

# REPORT

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EXPLORING MANAGEMENT INFORMATION SYSTEM AND SERVICE DELIVERY FOR PERSONS WITH DISABILITIES: FEEDBACK FROM SERVICE PROVIDERS AND USERS

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All the evaluations, observations and opinions expressed in this report are those of authors and they do not necessarily represent either the official policy or the position of Kathmandu University or UNDP. Moreover, the findings and conclusions that are drawn in this report should not be construed to reflect the perspectives of these organizations.

## ACRONYMS

ANOVA	Analysis of Variance
CBR	Community Based Rehabilitation
CBS	Central Bureau of Statistics
CDO	Chief District Officer
CTEVT	Council for Technical Education and Vocational Training
DCC	District Coordination Committee
DDC	District Development Committee
DEO	District Education Office
DPHO	District Public Health Office
DPOs	Disabled People's Organizations
DRC	Disability Research Centre
EPSA	Entire Power in Social Action
FALD	Federal Affairs and Local Development
FGD	Focus Group Discussion
GPS	Global Positioning System
ID	Identity
IDS	Industrial Development Section
ILO	International labour Organization
INGO	International Non -Governmental Organization
KNJK	Khagendra Nawajiwani Kendra
KU	Kathmandu University
KUSOA	Kathmandu University School of Arts
LDO	Local Development Office
MIS	Management Information System
MoWCSW	Ministry of Women Children and Social Welfare
NFDN	National Federation of Disabled Nepal
NGO	Non-Governmental Organization
NPC	National Planning Commission
SINTEF	The Foundation for Scientific and Industrial Research
STM	Service Tracking Matrix
UNDP	United Nations Development Programme
VDC	Village Development Committee
WG	Washington Group
WHO	World Health Organization

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## EXECUTIVE SUMMARY:

- This report provides an assessment on management information system that has been developed by the Ministry of Women, Children and Social Welfare (MoWCSW) for persons with disabilities in Nepal. In addition, this evaluative report also analyzes and reviews different types of services provided by both Government and Non-Government Agencies to persons with disabilities. MoWCSW has already distributed more than 200,000 identity cards to persons with disabilities across the country. However, due to incomplete digitalization, discrete data on the persons with disabilities based on ID information are still highly scattered and has not been fully consolidated yet.
- Moreover, this report is a collaborative effort between Kathmandu University School of Arts, United Nations Development Programme (UNDP) and MoWCSW. The main purpose of this report is to facilitate MoWCSW with digitization of available data related to the ID cards of persons with disabilities and to evaluate the effectiveness of services provided to the persons with disabilities based on their ID cards by both the governmental and non-governmental agencies.
- Both qualitative and quantitative research methods were used in this evaluative report. An earnest effort has been made to ensure the quality of field data by conducting a thoughtful training of field enumerators, along with the preparation of comprehensive questionnaires for data collection. Similarly, the questionnaire has been organized around the criteria of availability, affordability, acceptability, accountability and accessibility to evaluate the effectiveness of specific services that were provided to persons with disabilities by different governmental and non-governmental agencies in three study districts- Dailekh, Kathmandu and Morang selected for this study by MoWCSW.
- This report observes that there is a strong convergence between the Washington Group's Classification of the Persons with disabilities (by functionality) and the ID Cards distributed by the Ministry on the basis of severity of disability (different colors). It also points out any irregularities and inconsistencies regarding information that has been derived from the disability ID card application form, including arbitrary changes in the format of an application form filled out by applicants when applying for disability ID cards.
- This report finds different types of human errors associated with data management, such as mistakes when transferring data from the application form into the ledger and duplication of ID card numbers issued to other persons with disabilities. Likewise, there are some cases where individuals may have received the wrong type of ID card, again due to human error.
- In this report, **Availability** of the services has been organized around the themes of education and location. In this regard, headquarter areas of each district indicate higher availability of services compared to its periphery areas. Continuing on the theme of availability, in regards to influence of ethnicity on the availability of services for disabled

persons, even persons with disabilities from socially marginalized communities have significant access to different services when they have higher education. Meanwhile, this study finds that higher availability of mobility services for persons with disabilities is a direct consequence of widespread awareness campaigns for bus fare discounts and seat reservations.

- The evidence gathered in this report sufficiently indicates that the role of education is more important than ethnicity when it comes to higher availability of resources for the persons with disabilities. In addition, this report suggests that even with the prevailing impact of gender disparity on availability of services, in comparison to other empowering factors, education has a significant impact on availability of services for the persons with disabilities.
- The report indicates that availability of 20 out of 21 services is lower in periphery areas compared to headquarter areas, with only the 50% discount under the mobility theme emerging as an exception. The highest gap between periphery and headquarter is for employment-related services, while the lowest gap is for mobility related services.
- Another theme explored in this research report is **affordability of** services that were provisioned in the official documents for the persons with disabilities. Kathmandu surprisingly has the lowest reported affordability across 10 of the 21 available services. Affordability is highest for bed reservation under health service and also for custom exemption theme under the rehabilitation service.
- The next theme is related to the **acceptability of services** to persons with disabilities. In this regard Kathmandu district reports higher acceptability in 13 different services out of 21. More importantly, this report indicates that persons with disabilities from Kathmandu find the services under the education theme more acceptable as compared to persons with disabilities from Dailekh and Morang districts. On the contrary, under the theme of training, persons with disabilities in Dailekh district indicate these services are most acceptable.
- Similarly, following on with the thematic orientation of **accountability**, the report indicates that the least level of **accountability** has been reported for seat reservations under the mobility theme and for allowance service under the rehabilitation theme in Dailekh district. Moreover, in comparison with the other two districts, persons with disabilities in Kathmandu district indicate that they are most aware of accountability associated with specific services provided by different agencies.
- The thematic consideration of **accessibility** was evaluated in terms of disabled-friendly infrastructure particularly in places of service delivery. In this consideration, unexpectedly, the majority of services under education and health reveal greater accessibility in periphery areas compared to headquarters, whereas services under employment, training and mobility themes are most accessible in headquarter areas.
- In conclusion, this report indicates that monitoring is essential to explore the gap between specific services that are anticipated by persons with disabilities and actual services they

have received from different agencies. Next, this report identifies a lack of capacity and resources among service-providing agencies as a key area for gap analysis. Most importantly, this report indicates the ID card application structure utilized by the Government has not been comprehensively designed. As a consequence, it is rather difficult to evaluate the digitized data on disabilities for the purpose of policy formulation and research. Finally, the report indicates that education, among all the other empowering factors, has the most significant impact when it comes to transforming the lives of persons with disabilities in Nepal.

- Based on the framework of five specific thematic orientations, the study recommends that there is a need for strengthening the monitoring system among different service providing agencies. In addition, the study also recommends that there is a need for strengthening coordination among various service providers and different agencies that empower and improve the lives of persons with disabilities in the context of Nepal.
- More importantly, this report recommends that the government needs to restructure the ID application form so that the information gathered is functional for both research activities and policy formulation. In addition, based on data entry, the government needs to put together a robust data base, which is easily accessible to different agencies for disability related studies. Similarly, this report recommends that there is a need for further research on education as the most significant factor that can possibly transform the lives of persons with disabilities. Finally, this report recommends that the government and other agencies need to explore opportunities for further investment in expansion of need-based training programs that enhances the livelihoods of persons with disabilities.

## **CHAPTER I**

### **SETTING THE SCENE**

To begin, this chapter reviews a historical, legal and theoretical framework for supporting persons with disabilities as a background to this evaluative project. The chapter then highlights the research problems that were explored in this report and finally it describes a multilayered research methodology has been used to obtain all the relevant information presented in this report.

#### **1.1 Background**

This report provides an assessment on the management information system developed by MoWCSW for persons with disabilities in Nepal. In addition, this report also analyzes and reviews different types of services provided by both Government and Non-Government Agencies to persons with disabilities. Nepal started to recognize disability-related issues as early as the 1970s, with a special focus on the blind and persons with physical disabilities. Following Nepal's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010, this coverage was expanded to include persons with other types of disabilities as well.

Moreover, ratification of the Convention requires Nepal to implement appropriate policies and practical programs to improve the well-being and everyday functionality of persons with disabilities. Persons with disabilities also have the same fundamental rights to access mainstream services in their communities (education, health-care, employment, social services and social protection) as any other citizen.

In addition, various support services provided and delivered to persons with disabilities by different governmental and non-governmental agencies are key instruments that support them in their day-to-day activities. However, the data on availability and access to these various services, such as education, health and rehabilitation provided by the government is rather limited. Moreover, without reliable data on services, effective implementation, evaluation and monitoring, is rather difficult.

In order to address the needs of persons with disabilities, a variety of local level measures have to be simultaneously developed. Besides, these services also need to be differentiated throughout a person's lifetime and each service needs to address specific requirements of persons with disabilities in order to improve their functionality and social interactions. Continuity of support is a key requirement in any disability-related service sector. This means that strong functional and informational links have to be developed between all services provided to persons with disabilities, thereby allowing the person to benefit from appropriate services at every stage of his/her life. It is therefore important to take need-related aspects of the disability service sector into consideration when designing regulatory procedures for social services.

The Ministry of Women Children and Social Welfare (MoWCSW) is the main government focal point for different types of disability-related policies and programs. The National Action Plan for Protection and Rights of Persons with Disability identifies following priority areas for action:

- awareness raising
- special need education and sport
- rehabilitation and medical care
- training and employment
- support services/assistive devices
- accessibility
- facility/support
- shelter for persons with disability and its operation
- capacity building of self-help organizations of disabled people

MoWCSW has already distributed more than 200,000 identity cards to persons with disabilities across the country and this covers around 40% of all persons with disabilities in Nepal. Moreover, only with the fully functional management information system (MIS) available, the real-time status of persons with disabilities becomes available to the concerned authorities, making the monitoring of service provision effective, timely and efficient. Transformation of the lives of disabled persons includes interventions that sustain and support their everyday requirements for a dignified life.

## **1.2 ID card for persons with disabilities**

ID card distribution is one of the key critical services provided by the Ministry, as it serves as a link to validate the information on the card carried by persons with disabilities. The main objective of distributing ID cards to persons with disabilities is to identify Nepalese citizens with disabilities, then to systematically distribute services to persons, next to include persons with disabilities in the development process and finally to prioritize needs and opportunities according to the severity of disabilities.

The ID card for persons with disabilities includes information, such as a unique ID number, photo, name, and address, date of birth, citizenship number, marital status, gender, education status, profession, and name of caretaker/parents, finger print and details about the services received. The data digitalization process supported by this project aims to make all this information part of the database of persons with disabilities at MoWCSW.

Four types of disability ID cards are currently being distributed (Table 1.1):

Table 1.1: Types of Disability ID cards distributed by MoWCSW:

Card color	Severity of disability
Red	Complete disability
Blue	Severe disability
Yellow	Moderate disability
White	Mild disability

Source: (MoWCSW, 2012)

It is important to track the status of persons with disabilities with ID cards so that their needs and status are accurately updated. This information is also important to assess the impact of interventions, to assure they were evaluated and to provide appropriate feedback to cardholders as well as for programs and policies at both national and federal levels. Kathmandu University's (KU) collaboration with Ministry of Women, Children and Social Welfare (MoWCSW) to digitalize data on the persons with disabilities is a significant step forward. With the recommendations of this study, MoWCSW can now fully digitalize the data for the entire country in a more systematic, simplified and scientific way.

### 1.3 Regulatory Policies, Laws and Acts

The Government of Nepal has announced many policies for providing basic services to persons with disabilities. According to Disability Resource Book 2012, persons with disabilities with disability ID cards are eligible for services and facilities provided to them by the Government of Nepal (MoWCSW, 2012) as shown in **Annex-1**.

In 2017, the Parliament endorsed the Disability Rights Bill, which has replaced the Disabled Protection and Welfare act of 1982. This represents and reflects a major commitment of the government, as well as a demonstration of the Government's obligation under international agreements, such as Nepal's ratification of the Human Rights Convention, and many others regarding disability, children and women rights.

### 1.4 Objectives of the Study

The main objectives of this report are as following

1. To facilitate MoWCSW with the digitization of available disability data collected as a part of ID card distribution procedure for persons with disabilities.
2. To identify the effectiveness of services provided to the persons with disabilities on the basis of their ID cards by both the governmental and non-governmental agencies.

## 1.5 Research Questions

These are some of the questions that were explored in this study:

- What is the **availability** of specific services and support mechanisms provided to persons with disabilities after they receive their ID cards?
- What are some variables that determine the availability of these specific services in three study districts?
- How **affordable** are these services for persons with disabilities in three study districts?
- How **accessible** are these services for persons with disabilities within a disabled-friendly infrastructure?
- What are the observations of persons with disabilities regarding **accountability** of their service providers?
- What are some of those specific services that are significantly **acceptable** for persons with disabilities in three study districts?
- How effective is the current data management system regarding information that was collected as a part of ID card distribution procedure in three study districts?

