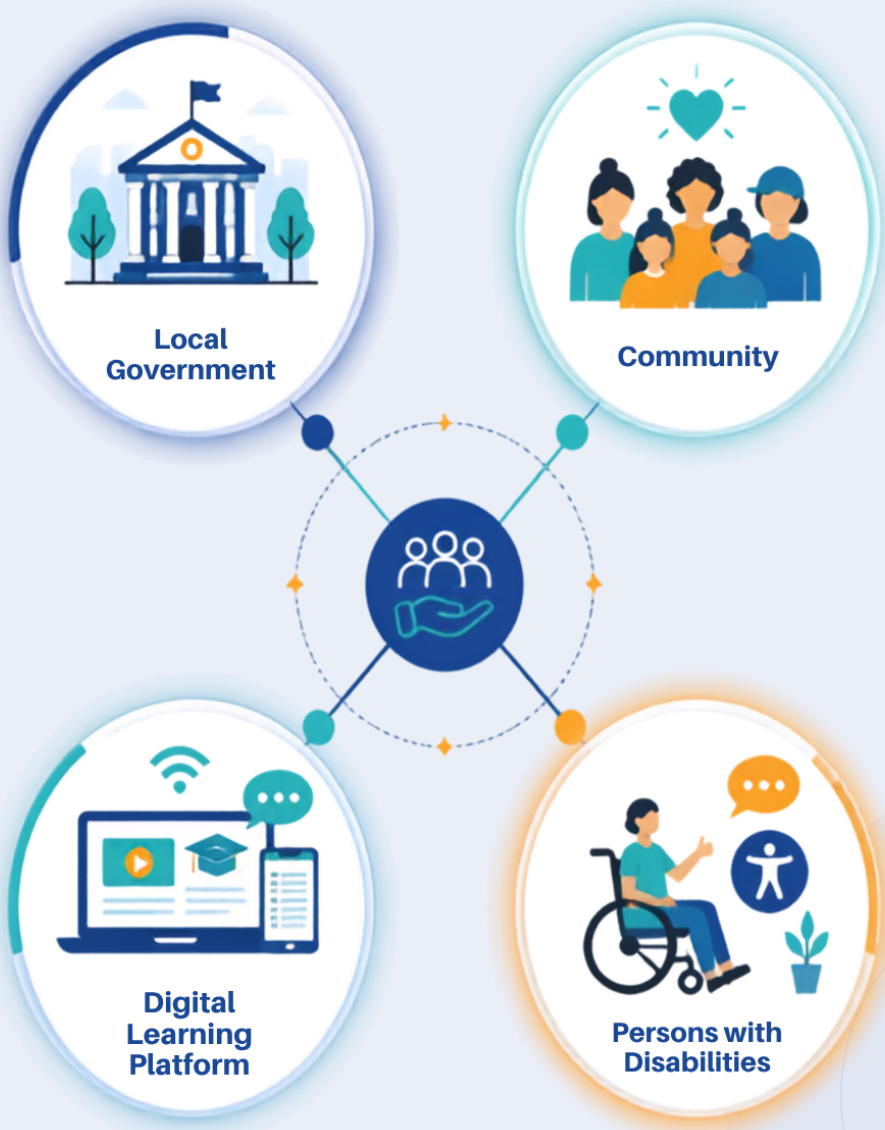
RESEARCH REPORT ON

How to Help Union Parishads

Becoming More Inclusive



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RESEARCH REPORT ON

How to Help Union Parishads Becoming More Inclusive

PREPARED BY

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SUPPORTED BY

Niketan Foundation

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List of Acronyms

BBS	Bangladesh Bureau of Statistics
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled Persons' Organisation
DRR	Disaster Risk Reduction
DRRA	Disabled Rehabilitation and Research Association
DSS	Department of Social Services
GoB	Government of Bangladesh
KII	Key Informant Interview
LGD	Local Government Division
NGO	Non-Governmental Organisation
NSPD	National Survey on Persons with Disabilities
SWDMC	Social Welfare and Disaster Management Committee
UDC	Union Digital Center
UNO	Upazila Nirbahi Officer
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UP	Union Parishad
VGD	Vulnerable Group Development
VGF	Vulnerable Group Feeding

Executive Summary

Union Parishads (UPs) are the first point of contact between the state and rural citizens in Bangladesh, and for persons with disabilities they are frequently the only accessible gateway to disability identification, social safety net programmes, and disaster-related support. This study was commissioned to generate qualitative evidence on how disability inclusion is currently understood and practised within UPs, and to use that evidence to inform the design of a digital learning module for UP representatives.

Data were collected through 27 semi-structured Key Informant Interviews with UP Chairmen and members of the Social Welfare and Disaster Management Committee across twelve Union Parishads in three districts (Manikganj, Satkhira, and Sylhet), selected to capture variation in geographic, socio-economic, and climate-vulnerability context. Interviews were analysed using Braun and Clarke's six-phase thematic analysis framework, generating eight combined themes integrated across both respondent groups.

The findings reveal a consistent and striking pattern: UP Chairmen and committee members alike express genuine moral commitment to supporting persons with disabilities, yet this commitment is persistently undermined by inadequate and non-earmarked budgets, limited formal training on disability rights, partial and inconsistent physical accessibility, and disaster preparedness systems that remain reactive rather than anticipatory. Service delivery in practice continues to resemble discretionary charity more than codified, rights-based entitlement, even where respondents are conceptually aware of the rights-based framing required by the Rights and Protection of Persons with Disabilities Act, 2013 and the Convention on the Rights of Persons with Disabilities.

The committee members, who interact with persons with disabilities more directly and frequently than Chairmen, additionally surfaced communication barriers, for non-verbal and hearing-impaired citizens, and multi-storey building access, that were largely absent from the Chairman data. Across both respondent groups, a small number of individuals demonstrated markedly more developed, systematised, and rights-oriented practice, including a dedicated disability help desk, a ring-fenced budget line, and an innovative household-flagging protocol for disaster evacuation. These positive outliers share one defining feature: sustained, direct engagement with the Disabled Rehabilitation and Research Association (DRRA) or a comparable NGO, identifying NGO engagement as the single most consistent driver of improved institutional practice observed in this study.

Both respondent groups expressed strong, practical interest in a digital learning module, provided it accommodates the real constraints of rural local government, including unreliable connectivity, uneven smartphone ownership among committee members, and limited weekly time availability, as well as good practices through short, visual, offline-capable content. Based on the convergence of evidence across both data sets, this report identifies three content priorities that should anchor module development:

- **Priority 1 – Guidelines for Inclusive Service Delivery:** a practical, step-by-step account of what inclusive service provision looks like at the UP level, addressing the most frequently named first-choice content priority across both respondent groups.
- **Priority 2 – Disability Rights and Legal Entitlements:** core content on the Rights and Protection of Persons with Disabilities Act, 2013 and the CRPD, directly targeting the legislative knowledge gap demonstrated throughout the interviews.
- **Priority 3 – Government Services, Benefits, and Application Procedures:** a consolidated directory of available services and clear, step-by-step application guidance, addressing the recurring procedural confusion documented in both data sets.

CHAPTER

1

Background

Background

Union Parishads (UPs) represent the lowest tier of rural local government in Bangladesh and serve as the primary institutional interface between citizens and the state. They are responsible for delivering a wide range of services, including civil registration, social protection facilitation, local dispute resolution, and disaster preparedness and response. The legal foundation for UP functions is established through the Local Government (Union Parishads) Ordinance, 1983 (1), later repealed by Local Government (Union Parishads) Act, 2009 (2), which also mandates the formation of 13 standing committees to support inclusive governance and service delivery and one of these committees is the Social Welfare and Disaster Management Committee.

In the context of disability inclusion, Union Parishads play a particularly critical role. Persons with disabilities frequently rely on UPs for accessing disability identification, social safety net programs (e.g., disability allowance), referrals to rehabilitation services, and inclusion in disaster risk reduction initiatives (3, 4). Therefore, the inclusiveness of UP systems directly influences whether persons with disabilities can exercise their rights and access essential services.

