

Disability Inclusive Development Nepal Situational Analysis June 2020 update

The Institute of Development Studies (IDS) has prepared Situational Analyses (SITANs) which synthesise the most recent existing literature and evidence on factors that impact on the lives of people with disabilities in each of the six UK Aid funded Disability Inclusive Development (DID) countries to better inform the DID programme implementation in each country. The countries include Bangladesh, Jordan, Kenya, Nepal, Nigeria, and Tanzania. The programme focuses on access to education, jobs, healthcare, and reduced stigma and discrimination for persons with disabilities.

This situational analysis addresses the question of: “what is the current situation for persons with disabilities in Nepal?”.

These SITANs can be used throughout the programme, by all those involved in it, in order to better understand the current context and available evidence, as well as by others working in this area. This will help lead to better informed projects within the four different thematic areas and help with situating these different projects within the wider country context. Where the Committee on the Rights of Persons with Disabilities has recommendations from the concluding observations on the country, these have been integrated in relevant places to ensure that the UNCRPD is at the heart of the SITANs. Where possible, the SITANs also flag up gaps in evidence which the DID programme may be interested in addressing. As living documents, they can be adapted to include newly published evidence and to reflect any adaptations in areas of interest in the programme. This SITAN has been briefly updated from the April 2019 SITAN. For more information about how the situational analyses were conducted see page 32.

This paper has been funded with UK aid from the UK government. The opinions expressed are those of the authors and do not necessarily reflect the views or policies of the UK government or members of the Disability Inclusive Development consortium.

Contents page

1. SUMMARY OF KEY INFORMATION	4
Country facts and figures	4
National policies	4
The situation for people with disabilities	4
2. COUNTRY OVERVIEW	6
COVID-19 impacts	7
3. NATIONAL POLICIES	8
National Development Plan	8
UNCRPD and national disability policies	8
UNCRPD	9
National disability legislation	9
Responsible bodies	10
Employment and livelihood policies	10
Social Protection policies	11
Education policies	11
Health policies	12
4. THE SITUATION FOR PEOPLE WITH DISABILITIES	12
Disability prevalence	12
Disability and poverty	13
COVID-19's impact on persons with disabilities	14
DID Thematic area: Disability stigma	14
Women with disabilities	17
Indigenous people with disabilities	17
Tackling disability stigma	18
DID Thematic area: Disability and livelihoods/work	19
Barriers to employment	21
Disability and social protection	21
DID Thematic area: Disability and education and training	23
Barriers to education	25
Government provision of inclusive education	26
Vocational training	28

DID Thematic area: Disability and health	28
Sexual and reproductive health	29
Access to assistive devices and assistance	30
Disability and humanitarian situations	31
Disaster risk reduction (DRR)	31
2015 earthquake	31
5. HOW THE SITANS WERE CONDUCTED	32
6. REFERENCES	33
Suggested citation	36

1. Summary of key information

Country facts and figures

Poverty rates: USD 1.90 poverty rate: 15% (2011); multidimensional poverty rate (2014): 28.6%. Poverty is concentrated in rural areas.

Disability prevalence: Estimates range – 1.94% (2011 census); 3.6% (National Living Standards Survey) – likely to be higher than this. One 2014-15 household survey found a prevalence rate of 14.5% using the Washington Group Questions.

National policies

Nepal ratified the *UNCPRD* in 2010. Disability rights are provided by the *2015 Constitution* and the *2017 Rights of Persons with Disabilities Act*, amongst others. The Ministry of Women, Children and Senior Citizen (MoWCSW) and a National Disability Direction Committee are responsible at the national level, while at the village and municipality level, there should be disability coordination committees.

The *2017 Labour Act* and the *2015 National Employment Policy* make little mention of persons with disabilities, although the *2017 Rights of Persons with Disabilities Act* ensures non-discrimination on work and employment and the *1999 Local Self Governance Act* provides ward committees with the responsibility ensuring the livelihoods of persons with disabilities.

Access to education for children with disabilities has been improved by the *2017 Inclusive Education Policy for Persons with Disabilities* and the *School Sector Development Plan 2016-2023*, amongst others.

People with disabilities health needs are met within the *2014 National Health Policy* and the *2018 Safe Motherhood and Reproductive Health Rights Act of Nepal* ensures that the services provided are disability friendly.

The situation for people with disabilities

Disability and poverty: Households of people with disabilities tend to be poorer than households without people with disabilities, and people with disabilities are one of the most deprived sectors of the population.

Disability and COVID-19: Persons with disabilities face significant barriers to protecting themselves from the impacts of COVID-19. Many have seen a reduction in income and increased food insecurity as a result of the response to the pandemic. The negative effects of COVID-19 are compounded for marginalised groups within the disability community.

Stigma: People with disabilities experience stigma, prejudice, and marginalisation which exclude them from daily life, especially in rural areas. This puts them at greater risk of violence and abuse. Intersectional discrimination is also an issue, in particular for women and girls with intellectual or psychosocial disabilities, autistic persons, and persons from ethnic, Dalit, Madhesi and Muslim communities.

Disability and livelihoods/work: People with disabilities in Nepal struggle to find work, especially paid work, and are more likely to be unemployed or underpaid. Women with disabilities were less likely to be involved in working life than men. This is as a result of barriers including lack of effective implementation of legislation; negative attitudes and expectations about what they can

do; discrimination and harassment; lack of accessible workplaces; lack of accessible infrastructure to get to work; lack of education and the necessary skills; lack of financial resources; and lack of connections.

Disability and education and training: Persons with disabilities are less likely to access formal education and achieve higher levels of education than persons without disabilities. Illiteracy rates are also higher for persons with disabilities, especially for women. Many children with disabilities drop out of mainstream schools, especially in rural areas. Barriers to education include lack of accessibility (including of toilets) and reasonable accommodation; bullying; punishment from teachers; lack of accessible teaching materials; lack of inclusive teaching methods; lack of accessibility on the way to school; poverty; and sexual harassment. Lack of identification and screening of children with disabilities prevents the government from effectively budgeting and developing responsive implementation plans for inclusive education. There is no comprehensive strategy to promote inclusive education in urban and rural areas and education is provided either in special schools or in integrated schools with resource classes for children with disabilities, often far from children with disabilities' homes.

Disability and health: Persons with disabilities generally have more health problems than persons without disabilities, as they have limited access to comprehensive health and rehabilitation services, particularly in rural and remote areas. Barriers include inaccessible health facilities; lack of accessible health information; the travel distance; the costs involved; the long wait times; and negative attitudes and lack of understanding of disability from health workers. Women and men with disabilities face difficulties accessing sexual and reproductive health, including menstrual hygiene management.

Disability and humanitarian issues: Persons with disabilities face higher risks in disasters and emergency situations as disaster risk reduction (DRR) activities have failed to meaningfully include, engage or consult them. They also struggled to access mainstream humanitarian programmes which were put in place in response to the 2015 earthquake.

Main report

2. Country overview

Nepal is a multi-lingual, multi-cultural, multi-religious, multi-ethnic country¹ with a diverse geography, consisting of mountains, hills and terai (NIDA, NIDWAN & AIPP, 2018, p. 3). Indigenous peoples² and Dalit³ are among the most marginalised of the groups in Nepal⁴ (NIDA, NIDWAN & AIPP, 2018, p. 3). Nepal endured 10 years of armed civil conflict between 1996 and 2006 and a fragile democratic transition since then, during which it experienced frequent government turnover (USAID, 2017, p. 6; Hadad-Zercos, 2018). Nepal has a high risk of natural hazards, especially earthquakes, floods, and landslides (OCHA, 2017). In 2015 it suffered from two massive earthquakes, which caused severe destruction (OCHA, 2017). Since 2005, disaster events have affected about 7.8 million people in a population of 28.5 million (OCHA, 2017).

Most of the population lives in rural areas (79.8%), although the urban population is gradually increasing⁵. Nepal used to be one of the poorest countries in the world until the 1990s, especially in rural areas where people relied on subsistence agriculture (Uematsu et al, 2016, p. 2, 24). However, poverty in Nepal fell from 46% in 1996 to 15% in 2011 as measured by the international extreme poverty line (USD1.90 a day, 2011 PPP) (Hadad-Zercos, 2018). In large part this poverty reduction was the result of private remittances from the massive outmigration of labour (mainly young men) and the various impacts this has had on various aspects of life, rather than improving agricultural productivity (Hadad-Zercos, 2018; Uematsu et al, 2016, p. 24). In 2014, 28.6% of Nepal's population was multidimensionally poor (experiencing deprivations in education, health and living standards) (NPC & OPHI, 2018, p. viii). 7% of the urban population and 33% of the rural population were multidimensionally poor, due mainly to malnutrition and insufficient years of schooling (NPC & OPHI, 2018, p. viii). Provinces 6 and 2 have the highest rate of multidimensional poverty (50%), followed by Provinces 5 and 7 (approximately 30%) (NPC & OPHI, 2018, p. viii). Nepal had a medium human development index⁶ in 2018 of 0.579,

¹ 125 caste and ethnic groups have been identified (NIDA, NIDWAN & AIPP, 2018, p. 3).

² Nepal's Act to establish the Foundation for Development of Indigenous Nationalities, (2002) defines "indigenous nationalities...[as] those ethnic groups or communities, who have their own mother tongue and traditional customs, different cultural identity, distinct social structure and written or oral history". It lists 59 indigenous nationalities, of which 18 from the mountains, 24 from the hills, 7 from the Inner Terai and 10 from the Terai regions. – Taken from Bhattachan, 2012, p. 1.

³ Dalits are considered "untouchables" in the Hindu caste system, which still has a strong influence on Nepali culture.

⁴ NIPA et al (2018, p. 3) notes that the institutionalised dominant Hindu hierarchical caste system is still prevalent in Nepal and has direct impacts of marginalisation and subjugation of and internal colonisation over indigenous peoples by dominant caste groups in terms of land, territories, language, customary laws and collective way of life.

⁵ UN Data Nepal – Accessed 30.6.2020

⁶ The HDI is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.

positioning it at 147 out of 189 countries and territories⁷. In relation to income inequality, its Gini coefficient is 32.8⁸.

Nepal's GDP is USD 24,870 million, while its GDP per capita is USD 848.7 (measured in 2017). According to UN statistics, in 2017 agriculture made up 29.4% of gross value added (GVA) of the economy and 70.6% were estimated to be employed in the agricultural sector; industry made up 14.6% of GVA of the economy and employed an estimated 8.3%; services and other activities made up 56% of GVA of the economy and employed an estimated 21.1%⁹.

COVID-19 impacts

A key feature of 2020 has been the COVID-19 outbreak which has caused disruption across the world. COVID-19 and responses to it have triggered a global crisis that has impacted on all areas of life, including people's health, livelihoods, and education. It has exposed existing inequalities in society, with groups who were already marginalised and vulnerable, including persons with disabilities, amongst the most affected. The 'COVID-19 outbreak has provoked social stigma and discriminatory behaviours' (IFRC et al, 2020, p. 1). Estimates from the World Bank in early June suggest the COVID-19 pandemic could push between 71 to 100 million people into extreme poverty – up to 42 million in South Asia (Mahler, 2020). The impact on livelihoods has been devastating, with the ILO (2020) warning at the end of June that there has been the equivalent of the loss of 400 million jobs in the second quarter of 2020 as a result of COVID-19, with women workers worst affected due to their overrepresentation in some of the worst affected sectors - accommodation, food, sales and manufacturing. Previously the ILO (2020b) warned that 1.6 billion workers in the informal economy stand in immediate danger of having their livelihoods destroyed as a result of the pandemic. Globally, over 1 billion students and youth are affected by school and university closures due to the COVID-19 outbreak¹⁰. Health systems are struggling to cope, leaving services such as sexual and reproductive health care and other more routine services side-lined (UNFPA, 2020, p. 1). Existing gender inequalities are being compounded by the pandemic (UNFPA, 2020, p. 1).