## 1.6 Methodology

### 1.6.1 Objective 1: Data Entry

- Students at Kathmandu University were trained by Kathmandu University School of the Arts (KUSOA) in data collection procedures. Five students in each district used five computers to enter data into the Management Information System (MIS) of the MoWCSW. The entire procedure was monitored by a KUSOA data analyst. Students were also provided feedback. Field work was undertaken to systematically enter all the data in the MIS, which MoWCSW collected from ID card distribution.
- Both the quality and relevance of data was assessed before their entry into the MIS.
- Once the data were digitalized, detailed and rigorous statistical and econometric analysis of the data was conducted to meet the research objectives.
- The current status of the data that were collected from the district offices on the persons with disabilities was reviewed and evaluated for the improvement of data management (questionnaire, data entry, data storage and dissemination, etc.) in three selected districts (Dailekh, Kathmandu and Morang).

### 1.6.2 Objective 2: Service tracking and gap analysis

Another, objective this study is to review both the efficiency and effectiveness of the service tracking system to evaluate gaps between required services and the realities of services that were received by persons with disabilities. Since persons with disabilities have limited access to these services, it is the responsibility of concerned agencies to provide them their legitimate services within the right time and in the right context while

maintaining set standard of quality. The report evaluates different type of services provided by MoWCSW and reports feedback from cardholders/persons with disabilities in order to understand the gap between expectations of the cardholders, their requirements and the services they received from the MoWCSW.

The following methodology was utilized to meet this particular objective:

- Desk review of official documents, laws and regulations to identify the services and agencies (directly and indirectly) related with providing services to persons with disabilities.
- Design a questionnaire for the field study in the selected districts based on a sample of persons with disabilities with ID cards.

Effectiveness of services was assessed in terms of quality, timeliness and sufficiency. All ethical guidelines were strictly followed during the survey conducted for this report.

### **1.6.3 Tracking the services**

Throughout this report, evaluation of services provided to persons with disabilities has been organized around the criteria of availability, affordability, acceptability, accountability and accessibility (5As) (Handicap International, 2010). As these services are required by law, it is important to determine if service providers responsible for making these services available for persons with disabilities have accomplished their goal.

One would expect the government to make them available either free or at a minimal cost and the private sector can also make some services available for persons of disabilities. Another important concern is physical accessibility to these services. Moreover, the service reach of the government has not been uniformly distributed throughout the country and private sector services were concentrated in urban and easily-accessible areas. Next, an important dimension related with the services provided to persons with disabilities is affordability (financial access) – the extent to which the available and accessible services are within the purchasing capacity of a person with one or more disabilities. Many persons with disabilities are very poor and they may not be able to afford the services if they are not provided either free or with the support of subsidy by the government.

The next important point regarding the service is its acceptability by the individual. Cultural, gender, environmental and personal factors all determine the extent to which available services may or may not be acceptable to a person with a disability. Even the support system associated with a particular service may be unacceptable for a person with particular disability, and in special cases an individual may find it difficult to adjust to a particular type of services provided to them. Here it is important to underscore the individual need to accept the services in order to receive their intended benefit. As



defined in “Access to Services for Persons with Disabilities in Challenging Environments” (Handicap International, 2010), the definitions of the 5As are provided in **Annex-2**

## 1.7 Sampling Frame

Selection of districts: The three districts for this study, Dailekh, Kathmandu and Morang, were selected by MOWCSW. Dailekh is in the mid-western mountain region and relatively rural compared to the other two districts. Kathmandu is the most urban city in the country and Morang is situated in the eastern Terai region. A list of persons with disabilities from each district was provided by MoWCSW, with their identification numbers (unique number given in ID card), other demographic information and their contact information. Table 1.2 presents the details of the sampling frame that was provided to the research team.

Table 1.2: Population Distribution of persons with disabilities in the three districts based on the digitalized data:

Sampling frame	Dailekh	Kathmandu	Morang
Persons with disabilities with ID card	2429	4118	10811
Female	971	1658	4157
Red Card	210	1046	2071
Blue	380	1557	3249
Yellow	571	1086	2953
White	622	368	2297

The available census data about persons with disabilities in the three districts are given in Table 1.3.

Table 1.3: Summary statistics of demography of persons with disabilities in study districts (CBS, 2011)

District	Dailekh	Kathmandu	Morang
Population (number)	261770	1744240	965370
Area (km <sup>2</sup> )	1502	395	1855
total disabled population	7607	17122	17053
% of persons with disabilities	2.91%	0.98%	1.77%
Physical	3348 (1.28%)	6030 (0.35%)	6029 (0.62%)
Blind	1441 (0.55%)	3703 (0.21%)	2676 (0.28%)
Deaf	1189 (0.45%)	2368 (0.14%)	2403 (0.25%)
deaf-blind	113 (0.04%)	309 (0.02%)	254 (0.03%)
Speech	695 (0.27%)	1815 (0.10%)	2321 (0.24%)
Mental	248 (0.09%)	1137 (0.07%)	1245 (0.13%)

Intellectual	140 (0.05%)	580 (0.03%)	563 (0.06%)
Multiple	433 (0.17%)	1180 (0.07%)	1562 (0.16%)

(CBS, 2011)

Table 1.3 indicates that Dailekh district has the highest prevalence of persons with disabilities, whereas Kathmandu has the lowest among the three districts. From each district, district headquarters (three municipalities) and periphery areas (Village Development Committees (VDC) or municipalities) were selected on the basis of convenience. Compared to persons with disabilities far from district headquarters, persons with disabilities around district headquarters have easier availability and access to services. In Table 1.4, headquarter and periphery areas of districts are presented.

Table 1.4: Study Area divided into Headquarter and Periphery area of the three districts.

	Dailekh	Kathmandu	Morang
District headquarter	Narayan Municipality	Kathmandu Municipality	Biratnagar Municipality
Periphery areas	Gamaudi	Setidevi	Jhorhat
	Kalbhairav	Dhakshinkali	Tankisiwari
	Chidipusakot	Chalnakhel	Katahari

From each area (headquarter and periphery), 110 persons with disabilities were randomly selected for interviews. In total, 660 persons with disabilities were selected, but due to the variety of reasons, including the unavailability of persons with disabilities, wrong contact information and death, the total sample size for this report is only 526. Budget, time and difficulties related with assessment of the sample frame constrained the replacement of these non-participant persons with disabilities. Further information on the sample size is in the table 1.5.

Table 1.5: Sample distribution of persons with disabilities in the three districts

	Periphery	Headquarter	Total
Dailekh	88	89	177
Kathmandu	97	62	159
Morang	119	71	190
<b>Total</b>	<b>304</b>	<b>222</b>	<b>526</b>

Maps with the locations of interviews in the three districts are provided in Figure 1.1. The red color indicates the approximate Global Positioning System (GPS) location

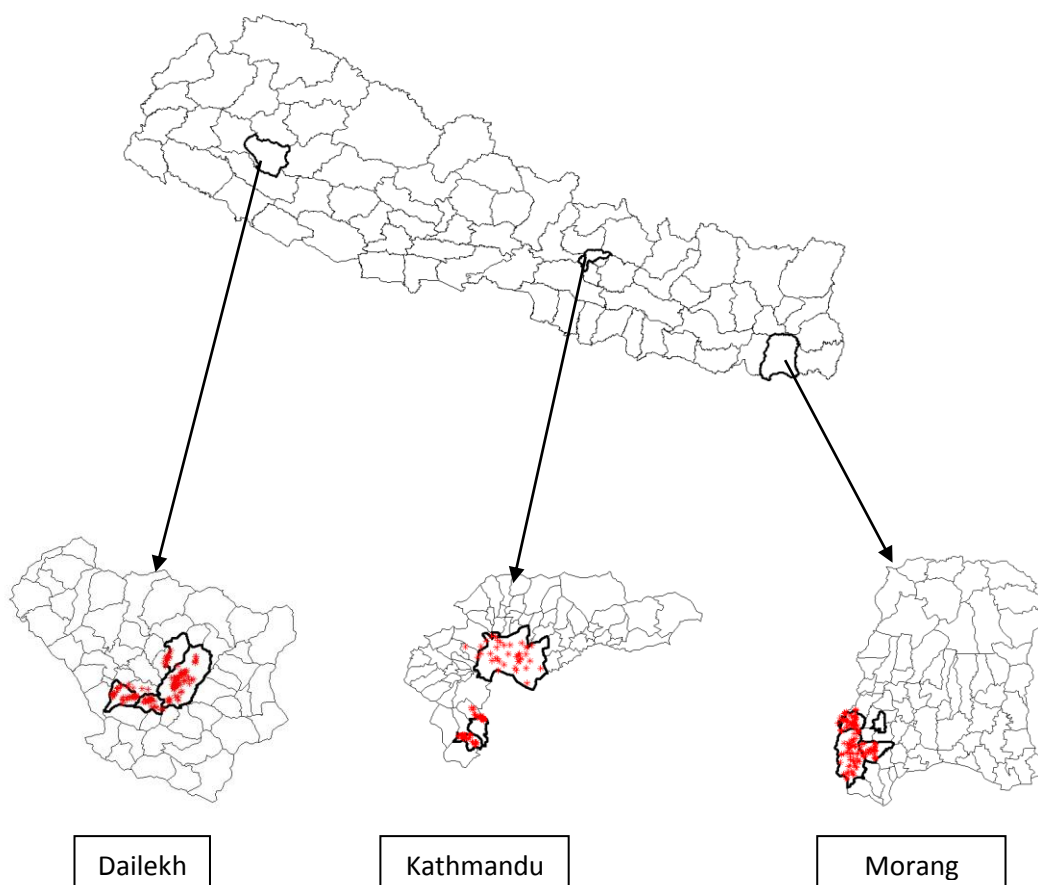


Figure 1.1: GPS location of the respondents when interviewed in the three districts.

### 1.8 Instrument of data collection

A structured questionnaire was used to collect data on demographic information, ID card color and 5As that were designed and coded into Kobo Collect software and loaded onto Android tablets (see **Annex-3** for the questionnaire). Enumerators used these Android tablets to gather all relevant information. The data were automatically uploaded into the web-based Kathmandu University Disability Research Center account.

### 1.9 Training the Enumerators

In each of the districts, enumerators selected from local areas were trained for two days on the definition of disability, disability types, Washington group questions and questions related to the 5As. They were trained to conduct effective interviews, to use Kobo-Collect on Android tablets and to maintain data accuracy and effectiveness. Table 1.6 presents key information on enumerators.

Table 1.6: Distribution of Enumerators in the three districts

	Male	Female	Total
Dailekh	7	4	11

Kathmandu	3	2	5
Morang	9	1	10
<b>Total</b>	<b>19</b>	<b>7</b>	<b>26</b>

### 1.10 Data Analysis

The data analysis was conducted using five scores based on the 5As defined as in **Annex-4:**

The 5A scores were computed for each service considered in this study. The average of 5A scores were calculated for variables such as gender, headquarter-periphery, ethnicity and districts. Most of the data analysis was conducted with descriptive statistics, such as frequencies, percentages and averages. Based on the scores that were derived from the analysis, eight thematic scores were computed for each service as mentioned in Table 1.7.

Table 1.7: Computation of 5A scores for eight service themes

	Service themes	Average score of
1	Education	Scholarship, Special education and Extra time
2	Health	Free checkup/medicine and bed reservation
3	Employment and Income Generation	Government Reservation, Private Reservation, Income tax exemption and self-employment
4	Training	Free vocational training and media training
5	Mobility	50% discount on fare, Seat Reservation, Custom exemption in special vehicles
6	Rehabilitation, empowerment and social security	Custom Exemption in assistive devices, Rights to Assistive Devices, Disability Allowance for Red and Blue card holders and Provision of Shelter and Land Land Registration exemption
7	Sports	Para-Olympic
8	Legal	Free legal service

### 1.11 Qualitative Methodology

For this project, observations, interviews and interactions were the major instruments for data collection from the service providers. Observations were made about the physical conditions of the ID data by monitoring the records at the District office of the Ministry of Women, Children and Social Welfare (District Women and Children Office). Moreover, a detailed questionnaire type check list was prepared to ensure validity of the description that was provided by the interviewee. However, it's rather difficult to claim that all the participants have rigidly followed the checklist and some have focused only on those specific questions that reflect their lived experience. For example many participants have very little to articulate about services and most have elaborated only

about their everyday activities. Prior to the interviews, permission was sought to tape the conversation. None of the research participants have objected to this request. In addition, the recordings were transcribed at the different district organizations. In order to assess the credibility of the information that was received from research participants, official records, such as annual reports have also been checked.

