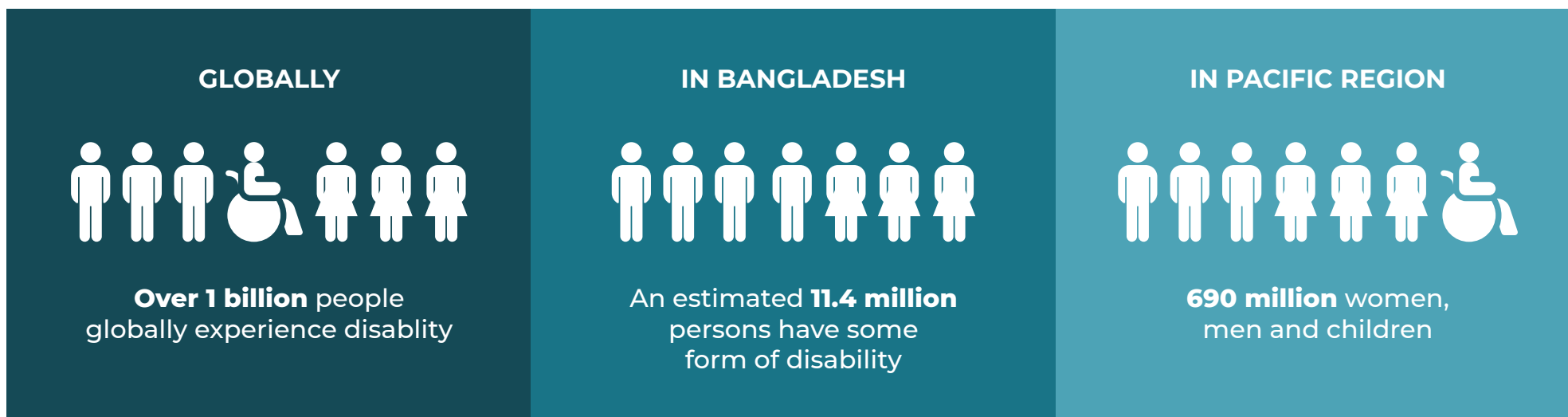


# Inclusive health services for persons with disabilities in Bangladesh: challenges and prospects

---

# Quick Facts



Bangladesh ratified the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** in 2007 and adopted **Persons with Disabilities Rights and Protection Act 2013** which is in line with the principle of UNCRPD

**Bangladesh is also committed towards achieving:**

Sustainable Development Goals

**3 GOOD HEALTH AND WELL-BEING** 

Universal Health Coverage 

**It may not be possible for Bangladesh to achieve the SDGs and UHC without ensuring Inclusive Health Services for persons with disabilities**

# Inclusive Health Services: Common Barriers

Persons with disabilities are one of the most disadvantaged groups that have poor health and well-being

Persons with disabilities require more health care services and support than persons without disabilities

But they are...

**2X** more likely to find health care providers skill inadequate

**3X** more likely to be denied health care

**4X** more likely to be treated badly during health care



## AVAILABILITY:

Lack of disabled friendly medical equipment, Lack of qualified and skilled health care providers, Insufficient number of health care facilities and medicine supply



## ACCESSIBILITY:

Geographical inaccessibility, Barriers to access health care infrastructures, Barriers to access information, Lack of alternative communication formats



## AFFORDABILITY:

High treatment, medicine and other hospital costs, Associated transport related cost



## ACCEPTABILITY:

Insufficient consultation time by health care providers, Behavior and attitude of the providers, Lack of understanding about respectful care among the health care providers

# Our Research

Nationwide research on Sexual and Reproductive Health & Rights (SRHR) among Persons with Disabilities by James P Grant School of Public Health, BRAC University

## Objectives of the study:

**Objective 1:** Primary research to understand SRHR needs, knowledge, sufferings, perception around sex and sexuality and barriers in accessing SRHR services for persons with disabilities

**Objective 2:** Secondary review of existing interventions and/or services relevant to SRHR of persons with disabilities, facilitators and gaps in currently implementing interventions and/or services and recommending strategies for improvement.