Bangladesh has made notable progress in establishing a rights-based legal framework for disability inclusion. The Rights and Protection of Persons with Disabilities Act, 2013 (5) aligns with the principles of the Convention on the Rights of Persons with Disabilities (CRPD) (6), emphasizing equality, non-discrimination, accessibility, and participation. These frameworks place explicit obligations on public institutions, including local government bodies, to ensure that services, infrastructure, and information are accessible to all citizens, including persons with disabilities.

Despite these commitments, empirical evidence indicates persistent gaps between policy and practice. According to the National Survey on Persons with Disabilities (NSPD) 2021 conducted by the Bangladesh Bureau of Statistics, approximately 2.80% of the population lives with some form of disability, with higher prevalence in rural areas and among economically disadvantaged groups (7). These demographic patterns highlight the importance of strengthening disability-inclusive service delivery at the Union Parishad level, particularly in rural contexts where formal support systems are limited.

Existing literature further identifies multiple barriers that hinder persons with disabilities from accessing local government services. These include physical inaccessibility of public offices, limited awareness and capacity among service providers, communication barriers, and prevailing social stigma (8). Governance-related challenges also disproportionately affect persons with disabilities. Transparency International Bangladesh (2021) reports that local government institutions are among the most frequently cited sources of service-related grievances, including in the provision of disability-related benefits (9).

Access to social protection remains uneven. Recent analysis of NSPD data shows that a significant proportion of persons with disabilities are either excluded from or inconsistently included in social protection programs, with disparities based on age, gender, disability type, and socioeconomic

status (10). Given the central role of Union Parishads in beneficiary identification, verification, and recommendation, strengthening their capacity for inclusive service delivery is essential.

A recent study on disability inclusion in Bangladesh's local government found that exclusion is still driven by socio-cultural stigma, weak implementation, and limited awareness among local authorities (9). At the same time, there is growing recognition that many of the barriers to inclusion are not solely infrastructural but also procedural and knowledge-based. Limited understanding of disability rights, absence of standardized inclusive practices, and weak coordination among service providers contribute to exclusion (12, 13, 14, 15). These gaps present an opportunity for targeted interventions, particularly through capacity-building initiatives such as digital learning modules to enhance the ability of Union Parishad representatives to respond effectively to the needs of persons with disabilities.

Rationale

Against this backdrop, the present study seeks to generate evidence on the current status of disability inclusion within Union Parishads, focusing on institutional practices, barriers, and opportunities. The findings aim to inform both policy and practice, including the development of an online module to support more inclusive local governance.

CHAPTER

2

Methodology

Study Design and Approach

This study employed a qualitative research design using semi-structured Key Informant Interviews (KIIs) to generate in-depth understanding of the experiences, perceptions, and practices of Union Parishad Chairmen and Social Welfare and Disaster Management Committee members regarding disability inclusion. A qualitative approach was selected because the research sought to explore subjective experiences, institutional dynamics, and contextual factors that cannot be adequately captured through quantitative methods alone.

The epistemological stance of this study is broadly interpretive, it is assumed that knowledge about disability inclusion in local governance is co-constructed through the lived experiences and perspectives of those embedded within these systems. Accordingly, the analysis draws on the meaning-making frameworks that respondents themselves employ to understand disability, inclusion, and institutional responsibility.

Study Area

The study was conducted in twelve Union Parishads across three districts, Manikganj, Satkhira and Sylhet District. These areas were purposively selected to capture variation in geographic, socio-economic, and climate vulnerability contexts.

Study Participants and Sampling Strategy

The study targeted key institutional actors responsible for local governance and service delivery, specifically Union Parishad Chairman and members of the Social Welfare and Disaster Management Committee. Participants were selected using purposive sampling based on their roles, responsibilities, and direct involvement in decision-making processes related to social protection, disaster management, and community services.

Data collection concluded at 27 interviews (12 Chairman and 15 Committee Members), as data saturation was achieved, meaning that additional interviews were no longer yielding new or substantially different insights.

Data Collection tool

Data were collected through Key Informant Interviews using a pre-designed checklist tailored for Union Parishad representatives. The interview tool covered key thematic areas, including:

- Roles and responsibilities
- Understanding of disability and inclusion
- Current practices in service delivery
- Disaster management and climate risk inclusion

- Challenges and constraints
- Digital learning needs

The instrument was designed to move from broad, contextual questions toward increasingly specific operational and technical domains. Probing questions were used to elicit illustrative examples and detailed explanations from respondents. Interviews were conducted in Bangla to ensure clarity and comfort for participants.

Data Management and Analysis

All interviews were transcribed, translated and organized for systematic analysis. Data analysis followed a six-phase Thematic Analysis process as described by Braun and Clarke (2006) (16),

- Familiarisation with the data: All interview transcripts were read in full multiple times to achieve deep familiarity with the data corpus.
- Initial coding: Semantic and latent codes were generated inductively from the data, with additional deductive codes drawn from the study's conceptual framework on disability inclusion and local governance.
- Searching for themes: Codes were sorted and grouped into candidate themes based on conceptual coherence and prevalence across respondents.
- Reviewing themes: Themes were reviewed against coded extracts and the entire data set to assess internal consistency and boundary validity.
- Defining and naming themes: Final themes were named and defined to clearly reflect their scope and meaning.
- Producing the report: Thematic findings were written up with supporting evidence, including direct quotations from respondents.

Ensuring Research Quality

To enhance the credibility and trustworthiness of the findings, several measures were adopted:

Triangulation: Data were collected from multiple respondents across different Union Parishads

Data saturation: Interviews were continued until no new themes emerged

Systematic documentation: Detailed notes and transcripts ensured transparency in analysis.

Contextual clarity: Study settings and participant roles were clearly defined to support transferability

Ethical Considerations

All participants were informed of the study's purpose, voluntary nature, and confidentiality arrangements prior to participation. No personal identifiers appear in this report. The study was conducted under the governance of DRRA's institutional ethical framework. Findings are reported in aggregate and through anonymised quotation to protect participant privacy while preserving the authenticity of voices.

CHAPTER

3

Thematic Analysis Findings

This chapter presents eight integrated themes identified through systematic thematic analysis of the full dataset of 27 Key Informant Interviews, drawing on responses from both UP Chairmen and Social Welfare and Disaster Management Committee members. Rather than treating the two respondent groups as separate analytical silos, this combined analysis surfaces the overarching patterns that cut across institutional roles while noting, where analytically significant, the distinct dimensions that each role contributes to the picture. The analysis moves between semantic content (what respondents said) and latent meaning (what the data implies about institutional dynamics and structural conditions).

Theme 1: Understanding of Disability and Inclusion

The conceptual landscape within which UP representatives understand disability is mixed, with functional and medical framings dominant among most, rights-based language more prevalent among committee members, and genuine social-model articulation confined to a small minority. This variation runs across both institutional roles rather than neatly separating them has direct consequences for the quality and orientation of service delivery.

Among Chairmen, the dominant framework reflects a functional or medical model of disability, in which disability is understood primarily as a bodily impairment that limits an individual's capacity to perform normal activities. Persons with disabilities are frequently characterised in terms of what they cannot do. This framing, while not malicious, fundamentally positions persons with disabilities as recipients of assistance rather than as rights-bearing citizens.

> *"Disability generally means someone who has no limbs or is disabled, and many people are mentally disabled, those who cannot see, and some people cannot hear. We try from our place, we make arrangements for ramps. We always try to help, because disabled people are helpless people."*
>
> **— Respondent 3**

The phrase 'helpless people' is analytically significant. It reveals a paternalistic framing: disability as helplessness requiring benevolent intervention rather than a condition requiring systemic accommodation and rights realisation. This framing is consistent with what disability scholars describe as the charity model of disability, which precedes and contrasts with the rights-based social model enshrined in the CRPD and Bangladesh's 2013 Act.

