

# briefing

Minority  
Rights  
Group

নাগরিক উদ্যোগ  
NAGORIK UDDYOG  
CITIZEN'S INITIATIVE

## Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh

Monjurul Islam, Zakir Hossain and Nicole Girard





A leprosy self-help group at a tea plantation in Sylhet, Bangladesh, meet and drink tea. 2023. Credit: Ruth Towell/ The Leprosy Mission Great Britain.

### Acknowledgements

This report has been produced with the financial assistance of Swedish International Development Cooperation Agency (SIDA). The contents of this report are the sole responsibility of Minority Rights Group and can under no circumstances be regarded as reflecting the position of SIDA.

### Author's acknowledgments

The authors would like to acknowledge the organizations, namely Uddipta Mohila Unnyan Sanghsta; Asrumochon Mohila Unnyan Sanghsta; Bangladesh Dalit and Excluded Rights Movement; Dalit Women Forum; Moulavibazar Tea Garden community Adivasi Front; and Jatiyo Adivasi Parishad for their support to organize the FGDs with the community members. The individuals of these organizations to whom we like to express gratitude are Joyonti Rabidas, Khokon Suiten Murmu, Shipon Rabidas, Tamanna Singh Baraik, Parimal Singh Baraik, Sunil Kumar Mridha and Moni Rani Das for their support. We are also thankful to Joyeeta Hossain, Sultan Md. Salauddin Siddique, Adro Jahan, Nakshatra Nur, and Joyonta Kumar Shawon for putting their efforts into conducting the FGDs and preparing the FGD reports.

### About the authors

Monjurul Islam, Zakir Hossain and Nicole Girard. Easy read text by Sira Thiam and Lauren Avery. Illustrations by Alia Sinha. Alia is an illustrator, theatre practitioner and library worker based in New Delhi. She is currently program director of the community library at Aagaaz Theatre Trust.

### Minority Rights Group

Minority Rights Group (MRG) is a non-governmental organization (NGO) working to secure the rights of ethnic, religious and linguistic minorities and indigenous peoples worldwide, and to promote cooperation and understanding between communities. Our activities are focused on international advocacy, training, publishing and outreach. We are guided by the needs expressed by our worldwide partner network of organizations, which represent minority and indigenous peoples.

MRG works with over 150 organizations in nearly 50 countries. Our governing Council, which meets twice a year, has members from 10 different countries. MRG has consultative status with the United Nations Economic and Social Council (ECOSOC), and observer status with the African Commission on Human and Peoples' Rights (ACHPR). MRG is registered as a charity and a company limited by guarantee under English law: registered charity no. 282305, limited company no. 1544957.

### Nagorik Uddyog

Nagorik Uddyog (Citizen's Initiative) is a human rights and development organization based in Bangladesh working to promote access to justice, rights, and entitlements for the disadvantaged and socially excluded communities by strengthening their capacity and building their agencies so that they can claim their rights and raise collective voice. Since its establishment in 1995, Nagorik Uddyog (NU) has been working for empowering marginalized people through its multifaceted activities including social development programs, research, advocacy, and networking. NU has consultative status with the United Nations Economic and Social Council (ECOSOC).

© Minority Rights Group (MRG), 2024.

All rights reserved

Material from this publication may be reproduced for teaching or for other non-commercial purposes. No part of it may be reproduced in any form for commercial purposes without the prior express permission of the copyright holders. For further information please contact MRG. A CIP catalogue record of this publication is available from the British Library.

ISBN Online: 978-1-915898-08-1. Published October 2024.

### Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh

is published by MRG as a contribution to public understanding of the issue which forms its subject. The text and views of the author do not necessarily represent in every detail and all its aspects, the collective view of MRG.

# Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh

Easy read summary	2
Executive summary and recommendations	14
Methodology	16
Background	17
Recognition and rights protections in state strategies	18
Issues of concern	21
Societal discrimination	21
Right to health, social security and social services	21
Disability allowances	23
Right to education	23
Access to information	25
Women with disabilities	25
Political rights and equal access to public service	26
Poverty and the right to decent work	26
Conclusion	28
Annexe	29
Notes	30



# Easy read summary

## About this report

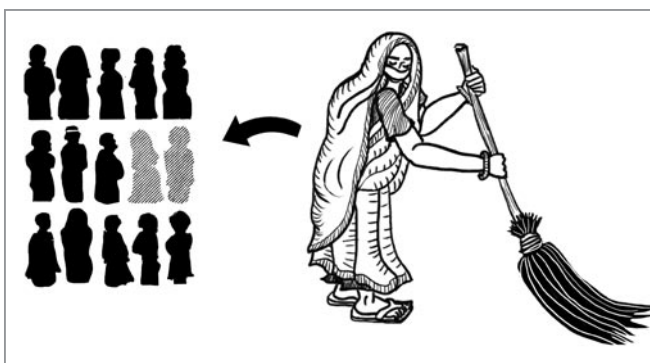


This report is about people with disabilities from minority and indigenous communities in Bangladesh.

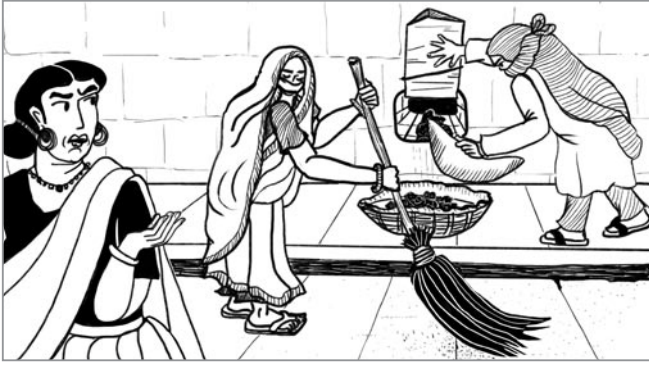


The authors collected information for this report by interviewing people from minority and indigenous communities and looking at laws and policies.

## About minority and indigenous communities in Bangladesh



Dalits are a minority community.



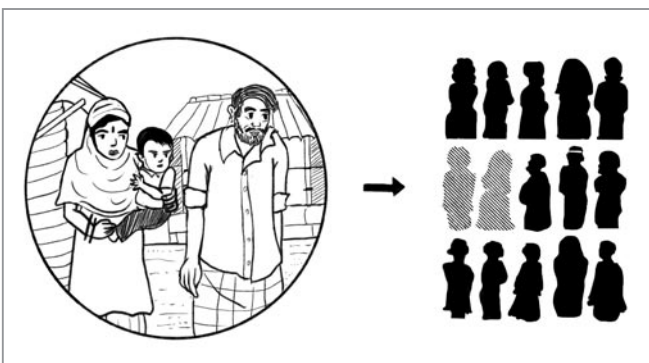
They are seen by others as 'untouchable' and do dangerous and tiring work like cleaning toilets and sewers.



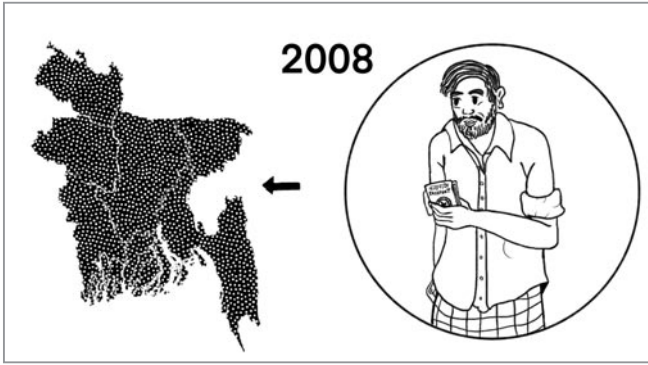
Adivasis are indigenous people. They live in the countryside but are losing access to their traditional lands.



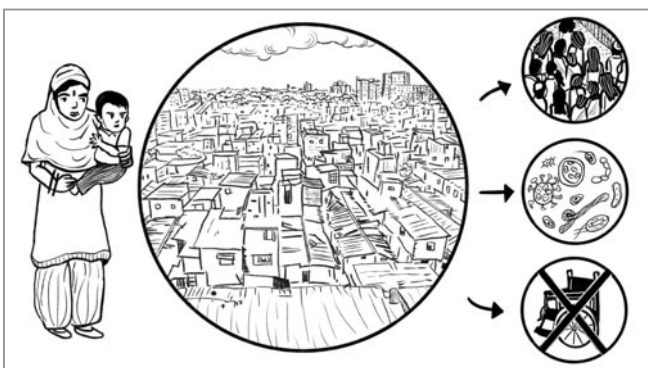
There are often conflicts between Adivasis and ethnic Bengalis who try to take the Adivasis' land.



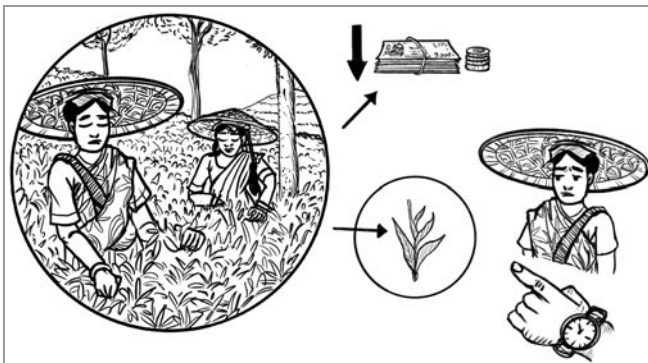
Biharis are a Muslim minority



They were only recognized as citizens of Bangladesh in 2008.

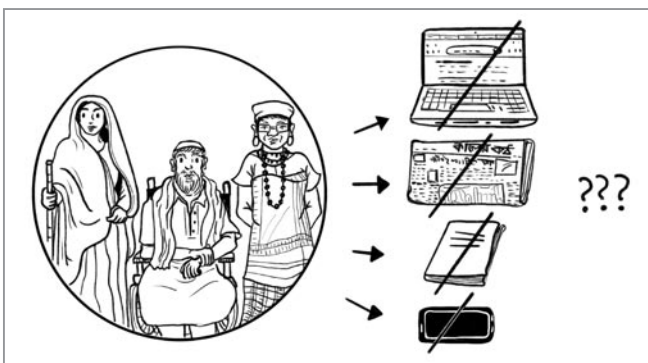


Many Biharis live in temporary camps, which are overcrowded, unclean and inaccessible.



Tea garden communities live and work in Bangladesh's tea growing areas. They are paid very low wages and have little choice about the work they do.

### About people with disabilities from minority and indigenous communities in Bangladesh



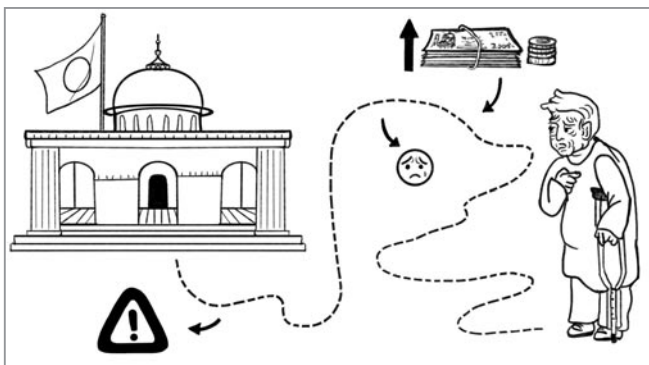
There is not much information about people with disabilities from minority and indigenous communities in Bangladesh.



People with disabilities from minority and indigenous communities face discrimination, which means they are treated badly because of their identities.



To get help from the government and access disability services, people with disabilities in Bangladesh must visit the local government office to register their disability.



