



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
NEPAL



SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

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COUNTRY BRIEF

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES IN **NEPAL**

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November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

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ACRONYMS AND ABBREVIATIONS

AIN	Association of International NGOs
CBR	Community-Based Rehabilitation
CDPD	Convention on the Rights of Persons with Disabilities
DWD	Disability Working Group
INGO	International Non-Governmental Organization
LCDMS	Leprosy Control and Disability Management Section
MoHP	Ministry of Health and Population
MoEST	Ministry of Education Science and Technology
MoFAGA	Ministry of Federal Affairs and General Administration
MoWCSC	Ministry of Women Children and Senior Citizens
NFDN	National Federation of People with Disabilities
NGO	Non-Governmental Organization
OPD	Organization of Persons with Disabilities
SDG	Sustainable Development Goals
SDM	Social Development Ministry
UNDP	United Nations Development Programme

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BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC). The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden and the United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025 UNPRPD adopted a new programme design approach. The Framework moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability-inclusive SDGs.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes with the objectives of advancing CRPD implementation and improving the implementation of disability-inclusive SDGs. The 26 selected teams (see Annex 1) were then allocated an initial budget to deliver an induction training, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

The 26 countries each conducted a comprehensive multistakeholder situational analysis to identify gaps and opportunities around preconditions to CRPD implementation and agree on a set of recommendations to address them.

From March to December 2021, the Nepal UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

The full situational analysis report may be found [here](#).

2 WHY A COUNTRY ANALYSIS?

Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situation analyses were designed to:

- Inform the design of future PRPD funded programmes in the country and serve as a baseline for them;
- Inform UNCTs of gaps in achieving disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations, as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

3 INTRODUCTION TO DISABILITY CONTEXT IN NEPAL

	Population	29.14 million	
	Disability Prevalance	1.94% [2011] ¹	
		Female 1.71%	Male 2.18%

Nepal is a signatory to the CRPD and the country has taken a significant step by enacting The Act Relating to Rights of Persons with Disabilities 2074 (2017) in line with the CRPD. The UN agencies – United Nations Development Programme (UNDP), UN Women, United Nations Population Fund and the World Health Organization - are already working on a joint UN initiative, Aawaaz, which works to achieve inclusion for and by persons with disabilities, in collaboration with the National Federation of Disabled Nepal (NFDN), its members and other key stakeholders to support the federal, provincial and local governments on a disability agenda.

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. A full list of stakeholders is included in the full report.

Government

- **Ministry of Women, Children and Senior Citizens (MoWCSC):** MoWCSC is the ministry for disability inclusion with extensive responsibility to lead, direct, plan, coordinate and mobilize the line ministry's resources and facilitate and monitor implementation of programmes in the disability sector. The ministry has a **Disability Rights Promotion Section** headed by an undersecretary level officer. The ministry is responsible for developing policies and plans relating to persons with disabilities, children, women and senior citizens, along with a number of other social issues. Further, a **National Coordination Committee** has been formed at the federal level under MoWCSC's leadership. The Committee includes representation from OPDs, high-level representation from all federal ministries (including the Chief Secretary of the Government of Nepal) the private sector (for example, the Federation of Nepalese Chamber of Commerce and Industries, FNCCI), service providers and disability experts.
- At the provincial level, the **Social Development Ministry (SDM)** is the focal ministry for disability issues. It is responsible for formulating disability policies and plans, programme coordination, and monitoring of international non-governmental organizations (INGOs) and non-governmental organizations (NGOs) at the provincial level. The SDM has a Social Development Division, which is responsible for health, education and livelihood development of the general population, including persons with disabilities. Disability falls under the Child Rights and Social Justice Section of the Social Development Division. The ministry also provides financial support to OPDs to implement community-based rehabilitation (CBR), purchase assistive devices and provide vocational skills development and sign language interpreter training.
- At the local level, the municipality's **women and children's department** is responsible for coordinating and facilitating disability-related programs, operating information help desks, and coordinating and monitoring disability-related activities. The structure is divided further to effectively reach the grassroot levels.

