These findings are consistent with UNICEF (2021) and ICDDR,B (2023), which highlight the dominance of medical certification in Bangladesh's disability identification system. CDD (2018) further critiques this approach as misaligned with the social model of disability.

Globally, WHO (2018) promotes the International Classification of Functioning, Disability and Health (ICF), which integrates medical, social, and environmental dimensions. The persistence of a purely medical model in Bangladesh reflects a gap between international standards and local implementation.

Triangulation across survey, FGD, and KII data indicates that medical dominance delays early identification and limits community-level engagement, thereby reducing the effectiveness of VSOs in early intervention.

5.5 Post-Certification Support and Service Access

Encouragingly, 83% of respondents reported receiving some form of support following certification, primarily in financial or social protection schemes such as disability allowances (received by 73%). However, access to education, skill training, and rehabilitation services remains limited. This pattern aligns with national statistics—over 1.8 million persons receive disability allowances (MoSW, 2023), but coverage of inclusive education or assistive devices remains under 15%. Globally, the UNCRPD (Article 28) advocates a comprehensive approach

to social protection beyond cash transfers, integrating health, education, and employment. Bangladesh's allowance-centric approach provides short-term relief but fails to build long-term inclusion and empowerment.

The extremely low uptake of assistive devices (1.2%) and rehabilitation services (4%) points to critical service gaps. The WHO's Assistive Technology Report (2022) estimated that globally only one in ten people in need have access to assistive products indicating that Bangladesh's challenge is part of a global access deficit exacerbated by affordability and logistics barriers. In particular, Habiganj's low coverage points

5.6 Satisfaction and Effectiveness of VSOs

Overall satisfaction with VSO services is high (over 80%), particularly in service facilitation and administrative support. However, satisfaction is significantly lower for early identification (8.3%) and school enrollment support (4.4%).

Survey findings are strongly supported by FGDs and KIIs, which indicate that VSOs are perceived as accessible and trustworthy but limited in technical capacity and institutional integration. Respondents emphasized that VSOs are reactive rather than proactive in service delivery.

These findings align with CBR literature (ILO–UNESCO–WHO, 2010), which highlights that community-based interventions are most effective when supported by strong institutional systems. WHO (2021) similarly emphasizes that community engagement must be integrated with formal service structures to ensure sustainability.

Triangulation indicates a dual role of VSOs: strong facilitators of access but weak contributors to early identification and inclusive education.

5.7 Systemic and Structural Challenges

Key barriers identified include lack of information (62.7%), administrative delays (36.5%), transportation constraints (32.9%), coordination gaps (25.4%), and shortages of trained personnel.

FGDs and KIIs consistently confirmed that information asymmetry and bureaucratic complexity are major deterrents to service access. Respondents also reported instances of informal payments during certification processes, indicating governance challenges.

These findings align with the National Disability Survey (2019) and UNICEF (2021), which identify similar systemic barriers across Bangladesh. From a theoretical perspective, these challenges reflect structural barriers emphasized in the social model of disability (UNCRPD, 2006).

Internationally, such barriers are recognized as common constraints in LMIC disability systems, particularly where decentralization and accountability mechanisms are weak.

5.8 Policy Implications and Alignment with Global Frameworks

The findings indicate both progress and fragmentation in Bangladesh's disability inclusion system. VSOs play a recognized role in disability identification and service linkage, aligning with national policy frameworks such as the National Action Plan on Disability (2019–2030).

However, uneven service coverage highlights the need for stronger coordination between the Department of Social Services, JPUF, and VSOs. The study findings align with global commitments under the UNCRPD and SDGs (3, 4, and 10), but demonstrate gaps in implementation.

International evidence suggests that countries achieving stronger disability inclusion systems rely on integrated models combining community-based actors with formal institutional frameworks. The findings from this study reinforce the need for such integration in Bangladesh.

Overall, the triangulated evidence demonstrates that while Bangladesh has made progress in disability recognition and service provision, significant gaps remain in early identification, inclusive education, rehabilitation services, and institutional coordination. VSOs play an important but uneven role, primarily in facilitating access to existing services rather than shaping early intervention or systemic inclusion. The findings highlight the need for a more integrated, decentralized, and rights-based disability service system that strengthens collaboration between government institutions, VSOs, OPDs, and communities to ensure equitable access for children with disabilities.