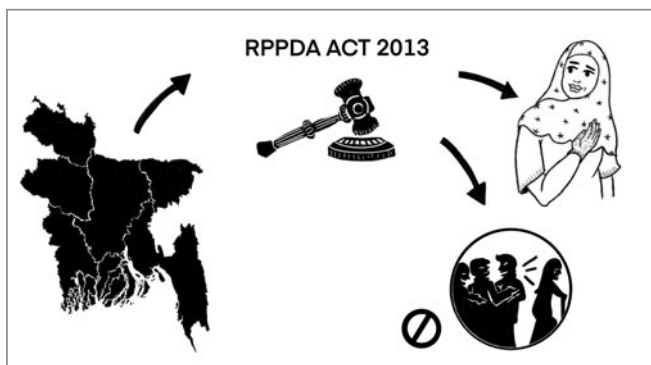
But the government office is far away and travel is expensive and difficult.



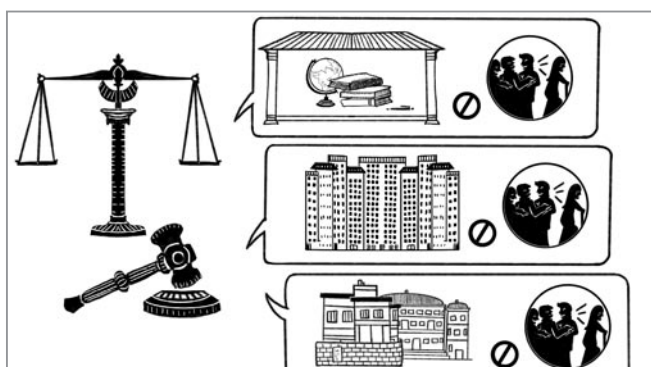
Many people with disabilities from minority and Indigenous communities do not know how to get help from the government. Many also are denied help from the government and cannot access disability services.



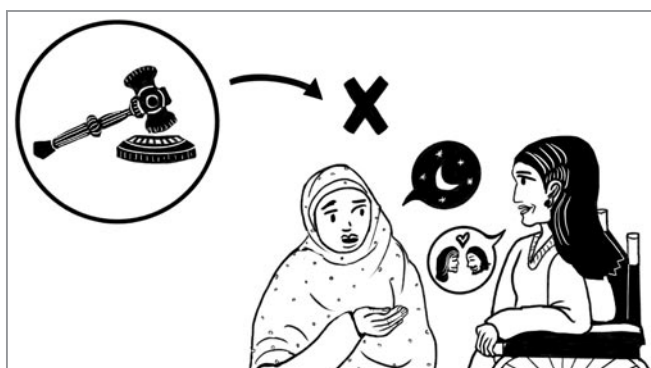
## About the Rights and Protection of Persons with Disabilities Act (RPPDA)



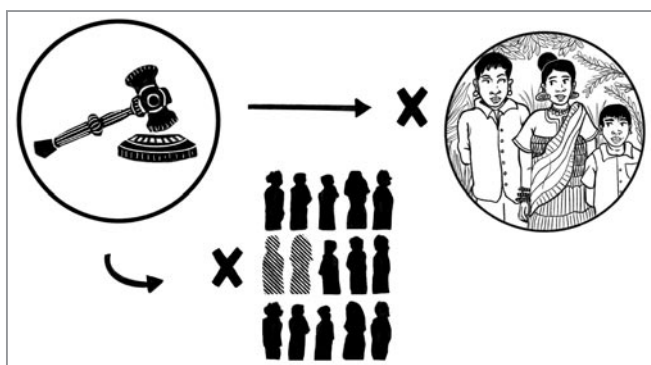
In Bangladesh, the Rights and Protection of Persons with Disabilities Act 2013 (RPPDA) is a law that protects people with disabilities from discrimination.



The law bans schools, businesses, and other organizations from discriminating against people with disabilities.



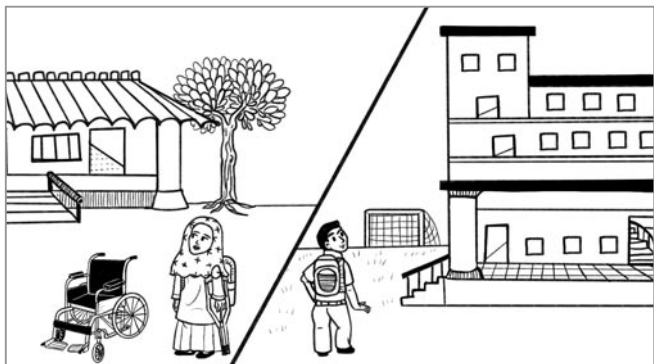
The law does not focus on the specific experiences of women with disabilities.



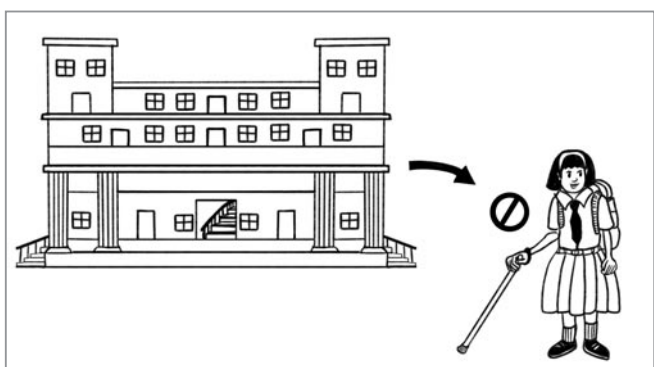
The law does not talk about minorities or Indigenous peoples.



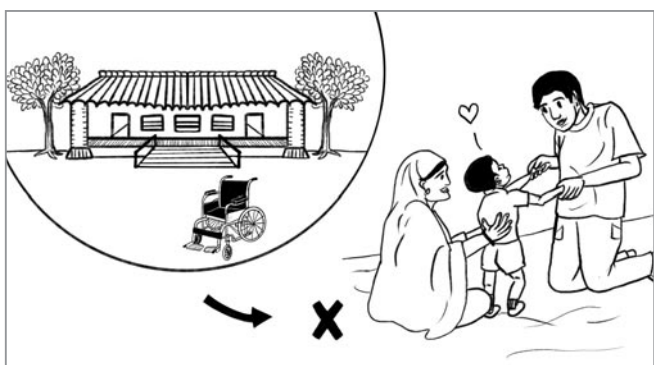
## Access to Education



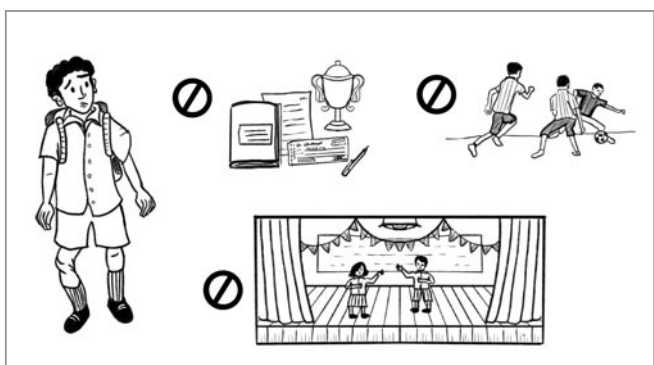
In Bangladesh, the education system is divided into two education systems: a special education system for children with disabilities and a mainstream education system, for everyone.



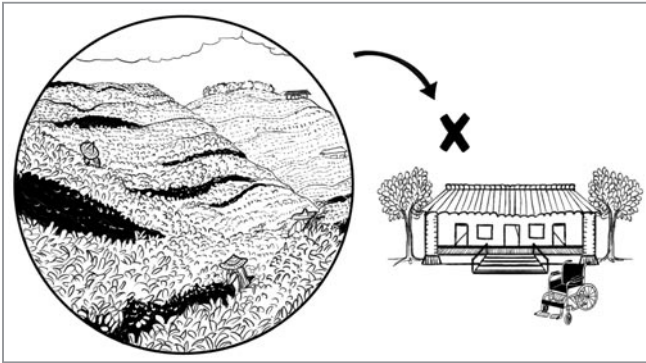
Many mainstream schools in Bangladesh do not allow children with disabilities to attend.



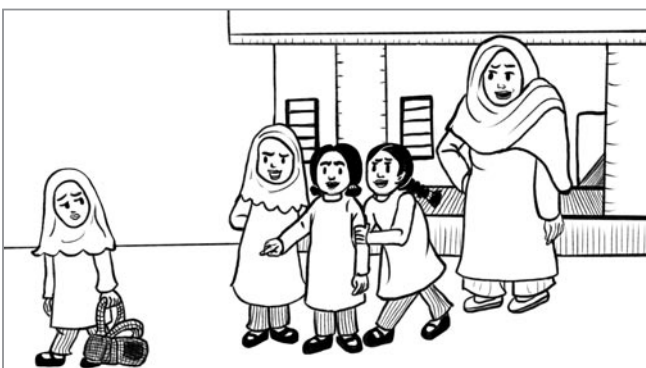
Special education schools do not meet the needs of children with higher support needs.



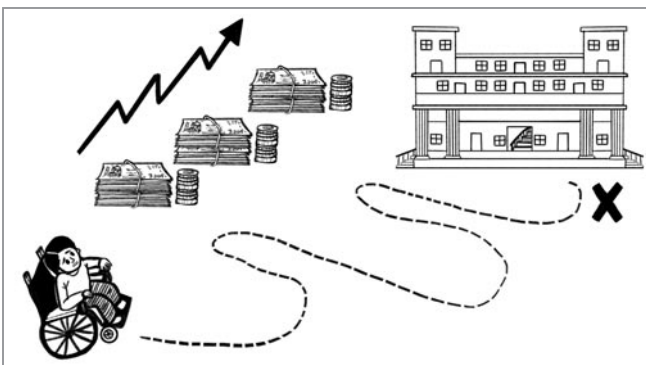
Dalit children with disabilities are excluded from scholarships, cultural activities and play at school.



There are no special education schools in the tea gardens.

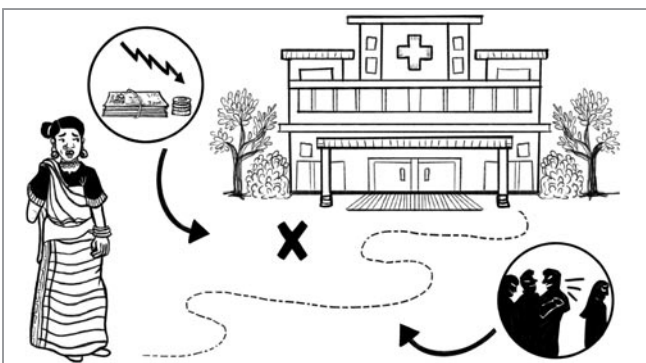


Bihari children with disabilities often leave school because of discrimination from other students and teachers.

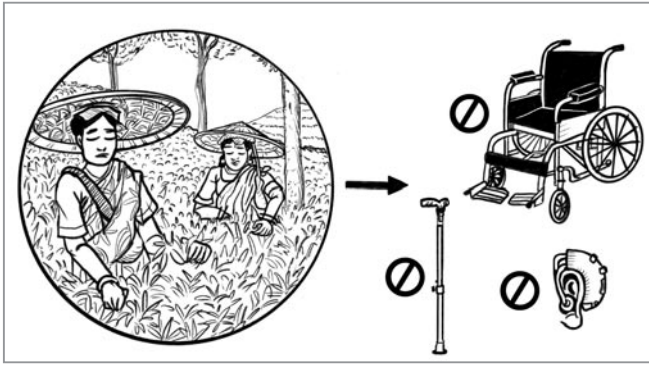


Children with disabilities from minority and indigenous communities sometimes can't go to school because it is too expensive.