- **Ministry of Education, Science and Technology (MoEST):** Inclusive education falls under the Educational Technology and Information Education Division of this ministry's Centre for Education and Human Resource Development. This section is headed by an undersecretary-level officer. Its main roles and responsibilities are to coordinate and facilitate the development of policies and plans for inclusive education and conduct research and studies for the development of inclusive education, and coordinate with government and non-government stakeholders to increase access to education for children/persons with disabilities and other marginalized groups to the regular education system. At the provincial level, inclusive education falls under the Social Development Ministry. At the local level, municipalities are responsible for developing necessary policies, plans and programmes to increase access to education for all children with disabilities.
- **Ministry of Health and Population (MoHP):** All tertiary-level hospitals, including provincial hospitals, fall under this ministry. Prior to 2015, it did not have a disability focal point. However, after the devastating 2015 earthquake, a disability focal unit was established under the Department of Health Services' Leprosy Control Division. It has been restructured into the Leprosy Control and Disability Management Section (LCDMS) under the Epidemiology and Disease Control Division. The LCDMS has been active on issues related to health and rehabilitation of persons with disabilities. It has developed a 10-year disability prevention and rehabilitation policy and plan of action in consultation with other relevant government agencies, OPDs and rehabilitation service providers. At the provincial level, health falls under the Social Development Ministry through the Provincial Health Directorate. At the district level, district health offices and, at the local level, primary health centres and health posts are responsible for health and rehabilitation services for people with disabilities.
- **Ministry of Federal Affairs and General Administration (MoFAGA):** In line with the Local Government Operation Act 2075, local governments are responsible to manage disability at the local level, including the distribution of disability identity cards. Though municipalities may make their own decisions, MoFAGA is the nodal ministry for any support and advice to municipalities. As municipalities come under this federal ministry, the MoWCSC must work through MoFAGA when it needs information and support from municipalities on disability and other matters.

Organisations of persons with disabilities

The **NFDN** is an umbrella organization with more than 300 member organizations in 74 districts. Disability-specific federations and associations addressing women with disabilities, indigenous groups, mental health and psychosocial disabilities are actively involved in rights-based advocacy. In addition to advocacy, OPDs are involved in implementing CBR/ community-based inclusive development projects and delivering direct services. However, the findings revealed that registration and operation of organizations by marginalized disability groups is a major challenge owing to their small number and limited capacity. OPDs' ability to access public and private funds at the grassroots level is also proving to be a major challenge due to legal requirements and the federalized structure.

UN system

UN agencies continue to provide technical and financial support to review, enact and amend laws and policies, including disability-inclusive gender equality and social inclusion policies for local governments and policies to promote the rights of persons with disabilities at the provincial level. They have also taken on disabilities as cross-cutting issues and have included them as part of the programme. UNDP has contributed to persons with disabilities and their immediate family members primarily by working through the livelihood support programmes. Provisions for sign language interpretation are made to ensure that resources are available in accessible formats, including information related to COVID-19 pandemic.

International cooperation

INGOs have played an important role in the rehabilitation and social inclusion of persons with disabilities in Nepal. There are about 250 INGOs registered with the Social Welfare Council and 127 affiliated with the Association of International NGOs (AIN) in Nepal. AIN has formed various thematic groups, including the Disability Working Group (DWG). The main international actors involved in disability issues are affiliated with the DWG. Its membership totals 22, including the internationally known Handicap International, Christian Blind Mission, Save the Children, Plan Nepal, My Rights, until No Leprosy Remains, FAIRMED and the Leprosy Mission Nepal. They have played an active role in bringing disability-related issues to the forefront by lobbying and facilitating disability inclusion and mainstreaming through AIN members' programmes/projects. The DWG also collaborates with NFDN, OPDs and relevant government line agencies. Few of them are part of the technical working groups formed by the ministries and are invited from time to time for policy and programme discussions.

Summary of stakeholder coordination analysis

Despite fairly streamlined operational structures, the coordination mechanism within government ministries raises concerns. All stakeholders – particularly government stakeholders – highlighted the need for mechanisms to address coordination across federal, provincial and municipal levels. The new federal structure, with substantial autonomy given to provinces that have yet to develop capacity and understanding of disability inclusion, has made it more difficult to implement federal-level policy. The study also highlighted the selective inclusion of OPDs in policy-level decision-making and the lack of recognition, representation and registration of marginalized groups and specialized invisible disabilities, especially in rural communities. Women with disabilities are not actively encouraged to participate in decision-making processes. The report noted that it is difficult for women with disabilities to obtain key positions even within the NFDN. Significant challenges that hamper effective participation include limited awareness among duty bearers of the complexities and intersectionality of disability and lack of provision for communication or disability support service in meetings and consultations.