At the end of June Nepal had 13,564 confirmed cases and 30 deaths from COVID-19¹¹. The pandemic and resulting lockdown 'have hit Nepal's tourism, entertainment, and transport sectors hard, slamming projected economic growth and pushing three in every five people working in small or micro enterprises out of jobs', in both the formal and informal sectors (UNDP, 2020). Remittances are also expected to drop by 15 to 20% (UNDP, 2020). The ILO (2020c, p. 1) warns that there are 'nearly 3.7 million workers earning their livelihoods in the sectors deemed most at risk', in construction, manufacturing, and trade. COVID-19 is also 'putting Nepal's small-scale producers and landless farmers under strain' as lockdown measures disrupt the patterns of small-scale planting, harvesting, distribution, and access to markets (Deuja, 2020). This could result in food insecurity and hundreds of thousands losing their livelihoods (Deuja, 2020). According to survey of 4,416 households in April, 1 in 10 had lost jobs due to COVID-19, 3 in 10 had lost some income, and 23% had inadequate food consumption (Regmi et al, 2020, p. 3). The

⁷ UNDP Nepal – Accessed 30.06.2020

⁸ UNDP Human Development Report Income Gini coefficient – Accessed 30.06.2020

⁹ UN Data Nepal – Accessed 30.06.2020

¹⁰ UNESCO COVID-19 Education response - Accessed 30.06.2020

¹¹ Corona Tracker Nepal - Accessed 30.06.2020

loss in income occurred most amongst 'daily wage laborers, migrant workers, and households with a disabled person' (Regmi et al, 2020, p. 4). COVID-19 has resulted in the closure of schools and universities, with an estimated 9 million affected in early May (Dawadi et al, 2020, p. 2). 'Out of this number, 958, 127 (11%) are in pre-primary, 2,466,570 (28%) are in primary, 3,463,763 (39%) are in secondary and 404,718 (5%) are in tertiary education' (Dawadi et al, 2020, p. 2). The switch to e-learning has been challenging, especially in relation to equitable access, as many poor households and those living in rural areas lack access to the internet (Dawadi et al, 2020, p. 2, 5). The school closures are likely to increase school drop-out rates as parents lose their jobs or income from remittances (Dawadi et al, 2020, p. 5). There are concerns that the lockdown strategy will 'severely affect the health and nutrition security of the poor and vulnerable population in Nepal' (Singh et al, 2020, p. 1). The majority of private health care services have halted their services, which has severely affected 'reproductive, maternal, and child health services and those with chronic health conditions and non-communicable diseases' (Singh et al, 2020, p. 2).

3. National Policies

National Development Plan

Nepal has periodic national development plans which frame the governments development policies and programmes. The current **15th Three Year Plan** was endorsed in March 2020¹². The **14th Three Year Plan** focus on 'reducing absolute poverty, sharing economic prosperity, post-earthquake reconstruction and rehabilitation, development of physical infrastructure and good governance'¹³. It highlights major issues for people with disabilities, including children with disabilities not being able to reach school, their high dropout rates, budget allocations for sign language, community based rehabilitation, programmes and rehabilitation services for people with mental, psychosocial, intellectual, autism, severe and profound disabilities, and support for parents amongst others (NIDA, NIDWAN & AIPP, 2018, p. 15-16). However, women's and indigenous disabled people's organisations note that it does not include substantive programmes for women with disabilities or indigenous people with disabilities and fails to combat violence against women with disabilities in a substantive manner (NIDA, NIDWAN & AIPP, 2018, p. 16). The **previous plan** also included persons with disabilities, with an expected outcome of the establishment of rehabilitation centres for persons with disabilities who have no guardians and an increase in the availability of assistive devices (GoN, 2013, p. 86).

UNCRPD and national disability policies

Changes in national disability policy reflect a shift from seeing persons with disabilities as passive recipients towards a self-empowerment and rights based approach (Poudyal et al, 2018, p. 1). However, Poudyal et al (2018, p. 1) note that 'in reality the impact of these affirmative steps has largely remained invisible and the concept of disability is still deeply embedded within superstitions and stigma'.

¹² National Planning Commission endorses 15th periodic plan

¹³ Government of Nepal website

UNCRPD

Nepal ratified the UNCRPD in 2010 and an initial report was submitted in 2014. A consortium of disabled people's organisations submitted a shadow report to the CRPD committee. Concluding observations were made in 2018.

National disability legislation

The **2015 Constitution** mentions people with disabilities in under various rights, including rights to free education up to higher secondary level and political rights (Eide et al, 2016, p. 37; NIDA, NIDWAN & AIPP, 2018, p. 4). Article 18 of the Constitution also 'upholds every citizen's right to equality, protects them from any discrimination in application of general laws and otherwise based on gender and/or disability' (ACNS et al, 2017, p. 1). However, most mention is made of people with physical impairments, rather than persons with disabilities more generally.

The 2017 **Rights of Persons with Disabilities Act**¹⁴ is guided by a rights-based approach and is formulated in line with the UNCRPD and the disability-related provisions included in Nepal's constitution (Holmes et al, 2018, p. 14; Prasai & Pant, 2018, p. 48; Poudyal et al, 2018, p. 2). The act prohibits discrimination¹⁵ and violence based on disability, and provides for equal access for individuals with disabilities to education, health, employment, public physical infrastructure, transportation and information and communication services (Holmes et al, 2018, p. 15; Prasai & Pant, 2018, p. 50, 52, 54-56). It makes provisions for the issuance of disability cards and acknowledges that the denial of reasonable accommodation is a form of discrimination, although it does not clearly describe what it is (Prasai & Pant, 2018, p. 48-49; NIDA, NIDWAN & AIPP, 2018, p. 12). It makes some specific provisions for women with disabilities, including in relation to their reproductive health rights (Prasai & Pant, 2018, p. 51).

The 2063 (**2007 National Policy and Plan of Action on Disability**) aimed to protect the rights and to promote the empowerment of people with disabilities by identifying seventeen priority sectors, including 'national coordination, information and research, public awareness and advocacy, training and employment, transport, education, and health, rehabilitation, poverty alleviation, assistive devices and support services' (Banks et al, 2018, p. 17; Eide et al, 2016, p. 32-33). It included special provisions for women and girls with disabilities (Raut, 2018, p. 141). It provided a guideline for affirmative action in relation to training and employment of people with disabilities (Prasai & Pant, 2018, p. 16). At least 5% of all training places should be provided to people with disabilities, and training should be free of charge (Prasai & Pant, 2018, p. 16).

The **Protection and Welfare of the Disabled Persons Rules** outlines provisions such as 5% of seats provided in training should be for people with disabilities and tax breaks for factories providing employment to people with disabilities (Prasai & Pant, 2018, p. 16).

¹⁴ Previously there was the 1982 Disabled Protection and Welfare Act. This contained a disrespectful definition of disabled people (Prasai & Pant, 2018, p. 6; NIDA, NIDWAN & AIPP, 2018, p. 11). The new act classifies disability into 10 types: physical; hearing, vision; voice and speech; deaf and blind; mental and psychosocial; intellectual; hemophilia; autism; and multiple disability (NIDA, NIDWAN & AIPP, 2018, p. 4). The Committee on the Rights of Persons with Disabilities recommends the government adopt a human rights based classification of disability (CRPD, 2018, p. 2).

¹⁵ However NIDA, NIDWAN & AIPP (2018, p. 11) feel that because people with disabilities from underrepresented marginalised groups were not effectively consulted during the drafting of the disability Act issues considering multiple and aggravated forms of discrimination were not included.

The **Accessible Physical Structure and Communication Service Directive for People with Disabilities, 2069 (2013)** has made provisions to ensure that the inclusion and accessibility of persons with disabilities is effectively safeguarded and that concerned agencies provide reasonable accommodation in schools, homes or workplaces (Prasai & Pant, 2018, p. 24, 25).

The various different policies and acts which have been put in place include programmes and services that entitle people with disabilities to discounts, subsidies and social protection if they hold a disability card (Holmes et al, 2018, p. 15). Such provisions include, for example: 'the disability allowance; free education for all children with disabilities; school quotas and scholarships for persons with disabilities; free healthcare and discounted medicines; financial support or free provision of assistive materials (such as prosthetics, hearing devices, wheelchairs, etc.); orphanages, rehabilitation centres and hospitals for individuals with disabilities; quotas in public and private employment; discounts on land and air transportation; and barrier-free new buildings of public importance' (Holmes et al, 2018, p. 15).

Eide et al (2016, p. 46) argue that the government has tried to avoid implementing disability legislation by claiming inadequate resources or other avoidance tactics. The budget allocated is not sufficient and there is a lack of appropriate monitoring mechanisms (Eide et al, 2016, p. 47).

Responsible bodies

The Ministry of Women, Children and Senior Citizen (MoWCSW) is responsible for national and international development programs relating to people with disabilities (NIDA, NIDWAN & AIPP, 2018, p. 23). According to the 2017 Disability Act, a National Disability Direction Committee should be responsible for monitoring rights and facilities of people with disabilities, as well as for protecting and promoting their rights (Prasai & Pant, 2018, p. 50-51). Coordination committees in each Village Development Committees (VDCs) and Municipality should protect the rights of persons with disabilities and coordinate between local levels to develop disability friendly programmes and frameworks (Prasai & Pant, 2018, p. 51).

Employment and livelihood policies

The **Labour Act, 2017**, makes provisions for compensation for workers who develop a disability but otherwise does not seem to mention the employment of people with disabilities (Prasai & Pant, 2018, p. 59; NBSM, 2017, p. 12).

The 2015 **National Employment Policy** makes little mention of people with disabilities, and where it does focus mainly on people with physical disabilities and issues around people with disabilities lack of access to education.

The **1999 Local Self Governance Act** provides ward committees with the responsibility for the protection and earning of livelihood of persons with disability (Prasai & Pant, 2018, p. 11).

The 2017 **Rights of Persons with Disabilities Act** has provisions ensuring non-discrimination on work and employment. There is also a 5% quota for people with disabilities in relation to civil service employment in the 1993 **Civil Service Act**¹⁶ (Holmes et al, 2018, p. 16; Prasai & Pant, 2018, p. 23).

¹⁶ The previous 1982 Disabled Protection and Welfare Act had a 4% quota in private sector companies, although it is not clear if this is still in the new act (Khadka, 2017, p. 37).

Social Protection policies

Social security schemes are fragmented, with 'each governed by their own law, regulations, directives and guidelines and are scattered across several sectors' (Khadka, 2017, p. 7). Attempts to create a systematic policy framework in order to address this include the draft 10-year National Framework for Social Security, which has yet to be completed (Khadka, 2017, p. 7).

The 2015 **Constitution** establishes 'social security as a fundamental right of Nepali citizens and provides a broad framework for the social security system' and the right of persons with disabilities to social security is provided in the law (Khadka, 2017, p. 3). Power for people with disabilities rests at the local level (Khadka, 2017, p. 5).

The 1992 **Social Welfare Act** acknowledges the importance of serving the interests of children, older, or disabled people. It gave the government powers to develop programmes for persons with disabilities (Eide et al, 2016, p. 33).

The 2017 **Contribution Based Social Security Act** is based on workers' contributions and does not contain any mention of persons with disabilities.

The 2006 **Social Security and Protection of Senior Citizens Act** makes provisions for social security to citizens aged 60 and older.

Some of the disability specific legislation and policies also make provisions for disability allowances and disability inclusive social protection programmes.

Education policies

Several new laws and policies have improved access to education for children with disabilities (HRW, 2018).

The **2017 Inclusive Education Policy for Persons with Disabilities** says that 'children should be able to study, without discrimination, in their own communities, but also allows educating for children with disabilities separately' (HRW, 2018). The government is also 'developing an inclusive education master plan to create disability-friendly educational infrastructure and facilities, improve teacher training, and develop a flexible curriculum by 2030' (HRW, 2018). However the government has not articulated what it understands by quality inclusive education (HRW, 2018).

The **School Sector Development Plan 2016-2023** puts greater emphasis on 'equitable access to overcome the disparities suffered by children from disadvantaged groups, children with disabilities and children from remote areas' and emphasises inclusive education as a key area for strategic intervention (MoE, 2016, p. vi; USAID, 2017, p. 6). In order to increase the educational attainment of children with disabilities they aim to institutionalise 'support systems that include early screening and interventions through closer coordination between the health and education ministries and a move from special and segregated education services' (MoE, 2016, p. vi). However the focus still seems to be on supporting resources classes for children with disabilities within public schools (USAID, 2017, p. 6).

The **Education Act** was amended for the 8th time in 2016. Past education acts (e.g. 2000 Education Act) authorise the government to 'develop special rules for disabled people in education' (Eide et al, 2016, p. 33).

Children with disabilities are entitled to free education until high school and special scholarships after that in government-run schools (Holmes et al, 2018, p. 16; Prasai & Pant, 2018, p. 13-14). There are provisions within the constitution which specify that 'visually impaired citizens shall have the right to free education with Braille script and citizens with hearing or speaking impairments should have access to free education through sign language' (Prasai & Pant, 2018, p. 13).

Health policies

The **2014 National Health Policy** includes people with disabilities needs within the basic health service and aimed to increase funding for it (ACNS et al, 2017, p. 7).

The 2018 **Safe Motherhood and Reproductive Health Rights Act** of Nepal ensures that the services provided are disability friendly¹⁷.

The law provides for subsidies for people with disabilities with a disability card who attend government run hospitals (Holmes et al, 2018, p. 16).

However, in the shadow CRPD report, disabled peoples' organisations note that disability is not mainstreamed in many of the health sector policies and plans (ACNS et al, 2017, p. 7).

4. The situation for people with disabilities

Disability prevalence

Current disability prevalence figures for Nepal are considered to be a considerable underestimate of the actual prevalence levels of disability (Holmes et al, 2018, p. 10, 14; Poudyal et al, 2018, p. 7). The quality of data on people with disabilities is poor, confusing, and there are many gaps (USAID, 2017, p. 6; Banks et al, 2018, p. 17; Eide et al, 2016, p. 36; Poudyal et al, 2018, p. 3). Different attempts to collect disability data have used different definitions for disability and different screening processes (Poudyal et al, 2018, p. 3, 6). Estimates vary from sample to sample and depend on the conceptual model used (Poudyal et al, 2018, p. 6). Stigma, which makes people reluctant to identify as disabled, and lack of sufficient training for enumerators also cause estimates to diverge (Poudyal et al, 2018, p. 6).