Chapter 6: Conclusions and Recommendations

6.1 Conclusions

The findings of the study indicate that Bangladesh has made notable progress in disability recognition and social protection, yet advancement toward inclusive and equitable service delivery remains uneven and often urban-centered. Volunteer Social Welfare Organizations (VSOs) continue to serve as vital intermediaries between families and government systems—raising awareness, supporting registration, and facilitating access to benefits. However, their overall impact is constrained by project dependency, limited institutional integration, and inadequate resources.

The study depicts a complex but evolving landscape of disability awareness, identification, and service delivery across Sylhet, Sunamganj, and Habiganj. Encouragingly, awareness of disability issues and the recognition of equal rights for persons with disabilities are increasingly widespread, signaling a gradual shift away from stigma. Nonetheless, misconceptions linking disability to dependency or superstition persist, highlighting the need for sustained behavior change and community sensitization.

While government allowances and ID cards are relatively well known and accessed, awareness of other entitlements such as education stipends, assistive devices, and rehabilitation services remains very low. This gap points to communication and coordination deficiencies that perpetuate uneven service delivery. The Department of Social Services is widely recognized as the principal service agency, yet weak inter-agency collaboration and the limited involvement of education, health, and local government departments restrict the provision of comprehensive and multi-sectoral support.

Disability identification remains heavily medicalized, dominated by doctors, with limited engagement from teachers, volunteers, and social workers. This results in delayed certification processes often exceeding a year and, in some cases, unofficial costs associated with obtaining the Golden Citizen (Suborno Nagorik) Card. Although most respondents reported receiving some form of support, the majority of services remain concentrated on allowances and ID cards, with limited access to inclusive education, healthcare, psychosocial support, and assistive devices. The low school enrollment rate (11.5%) among children with disabilities is particularly concerning, as it reinforces cycles of exclusion and marginalization.

Respondents expressed strong trust and appreciation for VSO staff, emphasizing the need for expanded awareness campaigns, enhanced medical and rehabilitation support, door-to-door identification initiatives, and stronger involvement of Union Parishads to decentralize services.

Overall, the study underscores that while progress in disability recognition is evident, achieving inclusive, equitable, and sustainable disability service delivery requires stronger institutional coordination, greater community participation, and systematic integration of VSOs within formal service frameworks.

6.2 Recommendations

A holistic, multi-sectoral, and equity-focused approach is essential to ensure that every child with a disability in the Sylhet Division and across Bangladesh can access the services and opportunities they deserve. To strengthen disability identification and the overall support system, the study recommends the following actions:

- ***Map and strengthen Volunteer Social Welfare Organizations (VSOs)*** which are closest to the people; they understand local needs and realities. Therefore, it is essential to identify active VSOs in each area (by Administrative unit) and strengthen their skills through financial, technical, and institutional support. By integrating them with local government efforts, communities will be better informed about available services and trust will be built between VSOs and families of persons with disabilities.

- ***Decentralize disability screening and referral*** **processes** Expand disability screening, assessment, and referral services to the upazila, union, and ward levels to reduce travel time, costs, and administrative barriers for families. Engage VSOs in community awareness, early identification, referral, and follow-up activities to improve service coverage, reduce stigma, and encourage timely access to disability-related services.

- ***Strengthen the institutional and operational capacity of VSOs integrate within disability governance frameworks.*** To ensure long-term and inclusive development, VSOs should be empowered to actively participate in local and national decision-making processes on disability issues. Strengthening their capacity and embedding them in formal disability governance structures will improve accountability and ensure that services truly reflect the needs and rights of persons with disabilities.

- ***Institutionalize formal coordination reporting platform*** Establish formal coordination and reporting mechanisms among the Department of Social Services

(DSS), local government institutions, health and education service providers, and VSOs. Regular information sharing, joint planning, and coordinated referral systems will reduce service duplication, improve resource utilization, and ensure timely and integrated support for children with disabilities.