4.2 Preconditions for disability inclusion

In its Strategic Framework, UNPRPD has identified five preconditions as foundational elements that must be in place to address the rights of persons with disabilities across sectors. The following findings focus on these preconditions in the Nepalese context.

- 1 Equality and non-discrimination
- 2 Accessibility
- 3 Inclusive service delivery
- 4 CRPD-compliant budgeting and financial management
- 5 Accountability and governance

Equality and non-discrimination

Nepal submitted its first periodic report to the CRPD Committee in 2014; the Committee discussed the report in 2018. While commending the efforts of the Government of Nepal, the CRPD Committee recommended that it take a more rights-based approach to disability and address issues of women with disabilities and members of historically marginalized communities (including Dalits, ethnic minorities and people with invisible disabilities such as autism and psychosocial and intellectual disabilities).

Certain acts and regulations in Nepal aim to guarantee persons with disabilities the right to social support, healthcare, education, employment, accessibility and rehabilitation. Although Nepal's constitution guarantees equality and non-discrimination, several bottlenecks block CRPD implementation, such as inadequate education and awareness on disability inclusion among key stakeholders, social stigma, inaccessibility of services and the physical environment, competing priorities among government officials, tokenistic representation of OPDs, and inadequate funding. Despite legal provisions, this study found that women with disabilities still face multiple forms of discrimination. In addition, children and young adults with invisible disabilities like intellectual disability and autism feel discriminated against in health, education and livelihood opportunities.

Key findings

- **Lack of policy implementation:** Policies have not been transformed into practical reality for people on the ground due to:
 - Lack of inclusion of people with disabilities, including women, at key levels of decision-making;
 - Ineffective systems and processes at the federal, provincial, and municipal level that are characterized by unequal treatment and discrimination;
 - Lack of sustained advocacy for disability-related issues and of adequate budgets; and,

- Lack of political will to put policies into practice, lack of understanding at all levels of the government regarding the complexity of disability, and lack of coordination among OPDs and service providers.
- Social stigma, stereotype and discrimination against people with disabilities: Though several efforts are underway, Nepalese society overall is far from embracing change in attitudes and actions. This is largely due to lack of community awareness of how to address the needs of persons with disabilities due to stigma. Diversified advocacy and awareness-raising efforts are also lacking, which has led to excluding and undervaluing the capacities of vulnerable groups.

Inclusive service delivery

Disability assessment and referral services

The Government of Nepal has classified disabilities into 10 types and provides a disability identity card based on the severity of impairment. Persons with profound disabilities receive a red card; severe disabilities, a blue card; mild disabilities, a yellow card; and a general disability, a white card. Several municipalities have formed a Disability Coordination Committee to handle assessment and distribution of the card. To obtain a card, an individual must submit an application form to the ward office, providing the necessary documents (birth registration certificate if the person is a minor, citizenship card or recommendation of an OPD). If the documentation is in order, the ward office recommends that the municipality issue the card. The ward office or municipality may request a report from a doctor or a test report in the case of a non-visible disability (intellectual disability, autism or psychosocial disability). The Coordination Committee determines which type of disability card to issue.

Disability support services

Nepal provides disability support services based on a public-private partnership approach. The government has established a partnership with NGOs to provide support services, including rehabilitation and assistive devices, and provides grants for that purpose. The MoWCSC (at the national/federal level) issues grants to seven physical rehabilitation centres (one in each province) primarily for the manufacture and distribution of prosthetics and orthotics.

Similarly, the SDM (at provincial level) allocates funding for the procurement and distribution of assistive devices at the provincial level. The processes and procedures for providing support services vary by province. Some provincial SDM offices provide assistive devices through local municipalities and some distribute them through OPDs based on requests for proposal/procurement. Rural and urban municipalities also allocate funds for assistive devices; overlap may occur due to lack of coordination between provincial and local governments. These assistive devices include primarily mobility devices, such as wheelchairs, crutches, walkers and white canes. The government provides tax exemptions for the purchase of four-wheel scooters.

Mainstream services

The situational analysis report provides an overview of disability-inclusive mainstream services including social protection, education, health, employment, and access to justice. The brief highlights key gaps; further details may be found in the full report.

The twin-track approach – focusing on both mainstreaming and targeted disability-specific interventions – is incorporated conceptually in the areas of health, education, employment and access to legal systems. Although some mainstreaming initiatives have been put in place, no adequate databases have been developed to capture data on the progress on disability inclusion.