In March 2017, 199,490 Nepali citizens held the 2016/17 disability identification card, although the actual prevalence of disability is thought to be much higher than this (Holmes et al, 2018, p. 10). The 2011 census reported that 1.94% of the population (513,321 people) were living with some form of disability¹⁸, while the 2011 National Living Standards Survey report (NLSS), estimated that 3.6% of the population were people with disabilities (Holmes et al, 2018, p. 10; Eide et al, 2016, p. 35). DPOs claim a larger figure of more than 10% and various studies carried out by specific impairment groups have found figures even higher than this (NIDA, NIDWAN & AIPP, 2018, p. 3; Eide et al, 2016, p. 35). A 2014-15 survey found an overall disability prevalence rate of 14.5% amongst the 18,223 households screened using the Washington group questions (Eide et al, 2016, p. 76). The Nepalese Supreme Court ordered the government to conduct a national survey of disability in 2012, but to date no action has been taken (Banks et al, 2018, p.

¹⁷ [Reproductive Rights website](#)

¹⁸ Tables showing the breakdown the population by disability, sex and age groups, including in the different districts, according to the National Population and Housing Census 2011 can be found in UBOS, 2014.

17). The 2011 National population and housing census indicates that disability rates are highest in the mountainous norther regions of the country – for a map showing the percentage of persons with disabilities per district please see Disability Research Center, 2016, p. 5. Disability is also highest amongst the elderly (Poudyal et al, 2018, p. 9).

According to the 2011 NLSS, of people with disabilities: 29.2% are physically disabled; 22.3% have visual disabilities; 23.4% have hearing disabilities; 2.4% have vision/hearing related disability; 8.6% have speech related disability; 6.8% have mental health conditions; and 7.3% have multiple disabilities (Holmes et al, 2018, p. 14). The 2011 census found physical disabilities to be the most common (36.3%), followed by visual (18.5%), deaf or hard of hearing (15.5%), speech related disability (11.5%), mental (8.9%), multiple disabilities (7.5%), and 1.8% deaf-blind (USAID, 2017, p. 6).

Rates and risks of disability amongst indigenous peoples are high (NIDA, NIDWAN & AIPP, 2018, p. 4). This is as a result of a range of reasons, including their greater level of poverty, poor quality of prevention and lack of suitable rehabilitation services, increased exposure to environmental degradation, climate change impacts, natural and other disasters, conflict and a higher rate of being victims of violence (including sexual violence and rape), dangerous working condition and accidents including in foreign employment, higher rates of illiteracy, inadequate nutritional level, lower immunisation coverage, higher unemployment and underemployment rates and lower mobility that are mostly connected with indigenous and Dalit people with disabilities living in risk and vulnerable lives in rural areas of Nepal (NIDA, NIDWAN & AIPP, 2018, p. 4). For a table showing the type of disability by ethnic/caste group according to data from the third Nepal Living Standards Survey (NLSS) released in 2010/11 please see Subba et al, 2014, p. 168.

Disability and poverty

People with disabilities in Nepal are one of the ‘most vulnerable and deprived sectors of the population’ (Prasai & Pant, 2018, p. 1; Poudyal et al, 2018, p. 10). One 2014-2015 study found that persons with disabilities were more likely to have a lower income per month (0-4999 Nepalese rupees) than persons without disabilities (60.5% compared to 44.2%) (Eide et al, 2016, p. 13). Households with at least one person with disability as member also scored lower on most indicators on level of living than households without disabled members (Eide et al, 2016, p. 9, 82). Poorer standards of living were found in rural areas compared to urban areas (Eide et al, 2016, p. 9). Disability has significant economic impacts on households as a result of expenditure on health costs and/or caretakers being less economically active as a result of needing to care for people with disabilities (Holmes et al, 2018, p. 7, 23-25). Indigenous people with disabilities are often trapped in a vicious circle of poverty and disability and are often unaware or do not avail themselves of mainstream and disability specific programmes to tackle poverty reduction (NIDA, NIDWAN & AIPP, 2018, p. 9).

The Committee on the Rights of Persons with Disabilities is concerned about the effectiveness of policies measures aimed at poverty reduction¹⁹ and community based rehabilitation in reducing the number of people with disabilities living in poverty and ensuring a decent standard of living and allowing them to meet the additional costs of living with a disability (CRPD, 2018, p. 7).

¹⁹ such as the National Policy and Plan of Action on Disability (2006) and the Poverty Alleviation Fund.

COVID-19's impact on persons with disabilities

A rapid assessment by HI (2020, p. 1) in April found that 'persons with disabilities face significant barriers to protect themselves and their family from the COVID-19 and its broader impacts'. Almost half had no protective materials such as masks or soap (HI, 2020, p. 1). 'The lockdown has negatively affected 76% of the respondents' family income, 49% in personal income, while 27% have seen an interruption in medical and assistive devices' services, 17% mention interruption of therapeutic services' (HI, 2020, p. 1). 32% mentioned that services provided by caregivers had had to stop (HI, 2020, p. 1). Almost 40% mentioned the need for specific sanitary/hygiene materials (HI, 2020, p. 1). More than 40% reported food insecurity, with many borrowing money to buy food, buying cheaper food, and eating less (HI, 2020, p. 1). A household survey carried out in April also found that households with a person with disabilities were more likely to have a loss of income in comparison with other households (Regmi et al, 2020, p. 12). On average, 13.1% of households with a person with disabilities experienced job loss, compared to 11.3% of households without a person with disabilities (Regmi et al, 2020, p. 12-13). Persons with disabilities were found to be amongst those more commonly receiving COVID-19 assistance, in comparison with other households (Regmi et al, 2020, p. 19). However, the HI rapid assessment found that very few persons with disabilities were accessing programmes from local government for persons with disabilities (HI, 2020, p. 1). The government also recently announced the discontinuation of the provision of the social security incentive for persons with disabilities (blue card holder), which the Nepal Disabled Women Association (NDWA) objects due, especially given the COVID-19 situation (NDWA, 2020).

The negative effects of COVID-19 are compounded for marginalised groups within the disability community, 'making such populations as indigenous women with disabilities more vulnerable to abuse and extreme hunger and to the coronavirus itself' (Santos, 2020).

DID Thematic area: Disability stigma²⁰

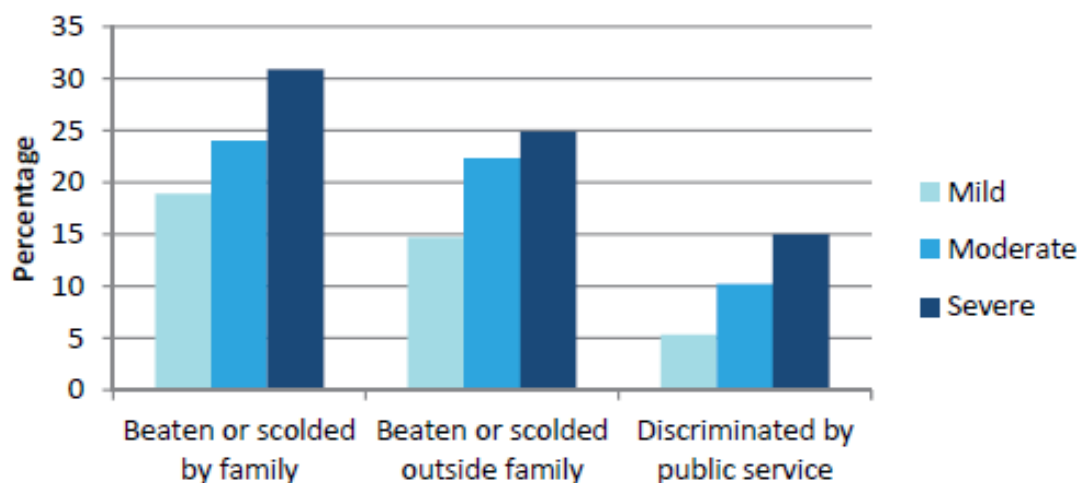
'Stigma arises when elements of labelling, stereotyping (negative evaluation of a label), and prejudice (endorsement of the negative stereotypes) combine to lead to status loss and discrimination for the stigmatised individual or group, and occur in situations where they are disempowered' (Rohwerder, 2019, p. 1). 'At the individual level, stigmatisation and discrimination can result in internalised oppression, loss of self-esteem, and feelings of shame as people with disabilities may have to face great challenges in overcoming the negative views of their community or societies to achieve self-acceptance and a sense of pride in their lives' (Rohwerder, 2019, p. 2). It 'often lies at the root of the discrimination, exclusion and low status, experienced by people with disabilities and their families in all aspects of their lives in low and middle income countries' (Rohwerder, 2019, p. 2).

People with disabilities in Nepal experience stigma and prejudice and many are mistreated and marginalised (Holmes et al, 2018, p. 18; Prasai & Pant, 2018, p. 1, 9, 26; NIDA, NIDWAN & AIPP, 2018, p. 3, 19). The concept of disability is still deeply embedded within superstitions and stigma, making people reluctant to identify as disabled (Poudyal et al, 2018, p. 1, 6). People with disabilities 'face multiple and intersectional forms of discrimination on other grounds such as caste and ethnicity, in particular women and girls with intellectual or psychosocial disabilities, autistic persons, and persons from ethnic, Dalit, Madhesi and Muslim communities' (CRPD,

²⁰ Drawn and adapted from Rohwerder, B. (2019). *Disability stigma in the Disability Inclusive Development (DID) programme countries: an overview of the evidence.*

2018, p. 2; see also NFDN, 2017, p. 4). Persons with more severe disabilities experience higher levels of abuse and discrimination – see figure 1 (Eide et al, 2016, 119-120).

Figure 1: Abuse and discrimination by severity of disability



Source: Eide et al, 2016, p. 120 – with permission

A study in rural Nepal found that myths, folklore and misconceptions in culture, tradition and religion about disability are deeply rooted and often cited as the basis for individual beliefs and attitudes (Devkota et al, 2019, p. 1). These beliefs come from many traditions including Hinduism, Buddhism and Islam (Devkota et al, 2019, p. 10). The stereotypes in Nepal related to disability include 'lack, defect, sins of past deeds', as well as seeing disabled people as tragic figures (NIDA, NIDWAN & AIPP, 2018, p. 19; Devkota et al, 2019, p. 10). The belief that disability is a sign of sins in a past life can lead to families hiding family members with disabilities (Holmes et al, 2018, p. 14). Some parents believe that the disability of their child is due to fate and God's will (Inguanzo, 2017, p. 31). This has prevented families from accessing appropriate education or health care for their children because they were ashamed of their children or did not see the benefit of sending them to school (Inguanzo, 2017, p. 31). Derogatory nicknames and pejorative terms which imply they are socially unfit are sometimes still used to describe people with disabilities (Prasai & Pant, 2018, p. 9, 22; Raut, 2018, p. 143; CRPD, 2018, p. 3). Persons with disabilities are sometimes seen as a burden, which can lead to discrimination within the family as their needs are not prioritised (Devkota et al, 2019, p. 10). Stigma can occur both within the family and in wider society (Prasai & Pant, 2018, p. 27). Prasai & Pant (2018, p. 41) also report that people with disabilities can also face discrimination from other people with disabilities. Discrimination, rejection, exclusion and violence against women with disabilities inside and outside their homes was found to be due to insufficient public knowledge about disability leading to inaccurate blanket assumptions (Devkota et al, 2019, p. 1). Exclusion may expressed through patronising attitudes and questioning by others of the ability of persons with disabilities to exercise their right to make key life decisions (Devkota et al, 2019, p. 10).

Experiences of stigma and discrimination in Nepal differ depending on where people live. In rural areas, children with disabilities and their caregivers reported that they felt more stigma or discrimination towards disability (Holmes et al, 2018, p. 7, 19-20). Fewer people with disabilities in rural areas meant that awareness of their needs was limited, while appropriate and/or adapted services and infrastructure were not available (Holmes et al, 2018, p. 19). Eide et al (2016, p. 11, 16) also found that levels of abuse against people with disabilities were higher in rural areas. Increased awareness and the opportunity for people with disabilities to mix more with their peers

was associated with a feeling of less discrimination against them in urban areas, although it still existed (Holmes et al, 2018, p. 7, 19-20).