Among committee members, the questionnaire's explicit probe on the distinction between charity and rights-based support elicited comparatively more fluent rights-based language. Several committee members drew clear distinctions between kindness as discretionary and rights as legally grounded.

> *"As a citizen, I think rights should be given priority first. When he is born in the country, the government should take his responsibilities and duties. If I am disabled from birth, then the government should take the responsibility. I think that he should get any service as his right."*
>
> **— Respondent 2**

Despite this greater conceptual fluency with rights language at the committee member level, the gap between rights-based articulation and charity-based practice remained equally present in both respondent groups. Respondents who could articulate rights in principle continued to describe personalised, discretionary assistance in practice, a pattern discussed further in Theme 2.

Across both groups, appointed administrators rather than elected representatives demonstrated the clearest social-model articulation:

> *"Not physical or mental limitations but rather a relationship with societal attitudes and environmental constraints."*
>
> **— Respondent 18**

This response reflects the social model of disability and is strikingly more aligned with the CRPD's conceptual framework. Respondent 22 similarly identified 'attitude, ensuring equal rights, physical accessibility' as the primary levers for improving lives of persons with disabilities. On the other hand, understanding of respondent 24 and 26 about disability is having disability ID card. This divergence may reflect institutional positions or exposure to disability rights training of administrators versus elected Chairmen. It also raises important questions about the translation of rights-based frameworks from national policy into the consciousness of frontline local government representatives.

Knowledge of the Rights and Protection of Persons with Disabilities Act, 2013 was strikingly limited across both respondent groups. The majority of Chairmen either explicitly stated they were unaware of the Act or demonstrated only cursory familiarity. Respondent 01 stated candidly:

> *"I know as much as I need for work, but I have no idea or knowledge about the Rights and Protection of Persons with Disabilities Act 2013."*
>
> **— Respondent 1**

This lack of legislative literacy has direct consequences for service delivery. If UP representatives are unaware of the legal entitlements of persons with disabilities, they cannot fulfil their obligations under the Act, and persons with disabilities cannot invoke their rights in dealings with the UP. Respondent 16 represented the exception, demonstrating awareness that *'there is a law that says to include people with disabilities in the committees that every union has'*. Only Respondent 15, who had received training from DRRA and other organisations, demonstrated confident familiarity with

disability law and their role in its implementation.

Among committee members, legislative awareness was similarly uneven. The majority of newer or untrained committee members could not name the 2013 Act or describe its provisions. Respondent 27 was notable in independently naming disability rights as the highest-priority topic for the digital learning module, reflecting intuitive awareness of the gap even in the absence of formal legal knowledge. Despite these knowledge deficits, respondents across both groups expressed consistent moral motivation and genuine personal commitment to supporting persons with disabilities, the limitation is one of informed institutional capacity, not intent.

Theme 2: Charity-Driven Rather Than Rights-Based Service Provision

Across both Chairmen and committee members, service delivery to persons with disabilities is characterised by a common pattern: meaningful personal commitment expressed through ad hoc, discretionary, and charity-oriented actions, in the near-total absence of standardised institutional mechanisms that would make support an entitlement rather than a favour. The disability allowance, a government-issued monthly stipend was cited by virtually all respondents as the primary formal service. Beyond this, service provision reflects a wide variation of personal initiative rather than systematic institutional provision.

Several Chairmen described personalised charity beyond institutional mandate, using personal funds or discretionary power to assist individuals they encountered:

> *"In the market, a person with disability has one arm, he sells bananas and fruits. I buy as many bananas and fruits as my union parishad needs from him. In this way, I help him."*
>
> **— Respondent 6**

A further positive practice reported among Chairmen was prioritisation in safety-net allocations. Multiple respondents described giving preferential quantities of food or placing families of persons with disabilities at the top of VGF lists. Respondent 06 noted: *'If we give 10 kg of rice to other people, we give 15 kg to persons with disabilities'*. Respondent 10 maintained a disability-first allocation principle: *'I keep an allocation for the persons with disabilities in advance'*. Also, another positive example by Respondent 24 of organizing sports event.

Committee members contributed an equally important but often invisible dimension of service delivery: active, door-to-door identification of persons with disabilities in their wards, and personal accompaniment through formal application processes. This grassroots outreach role, physically visits, maintaining informal lists, and personally accompanying applicants, functions as the first link in the chain between eligible persons with disabilities and the formal identification system.

> *"I stay with them because they are poor people from the village. They are afraid to go alone."*
>
> **— Respondent 9**

It is worth clarifying that formal disability identification follows a standard official procedure: an online application is followed by verification by a doctor at the Upazila Hospital and the Upazila Committee before a disability identity card is issued. The Union Parishad's specific contribution lies in facilitating the online application step that initiates this formal process, a role that materially determines whether eligible persons reach the formal system at all.

Participation and consultation processes showed more variation across both groups. Several respondents affirmed that persons with disabilities or DPO representatives are consulted during budget planning. However, the depth of this participation was often unclear, and some descriptions suggested that consultation may be nominal rather than substantive.

> *"When planning for persons with disabilities, we keep a budget for them. When planning the budget, we call representatives of persons with disabilities and seek their advice."*
>
> **— Respondent 1**

Livelihood support was universally identified as inadequate across both groups. The absence of income-generating programmes, vocational training, or economic empowerment initiatives represents a critical gap. Respondent 01 articulated a vision that clearly exceeded current capacity, proposing interest-free loans for cycle-rickshaws. Committee member Respondent 11 independently proposed small-shop capital of 10,000–15,000 BDT as a feasible model. Respondent 14 was the only respondent to describe an active, structured vocational training pipeline, providing a concrete model for what economic inclusion at UP level can look like when training and commitment converge.

Theme 3: Structural and Budgetary Constraints as the Primary Barrier

Budget inadequacy was identified by virtually every respondent as the single most significant barrier to disability-inclusive service delivery. This theme cuts across all dimensions of UP functioning and represents a systemic, tier-wide feature of the local governance environment rather than an individual leadership failure.

Most UPs maintain no dedicated budget line for disability-specific expenditures. Respondents described drawing on general allocations, redirecting food programme resources, or using personal funds when disability-related needs arose. Several respondents articulated the need for a government-mandated separate disability budget with considerable clarity:

> *“If the government has a separate allocation through the Union Parishad for the rehabilitation of persons with disabilities or their family, then we can easily provide the services they deserves.”*
>
> **— Respondent 1**

> *“No one other than the disabled will get this card or this budget will be used only for the persons with disabilities and will not be used in any other sector.”*
>
> **— Respondent 4**

The geographic and economic constraints of some UPs compound the budget deficit. Respondent 06, describing a union surrounded by three rivers and composed largely of sandbar/sandy land, highlighted how structural poverty at the union level limits even the most well-intentioned chairmen:

> *"If you go around the union, you will only see sandy lands. There is no source for income for my union parishad that we can allocate for persons with disabilities."*
>
> **— Respondent 6**

In a notable contrast, Respondent 14, the most experienced and trained committee member in the sample reported an active disability budget allocation for the current fiscal year, representing the clearest example of institutionalised disability financing found anywhere in the dataset: *‘Yes, this time we have allocated funds for the disabled as we did last year’*. This positive outlier underscores that ring-fenced disability financing is practically achievable at the UP level, and should be treated as a model rather than an exception.

Training deficits were universally identified across both groups as a compounding constraint. The majority of both Chairmen and committee members had received no formal training on disability rights, or at most a orientation. Among 27 respondents, only 3 reported they received training, 9 received some form of orientation and rest 15 did not receive any training or orientation on disability. Respondent 10 captured the dual nature of the barrier:

> *“Two problems are our obstacles. One is money, if there is a budget, then they will definitely get it automatically. Along with money, we need training and awareness and encouragement.”*
>
> **— Respondent 10**

The shortage of assistive devices was a further recurring structural constraint among Chairmen. Respondents described persistent unmet demand for wheelchairs and tricycles, with the UP unable

to procure these independently. Provision depended on the Upazila Social Services Department, the District Parishad, or elected parliamentarians, all described as slow, insufficient, and outside the chairman's control.