Social protection

Many social protection schemes are disability inclusive in policy and theory only. They have not yet been put into practice. This is largely due to the lack of an accessible registration process, limited availability of accessible information on social protection for persons with disabilities, and a lack of comprehensive eligibility criteria. It is further compounded by limited awareness among public officials/duty bearers of the specific needs and socio-economic vulnerability of persons with different types of disabilities. The situation became more critical during the COVID-19 pandemic, when a complete and/or partial lockdown was in place and many people lost livelihood opportunities.

Health protection

Persons with disabilities find it increasingly difficult to access health care services due to family attitude, health workers' attitude/behaviour and capacity, and inaccessible health facilities and transportation. Persons with disabilities and their family find it difficult to pay for travel and other indirect costs to access health care services. Women with disabilities are deprived of sexual and reproductive health care and are neglected by health care workers. Limited health insurance is available for persons with disabilities, particularly to cover long-term rehabilitation.

Education

Enrolment of children with disabilities in basic level education is very low compared to that of non-disabled children - 0.94 percent vs. 97 percent - as schools are not equipped with inclusive education services, although such a policy exists. Children with disabilities face multiple barriers to access education. The problems referred to most frequently are accessibility within schools, accessible transport, and the timely availability of books and materials. In addition to access issues, the weak capacity of school management committees has been identified as a key factor in low enrolment. This is compounded by lack of teacher capacity, inadequate teacher curriculum, training, teaching and learning materials, supervision and monitoring, and lack of educational accountability. The poor quality of services has caused parents not to demand that their children be included in the regular education system. In addition, parents and communities have limited awareness of the services that students should receive.

Employment and livelihood

Little evidence is available regarding the employment and livelihood situation of persons with disabilities in Nepal. This leads to low levels of awareness of and compliance with employment requirements and laws among employers and the general public. This undermines both the right of access to employment and earning capacity for persons with disabilities. The shortage of educational and training opportunities for young persons with disabilities, especially young women, and the exclusion of persons willing to pursue self-employment from obtaining loans and capital from financial institutions prevent them from accessing meaningful employment opportunities. Workplaces are generally not accessible and employers consider even minor modifications to be unnecessary investments.

Key findings

- The **disability assessment and identification processes are lengthy, difficult, and costly** for persons with hidden impairments/ disabilities. Language barriers for the non-Nepali-speaking population, misunderstanding, lack of awareness and the stigma associated with intellectual and psychosocial disabilities are further barriers to seeking an assessment and obtaining a disability card. The levels of social security benefits associated with categories of severity, as indicated by the disability identity card, are also poorly understood. Many children with disabilities lack a birth certificate, which is a pre-requisite to access any governmental services.
- **Difficulty in obtaining and using assistive devices:** Cost is a significant deterrent to procuring and using assistive devices effectively; allocated budgets cover only mobility devices, but do not cover assessment, custom fitting and rehabilitation in a health care setting.
- **Personal assistance:** Although the 2020 regulation on the rights of persons with disabilities mentions the provision of personal assistance for persons with profound and severe disabilities based on their need, such assistance is not yet available because the service delivery mechanisms/guidelines are not in place. Not all vulnerable groups have funding or schemes for personal assistance. Caregivers and children with disabilities are often overlooked and are not eligible for any type of assistance.
- **Disability support services:** The provision of sign and tactile language interpreters in crucial service sectors, such as education, health, law and justice, tends to be limited due primarily to the shortage of trained human resources and is further compounded by limited funding for such services in relevant sector budgets.
- **Inclusive education:** Progress has been made on the policy level, but due to large capacity gaps in the assessment and education systems, along with the federalization of responsibilities for education, these goals are overly ambitious and have yet to be implemented. The government plans to build additional special (segregated) schools to address some of the gaps.

Accessibility

Physical accessibility of buildings and infrastructure remains a challenge for persons with disabilities. Accessibility services tend to focus on individuals with physical impairments and fail to include those with other kinds of disabilities, such as intellectual. The accessibility

guideline is not widely disseminated at the provincial and municipal levels and many government offices and public places, including roads/footpaths, are not accessible to people using assistive/mobility devices. Access to information for persons with disabilities is very limited. Even organizations working for the rights of persons with disabilities do not provide information in accessible format (for example, audio or braille). Only a very few sign language interpreters are available in Nepal. The government has undertaken a few initiatives to provide sign language training and place sign language interpreters at the disability help desk, but their number does not meet the need. COVID-19 prevention and response and recovery planning and programmes did not give adequate priority to persons with disabilities, except for a few health-related information and press briefings. This affected the ability of persons with disabilities to obtain important information related to relief measures and services.