People with disabilities, especially children with disabilities, are significantly less involved in social life, meaning they are less likely to make and maintain friends, have intimate relationships, and be included in household life and decision-making (Holmes et al, 2018, p. 18, 19, 27). Children with disabilities and their caregivers also reported being picked on and made fun of by their non-disabled peers, extended family, and the wider community (Holmes et al, 2018, p. 19-20; Banks et al, 2019, p. 8). This meant that children who lived away from rural villages for school sometimes preferred to stay there rather than return during the school holidays (Holmes et al, 2018, p. 19). Meeting other children with disabilities helped them to feel better about themselves (Holmes et al, 2018, p. 19). 'Cultural beliefs and poor understanding of disability within the family lead parents to counterproductive behaviours such as overprotection and shame, and even hiding their child, particularly when they have intellectual or multiple unique needs' (USAID, 2017, p. 8). Family support is important for helping people with disabilities overcome stigma (Prasai & Pant, 2018, p. 26-27).

Caregivers reported feeling stressed and anxious about the children they were caring for (Holmes et al, 2018, p. 19). The mobility of children with disabilities is severely limited due to fears that they might get lost, be abused or injure themselves (Holmes et al, 2018, p. 26). Some caregivers of children with learning disabilities lock their children inside (Holmes et al, 2018, p. 26). Caregivers were especially concerned with the safety of girls with disabilities as they felt that they were more vulnerable to abuse and violence than boys (Holmes et al, 2018, p. 19, 21). Cases of sexual harassment and rape have been reported (Holmes et al, 2018, p. 21).

The care of children with disabilities can be a source of tension between spouses, especially in relation to who should care for the child and how should they be cared for (Holmes et al, 2018, p. 21). Husbands sometimes abandon their wives if they have a child with disabilities (Holmes et al, 2018, p. 22). There are reports of children with disabilities being abandoned and exposed to exploitation and abuse as a result (CRPD, 2018, p. 3). The government has some provisions in place for the care of abandoned children, including children with disabilities, and is supposed to establish orphanages and centres for them (Prasai & Pant, 2018, p. 11).

Bullying by fellow students and punishment from teachers for poor performance (corporate punishment is still widespread in schools), as well as negative attitudes about the capability of children with disabilities to learn, are important causes of school drop-out for children with disabilities (Holmes et al, 2018, p. 23; Eide et al, 2016, p. 38-39; Banks et al, 2019, p. 7-8). Levels of bullying by peers and teachers were reported to be higher for children with disabilities (Banks et al, 2019, p. 8). Children with intellectual disabilities and/or behavioural problems are especially affected by the low expectations of guardians and teachers, while children with communication impairments appeared to be particularly vulnerable to bullying (Banks et al, 2019, p. 7-8). People with disabilities may experience stigma and discrimination when it comes to finding employment, and there may be an assumption that they are unable to do anything (Prasai & Pant, 2018, p. 9-10). People with disabilities have experienced rejection from jobs as a result of stigma and discrimination (Prasai & Pant, 2018, p. 19-20; Eide et al, 2016, p. 42). Employers often doubt the capabilities of people with disabilities and refuse to employ them or give them a lower salary compared to others for the same job (Prasai & Pant, 2018, p. 19-20, 40). People with disabilities who managed to find a job reported that they were not respected and they experienced discrimination and harassment at work (Prasai & Pant, 2018, p. 21-22). Stigma means that there can be an assumption that people with disabilities don't need or shouldn't access sexual and reproductive health services (Raut, 2018, p. 144, 148-149; NAWHRD, 2018, p. 18; Devkota et al, 2018, p. 2, 9; ACNS et al, 2017, p. 5-6, 9).

Women with disabilities

Women and girls with disabilities face discrimination both on the grounds of their gender and their disability status (NAWHRD, 2018, p. 18). Disabled women face stigma in relation to marriage and both their ability to get married and whether they should have children is often questioned (Raut, 2018, p. 147-148; Prasai & Pant, 2018, p. 29-30). A study carried out in 2016 by the Nepal Disabled Women Association (NDWA) found that 70% of women with disability were unmarried (NAWHRD, 2018, p. 18). A 2015 study in rural Nepal found 'negative societal attitudes with misconceptions about disability based on negative stereotyping and a prejudiced social environment', especially in relation to marriage and women with disabilities' ability to have and safely raise children (Devkota et al, 2019, p. 1). This also differed depending on the type of disability, with women with intellectual or mental disabilities often presumed to pose a greater risk to the child than women with other types of disability, or where in the country they lived (Devkota et al, 2019, p. 10-11). Some families arranged marriages for daughters with disabilities with whoever accepted them because of the low expectations they had for them (Ando, 2017, p. 2). However, this did not prevent some women with disabilities arranging their own marriages or having children, often in the face of considerable opposition (Devkota et al, 2019, p. 11).

There are reports of a high number of cases of sexual violence and abuse of women and girls with disabilities (CRPD, 2018, p. 2; ACNS et al, 2017, p. 2; Banks et al, 2019, p. 8). Violence and abuse against women with disabilities from both within their family and wider society is often hidden, and 'remains as a result of deep rooted stigma and shame connected to both sexuality and disability' (NAWHRD, 2018, p. 18; Poudyal et al, 2018, p. 23). Women with disabilities felt that a primary reason for the violence is the dependency they have on the perpetrators of the violence, since most of them are husbands, carers or teachers (ACNS et al, 2017, p. 2). There can be a fear that if they report it, they will be abandoned by their family and community (NIDA, NIDWAN & AIPP, 2018, p. 21). Women with intellectual or psychosocial disabilities from indigenous, Dalit, Madhesi, Muslim and other minorities are reported to have higher prevalence of exploitation and physical, emotional, sexual violence and abuse (NIDA, NIDWAN & AIPP, 2018, p. 16). Women with disabilities also have limited access to justice mechanisms (ACNS et al, 2017, p. 2).

It should be noted however that men with disabilities also experience abuse and were found by a survey in 2014-15²¹ to face greater discrimination by public services than women with disabilities (11.8% compared to 7.8%) (Eide et al, 2016, p. 14).

Indigenous people with disabilities

Indigenous people with disabilities are a marginalised population within already marginalised populations as a result of the discrimination they face as a result of being both indigenous and a person with disabilities (NIDA, NIDWAN & AIPP, 2018, p. 4). The prejudices and stereotypes associated with indigenous peoples include that they are 'backward, quarrelsome, drunkards, uneducated', which combined with the prejudices and stereotypes about disabled people make it very challenging for indigenous persons with disabilities to counter both (NIDA, NIDWAN & AIPP, 2018, p. 19). They are mostly uneducated, unaware about their rights, and have poorer access to

²¹ Carried out in 59 districts with representation of all the five development regions of Nepal – eastern, central, western, mid-western and far-western regions. A total of 4000 sampled households (2000 households having persons with disabilities and 2000 households not having persons with disabilities) were included, and 4123 respondents (2123 people with disabilities and 2000 non-persons with disabilities) were interviewed from these households. Used the Washington Group questions to identify persons with disabilities.

public facilities than other people with disabilities (NIDA, NIDWAN & AIPP, 2018, p. 4). Indigenous women with disabilities face more marginalisation and discrimination than other people with disabilities because of gender, disability, race, poverty, geographical remoteness (NIDA, NIDWAN & AIPP, 2018, p. 9).

Tackling disability stigma

However, negative attitudes to disability are gradually changing and many communities have a mix of attitudes, as a result of 'membership in different ethnic/ minority groups, personal familiarity with disability, education and individual beliefs and temperament' (Devkota et al, 2019, p. 11). The government has also made some budget allocations which include awareness programmes on disability for government officials, health professionals, politicians, and community level officials and some progress has been made in disability awareness, although much more could be done (NIDA, NIDWAN & AIPP, 2018, p. 19-20). The Committee on the Rights of Persons with Disabilities notes that 'current awareness-raising measures are inadequate, given that not even persons with disabilities and their families, let alone the general public and the relevant professionals, are aware of the issues concerning the rights of persons with disabilities' (CRPD, 2018, p. 3).

Article 18 of the Constitution also 'upholds every citizen's right to equality, protects them from any discrimination in application of general laws and otherwise based on gender and/or disability' (ACNS et al, 2017, p. 1). However, most mention is made of people with physical impairments, rather than persons with disabilities more generally. The 2017 **Rights of Persons with Disabilities Act** also prohibits discrimination²² and violence based on disability (Holmes et al, 2018, p. 15; Prasai & Pant, 2018, p. 50, 52, 54-56).

²² However NIDA, NIDWAN & AIPP (2018, p. 11) feel that because people with disabilities from underrepresented marginalised groups were not effectively consulted during the drafting of the disability Act, issues considering multiple and aggravated forms of discrimination were not included.

In its concluding observations on the initial report of Nepal, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- implement existing anti-discrimination legislation, policies and programmes in order to prevent multiple and intersectional discrimination against disadvantaged groups, including autistic persons and ethnic, Dalit, Madhesi and Muslim communities. The Committee also recommends that the State party establish accessible and effective mechanisms for victims of discrimination to seek redress and appropriate compensation.
- in collaboration with the representative organisations of persons with disabilities, develop and implement public awareness-raising and education programmes on the rights and situation of persons with disabilities, aimed at the media, public officials, judges and lawyers, the police, social workers and the general public, in order to foster a positive image of persons with disabilities as autonomous holders of human rights. The State party should ensure that its awareness-raising programmes recognise the cross-cutting nature of the Convention, with particular regard to articles 2, 3, 5, 12, 13, 15, 16 and 21, and it should adopt a human rights model of disability as a key strategy to strengthen positive public awareness of the diversity of disabilities.

DID Thematic area: Disability and livelihoods/work

People with disabilities in Nepal struggle to find work. There is a lack of data on how many persons with disabilities are involved in employment and livelihood opportunities (Eide et al, 2016, p. 41; Poudyal et al, 2018, p. 20). A study in 2014-2015 found that 'unemployment is higher among persons with disability, and fewer have paid work and thus tend to depend more on others in their households' than persons without disabilities (Eide et al, 2016, p. 10). Only 36.4% of persons with disabilities surveyed were in work, compared to 54.6% of persons without disabilities²³ (Eide et al, 2016, p. 13, 129). Figure 2 shows the work status of persons with disabilities compared to persons without disabilities. A 2018 survey of 400 people with disabilities found that only 16% had a monthly income (Samarajiva, 2018, p. 25). 6% were self-employed without employees, 4% self-employed with employees, 3% were employed, and 0.3% were unemployed but seeking a job (Samarajiva, 2018, p. 28).

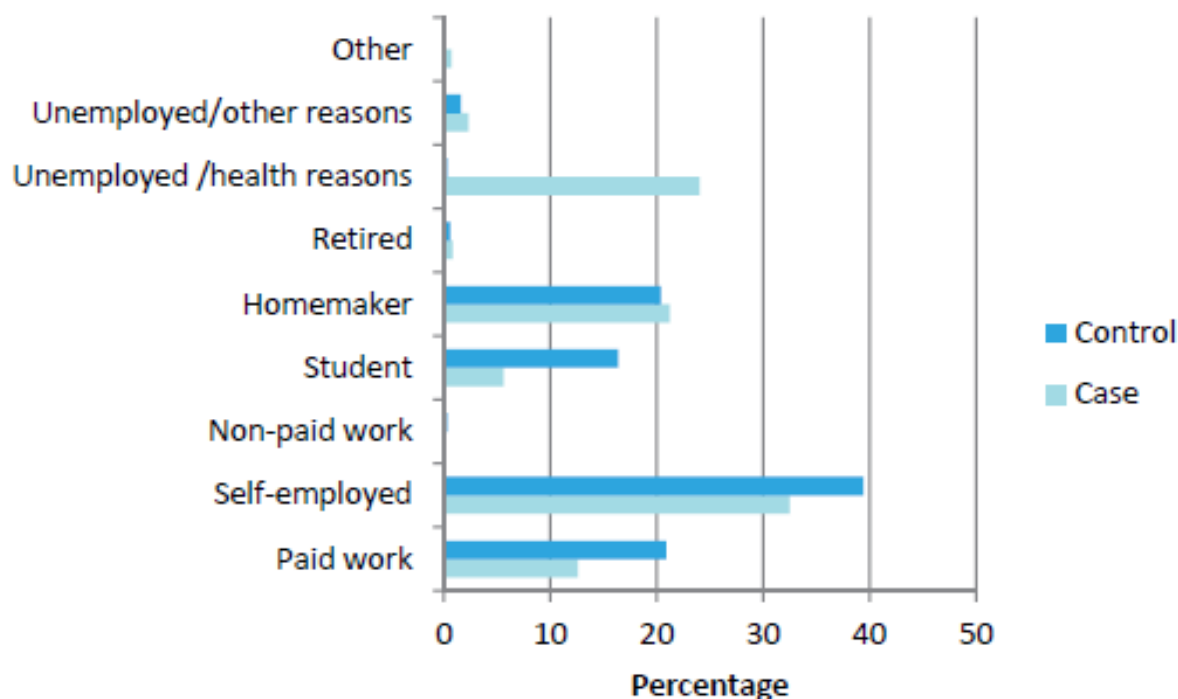
Even if they are able to find work, people with disabilities report not receiving equal remuneration at work or being denied wages to which they were entitled (Prasai & Pant, 2018, p. 17-18; Eide et al, 2016, p. 10). Only 42% of those interviewed by Prasai & Pant (2018, p. 17) reported receiving equal remuneration at their workplace.