Theme 4: Physical and Communication Accessibility Barriers

Taken together, the Chairman and committee member data paint a more complete picture of accessibility barriers than either respondent group provides alone. Chairmen described the physical infrastructure landscape, UP offices, schools, health centres, while committee members surfaced a distinct and largely absent dimension: communication accessibility for non-verbal or hearing-impaired persons. The combined picture reveals three overlapping categories of barrier: built-environment gaps, sanitation accessibility, and communication accommodation.

At the UP-office level, ramps are increasingly present, often prompted by DRRA advocacy, suggesting institutional progress. However, accessible toilet facilities (specifically high-commode toilets) were absent in almost all unions:

> *"There is a ramp but there is no high commode in our union parishad."*
>
> **— Respondent 6**

> *"The toilet is not accessible for persons with disabilities."*
>
> **— Respondent 3**

Schools and health centres presented more significant gaps. Respondents consistently reported that older school buildings lacked ramps and accessible facilities, while newer constructions were increasingly incorporating them as mandatory features. Health centres were the weakest point: no respondent described a health centre in their union as fully accessible.

> *"There are ramps in schools, but there are no ramps in health centers."*
>
> **— Respondent 6**

Respondent 10 described how the disability certification process itself could be rendered inaccessible through infrastructure and transport barriers, and advocated for a pragmatic decentralised solution:

> *"For those with severe disability it becomes very difficult for them to go there as the road condition is very bad and they face difficulty in using available transport vehicles. I suggested to organize the verification in the Parishad, the representatives from Department of Social Services came to the union parishad and parents and children with disabilities also came to the union parishad."*
>
> **— Respondent 10**

Respondent 10 also raised the important issue of accessibility in electoral participation: *'How will the disabled people go upstairs to vote?'* He subsequently advocated for ground-floor polling arrangements for the elderly and disabled, an instance of disability-inclusive civic thinking that extended beyond welfare services into democratic participation.

Multi-storey UP buildings added a further access dimension, with one committee member describing the chairman's initiative to relocate services to the ground floor in direct response:

> *"The persons with disabilities have to climb up the stairs on 1st floor to get services. Considering these problems, the Chairman has taken the initiative to shift the service on the ground floor so that persons with disabilities can easily get services."*
>
> **— Respondent 5**

These examples illustrate how chairmen with awareness and initiative can adapt systems to reduce access barriers even without infrastructure changes. It also demonstrates the importance of flexibility and outreach in service delivery models.

Committee members surfaced the communication accessibility gap that was largely absent from the Chairman data: the complete absence of sign-language or non-verbal communication capacity at any UP in this study. This emerged as a distinct, frontline-specific barrier visible only to those who interact with persons with disabilities at an individual level:

> *"I want to provide services but I cannot understand the language, it is a kind of obstacle. For those who cannot speak, someone who can understand sign language is needed. We should have such a person in our Union Parishad, or someone should be trained or I should be trained in this regard."*
>
> **— Respondent 2**

In the absence of trained capacity, committee members described relying on informal gesture interpretation, a workaround that cannot guarantee accurate communication of needs, rights, or grievances.

Road and transport conditions were cited across both respondent groups as a barrier to physically reaching the UP office at all, compounding built-environment barriers once persons arrive.

Theme 5: Disability-Inclusive Disaster Risk Reduction- From Reactive Relief to Emerging Good Practice

All respondents across both groups acknowledged the importance of prioritising persons with disabilities in disaster preparedness and response. However, the dominant pattern remained reactive rather than anticipatory: microphone-based warnings, seasonal relief distribution, and general-population shelters without dedicated provisions for persons with disabilities.

The most commonly described 'disability-inclusive' disaster measures among Chairmen were blanket distribution during winter and saline water during heatwaves, tangible but reactive. Disaster shelter accessibility presented a particularly consistent gap across both groups:

> *"No, there are no shelters. If necessary, the high places where high schools and primary schools in the union are used. Moreover, there is no separate arrangement for the persons with disability."*
>
> **— Respondent 1**

Committee members surfaced an additional structural gap specific to their frontline role: microphone-based warning systems are inherently inaccessible to persons who cannot hear, with the burden of mitigation shifted entirely onto family members rather than addressed through institutional design:

> *"We can only announce on the mic, how do we warn a person with disabilities who cannot hear? For example, in my family, there is a person with disability and two without disability. Then the rest of the family members manage the person with disability."*
>
> **— Respondent 5**

Against this reactive backdrop, the combined dataset documents a cluster of emerging good practices independently developed by individual respondents across both roles that represent precisely the anticipatory, disability-disaggregated planning called for by the Sendai Framework and Article 11 of the CRPD. Respondent 10 offered the most detailed description of disability-sensitive disaster preparedness, including advance warning and priority evacuation protocols: *'If we get a warning, it is instructed to take the persons with disabilities and elderly people to safety in advance'*. This level of operational specificity was rare across the data, suggesting that such practices depend heavily on the individual chairman's initiative and understanding rather than on institutional systems or standard operating procedures.

Respondents 17 and 25 independently described systematic advance needs identification and priority listing before disaster strikes. Respondent 14 described an innovative plan to physically flag the homes of persons with disabilities for rapid identification during emergency response:

> *"It has been decided that in the future, when a disaster strikes, the home of a person with disabilities will be marked with a flag or other means so that they can be quickly evacuated to a safe place."*
>
> **— Respondent 14**

Respondent 27 described early notification to families of persons with disabilities so that they can prepare themselves. The convergence of these independently developed practices across both Chairmen and committee members indicates that the anticipatory model is not merely aspirational, it is already being generated in embryonic form within the existing dataset. The policy task is therefore less one of invention than of resourcing, documenting, and systematically replicating what committed individuals have already begun.

Theme 6: Social Stigma, Community Attitudes, and the Role of Local Leadership

Community-level stigma towards persons with disabilities emerged as a significant structural barrier across the data, particularly in the Chairman interviews where respondents described their role as community leaders navigating and challenging prevailing attitudes. The data reveals a complex picture: UP representatives themselves have largely moved beyond overtly stigmatising views, yet report that community-level discrimination and 'burden' narratives persist and create real barriers to inclusion.

> *"Many people in society consider persons with disabilities a burden. But if the government provides more support or allowances to persons with disabilities than others, they will be able to live a better life."*
>
> **— Respondent 1**

Respondent 01's account of the social backlash he faced while providing support to establish a disability service centre in his union is particularly illuminating:

> *"Many people criticised me then for providing space for service center for persons with disabilities. Many criticised by telling that there will be various kinds of problems. Now, of course, many have understood that thing is no longer like before. The chairman has done a good job."*
>
> **— Respondent 1**

This narrative illustrates both the depth of the attitudinal barriers that UP leaders must navigate and the potential for local leadership to drive normative change. Respondent 03 similarly described awareness-raising efforts: *'We try to raise awareness about this issue by talking to everyone and not looking down on persons with disabilities. Persons with disabilities are also members of society'*. The theme of disability as an 'accidental' condition, applicable to anyone, appeared in several responses as a rhetorical strategy for de-stigmatisation. Respondent 06 noted: *'No one becomes disabled intentionally'*.

The committee member data adds a further dimension to this theme: the explicit acknowledgement by Respondent 05 that disability-related assistance can serve electoral self-interest. While this does not diminish the value of the assistance provided, it usefully complicates a purely altruistic reading of motivation and suggests that locally-rooted reputational and accountability incentives may function as underexplored complements to formal regulatory levers in sustaining disability-inclusive practice at the grassroots level.

Theme 7: The Enabling Role of NGO Engagement

Across both Chairmen and committee members, NGO engagement and specifically engagement with DRRA emerged as the single most consistent predictor of advanced, rights-oriented institutional practice. Respondents described DRRA's influence not only in terms of practical knowledge transfer but in terms of profound attitudinal transformation. This pattern was, if anything, more pronounced among committee members, likely reflecting their closer and more frequent operational contact with NGO field staff.