Overall, the findings clearly demonstrate that VSOs serve as vital grassroots actors in implementing Bangladesh's disability policies. Their engagement has significantly enhanced awareness, early identification, and access to essential services for children with disabilities. However, persistent systemic gaps remain particularly in education, healthcare, rehabilitation, and community-level awareness most notably in remote and rural areas.

VSOs are trusted and strategically positioned to bridge these gaps, but their potential is constrained by limited resources and institutional support. Realizing comprehensive inclusion will require stronger inter-agency coordination, sustained funding, and the systematic integration of community-based organizations into national disability governance mechanisms. A stronger, more coherent partnership between government institutions and VSOs is therefore critical to ensuring that no child with a disability is left behind.

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Appendix: A

Survey Questionnaire

Evaluating the Role of Volunteer Social Welfare Organizations (VSOs) in Identifying Children with Disabilities and Enhancing Their Access to support Services in selected areas in Sylhet division

Consent Note for Participation in Survey

Dear Respondent,

We are conducting a research study under Department of Social Services to understand how Volunteer Social Welfare Organizations (VSOs) help identify children with disabilities and improve their access to education, health, and social protection services. You have been selected to participate because you are a parent or caregiver of a child with a disability.

Your participation is completely voluntary. You have the right to refuse or stop the interview at any time without any consequences. The information you provide will be kept confidential and will only be used for research purposes. No personal identity will be disclosed in the report.

The survey will take around 30–40 minutes. We will ask you questions about your child's disability, the support you have received, and your experience with any organizations working in your area.

If you agree to participate, please confirm by saying **"Yes, I agree"** (for verbal consent) or signing below (for written consent).

Thank you for your time and support.

Consent Confirmation:

☐ I have read/heard the above information and I agree to participate in the survey.

Name of Respondent:
Signature:
Date:
Name of Interviewer:

Role of Voluntary Social Welfare Organizations (VSOs) in identifying and providing supportive services to children with disabilities: Sylhet Division Survey

Survey Questionnaire

Interviewee's name: Date of interview:

Section A: Socio-Economic Status and Household Information

1 Respondent's name		2 Father's/Husband's name		
3 Age:	4 Gender: □ F=1, □ M=2	5 Education:	6 Village:	7 Ward
8 Union:	9 Upazila:	10 District:	11 Mobile:	

12 Total Family member Male Female

13 What is the main source of income of the family?
□ Agriculture = 1, □ Business = 2, □ Job = 3, □ Abroad = 4, □ Daily wage laborer = 5, □ Auto rickshaw driver = 6, □ Fisherman = 7, □ Self-employment = 8, □ Other (specify):

14 Average monthly income of the family:

15 Type of house: □ Pacca = 1, □ Semi- Pacca = 2, □ Katcha = 3

16 Ownership of house: □ Government land = 1, □ Rent = 2, □ Own = 3, □ Other house = 4, □ Other 5 (specify):

17 Total amount of land owned by the family:

18 Do you have the following items in your home?
□ TV = 1, □ Bicycle/Van = 2, □ Motorcycle = 3, □ Electricity/Solar power = 4, □ Auto/Motor boat = 5, □ Mobile = 6, □ Refrigerator = 7, □ Shallow machine/Power trailer = 8,

Section B: Knowledge and awareness on Disability

19 Have you heard the word disability? □ Yes = 1, □ No = 2

20 What do you understand by the word disability?
□ A health condition that limits a person's abilities.
□ It is a person's trust that makes them dependent on others.
□ It is the result of the sins of the parents.
□ Other.