Women with disabilities were found to have less involvement in working life than men with disabilities in the 2014-15 survey (Eide et al, 2016, p. 11). Only 4.1% were in paid work at the time compared to 17.1% of men with disabilities²⁴ (Eide et al, 2016, p. 15).

²³ Figures from the persons with disabilities within households differ. 45.1% of persons with disabilities were either in paid work or self employed, compared to 60.3% of persons without disabilities (Eide et al, 2016, p. 109).

²⁴ When looking at persons with disabilities within households this figure differs slightly. 19.9% of men with disabilities were in paid work compared to 39.6% of men without disabilities (Eide et al, 2016, p. 108). 4.8% of women with disabilities were in paid work compared to 7.3% of women without disabilities (Eide et al, 2016, p. 108). 39.6% of men with disabilities were self-employed compared to 41.2% of men without disabilities (Eide et

Figure 2: Work status by case (persons with disabilities) and control (persons without disabilities (15-65 years)



Source: Eide et al, 2016, p. 107 – with permission

People with disabilities who have been educated are more likely to be able to find work than people with disabilities who have not been to school. Prasai & Pant (2018, p. 12) found that 37 out of 43 interviewees with disabilities who had some degree of education were employed.

Boys with disabilities who were interviewed about their psychosocial wellbeing in early 2018 felt sad and anxious as a result of 'their awareness that as they grow older they will most likely not be able to earn an income like other boys or young men of their age nor be able to take on familial responsibilities' (Holmes et al, 2018, p. 20).

This discrepancy in employment between persons with disabilities and persons without disabilities is despite existing legislation which aims to support people with disabilities into employment. Prasai & Pant (2018, p. 1, 36-37), for instance, find that while there are many constitutional, legislative and policy obligations to secure the employment rights of persons with disabilities in Nepal, effective implementation remains a challenge. For instance, the Committee on the Rights of Persons with Disabilities is concerned about the 'lack of information on the effectiveness of the employment quota for persons with disabilities in the civil service and how these posts are filled by persons with disabilities, particularly by persons with intellectual and/or psychosocial disabilities, including those from indigenous backgrounds' (CRPD, 2018, p. 6).

al, 2016, p. 108). 24.9% of women with disabilities were in self-employment, compared to 37.9% of women without disabilities (Eide et al, 2016, p. 108). These figures differ again later in the report, where among the individual disabled respondents, 24.3% females and 47.5% males were currently working (Eide et al, 2016, p. 129). Among individual non-disabled respondents, 36.6% females and 70.3% males were currently working (Eide et al, 2016, p. 129).

Barriers to employment

People with disabilities may experience stigma and discrimination when it comes to finding employment, and there may be an assumption that they are unable to do anything (Prasai & Pant, 2018, p. 9-10). People with disabilities have experienced rejection from jobs as a result of stigma and discrimination (Prasai & Pant, 2018, p. 19-20; Eide et al, 2016, p. 42). Employers often doubt the capabilities of people with disabilities and refuse to employ them or give them a lower salary compared to others for the same job (Prasai & Pant, 2018, p. 19-20, 40). People with disabilities who managed to find a job reported that they were not respected and they experienced discrimination and harassment at work (Prasai & Pant, 2018, p. 21-22). On the other hand, some of those in employment felt that their work and work ethic was appreciated (Prasai & Pant, 2018, p. 20).

Workplaces are often not accessible (Prasai & Pant, 2018, p. 24). It is also difficult for people with disabilities to make their way to work due to inaccessible physical infrastructure, such as the roads (Prasai & Pant, 2018, p. 38).

Lack of education and inadequate financial resources are also barriers to employment (Poudyal et al, 2018, p. 23). An additional problem, faced not only by people with disabilities, is that jobs often go to those with money, power and social connections (Prasai & Pant, 2018, p. 38).

Some people with disabilities have responded to the discrimination they faced at work by dropping out of employment (Prasai & Pant, 2018, p. 34). Others have tried to change the situation and report it (Prasai & Pant, 2018, p. 34). However, other people with disabilities are reluctant to report discrimination as a result of not knowing who to complain to, not feeling like their complaint will achieve anything, and fear of losing their job (Prasai & Pant, 2018, p. 37).

Persons with disabilities who have received some vocational training have struggled with self-employment as they were not able to access credit or been given the necessary skills to be able to run their own business (Eide et al, 2016, p. 42).

In its concluding observations on the initial report of Nepal, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- take appropriate measures to gather data and develop criteria to fill the 5 per cent quota for civil service positions that are reserved for persons with disabilities, including by carrying out a comprehensive evaluation of those jobs in terms of quality, and the extent to which persons with intellectual and/or psychosocial disabilities, including those from indigenous backgrounds, have benefited from the quota compared to those who remain unemployed.

Disability and social protection

The disability card and disability allowance

One of Nepal's five social security allowance schemes is the disability allowance, providing cash transfers to people with profound and severe disabilities, which started in 1996 (Holmes et al, 2018, p. 10). To access this allowance and specialised services, people with disabilities need to have a disability identity card, which categorises individuals according to the severity of their disability with different colours of card (Holmes et al, 2018, p. 10). The four cards, coloured red,

blue, yellow and white, represent profound disability²⁵, severe disability²⁶, medium disability²⁷ and minor disability²⁸, respectively (Holmes et al, 2018, p. 15). People with disabilities who have red cards receive an allowance of 2,000 Nepalese rupees (Rs) a month (\$19)²⁹, while blue-card holders receive an allowance of Rs 600 (\$6) a month³⁰ (Holmes et al, 2018, p. 10). Holders of the yellow and white cards do not receive an allowance but are entitled to other services such as transportation and employment quotas (NIDA, NIDWAN & AIPP, 2018, p. 12). People who were disabled as a result of the Maoist conflict are 'covered by special provision from the Ministry of Peace and Reconstruction, and receive Rs 6,000 per month (given to the person with disabilities) and Rs 6,500 per month for their caregiver' (Holmes et al, 2018, p. 16)

Disability cards, which enable individuals to be eligible for a disability allowance, are provided free of charge, subject to assessment, at the Women and Children Development Office in each district (Holmes et al, 2018, p. 15, 30). The government has assessment guidelines for the disability card, however the assessment process has been found to be complex and subjective, especially for disabilities which are not readily observable, such as learning disabilities (Holmes et al, 2018, p. 36).

There are high exclusion errors from the disability identity card, and therefore from the financial disability allowance (Holmes et al, 2018, p. 7). It is not clear whether all card holders entitled to an allowance actually receive the disability allowance, and what proportion of people who should have a card actually have one (Holmes et al, 2018, p. 29). There is not an automatic link between receiving the disability identity card and receiving the disability allowance, and recipient names need to be separately registered with the Village Development Committee (VDC) (Holmes et al, 2018, p. 7, 31, 36).

Quantitative data gathered in 2014 and 2015 found that 83% of individuals with disabilities (both adults and children) did not hold any disability identity card (Holmes et al, 2018, p. 7, 29). A recent survey of 400 people with disabilities found slightly better results with 43% of them in

²⁵ From the Disability Rights Bill 2017: Profound disability (Ka) - red card: Persons who are physically or mentally disabled, are unable to live their daily life without full support of others, fall under this category. These are people who are completely blind and mute; cannot move without the support of others or have severe intellectual disability.

²⁶ Severe disability (Kha) – blue card: Persons who require continuous support from others in their daily life' but who are mobile, can communicate, are able to read and write; whose lower part of the body isn't totally functional due to polio or other reasons such as due to certain attack/injury in backbone or brain haemorrhage and are supposed to use wheelchair; person not having their hands or legs and needing support to walk; totally blind; deaf; those who can live their own life but have problem in learning like the people with intellectual disability and the people who need support in their daily life due to their multidisability.

²⁷ Medium disability (Ga) – yellow card: Persons who can live their daily life with a supporting material; those whose body part below the knee (only) cannot function because of polio; those who can move freely but are physically disabled; those who are intellectually disabled and are very slow in learning; those who have a hunched back due to backbone problem; those who can hear only with the use of hearing device; those who are below the height of 3 feet; those with low-vision and use lens or magnifier for reading and those whose vocal cord is taken out after surgery.

²⁸ Minor disability (Gha) – white card: People holding this card have minor physical problem but are still able to live their daily life without much difficulty. These are the ones whose hands or legs are shorter than normal; who have minor visibility problem; those who have at least a thumb or an index finger or the ones with missing toe/s; those who have minor hearing problem and those who have limited memory and are slow in learning.

²⁹ Minimum wage is Rs13,450 per month, source: Kathmandu Post.

³⁰ In 2018, 62,894 people were registered for the profound disability card (red card) and 37,553 for severe disability (blue card) (Holmes et al, 2018, p. 29).

possession of a disability card (Samarajiva, 2018, p. 25). Most people with disabilities, especially indigenous people with disabilities, in rural and remote areas are unaware of their rights, including to a disability card (NIDA, NIDWAN & AIPP, 2018, p. 10, 12). The Committee on the Rights of Persons with Disabilities also noted its concerns that 'persons with disabilities from rural areas and indigenous backgrounds face barriers in gaining access to disability identity cards' (CRPD, 2018, p. 2). Holmes et al (2018, p. 7) also estimate that 'between 30% to almost 60% of beneficiaries holding cards and eligible for the allowance are not receiving it'.

Holmes et al (2017, p. 33) found that there was 'no official communication from the government about the allowance'. However, community based rehabilitation organisations have been actively involved in the disability card application process, 'sharing information and providing contact with relevant stakeholders for people with disabilities and caregivers' (Holmes et al, 2018, p. 31).

Holmes et al (2018, p. 7) found that the factors associated with a higher probability of receiving a disability card included:

- *'the nature of disability:* a more severe disability, having a disability for a longer time, and having a physical disability
- *individual factors:* being male, of working age rather than a child or elderly, being literate
- *household factors:* living in a rural area, having a less diverse diet, living with a female household head
- *information availability:* being aware of health services'.

Households of children with disabilities were found to not apply for, or not receive, the disability identity card, as a result of 'lack of knowledge of the card and allowance, how and where to apply for the disability card, lack of appropriate documentation³¹ and challenges during the assessment phase' (Holmes et al, 2018, p. 7, 33-36). Many parents of indigenous children with disabilities are unaware of support services available to them (NIDA, NIDWAN & AIPP, 2018, p. 18). Children with disabilities who live away from home, in residential schools for example, have difficulty applying for the card back in their home village development committee (Holmes et al, 2018, p. 33). This is especially problematic as research suggests that for children with disabilities the disability allowance is more important as a cash transfer than for other disabled age groups as they have been found, on average, to have significantly more severe disabilities and have disabilities in more health domains compared to adults with disabilities (Holmes et al, 2018, p. 7, 18). This is because, despite being more likely to have a disability card and eligible to receive the disability allowance than adults with disabilities, children with disabilities receive fewer other social security benefits (Holmes et al, 2018, p. 7). The allowance is generally used to meet children's immediate needs (Holmes et al, 2018, p. 32).

Some recipients of the disability allowance mentioned challenges in receiving the allowance as a result of long queues at the bank or the VDC distribution point, or as a result of not having information about when they would be able to collect the allowance (Holmes et al, 2018, p. 7).

DID Thematic area: Disability and education and training

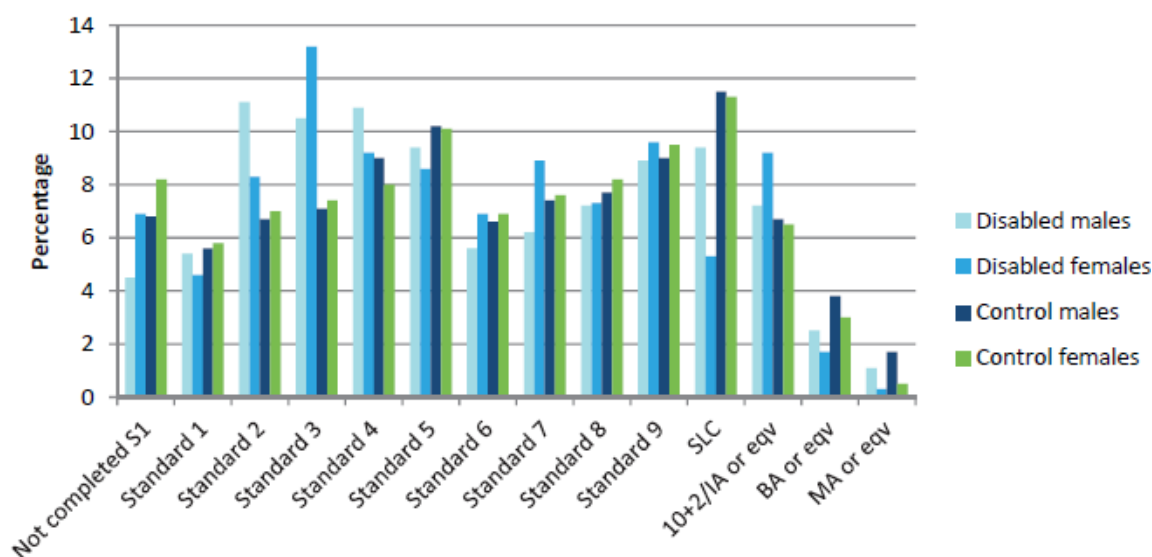
Despite being entitled to equal access to education, not all children with disabilities are benefiting. A 2018 report found that tens of thousands of children with disabilities are out of school (HRW, 2018; NFDN, 2017, p. 4). Attendance is lower than children without disabilities, dropouts rates higher, promotion rates lower, and repetition rates higher (Poudyal et al, 2018, p.