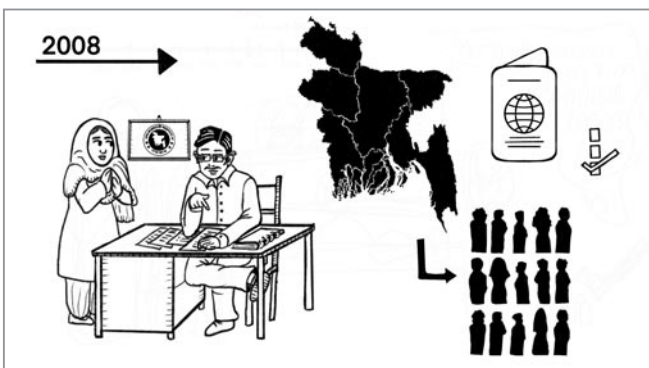
## Access to health, social security, and social services



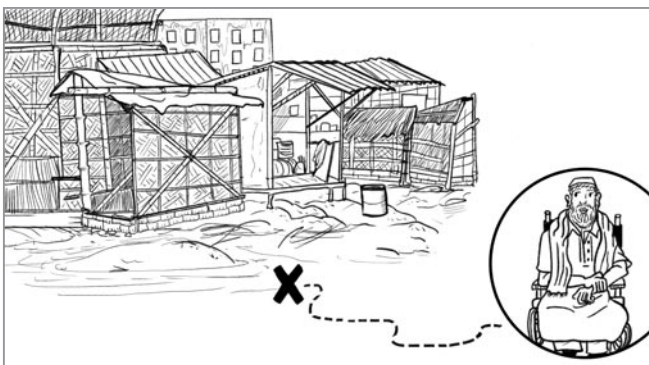
People with disabilities from minority and indigenous communities don't have good quality and affordable healthcare because of poverty and discrimination.



Lots of people with disabilities in the tea gardens do not have access to any assistive devices, like wheelchairs, mobility canes or hearing aids.

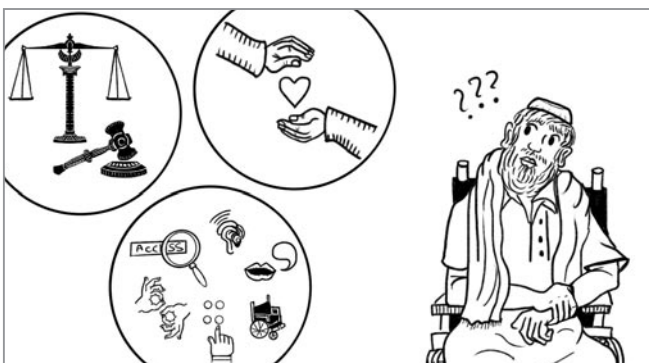


Bihari people with disabilities only started accessing support from the government after 2008, when Biharis were recognised as citizens of Bangladesh.



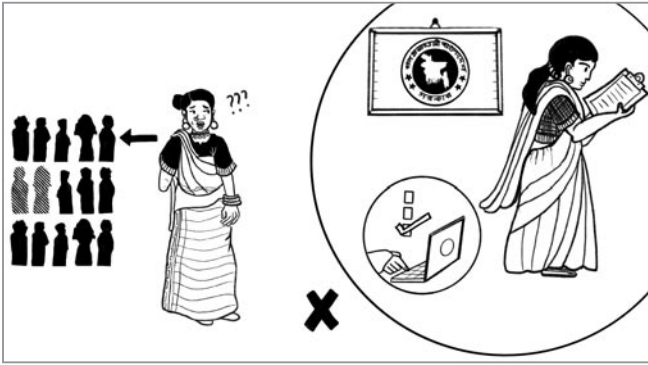
The camps where many Bihari people live are not accessible for people with physical disabilities.

## Access to Information



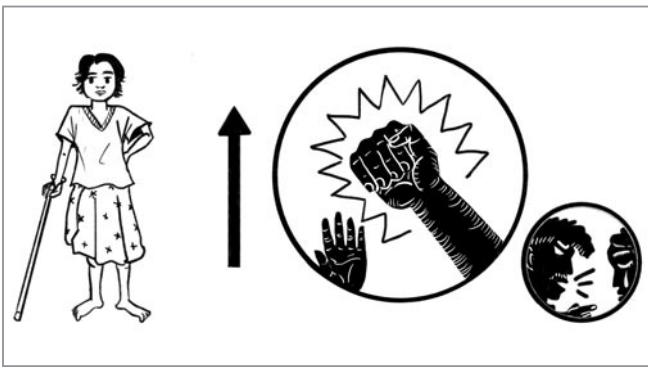
Many people with disabilities do not know much about the disability laws, support available from the government or disability services.





Most people with disabilities in Bangladesh have not heard about the government's survey on persons with disabilities.

## Problems for women and girls with disabilities



Dalit girls with disabilities face higher rates of violence.



Dalit and Adivasi women with disabilities are not allowed to have property.



Bihari parents do not think about allowing girls with disabilities to go to school.

## Political rights and equal access to public service



Many people with disabilities from minority and indigenous communities in Bangladesh feel like local government do not take their concerns seriously.



Dalit people with disabilities said that political candidates made promises to Dalits, including persons with disabilities.



They did not keep these promises once they were in power.

## Conclusion and recommendations to the government of Bangladesh



People with disabilities from minority and indigenous communities in Bangladesh face ongoing and deep discrimination, in many parts of their lives.



Do more research on discrimination faced by people with disabilities from minority and indigenous communities.



Raise awareness to make sure people know about their rights under the law, can register their disability and access disability services.

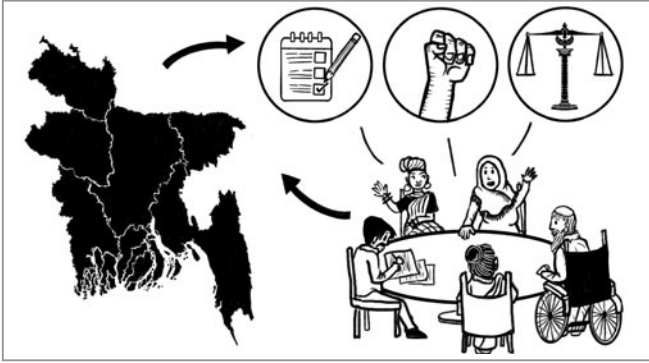


Change the law to address the needs of people with disabilities from minority and indigenous communities and stop discrimination.



Involve minority and indigenous people with disabilities in political decision-making, especially in decisions that affect their lives.





Make national plans and strategies to promote and protect the rights of persons with disabilities belonging to minority and indigenous communities and involve these groups in the process.

# Executive summary and recommendations

For Bangladesh's minority and indigenous communities,<sup>1</sup> discrimination and marginalization pervade daily life. Poverty and exclusion intersect, resulting in systemic discrimination and rights abuses. For persons with disabilities from minority and indigenous communities, the experience of living with a disability compounds the discrimination they face as minorities and indigenous peoples. This comes from the wider society but also from within their own communities.

Bangladesh has made advancements in protecting the rights of persons with disabilities, from ratifying the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007 to passing implementing legislation in 2013 under the Rights and Protection of Persons with Disabilities Act (RPPDA). This Act reflects a change in Bangladeshi society from largely a welfare approach to a rights-based approach, addressing barriers to inclusion and participation rather than 'fixing' the disability.

Even so, persons with disabilities from minority and indigenous communities face specific challenges stemming from their multiple identities. Their rights remain unprotected and unrealized. The rights of women with disabilities in particular are not adequately protected through targeted interventions, leaving minority and indigenous girls falling far behind.

The legislative and policy framework for persons with disabilities is, however, generally more advanced than that of the rights of persons belonging to minorities and indigenous peoples. There is no national legislation protecting the rights of minorities or indigenous peoples, nor is there a broad anti-discrimination law in place. However, after at least a decade of campaigning by civil society groups, the Anti-Discrimination Law 2022 was placed before the parliamentary standing committee for consideration in April 2022.<sup>2</sup> Yet as of writing no decision on the bill had been made. While the law would help assert Bangladesh's commitment to anti-discrimination on multiple points of identity, the current version of the law has weaker protection mechanisms in place than earlier drafts, including not making discrimination a criminal offense in any circumstance.<sup>3</sup> There are no specific laws in place against hate crimes.<sup>4</sup>

It is within this context that Minority Rights Group, in partnership with Bangladesh NGO Nagorik Uddyog, collected data through a series of interviews and focus group discussions (FGDs) that were held throughout the

country, including Dhaka, Rangpur, Sylhet and Khulna divisions. Despite targeting a range of different minorities and indigenous peoples from across the country, including<sup>5</sup> Dalits, indigenous plainland peoples, tea garden communities and Biharis, the FGDs revealed that persons with disabilities from these groups are largely either unaware of or feel actively excluded from gaining access to state support systems, with systemic discrimination permeating their daily experiences, posing significant hurdles to gaining access to available services. The report makes some key recommendations that will serve as first steps to address barriers to participation experienced by persons with disabilities from minority and indigenous communities and ongoing intersectional structural discrimination, including:

- 1 Prioritize the collection of disaggregated data on the number of persons with disabilities belonging to minority and indigenous communities in Bangladesh, with consistent measures of disability in line with the CRPD.
- 2 Make the RPPDA work for persons with disabilities belonging to minority and indigenous communities by revising it to explicitly recognize and include the rights of minority and indigenous communities, particularly those of women with disabilities belonging to these groups. The RPPDA should also prohibit disability-based discrimination, including the denial of reasonable accommodation as a form of disability-based discrimination, as well as intersectional discrimination on a variety of grounds including gender, age, ethnicity, religion, caste and type of disability. An independent mechanism must be in place to monitor implementation of the RPPDA, as per the CRPD.
- 3 Ensure that the National Action Plans on Persons with Disabilities develop a targeted approach to promote and protect the rights of persons with disabilities belonging to minority and indigenous communities, with specific attention paid to intersectional discrimination, with relevant key indicators to monitor progress and an adequate budget for implementation.
4. Enact wide-reaching anti-discrimination legislation that specifically addresses the rights of minority and indigenous communities and persons with disabilities from within those communities. Provisions against

hate crimes must be included. The National Human Rights Commission of Bangladesh must be strengthened and supported to function freely and independently and serve to monitor cases of discrimination on various axes of identity.

- 5 Ensure the participation of persons with disabilities from minority and indigenous communities, in particular women, and their representatives, in political and public decision-making processes, especially in the monitoring mechanisms that have been established under the RPPDA such as the National Coordination Committee (NCC) and National Executive Committee (NEC) including the committees at the district and subdistrict level. Adequate budgets should be allocated in order to ensure the functioning and effectiveness of these committees to work toward the protection and promotion of their rights.
- 6 In close and meaningful consultation with community representatives, develop a national strategy for the protection and promotion of the rights of persons with disabilities belonging to minority and indigenous communities, and include adequate resources to realize it, especially for those in rural and remote areas.
- 7 Make affirmative action for persons with disabilities more robust, including increasing the quota in public and private sector employment, vocational training and education. Specific places must be reserved for those coming from minority and indigenous communities. Targeted social protection policies need to directly address the specific and unique challenges faced by these communities, those experiencing intersectional discrimination in particular.
- 8 Undertake dedicated outreach campaigns into minority and indigenous communities to promote the available state support programmes available to persons with disabilities, to disseminate information on disability registration and benefits, healthcare,

education and employment schemes available, in accessible formats. Remove barriers to accessing disability services by simplifying processes, with consideration on how to address challenges to disability registration stemming from discrimination by local officials.