**Objective 3:** Review of existing laws and policies relevant to SRH and disability and explore barriers to implementation of laws and policies and recommending strategies for improvement

**5000**  
survey  
response



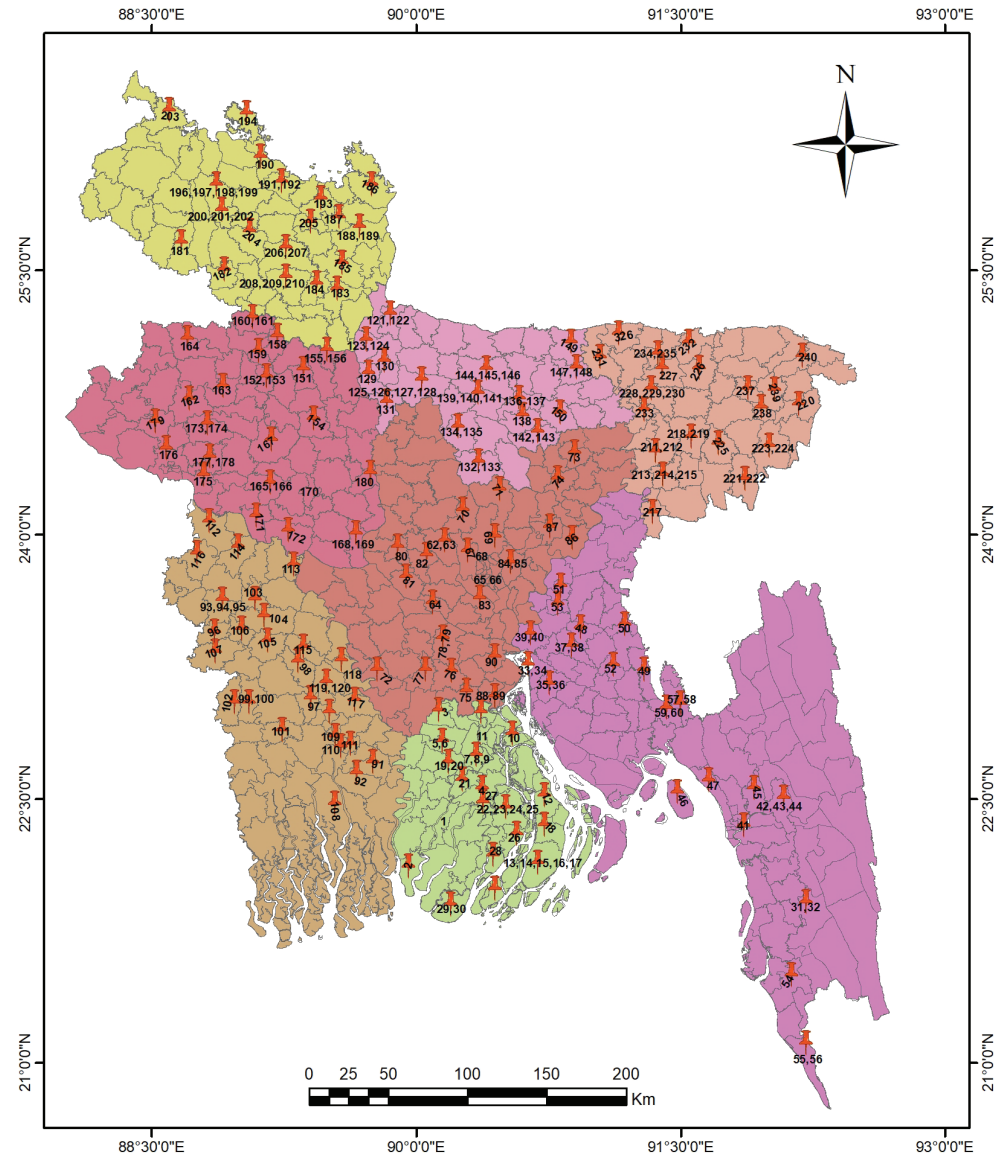
**51**  
Ethnographic  
case studies



**45**  
Key informant  
interviews



## Study Sites of Disability and SRHR survey, 2019



**Legend** Cluster Location Upazila Boundary

# Major Findings from our study are presented under four major domains:

## Existing facilitators towards ensuring “Inclusive Health Services”

### 1. AVAILABILITY

- ▶ Comprehensive SRH services are available at **all 18 health care facilities visited**
- ▶ **3 out of 4** visited tertiary health care facilities have separate waiting area and ticket counter for persons with disabilities
- ▶ **103 Disability Help and Service Centers** established by National Disability Development Foundation provide free treatment and assistive devices
- ▶ MoSW runs **32 mobile vans** which act as mini hospitals to serve persons with disabilities in remote rural areas of Bangladesh
- ▶ **25 Child Development Care Centers** (Shishu Bikash Kendro) have been established in district level hospitals by MoSW
- ▶ Handicap International, DGFP and 15 Disabled people’s Organization have partnered to provide **Family planning services and counselling** specially to women with disabilities in UH&FWCs
- ▶ DGHS has been providing training on **Disability Friendly Health Services** to health care providers since 2019