³¹ including birth and marriage certificates

11). The Department of Education found that in 2013-2014, ‘only 41.3% of all children with disability are benefiting from some kind of educational opportunities’ (Eide et al, 2016, p. 36). One 2014-15 study found that fewer people with disabilities had accessed the formal education system compared to people without disabilities (Eide et al, 2016, p. 10). 40.5% of persons with disabilities had attended school compared to 71.1% of those without disabilities (Eide et al, 2016, p. 97). As many as 59.5% of disabled people aged five years old and above were recorded as “never attended school”, compared to 29% of those without disabilities (Eide et al, 2016, p. 98). In 2016, UNICEF found that 30.6% of children with disabilities, aged 5 to 12, did not attend school (HRW, 2018).

Those who accessed the education system tended to spend shorter times in school and there is a tendency that persons without disability achieve higher levels of education than persons with disabilities (Eide et al, 2016, p. 10). A recent survey of 400 people with disabilities found that 54% had no educational qualifications (Samarajiva, 2018, p. 26). Persons with disabilities who achieved higher levels of education tend to live in urban, rather than rural areas (Eide et al, 2016, p. 102). Eide et al (2019, p. 1) found that ‘[i]ncreased environmental barriers, higher age, rural location, and increased levels of disability were found to be associated with lower educational achievement’. There were also pronounced differences in access to education between impairment types, ‘with individuals with physical impairments achieving the highest level and individuals with multiple impairments, hearing and mental impairments achieving lowest’ - physical impairment (45.7%), mental (44.2%), hearing (33.7%), speech (31.1%), visual (30.9%), multiple impairments (25.4%), and visual and hearing (visual/ speech) (15.2%) (Eide et al, 2019, p. 1, 3). NFDN (2017, p. 4) express concerns about the lack of accessible education for deafblind children. Figure 3 shows a comparison of the highest achieved school grade between men and women, with and without disabilities according to the 2014-15 study.

Figure 3: highest achieved school grade by disability status and gender (aged 15 years and above)



Source: Eide et al, 2016, p. 102 - with permission

Banks et al (2019, p. 9) note that due to children with disabilities being upgraded to higher grades without passing, grade levels might not be a good indicator for gauging participation and equality in education.

Illiteracy rates are high for children with disabilities (45% compared to 11% of children without disabilities) and children with disabilities have worse school attendance than children without disabilities (Holmes et al, 2018, p. 7, 18; Eide et al, 2016, p. 10). The 2014-2015 study found that literacy rates for those aged ten and above were 30.9% for females with disabilities, compared to 46.5% of females without disabilities, and 52.6% for males with disabilities, compared to 73.8% of males without disabilities (Eide et al, 2016, p. 104).

Women with disabilities were found by the 2014-15 study to have significantly lower school attendance (47.9% of males accessed primary school compared to 22.6% of females), and lower levels of literacy than men with disability (26.1% compared to 52%) (Eide et al, 2016, p. 11, 14). However, they were also found to spend more years in school as compared to males (9.5 compared to 8.6 years³²), and fewer had been refused entry to school due to their disability (Eide et al, 2016, p. 11, 14). While in general more males than females attended school, levels of attendance were much lower for males and females with disabilities (81.5% of males without disabilities attended school in comparison to 50.6% males with disabilities; while 61.7% of females without disabilities attended school compared to 29.8% of females with disabilities) (Eide et al, 2016, p. 98).

Barriers to education

The Ministry of Education acknowledges that children with disabilities have the 'largest challenges in terms of access, participation and learning outcomes in the education sector', especially girls with disabilities, or caste and ethnic group children with disabilities (MoE, 2016, p. 13; USAID, 2017, p. 8).

A 2014 study in rural Nepal noted that the factors that affected children with disabilities' access to and experience in school were complex, often involving a combination of individual, family, school and societal level factors (Banks et al, 2019, p. 6). 'Notable barriers were attitudes towards education for children with disabilities, the low capacity of schools to provide an inclusive education, as well as the interplay of additional 'push factors' such as poor health and poverty' (Banks et al, p. 1). The study found that despite the many difficulties they may face, children with disabilities really wanted to attend school, especially if they had friends there (Banks et al, 2019, p. 7-8).

Children have been rejected by schools because they are not accessible or willing to make changes to accommodate children with disabilities (Raut, 2018, p. 144; Eide et al, 2016, p. 38). Many children with disabilities who make it to school drop out of mainstream schools, especially in rural areas, as schools are ill-equipped to accommodate them and most lack physical accessibility and a disability friendly curriculum and teaching materials (Holmes et al, 2018, p. 7, 23; Raut, 2018, p. 144; HRW, 2018; Beutel et al, 2018, p. 120; Eide et al, 2016, p. 39; Banks et al, 2019, p. 9-10; NFDN, 2017, p. 4). Bullying by fellow students and punishment from teachers for poor performance (corporal punishment is still widespread in schools), as well as negative attitudes about the capability of children with disabilities to learn, are other important causes of school drop-out for children with disabilities (Holmes et al, 2018, p. 23; Eide et al, 2016, p. 38-39; Banks et al, 2019, p. 7-8). Levels of bullying by peers and teachers were reported to be higher for children with disabilities (Banks et al, 2019, p. 8). Children with intellectual disabilities and/or behavioural problems are especially affected by the low expectations of guardians and teachers, while children with communication impairments appeared to be particularly vulnerable to bullying

³² The figures from the households are slightly different, with females with disabilities attending school for 10.10 years compared to 8.24 for males with disabilities (Eide et al, 2016, p. 101).

(Banks et al, 2019, p. 7-8). Children with disabilities tend to not do as well as their peers without disabilities as a result of the lack of appropriate resources and inclusive teaching methods, which can also result in them falling behind and dropping out (Holmes et al, 2018, p. 22; Prasai & Pant, 2018, p. 11). Individual poor health can also be an issue, resulting in missing school (Banks, 2019, p. 11). Lack of an accessible environment and issues with travel to get to school also makes it hard for children with disabilities to attend school (Holmes et al, 2018, p. 23; Prasai & Pant, 2018, p. 12-13; Beutel et al, 2019, p. 120; Eide et al, 2016, p. 39; Banks et al, 2019, p. 10). Travel was found to especially be a barrier to children with mobility limitations and children attending secondary schools or special schools, as they were further from home (Banks et al, 2019, p. 10). It was also more of a problem in the mountain and hill regions due to the terrain and limited availability of schools (Banks et al, 2019, p. 10). Children with disabilities may also drop out for a few years and if able to return, were significantly older than their peers without disabilities (Holmes et al, 2018, p. 23; Banks et al, 2019, p. 9). There is a lack of adequate reasonable accommodation for students' exams, which are mostly mandatory for passing to the next grade or for enrolling in high school or a university (HRW, 2018).

Guardians were also reluctant to send their children with disabilities to school as a result of concerns that they would not receive adequate care and protection (Banks, 2019, p. 10). This was especially a concern if they were attending residential schools (Banks et al, 2019, p. 10).

Girls with disabilities who are menstruating are especially affected by the lack of accessible toilets in schools, which can result in them dropping out or missing days of school (Holmes et al, 2018, p. 23; Raut, 2018, p. 144). There are also reports of 'incidents of sexual harassment and violence inside schools and institutions, many times perpetrated by the staff at these places' (ACNS et al, 2017, p. 3).

Despite education being supposedly free, lack of money is a major factor in children not attending school, due to additional costs such as uniforms, exams, stationary and other small fees (Eide et al, 2016, p. 98; Banks et al, 2019, p. 11). As parents usually need to spend more to send their children with disabilities to school, poorer parents often give lesser priority to their disabled child, especially if they do not see education as a viable option for children with disabilities due to the lack of future employment opportunities (Holmes et al, 2018, p. 22). Opportunity costs, such as the time spent bringing children with disabilities to and from school, are also a factor (Banks et al, 2019, p. 11). Disability scholarships require a disability card which can be hard to get and many guardians were unaware of the scholarships (Banks et al, 2019, p. 11). Parents may be more reluctant to invest in the education of girls with disabilities as they feel it will be hard to marry them off, so they don't think sending them to school is worthwhile (Holmes et al, 2018, p. 22).

Anecdotal evidence suggests that a disproportionately high number of indigenous children with disabilities are out of school as a result of reasons such as high illiteracy and lack of awareness of their parents, their social economic status, education being seen as low priority, lack of an enabling environment and access to school, parents and teacher commitment, cultural and societal prejudices towards disabled child, and lack of culturally appropriate methods and language (NIDA, NIDWAN & AIPP, 2018, p. 8).

Government provision of inclusive education

Lack of identification and screening of children with disabilities prevents the government from effectively budgeting and developing responsive implementation plans for inclusive education (USAID, 2017, p. 7).

There are few educational facilities for children with disabilities in Nepal, and they are more or less absent in rural areas, where access to education for all children is an issue (Holmes et al, 2018, p. 22; HRW, 2018; Beutel et al, 2019, p. 120). There is no comprehensive strategy to promote inclusive education in urban and rural areas and education is provided either in special schools or in integrated schools with resource classes for children with disabilities where they have little interaction with other children (CRPD, 2018, p. 6; NIDA, NIDWAN & AIPP, 2018, p. 18; HRW, 2018; MoE, 2016, p. 31). Some children with disabilities attend residential schools, meaning they have to sacrifice their family life for an education (Banks et al, 2019, p. 10; Poudyal et al, 2018, p. 11).

Out of more than 30,000 schools in Nepal, just 380 have these resource classes for children with disabilities (HRW, 2018). They are intended to be preparatory environments for younger children who should move to a mainstream classroom around grade six (HRW, 2018). However, children often remain in these classes for years, across multiple grades (HRW, 2018). Lack of accessibility and reasonable accommodation prevent them from moving into mainstream classrooms (HRW, 2018). Children with hearing impairments struggle to adjust if they move, as teachers in mainstream classrooms rarely have sufficient proficiency in sign language (Banks et al, 2019, p. 9). In many integrated schools, children with disabilities often remain segregated in resource classrooms (Banks et al, 2019, p. 10). Children with disabilities who are in mainstream classrooms often do not receive quality education as a result of schools failing to provide sufficient reasonable accommodations as they lack enough school materials in accessible formats (e.g. braille textbooks, material in audio or easy-to-read formats) and trained staff or adequate staff numbers (HRW, 2018). Some parents have felt the need to quit their jobs in order to support their children in school due to the lack of aides (HRW, 2018).

Many teachers do not have the necessary skills to teach children with disabilities and can feel overwhelmed, including those in resource classrooms (USAID, 2017, p. 7; Banks et al, 2019, p. 9). There is a lack of sufficient support and training in inclusive education for administrative and teaching staff and a lack of accessibility and reasonable accommodation for students with disabilities in mainstream schools (CRPD, 2018, p. 6; HRW, 2018). Training is focused on developing specialised teachers, rather than training all teachers in inclusive methods (HRW, 2018). Teachers in mainstream schools have received minimal disability-specific training, although this training has scaled up in recent years (Banks et al, 2019, p. 9). Some resource centre teachers have only received less than a month of training (HRW, 2018). 'Pre-service teacher training does not include a mandatory course on inclusive education, and in-service trainings provide minimal specific training in disability for mainstream teachers' (USAID, 2017, p. 7).

While there are scholarships available for children with disabilities, the amount is insufficient and parents and teachers are often unaware of them (Holmes et al, 2018, p. 22; Prasai & Pant, 2018, p. 12; Eide et al, 2016, p. 37-38). Schools can apply to local authorities for funding to teach children with disabilities, although funding is only allocated if a school has a set minimum number of children with a specific type of disability (HRW, 2018). As a result children tend to be compartmentalised into classrooms based on their specific disability and these classrooms are not necessarily accessible for children with other types of disabilities who may have different needs (HRW, 2018). As a result, 'if a neighbourhood school doesn't offer instruction for a child with a particular disability, the child may be forced to study and live in a school that does, in some cases as far as 500 kilometres from their home' (HRW, 2018). This means some children with disabilities live in specialised schools or hostels (Holmes et al, 2018, p. 25; HRW, 2018).