- 9 Sensitize the general public to the rights of persons with disabilities, the rights of minority and indigenous peoples, and persons with disabilities coming from minority and indigenous communities. Training should be held for government officials, healthcare workers and education providers to reduce prejudice, discrimination, stigma, stereotypes and discrimination against persons with disabilities, minority and indigenous peoples, especially persons experiencing intersectional discrimination, including women, transgender persons, persons with intellectual and/or psychosocial disabilities, and persons with leprosy.
- 10 Undertake specific and targeted measures need to be undertaken to protect the rights of women with disabilities belonging to minority and indigenous peoples, with special attention paid to increased vulnerability to violence, exploitation and abuse, and ensure that police and justice officials are sensitized as to how to effectively protect their rights. The National Women Development Policy 2011 should be strengthened in its support to the rights of women with disabilities belonging to minority and indigenous communities.
- 11 Ensure that persons with disabilities belonging to minority and indigenous communities face no barriers to obtaining personal assistance and assistive devices, including accessing quality devices, removing financial barriers, addressing discriminatory access and treatment, and issues stemming from living in rural and remote areas. They must be supported to realize their right to live independently and within their communities wherever possible.



# Methodology

The information presented in this report was collected through thirteen FGDs and additional key informant interviews with Dalit, tea garden, indigenous and Bihari communities throughout March and April 2021. Areas targeted included Dhaka, Sreemangal Upazila (sub-district) in Moulvibazar district (Sylhet Division, Northeastern Bangladesh), Tala Upazila in Satkhira district and Jessore Sadar in Jessore district (Khulna Division, southwestern Bangladesh); Gobindaganj Upazila in Gaibandha district and Ghoraghat Upazila in Dinajpur district (Rangpur division, northern Bangladesh). A total of 317 minority or indigenous

respondents were reached (45 per cent women), 133 of whom were persons with disabilities (41 per cent). Barriers to participation of persons with disabilities were encountered, however, with issues surrounding physical accessibility and adequate transport, resulting in the need to carry out interviews via home visits. Consultations with the following disability rights organizations were also conducted: Uddipta Mohila Unnyan Sanghsta; Asrumochon Mohila Unnyan Sanghsta; Bangladesh Dalit and Excluded Rights Movement; Dalit Women Forum; Moulavibazar Tea Community Adivasi Front; and Jatyo Adivasi Parishad.

# Background

There is no targeted data available on persons with disabilities among minorities and indigenous peoples living in Bangladesh, nor any in-depth studies available on their specific experiences. This current study hopes to begin to address this lack of available information and bring attention to the experience of being both a minority or indigenous person and a person with disabilities in Bangladesh. The low prioritization among government officials, policy makers and development practitioners of issues facing persons with disabilities from minority and indigenous communities is both a symptom and a cause of their exclusion from the dominant society. Structural discrimination and exclusion compound in their lived experiences, made increasingly complex in the situation of women and transgender persons, posing particular barriers to accessing social services, justice, education, health and the right to live in a safe environment.

Bangladesh has managed to achieve some advancements in the path toward recognizing the rights of persons with disabilities, reflected in the government's ratification of the CRPD on 30 November 2007, its Optional Protocol on 12 May 2008, and various legislative and policy actions undertaken to implement these rights at the national level, including the RPPDA. However, data on persons with disabilities in Bangladesh is generally limited and unreliable, with the true number frequently underestimated due to varying definitions of disability, data collection processes and, as illustrated in this report, underlying discrimination toward persons with disabilities from minority and indigenous communities.

Bangladesh struggles with reliable data on the numbers of persons with disabilities. The Bangladesh Bureau of Statistics sought to address this lack of data with its recently released (June 2022) National Survey on Persons with Disabilities (NSPD). The survey estimated that 4.7 million people in Bangladesh have at least one disability, a prevalence rate of 2.8 per cent of the total population, disaggregated by gender as 3.29 per cent of men and 2.3 per cent of women.<sup>6</sup> While these figures were nearly double what has previously been officially stated, including those figures published in the census of 2022 which set the prevalence rate at 1.43 per cent,<sup>7</sup> they are significantly lower than other official statistics. According to the 2016 Household Income and Expenditure Survey, 6.94 per cent of the population had a disability, 6.27 per

cent male and 7.59 per cent female.<sup>8</sup> Regardless, these official rates are far below the global rates from the WHO, which estimated in 2011 that 15 per cent of humanity is living with a disability; it is also lower than those published by the World Bank in their *World Report on Disability* that estimated that Bangladesh had a disability prevalence rate of 31.9 per cent between 2002-2004.<sup>9</sup>

Minority and indigenous communities in Bangladesh contend with discrimination based on their religious, ethnic, linguistic and caste identities. Bangladesh is majority ethnic Bengali, an ethno-linguistic group comprising over 98 per cent of the population. Muslims are a majority at approximately 90 per cent, most of whom are Sunni; Hindus make up the largest religious minority at 8.5 per cent, most of whom are Bengali,<sup>10</sup> followed by Buddhists (0.6 per cent) and Christians (0.3 per cent), who are largely non-Bengali.<sup>11</sup> There are over 54 non-Bengali indigenous peoples speaking over 35 different languages in Bangladesh, fifty of which are recognized as ethnic groups by the government. The government does not however recognize indigenous peoples on its territory as per the UN's working definition and falling under the scope of the UN Declaration on the Rights of Indigenous Peoples.<sup>12</sup> Despite differences in beliefs, practices and traditions, exclusion from society, discrimination and a lack of rights protection is a common denominator among minorities and indigenous peoples in Bangladesh.

Persons with disabilities that are from these marginalized and excluded communities face discrimination from the wider society, as a minority or indigenous person with a disability, but also from within their communities. In some cases, disability is believed to be a result of karmic consequences or a punishment from God, or people are viewed as somehow 'deserving' of the disability. These beliefs can lead families to hide children with disabilities out of shame or need to protect the child from negative attitudes projected on the family. Women also face multiple, compounded and intersecting challenges as a result of societal expectations stemming from their gender, that can make them more vulnerable to exploitation and violence from within the community, including a lack of property rights not reserved for non-disabled female community members.

*Dalit and other socially excluded communities* comprise around 6.5 million people (approximately 3-4 per cent of

the total population). Most are Hindu, but caste-based discrimination exists among Muslim communities in Bangladesh as well.<sup>13</sup> Practices of ‘untouchability’ are still prevalent, preventing equal access to education, health, political, social and cultural rights, decent employment and economic opportunities, resulting in grinding poverty and marginalisation. Dalits continue to perform dirty, dangerous and demeaning work in urban areas such as cleaning and ‘sweeping’, the practice of cleaning out sewers and septic tanks, usually without proper protective gear. In rural areas, Dalits work in ‘manual scavenging’, the process of cleaning out dry toilets. Dalits are segregated to ‘colonies’ (informal settlements), often on city or common land which can leave them vulnerable to mass evictions.<sup>14</sup> They are not permitted to rent or build houses outside these designated areas.<sup>15</sup> FGDs with Dalit communities were held in urban areas of Dhaka and Jessore, as well as rural areas of Satkhira district, Khulna Division.

*Indigenous peoples*, also referred to as Adivasis, are approximately 1.1 per cent of the population, estimated at over 1.5 million people, according to the most recent census of 2011, yet indigenous groups estimate that the number is likely closer to 5 million.<sup>16</sup> Indigenous peoples are distinguished between those whose territories are in the plainlands of the north and southeast, comprising approximately 80 per cent of Bangladesh’s indigenous peoples, and the remaining from the Chittagong Hill Tracts (CHT) area bordering India and Myanmar. Our FGDs focused on Santal indigenous communities located in the plainlands of Rangpur division of northern Bangladesh, in Gaibandha and Dinajpur district. In addition to being non-Bengali, many of these communities are also religious minorities, primarily Hindu, Christian, Buddhist or adhering to traditional beliefs.<sup>17</sup> Access to land and traditional territories is one of their key issues, the absence of which leads to many other issues including poverty, low education and lack of political representation.<sup>18</sup> Conflicts with ethnic Bengali settler groups are common, including discrimination from the local administration and state apparatus.<sup>19</sup>

*Biharis* are an Urdu-speaking Muslim minority in Bangladesh. They have faced discrimination and hostility for their perceived alliance with East Pakistan during the liberation war of 1971. After Bangladeshi independence, Biharis became stateless, residing in camps for displaced persons. At present approximately 300,000 Bihari people live in 116 camps in 13 regions across Bangladesh, 100,000 of whom are in Dhaka. Although they finally secured citizenship through a high court verdict in 2008, they still face barriers in accessing the rights and privileges entitled to citizens of the state. The conditions in the

camps, which are more akin to urban slums, suffer from severe overcrowding and extremely poor drainage and sewage systems, resulting in poor health outcomes. Our FGDs took place in three locations in Dhaka.

*Tea garden communities* include persons residing and working in Bangladesh’s more than 167 tea estates, comprised of 100,000 permanent workers<sup>20</sup> and over 30,000 unregistered workers.<sup>21</sup> Estimates of the total population of the estates, including workers’ families, range from 350,000<sup>22</sup> to 500,000 persons.<sup>23</sup> Two-thirds of the workers are women.<sup>24</sup> The tea plantations were established by the British in the 1800s, bringing in labourers from India, currently comprising over 80 ethnicities, primarily low-caste Hindus and Adivasis.<sup>25</sup> Most of the estates are in the northeast including Sylhet, Moulvibazar and Habiganj districts, with around two dozen in Chittagong in the southeast.<sup>26</sup> Despite significant contributions to the economy of Bangladesh, they remain socially excluded and marginalized, suffering the effects of a payment system that keeps them in situations of modern slavery.<sup>27</sup> They have very limited access to education, health, housing, water and sanitation and economic security. FGDs were held in Moulvibazar district, Sylhet division.

## Recognition and rights protections in state strategies

Numerous national legislative measures, policies, rules, executive orders and action plans have been developed that reflect a gradual shift within Bangladesh from a welfare-based to rights-based approach to disability. Several gaps remain in key areas and major challenges in the practical implementation of existing policies and legislation persist. Specific intersectional minority and indigenous concerns regarding persons with disabilities have not been adequately considered and need to be meaningfully addressed in legislation and policy.

Following the ratification of the CRPD, the RPPDA was passed, repealing and replacing the Disability Welfare Act of 2001. The RPPDA not only has a broader definition of the nature of disabilities but also sets out the rights of persons with disabilities in more detail, covering fundamental rights as well as social, cultural and economic rights. It guarantees for persons with disabilities an equal and effective legal protection against all types of discrimination, including the provision of reasonable accommodation. It also creates an obligation to develop policies and programmes, including affirmative actions and measures in the spirit of CRPD. The law considers the diversity of persons with disabilities based on gender, age, ethnicity, religion, caste, profession and location, in



addition to the type and severity of disability. The Act prohibits educational institutions, enterprises and other organizations from discriminating against people with disabilities.

The RPPDA does not adequately address issues of intersectional vulnerabilities and discrimination. It pays very little attention to the specific experience of women with disabilities and does not specifically mention minorities or indigenous peoples nor present a targeted approach to protect and promote their rights. Other national policies such as the National Education Policy 2010, National Health Policy 2011, National Women Development Policy 2011, National Children Policy 2011 and National Labour Policy 2012 mentioned 'marginal social groups', 'minor ethnic groups' and 'backward groups', recognizing the need for special attention for their development, yet none specifically mention the situation of persons with disabilities belonging to minority or indigenous communities. As a result, where affirmative action policies are taken to support persons with disabilities in general, they may not necessarily address the specific barriers experienced by persons with disabilities belonging to minority or indigenous communities.