### 2. ACCESSIBILITY

- ▶ **Inclusive doors and pathways and ramps** were found in all **4** visited tertiary health care facilities
- ▶ **Disabled friendly toilets** established in **20** Upazila and district level health care facilities & will be scaled up nationally soon
- ▶ **Information details** for tickets, appointment times and other necessary information were found being announced in **2 out of 4** visited tertiary facilities
- ▶ **Information board** stating availability of health care providers, treatment cost, laboratory cost and facility functioning hours were found in **3 out of 6** primary health care facilities & all visited secondary and tertiary health care facilities
- ▶ **Signage** using reader friendly language and pictures and were found in **all 18** health care facilities visited
- ▶ **Inclusive communication materials** (pictorials/ flow charts) were found in **all** tertiary health care facilities
- ▶ LGRD has developed an accessibility guideline, which is now being adopted in the new **"BNBC guideline 2015"**

### 3. AFFORDABILITY

- ▶ Treatment & medicine are **freely available** in all primary health care facilities
- ▶ **Minimal consultation fee are taken** in secondary and tertiary health care facilities
- ▶ **Special discount are available for persons with disabilities** for consultation fees, laboratory charge & operations in Government health care facilities

### 4. ACCEPTABILITY

Persons with disabilities have better acceptability of formal health care services when

- ▶ Health care providers attend them for **sufficient time**
- ▶ They can avail **gender sensitive services**
- ▶ Treated by **trained & skilled health care providers**

However, better acceptability of informal providers were seen among persons with disabilities

- ▶ **52%** respondents were satisfied with informal care
- ▶ **68%** respondents reported that they have trust on informal providers



# Challenges to ensure “Inclusive Health Services”

## AVAILABILITY: Challenges to access Health care infrastructures

Separate waiting area, toilets & ticket counters for persons with disabilities were not found		Inclusive equipment, such as disabled friendly examination bed, delivery bed, weighing machine were not found in	Insufficient stock of medicine were observed
In <b>ANY</b> of the primary health care facilities	In <b>3 out of 5</b> visited secondary health care facilities	<b>ANY</b> of the visited primary, secondary & tertiary facilities	At <b>all</b> visited public health care facilities, specially at primary levels

40 out of 45 Key informants felt that there is a need of comprehensive training for health care providers on how to provide disabled friendly inclusive health services

## ACCESSIBILITY: Challenges to access Health care infrastructures

	Primary Level	Secondary Level	Tertiary Level
Obstacles in entrance, pathways and staircases	<b>All 6 visited facilities</b>	Observed in <b>3 out of 5</b> visited facilities	Observed in <b>2 out of 4</b> visited facilities
Narrow doors and ramps		Observed in <b>All 5</b> visited facilities	None of the facilities
Slippery pathways and toilets with no continuous handrails		Observed in <b>4 out of 5</b> visited facilities	Observed in <b>2 out of 4</b> visited facilities
No Tactile marking in floor, staircases		Observed in <b>All 5</b> visited facilities	Observed in <b>3 out of 4</b> visited facilities



## ACCESSIBILITY: Communication challenges



**None** of the visited facilities had **separate support staff** to guide persons with disabilities



**No method to broadcast information, no IEC/signage was observed** for persons with sensory impairment, autism spectrum disorder or persons with multiple disability in **any** of the visited facilities



**41 out of 45** key informants felt health care providers do not have adequate skills to communicate with persons with disabilities



**34 out of 45** key informants mentioned the need of training for other medical staff: nurse, pharmacists, support staffs, and technologists



Caregivers played the role of interpreter in **90%** of such cases



None of the healthcare providers were observed utilizing **sign language interpreters** resulting in a visible communication gap during consultation with persons with sensory impairment and autism spectrum disorder