Key findings

- **Limited access to accessible services and infrastructure:** Physical accessibility of buildings and infrastructure remains a challenge for persons with disabilities. These services tend to target persons with physical impairments and ignore people with other kinds of disabilities. The accessibility guideline is not widely disseminated and many government offices and public places are not accessible to people using assistive/mobility devices. The government needs to increase access to transport for persons with disabilities. In general, there is limited understanding of accessibility. Most accessibility services are concentrated in urban areas, with limited access to services for persons with disabilities in rural areas and mountainous terrains.
- **Poor access to information and communication technology:** Access to information for persons with disabilities is very limited. Sign language interpretation, easy-to-read formats and braille/audio translations of public information are almost non-existent. Deafblind people are the hardest hit in terms of availability of accessible information and they feel left behind. Only a handful of tactile language interpreters is available and government and non-government stakeholders' efforts to develop these human resources and place them in strategic institutions are inadequate.
- **Limited access to COVID-19 related information:** Overall, COVID-19 prevention, response and recovery planning and programmes did not give adequate priority to accessibility measures for persons with disabilities. This affected access to important information related to relief measures and services for persons with disabilities.

CRPD compliant budgeting and financial management

Although a dearth of reliable data exists about budgetary contributions, budget allocations and procurement processes do not address the needs of persons with disabilities. Generally, the provisions outlined in the policies and plans are not supported by appropriate budgets. Under the relatively new federalized governance structure, it has become even more difficult to trace budgets as all three levels of government work independently and are free to make their own policies, plans and budget allocations. As OPDs are not represented on budget planning and review committees, they have no channels through which to advocate for funding. Both rights holders and duty bearers

highlighted the need to train local government staff, elected officials and representatives, particularly the members of disability coordination committee, on issues related to identification of disability, CRPD and disability-inclusive planning and budgeting. Some municipalities underspend their disability budget, which leads to a vicious cycle of further reductions in subsequent years. During the pandemic, the disability budget could have been better use for disability-inclusive COVID-19 response by repurposing funds based on adequate justification and approval. INGOs, multilateral and bilateral development partners have a significant budget for disability inclusion and rehabilitation programmes, but outcomes are anecdotal and project based. Consequently, they do not contribute to society-wide or population-level transformation, which would be possible with shared objectives/approach, joint planning and resource pooling.

Key findings

- **Lack of proper information to guide budget allocation and spending:** All levels of government allocate budgets for disability support, which leads to duplication and, even, triplication, particularly regarding assistive devices. Budgeting is not planned and executed well and is not based on the needs expressed by persons with disabilities, OPDs are not represented on budget planning and review committees and some municipalities underspend their disability budget. Disability budgets could have been better used for disability-inclusive COVID-19 response by repurposing funds.
- **Lack of collaborative effort:** Multilateral and bilateral development partners and INGOs have large budgets for disability inclusion and rehabilitation but outcomes are anecdotal and project based, so they do not contribute to society-wide or system-level transformation. Opportunities for collaboration exist because coordination mechanisms are in place and I/NGOs must obtain approval for their projects and programmes from corresponding governmental levels; those projects and programmes are also monitored and reviewed periodically.
- **Access to available funding:** OPD access to public and private funds at the grassroots level is a major challenge due to legal requirements and the federalized structure. Under this structure, the focus is increasingly on provincial and local-level interventions. This might provide an opportunity for OPDs to mobilize resources at those levels based on increased capacity to influence planning and budgeting.

Accountability and governance

Inclusive evidence and data gathering systems

Data on disability in Nepal is limited. Prevalence figures reported in past surveys show significantly lower rates than the global estimate, which calculates that 15 percent of a total population has some kind of disability. Disability prevalence in Nepal is based on a 2011 survey conducted using an impairment-based or medical model; it estimates a prevalence rate of 1.94 percent to 3.66 percent. In 2021, the Government of Nepal conducted the decennial census; the results were made available after the situational analysis report was submitted. However, it was noted observed that the data collection tool was not based on ‘functioning,’ as outlined in the Washington Group Short Set of Questions on Disability.

A positive observation was that the NFDN was consulted on developing information materials and training for enumerators on disability.