Two different government committees were formed at the national level to monitor the implementation of the RPPDA: the National Coordination Committee (NCC), led by the Minister of the Ministry of Social Welfare and the National Executive Committee (NEC) led by the Secretary, Ministry of Social Welfare. No independent monitoring body has been established, however, which is a requirement of the CRPD, and Bangladesh's National Human Rights Commission's potential role as an independent monitor has been side-lined. Persons with disabilities and their representative organizations have a very narrow space to participate in these committee proceedings, if they happen at all. From 2013 to 2020, the NCC intended to have 14 meetings, yet only 2 were held.<sup>28</sup> The RPPDA also establishes committees at the district and subdistrict levels. Disability rights groups report that the meetings are irregular, committees are not funded, and there is a lack of coordination and supervision between these local committees and the national committees.<sup>29</sup>

Also within the Ministry of Social Welfare, there is a government-run foundation for persons with disabilities, the National Foundation for the Development of Disabled Persons (Jatiyo Protibondhi Unnyan Foundation or JPUF). The JPUF is mandated to raise awareness on the rights of persons with disabilities, provide and refer diagnostic, rehabilitation and therapeutic services, overseeing schools for children, and distributing grants to persons with disabilities and NGOs working on these issues.<sup>30</sup> Each district in the country has at least one service centre, 103 centres in total.<sup>31</sup> They are also piloting mobile

van services which could help minority and indigenous communities in remote areas.<sup>32</sup>

National action plans on disability have also been in place since the Disability Welfare Act, the most recent being the National Action Plan on Persons with Disabilities 2018- 2025.<sup>33</sup> The plan has over 82 focus areas and even more corresponding indicators. While the plan mentions the vulnerability faced by women, children and the elderly with disabilities, and the situation of persons with disabilities in climate change and conflict, there is no mention of minorities (e.g. Dalits, religious minorities or tea garden communities) or indigenous peoples, their specific needs and compounded experiences of discrimination, or ways to promote and protect their rights. Similarly, there is no express mention of persons with disabilities belonging to the country's sizeable population of Rohingya refugees. These are significant oversights in the national mechanisms to implement the RPPDA and achieve Bangladesh's various international commitments including the CRPD and SDGs.

As part of its commitments under the CRPD, the government is required to collect accurate and disaggregated data on persons with disabilities. To achieve this, the Department of Social Services has been conducting a Disability Detection Survey (DDS) since 2013 and identified approximately 2.4 million people with disabilities all over the country as of January 2022,<sup>34</sup> around 1.4 per cent of the total population. This is likely a severe underestimate as the survey relies primarily on those who have already been registered as having a disability. Persons must obtain a certificate from a doctor to verify their disability, which must then be presented at local government offices in order to register themselves as disabled, which they are often unable to do for several reasons such as poverty, physical inaccessibility and geographic distance. As a result, many persons with disabilities, especially those from minority and indigenous communities, are still left unidentified.

The rights framework for the protection and promotion of minority and indigenous communities in Bangladesh is relatively weak. The Constitution affirms the equality of all citizens before the law and their right to protection, and prohibits discrimination based on religion, race, caste, sex or place of birth.<sup>35</sup> Every citizen has the right to profess, practice or propagate any religion. Bangladesh is officially secular, but Islam is noted as the state religion.<sup>36</sup> Religious minorities in particular have suffered increasingly violent attacks by Islamic radicals, with very little recourse available from the state.

Bangladesh has no dedicated anti-discrimination law in place. After at least a decade of campaigning by civil society groups, the Anti-Discrimination Law 2022 was placed before the parliamentary standing committee for

consideration in April 2022.<sup>37</sup> As of writing however no decision on the bill had been made. While the law would help assert Bangladesh's commitment to anti-discrimination on multiple points of identity, the current version of the law has weaker protection mechanisms in place than earlier drafts including not making

discrimination a criminal offense in any circumstance.<sup>38</sup> There are no laws in place against hate crimes.<sup>39</sup>

# Issues of concern

## Societal discrimination

Discrimination and negative stereotypes about persons with disabilities—from both within and outside minority and indigenous communities—were expressed by FGD respondents.

Superstition and ignorance about the causes of disabilities are present within the target communities. Dalit parents to children with disabilities said that it is the pre-determined destiny of the person to be disabled, a punishment from God for spiritual negligence or disobedience. This belief persists even when they have learned from health workers that the risks can be reduced if the mother received adequate health care during pregnancy. One grandmother, when asked about the cause of the disability of her 12-year-old granddaughter, said, 'It may have happened because the god of the house was not happy. Then I sent gold ornaments to Durga Mandap [alter to the goddess Durga] and offered *puja* [making an offering] in different places. But it did not work'. The girl's mother, on the other hand, said the reason was that she had contracted tetanus during pregnancy. Social stigma contributes to family tendencies to hide children with disabilities out of shame or for their protection, rather than seeking appropriate care.

Dalit respondents from rural areas mentioned that when a child has disabilities, the neighbours will often believe it is retribution for the sin of the parents. When parents have disabilities, on the other hand, their children are treated as a sign of evil and ostracized wherever they go. For instance, they are often called abusive terms and other community members may forbid their children from playing with the children of parents with disabilities. According to participants, villagers have no awareness about the dignity of persons with disabilities, and there is impunity for bad behaviour towards them, so that achieving behavioural change is very challenging.

Respondents noted that urban Dalit colonies are more sympathetic towards persons with disabilities than those of rural Dalits, helped in part by sensitivity training by NGOs. Even so, some community members highlighted the immense humiliation that persons with disabilities experience in the urban colony, particularly mockery and ridicule by other residents, including even by family members.

Similarly, in the plainland indigenous FGDs around half of the participants said that disability is the result of

the dissatisfaction of the gods. These attitudes translate to cases of abuse and exclusion from other indigenous community members.

Bengali and indigenous communities frequently have a hostile relationship, with the Bengali community refusing to mingle with Adivasis. While indigenous persons are often barred from entering public areas such as tea stalls and temples, facing harassment and mockery of their language and culture, for community members with disabilities the harassment is typically even worse. Indigenous persons with disabilities are verbally abused and sometimes even beaten by majority community members. Women with disabilities face sexual abuse by Bengalis, according to respondents.

Bihari respondents did not think superstitions were prevalent about persons with disabilities or their families, but rather thought that the wider camp communities were supportive and non-abusive. From outside the community however, they noted that Biharis generally face discrimination outside the camps. None thought that they were treated poorly at the government hospital because they were Bihari, but they did note that their continuing marginalization from mainstream society makes accessing services and demanding their rights for persons with disabilities is especially difficult.

## Right to health, social security and social services

The objective of Bangladesh's National Health Policy 2011 is to ensure access to quality primary healthcare and emergency health services, particularly for marginalized communities, 'physically and mentally challenged peoples' rural communities and those experiencing poverty, ensuring access to health services regardless of 'race, religion, tribe, income, gender, disability and location'. It notes the challenges faced in terms of securing quality healthcare for marginalised persons including 'slum dwellers', indigenous peoples and women in particular.

The RPPDA guarantees the right of people with disabilities to live in a healthy environment and have access to medical services. It also guarantees that health care facilities be accessible to persons with disabilities. The Act calls for accessible communication to be used in all

hospitals and medical institutions, including sign language interpretation or employment of speech and language therapists where necessary. However, Bangladesh still has a lack of accessible hospitals and health care centres, and health professionals still remain untrained to address the needs of persons with disabilities in their care.<sup>40</sup>

Discrimination against minorities and indigenous peoples has multi-faceted impacts on the health and well-being of their communities. Poverty and exclusion combine to leave quality and affordable healthcare largely out of reach. In the case of persons with disabilities who may require prolonged and continuous care and medication, affected minority families cannot afford to access health services, including those offered at government health centres. This situation is more acute for those living outside Dhaka, in rural areas.

Dalits noted discriminatory treatment from healthcare providers, noting that their health problems were treated less seriously than those of non-Dalits in order to limit the amount of time spent with them and the provider's exposure to their perceived 'impurity'. Such negligent and discriminatory behaviour made Dalits hesitant to participate in health promotion activities and even influenced their decision to delay seeking treatment for infectious diseases.

Some indigenous respondents reported discrimination from doctors, while others reported only positive treatment. They also noted that indigenous children with disabilities had been told by the doctor at the local community clinic that they had no suitable treatment for their children. While it is unknown whether the response of the doctor was due to underlying discrimination or incompetence, according to a review of Bangladesh's health system from the Asia Pacific Observatory on Health Systems in 2015,<sup>41</sup> poor quality of service is a key barrier to universal health coverage in Bangladesh, particularly in rural areas.

In public hospitals, outpatient consultation charges are low, at about 10 BDT [less than 0.01 USD] per visit.<sup>42</sup> Some essential drugs are free, as are ward hospital beds. However, patients are expected to pay for private beds, and in practice other costs such as syringes, IV fluids or suture materials. Many people, including those belonging to minorities and indigenous peoples, prefer the services available at private hospitals and clinics. Yet these fees are noted as expensive and prohibitive for Santal communities, who choose to go to the pharmacy directly rather than visiting the hospital and paying doctors' fees. Long distances were also noted as a reason to avoid hospital visits.

For those living in the tea estates, state laws and policies have limited application and these communities are often excluded from various government services on

the basis that these should be provided by the tea garden authorities.<sup>43</sup> This includes immunization programmes and awareness raising about sexual and reproductive health. Without access to essential pre- and post-natal health care, respondents believed that this has likely led to higher rates of disability. While they noted that there have been campaigns by NGOs and the government in recent years, these are irregular and inadequate. Many female workers complain that they do not get proper rest and care during their pregnancies. In most cases, there is no trained *Dai* (midwife) and therefore delivery usually takes place at home without trained midwives.

In every tea garden, there is a health centre which provides first aid only, does not provide services to unregistered workers and does not have adequate facilities to provide treatment for persons with disabilities. Instead, persons with disabilities are referred to the district hospital, but they are not able to afford the services there. Workers have to sell their domestic animals or take loans for better medical treatment from outside the community. Most persons with disabilities or their guardians from the tea estates said that they could not secure proper treatment to manage their disability due to financial constraints.

According to respondents, an overwhelming number of persons with disabilities in the tea gardens do not have any assistive device. They said that some NGOs have distributed a limited number of wheelchairs and crutches. Most use locally made sticks for their movement. Those who have eyesight issues shared that they had at some point received spectacles, but that they did not have the opportunity to get check-ups and update their prescription. Almost all the respondents believed that if they had assistive equipment then it would help them to move easily without the help of others.

For Biharis, until they were granted citizenship in 2008, they were not covered by any of the government measures such as social safety net programmes for poor and vulnerable Bangladeshis, including persons with disabilities. Even after securing citizenship, the government has not taken any special measures for their socio-economic development to address the legacy of decades of statelessness. The respondents shared that most persons with disabilities in their community do not have any assistive equipment such as hearing aids and wheelchairs, yet around half of the visually impaired persons can use the braille alphabet. Some of the hearing-impaired persons have hearing aids, albeit older models that they are unable to replace with updated versions. Physically disabled persons use sticks or locally made supports for movement. Though a few have wheelchairs, the camp environment is reportedly unfavourable for wheelchairs. No counselling services are available for those with psychosocial disabilities.



## Disability allowances

Persons with disabilities are eligible for a monthly cash transfer allowance of 750 BDT under the Allowances for the Financially Insolvent Disabled (Disability Allowances [DA]) programme, implemented by the Department of Social Services (DSS) under the Ministry of Social Welfare. According to the government of Bangladesh, 13.9 billion BDT was allocated for 1.5 million persons with disabilities in 2019.<sup>44</sup> To be eligible, persons must register with the Upazila [sub-district] Social Service Officers (USSOs) or District Social Service Officers (DSSOs), who then submit the potential recipients to the Union council committee (the smallest local government administrative unit in rural areas) or city committee (urban municipal administrations).<sup>45</sup> The Union committee or city committee representatives finalize the list of potential beneficiaries and send to the Upazila Committee (rural) or District Committee (urban), who make a final list that gets approval from the local MP. After approval, the USSO/DSSO completes the registration by issuing a card with photo ID and arranges a bank account to accept the cash transfer.<sup>46</sup> Recipients can collect the monthly funds on a quarterly basis.