Children with physical disabilities tend to have the option of both integrated and special schools, while those with learning disabilities have fewer options, most of which are based in rehabilitation

centres (Holmes et al, 2018, p. 16). Specialist centres, which are attended by children with medium to severe disabilities and to those with intellectual disabilities, tend to focus on dancing, and life skills, rather than academic subjects (Holmes et al, 2018, p. 22; HRW, 2018). Children with disabilities from rural areas who go elsewhere to go to school can find it hard to go home during school holidays due to lack of transportation (Holmes et al, 2018, p. 20).

Banks et al (2019, p. 9) found that the schools which were able to provide a more supportive learning environment for children with disabilities, were receiving additional funding and resources from non-governmental sources.

Vocational training

78% of respondents in Prasai & Pant's (2018, p. 14-15) study of people with disabilities had attended vocational skills training, including mainstream vocational skills training. However, some of them were denied the opportunity to train, while others felt that some of their teachers did not treat them with respect and failed to take their learning seriously (Prasai & Pant, 2018, p. 15).

In its concluding observations on the initial report of Nepal, the Committee on the Rights of Persons with Disabilities recommended that the State party should increase its efforts to achieve inclusive education by:

(a) Adopting a mandatory teacher-training policy on the inclusive education model, with indicators and goals to be achieved, and providing support for trained teachers, as well as Braille, sign language, Easy Read formats, alternative means and modes of communication and other auxiliary equipment and media;

(b) Ensuring access to inclusive education for all persons with disabilities at all levels of education, including adult education, throughout the country, and guaranteeing that the education model covers the most remote areas, incorporates a gender perspective and is ethnically and culturally relevant.

DID Thematic area: Disability and health

Persons with disabilities 'have poor access to health services' (NFDN, 2017, p. 4). One 2014-15 study comparing people with disabilities with people without disabilities found that they generally had more health problems, a higher proportion with poor physical (81.4% compared to 20.8%) and mental health (61.3% compared to 21.2%), lower well-being, and less access to health information as compared to their non-disabled peers (Eide et al, 2016, p. 10, 13). 86.5% of persons with disabilities needed health services but only 61.2% received them, and 59.7% needed health information but only 21% received it (Eide et al, 2016, p. 121).

People with disabilities have limited access to comprehensive health and rehabilitation services, particularly in rural and remote areas (CRPD, 2018, p. 6; NFDN, 2017, p. 4). 'Almost all health facilities in Nepal lack basic physical infrastructure accessible to people with disabilities', including 'external barriers such as lack of ramps and internal barriers like stairs and narrow doorways in delivery rooms and toilets as well as inaccessible equipment', including hospital beds (Devkota et al, 2018, p. 2, 13; ACNS et al, 2017, p. 8; Eide et al, 2016, p. 40). In addition, problems arise as a result of 'long distances to health centres, an urban-bias in the distribution of health services, inadequate budgetary allocation to the health sector, high transport cost, poor roads from homes to some facilities, especially in rural areas, long hours spent in travelling to health centres and long hours of waiting', as well as negative attitudes and lack of understanding

of disability from health workers (Devkota et al, 2018, p. 2, 15; Eide et al, 2016, p. 39). Persons with disabilities also face barriers in relation to communication around their health, including deafblind, and persons with intellectual and developmental disabilities (Eide et al, 2016, p. 41; NFDN, 2017, p. 4). While there is supposed to be a 'no-queue' policy for persons with disabilities in government hospitals, it is not practised all the time (ACNS et al, 2017, p. 8).

Possession of a disability card means people with disabilities don't need to pay check-up fees at government hospitals (Holmes et al, 2018, p. 23). It also entitles them to discounts on medicine, including in private clinics (Holmes et al, 2018, p. 23). However, people with disabilities report experiencing discrimination in private clinics, which meant that they were reluctant to show their disability card when buying medicine (Holmes et al, 2018, p. 23-24). People with disabilities who do not have a disability card have to pay the full amount (Holmes et al, 2018, p. 24). Awareness of the free health services amongst persons with disabilities and health care providers was found to be low (Eide et al, 2016, p. 40-41).

Parents of children with disabilities sometimes find the costs of treatment prohibitive or unavailable in Nepal, which can lead to them stopping treatment of their child (Holmes et al, 2018, p. 24).

Indigenous people with disabilities have limited or no access to health care, nutrition, sanitation services, especially as most of them are poor and live in remote areas where the government has not invested in basic social services (NIDA, NIDWAN & AIPP, 2018, p. 8).

Sexual and reproductive health

It can be difficult for women and men with disabilities to find accessible information on sexual and reproductive health, while stigma means that there can be an assumption that they don't need or shouldn't access sexual and reproductive health services (Raut, 2018, p. 144, 148-149; NAWHRD, 2018, p. 18; Devkota et al, 2018, p. 2, 9; ACNS et al, 2017, p. 5-6, 9). Parents of women/girls with disabilities, especially girls with autism, intellectual disability and Down syndrome, do not have the skills, knowledge and materials to provide them with knowledge on sexual and reproductive health and rights, especially in relation to managing menstruation (ACNS et al, 2017, p. 5). A study by Wilbur et al (2019, p. 2) found that 'people with intellectual impairments face particular barriers to [menstrual hygiene management]; limited [menstrual hygiene management] interventions for this group exist; carers have limited understanding of severity of pre-menstrual symptoms experienced by people with intellectual impairments, and that they receive no information or guidance about how to support the management of someone else's menstrual cycle'. Women with intellectual or psychosocial disabilities are often coerced into forced abortion and sterilisation, without informed consent, including as a means to manage menstruation (NAWHRD, 2018, p. 18; ACNS et al, 2017, p. 4). However, a pilot project found that menstrual hygiene management practices of girls with intellectual disabilities improved as a result of the campaign being tested (Wilbur et al, 2019, p. 11).

Lack of accessible infrastructure and transport also makes it very hard for women with disabilities to access maternal health services (NAWHRD, 2018, p. 18; Devkota et al, 2018, p. 1, 13; ACNS et al, 2017, p. 8). A survey of youth with disability found that 54% perceived the nearest sexual and reproductive health related centre to not be friendly to their disability, as a result of physical and communication barriers and negative attitudes and lack of understanding of persons with disabilities needs (Hodder, no date, p. 21-25). Information, especially for deaf women, is often not communicated in an accessible way (Devkota et al, 2018, p. 9; ACNS, 2017, p. 8). Health services were particularly inaccessible to women with disabilities as a result of 'unavailability of beds during delivery, insensitive providers with negative attitudes and abusive behaviour,

inadequate knowledge and experience in providing services to the people with disabilities as well as unwelcoming health facility environment' (Devkota et al, 2018, p. 1-2, 8, 12, 15-16; ACNS et al, 2017, p. 8-9). In common with women without disabilities, they also faced problems as a result of travel costs, additional service costs, staff shortages, and delayed and inadequate drug supplies (Devkota et al, 2018, p. 1, 7-8, 15). However some women with disabilities also had a positive experience with their health care providers (Devkota et al, 2018, p. 12).

In its concluding observations on the initial report of Nepal, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- develop measures to ensure comprehensive access to health services for persons with disabilities, particularly sexual and reproductive health services, maternal and child health centres and psychosocial services, and to strengthen the provision of comprehensive community-based rehabilitation services, including in rural and remote areas.

Access to assistive devices and assistance

A recent survey of 400 people with disabilities found that 18% were using an assistive device, while 33% needed an assistive device but did not have one; primarily because they were unaffordable (Samarajiva, 2018, p. 22). 39% were unable to do activities due to device failures for at least 1 day a month, with 25% unable to do so for at least 6 days a month (Samarajiva, 2018, p. 23). Eide et al (2016, p. 10) in 2014-15 found that around one in eight of individuals with disability stated that they used an assistive device, which they felt was on the low side compared to similar studies in low income contexts. 56% of persons with disabilities needed assistive devices but only 15.4% received them (Eide et al, 2016, p. 121). Women with disabilities had more limited access to assistive devices than males with disabilities (9.8% compared to 15%) (Eide et al, 2016, p. 11, 15).

The main sources of assistive devices are private or NGO rather than from the government (Eide et al, 2016, p. 126). Assistive devices are more commonly available in urban than in rural areas (Holmes et al, 2018, p. 24; Eide et al, 2016, p. 16, 123). The 2014-15 study found that 16.7% of disabled people used an assistive device in urban areas, compared to 11.6% in rural areas (Eide et al, 2016, p. 16).

The affordability of assistive devices can be an issue, although some are provided free or are more affordable. Some people with disabilities receive assistive devices free of charge from certain hospitals³³ for example, especially those used by people with physical disabilities (Holmes et al, 2018, p. 16, 24). On the other hand, parents have found it hard to afford hearing aids (Holmes et al, 2018, p. 24). The government can fully or partially exempt assistive devices used by people with disabilities for training or employment from various different duties and taxes which can bring down their cost (Prasai & Pant, 2018, p. 8-9).

Services such as physiotherapy sessions, speech therapy, lessons in sign language for both parents and children, as well as prosthetics and corrective surgery for children with disabilities are also provided through government institutions, as well as INGOs and NGOs (Holmes et al, 2018, p. 16, 24). People living in rural areas have less access to these services, with for instance only 25 of 2000 physiotherapists in the country deployed by the government to rural areas

³³ the Hospital and Rehabilitation Centre for Disabled Children in Banepa;

(Rogers, 2019). The terrain and weather also make it challenging for persons with disabilities to access these services (Rogers, 2019). The government and non-governmental organisations also provide some services such as community awareness; family training; legal and livelihoods services for children with disabilities who have been abandoned and need legal support and money for enterprise; and short-term accommodation, particularly for women and girls with disabilities (Holmes et al, 2018, p. 16).

Disability and humanitarian situations

The Natural Calamity Relief Act provides a legislative framework of disaster management in Nepal, although it fails to mention special consideration to persons with disabilities while providing emergency supports and relief aids (NFDN, 2017, p. 13)

Disaster risk reduction (DRR)

Persons with disabilities in Nepal face higher risks in disasters and emergency situations as accessible information and communication for persons with disabilities is often overlooked, limiting their awareness of disasters (Gvetadze, 2017, p. 2, 6). Research found that prior to 2015 earthquake, disaster risk reduction (DRR) activities failed to meaningfully include, engage or consult persons with disabilities (Gvetadze, 2017, p. 6). Part of the problem has been the lack of data on disability, which means at risk populations are invisible to mainstream DRR actors (Gvetadze, 2017, p. 6).

Nepal has taken steps to improve this situation by 'revising its local disaster risk management planning guidelines, emphasising the role of persons with disabilities and their representative organisations in the development of the DRR plans as well as importance of collecting and using disability disaggregated data for better understanding disaster risk and informed risk-sensitive decision-making' (Gvetadze, 2017, p. 5). However, 'existing systems at the local, sub-national and national levels are yet to recognise the leadership role of persons with disabilities and their representative organisations in DRR rather than viewing them as passive recipients of aid' (Gvetadze, 2017, p. 6).

2015 earthquake

In 2015 Nepal was struck by a powerful earthquake and numerous aftershocks, which resulted in a large number of casualties, widespread devastation, and disruption of everyday life (Prasai & Pant, 2018, p. 5). Parents of children with disabilities reported that 'their immediate reaction during the earthquake was to rescue the child with disabilities as they assumed their non-disabled children would take care of themselves' (Holmes et al, 2018, p. 28). Some parents experienced discrimination from their neighbours towards their child with disabilities in shelters after the earthquake (Holmes et al, 2018, p. 28). Women and girls with disabilities reported increased psychological, physical, and sexual violence immediately after the earthquake, perpetrated by partners, family members, relatives, and sometimes by people who lived in the same community (Bista & Sharma, 2019). Girls with disabilities were particularly vulnerable to sexual abuse and harassment in the temporary shelters (Holmes et al, 2018, p. 28). Women with disabilities, including indigenous women with disabilities, are also reported to have had less access to recovery and rehabilitation services or access to justice during and after the earthquake (NIDA, NIDWAN & AIPP, 2018, p. 21).

In the aftermath of the 2015 earthquakes, 15,678 disability allowance beneficiaries living in the 19 districts most affected by the earthquakes were eligible for the Emergency Top-Up Cash Transfer (ETCT), a one-off cash benefit of Rs 3,000 (approximately \$30) (Holmes et al, 2018, p.

10, 17). However, around half of the eligible people with disabilities were unable to access the ETCT due mainly to the lack of available transportation to reach the pay points, or the loss of disability identity cards (Holmes et al, 2018, p. 10, 17).

37% of people with disabilities were found to have been excluded from relief and recovery programmes in the aftermath of the earthquake (NIDA, NIDWAN & AIPP, 2018, p. 20). This was due in part to their lack of representation in local governance structures and disaster relief committees (Gvetadze, 2017, p. 7). Earthquake relief efforts targeted specifically at people with disabilities were driven primarily by international NGOs, who were not present in all earthquake affected districts (Holmes et al, 2018, p. 17). Such efforts were confined to easy to reach locations, which made it harder for people with disabilities who lived further away or who had limited mobility (Holmes et al, 2018, p. 17). People with disabilities also found it harder to access information about relief efforts (Holmes et al, 2018, p. 17). People with disabilities also struggled to access mainstream programmes which were put in place in response to the earthquakes (Holmes et al, 2018, p. 17).