> *"Before, we did not know about disability services. The people of DRRA taught us. After seeing these, we became soft and think about persons with disabilities. They taught us the strategy."*
>
> **— Respondent 10**

> *"As much as the DRRA gave us ideas, earlier there was no concept of disability. As much as I have learned and understood now, it is through the DRRA. I did not know about the disability issue before. I used to only see the disability issue on TV, but it is not really effective."*
>
> **— Respondent 5**

NGO engagement produced concrete, measurable institutional change. Respondent 10 described how, through dialogue with DRRA and the Upazila Nirbahi Officer, the disability card verification process was decentralised to the UP level to remove the transport barrier faced by persons with severe disabilities. Respondent 15 demonstrated the most comprehensive practice in the Chairman group following sustained DRRA and multi-organisation training. Respondent 14 described the most advanced practice in the entire dataset, a disability help desk, structured vocational training, and a household-flagging disaster protocol, attributing all of these directly to training engagement:

> *"In the light of the training, we have been able to establish our help desk for persons with disabilities here. We can give them advice on their problems on a priority basis and on the basis of their rights."*
>
> **— Respondent 14**

The contrast between respondents with and without NGO engagement is striking across both groups and has clear implications for capacity-building design: sustained accompaniment, peer exchange, and ongoing follow-up appear to be substantially more transformative than one-off orientation sessions, regardless of the institutional role of the recipient (see table 1).

Table 1: NGO engagement reflection in different districts

District	Number of Upazila	NGO Engagement reflection
Manikganj	2	NGO engagement is clearly mentioned by the respondents as a positive factor and evident in both upazila which is reflected through DPO consultation in planning, ramp construction, decentralized disability card verification, and disability-first allocation initiatives and understanding of accessibility issues.
Satkhira	2	NGO engagement is clearly mentioned by the respondents as a positive factor in 1 upazila. The most advanced institutionalized practice in the entire study, a functioning disability help desk, ring-fenced budget, vocational training pipeline, household-flagging disaster protocol, and confident operational knowledge of the 2013 Act are evidence of NGO engagement. No NGO engagement was reported and evident in the responses of the respondents belonging to the other upazila. Disability ID Card-based definitions of disability, denial of accessibility barriers, and complete absence of legislative awareness despite respondents holding multi-year experience in their roles are clear indication to that.
Sylhet	2	No NGO engagement reported and responses are limited to general humanitarian statements with no institutional action traceable to external engagement and learning. Social-model articulation among administrators reflects professional background but does not translate into structured practice.

Theme 8: Digital Learning Needs and Readiness

Both Chairmen and committee members expressed strong interest in a digital learning module on disability inclusion. However, among the respondents 14 are familiar with online or mobile-based training or information systems and rest 13 are not. On the other hand, the two groups show meaningfully different digital access profiles, with important implications for module design.

All Chairmen confirmed smartphone ownership and mobile data or Wi-Fi access. Among committee members, device access was more varied: 6 out of 15 committee members stated they did not own a smartphone. This difference means that module design cannot assume universal smartphone access and must plan for alternative or offline capabilities.

Short videos and illustrated guidelines were the most consistently preferred learning formats across both groups, cited across different experience levels, geographic contexts, and institutional roles:

> *"Practically, it would be better if it was done through video on the internet. If what I need to do can be shown through video, it will become easy to understand."*
>
> **— Respondent 1**

Some different views were also evident such as,

> *"It is better to have text and pictures than videos, because everyone here is more or less educated. If there are pictures along with the text, then people can click to find them."*
>
> **— Respondent 10**

Respondent 2 added a specific and practically important design request, offline functionality: *'It would be better if the app has option for offline use. So that I can download them and save them as PDF or JPG'*. Given the consistent reports of unreliable mobile internet coverage across rural unions in both groups, this requirement should be treated as a core design feature rather than an optional enhancement.

In terms of module topic, the most frequently named first-choice priority was guidelines for inclusive service delivery. Government services and benefits lists and disability rights were the next choices. Accessible infrastructure guidance was also mentioned number of times (see table 2).

Table 2: First priority topic for online module

Sl. No.	First priority topic for online module	Frequency
1	Guideline for inclusive services	12
2	Disability rights	6
3	List of services and benefits for persons with disabilities offered by different government agencies	4
4	How to make the UP office accessible (ramps, toilets etc.)	3
5	Disability inclusive budget development	1
6	Step-by-step guide for disability inclusive disaster preparedness planning and response	1
Total		**27**

Connectivity constraints were consistently cited as the primary challenge to digital access. Unreliable mobile internet coverage in rural areas, intermittent power supply, and limited availability of devices were mentioned by multiple respondents. These technical barriers must be accommodated in the design of any digital learning tool for example, through downloadable offline content, low-bandwidth interfaces, or mobile-first design.

Time availability for online learning was reported as limited but realistic: most respondents estimated one to three hours per week, with several suggesting Fridays (the weekly day off) as the most feasible time. This suggests that any digital module should be modular and allow for learning in short, self-contained segments.

Cross-Cutting Findings

Beyond the eight discrete themes, analysis of the full dataset reveals several cross-cutting dynamics that animate the findings and have important implications for the research's practical outputs.

The Will–Capacity Gap

The most consistent cross-cutting finding across both Chairmen and committee members is the gap between expressed willingness to serve persons with disabilities and actual institutional capacity to do so. Without exception, respondents demonstrated moral motivation and personal commitment. The barriers they described were structural like inadequate budgets, lack of training, inaccessible infrastructure, absent policy guidance rather than attitudinal resistance. Capacity-building approaches that treat ignorance or ill-will as the primary problem will miss the mark. The more productive focus is on equipping well-motivated representatives with the knowledge, tools, and institutional resources they need to convert good intentions into consistent, rights-based practice.

Personalised Service versus Institutional Inclusion

Across both groups, support for persons with disabilities remains contingent on personal relationships with individual UP representatives rather than institutionalised entitlements. This creates fragile and inequitable systems: persons with disabilities who lack personal access to the Chairman or committee member may be systematically excluded from the same support that others receive. Effective inclusion requires moving from personalised benevolence to institutionalised entitlement, creating systems, procedures, and budget lines that function regardless of the personality of the office-holder.

Communication Access as a Distinct and Underaddressed Dimension

A dimension that emerged specifically from the committee member data and was absent from the Chairman interviews is the complete lack of communication accessibility for persons who are non-verbal or hearing-impaired. This finding, surfaced through closer frontline engagement, is analytically distinct from physical accessibility and requires different solutions: trained interpretation capacity, accessible warning systems, and standardised communication protocols. It underscores the value of triangulating data across institutional roles within the same governance tier.

Incremental Infrastructure Progress and the ‘Old Building’ Problem

Several respondents noted that new government buildings increasingly incorporate ramps as mandatory requirements. However, the vast majority of existing infrastructure of UP offices, schools, health centres was built before accessibility requirements were standardised and remains inaccessible. Without a retrofitting strategy for existing buildings, persons with disabilities will continue to face structural exclusion even as new constructions improve.

The Positive Outlier Respondents

Across both datasets, a small number of respondents, most notably Respondent 14, Respondents 10 and 15 demonstrated substantially more developed, systematised, and rights-oriented practice than their peers. These positive outliers share a common feature: sustained, direct engagement with DRRA or similar disability-focused organisations. Their practices like disability help desks, ring-fenced budgets, structured training pipelines, household-flagging protocols represent a valuable, ready-made source of locally-grounded good practice content for the proposed digital learning module.

The Significance of Peer Learning

Multiple respondents across both groups cited the potential value of learning from the good practices of other Union Parishads. This preference for horizontal, peer-to-peer knowledge transfer suggests that the proposed digital module could achieve strong uptake by incorporating documented good practices from exemplary UPs, presented as peer case studies rather than prescriptive guidelines.