Minority and indigenous community members included in our research noted how they had difficulties obtaining disability cards and, in some cases, local officials at the Union committee level prevented them from obtaining cards. In other cases, they have obtained cards but only receive allowances periodically or have been told they are no longer eligible for other forms of social support if they already have cards.

Dalit respondents from the city of Jessore reported that they were never told how much allowance they would receive and had to be satisfied with whatever amount the municipal councillor provided. Following the outbreak of Covid-19, they were informed by the councillor that their disability allowance had been suspended<sup>47</sup> and they were denied Covid-19 emergency food and cash support from the government. 'Local elected representatives never take care of persons with disabilities among Dalit communities,' one respondent commented, 'the elected chairman and members also rejected our plea to provide a disability card'.

For indigenous persons, respondents estimated that less than a third of persons with disabilities have disability cards. According to them when they go to the Union Council for disability cards, they are told that no cards are allocated for indigenous people, which they felt was direct discrimination on the basis of their ethnicity and disability status. While there are many services offered with the Union Council, indigenous persons with disabilities reported very limited access as members of mainstream communities were prioritized first. Those indigenous persons with disabilities

who did eventually access these benefits were generally able to do so only after lengthy negotiations or personal contacts. Yet even for those with cards, since the outbreak of Covid-19 in March 2020, none had received any allowance as of the time of the FGDs.

Among the estimated 200 persons with disabilities in the Kalighat tea estate, almost all of them have disability cards as one of the Union members was reportedly very proactive in helping persons with disabilities access the card and the accompanying allowance. Despite this, not all eligible persons in the area had cards, while some others reported that they had a card but had not received an allowance.

Persons with disabilities living in other tea estates did not, however, have the same access to disability allowances. Some Union members said they had not received such allocations from the tea garden authorities. Disability card holders are supposed to receive a 750 BDT (approximately 7 USD) monthly allowance every quarter, though respondents reported that in practice they usually are denied at least one quarterly allowance every year. They never ask the Union members about the reason for this, nor do the Union members ever mention it themselves. With the small disability allowance, they can buy and raise goats and poultry, but this is not sufficient for them to survive.

Access to the card also seems to be reserved for those that were born with a disability or became disabled in childhood; those who become disabled in the workplace or an accident are not considered for disability cards, and therefore denied the services provided by the government and other agencies.

**Arifin Nayek** (51), used to work at the Bangladesh Tea Research Institute. He became visually impaired and paralysed, leaving him unable to walk as he could before. His employers did not allow him to continue working and he was let go with only 9,000 BDT compensation. He said that he has been trying for the past five years to get a disability card but in vain.

## Right to education

The Education Policy 2010 has recognized the right to education of children and persons with disabilities and it has been further reiterated in the RPPDA. Although the RPPDA emphasizes an inclusive education system, it essentially codifies two separate education systems for persons with disabilities, an integrated education system and a special education system. The integrated system is run by the Ministry of Education (secondary and vocational

education) and the Ministry of Primary and Mass Education (primary school); whereas the Ministry of Social Welfare, via the National Foundation of the Disabled Persons, manages the operations of special education schools. The Committee on the Rights of Persons with Disabilities noted with concern the government's 'overreliance on segregated and special education [...] as opposed to developing inclusive education.'

Teachers with the Ministry of Education and the Ministry of Primary and Mass Education lack proper training and appropriate teaching-learning materials. Accessibility in school buildings and transport is limited; there is a lack of learning materials in accessible formats and a lack of sufficient budgetary allocations for promotion of inclusive education. Educational institutions, especially primary schools, often do not admit disabled children, and inclusive education initiatives often do not address the needs of children with complex disabilities or who require higher levels of support.<sup>47</sup> Children with psychosocial disabilities get even fewer opportunities to be in inclusive education.

The national action plan on primary education, currently in its fourth incarnation (The Fourth Primary Education Development Program 2018–2023 (PEDP4),<sup>48</sup> reinforces the right of children with disabilities to education. It sets out its Needs-Based Infrastructure Development Plan, to increase equitable access to education for children with disabilities. It also gives some consideration to inclusive education for minority and indigenous children, whereby the Plan asserts that 'All children must have equal opportunity to education irrespective of their individual characteristics or differences across the country [...] irrespective of gender, ethnicity, disadvantaged groups, class, race and disability.'

Other than these brief references, there is no specific plan to address the issue of access to education for minority and indigenous children with disabilities. Many indigenous peoples have their own mother tongue, but none of these frameworks stipulates tailored curricula for children with disabilities in their own language for early learning or sign language for hearing impaired people in their own language.

Access to education can be difficult for minority and indigenous children. Respondents from our FGD reported that there was institutional discrimination against children with disabilities who, for example, might be denied admission to schools or teased by teachers as well as students.

Dalit parents mentioned that there was a lack of special schools for children with intellectual disabilities. A very small number of the participants mentioned that they had attended mainstream schools but had to stop because of inadequate support for students with disabilities as well

as financial problems. Dalit respondents from rural areas mentioned that there was no separate provision for children with disabilities in schools. In Jessore, there is a school for speech-impaired children five kilometres from the Dalit colony, but they are not capable of paying the school fees there.

All the respondents from both rural and urban areas mentioned that no one, including school authorities, wants to include Dalit children with disabilities in school sports, play or other recreational activities. If they want to play, they are likely to be mocked, pushed and forced to leave the playground. The respondents said that Dalit students are also deprived of educational privileges such as scholarships as well as opportunities to participate in cultural programmes, sports and other recreational activities.

**Samia Ruma** (15) is Dalit. She was doing well in her school. When she was in class two her position was 18th among 35 students. But she had a speech problem and for that reason teachers and students used to make cruel comments to her and compelled her to leave school. As there was no special school for children with disabilities near the colony where her family lived, she could not continue studying despite her dream to be educated.

For the indigenous communities surveyed in this report, there is no special school nearby for children with disabilities and participants noted that even mainstream schools often refuse to admit children with disabilities from indigenous communities. Respondents mentioned that, while the government primary schools have ramps to improve physical accessibility, there are no accommodations for visually impaired and speech impaired children. Children with disabilities from indigenous communities are often verbally abused and discouraged from continuing education and excluded from sports and recreational activities at the school.

For tea garden communities, respondents said there were no specialised schools for children with disabilities in the tea estates, very few government schools, and some pre-school educational facilities provided by NGOs. The tea estate authorities operate schools for children, but they struggle to provide quality education due to a lack of teachers, classrooms and materials and refuse to enrol children with disabilities.

Even in NGO-run schools, children with physical disabilities do not have any accommodations to attend, including barriers stemming from a basic lack of supportive devices. Tea gardens are not wheelchair friendly however, and the distance to the school excludes

many children with disabilities. There are no educational facilities available for hearing impaired and blind children in the schools in the tea gardens.

Biharis also struggle with high dropout rates, stemming from poverty and the need to start work early to support their families. Discrimination from fellow classmates and teachers was also cited as a reason for drop out.<sup>49</sup> The respondents shared that in these circumstances, persons with disabilities have less inclination to study.

*'I was a student of Mohammadpur Government High School which is surrounded by the Geneva Camp. It is [in] my locality, but I was taken as a stranger in the school for my Bihari identity. We have to go through utter humiliation in the school including bullying, physical torture by our classmates. In this circumstance, we never thought that a child with disability from our community can continue his/her education.'*

**Bihari man, inhabitant of Geneva Camp**

Despite this hostile environment, Bihari children with disabilities do attend school but generally drop out as the schools have no arrangements for them, such as appropriately trained teachers or assistive devices like braille machines and hearing aids. According to participants, the school felt it was a burden to accommodate children with disabilities and instead suggested they go to a special school. However, specialized schools have restrictive fees that place them out of reach.

## Access to information

The CRPD obliges the state to provide accessible information about assistive devices and technologies, as well as available assistance, support services and facilities. In each of the FGDs, however, low awareness levels on the support available from the government for persons with disabilities, as well as the causes of disability, were evident.

Dalit respondents noted that caregivers and community members in general are not sensitized to the special needs of persons with disabilities, including what kind of care was needed and where support could be found. The respondents in both rural and urban areas demonstrated very little awareness regarding the causes of disabilities, a finding that was echoed in all FGDs.

Regarding access to information on different government services, rural Dalit respondents appeared to have better access to information than their urban counterparts, the latter of whom noted that health care

campaigners do not wish to enter the Dalit colonies. Urban respondents however noted that awareness-raising by the Bangladesh Dalit and Excluded Rights Movement (BDERM) had let them know about disability cards, assistive devices etc, services which were unknown to them only a few years ago. Throughout the FGDs, NGOs were often cited as the main source of information on disability.

The overwhelming majority of respondents from all communities were not familiar with the RPPDA or the rights contained therein. Many could not identify the government office that provides disability cards or knew how to access assistive devices.

Levels of awareness on the government's census survey on persons with disabilities was low: some of the Dalit participants had been included in the survey; others said they were familiar with the survey but were hesitant to participate due to the need to have the disability acknowledged by a doctor. The overwhelming majority of FGD participants however had never heard of the survey. Being registered as a person with a disability by the government is one of the first steps to gaining access to social support systems.

## Women's rights

The RPPDA also does not specifically mention the rights of women with disabilities from minority and indigenous communities, nor does it pay particular attention to the rights of women with disability generally. The RPPDA reserves seats for women on the various committees that it establishes, but none are reserved specifically for women with disabilities. No attention is placed on protecting the rights of women with disabilities to live free from discrimination or any particular measures to ensure their equal enjoyment of the provisions of the Act. In this way, the RPPDA falls short of provisions for the rights of women that are found in the CRPD.

The National Women Development Policy of 2008 was the first time women with disabilities were categorized as especially vulnerable in Bangladesh. The updated 2011 Policy<sup>50</sup> extended its focus on women with disabilities, including specific objectives for establishing the rights and improving the status of women with disabilities, including integration with and participation in society, and establishing programmes for education, rehabilitation and family support. The rights of women from marginalized minority groups are also addressed separately, ensuring their right to development, sustaining their heritage and culture, and undertake special programmes. No mention is made of potential intersecting vulnerabilities and the need to pay particular attention to the rights of those experiencing multiple discrimination.

Women from minority and indigenous communities in Bangladesh experience compounded discrimination as a result of their ethnicity and gender, which is further complicated for women with disabilities. In all communities covered, women with disabilities were noted as facing situations of particular hardship and increased vulnerabilities.

Discrimination from within the community is common. Dalit mothers are blamed for having children with disabilities, resulting in further isolation. For both Dalit and indigenous communities, many parents struggle to arrange a marriage for a daughter with a disability, as dowries are considerably higher for girls with disabilities. Even if marriage occurs, women and girls with disabilities are more likely to be subjected to various forms of abuse and mistreatment, in some extreme cases amounting to torture, in the home of their husbands and in-laws. Domestic violence against Bihari women with disabilities was noted by some participants.

Both Dalit and indigenous women with disabilities are generally denied property and inheritance rights. While some indigenous communities have legal and customary frameworks for women to inherit property, women with disabilities are generally not allowed to take possession of these assets as they are not judged capable of maintaining the property. According to Bihari respondents, parents often do not give much consideration to the education of girls with disabilities.

Indigenous respondents shared that women with disabilities are at risk of sexual violence perpetrated by members of the mainstream community.

**Srithi**, 21, is an indigenous woman from Gobindaganj. She has a physical disability due to a spinal cord injury. When Ranita was 6 months old, she fell and was injured. But due to a lack of information, her parents did not take her to the hospital and instead treated her with local village doctors. Her parents are now worried about her future and trying to arrange her marriage. But when they proceed in trying to arrange a marriage proposal, the villagers ask why one should marry a disabled girl. Ranita doesn't want to get married for these reasons. She wants to continue her studies to be a teacher but faces many barriers to achieving this goal.