21 Do you think that all disabilities are visible? □ Yes = 1, □ No = 2

22 Do you think that people with disabilities have the right to live, receive education, express opinions, participate and receive social protection? □ Yes = 1, □ No = 2

23 What is the status of people with disabilities given by the government? Do you know? Tell me:

24 What services or assistance do people with disabilities in your area currently receive? (Multiple answers possible).
□ Disability allowance = 1 □ Education stipend = 2 □ Assistive devices = 3
□ Accessibility = 4, □ Skill Development Training = 5 □ Family Care = 6
□ Loan Assistance = 7 □ Other (specify) = 8:

25 Name two government departments that work for the rights and protection of persons with disabilities (ID cards, allowances, stipends): a) b)

26 What type of health services are provided to people with disabilities in your area?
□ Allopathy =1 □ Homeopathy =2 □ Ayurvedic =3 □ Physiotherapy =4, □ Herbal =5
□ Kaviraj =6 □ Jhar Phuc =7 □ Specify other days =8:

27 What is done for educational rehabilitation programs in your area?
□ Inclusion in educational programs = 1, □ Home-based education = 2, □ Special educational institutions = 3, □ other (specify) = 4

Section C: Volunteer Social Organizations (VSO) and Disability-Related Activities

28 Do you know if there is any voluntary organization working for disabled children in your area? □ Yes = 1, □ No = 2

28 (a) If yes, name of the voluntary organization:

29 What kind of services have you received from voluntary organizations?
□ Awareness raising □ Parenting training □ Identification assistance
□ Referral □ Assistance with paperwork (WOI, allowances) □ Other:

30 Have you or any member of your family participated in any awareness activities on disability by voluntary organizations? □ Yes = 1, □ No = 2

30 (a) If yes, how many awareness activities have you participated in?
□ 1- 2 □ 3- 5 □ More than 5

Section D: Disability Identification

31 Has the child already been registered as a disabled person?
□ Yes = 1, □ No = 2

32 Type of disability as per the Disabled Gold Citizen Card

□ Autism = 1, □ Physical disability = 2, □ Mental illness-related disability = 3,
□ Visual impairment = 4, □ Speech impairment = 5, □ Intellectual disability = 6,
□ Hearing impairment = 7, □ Hearing-visual impairment = 8, □ Cerebral Palsy = 9,
□ Down Syndrome = 10, □ Multiple Disabilities = 11, □ Other Disabilities = 12:

33 What is your relationship with the disabled child?
□ Father / Mother =1 □ Sibling =2 □ Grandparent =3 □ Grandmother/Grandfather =4
□ Aunt / Aunt =5 □ Other (specify) =6:

34 Who first helped to understand the signs of disability?
□ Local volunteer / para social worker = 1 □ School teacher = 2 □ Health worker = 3
□ Government social worker = 4, □ Local public representative = 5
□ Other (specify) = 6:

35 If the answer was local volunteers/para social workers, what was the type of support they provided?

□ Informing about the disability identification process = 1 □ Help in establishing contact with local authorities = 2 □ Counseling = 3 □ Referral = 4 □ Advocacy = 5 □ Other = 6

36 Who do you think should have the main role in identifying people with disabilities (tick a maximum of three)

□ School teachers = 1 □ Health workers and family planning workers = 2 □ Social workers = 3 □ Parents/family = 4 □ Local volunteers = 5 □ Local public representatives = 6 □ Others (specify) = 7:

37 How long did it take to identify a golden citizen after first seeing symptoms?

□ Under 6 months =1 □ 6 months - 1 year =2 □ More than 1 year =3 □ Not yet = 4

38 How long did it take to get a golden citizen certificate?

□ Under 6 months =1 □ 6 months - 1 year =2 □ More than 1 year =3 □ Not yet = 4

Section E: Support services for Disable People

39 Did you receive any support or any type of social service after being identified?

□ Yes = 1, □ No = 2

40 What assistance did you receive after receiving the identification card? (Multiple answers)

□ Education =1 □ Healthcare =2 □ Psychosocial support =3 □ Assistive devices (e.g. wheelchair) =4, □ Disability ID card =5, □ Allowance =6, □ Stipend = 7, □ Grant = 8, □ Institutional services = 9, □ Other (specify) = 10:

41 Select which of the following is appropriate for your disabled child:

A. Disability Allowance	□ Currently receiving = 1	□ Previously received = 2	□ Tried, but did not receive = 3	□ Never tried = 4
B. Inclusion in regular school:	□ Currently enrolled = 1	□ Previously enrolled = 2	□ Tried but failed = 3	□ Never tried = 4
C. Education stipend:	□ Currently receiving =1	□ Previously received =2	□ Tried, but did not receive =3	□ Never tried =4
D. Free rehabilitation services:	□ Currently receiving = 1	□ Previously received = 2	□ Tried, but not received = 3	□ Never tried = 4
E. Reserved seats in public transport	□ Currently using = 1	□ Previously used = 2	□ Tried, didn't get = 3	□ Never tried = 4
f) Assistive devices/equipment	□ Currently available = 1	□ Previously available = 2	□ Tried, but did not receive = 3	□ Never tried = 4

42 How often do you contact/follow up with the doctor for the prescribed service?

□ 1-2 times = 1 □ 3-4 times = 2 □ 5-6 times = 3 □ 7 times or more = 4

43 Did the applicant have to pay any charges or fees for receiving the prescribed services?

□ Yes = 1, □ No = 2

43 (a) If yes, how much:

Section F: Recognition, Problem and Suggestion

44 Which of the following activities of the MHRD are you satisfied with? (Select multiple)
□ Awareness raising activities =1 □ Assistance in identifying primary prevention issues =2, □ Referral services =3 □ Assistance in obtaining certification =4, □ Assistance in receiving services (allowance, education, medical care) Contact with government or other institutions for the respondent = 5, □ Other (specify) = 6:

45 How would you rate the behavior and attitude of the staff at VSO?
□ Very positive =1 □ Positive =2 □ Neutral =3 □ Negative 4 □ Very negative =5

46 What are the main problems in implementing the Golden Citizen Identification and Service Access Program in your area?
□ Lack of information = 1 □ Difficulty in transportation = 2 □ Long process = 3
□ Social barriers = 4, □ Lack of coordination = 5, □ Financial constraints = 6
□ Other: (specify) = 7:

47 In your opinion, how effective are the activities of the Voluntary Organization for the Protection of Rights of Persons with Disabilities (VSOs) in identifying and protecting the rights of persons with disabilities?
□ Very effective = 1, □ Effective = 2, □ Fairly = 3, □ Not very effective = 4,
□ Not at all effective = 5

48 What are your suggestions (if any) to make disability identification and service provision easier in your area?

Appendix: B

Focus Group Discussion (FGD) Guideline

General Information (to be filled by facilitator):

- District & Upazila: _____
- Date: _____
- Type of FGD: (Caregivers / Children in Institution / VSO / Community)
- No. of Participants: _____
- Facilitator Name: _____
- Note-taker Name: _____

A. FGD with Caregivers of Children with Disabilities

1. How did you first come to know about your child's disability?
2. Who helped you to understand or identify the condition? (VSO, health provider, school, etc.)
3. What kind of support have you received from VSOs in your community?
4. Have VSOs provided information or helped link you to services (education, health, allowance, DIC, etc.)?
5. What challenges do you face in accessing these services?
6. How timely was the support or identification?
7. What kind of awareness or parenting sessions (if any) have you attended?
8. Do you think VSOs are playing an effective role in disability support? Why or why not?
9. What changes have you seen in your child's life or in your community due to VSO involvement?
10. What additional support do you think is needed to improve inclusion and services?
11. If you had one key message for the government or service providers to improve the lives of children with disabilities, what would it be?

B. FGD with Children with Disabilities in Residential Institutions (6–8 Participants, ensure appropriate age/language)

1. What kind of support do you receive here in the institution?
2. Are you getting the help you need for your education and health?
3. Do any people or organizations visit you or talk to you about your needs or rights?
4. Do you feel included and accepted by your teachers, caregivers, and community?
5. What would you like to have more of — or do differently — in terms of care or services?
6. How do you feel about your life here? What makes you happy or unhappy?

7. If you had one key message for the government or service providers to improve the lives of children with disabilities, what would it be?