CHAPTER

4

Discussion

This chapter situates the thematic findings within the broader empirical and theoretical literature on disability inclusion, local governance, and capacity-building in low-resource settings. The discussion is organised around the central cross-cutting dynamics identified in the findings: the gap between institutional will and institutional capacity; the persistence of charity-oriented practice despite growing rights-based awareness; the structural and fiscal constraints conditioning Union Parishad (UP) performance; the state of physical and communication accessibility; the trajectory of disability-inclusive disaster risk reduction (DRR); the catalytic role of NGO partnership; and the implications of all of the above for the design of the proposed digital learning module. The chapter closes by identifying the three content priorities that should anchor module development, derived directly from the convergence of evidence across both respondent groups.

4.1 The Will–Capacity Gap Revisited: Discretion and the Street-Level Implementation of Disability Rights

The cross-cutting 'will–capacity gap' identified analysis, in which respondents almost universally express moral commitment to persons with disabilities yet lack the resources to act on it consistently, is well explained by Lipsky's (17) theory of street-level bureaucracy. Lipsky (17) argued that frontline public servants who face ambiguous policy guidance, scarce resources, and high discretion inevitably develop informal routines and personalised coping mechanisms that depart from the formal rules they are nominally implementing. UP Chairmen and committee members function precisely as such street-level bureaucrats: in the near-total absence of standard operating procedures for disability-inclusive service delivery, they exercise considerable individual discretion in deciding who receives support, in what form, and on what basis. The pattern of personally-funded gifts, discretionary fee waivers, and informal prioritisation on relief identified is a textbook illustration of this kind of street-level coping mechanism.

This pattern is not unique to the present sample. Romke's (2025) assessment of disability inclusion in Bangladeshi local government similarly found a persistent gap between the rhetoric of inclusive policy and the reality of local implementation (11), while Islam (2021) identified limited awareness among local authorities as a recurring structural constraint on disability rights realisation nationally (12). Read together with the present findings, this suggests that the will–capacity gap is a durable feature of Bangladesh's disability governance architecture rather than an artefact of this study's particular sample of twelve UPs.

The practical implication is significant: capacity-building interventions premised on the assumption that UP representatives need to be persuaded of the importance of disability inclusion are likely to misdiagnose the problem. The evidence presented here indicates that the more binding constraint is not attitudinal but infrastructural, respondents need predictable budgets, codified procedures, and basic technical knowledge that converts existing goodwill into consistent, rights-based practice.

4.2 From Charity to Rights: Conceptual Awareness Without Institutional Translation

Oliver's (1983) foundational distinction between the individual (charity) model of disability and the social (rights-based) model remains the clearest lens through which to interpret the conceptual divide running through the data (18). Bangladesh has formally committed to the social model through the Rights and Protection of Persons with Disabilities Act, 2013 (5) and through ratification of the CRPD (6), both of which frame disability support as an entitlement flowing from citizenship rather than a discretionary kindness. Yet across both Chairman and committee member interviews, the dominant operational mode of service delivery remained charity-oriented in form, personally funded, non-codified, and contingent on the individual disposition of the office-holder, even among respondents who could articulate rights-based language fluently.

This disjuncture between conceptual awareness and institutional practice is corroborated by national-level evidence. Transparency International Bangladesh's (2021) governance assessment identifies local government institutions as among the most frequently cited sources of service-related grievance in Bangladesh, including in the provision of disability-related benefits (9), while Rahman and colleagues' (2025) analysis of NSPD data confirms that access to social protection for persons with disabilities remains uneven and inconsistent at the national level (10). The present findings extend this picture by showing precisely how that inconsistency is produced at the point of delivery: not through deliberate exclusion, but through the absence of any institutional mechanism that would make entitlement independent of personal communication with the office-holder.

It is notable that the small number of 'positive outlier' respondents identified, those operating dedicated help desks, ring-fenced budget lines, and documented disaster protocols, were also the respondents with the most sustained exposure to NGO-led training. This is consistent with Oliver's (18) own characterisation of the social model as 'a tool for action' rather than an abstract theory: rights-based awareness appears to convert into rights-based practice only when it is paired with concrete operational tools and sustained reinforcement.

4.3 Structural and Fiscal Constraints in the Architecture of Local Government

The near-universal demand for a ring-fenced disability budget line, raised independently by Chairmen and committee members across multiple unions, must be read against the fiscal architecture of Bangladesh's local government system. The Local Government (Union Parishads) Act, 2009 (2) assigns the Social Welfare and Disaster Management Committee responsibility for disability-related welfare functions without correspondingly mandating dedicated, protected financing, leaving UPs reliant on general allocations, central government block grants, and discretionary redirection of other programme funds. Karim's (2023) review of Bangladesh's social

protection financing architecture similarly identifies inadequate, fragmented local-level financing as a structural constraint on poverty-reduction outcomes more broadly (14), suggesting that the budget gap documented in this study is a specific manifestation of a wider, well-documented weakness in local government finance rather than an isolated administrative oversight.

This matters because, in the absence of earmarked funding, disability-related needs must compete for discretionary resources against other claims on a UP's limited and often informally allocated budget, a competition in which persons with disabilities, lacking organised political voice at the local level, are structurally disadvantaged. Transparency International Bangladesh's (9) finding that local government institutions are frequently the subject of service-related grievance suggests that this is not a problem specific to disability provision but one in which disability-related needs are likely to be particularly exposed given the absence of any earmarked claim on resources.

The geographic and economic constraints described by respondents in structurally poor unions, such as the sandbar (char) union with negligible local revenue, further indicate that budget inadequacy is not solely a matter of local prioritisation but, in some cases, reflects a more fundamental absence of any local revenue base to allocate. For such unions, a ring-fenced disability allocation from central government, rather than reliance on local discretionary capacity, is likely to be the only feasible route to meaningful service improvement.

4.4 Physical and Communication Accessibility: Translating Rights into the Built and Social Environment

Article 9 of the CRPD obliges states parties to ensure accessibility of the physical environment, transportation, and information and communications on an equal basis with others (6). The findings indicate partial compliance with this obligation: ramps are increasingly present, particularly in newer construction, reflecting some institutional progress, yet accessible toilet facilities remain almost universally absent, and committee members identified a distinct and largely unaddressed barrier in the absence of any sign-language or non-verbal communication capacity at the UP level.

This pattern is consistent with the UNPRPD's (2022) situational analysis of disability rights in Bangladesh, which identifies systemic accessibility gaps across public institutions nationally (8). Read alongside the present findings, it suggests that policy and donor attention to accessibility has so far concentrated disproportionately on a single, visible category of barrier, ramps, while two equally consequential categories, sanitation facilities and communication access, remain comparatively neglected. These two categories require different forms of investment: toilet retrofitting is primarily a capital expenditure problem, whereas communication accessibility is primarily a human-capacity and training problem, neither of which is solved by simply replicating ramp-focused infrastructure policy.

At the same time, the low-cost adaptive practices documented, including the relocation of a Union Digital Center (UDC) service point from an upper floor to the ground floor in direct response to an

identified accessibility barrier, demonstrate that meaningful accessibility gains do not always require major capital outlay. What such examples appear to require, more than money, is awareness: a chairman or committee member who has identified the barrier and possesses the authority and motivation to act on it. This reinforces the case for pairing infrastructure investment with sustained awareness-raising and training, rather than treating the two as substitutes for one another.

4.5 Disaster Risk Reduction: From Reactive Relief to Anticipatory, Inclusive Preparedness

The Sendai Framework for Disaster Risk Reduction 2015–2030 explicitly calls for enhanced disaster preparedness for effective response as one of its four priorities for action (19), while Article 11 of the CRPD specifically obliges states to ensure the protection and safety of persons with disabilities in situations of risk, including humanitarian emergencies (6). Measured against both frameworks, the dominant pattern recorded in this study, microphone-based warning systems with no accommodation for hearing-impaired residents, general-population shelters with no dedicated provision for persons with severe disabilities, and seasonal relief in the form of blankets or saline distribution, represents a reactive, relief-based model of disaster response rather than the anticipatory, disability-disaggregated planning that both frameworks envisage.