## CHAPTER II

### DIGITALIZATION OF CARD HOLDER'S DATA

#### **2.1 Application Form and Necessary Information for Receiving Disability ID Cards**

This section of the study investigates the digitization of data from disability ID cards that were issued in the three sample districts. The Management Information System (MIS) for digitalization of ID information was developed and digitized by MoWCSW. In order to receive a disability ID card, a person with a disability needs to submit the following documents to the district office of MoWCSW:

1. Application form with proper signature.
2. Copy of citizenship certificate of the person with a disability for anyone above 18 years and a copy of birth registration certificate for infants and for the children with disabilities.
3. In the case of a mental disability, the applicant is required to get the certificate from the doctor specialized in the subject matter. In all other types of disabilities, the applicant must produce the certificate from a medical doctor who is registered with the Nepal Medical Council.
4. Supportive documents for the disability ID card: request from the Village Development Committee (VDC), District Development Committee (DDC), municipalities or other related agencies that are working in the area of disability is required. Those agencies include the district level association of deaf, district level association of Blind, and so on.
5. If the person with a disability is from another district, he or she needs to submit the migration certificate from the Chief District Officer's (CDO) office. If the parent of a child or adult with a disability is a government employee and has been transferred to another district, a recommendation letter of the concerned office is required for the disability ID card.
6. Photo showing the non-functional part of the body (if applicable).
7. Copy of the citizenship of care-taker or parent of infants or the children with disabilities.
8. Two passport size and one auto size photos

This application procedure was approved by the parliament and is a gazette document. This format is available on the website of the MoWCSW and it can be easily downloaded. However, the applicant needs to submit supportive documents together with the completely filled application form. After this, the completed application is examined by the concerned official of the district office of MoWCSW and if the applicant has provided all the necessary information and supporting documents, the certification process starts. The officer responsible for the distribution of ID cards personally interviews and

examines the person with the disability. However, when some debatable issue crops up, the case is settled by a committee. The committee is chaired by the Assistant Chief District Officer of the district, an officer from District Development Committee, official of district level Community Based Rehabilitation Organization and other official of district level association of disabled persons. Furthermore, Women Development Officer of the district MOWCSW has been nominated as Member Secretary, of the Committee.

Applicants may be re-examined by doctors and experts before they receive disability ID cards. Based on the severity of the disability, the appropriately colored disability ID card is awarded to the person. A mobile team has also been organized to distribute disability ID cards in remote parts of districts and in shelter homes for disabled persons, such as the Khokana Leprosarium in Kathmandu district.

Based on the degree of severity,<sup>1</sup> disability ID cards are classified as A (Ka) for complete (total disable), B (Kha) for severe disability, C (Ga) for moderate disability and D (Gha) for mild disability. For easy identification of the degree of disability, A is in a RED cover and is known as a red card, B is included in a BLUE cover and is known as a blue card, C is included in a YELLOW cover and is known as a yellow card and D is included in a WHITE cover and is known as a white card. Disability ID cards are distributed free-of-cost.

After our observations and discussions with the officials of district Women and Children office, the KUSOA study team concluded there is hardly any confusion while issuing red and blue colored disability ID cards. The directives are clear and officials are able to identify the correct cards. However, there is much confusion when it comes to choosing between yellow and white colored ID cards.

At present, a person with a red disability ID card receives Rs 2000/month as a social security allowance, whereas a Blue ID card holder gets Rs 600/month. Yellow and white color ID card holders are not eligible for any social security allowances. However, they get all other services and benefits, such as assistive devices, priority in all reservations, discounted fares, and discounted fees in hospitals. The Cabinet has the authority to decide allowances, services and benefits for persons with disabilities.

To change their disability ID cards, applicants need to produce additional information from a doctor about the current status of disability and also a recommendation for changing the disability ID card. Even for changing the disability ID card, the applicant needs to submit a completed application form and copy of citizenship along with other documents. After that, the case gets forwarded to the above-mentioned committee and the committee decides if the applicant gets a new disability ID card with the same ID number. In this context, the new grade of disability ID card is replaced by the old ID card in the ledger, the format of which is decided by the district office of MoWCSW. The

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<sup>1</sup>Acts, Regulations, Manuals and Guidelines developed by the MOWCSW are used to test the severity of disability of a person with disability.

National Federation of the Disabled – Nepal (NFDN) has been assigned to regularly monitor all activities related to the distribution of ID cards.

## **2.2 Major Challenges related with Digitization of Disability Data**

In the three districts, this study has encountered numerous challenges during the process of digitization of disability data and some of these challenges have been discussed below

### **2.2.1 Challenges Related with the Application Form**

The first challenge is related with occasionally changed formats of the application form. Although the application form is a gazette document, the officials of district MOWCSW have changed its format in many examples without the permission from the concerned authorities. As an example, this report indicates that the MoWCSW of Morang district has used four different types of application forms and even in those filled-up forms there are significant variations in information. It is also possible that the data for a person could have been entered in the MIS as two different sets of information. These issues have made it difficult for the IT programmer to design an efficient information system.

The unsystematic grouping of data and improper use of words have also created confusions while entering the data. Application forms and attached documents in all districts have also not been systematically compiled together in manageable files and folders. Rather, they are roughly packed inside jute sacks. Therefore, it's quite difficult to put the forms in order while processing the information. Besides, the field survey also finds that application forms were either misplaced or separated from the support documents.

Many support documents are impossible to verify, but also in some cases, the main application form has been damaged by water and only the support documents are available inside the sacks. As a result, it is very difficult to combine the main application form and the support documents. Hence, the mismatch between application forms and support documents consumed significant time while arranging information for digitalization. Further, even going through a few application forms filled out by persons with disabilities, it is clear that persons with disabilities have faced immense difficulties in filling out these forms. Therefore, most of the information provided by them is either inadequate or irrelevant to the questions asked in the application format.

### **2.2.2 Challenges Related with the Ledger**

Before distributing disability ID cards, information in the application form is recorded in a separate ledger, which is the official record for disability ID cards distributed in the district. However, across the districts, the information on these ledgers varies widely.



The field survey finds that even within the same district the ledger keeping process is both inadequate and irregular. Furthermore, the compilation of information on the ledger and files has not been arranged in the same order.

It has also been observed that while transferring the data from the application form to the ledger many mistakes were made. For example, in some cases, the data belonging to one applicant has been ascribed to another applicant. This is a serious mistake and it is also common in all three districts. As a consequence of mismatching of information, the digitalization process has also been significantly delayed. In many cases, applicants have not provided answers to questions and they were left blank on application form; this has been also reflected in the ledger. As an example, a tentative format of the ledger is given in the **Annex-5**.

### **2.2.3 Challenges Related to the Numbering of the Disability ID card**

Frequently, the same ID number was given to more than one person even within a particular district. In Morang district, the same number was repeated for more than 100 cards. Similarly, two or more ID numbers have been given to a single person. There are also differences between ID numbers listed in the ledger and in the application form for the same the person. It was also observed that the information of one person with disability was misquoted for another person with disability. This implies that the disability mentioned in the ID card for a particular disabled person may not reflect his/her actual condition of disability. Such human errors have created a lot of confusion during the computerizing of disability data.

### **2.2.4 Challenges Application Forms**

Information that was provided by persons with disabilities in many application forms is simply unreadable. Even, the district officials of MoWCSW responsible for processing the application form indicate that some application forms are unreadable. In this regard, since the disability ID card was prepared in the presence of the applicant, it is possible to argue that the responsible official needs to verify the information with the persons with disabilities or his/her caretaker before issuing the ID card. Besides, in some cases, the officials have accepted unreadable application forms without any proper corrections.

### **2.2.5 Challenges related with Visibly Inconsistent or Wrong Information**

Inconsistent and inadequate information on application forms is another problem that was encountered while digitizing disability-related data. For example, it was mentioned in the form that the applicant cannot move his legs. However, the other piece of information in the application form mentions that the person is actually applying for blindness. However, even with this inconsistency the particular person with disability

has managed to get the ID card for blindness. Such inconsistencies were frequently observed, especially in Dailekh and Morang districts. In many ID cards, instead of date-of-birth, the age of the applicant is instead given. Official of MOWCSW authorized to issue disability ID cards could have easily corrected these inconsistencies by inquiring with the person about his or her date of birth while issuing the card.

The arbitrary changing of names and spellings are also very common. For instance, the name of the applicant in the application form differs from the name that was mentioned in the ledger. These arbitrary changes in name, caste and address of the applicants are some common mistakes that were encountered while digitalizing disability data. In many cases, the full identity of the applicant has not been included in the application form. Only the name by which a person with a disability is called was mentioned. As an illustration, the study finds that in a particular application form a person with a disability was mentioned as *Babu*. Now, it is difficult to discern who is *Babu*, male or female, *Babu* a member of a particular ethnic group or just an unidentified person.

#### **2.2.6 Challenges related with Unreadable Photocopy**

The field review also found that in many cases the photocopy of the application forms, citizenship certificate, doctors' certificate and other document are impossible to read. As a sample, an unreadable photocopy is presented in **Annex 6**. Similarly, many handwritten entries, especially numbers, are unreadable. As a consequence, it is rather difficult to computerize these data.

#### **2.2.7 Organization/Institution Related challenges**

Disability certification in Nepal started in 1994. In the early stage, this procedure was carried out by the District Development Committee (DDC) and it continued on until the creation of district-level MoWCSW. After the establishment of district level MoWCSW, this agency has been assigned the authority to provide disability ID cards to persons with disabilities and also to senior citizens. DDCs handed over all the old records to the district offices of MoWCSW. However, the records kept by DDCs in all three districts are in poor condition, many application forms are simply missing and some of these forms are either unreadable or not even process-worthy. Furthermore, at the early stages, the MoWCSW lacked resources, staffing and space. Hence, these old records have not been properly managed. They are either kept in sacks or in traditional cotton RUMALS<sup>2</sup>. Even now, the district offices of MoWCSW lack office space and staffs for proper record management. But as a good illustration, in all districts the record keeping process is indeed steadily improving. As a result, the application forms are now systematically compiled and filed inside separate files and folders.

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<sup>2</sup>Pieces of cotton cloth used for packing files and other goods are popularly known as RUMALS in Nepal. Those RUMALS replace the sacks for keeping official records irrespective of the importance of the records.

### **2.3 Day for the Distribution of Disability ID Cards**

In Kathmandu district, the disability ID cards are distributed on all government working days, but in the case when some documents are missing, the applicants are requested to come with the complete information on a Thursday. In Morang district, the disability ID card is only distributed on the 4<sup>th</sup> and 19<sup>th</sup> day of the month.

### **2.4 Conclusion**

From the above reflections, examples and evidence, this evaluative report concludes that the process of getting ID cards is rather confusing and complex for persons with disabilities. Next, all the relevant data regarding persons with disabilities need to be recorded systemically. After that, a single format needs to be applied with regularity in all the districts. Likewise, building the capacity of officials responsible for issuing ID cards to persons with disabilities is also necessary. Then, a simplified, standardized and scientifically-designed application format also needs to be designed for data collection and analysis so that the results that were derived from the data becomes relevant for policy making, research and for other official purposes. Finally, a common database accessible by multiple agencies, such as service providers, DPOs, the Ministries and universities is also necessary for highlighting disability-related issues to the concerned authorities.

**CHAPTER III**  
**DISABILITY SERVICES TRACKING: USERS' FEEDBACK**

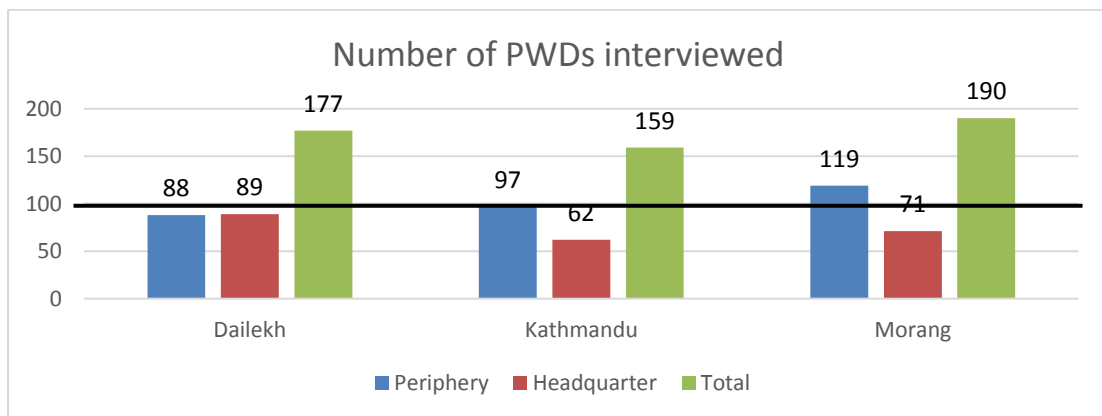
Both quality and sufficiency of service delivery can be discerned through users' feedback. Based on the above-mentioned assumption, this chapter illustrates and examines the effectiveness of services provided to persons of disabilities within their specific outreach by different government and non-government agencies. Moreover, this study indicates that there is a huge gap between the services that are actually required and services that are truly available for the persons with disabilities. Besides, wherever services are available, significant issues related with accountability, accessibility, affordability and acceptability also arise simultaneously. In 2016, SINTEF conducted a study in 59 districts covering 4000 households. This study concluded that there is a massive gap between need and provision of services in Nepal (SINTEF, 2016). A gap of as much as 95% has been detected in the provision of legal service and vocational services. The smallest gap is in the provision of medical services.