## Political rights and equal access to public service

Many of the FGD respondents were concerned that the local Union Councils were either reluctant or

unwilling to address their concerns. Dalits said that if persons with disabilities from their community sit in the front row of any meetings organized by the Union Council they are forced to move seats.

'Local elected representatives never take care of persons with disabilities among Dalit communities, they are also not included in the government survey,' said one respondent. 'The elected chairman and members also rejected our plea to provide a disability card.'

Dalit respondents from Jessore and Satkhira district shared that all adults with disabilities had been included on the voter list and had National Identity Cards. But they alleged that during the elections, the candidates made many commitments to Dalits, including persons with disabilities, but failed to deliver on them once they were in power.

## Poverty and right to decent work

The impact of poverty, including malnutrition, poor health care and dangerous living or working conditions, may lead to increased rates of disability.<sup>51</sup> Disability discrimination leads to poverty due to barriers to employment and education, underemployment, lost earnings and extra medical and transportation costs. As a result, globally, households with a person with a disability have higher rates of poverty than those without.<sup>52</sup> Disability and discrimination can be both a cause and consequence of poverty.<sup>53</sup>

Almost all FGD respondents noted the impact of poverty on their communities, which disproportionately affects persons with disabilities. Dalits noted that while the majority of them are employed as cleaners, very few physically and intellectually disabled adults are working in this sector and instead confine their activities to chores in their family households.

Malnutrition and disability are linked. Malnutrition can affect pre- and post-natal development of embryos<sup>54</sup> and children with disabilities can be at increased risk of malnutrition;<sup>55</sup> malnutrition can increase the risk of developing potentially disabling illnesses such as rickets.<sup>56</sup> Lack of access to immunization can result in lifelong disabilities stemming from preventable diseases, such as polio.

Tea estate workers are paid the lowest wage of any labour sector in Bangladesh. Ever-growing inflation and wages far below basic living costs keep them in a constant state of food insecurity. The overwhelming majority of tea workers noted that pregnant mothers were not able to eat enough nutritious food, nor provide nutritious food to their babies. Their meals usually consisted of rice/chapati, mashed potatoes, mashed tea leaves and *chatni* (pickle).



The respondents considered that the lack of nutritious food available to them is likely to have contributed to increasing numbers of persons with disabilities among the tea garden population.

The RPPDA prohibits discrimination against persons with disabilities, but there are no specific measures to ensure remedies against such discrimination in the area of employment. It also fails to recognize that persons with psychosocial or intellectual disabilities may be particularly disadvantaged with regards to employment. The Committee on the Rights of Persons with Disabilities (CRPD committee), in its 2022 review, in particular noted its concern about discriminatory practices including harassment against disabled women and workers on tea plantations in Bangladesh.

The government maintains a one per cent quota for persons with disabilities in the public sector.<sup>57</sup> There is no quota required for the private sector. In 2022, the CRPD committee noted that this one per cent quota was too low.<sup>58</sup> None of the Dalit respondents were familiar with these employment quotas.

Free vocational training provided by the government to Dalits and other marginalized communities are not easily accessible for persons with disabilities. Without skills development and training, persons with disabilities are not able to work. One Bihari participant mentioned that he had always wanted to become a cook, but because of his physical disability no one would take him on as an apprentice. Consequently, he had taught himself and opened his own *chotpoti* stall.

# Conclusion

While the information and opinions covered by this report are only preliminary, they point to pervasive, ongoing and structural discrimination facing persons with disabilities belonging to minority and indigenous communities. Significant barriers prevent them from accessing their rights in Bangladesh. This discrimination affects all aspects of their lives including healthcare, education, employment, social and cultural rights, political participation and access to justice. More research is needed, however, to assess the extent of these rights

violations, in close cooperation with and meaningful participation by affected persons. This need is particularly true for issues surrounding women's rights, their disproportionate exposure to violence and abuse, and access to justice generally for these communities. Without targeted approaches to address their needs, both through rolling out new policies and revising existing policies and legislation to include their rights, they are at further risk of increasing marginalization and being overlooked in existing protection mechanisms.

# Annexe

	Focus Group Discussion (FGD)	Community	Total Participants			Participants with Disabilities		
			Female	Male	Total	Female	Male	Total
1	FGD at Wari, Dhaka	Dalit	7	7	14	4	6	10
2	FGD at Wari, Dhaka	Dalit	6	8	14	3	7	10
3	FGD at Miranzilla, Dhaka	Dalit	8	7	15	4	6	10
4	FGD at Ganaktuli, Dhaka	Dalit	8	6	14	5	5	10
5	FGD at Tala, Satkhira	Dalit	7	8	15	4	6	10
6	FGD at Jessore	Dalit	8	14	22	3	12	15
7	FGD at Srimangal, Moulvibazar	Tea garden community	7	9	16	4	6	10
8	FGD at Srimangal, Moulvibazar	Tea garden community	7	8	15	3	7	10
9	FGD at Ghoraghat, Dinajpur	Santal Indigenous	7	9	16	2	8	10
0	FGD at Gaibandha	Santal Indigenous	8	8	16	3	7	10
11	FGD at Geneva Camp, Dhaka	Urdu speaking Bihari community	10	5	15	6	4	10
12	FGD at CC camp Mohammadpur	Urdu speaking Bihari community	4	11	15	1	9	10
13	FGD at Mirpur	Urdu speaking Bihari community	9	4	13	5	3	8
		<b>Total</b>	<b>96</b>	<b>104</b>	<b>184</b>	<b>47</b>	<b>86</b>	<b>133</b>

# Notes

- 1 For the purposes of this report, 'minority' refers to those groups that fall within the scope of the UN Declaration on Ethnic, Religious, Linguistic and National Minorities, which for the purposes of this report includes those facing caste-based discrimination and tea garden communities. Indigenous peoples however are referred to distinctly, owing to their self-identification as well as the robust rights protection provided specifically for their needs in the UN Declaration on the Rights of Indigenous Peoples.
- 2 'The Anti-Discrimination Bill 2022: What experts say', 16 May 2022, *The Daily Star*, retrieved 8 December 2022, <https://www.thedailystar.net/law-our-rights/news/the-anti-discrimination-bill-2022-what-experts-say-3024531>
- 3 Ibid.
- 4 Mahbub Bhuyan, 'Dilemma of freedom of speech, freedom from hate speech', 15 September 2022, *New Age*, retrieved 26 February 2024, <https://www.newagebd.net/article/181075/dilemma-of-freedom-of-speech-freedom-from-hate-speech>
- 5 Rohingya communities from Myanmar, residing both inside and outside refugee camps in Bangladesh, should be considered in the recommendations of this report. Rohingya refugees could not be targeted through this first-hand research, but they should be included in all government efforts toward protecting and promoting the rights of persons with disabilities in Bangladesh.
- 6 Iftekharul Karim, National Survey on Persons with Disabilities (NSPD) 2021, Ministry of Planning, Government of the People's Republic of Bangladesh, June 2022 [http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4\\_956b\\_45ca\\_872f\\_4cf9b2f1a6e0/2022-06-13-15-24-ca6f018ab83c88a4db8ff51386439794.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/2022-06-13-15-24-ca6f018ab83c88a4db8ff51386439794.pdf)
- 7 United Nations Information Service in Geneva., 'Experts of the Committee on the Rights of Persons with Disabilities Commend Bangladesh on Incorporating the Convention in Domestic Law, Ask Questions on Infanticide and Employment Support', 26 August 2022, retrieved 13 December 2022, <https://www.ohchr.org/en/news/2022/08/experts-committee-rights-persons-disabilities-commend-bangladesh-incorporating>
- 8 <https://www.rsisinternational.org/journals/ijrsi/digital-library/volume-8-issue-9/39-44.pdf>; Bangladesh Sangbad Sangstha (BSS), 'BSS-03 Women can go ahead with disabilities if necessary support is provided', 29 January 2020, retrieved 13 December 2022, <https://wp.bssnews.net/?p=341128>
- 9 WHO Library Cataloguing-in-Publication Data., WORLD REPORT ON DISABILITY 2011., World Health Organization, Geneva, Switzerland, 2011, <https://documents1.worldbank.org/curated/en/665131468331271288/pdf/627830WP0World00PUBLIC00BOX361491B0.pdf>
- 10 Minority Rights Group, World Directory of Minorities and Indigenous Peoples: Bangladesh, retrieved 26 February 2024, <https://minorityrights.org/country/bangladesh/>
- 11 Minority Rights Group International., *Under threat: The challenges facing religious minorities in Bangladesh.*, United Kingdom, November 2016; The Challenges Facing Plainland Ethnic Groups in Bangladesh: Land, Dignity, and Inclusion, International Republican Institute, 2020 [https://www.iri.org/wp-content/uploads/2022/01/bangladesh-plainland-1\\_2.pdf](https://www.iri.org/wp-content/uploads/2022/01/bangladesh-plainland-1_2.pdf)
- 12 International Work Group for Indigenous Affairs., 'Indigenous peoples in Bangladesh', retrieved 14 December 2022, <https://www.iwgia.org/en/bangladesh.html#:~:text=The%20government%20of%20Bangladesh%20does,the%20Bengali%20population%20are%20mentioned.>
- 13 International Dalit Solidarity Network., 'Bangladesh', retrieved 14 December 2022, <https://idsn.org/countries/bangladesh/>
- 14 Nazmul Ahasan., 'No room for the forgotten: Dalit community at Ganaktuli Colony on the verge of eviction', 26 May 2017, *The Daily Star*, retrieved 14 December 2022, <https://www.thedailystar.net/star-weekend/spotlight/no-room-the-forgotten-1410805>
- 15 Joint NGO Submission related to Bangladesh for the 16th Universal Periodic Review session scheduled for 22 April – 3 May 2013: The human rights situation of Dalits in Bangladesh, October 2012. [https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/Session16/BD/JS7\\_UPR\\_BGDS16\\_2013\\_JointSubmission7\\_E.pdf](https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/Session16/BD/JS7_UPR_BGDS16_2013_JointSubmission7_E.pdf)
- 16 International Work Group for Indigenous Affairs., 'Indigenous peoples in Bangladesh', retrieved 14 December 2022, <https://www.iwgia.org/en/bangladesh.html>
- 17 The Challenges Facing Plainland Ethnic Groups in Bangladesh: Land, Dignity, and Inclusion, International Republican Institute, 2020. [https://www.iri.org/wp-content/uploads/2022/01/bangladesh-plainland-1\\_2.pdf](https://www.iri.org/wp-content/uploads/2022/01/bangladesh-plainland-1_2.pdf)
- 18 Ibid.
- 19 Ibid.
- 20 Syful Islam, 'Bangladesh tea strike spotlights poorest workers' inflation plight', Nikkei Asia, <https://asia.nikkei.com/Economy/Inflation/Bangladesh-tea-strike-spotlights-poorest-workers-inflation-plight>
- 21 Protests resume after offer of raise to \$1.50 a day -- far below \$3 demand', 20 August 2022., Nikkei Asia., retrieved 14 December 2022. <https://asia.nikkei.com/Economy/Inflation/Bangladesh-tea-strike-spotlights-poorest-workers-inflation-plight#:~:text=There%20are%20100%2C000%20permanent%20tea,They%20support%20some%20500%2C000%20dependents.>
- 22 Ibid.
- 23 Supporting With Tea Garden Workers In Bangladesh During The Covid-19 Emergencies: A Case Review, Awareness with Human Action (AHA), 2021 <https://www.peacemakersnetwork.org/wp-content/uploads/2022/04/supporting-tea-garden-workers.pdf>
- 24 Rock Ronald Rozario., 'Covid-19 intensifies misery of Bangladesh's tea workers', 16 July 2020., UCA News., retrieved 14 December 2022. <https://www.ucanews.com/news/covid-19-intensifies-misery-of-bangladeshs-tea-workers/88792>