This finding corroborates Farid's (2026) scoping review of disability-inclusive disaster risk reduction and climate change adaptation in Bangladesh, which concludes that systematic integration of disability considerations into DRR planning remains nascent nationally (15). What the present study adds to this picture is evidence that the anticipatory model called for by the Sendai Framework is not merely aspirational: it is already being independently generated, in embryonic form, by individual committee members. Respondent 17's practice of canvassing and listing the needs of persons with disabilities in advance of disaster events, and Respondent 14's plan to physically flag the homes of persons with disabilities for rapid identification and evacuation, priority listing by Respondent 25 and early notification to family members of persons with disabilities by Respondent 27 are genuine instances of the anticipatory, disability-disaggregated planning that international frameworks recommend. The policy task is therefore less one of invention than of resourcing, documenting, and replicating practices that committed individuals have already begun to develop on their own initiative.

4.6 The Catalytic Role of NGO Engagement in Bridging the Policy–Practice Gap

The finding that sustained engagement with DRRA was the single most consistent predictor of advanced, rights-oriented practice across both respondent groups is strongly consistent with the wider literature on local government–NGO partnership in rural Bangladesh. Panday's (2018) study of BRAC's Strengthening Local Governance initiative similarly found that sustained NGO partnership with Union Parishads measurably improved service delivery, transparency, and accountability by changing the mindsets of UP officials through capacity-building and community mobilisation (20). The present findings extend this general pattern to the specific domain of disability inclusion: respondents with sustained DRRA engagement (Respondents 10, 14, and 15) consistently demonstrated the most institutionalised practices observed in either data set, including a disability help desk, a planned and protected budget allocation, and a structured vocational training pipeline, while respondents without comparable NGO exposure relied predominantly on personal discretion and charity-style assistance.

Two further observations from the literature warrant caution alongside this otherwise encouraging finding. First, Islam (2021) and Transparency International Bangladesh (2021) both identify limited awareness and weak implementation as durable, system-level constraints rather than problems confined to NGO-unsupported unions (12, 9), indicating that NGO partnership is filling a real and persistent institutional gap rather than addressing a marginal or temporary shortfall. Second, the broader local government–NGO partnership literature, reflected in Panday's (20) analysis, has historically found that gains achieved through NGO engagement can prove fragile once external support phases out, where capacity-building has not been accompanied by institutionalisation in the form of budget lines, written procedures, or formal training curricula. This implies that the encouraging practices observed among DRRA-engaged respondents in this study should be treated as a foundation to be institutionalised, through the policy and training, rather than as a self-sustaining outcome of NGO engagement alone.

4.7 Towards an Evidence-Based Digital Learning Module: Content and Design Implications

Okai-Ugbaje and colleagues' (2022) framework for mobile learning in resource-constrained environments identifies device cost, connectivity reliability, and the local relevance of content as the principal determinants of uptake in precisely the kind of setting this study describes (21). Each of these determinants is independently confirmed by the present data: several committee members reported not owning a smartphone at all, multiple respondents across both groups identified unreliable mobile connectivity and intermittent power supply as primary barriers, and the strong, repeated preference for short videos, illustrated guides, and offline-capable content mirrors the design principles that framework recommends for similar contexts. Any digital learning module

developed on the basis of this study should therefore be engineered, from the outset, for low-bandwidth and offline use rather than treating offline functionality as a secondary feature, and should anticipate that a meaningful minority of intended users, particularly grassroots committee members, may require an alternative, non-smartphone-dependent channel of access.

Beyond device and connectivity design, the substantive content priorities named by respondents converge strongly across both data sets, and this convergence, combined with the gaps independently identified through thematic analysis, points to three content priorities that should anchor the first phase of module development.

4.7.1 Priority Topic 1: Guidelines for Inclusive Service Delivery

A practical, operational account of what inclusive service delivery looks like in day-to-day UP practice was the most frequently named first-choice content priority. This reflects a need identified: respondents are rarely short of goodwill, but are frequently short of a concrete operational template for translating that goodwill into consistent practice, identification protocols, prioritisation criteria for safety-net allocation, consultation procedures with DPOs, and basic communication accommodation. Module content here should draw directly on the good practices already documented in this study, the help desk model, the household-flagging protocol, and the ground-floor service relocation, presented as peer case studies rather than abstract guidance, consistent with the strong preference for peer-learning content noted by respondents in both data sets.

4.7.2 Priority Topic 2: Disability Rights and Legal Entitlements

Knowledge of the Rights and Protection of Persons with Disabilities Act, 2013 (5) and the CRPD (6) was strikingly limited across both respondent groups, with the majority of Chairmen explicitly unaware of the Act’s existence or provisions. This is precisely the kind of gap that respondents themselves identified as a priority for digital learning content, and it is a gap with direct practical consequences: representatives who do not know what persons with disabilities are legally entitled to cannot be expected to deliver, or be held accountable for, rights-based service. This content area should be designed to translate legal entitlements into the operational categories UP representatives already work with, identification, allowance eligibility, committee representation, and accessibility obligations, rather than presenting the legislation in abstract or purely textual form.

4.7.3 Priority Topic 3: Government Services, Benefits, and Step-by-Step Application Procedures

A consolidated, practical directory of available government services and benefits for persons with disabilities, paired with clear, step-by-step application guidance, was repeatedly named as a priority by both Chairmen and committee members. This addresses a recurring source of procedural confusion documented throughout the interviews, including misclassification errors in disability identification, uncertainty about wheelchair and assistive device procurement channels, and confusion regarding the verification process for disability cards and allowances. Given the strong preference for visual, low-text formats expressed across both data sets, this content area is particularly well suited to short instructional video and downloadable checklist formats that can function as quick on-the-job reference tools rather than training material to be studied in advance.

Secondary content areas, accessible infrastructure design and disability-inclusive disaster preparedness, were also named with sufficient frequency to merit inclusion in a second phase of module development, but did not achieve the same convergence across both respondent groups as the three priorities identified above and are accordingly treated as a second-tier priority in the recommendations that follow.

4.8 Limitations of the Study

Three limitations should be noted in interpreting these findings. First, this study captured the perspectives of UP institutional representatives, Chairmen and committee members, but did not directly interview persons with disabilities or Disabled Persons' Organisations as primary respondents. The picture presented here is therefore one of institutional self-report rather than service-user experience, and the two may diverge, particularly regarding the depth and quality of consultation practices that respondents describe as participatory. Second, the sample of twelve UPs across three districts, while purposively selected for contextual variation, cannot be assumed to be statistically representative of Bangladesh's more than 4,500 Union Parishads, and findings should be read as analytically generalisable rather than statistically generalisable. Third, as several respondents' own admissions illustrate, including the explicit acknowledgement that disability-related assistance can serve electoral self-interest, self-report data of this kind is subject to social desirability bias, and the prevalence of charity-oriented practice documented here may, if anything, understate rather than overstate the true scale of the gap between rights-based rhetoric and practice.

CHAPTER

5

Conclusion

This study set out to generate evidence on the current status of disability inclusion within Union Parishads, focusing on institutional practices, barriers, and opportunities, with the explicit aim of informing both policy and the development of an online learning module for UP representatives. Across 27 Key Informant Interviews with UP Chairmen and Social Welfare and Disaster Management Committee members in twelve Union Parishads spanning three districts, a consistent and analytically coherent picture has emerged.

Disability inclusion at the Union Parishad level is characterised, above all, by a striking gap between institutional will and institutional capacity. UP representatives, across experience levels, geographic contexts, and institutional roles, express genuine and consistent moral commitment to supporting persons with disabilities. This commitment is persistently constrained by the absence of dedicated and protected budget allocations, by limited formal knowledge of the legal rights framework established under the Rights and Protection of Persons with Disabilities Act, 2013 and the Convention on the Rights of Persons with Disabilities, by partial and uneven physical and communication accessibility, and by disaster preparedness systems that remain predominantly reactive rather than anticipatory. The result, evident across both respondent groups, is a model of service delivery that continues to resemble discretionary charity more closely than codified, rights-based entitlement, notwithstanding Bangladesh's comparatively progressive national legal framework.