**3.1 Sample Description**

Before tracking the services using 5(A) s, a descriptive analysis of the sample is presented.

**3.1.1 Sample size**

The sample was collected from the three districts during the period of three months

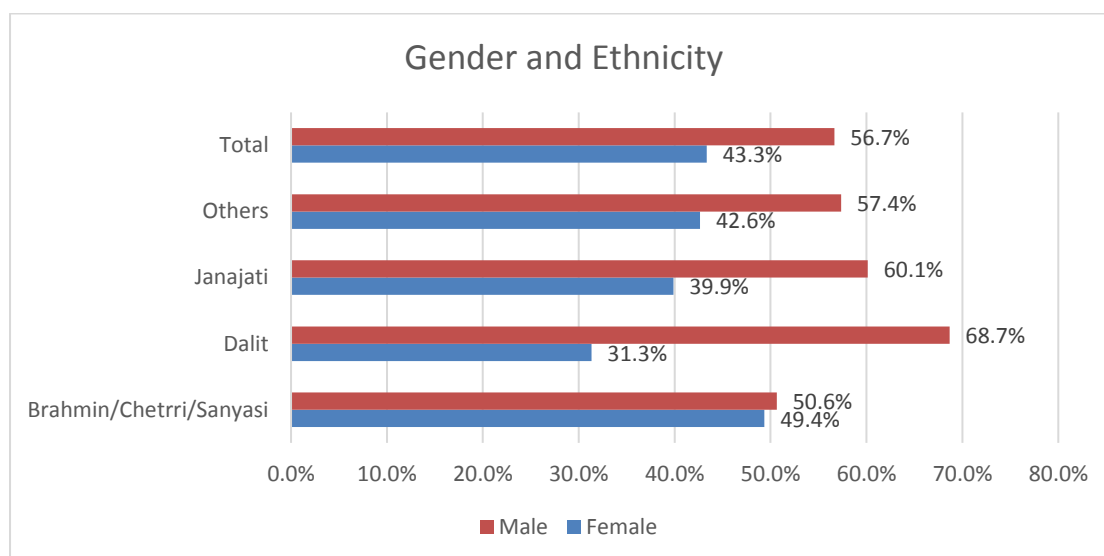


**Figure 3.1:** Sample distribution across the three districts.

**Figure 3.1** shows that the number of persons with disabilities in the periphery and in the headquarter areas of the three districts with respect to the targeted sample size of 100 from each area of each district. Here, the total sample size is 526, almost 88% of the targeted sample of 600.

### 3.1.2 Ethnicity and gender

The main socio-economic indicators that contribute to inequity are ethnicity and gender of the persons with disabilities, and potentially these factors also influence the status of services (5As) that were provided to persons with disabilities in the three districts.



**Figure 3.2:** Gender and Ethnic sample distribution of the persons with disabilities

**Figure 3.2** reveals that 56.7% of the persons with disabilities are female and the male to female ratio is almost at half in Brahmin/Chettri/Sanyasi ethnic group, whereas the male to female ratio is more than double in the Dalit ethnic group. Here, around 15% and 32% of the male respondents are respectively from Dalit and *Janajati* ethnic groups. As indicated above, in all groups the male population is bigger than the female population, which is consistent with the sample frame used in this study. For example, only 40%, 38% and 40% among the ID card holders in Kathmandu, Morang and Dailekh respectively are female. This piece of evidence suggests that males have easier access to identity cards than females even as World Health Organization (WHO) estimates that on a worldwide basis, females have significantly higher prevalence of disabilities than males (WHO, 2011).

Education emerges as a particularly important factor that impacts the availability, affordability, accessibility, acceptability and accountability of services provided to persons with disabilities by the government and non-governmental agencies. Persons with disabilities with higher education have easier access to services that are provided by the Ministries and the Non-Governmental Organization (NGO) as they are also more likely to be well informed about these services.

### 3.1.3 Education of persons with disabilities

Table 3.1: Education of the persons with disabilities

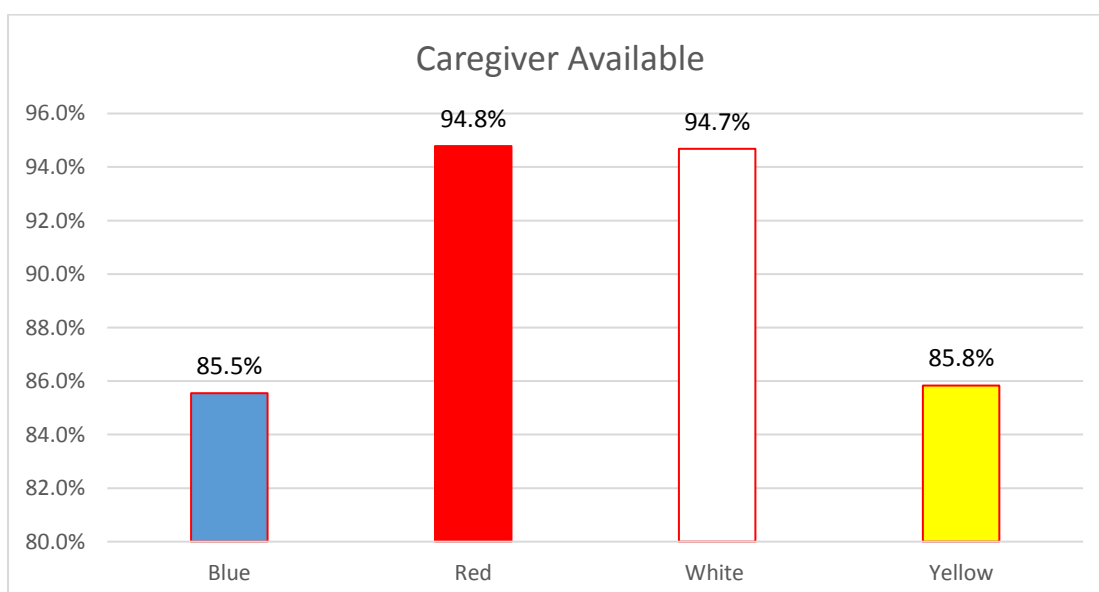
Education	Dailekh	Kathmandu	Morang
Illiterate	42.9%	50.9%	52.1%

Literate	10.2%	19.5%	13.7%
Primary	9.6%	4.4%	9.5%
Secondary	19.8%	11.9%	16.8%
Higher Secondary	11.3%	6.3%	6.3%
Higher Education	6.2%	6.9%	1.6%
Total	177 (100%)	159 (100%)	190 (100%)

As indicated in Table 3.1, the percentage of illiterate persons with disabilities is highest in all districts. Kathmandu and Morang have more than 50% illiterate persons with disabilities. Likewise, in Dailekh, only 6.2% persons with disabilities have higher education (college education), while Morang has just 1.6% of persons with disabilities with higher education. Surprisingly, 70% of persons with disabilities in Kathmandu are literate with basic education.

### 3.1.4 Caregiver and the age of the persons with disabilities

With the support of caregivers, persons with disabilities are likely to benefit more from services that were provided to them when these services are easily available and accessible. When caregivers have sufficient information about the availability of services, it also increases the access of persons with disabilities to those services that are inaccessible without the support of their caregivers.



**Figure 3.3:** Availability of caregiver for persons with disabilities.

As indicated in the above table, 58 (11%) of persons with disabilities do not receive any support from caregivers. Figure 3.3 also shows that red card holders have the highest availability of caregivers, whereas blue card holders have the lowest level of support.

### 3.1.5 Age Distribution of persons with disabilities

**Table 3.2:** Age of the persons with disabilities according to Sample Distribution

Age	Number	Percentage
less than 10	31	6%
10 – 30	182	35%
30 – 60	233	44%
more than 60	79	15%

Whenever persons with disabilities were either children or unable to communicate with the enumerators, their caregivers or parents were interviewed on their behalf. Table 3.2 shows that most of the persons with disabilities are from the age group 30 – 60 years (44%), followed by the age group 10 – 30 years (35%). Only 6% of the persons with disabilities are less than 10 years old.

### 3.1.6 Sample and population distribution of disability types

**Table 3.3:** Types of disability among persons with disabilities

Disability Type	Sample		Sample Frame*	
	Number	percentage	Number	percentage
Autism	13	2.5%	1	0.0%
Blind	23	4.4%	600	4.5%
Deaf	45	8.6%	1425	10.8%
Deaf-blind	2	0.4%	14	0.1%
Hard of hearing	14	2.7%	304	2.3%
Intellectual	40	7.6%	1459	11.0%
Low vision	20	3.8%	742	5.6%
Mental	13	2.5%	36	0.3%
Multiple disability	94	17.9%	1001	7.6%
Physical	239	45.4%	7239	54.7%
Speech problem	23	4.4%	288	2.2%
Total	526	100.0%	13109	100.0%

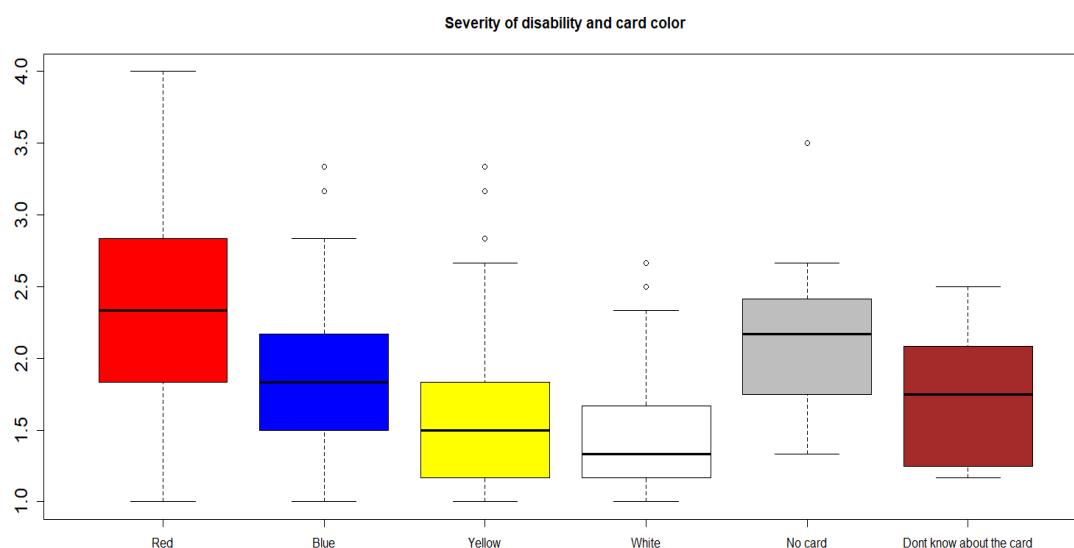
*Sum of Dailekh and Morang only, because data on disability types for Kathmandu was not available*

As the table above indicates, most of the persons with disabilities have physical disabilities (45.4%), followed by multiple disability (17.9%) and intellectual disability (7.6%). Besides, when both blind and low vision disabilities are combined together, the percentage of persons with disabilities having vision problems is more than 8%, making them the third largest group in the sample. The smallest group in the sample is deaf-

blind and there are only two persons with such a combination of disabilities (see Table 3.3).

### 3.2 Convergence of Card color system and Washington Group four categories of severity.

The Washington Group has developed, tested and adopted a new set of screening questions on disabilities. These questions "reflect advances in the measurement of disabilities and uses the WHO's International Classification of Functioning, Disability and Health as a conceptual framework"(UN Washington Group on Disability Statistics, 2008). As already discussed, the distribution of disability identity cards is one of the key service provided by the MoWCSW and the information mentioned on the ID card determines whether a disabled person is eligible to receive service based on type or severity of his or her disability. Table 1 shows the relation between severity of disability and ID card color. When the severity of the difficulty faced by the persons with disabilities is compared with the card color they are assigned, a significant pattern emerges (see Figure 5 for the box-and-whisker plot). Here, the vertical axis represents WG severity level (see Annex-7 for WG screening questions). The value of 4 indicates that the persons with disabilities can't carry out any activity at all. The value of 1 indicates the persons with disabilities experience very little difficulty while carrying out activities.



**Figure 3.4** indicates severity of difficulty as measure by Washington Group and card color assigned to persons with disabilities by the local MOWSW authorities. The upper and lower whiskers of each box represent upper and lower 25% observations. Here, the observations outside the whisker have been represented as outliers. The details of descriptive statistics are shown in Table 3.4.