National accountability mechanisms

MoWCSC is responsible at the federal/national level for developing disability-inclusive legislation, policies and guidelines, coordinating with other ministries, and ensuring effective implementation of such policies and plans. This also includes conducting periodic reviews, monitoring and evaluation of projects and programmes. However, the ministry lacks a systems perspective to, approach to and structural planning for disability inclusion and, thus, has limited capacity to perform its duties effectively. Coordination committees at the federal level and within some provinces have been created, but are not yet functional. MoWCSC has asked other ministries to identify disability focal points in each ministry, but no action has been taken to date. MOEST and MoHP have disability units in place.

The National Human Rights Commission was established as an independent statutory body in 2000. It is responsible for monitoring the implementation status of the existing laws on human rights and make recommendations to the Government of Nepal regarding their effective implementation. The Commission may submit complaints to concerned departments. Ministries and agencies conduct investigations and issue instructions/recommendations for necessary action.

The recently established Inclusion Commission, an independent body, is responsible to review, monitor and evaluate policies and programmes related to marginalized population sectors, including persons with disabilities. It is authorized to monitor implementation of laws and policies, share recommendations with relevant agencies, and conduct research and study on human rights and inclusion.

In 2017, the Government of Nepal established two high-level committees and seven thematic working groups to roll out and implement the SDG 2030 agenda. The National Steering Committee, chaired by the Prime Minister, is the highest ranking. The chairpersons of the federation of NGOs and cooperatives have also been included on the SDG 2030 Implementation Committee. The membership of the coordination and working groups is broadly representative of the public and private sectors, NGOs and development partners. Despite efforts to ensure inclusivity within national-level SDG 2030 implementation mechanism, neither the groups nor the committees include representatives of persons with disabilities. The SDGs include only a few disability indicators, but baseline data is not available to measure the outcome.

Key findings

- **Weak coordination within governmental sectors regarding policy implementation:** Although the MoWCSC's National Coordination Committee responsible for overseeing and coordinating the activities of the various ministries has been formalized, it does not yet operate because the ministry focal points (per CRPD guidelines) have not yet been designated. This has resulted in poor and ad hoc bilateral coordination. There is no proper mechanism in place that can organize and hold regular meetings to discuss issue facing persons with disabilities.

- **Inadequate representation of persons with disabilities on governance and monitoring committees:** Nepal is developing its SDG localization process and leave no one behind framework. It is thus appropriate to incorporate relevant SDG targets and indicators in the National Policy and Plan of Action on Disability, with specific responsibilities for all levels of government. However, persons with disabilities are not represented on the working groups or (sub)committees. Certain areas - particularly the representation and participation of women with disabilities in the 2020 disability rights regulations – are not aligned with the 2017 Disability Rights Act (2017) and the CRPD. In addition, the provisions in the regulations reflect a welfare-based approach rather than a rights-based one, and should be revised or amended.
- **Lack of reliable data and disability-disaggregated data** pose key challenges to achieving disability inclusion in Nepal.

4.3 Cross-cutting approaches: Participation, gender, inequalities

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities.



Participation:

Enabling full and effective participation of persons with disabilities



Inequalities:

Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities



Gender:

Addressing gender inequality and advancing the rights of women and girls with disabilities

Participation

The participation of persons with disabilities in policy- and decision-making has increased over the years. However, meaningful participation concerns primarily disability-specific policies and plans only and persons with disabilities are excluded from contributing to federal development policies and cross-cutting issues, including the SDG processes. In addition, OPDs outside the Kathmandu valley are excluded from participating in developing federal policies and plans. Their members often lack the confidence to contribute to and/or lack capacity to influence policy- and decision- makers. Participation of women with disabilities is generally lower than that of men with disabilities in the government's decision-making processes. Women with disabilities have difficulty obtaining key positions within the NFDN. Diversity within disability – including type of disability, gender, caste, ethnicity and socio-economic status - is not taken into consideration when making policies and plans. In interviews, duty bearers noted their limited awareness of the complexities and intersectionality of disability. Meetings and consultations do not provide communication or disability support service (reasonable accommodation), which makes meaningful participation difficult for persons who need it. OPDs must make their own arrangements for sign language interpretation and personal assistance.

Gender

Despite legal provisions, women with disabilities still face multiple forms of discrimination based on gender and disability. Participation of women with disabilities is not actively encouraged in decision-making processes. It was reported that it is difficult for women with disabilities to hold key positions even within NFDN. Significant challenges that hindered effective participation include duty bearers' limited awareness of the complexities and intersectionality of disability, lack of communication or disability support service. Further, there are no provisions for protection for women with disabilities who experience violence and abuse and the legal procedures are long and complex. In reality, women with disabilities lack access to justice.