## AFFORDABILITY

- ▶ **29%** of the respondents could not afford cost of prescribed medicine
- ▶ **33%** of the respondents mentioned high cost as the main barrier while utilizing services
- ▶ **57%** respondents did not go to formal facilities due to fear of high expenses

## ACCEPTABILITY

- ▶ **17%** respondents mentioned long queue in ticket counters
- ▶ **14.7%** mentioned **Long Waiting** time for consultation
- ▶ **5%** mentioned attitude problem of the service providers
- ▶ **2%** pointed about gender insensitive services
- ▶ **Insufficient** consultation time by the providers



# What needs to be done to ensure “Inclusive Health Services”

## AVAILABILITY

- ▶ Ensure **disabled friendly equipment:** (examination bed, delivery bed and weight machine) in all secondary and tertiary health care facilities
- ▶ **Buffer stock of medicine** needs to be ensured only for persons with disabilities at all health care facilities

## ACCESSIBILITY

- ▶ **Relocation of all primary needs** (consultation room, laboratory room, reception, dispensary) at the ground floor for easy accessibility
- ▶ Ensuring **ideal ramp (width more than 120 c.m)** in all health care facilities
- ▶ **Inclusive information dissemination system** in secondary and tertiary level facilities
- ▶ **Proper signage** needs to be ensured from starting to end point indicating all primary needs
- ▶ Developing **standard communicative tools** (pictorials/flowcharts) for effective communication

- ▶ Availability of **at least one sign language trained staff** in all secondary and tertiary level health facilities
- ▶ Implementation of **“Bangladesh National Building Code- 2015”** for establishment of new infrastructures

## AFFORDABILITY

- ▶ Ensure persons with disabilities avail allocated **special discounts** during service seeking
- ▶ **Health Insurance** can be introduced for persons with disabilities
- ▶ Government may **encourage** private health facilities to provide discounts for persons with disabilities

## ACCEPTABILITY

- ▶ Scale up of **Disabled Friendly Inclusive Services** training for health care providers at national level
- ▶ Healthcare providers must ensure **respectful care** during health service delivery to persons with disabilities

# What needs to be done to ensure Inclusive Health Services: Overarching Recommendations

---

1. Overcoming the gap in coordination between MoHFW, Health Engineering Department, Public Works Department and other ministries to ensure inclusive health services and infrastructures for persons with disabilities
2. Government should consider allocating sufficient budget to improve overall health care services, which is currently low in comparison to other south Asian countries
3. Along with MoSW and DGHS, Directorate General of Family Planning (DGFP) should consider ensuring inclusive health services for persons with disabilities through their upcoming activities and programmes
4. Relevant government bodies/departments should come forward to establish a robust and coordinated plan to reduce the out of pocket expenditure and burden for persons with disabilities in health care service provision
5. The 5th HPNSP plan might introduce a strategy to collect data from health care facilities for persons with disabilities and to make those data available for policy makers/ implementers to design/ modify programmes based on the current situation

## Acknowledgement

---

- ▶ The research team acknowledges the vital support of the Embassy of the Kingdom of the Netherlands in Bangladesh in making this project a reality. We also express sincerest gratitude to the Ministry of Social Welfare, the Directorate General of Health Services and the Directorate General of Family Planning for their valuable guidance and constant support. We would also like to thank the disabled people's organizations (DPOs) and non-governmental organizations (NGOs) and independent experts who graciously extended the benefit of their expertise to the project, as well as each one of our study participants, without whose kind cooperation this project would not have been possible.

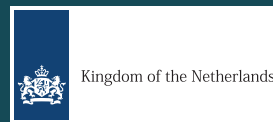
For additional information, please contact

**DR. MD. TANVIR HASAN**

Associate Professor & Co-Director of  
Centre of Excellence for Urban Equity and Health (CUEH)  
Email: [thasan@bracu.ac.bd](mailto:thasan@bracu.ac.bd); For contact +88 01737 94 38 82

**ADRITA KAISER**

Assistant Coordinator  
Email: [adrита.kaiser@bracu.ac.bd](mailto:adrита.kaiser@bracu.ac.bd) For contact: +8801779898021



**BRAC James P Grant School of Public Health, BRAC University**

5th Floor, icddr,b Building, 68 Shahid Tajuddin  
Ahmed Sharani Mohakhali, Dhaka-1212, Bangladesh; Tel: +880-2-9827501-4