**Table 3.4: Card color and the average severity reported by the respondents**

Card Colour	Number	Percentage	Severity (Washington Group)
Red	115	22%	2.34
Blue	173	33%	1.90
Yellow	120	23%	1.59
White	94	18%	1.51
No card	16	3%	2.16
Don't know about card	8	2%	1.73
<b>Total</b>	<b>526</b>	<b>100%</b>	<b>1.86</b>

**Table 3.4** indicates that there is a convergence between card color system and Washington Group categories of severity of disabilities. As we can see in Figure 3.4, red card holders have the highest level of severity, while white card holders have the lowest level of severity, followed by yellow and blue card holders. The same pattern was observed even when the data were disaggregated by district. This result was further confirmed by a regression model taking into account other factors, such as gender, geography, ethnicity and education (see **Annex - 8** for the regression results).

### **3.3 Service tracking**

In this section, the services were evaluated by using the thematic guideline of 5(A) s as described in the methodology section, beginning with Availability. The questions on availability were asked to every individual in the sample whereas the questions related to the other 4As were asked only to those the respondents who were aware of the availability of particular services. For example, when some respondents are unaware about the services that were provide to them by different agencies, in this case the questions related to other 4As were skipped for them.

### **3.4 Availability**

In this section, the average availability score was analyzed for each of the eight services with respect to various demographic data, such as education, ethnicity, gender, location (periphery and headquarter), districts and so on. Availability refers to knowledge about the service, particular need associated with the service and also with the utility of that service. Under this thematic consideration, if a respondent answered positively to all three parameters, then that particular service was evaluated to be fully available, resulting in a full availability score. Under the availability theme, three questions were asked to persons with disabilities regarding their knowledge, use history and usefulness of a particular service. Considering only those respondents with positive replies when asked about their knowledge regarding a particular service, **Table 16** illustrates the

percentage of persons with disabilities who responded that they have neither used nor find the service useful for them:

**Availability**

- a. Do you know about the availability of a particular service?
- b. Have you received that service yet?
- c. And, is this service useful to you?

**Table 3.5:** Percentage of persons with disabilities responding neither useful nor use history when asked whether they know about the available service.

Services	Number of persons with disabilities	Percentage
Scholarship	25	4.8%
Special Education	38	7.2%
Extra time and writer	26	4.9%
Free healthcare	18	3.4%
Bed Reservation	12	2.3%
Government employment Reservation	15	2.9%
Income tax exemption	13	2.5%
Private employment reservation	12	2.3%
Self-employment	33	6.3%
Free Vocational Training	24	4.6%
Media Training	25	4.8%
50% discount	12	2.3%
Seat Reservation	15	2.9%
Custom Exemption in special vehicles	20	3.8%
Custom Exemption in assistive devices	19	3.6%
Rights to Assistive Devices	15	2.9%
Allowance	15	2.9%
Shelter and Land	19	3.6%
Land Registration discount	10	1.9%
Para-Olympic Games	34	6.5%
Free legal service	10	1.9%
Average		3.7%

As the table indicates, on an average, 3.7% of persons with disabilities have indicated that they are aware about the services but find these services either useless or without any relevancy to their everyday life (see Table 3.5). The table also indicates that this group gets 1/3 availability score, because this group responds yes to one of three

questions listed under the theme of availability. Those respondents without any awareness about the services are assigned 0 availability score. In this way, the availability score was computed for the entire sample.

### 3.4.1 Educational level, ethnicity and availability of services related to education and health

In this study, education service was regarded as the combination of three specific services, scholarship, special education and extra time in exam. Here, the average availability score was computed by taking the average availability score of the all the services considered under respective themes.

As expected, data on educational level of persons with disabilities reveals that there is a positive impact of education on the availability of the services. **Figure 3.5** indicates that the availability of the educational service is strongly and positively related to educational level of the persons with disabilities. Though this association is slightly positive for health service as well, it is not as significant as for education related services<sup>3</sup>.

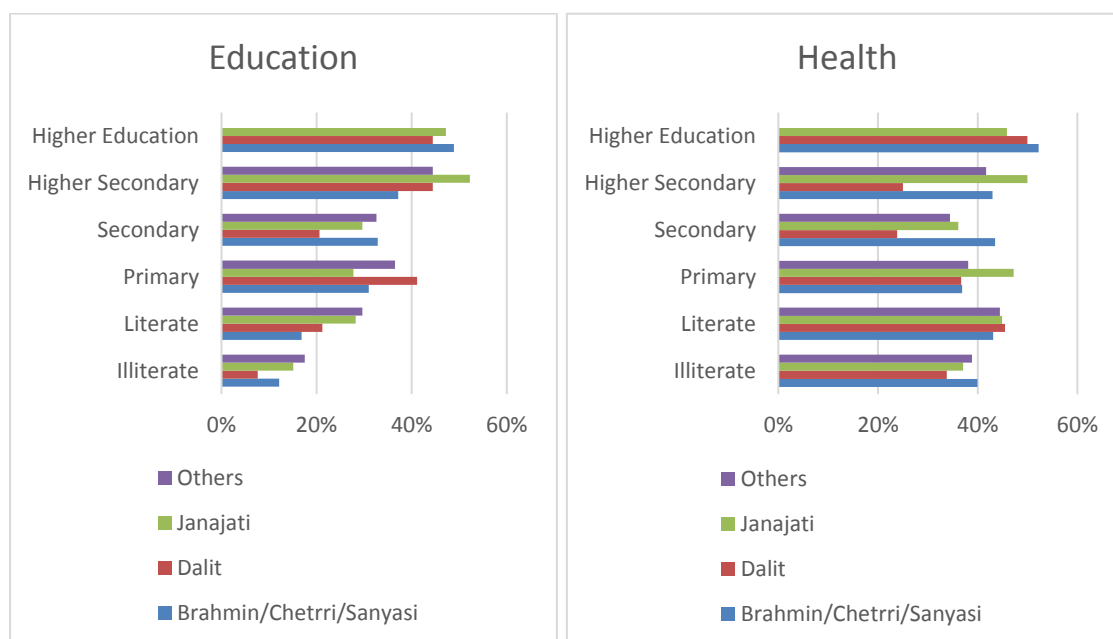


Figure 3.5: illustrates Average Availability of Education and Health Services with respect to education level and ethnicity. The average availability score was calculated as the average of the availability score of the services under respective themes. As indicated in the figure above, the influence of ethnicity on the availability of resources is rather insignificant and with higher levels of education, even the persons with disabilities from the Dalit community indicate significantly high frequency in terms of availability score. Moreover, Dalit persons with disabilities are not at the bottom of the educational strata in terms of availability of services. Likewise, the regression results presented in the **Annex-9** also support this conclusion.

<sup>3</sup> See Annex 11 for availability score by gender

### 3.4.2 Educational level, ethnicity and availability of services related to Employment and Training

The positive impact of educational level on the availability of employment and training is evident from **Figure 3.6**. Persons with disabilities belonging to the Janajati ethnic group particularly report higher availability of employment and training services when they have at least completed their primary level of education.

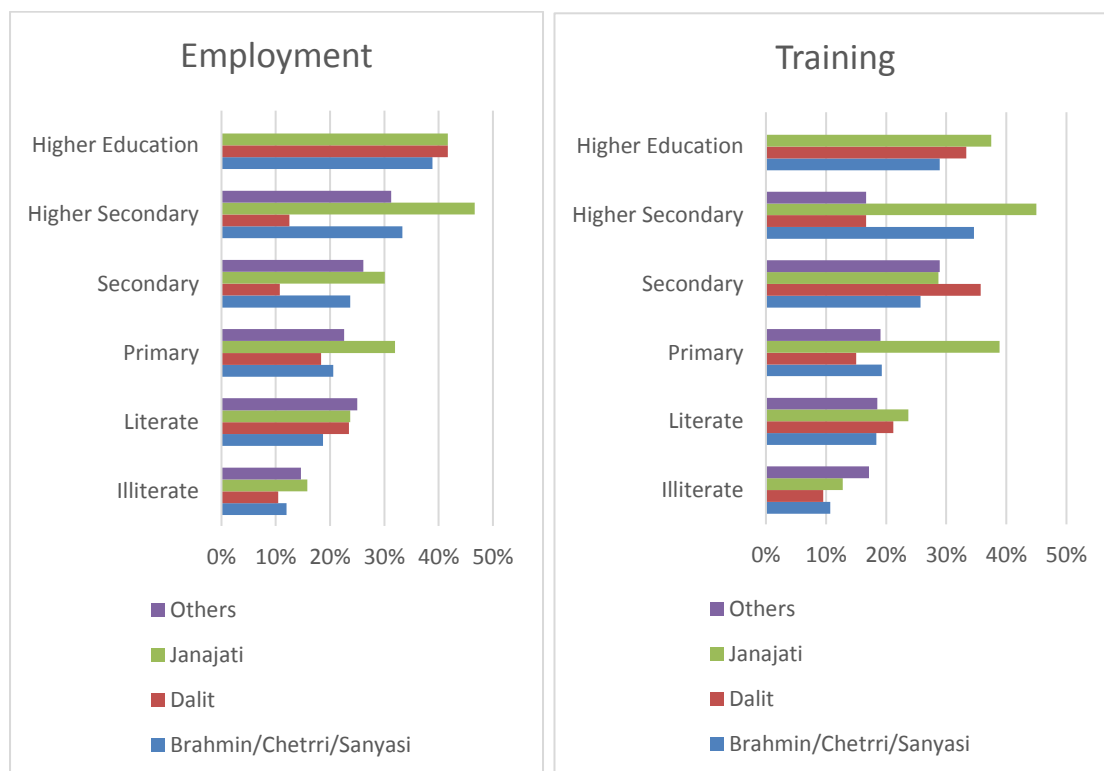
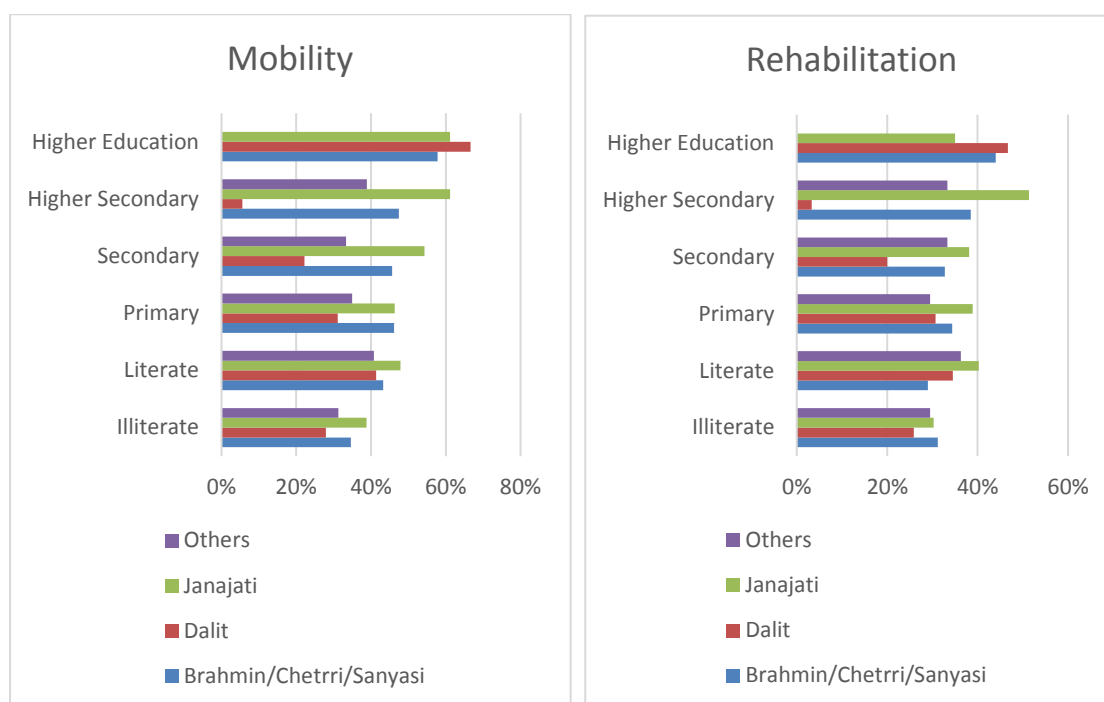


Figure 3.6 shows Availability of Employment and Training Services with respect to education level and ethnicity. Services related to employment and training can significantly improve the living standard of persons with disabilities in the long term and also improve their social inclusion. Employment and training enhances the purchasing power of persons with disabilities to use different services available to them more effectively. It was also observed through interviews and field observations that most of the persons with disabilities with training from different agencies were hired by local industries (see chapter 4).