C. FGD with Volunteers and Members of VSOs

1. What types of activities does your organization conduct related to children with disabilities?
2. How do you identify children with disabilities in the community?
3. What challenges do you face in the identification or referral process?
4. What training or capacity-building have your volunteers received?
5. How do you work with government or non-government service providers?
6. What types of services have you helped children access (education, DIC, health care, etc.)?
7. What are the success stories or impacts you have observed?
8. What policy, funding, or logistical barriers affect your work?
9. What would help strengthen your organization's role in disability inclusion?
10. If you had one key message for the government or service providers to improve the lives of children with disabilities, what would it be?

D. FGD with Community Members (non-caregivers)

1. How does your community generally perceive children with disabilities?
2. Are there any VSOs working on disability issues in your area? What do they do?
3. How are these organizations viewed by the community?
4. Do you feel there has been any change in awareness or inclusion in recent years?
5. What are the main challenges for families with children with disabilities here?
6. How can the community, local government, and VSOs work together to support inclusion?
7. What recommendations do you have to improve support for children with disabilities?
8. If you had one key message for the government or service providers to improve the lives of children with disabilities, what would it be?

Appendix: C

Key Informant Interview (KII) Guide

Title of the Study:
Evaluating the Role of Volunteer Social Welfare Organizations (VSOs) in Identifying Children with Disabilities and Enhancing Their Access to support Services in selected areas in Sylhet division

Purpose:
This interview aims to explore the perspectives of government officials on the roles, effectiveness, and challenges of VSOs in identifying children with disabilities (CWDs), especially girls, and facilitating their access to services.

Respondent Information (to be filled by interviewer):

Name:
Designation:
Department/Organization:
District/Upazila:
Interviewer:
Date:

Section A: Roles and Responsibilities

1. Can you describe your role in disability identification and service facilitation for children with disabilities (CWDs)?
2. How does your office currently identify children with disabilities, and at what stage (age/condition) are they usually identified?
3. What services does your department provide or facilitate for children with disabilities and their families?

Section B: Coordination with VSOs and Stakeholders

4. Are there any VSOs operating in your area that support children with disabilities? If yes, can you name them and briefly describe their work?
5. How would you describe the nature of collaboration between your office and VSOs (e.g., formal, informal, regular, event-based)?
6. What kind of support do VSOs typically provide—awareness, referral, follow-up, advocacy, or something else?
7. Do you find their contributions helpful in improving disability inclusion and service access? Why or why not?

Section C: Inclusion, Equity, and Challenges

8. In your opinion, do VSOs adequately reach and include girls with disabilities in their activities?
9. What are the major challenges in disability identification and service delivery at the local level?
10. Are there gender-specific or socio-cultural barriers that hinder girls with disabilities from being identified or accessing services?
11. What difficulties do government offices face in maintaining accurate records, ensuring timely referrals, and coordinating with NGOs/VSOs?

Section D: Capacity, Policy & Resource Landscape

12. Does your office have adequate resources (staff, funding, training) to support the needs of children with disabilities?
13. Have any trainings or policy directives been shared recently to improve disability inclusion and collaboration with NGOs?
14. Is there a data-sharing or referral mechanism between government services and VSOs for CWDs?

Section E: Recommendations and Forward-Looking Insights

15. What policy or programmatic improvements do you recommend to enhance identification and service facilitation for children with disabilities?
16. How can collaboration between government offices and VSOs be strengthened for greater impact?
17. What additional roles could VSOs take to better serve girls with disabilities in rural and underserved areas?
18. Any final suggestions to improve support systems for children with disabilities and their caregivers in your area?

Appendix: D

Selected Picture of the Study Work

Pic: FGD at Green Diabiled Foundation, Sylhet

Pic: FGD at Art and Autistic School, Sylhet

Pic: FGD at Birgao, Sunamgonj

Pic: FGD at Bahubol, Habigonj

Pic: KII with Deputy Director, DSS, Sylhet Division

Pic: KII with Consultant, DSAO, Habiganj

Pic: KII with DSSA officer, Sylhet

Pic: KII with Head master, Prottoy School, Sunamganj

Pic: Suvery with caregiver of CWDs, Habiganj

Pic: Suvery with caregiver of CWDs, Habiganj

Pic: Suvery with caregiver of CWDs, Sunamganj

Pic: Suvery with mother of CWDs, Sunamganj


Adventure