Inequalities

The situational analysis report highlights that a more rights-based approach is needed on disability, particularly regarding underrepresented groups of persons with disabilities such as Dalits, people in ethnic minority and invisible disabilities. Dalits with disabilities are among the most marginalized groups in Nepal. There is limited awareness of invisible disabilities such as intellectual disabilities and autism, especially in remote and rural communities. These underrepresented groups of persons with disabilities are often not recognized and it is challenging to form OPDs for them, likely because they are dispersed geographically. The lack of mechanism for the recognition and registration of marginalized disability groups can lead to their inadequate participation in decision-making processes.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National development plans

Despite trying to ensure that the national SDG 2030 implementation is inclusive, neither the groups nor the committees include representation of persons with disabilities. The SDGs include a few disability-related indicators, but baseline data is not available to measure outcomes. Availability of reliable data and disability-disaggregated data are other key challenges to achieving disability inclusion SDGs in Nepal.

There are very few indicators for SDGs/SDG monitoring in Nepal. The government's 2020 SDG Voluntary National Review report mentions disability once under goal 4, but does not specify a disability target. The UNCT and the Government of Nepal are developing the new UN Sustainable Development Cooperation Framework for 2023-2027. This presents an opportunity to make disability inclusion a reality in the SDG processes and monitoring mechanisms.

Climate change, disaster risk reduction and humanitarian action

Disability-inclusive disaster risk reduction, response and recovery need to be strengthened in the disaster response framework. They have not been prioritized due to lack of human resource capacity and financial constraints. The disability and disaster/climate change nexus should be incorporated into programmes at federal, province and local levels and OPDs should be meaningfully consulted. IUN and other international partners could support such developments.

COVID-19:

The COVID-19 pandemic has disproportionately affected vulnerable people in Nepal, including persons with disabilities. In this context, the NFDN conducted a rapid assessment in 2020. It found that the unprecedented pandemic and the associated lockdown highlighted structural and service gaps in preparedness and response across sectors.

Persons with disabilities seemed to be more vulnerable and were excluded from regular services and from receiving information, relief packages and access to health facilities. The assessment found that 40.08 percent of persons with disabilities lost their income source (of those, 51.32 percent were men and 48.68 percent were women). Similarly, 45.12 percent of persons with disabilities who received medicine regularly reported that those supplies were interrupted by the lockdown and 35.97 percent of affected individuals did not receive the services they require.

A rapid study by the Nepal Disabled Women Association found that 36.78 percent of women with disabilities developed new health problems and 36.67 percent reported that supplies of regular medications were interrupted. Similarly, 56.18 percent of women with disabilities reported that they suffered various forms of violence during lockdown. A significant percentage of women with disabilities - 72 percent - reported that they had transportation problems, 55 percent reported having lost their income, and 51 percent reported problems in purchasing food due to the lockdown. Persons with disabilities were also found to have been exposed to violence and abuse and likely suffered more mental health problems due to the growing fear of the pandemic and the continued impacts of lockdown. They were left behind in the provision of services and many also lost their source of income.

5 CONCLUSIONS

Nepal has remained committed to recognizing and implementing disability rights and inclusive development that are comprehensive and well-integrated into national/federal development plans. The critical gaps identified and the stakeholders' recommendations can be used to advocate structural reforms and streamline systems and policies over time through a joint partnership with stakeholders.

Based on the findings of the situational analysis, the Nepal UNCT developed the following key recommendations for its future support to Nepal:

- Develop mechanisms to ensure the inclusion of OPDs in decision-making processes at all governmental levels, particularly in development and cross-cutting areas. The representation and inclusion of women with disabilities in decision making processes related to disability policies and programmes is also a key area for improvement;
- Ensure that the government's policies, provisions and plans addressing equality, non-discrimination and inclusion of persons with disabilities are implemented by providing strategic support to key actors at provincial and local levels;
- Improve the process of identifying and certifying disabilities at the local government unit. This includes support to accessing birth certificates;
- Develop a comprehensive accessibility guideline as a legally binding document and ensure its dissemination at all levels; and,
- Strengthen coordination mechanisms within government ministries and departments, INGO, and NGOs.

Finally, budget allocation for CRPD implementation must be increased. Ideally, that increase should be a proportion of total GDP and total donor budgets. Since disability is cuts across sectors, each sector should receive a proportional allocation for disability-related matters.