### 3.4.3 Educational level, ethnicity and availability of services related to Mobility and Rehabilitation

On the issues of services related with mobility and rehabilitation, persons with disabilities belonging to Janajati ethnic group report higher availability among all the educational levels except for higher education. Within higher education, Dalit ethnic group report higher availability of services related to mobility and rehabilitation. Again,

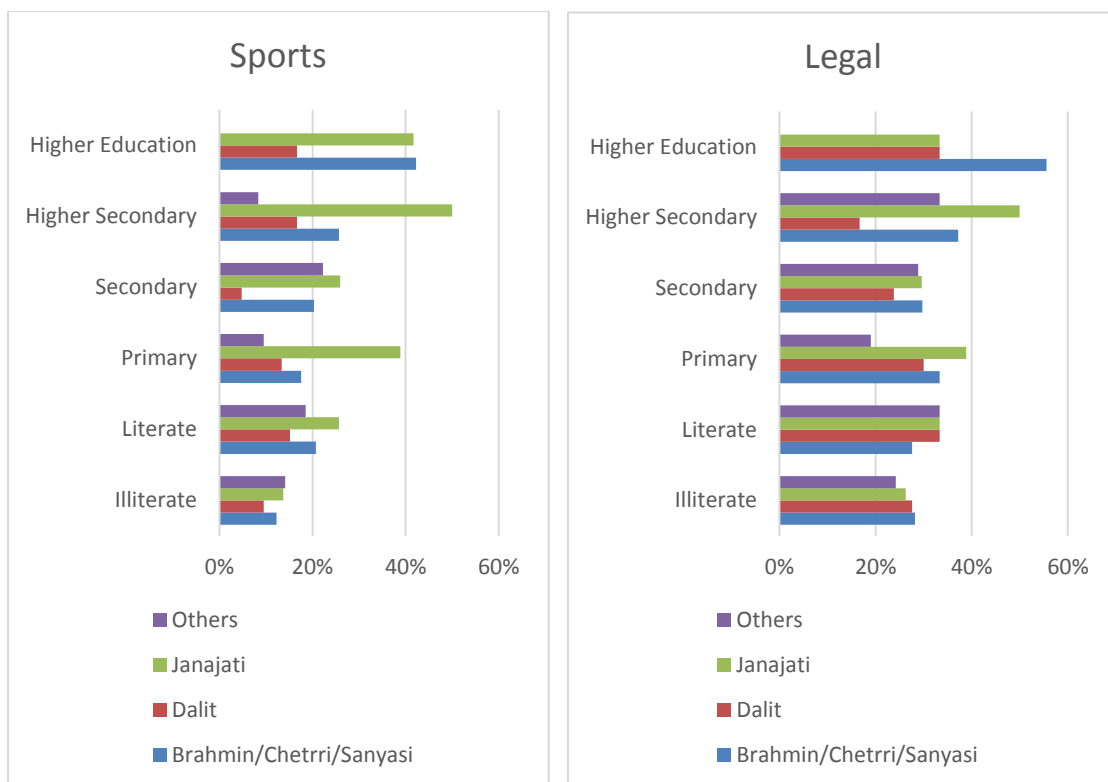
the positive impact of higher educational level is evident for both of these services as shown in Figure 3.7 and in the regression results presented in the **Annex - 9**



**Figure 3.7:** Availability of Mobility and Rehabilitation Services with respect to education level and ethnicity. Compared to other services, services related to mobility (discount in fare, custom exemption in special vehicles and seat reservation) and rehabilitation (right to assistive device, custom exemption in assistive device, allowance, land and shelter) are available easily in all three districts. It is apparent that the higher availability in mobility service is a result of widespread awareness campaigns related to bus fare discounts and seat reservation. Similarly, persons with disabilities are more aware about allowances under rehabilitation services due to its monetary value. Again, from the data analysis, it is evident that education has an important role than ethnicity, when it comes to higher availability of resources. Besides, the high availability and awareness among persons with disabilities about these two services suggests that monetary based services can be easily made available to persons with disabilities compared to non-monetary services, such as training and sports.

#### 3.4.4 Educational level, ethnicity and availability of services related to Sports and Legal Services

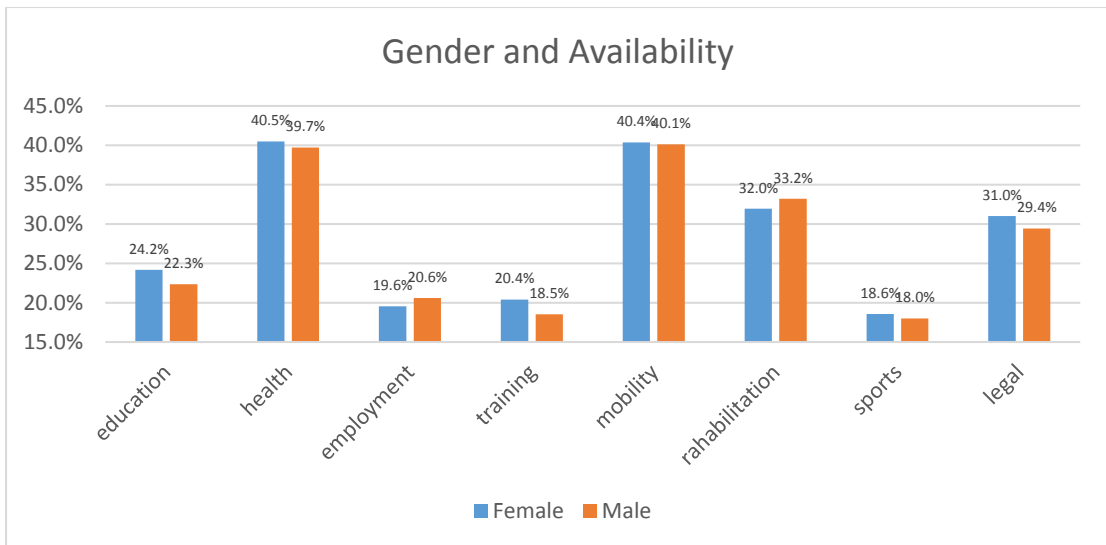
Figure 3.8 shows that persons with disabilities belonging to Janajati ethnic group indicate significant availability regarding services related to sports. The data also suggest a positive impact of higher education on availability of sports and legal services for persons with disabilities.



**Figure 3.8:** Availability of Sports and Legal Services with respect to education level and ethnicity. The figure indicates a positive impact of education on availability of sports and legal services. persons with disabilities belonging to Brahmin/Chettri/Sanyasi group tend to achieve higher levels of service availability when they also have higher education. Almost invariably, services are least likely to be available for illiterate persons with disabilities (which comprise almost 50% of the sample) compared to persons with disabilities with higher levels of education. However, one of the exceptions to this conclusion is related to sports where Dalits with Secondary level of education report lower level of availability for sports activities than Dalits with an illiterate level of education.

### 3.4.5 Availability and Gender

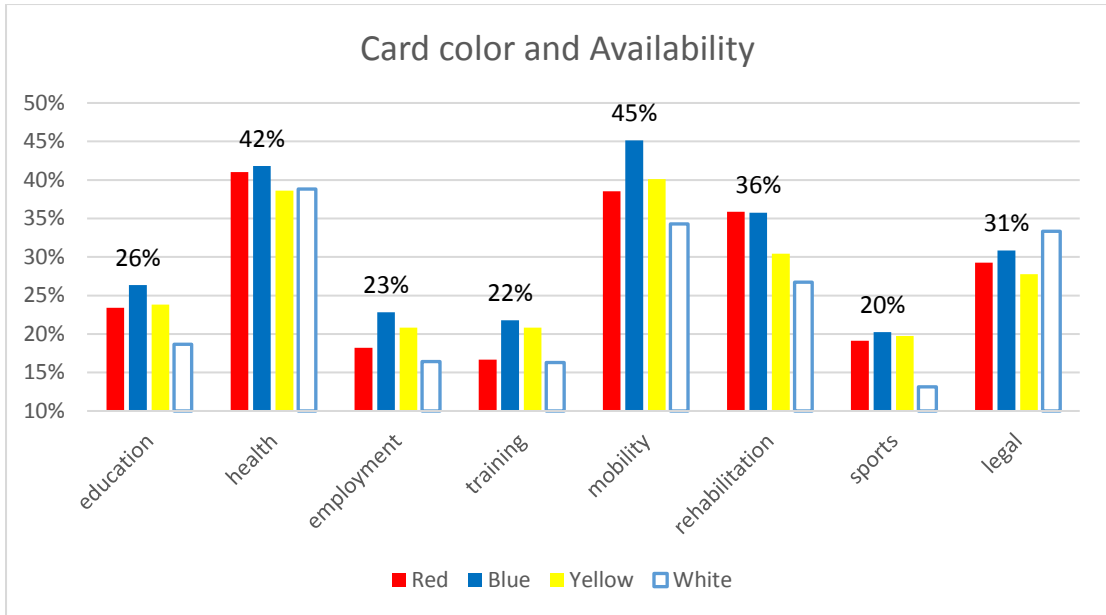
Figure 3.9 shows that despite gender disparity in the society, which continues to generate a sense of inequity and discrimination for females with disabilities, there is no significant gender disparity in availability of services Regression results in **Annex 9** also support this conclusion for all services except for education and training.



**Figure 3.9: Gender and Availability of various services.** In the figure the vertical axis represents the average of the availability scores of all the services under the corresponding service theme. It indicates that availability of services related to mobility and health is around 40%, followed by rehabilitation (32%), legal (30%) and education (23%). Easy access and availability of mobility-related services are a direct result of a massive activism and rights movements that have managed to secure discounts in public transportation and allowance for the persons with disabilities. Availability of services related to employment and training is lowest in all three districts. This shows that very little has been done in terms of providing employment opportunities for persons with disabilities. From the gender perspective, except for employment and rehabilitation (which includes allowance service), availability of other services for female persons with disabilities is higher than for males. However, the gap gender disparity remains highest in training and the lowest gender gap in terms of availability is related to mobility services.

### 3.4.6 Availability and card color

Severity of the disability as reflected by card color can impact the availability of services. **Figure 3.10** shows the differences in availability of the various services based on card color.



**Figure 3.10:** Card color and availability of various services- The vertical axis represents the average of the availability scores of all the services under the corresponding service theme. For all the services, except legal, availability is highest for blue card holders followed by red and yellow card holders. This indicates that availability of resources for persons with disabilities with higher severity is higher than those for persons with disabilities with lesser severity. When using a regression model of service availability is used to differentiate the effects of card color, education, ethnicity, sex, location (headquarter/periphery) and districts, education and districts turn out to be the most significant determinant whereas card color is statistically insignificant (see **Annex 9** for regression results).

### 3.4.7 Availability of various services across the three districts

Availability of services varies from one district to another as the districts selected in this study are also different not only geographically and ecologically, but also demographically. Kathmandu is the most expensive district to live in while Dailekh is comparatively poor, with a lower living standard. Morang is located on the border with India, potentially making it easier for persons with disabilities to get access to services involving trade and customs. Likewise, the ethnic composition of each district also varies significantly. This can potentially explain differences in availability of the various services. See **Annex 9** for the regression model that jointly evaluates the role of various factors on the availability of various services.

#### Availability

- Do you know that this particular service is available in your district?
- Have you received that service yet?
- And, is this service useful to you?



Table 3.6: Availability score of services across the three districts

Services Theme	Services	Dailekh	Kathmandu	Morang	Significance
Education	Scholarship	27%	29%	28%	
	Special Education	18%	25%	26%	*
	Extra time	16%	19%	22%	.
Health	Free healthcare	44%	56%	38%	***
	Bed Reservation	34%	36%	35%	
Employment	Government Employment Reservation		29%	23%	***
	Income tax discount	16%	26%	21%	***
	Private employment reservation	19%	21%	21%	
	Self employment	16%	18%	16%	
Training	Free Training	21%	29%	24%	*
	Media Training	13%	14%	15%	
Mobility	50% discount on fare	38%	60%	37%	***
	Seat Reservation	40%	69%	38%	***
	Custom Exemption on Special Vehicles	24%	29%	32%	**
Rehabilitation	Custom Exemption on Assistive Devices	24%	30%	28%	.
	Rights to Assistive Devices	27%	29%	28%	
	Allowance	47%	69%	54%	***
	Shelter and Land	21%	30%	25%	***
	Land Registration discount	24%	29%	28%	
Sports	Para-Olympic Games	10%	26%	19%	***
Legal	Free legal service	29%	30%	31%	
	Ideal Situation	100%	100%	100%	

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

As the table indicates, across all the districts, free healthcare (checkup and medicine), 50% discount on transportation, seat reservation and allowance services are easily available to persons with disabilities. For example, free healthcare service is available to 56% of persons with disabilities in Kathmandu district, whereas 69% of them report availability of allowance service. Availability of almost all the services is highest in Kathmandu district and the lowest in Dailekh district. ANOVA test results were tabulated in the last column of Table 3.6, which indicates availability of services are statistically different across districts. Even controlling for other factors such as gender, ethnicity, education, location (headquarter/periphery) and card color, regression results confirm that availability differs significantly by district (see **Annex 9** for detail). For services like free healthcare (checkup and medicine) under the health theme and 50% discount and seat reservation under the mobility theme, Morang lags behind Dailekh. The difference is also statistically significant as indicated in the significance column of table 3.6. On the other hand, Morang indicates highest availability of services like custom exemption under the mobility theme and extra time and special education under the education theme. The white space in each cell of table indicates a gap in availability of resources. The highest gap is in employment and training theme in all the three districts, whereas the lowest gap is for availability of the allowance service in all districts. This shows the importance of services where monetary reward is attached, as in the case of allowance.