Within this broadly constrained picture, the study also identifies a clear and replicable source of positive deviation. A small number of respondents in both data sets, distinguished principally by sustained, direct engagement with the Disabled Rehabilitation and Research Association (DRRA) or a comparable NGO partner, demonstrated substantially more developed, systematised, and rights-oriented practice, including a dedicated disability help desk, a ring-fenced budget allocation, a structured vocational training pipeline, and an innovative household-flagging protocol for disaster evacuation. These practices were not imported from elsewhere; they were generated locally, by motivated individuals, once provided with the knowledge and tools to act on existing goodwill. This finding carries an important and, on balance, encouraging implication: the central barrier to disability-inclusive local governance in this context is not an absence of will but an absence of accessible knowledge, applied tools, and institutional reinforcement, all of which are, in principle, addressable through deliberate capacity-building investment.

Both respondent groups expressed clear and practical openness to a digital learning module as a vehicle for closing this gap, provided the module is designed around the real operating constraints of rural local government, namely inconsistent connectivity, uneven smartphone access among grassroots committee members, and limited weekly time availability for training. The convergence of evidence presented in this report points to three content priorities for the first phase of module development: guidelines for inclusive service delivery, disability rights and legal entitlements, and a consolidated, practical guide to government services and application procedures. These priorities, together with the design implications discussed in Chapter 4 and the full set of recommendations

presented in Chapter 6, translate the evidence generated by this study into a concrete agenda for action.

In sum, this study finds that the foundations for disability-inclusive local governance in Bangladesh, a progressive legal framework, willing institutional actors, and a small but real set of locally-generated good practices, are already substantially in place. What remains is the deliberate work of converting rights on paper into rights in practice: through dedicated financing, structured and sustained capacity-building, accessible infrastructure, and a digital learning module built directly on the evidence and priorities that Union Parishad representatives themselves have identified.

CHAPTER

6

Recommendations

The recommendations below translate the findings and discussion into a concrete agenda for policy, capacity-building, and digital module development. They are organised into four groups: policy and institutional reform, capacity-building, the priority content and design of the proposed digital learning module, and directions for future research.

6.1 Policy and Institutional Recommendations

- **Establish a ring-fenced disability budget line:** The Local Government Division (LGD), in collaboration with the Department of Social Services, should mandate a minimum disability-specific budget line for all Union Parishads, ring-fenced from general allocations and protected from reallocation to other purposes, building on the Local Government (Union Parishads) Act, 2009 (2) and addressing the financing gap identified by Karim (2023) (14).
- **Develop standardised, codified service-delivery protocols:** The LGD should develop and disseminate standardised operating procedures for disability identification, safety-net prioritisation, and DPO consultation, translating the entitlements set out in the Rights and Protection of Persons with Disabilities Act, 2013 (5) and the CRPD (6) into concrete, replicable administrative steps rather than leaving implementation to individual discretion.
- **Fund accessible toilet retrofitting as a distinct priority:** A national retrofitting programme should prioritise accessible toilet facilities in UP offices, schools, and health centres, the single most consistent and least-addressed physical accessibility gap identified in this study, alongside continued ramp installation in new construction.
- **Decentralise disability identification and verification:** Following the practice piloted by Respondent 10, the Department of Social Services should formally adopt a decentralised verification model, bringing disability card and allowance verification to the UP level on a scheduled basis, to remove the transport barrier faced by persons with severe disabilities and their families.
- **Build basic communication-accessibility capacity:** The LGD should pilot a basic communication-accessibility capacity at the UP level, either a trained local point-of-contact or a shared, on-call interpreter resource at upazila level, to address the sign-language and non-verbal communication gap identified specifically by committee members.
- **Mandate disability-inclusive disaster preparedness protocols:** Disaster management guidelines issued to UPs should explicitly require disability-disaggregated needs identification, accessible shelter standards, and household-level evacuation flagging, formalising the Sendai Framework's (19) anticipatory model and building directly on the good practices already piloted by Respondents 14 and 17.

6.2 Capacity-Building Recommendations

- **Provide structured, mandatory training on disability rights:** All UP Chairmen and Social Welfare and Disaster Management Committee members should receive structured, multi-day training covering the Rights and Protection of Persons with Disabilities Act, 2013 (5), CRPD principles (6), inclusive service delivery, accessible infrastructure, and disability-inclusive disaster management, moving beyond the single-day orientation that the majority of respondents in this study reported as their only prior exposure.
- **Invest in sustained NGO accompaniment rather than one-off orientation:** Given the demonstrated association between sustained DRRA engagement and advanced institutional practice, DRRA and comparable partners should prioritise ongoing accompaniment, periodic refreshers, peer exchange, and follow-up support, over one-off orientation sessions, and should work with the LGD to identify a pathway for institutionalising successful practices once direct NGO support ends.
- **Document and disseminate good practices identified in this study:** The help desk model (Respondent 14), the household-flagging disaster protocol (Respondent 14), the advance needs-listing practice (Respondent 17), and the ground-floor service relocation (Respondent 05) should be formally documented and disseminated as peer case studies, both in printed form and as the foundation of the digital module's good-practice content, consistent with the strong preference for peer learning expressed throughout the interviews.

6.3 Digital Learning Module: Top Three Priority Topics for Development

Based on the convergence of evidence presented in Chapters 3 and 4, the following three content areas should be prioritised in the first phase of digital module development. Table 1 summarises each priority, the supporting evidence from the findings, and the recommended content format.

Table 3: Top Three Priority Topics for Digital Module Development

Rank	Topic	Supporting Evidence from Findings
1	Guidelines for Inclusive Service Delivery	Most frequently named first-choice priority among committee members; consistently cited by Chairmen; addresses the documented gap between goodwill and operational know-how
2	Disability Rights and Legal Entitlements (2013 Act and CRPD)	Majority of Chairmen explicitly unaware of the 2013 Act; demonstrated legislative knowledge gap directly matched by respondents' own stated demand for rights content
3	Government Services, Benefits, and Step-by-Step Application Procedures	Repeated procedural confusion across both groups and unaware about any other services than disability ID Card and allowance.

Accessible infrastructure guidance (ramp and toilet construction) and disability-inclusive disaster preparedness, while clearly important, were named with less cross-group convergence than the three priorities above and should be developed as a second-tier content phase following the initial module launch.

6.3.1 Module Design Requirements

- **Offline-first, low-bandwidth design:** The module should function fully without a live internet connection, consistent with the design principles for resource-constrained mobile learning identified by Okai-Ugbaje and colleagues (2022) (21) and the explicit request for downloadable PDF/JPG content recorded in this study.
- **Mobile-first, modular structure:** Content should be built primarily for smartphone viewing, in short, self-contained segments of approximately 15–20 minutes, reflecting the one-to-three-hours-per-week time availability reported by most respondents.
- **Non-smartphone access channel:** Given that several committee members reported not owning a smartphone, an alternative access channel, printed illustrated handouts, group viewing sessions, should be developed alongside the digital module rather than assuming universal device access.
- **Peer case-study framing:** Good-practice content should be framed as documented examples from other UPs rather than prescriptive instructions, consistent with the strong preference for horizontal, chairman-to-chairman and member-to-member learning expressed throughout the interviews.

6.4 Recommendations for Future Research

- **Incorporate the direct perspectives of persons with disabilities:** Future research should directly interview persons with disabilities and Disabled Persons' Organisations to capture

service-user experience alongside the institutional perspective documented in this study, addressing the limitation noted in Section 4.8.

- **Validate findings at scale:** A structured quantitative survey across a larger, randomly sampled set of Union Parishads would help establish how far the patterns identified in this qualitative study generalise across Bangladesh's more than 4,500 Union Parishads.
- **Evaluate the digital module's impact post-launch:** Following the launch of the digital learning module, a follow-up evaluation should track uptake, knowledge gain, and, where feasible, downstream changes in service delivery practice, to assess whether the capacity-building investment recommended in this report translates into the practice change it is intended to produce.

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