ANNEX 1:

26 SELECTED COUNTRIES

Argentina
Colombia
Guatemala
Panama
Trinidad & Tobago

AMERICAS

Cameroon
DRC
Eswatini
Ghana
Rwanda
Sierra Leone
Tanzania
The Gambia
Tunisia
Zimbabwe

AFRICA

Montenegro
North Macedonia
Republic of Moldova

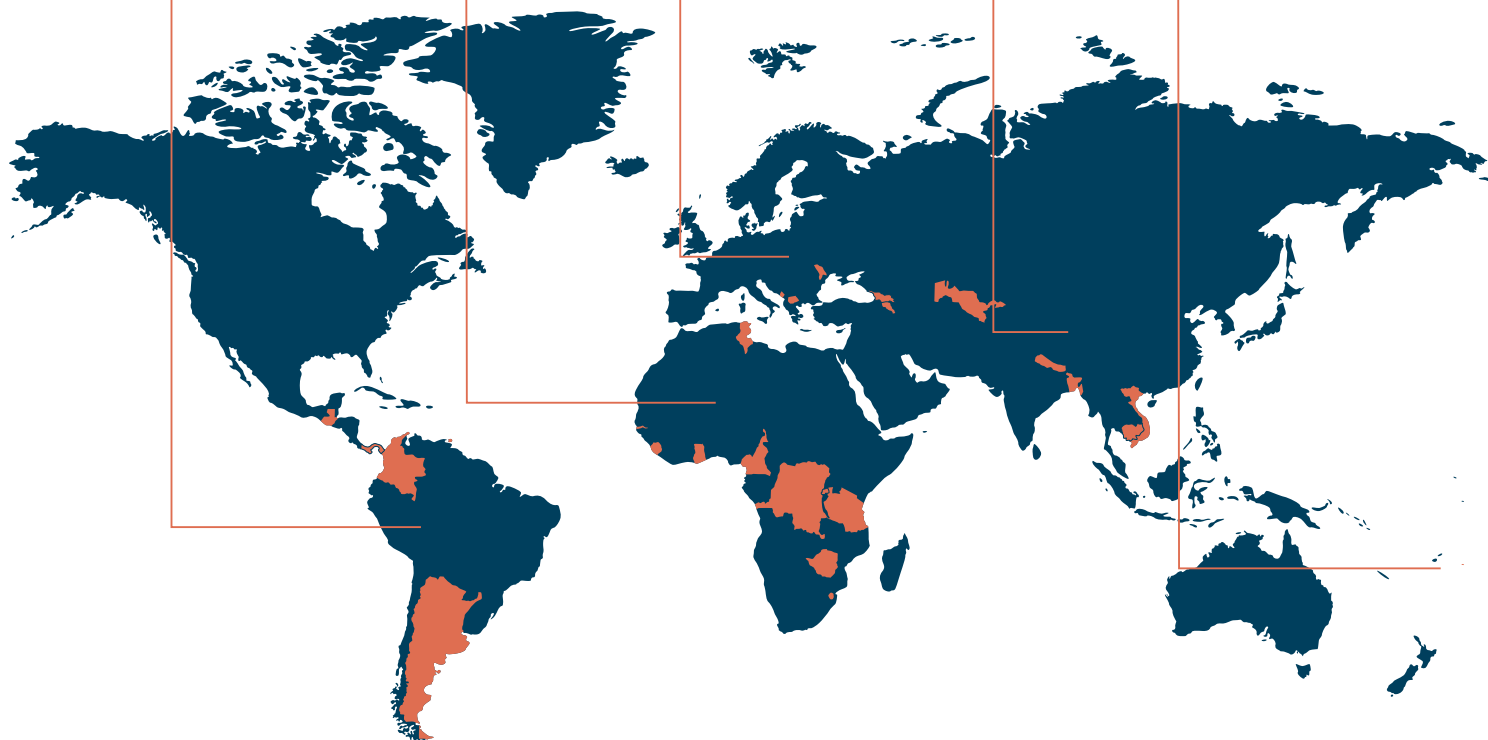
EUROPE

Armenia
Bangladesh
Cambodia
Georgia
Nepal
Uzbekistan
Vietnam

ASIA

Cook Islands

OCEANIA



ENDNOTES

- 1 National Housing and Population Survey, Central Bureau of Statistics, Nepal 2011



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