**Table 3.7** also indicates that the difference in availability of services by location (headquarter/periphery) of persons with disabilities. As illustrated in the table, the availability of 20 out of 21 resources is very low in periphery areas as compared to headquarter areas, the exception being the 50% discount under the mobility theme. The

highest gap between periphery and headquarter is for employment-related services, whereas the lowest gap is for mobility related services. ANOVA test shown in the last column of table 3.7 indicates that service availability is statistically different for headquarter and periphery areas for all services except health-related services.

**Table 3.7: Availability score for district headquarter and periphery areas.**

Service Theme	Services	Periphery	Headquarter	Significance
Education	Scholarship	20%	39%	***
	Special Education	14%	35%	***
	Extra time	11%	30%	***
Health	Free checkup/medicine	44%	47%	
	Bed Reservation	34%	35%	
Employment	Reservation	15%	34%	***
	Income tax discount	12%	34%	***
	Private employment reservation	13%	30%	***
	Self employment	11%	24%	***
Training	Free Training	19%	32%	***
	Media Training	9%	22%	***
Mobility	50% discount	44%	44%	
	Seat Reservation	46%	51%	
	Custom Exemption	22%	37%	***
Rehabilitation	Custom Exemption	21%	36%	***
	Rights to Assistive Devices	23%	34%	***
	Allowance	56%	58%	
	Shelter and Land	21%	30%	***
	Land Registration discount	22%	34%	***
Sports	Para-Olympic Games	12%	27%	***
Legal	Free legal service	27%	34%	***
	Ideal situation	100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1				

The table indicates the employment and training opportunities for persons with disabilities in periphery areas are significantly lower than headquarter areas. However, the availability of services such as allowance and mobility services are high in both areas. Moreover, except for health-related services, regression results shown in **Annex 9** reveal that headquarter areas report significantly higher level of availability of services compared to periphery areas.

### 3.4.8 Factors affecting availability of services: A regression modeling

To identify factors that significantly influence the availability of resources, a regression model was run on each of the 8 service themes using explanatory variables, such as gender, ethnicity, education, district, location (headquarter/periphery) and card color. Table A2 in **Annex 9** illustrates the results of these eight regression models. We find that service availability was explained most significantly by education level, location and district, rather than by ethnicity and gender. Only for mobility services, Dalits, Janajati and other marginalized groups are likely to have lower average availability score compared to Brahmin/Chettri/Sanyasi ethnic groups.

### 3.5 Affordability

In this study, the affordability of services that are provided for in official documents were evaluated on the basis of responses collected from those persons with disabilities with affirmative answers on the availability of the particular service. In other words, only when a person with disability responds that he or she has a user history or finds the service useful, then that same person with disability is also asked for his or her response regarding affordability of services on the scale of 0 (not affordable at all) to 2 (fully affordable) and normalized to 100% scale. Persons with disabilities were also asked about the affordability required to get a particular service that they need, such as cost of travel or a care taker in the hospital. Table 3.8 shows the results of the responses. At most, 50 respondents responded to the question on affordability.

#### Affordability

a. How much you can afford for a particular service?

**Table 3.8:** Affordability score on the available services for persons with disabilities in the three sample districts.

Services Themes	Services	Dailekh	Kathmandu	Morang	Significance
Education	Scholarship	50%	14%	33%	**
	Special Education	22%	25%	40%	
	Extra time	36%	30%	69%	.
Health	Free healthcare	69%	49%	31%	*
	Bed Reservation	38%	50%	43%	
Employment	Government Employment Reserv	50%			*
	Income tax discount	50%	10%		
	Private employment reservation	33%		100%	*
	Self employment	50%	50%		
Training	Free Training	25%	19%	43%	
	Media Training	33%	33%	33%	
Mobility	50% discount on fare	61%	43%	83%	**
	Seat Reservation	55%	39%	56%	
	Custom Exemption on Special Ve	50%	30%	50%	
Rehabilitation	Custom Exemption on Assistive I	64%	75%	75%	
	Rights to Assistive Devices	33%		50%	
	Allowance	49%	39%	57%	*
	Shelter and Land		46%	60%	
	Land Registration discount	75%	33%	40%	
Sports	Para-Olympic Games		22%	30%	
Legal	Free legal service	25%		50%	
	Ideal Situation	100%	100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1					

Surprisingly, as the table indicates, for persons with disabilities in Kathmandu only 10 out of 21 services appear affordable. Persons with disabilities in Kathmandu argue that bed reservation under health theme and custom exemption under Rehabilitation theme are easily affordable for them. Empty cells represent no response to the particular service. Persons with disabilities in Dailekh recognize five different services within the range of their affordability. Analysis of Variance ANOVA results as shown in the

significance column of Table 3.8 suggest that only 7 services have significant difference under the theme of affordability across the districts. Statistically insignificant differences may be the either due to insufficient responses (sample size) or due to the indifference of respondents.

**Table 3.9:** Affordability score based on availability of services for persons with disabilities in periphery and headquarter areas

Affordability of the services available in a particular district also varies due to the location of the persons with disabilities. Persons with disabilities in headquarter areas are expected to have higher affordability. However, the data analysis does not fully support this hypothesis.

Services Theme	Services	Peripheri	Headquarter	Significance
Education	Scholarship	31%	41%	
	Special Education	31%	29%	
	Extra time	63%	38%	
Health	Free healthcare	52%	48%	
	Bed Reservation	30%	67%	*
Employment	Government Employment Reserv	17%	31%	
	Income tax discount	25%	25%	
	Private employment reservation	100%	33%	*
	Self employment	50%	38%	
Training	Free Training	32%	25%	
	Media Training	33%	33%	
Mobility	50% discount on fare	48%	55%	
	Seat Reservation	48%	34%	*
	Custom Exemption on Special Ve	50%	36%	
Rehabilitation	Custom Exemption on Assistive I	64%	75%	
	Rights to Assistive Devices	38%	40%	
	Allowance	52%	40%	*
	Shelter and Land	47%	50%	
	Land Registration discount	38%	50%	
Sports	Para-Olympic Games	17%	28%	
Legal	Free legal service	50%	33%	
	Ideal Situation	100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 '' 1				

The analysis in the above table shows that only 9 out of 21 services under eight different themes suggests are affordable to persons with disabilities in both periphery and headquarter areas. In the periphery areas, the highest affordability is for bed reservation under the health theme and custom exemption under the rehabilitation theme. Contrary to expectations, findings indicate that training services are more affordable in periphery areas than in headquarter areas. Due to small sample size, only a few differences are statistically significant. For example, the difference in affordability score of services related to sports appears rather significantly different between

headquarters and periphery areas, but this difference is statistically insignificant due to insufficient responses.

### 3.6 Acceptability

Only those persons with positive responses to the questions regarding usefulness of any particular service available to them were considered as respondents under the theme of acceptability. The guiding framework here is that the service is acceptable to users (persons with disabilities in this case) only when they have received services without any religious, linguistic and cultural discriminations. In addition, the service also needs to be gender-friendly. Here, a positive response to one of the questions yields 1/3 of the total score.

Acceptability	
a.	Have you encountered any religious, linguistic and cultural discrimination while getting this service?
b.	Do you really need this service?
c.	Do you reflect that this service is also gender friendly?

In table 3.10, differences in the acceptability score for various services that are available across the districts are presented.

**Table 3.10: Acceptability score based on the responses of persons with disabilities with positive feedback on the availability of services in the three districts**

Services	District	Dailekh	Kathmandu	Morang	Significance
Education	Scholarship	75%	93%	79%	.
	Special Education	78%	81%	81%	.
	Extra time	87%	94%	81%	.
Health	Free healthcare	78%	87%	77%	.
	Bed Reservation	78%	83%	86%	.
Employment	Government Employment Reserv	67%	33%	83%	.
	Income tax discount	33%	80%	0%	*
	Private employment reservation	58%	0%	50%	.
	Self employment	67%	50%	50%	.
Training	Free Training	83%	78%	72%	.
	Media Training	67%	0%	33%	.
Mobility	50% discount on fare	85%	83%	63%	*
	Seat Reservation	67%	81%	71%	.
	Custom Exemption on Special Ve	73%	80%	67%	.
Rehabilitation	Custom Exemption on Assistive I	67%	89%	67%	.
	Rights to Assistive Devices	78%	100%	60%	.
	Allowance	78%	83%	84%	.
	Shelter and Land	67%	89%	75%	.
	Land Registration discount	83%	100%	67%	.
Sports	Para-Olympic Games	50%	77%	67%	.
Legal	Free legal service	67%	75%	0%	.
	Ideal Situation	100%	100%	100%	.
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1					

As indicated in the above table, persons with disabilities in Kathmandu find 13 different services out of 21 rather acceptable. persons with disabilities in Kathmandu also said that services provided to them under the theme of education are more acceptable than in Dailekh and Morang districts. Sports and legal services are also more acceptable to persons with disabilities in Kathmandu than in the other two districts. In contrast, Dailekh residents find training services more acceptable, but insufficient responses make most differences across districts statistically insignificant. The significance column in Table 3.10 shows that for only 4 services (scholarship, income tax exemption, 50% discount on fare and seat reservation) are significant differences across districts detected. To analyze differences between headquarter and periphery areas, acceptability scores by area are presented in table 3.11.

Table 3.11: Acceptability scores on the availability of services for persons with disabilities in both periphery and headquarter areas

Services	District	Periphery	Headquarter	Significance
Education	Scholarship	81%	79%	
	Special Education	83%	78%	
	Extra time	86%	88%	
Health	Free healthcare	88%	74%	*
	Bed Reservation	81%	87%	
Employment	Government Employment Reservation	67%	62%	
	Income tax discount	100%	61%	
	Private employment reservation	50%	58%	
	Self employment	44%	67%	
Training	Free Training	83%	67%	
	Media Training	33%	67%	
Mobility	50% discount on fare	83%	75%	
	Seat Reservation	86%	68%	***
	Custom Exemption on Special Vehicles	76%	70%	
Rehabilitation	Custom Exemption on Assistive Devices	78%	67%	
	Rights to Assistive Devices	58%	80%	
	Allowance	88%	75%	***
	Shelter and Land	84%	83%	
	Land Registration discount	67%	89%	
Sports	Para-Olympic Games	76%	67%	
Legal	Free legal service	67%	75%	
	Ideal Situation	100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 '' 1				

**Table 3.11** indicates that 13 out of 21 services are more acceptable to persons with disabilities of periphery areas than in headquarter areas. For persons with disabilities of periphery areas, income tax discount is the most acceptable service, while persons with disabilities in headquarter areas say land registration discount is the most acceptable service. Similar to availability, services under the employment and training theme are least acceptable in both periphery and headquarter areas. In contrast, allowance is more acceptable to persons with disabilities in periphery areas, whereas bed reservation under health service is more acceptable in headquarter areas.

Statistically significant differences were detected only in three services, free healthcare, seat reservation and allowance. For each of these three services, periphery areas report significantly higher levels of acceptability.

### 3.7 Accountability

Accountability was assessed by asking persons with disabilities if they were consulted before providing services, concerned authorities discussed the drawbacks and benefits of services or if their complaints were appropriately addressed. Questions related to accountability were only asked to those with positive response under the theme of resource availability.

#### Accountability

- Have the service providers consulted with you about the usefulness of the service before the service was delivered to you?
- Have the concerned authority consult with you about the benefits/drawbacks and whether these services are being properly utilized or not?
- Have the complaints regarding the services been addressed adequately?

**Table 3.12:** Accountability score of service providers as reported by persons with disabilities on the availability of services in three districts

Service Themes	Services	Dailekh	Kathmandu	Morang	Significance
Education	Scholarship	39%	30%	56%	
	Special Education	44%	38%	63%	
	Extra time	46%	29%	46%	
Health	Free healthcare	26%	9%	40%	***
	Bed Reservation	42%	17%	50%	
Employment	Government Employment Reservation	33%	8%	56%	
	Income tax discount	58%	33%	67%	
	Private employment reservation	33%	0%	44%	
	Self employment	53%	17%	100%	
Training	Free Training	67%	30%	67%	
	Media Training	67%	50%	0%	
Mobility	50% discount on fare	41%	6%	50%	***
	Seat Reservation	31%	10%	52%	***
	Custom Exemption on Special Vehicles	59%	39%	79%	
Rehabilitation	Custom Exemption on Assistive Devices	41%	0%	52%	
	Rights to Assistive Devices	33%	50%	50%	
	Allowance	37%	13%	28%	***
	Shelter and Land	100%	19%	73%	*
	Land Registration discount	50%	22%	50%	
Sports	Para-Olympic Games	67%	13%	60%	**
Legal	Free legal service	67%	0%	52%	
	Ideal Situation	100%	100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1					

**Table 3.12** shows that the least level of accountability was reported for seat reservations under the mobility theme and also for allowance service under the rehabilitation theme in Dailekh district. Morang district outperforms the other two districts on accountability by a significant margin for free healthcare, 50% discount on

fare and seat reservation. In contrast, persons with disabilities in Kathmandu district report the lowest level of accountability. For example, Kathmandu reports lowest level of accountability on health related services along with 50% discount and seat reservation under mobility theme. Likewise, Morang reports highest levels of accountability in custom exemption under the mobility theme and land and shelter under the rehabilitation theme. However, persons with disabilities from Morang report lowest accountability in allowance service under the rehabilitation theme. To determine variances in accountability due the differences in location (headquarter and periphery), accountability scores were computed for each service for the two locations.