- 25 'Exploited and marginalized, Bangladeshi tea workers speak up for their rights', 21 March 2021, United Nations, UN News., retrieved 14 December 2022. <https://news.un.org/en/story/2021/03/1087622>
- 26 Afsan Chowdhury, 'Who are the tea workers? A brief profile', 25 August 2022, UNB NEWS, retrieved 14 December 2022. <https://unb.com.bd/category/opinion/who-are-the-tea-workers-a-brief-profile/99512>; Iffat Idris, Modern slavery within the tea industry in Bangladesh, The K4D, 2018. [https://assets.publishing.service.gov.uk/media/5aafcc5be5274a7f4e4fbb1e/Modern\\_Slavery\\_within\\_the\\_Tea\\_Industry\\_in\\_Bangladesh.pdf](https://assets.publishing.service.gov.uk/media/5aafcc5be5274a7f4e4fbb1e/Modern_Slavery_within_the_Tea_Industry_in_Bangladesh.pdf)
- 27 Stephan Uttom and Rock Rozario., 'Bangladeshi tea workers trapped in eternal slavery: Often hailing from ethnic minorities, the majority of workers on the country's 167 tea estates live in extreme poverty', 23 June 2021, UCA News, retrieved 14 December 2022. <https://www.ucanews.com/news/bangladeshi-tea-workers-trapped-in-eternal-slavery/92533>; Iffat Idris, Modern slavery within the tea industry in Bangladesh., The K4D, 2018. [https://assets.publishing.service.gov.uk/media/5aafcc5be5274a7f4e4fbb1e/Modern\\_Slavery\\_within\\_the\\_Tea\\_Industry\\_in\\_Bangladesh.pdf](https://assets.publishing.service.gov.uk/media/5aafcc5be5274a7f4e4fbb1e/Modern_Slavery_within_the_Tea_Industry_in_Bangladesh.pdf)
- 28 'Disability Act and Action Plan must be implemented', 2 October 2020, Prothom Alo, retrieved 14 December 2022. <https://en.prothomalo.com/bangladesh/roundtable/disability-act-and-action-plan-must-be-implemented>
- 29 'It is time to rethink disability rights issues for inclusive development', 6 March 2021, TBS Report, retrieved 14 December 2022. <https://www.tbsnews.net/bangladesh/it-time-rethink-disability-rights-issues-inclusive-development-212071>
- 30 Disability Rights in Bangladesh, Sida, 2014. <https://web.archive.org/web/20221006163513/https://cdn.sida.se/app/uploads/2021/05/10142908/rights-of-persons-with-disabilities-bangladesh.pdf>
- 31 2018 CRPD state report
- 32 Ibid.
- 33 [https://msw.portal.gov.bd/sites/default/files/files/msw.portal.gov.bd/page/3cfc60eb\\_2a01\\_4337\\_988e\\_01dbfbd9efd5/Action%20Plan%20Final.pdf?fbclid=IwAR14WVn7otp8zkapz-YhI9uxRcxm07u3ze9uuPryklnxJCNnM8klz2Cc8vE](https://msw.portal.gov.bd/sites/default/files/files/msw.portal.gov.bd/page/3cfc60eb_2a01_4337_988e_01dbfbd9efd5/Action%20Plan%20Final.pdf?fbclid=IwAR14WVn7otp8zkapz-YhI9uxRcxm07u3ze9uuPryklnxJCNnM8klz2Cc8vE)
- 34 United Nations Information Service in Geneva, 'Experts of the Committee on the Rights of Persons with Disabilities Commend Bangladesh on Incorporating the Convention in Domestic Law, Ask Questions on Infanticide and Employment Support', 26 August 2022, retrieved 14 December 2022, <https://www.ohchr.org/en/news/2022/08/experts-committee-rights-persons-disabilities-commend-bangladesh-incorporating>
- 35 Minority Rights Group, *Under threat: The challenges facing religious minorities in Bangladesh*, MRG., United Kingdom., November 2016. [https://minorityrights.org/wp-content/uploads/2016/11/MRG\\_Rep\\_Ban\\_Oct16\\_ONLINE.pdf](https://minorityrights.org/wp-content/uploads/2016/11/MRG_Rep_Ban_Oct16_ONLINE.pdf)
- 36 Shafi Md Mostofa, 'Bangladesh's Identity Crisis: To Be or Not to Be Secular', 6 December 2021, *The Diplomat*, retrieved 14 December 2022. <https://thediplomat.com/2021/12/bangladeshs-identity-crisis-to-be-or-not-to-be-secular/>
- 37 'The Anti-Discrimination Bill 2022: What experts say', 16 May 2022, *The Daily Star*, retrieved 14 December 2022, <https://www.thedailystar.net/law-our-rights/news/the-anti-discrimination-bill-2022-what-experts-say-3024531>
- 38 Ibid.
- 39 <https://www.newagebd.net/article/181075/dilemma-of-freedom-of-speech-freedom-from-hate-speech>
- 40 Convention on the Rights of Persons with Disabilities, Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Bangladesh: CRPD/C/BGD/CO/1, 11 October 2022. [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRPD%2fC%2fBGD%2fCO%2f1&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRPD%2fC%2fBGD%2fCO%2f1&Lang=en)
- 41 Bangladesh Health System Review., Asia Pacific Observatory on Public Health Systems and Policies., 2015. [https://apps.who.int/iris/bitstream/handle/10665/208214/9789290617051\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/208214/9789290617051_eng.pdf?sequence=1&isAllowed=y)
- 42 Ibid.
- 43 *A Study Report on Working Conditions of Tea Plantation Workers in Bangladesh*, Published by ILO Country Office for Bangladesh 2016.
- 44 Replies of Bangladesh to the list of issues in relation to its initial report, 2019.
- 45 Profram Brief: Allowances for the Financially Insolvent Disabled, World Bank Group Social Protection and Jobs, 2016. <https://documents1.worldbank.org/curated/en/456261552536945647/pdf/135275-BRI-PUBLIC-13-3-2019-9-16-33-ProgrambriefonDAF.pdf>
- 46 Ibid.
- 47 Disability-Inclusive Education Practices in Bangladesh, UNICEF, Nepal, 2021. <https://www.unicef.org/rosa/media/16986/file/Country%20Profile%20-%20Bangladesh.pdf>
- 48 Ibid; Fourth Primary Education Development Program (PEDP4): INFRASTRUCTURE PLAN AND PLANNING GUIDELINES., Directorate of Primary, The Ministry of Primary and Mass Education, Government of Bangladesh., October 2018 [https://planipolis.iiep.unesco.org/sites/default/files/ressources/bangladesh\\_infr\\_planning\\_guideline\\_pedp4.pdf](https://planipolis.iiep.unesco.org/sites/default/files/ressources/bangladesh_infr_planning_guideline_pedp4.pdf);
- 49 South Asia State of Minorities Report, 2018.
- 50 Ministry of Women and Children Affairs, Government of the Peoples' Republic of Bangladesh, National Women Development Policy 2011, [https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/policies/64238d39\\_0ecd\\_4a56\\_b00c\\_b834cc54f88d/National-Women-Policy-2011-English.pdf](https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/policies/64238d39_0ecd_4a56_b00c_b834cc54f88d/National-Women-Policy-2011-English.pdf)
- 51 Realizing the Sustainable Development Goals by, for and with Persons with Disabilities: Ending poverty and hunger for all persons with disabilities (Goals 1 and 2), United Nations Department of Economic and Social Affairs, 2019. <https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/poverty-hunger-disability-brief-2019.pdf>
- 52 WHO Library Cataloguing-in-Publication Data., WORLD REPORT ON DISABILITY 2011, World Health Organization, Geneva, Switzerland, 2011. <https://documents1.worldbank.org/curated/en/665131468331271288/pdf/627830WP0World00PUBLIC00BOX361491B0.pdf>
- 53 Rebecca Vallas and Shawn Fremstad., 'Disability Is a Cause and Consequence of Poverty', 19 September 2014, TalkPoverty.org, retrieved 14 December 2022. <https://talkpoverty.org/2014/09/19/disability-cause-consequence-poverty/>
- 54 'The Interaction of Malnutrition and Neurologic Disability in Africa', *Seminars in Pediatric Neurology* Volume 21, Issue 1, March 2014, Pages 42-49. <https://www.sciencedirect.com/science/article/pii/S1071909114000047>; Paola Castrogiovanni and Rosa Imbesi, 'The Role of Malnutrition during Pregnancy and Its Effects on Brain and Skeletal Muscle Postnatal Development', *J. Funct. Morphol. Kinesiol.* 2017. <https://www.mdpi.com/2411-5142/2/3/30/pdf>

- 55 Natasha Lelijveld, Nora Groce, Seema Patel, Theresa Nnensa, Emmanuel Chimwezi, Melissa Gladstone, Macpherson Mallewa, Jonathan Wells, Andrew Seal, and Marko Kerac, Long-term outcomes for children with disability and severe acute malnutrition in Malawi, *BMJ Glob Health*, 2020. <https://gh.bmj.com/content/5/10/e002613>; 'Disability', 2 December 2022, World Health Organization, retrieved 14 December 2022. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
- 56 Maeve Hume-Nixon and Hannah Kuper, 'The association between malnutrition and childhood disability in low- and middle-income countries: systematic review and meta-analysis of observational studies', 27 August 2018, *Wiley Online Library*, retrieved 14 December 2022. <https://online.library.wiley.com/doi/full/10.1111/tmi.13139#:~:text=Malnutrition%20may%20also%20lead%20to,public%20health%20systems%20are%20weakest>.
- 57 Md Taslim Uddin, 'Disability-inclusive employment', 7 May 2022, *New Age*, retrieved 14 December 2022. <https://www.newagebd.net/article/169774/disability-inclusive-employment>
- 58 United Nations Information Service in Geneva, 'Experts of the Committee on the Rights of Persons with Disabilities Commend Bangladesh on Incorporating the Convention in Domestic Law, Ask Questions on Infanticide and Employment Support', 26 August 2022, retrieved 14 December 2022, <https://www.ohchr.org/en/news/2022/08/experts-committee-rights-persons-disabilities-commend-bangladesh-incorporating>



# working to secure the rights of minorities and indigenous peoples

Minority Rights Group

নাগরিক উদ্যোগ  
NAGORIK UDDYOG  
CITIZEN'S INITIATIVE

## Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh

Through a critical review of legislation and data collection via focus groups and interviews, this report explores key issues including access to healthcare, education, employment, social and cultural rights, political participation and access to justice, with emphasis on the rights of women with disabilities.

The report reveals that persons with disabilities from these communities are largely either unaware or feel actively excluded from gaining access to state support systems, with systemic discrimination permeating their daily experiences. The authors argue for the need for accurate and disaggregated data collection, the active participation of persons with disabilities from minority and indigenous communities in decision making and monitoring, the enactment of wide-reaching anti-discrimination legislation and this review of existing policies that specifically address the rights of minority and indigenous communities and persons with disabilities.

This resource is an excellent point of reference for lawyers, activists, campaigners and community leaders seeking to advance the rights and wellbeing of people with disabilities belonging to minority and indigenous communities in Bangladesh.



Minority Rights Group International 54 Commercial Street, London E1 6LT, United Kingdom  
Tel +44 (0)20 7422 4200 Fax +44 (0)20 7422 4201 Email [minority.rights@minorityrights.org](mailto:minority.rights@minorityrights.org)  
Website [www.minorityrights.org](http://www.minorityrights.org)



ISBN Online 978-1-915898-08-1.

Visit the website [www.minorityrights.org](http://www.minorityrights.org) for multimedia content about minorities and indigenous peoples around the world