Three years after the earthquake, people with disabilities stated that they were still 'struggling with challenges like no roof, no support and unsafe environment with no food, water and warm clothes' (NIDA, NIDWAN & AIPP, 2018, p. 20). Destruction or loss of disability cards and land ownership documents meant that they were denied reconstruction support from the government (NIDA, NIDWAN & AIPP, 2018, p. 20).

In its concluding observations on the initial report of Nepal, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- adopt an effective mechanism, in accordance with the Sendai Framework for Disaster Risk Reduction 2015–2030, in order to have an accessible communication strategy (including hotlines, a text message warning application and general manuals in sign language and Braille) and a comprehensive emergency strategy and protocols for situations of disaster and risk. The Committee also recommends that the State party call upon all public services to develop individual and local plans for the safe evacuation of persons with disabilities, in consultation with them through their representative organisations. The State party should ensure that post-disaster recovery and rehabilitation efforts follow a human rights-based approach in order to protect all persons with disabilities effectively.

5. How the SITANS were conducted

A non-systematic literature review has been conducted for each country within the time and resources available, covering both academic and grey literature, focusing on a number of areas, including the general situation for people with disabilities in each county and the four focus areas of the DID programme: health, education, livelihoods and stigma and discrimination³⁴. Searches of publicly available English language literature for each thematic area have been conducted through academic databases, search engines and websites which host grey literature. Programme partners were invited to provide relevant documents. As disability and development is an under researched area, much of the available literature and evidence is grey literature

³⁴ There are some similarities with the SITANS written for the overlapping Inclusion Works countries (Bangladesh, Kenya, and Nigeria), although they are more focused specifically on disability inclusion in formal sector employment.

published by governments and organisations working in the countries, rather than academic literature. Also, the most recent and up to date evidence comes in the form of journalism or press releases. Some of the evidence presents contradictory findings, especially in relation to disability prevalence. The majority of the report was written in 2019, with this version providing a brief update of recent evidence.

The most recent well-evidenced literature was selected for synthesis in the SITANs to provide those working on the DID programme with an overview of the current situation in the country to help with the design of the interventions. As a time lag sometimes exists between evidence being gathered and then published, the SITANs are living documents, which will be briefly updated annually to reflect newly available evidence. Having the SITANs as living documents also means they can be adapted to reflect new areas of interest to the programme, or areas to be developed further, throughout its implementation. As people in the different countries use and engage with the SITANs in the project planning processes in the countries, they will have the opportunity to feedback on the SITANs based on their current experiences (helping deal with the time lag issue) and provide useful internal evidence which is not available publicly. The SITANs have been reviewed by a gender expert from IDS to ensure that gender/intersectionality are well reflected, where possible.

DID SITANs:

Thompson, S. (2020). *Bangladesh Situational Analysis*. Disability Inclusive Development.

Thompson, S. (2020). *Jordan Situational Analysis*. Disability Inclusive Development.

Thompson, S. (2020). *Nigeria Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Kenya Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Nepal Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Tanzania Situational Analysis*. Disability Inclusive Development.

6. References

Ando, M. (2017). *The right to sexual and reproductive health rights of girls with disabilities: Response by the Asian-Pacific Resource and Research Centre for Women (ARROW)*. ARROW.

Autism Care Nepal Society (ACNS), Blind Women Association - Nepal (BWAN), Down Syndrome Society, Nepal (DSSN), Independent Living Center for PWDs (CIL Nepal), National Association of the Physical Disabled –Nepal (NAPD), National Association of the Deaf and Hard of Hearing (NADH), National Federation of Disabled Nepal – Regional office (Makwanpur), Nawalparasi Association of the Deaf (NAD), Nepal Disabled Women Association (NDWA), Nepal Indigenous Disabled Women Association - Nepal (NIDWAN), Self-help Group for Cerebral Palsy, Spinal Cord Rehabilitation center- Kavre, Women’s Group for Disability Right (WGDR). (2017). *Shadow Report submitted to the Committee on the Rights of Persons with Disabilities in its 19th session for the Country Review of the Federal Democratic Republic of Nepal*. ACNS, BWAN, DSSN, CIL Nepal, NAPD, NADH, NFDN, NAD, NDWA, NIDWAN, CP Nepal, SIRC, & WGDR.

Banks, L.M., Walsham, M., Neupane, S., Neupane, S., Pradhananga, Y., Maharjan, M., Blanchet, K., & Kuper, H. (2018). *Disability-inclusive social protection in Nepal: A national overview with a case study from Tanahun district*. International Centre for Evidence in Disability.

Banks, L.M., Zuurmond, M., Dok, A.M.-V., Gallinetti, J., & Singal, N. (2019). *Perspectives of children with disabilities and their guardians on factors affecting inclusion in education in rural Nepal: “I feel sad that I can’t go to school”*. *Oxford Development Studies*.

- Beutel, D., Tangen, D., & Carrington, S. (2019). Building bridges between global concepts and local contexts: implications for inclusive education in Nepal, Sri Lanka, and Bangladesh. *International Journal of Inclusive Education*, 23:1, 109-124.
- Bhattachan, K.B. (2012). *Country Technical Notes on Indigenous Peoples' Issues - Federal Democratic Republic of Nepal*. IFAD & AIPP.
- Bista, S.B., & Sharma, S. (2019). Violence against women and girls with disabilities during and after the 2015 Nepal earthquake: thematic analysis of qualitative data. *The Lancet*, 7, S45, .
- Central Bureau of Statistics (UBOS). (2014). *National Population and Housing Census 2011 Social Characteristics Tables*. Government of Nepal.
- Committee on the Rights of Persons with Disabilities (CRPD). (2018). *Concluding observations on the initial report of Nepal*. UN.
- Dawadi, S., Giri, R.A., & Simkhada, P. (2020). Impact of COVID-19 on the Education Sector in Nepal: Challenges and Coping Strategies. Sage Submissions. Preprint.
- Deuja, J. (2020). *Curbing the impacts of COVID-19 on Nepal's small-scale farmers and seizing opportunities for food system reform*. IIED.
- Devkota, H.R., Kett, M., & Groce, N. (2019). Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood. *BMC Pregnancy and Childbirth*, 19:20, 1-13.
- Devkota, H.R., Murray, E., Kett, M., & Groce, N. (2018). Are maternal healthcare services accessible to vulnerable group? A study among women with disabilities in rural Nepal. *PLoS ONE*, 13:7, e0200370.
- Disability Research Centre. (2016). *Disability Atlas of Nepal*. Kathmandu University.
- Eide, A.H., Lamichhane, K., & Neupane, S. (2019). Gaps in access and school attainments among people with and without disabilities: a case from Nepal. *Disability and Rehabilitation*, 1-6.
- Eide, A.H., Neupane, S., & Hem, K-G. (2016). *Living conditions among people with disability in Nepal*. SINTEF.
- Government of Nepal (GoN). (2013). *An Approach Paper To The Thirteenth Plan (FY 2013/14 – 2015/16) – Unofficial translation*. GoN.
- Gvetadze, N. (2017). *Towards greater inclusion in disaster risk reduction in Nepal: Realizing all-of-society commitment through meaningful participation of persons with disabilities*. Arbeiter-Samariter-Bund Deutschland e.V. (ASB).
- Hadad-Zercos, F. (2018). *Pulling out all stops: World Bank in Nepal*. World Bank.
- HI. (2020). *Rapid Need Assessment - An inclusive response to COVID-19 in Nepal*. HI.
- Hodder, S. (no date). *Integrating SRH needs of Young People with Disability within Youth Friendly SRH Service*. Marie Stopes Nepal.
- Holmes, R., Samuels, F., Ghimire, A., & Thewissen, S. (2018). *Nepal's cash allowances for children with disabilities*. ODI.
- Human Rights Watch (HRW). (2018). *Nepal: Barriers to Inclusive Education*. HRW.

IFRC, UNICEF & WHO. (2020). *Social Stigma associated with COVID-19 - A guide to preventing and addressing social stigma*. IFRC, UNICEF & WHO.

ILO (2020). *As jobs crisis deepens, ILO warns of uncertain and incomplete labour market recovery*. ILO.

ILO. (2020b). *ILO: As job losses escalate, nearly half of global workforce at risk of losing livelihoods*. ILO.

ILO. (2020c). *COVID-19 labour market impact in Nepal*. ILO.

Inguanzo, I. (2017). *The situation of indigenous children with disabilities*. Policy Department, Directorate-General for External Policies, European Union.

Khadka, R. (2017). *An analytical briefing on the social security sector in Nepal*. ILO & Ministry of Labour and Employment of Nepal.

Mahler, D.G., Lakner, C., Aguilar, R.A.C., & Wu, H. (2020). *Updated estimates of the impact of COVID-19 on global poverty – June 08*. World Bank Data Blog.

Ministry of Education (MoE). (2016). *School Sector Development Plan, Nepal, 2016–2023*. MoE, Government of Nepal.

National Alliance of Women Human Rights Defenders (NAWHRD). (2018). *NEPAL - CEDAW Shadow Report*. NAWHRD.

National Federation of Disabled Nepal (NFDN). (2017). *NEPAL CIVIL SOCIETY SUPPLEMENTARY REPORT ON THE INITIAL REPORT OF THE GOVERNMENT OF NEPAL ON THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)*. UNCRPD.

National Planning Commission (NPC) & Oxford Poverty and Human Development Initiative (OPHI). (2018). *Nepal Multidimensional Poverty Index – Analysis towards action*. Government of Nepal & University of Oxford.

NBSM. (2017). *NEPAL LABOR ACT 2074 Highlights of Changes brought by New Labor Law*. NBSM & Associates.

Nepal Disabled Women Association (NDWA). (2020). *Press Release: Continue Social Protection Allowance Distribution*. NDWA.

Nepal Indigenous Disabled Association (NIDA), National Indigenous Disabled Women Association Nepal (NIDWAN), & Asia Indigenous Peoples Pact (AIPP). (2018). *Reply from Indigenous Persons with Disabilities Organizations to the List of Issues in relation to the initial Report of Nepal*. NIDA, NIDWAN, & AIPP.

OCHA. (2017). *Nepal Country Profile*. OCHA.

Poudyal, N., Banskota, M., & Khadka, D. (2018). *Disability in Nepal: Taking stock and moving forward*.

Prasai, S., & Pant, A. (2018). *Monitoring Employment Rights of People with Disabilities in Kathmandu, Nepal - Asian Workplace Approach That Respects Equality*. Disability Rights Promotion International (DRPI) & National Federation of Disabled-Nepal.

- Raut, N. (2018). *Case studies on sexual and reproductive health of disabled women in Nepal*. *Asian Journal of Women's Studies*, 24:1, 140-151.
- Regmi, R.K., Kohutova, K., & Thapa, S. (2020). *The Impact of COVID-19 on Households in Nepal*. Ministry of Agriculture and Livestock Development & United Nations World Food Programme.
- Rogers, K. (2019). *Disability inclusive health care has mountains to climb*. Devex.
- Rohwerder, B. (2019). *Disability stigma in the Disability Inclusive Development (DID) programme countries: an overview of the evidence*.
- Samarajiva, R. (2018). *ICT access and use by Persons with Disabilities (PWD) in Nepal*. After Access.
- Santos, J. (2020). *COVID-19: National Indigenous Disabled Women Association Nepal (NIDWAN Nepal)*. Disability Rights Fund.
- Singh, D.R., Sunuwar, D.R., Adhikari, B., Szabo, S., & Padmadas, S.S. (2020). *The perils of COVID-19 in Nepal: Implications for population health and nutritional status*. *Journal of Global Health*, 10:1, 1-4.
- Subba, C., Pyakuryal, B., Bastola, T.S., Subba, M.K., Raut, N.K., & Karki, B. (2014). *A Study on the Socio-Economic Status of Indigenous Peoples in Nepal*. Lawyers' Association for Human Rights of Nepalese Indigenous Peoples (LAHURNIP)
- Uematsu, H., Shidiq, A.R., & Tiwari, S. (2016). *Trends and Drivers of Poverty Reduction in Nepal: A Historical Perspective* (Policy Research Working Paper 7830). World Bank.
- UNDP. (2020). *In Nepal, multiple sectors, economic growth slammed by pandemic and lockdown, study finds*. UNDP.
- UNFPA. (2020). *Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan Revised June 2020*. UNFPA.
- USAID. (2017). *Reading for All: Disability Inclusive Education for Nepali Children*. USAID.
- Wilbur, J., Mahon, T., Torondel, B., Hameed, S., & Kuper, H. (2019). *Feasibility Study of a Menstrual Hygiene Management Intervention for People with Intellectual Impairments and Their Carers in Nepal*. *International Journal of Environmental Research and Public Health*, 16, 3750, 1-14.

Suggested citation

- Rohwerder, B. (2020). *Nepal Situational Analysis*. Disability Inclusive Development.