**Table 3.13:** Accountability score of service providers as reported by persons with disabilities on availability of services both in periphery and headquarter areas of three districts

Service Themes	Services	Periphery	Headquarter	Significance
Education	Scholarship	38%	41%	
	Special Education	59%	45%	
	Extra time	44%	38%	
Health	Free healthcare	15%	26%	
	Bed Reservation	33%	43%	
Employment	Government Employment Reservation	27%	33%	
	Income tax discount	44%	48%	
	Private employment reservation	44%	33%	
	Self employment	67%	50%	
Training	Free Training	54%	33%	
	Media Training	33%	67%	
Mobility	50% discount on fare	10%	30%	**
	Seat Reservation	8%	27%	***
	Custom Exemption on Special Vehicles	89%	43%	*
Rehabilitation	Custom Exemption on Assistive Devices	52%	31%	
	Rights to Assistive Devices	56%	33%	
	Allowance	15%	34%	***
	Shelter and Land	37%	33%	
	Land Registration discount	40%	44%	
Sports	Para-Olympic Games	33%	33%	
Legal	Free legal service	78%	50%	
	Ideal Situation	100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 '' 1				

Table 3.13 indicates that the lowest accountability was reported in the periphery area for services such as 50% discount and seat reservation under the theme of mobility and allowance. In contrast, persons with disabilities in headquarter areas indicate significantly higher levels of accountability for services like 50% discount on fare, seat reservations and allowances.

### 3.8 Accessibility

Only those persons with disabilities with positive response on availability of services have also been assessed regarding non-discriminatory accessibility of services



provided to them by different agencies. Respondents were also asked about the pros and cons of the service and also to evaluate whether the places where services are provided to them are disabled-friendly.

**Accessibility**

- a. Have you faced any discrimination while receiving this service?
- b. Can you evaluate the benefits and drawbacks of that this service?
- c. Finally, do you consider the place of service delivery as a disable friendly infrastructure?

**Table 3.14** presents the acceptability scores for the three districts. Though differences were observed for almost all the services, due to small number of responses it is impossible to detect statistically significant differences in most of the services provided to persons with disabilities.

Table 3.14: Accessibility score to the services as reported by persons with disabilities in the three districts

Service Themes	Services	Dailekh	Kathmandu	Morang	Significance
Education	Scholarship	55%	57%	54%	
	Special Education	44%	62%	56%	
	Extra time	27%	67%	62%	
Health	Free healthcare	41%	35%	54%	
	Bed Reservation	56%	42%	52%	
Employment	Government Employment Reserv	56%	33%	0%	
	Income tax discount	50%	47%	0%	
	Private employment reservation	50%	0%	17%	
	Self employment	33%	67%	50%	
Training	Free Training	33%	52%	44%	
	Media Training	100%	0%	33%	
Mobility	50% discount on fare	56%	43%	50%	***
	Seat Reservation	48%	37%	71%	*
	Custom Exemption on Special Ve	47%	67%	56%	
Rehabilitation	Custom Exemption on Assistive I	38%	44%	67%	
	Rights to Assistive Devices	56%	67%	47%	
	Allowance	45%	42%	47%	
	Shelter and Land	33%	36%	42%	*
	Land Registration discount	67%	44%	53%	
Sports	Para-Olympic Games	50%	50%	53%	
Legal	Free legal service	56%	0%	42%	
	Ideal Situation	100%	100%	100%	

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Accessibility of the various types of services that was reported by the persons with disabilities in the three districts indicates mixed results. Looking at some specific services, significant differences emerge. On the issue of scholarship and special education, Kathmandu is significantly better, whereas on extra time during examinations Dailekh reports lowest accessibility. Under the health theme, Kathmandu has the lowest accessibility to health services compared to the other two districts. Statistically

significant differences in accessibility were detected for only three services, 50% discount on fare, seat reservation and shelter and land respectively.

**Table 3.15** shows the difference in accessibility with respect to location of the persons with disabilities. Generally, persons with disabilities in headquarter area are expected to have greater accessibility than persons with disabilities from the periphery areas.

**Table 3.15:** Accessibility to the services as reported by persons with disabilities in the periphery areas and in the district headquarters

Service Themes	Services	Periphery	Headquarter	Significance
Education	Scholarship	60%	53%	
	Special Education	46%	57%	
	Extra time	62%	48%	
Health	Free healthcare	40%	41%	*
	Bed Reservation	59%	33%	
Employment	Government Employment Reserv	44%	48%	
	Income tax discount	33%	50%	*
	Private employment reservation	17%	50%	
	Self employment	44%	56%	
Training	Free Training	43%	52%	
	Media Training	33%	100%	
Mobility	50% discount on fare	43%	51%	*
	Seat Reservation	39%	45%	**
	Custom Exemption on Special Ve	48%	63%	
Rehabilitation	Custom Exemption on Assistive I	61%	48%	
	Rights to Assistive Devices	42%	60%	
	Allowance	42%	47%	***
	Shelter and Land	38%	33%	
	Land Registration discount	58%	50%	
Sports	Para-Olympic Games	52%	50%	
Legal	Free legal service	56%	42%	
Ideal Situation		100%	100%	
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 '' 1				














































Surprisingly, the majority of services under education and health show greater accessibility in periphery areas compared to headquarter areas. However, the services under employment, training and mobility theme are much more accessible in headquarter area than in periphery areas. In the periphery areas, private employment reservation under the employment theme has the lowest accessibility, whereas bed reservation under the theme of health service has the lowest accessibility in headquarter areas. Whenever the difference in accessibility is statistically significant (for services such as free healthcare, 50% discount on fare and allowance), headquarter areas have higher levels of accessibility.

### 3.9 Service Tracking Matrix

In this section each service available to persons with disabilities is tracked using 5As in a single service tracking matrix (STM). The 4As (Affordability, Acceptability,

Accountability and Accessibility) were calculated with an evaluation of each category of services with availability scores to make the comparison more systematic, purposeful and relevant<sup>4</sup>.

**Table 3.16:** Service Tracking Matrix weighted by availability of the resource

<b>SERVICE TRACKING MATRIX (STM)</b>						
Services	Availability	Affordability	Acceptability	Accountability	Accessibility	
Education	 23%	 9%	 19%	 10%	 8%	
Health	 40%	 19%	 33%	 11%	 11%	
Employment	 20%	 7%	 12%	 9%	 10%	
Training	 19%	 6%	 12%	 10%	 6%	
Mobility	 40%	 18%	 31%	 12%	 14%	
Rehabilitation	 33%	 16%	 25%	 12%	 13%	
Sports	 18%	 4%	 13%	 6%	 9%	
Legal	 30%	 12%	 22%	 17%	 16%	
<b>Ideal Situation</b>	 100%	 100%	 100%	 100%	 100%	

**Table 3.17:** Interpretation of results in Table 3.16 showing services having lowest and highest scores.

Availability	<b>Lowest:</b> sports, training and employment <b>Highest:</b> health and mobility
Affordability	<b>Lowest:</b> sports, training and employment <b>Highest:</b> health and mobility
Acceptability	<b>Lowest:</b> sports, training and employment <b>Highest:</b> health and mobility
Accountability	<b>Lowest:</b> sports and employment <b>Highest:</b> legal, mobility and rehabilitation
Accessibility	<b>Lowest:</b> training and education <b>Highest:</b> legal and mobility

<sup>4</sup> See Annex 11 for the STM by gender

**CHAPTER IV**  
**MONITORING OF SERVICES PROVIDED TO THE PERSONS WITH DISABILITIES**  
**FEEDBACKS AND OBSERVATIONS**

This chapter presents key findings related to monitoring of services provided by the government and non-government agencies. All the assessment and analysis in this chapter was drawn from primary and secondary data collected after monitoring services provided specifically to persons with disabilities. For this purpose, annual reports, project documents and monitoring reports were considered as main sources of secondary data. Primary data were collected following a mutual discussion with officials of service-providing agencies and organizations within a framework of collective observations and collaborative efforts. In addition, officials who participated in the research are listed in **Annex 10**.

**3.1 Monitoring of Services Provided to persons with disabilities in Dailekh District**

Many regional offices, such as the Community Based Rehabilitation (CBR) and Regional Directorate of Education, who provide services to persons with disabilities are located at the regional headquarters in Surkhet. Only those services and service providers available to persons with disabilities in Dailekh district were considered. As a consequence of living in a remote hill district, persons with disabilities in this district have to encounter numerous constraints while receiving services provided to them. This report particularly finds that the most important limitation encountered by persons with disabilities in this district is related to transportation services. People living in the most remote part of this district are unaware of the government provided services and facilities. When transportation facilities are unavailable, it becomes rather expensive for a person with disability to take care of himself/herself. In general, only about 15 to 20% of the persons with disabilities of Dailekh districts are getting their rightful services, whereas, a large number of persons with disabilities especially from the remote parts of the district still lack access to basic services.

**3.1.1 Monitoring of Services Related to ID Cards Distribution**

The most important service of the District Women and Children office (under MoWCSW) is distribution of disability ID cards. IDs are distributed on the basis of a recommendation received from district NFDN, VDC, DDC, municipality or other related agencies, which are working in the area of disability services. Other agencies include the district level association of deaf, blind and other groups of persons with disabilities. However, this field study finds that officials are rather confused about their responsibility for distribution of disability ID cards within the framework of the new administrative structure- the district Women and Children office office or the respective Rural Municipality and Municipality. Besides, many service providers argue that

numerous mistakes were made when issuing the blue and yellow ID cards. In addition, they also mention that the 2011 Census was used as a benchmark for the determination of the number of persons with disabilities and as a consequence many new persons with disabilities have not received their ID cards. Besides, the district Women and Children office has not conducted any monitoring regarding actual number of persons with disabilities or the services provided to them.

### **3.1.2 Monitoring of Services Related to Financial and Material Support**

District Office the Ministry of Federal Affairs and Local Development provides financial and material assistance services to selected persons with disabilities. In addition, District Office also carries out various activities for the benefit of persons with disabilities. More importantly, it provides capacity building programs for the disabled persons based on needs assessments by local NGOs and after the identifying required training programs, training institutions are selected on the basis of competitive bidding. In addition, District Office funds for leadership training for persons with disabilities and the office is also involved in planning training programs to ensure that it is needs-oriented. Finally, the selected NGO implements the program. However, this system has some loopholes and irregularities. In regards to capacity building, assessments of changing needs were not carried out, neither baseline survey nor proper monitoring were also carried out. To fulfill monitoring goals, the Local Development Officer (LDO) merely visits as a formality during the implementation stage of the programme and also at the closing of the programme. The monitoring budget is around 3 to 5% of the total budget. NGOs that are getting financial support from the government have limited their services to the lesser-disabled groups and to easily accessible areas.

### **3.1.3 Monitoring of Services Related with Health**

persons with disabilities receive free services, such as free X-ray and access to hospital beds, from the DHO (District Health Office) in Dailekh and they also receive around 70 different types of medicine free-of-charge. When medical services are not available in the district, doctors refer them to Nepalgunj or to Kathmandu. For hearing and vision problems, District Health Office recommends that persons with disabilities visit the district Red Cross, which provides these services. However, District health Office does not provide assistive devices to persons with disabilities. District Health Office also produces an annual report, which provides statistical data on the distribution of medicine. Mostly medicines are received from the centre and the organization also checks the quality of these medicines. Public Procurement Procedures were followed to procure selected medicine from local suppliers whenever it is necessary. Assessment survey, baseline survey and monitoring of the use of services by persons with

disabilities have not been conducted thus far. The budget for monitoring is also rather constrained

#### **3.1.4 Monitoring of Legal Services**

According to the District Judge, the court provides the same judicial services to all people without any sense of discrimination. As an inclusive practice, the organization claims that it provides priority to person with hearing disability. With the exception of serious criminal cases, persons with disabilities in all other cases are subjected to minimum punishment according to legal provisions. District Legal Assistance Service, which is co-financed by the Nepalese Government and UNDP, provides services, such as documentation, advocacy, facilitation, case filing and free legal consultation for persons with disabilities within local bodies, semi judiciary body and district court. The agency also continues to provide transportation; lodging and food services to persons with disabilities at the district headquarter. Additionally, in case of injury, a person with disability gets the support of Rs 5000 for medicine. So far only one person with disability has received services from this agency. A United Nations Development Programme (UNDP) official monitors cases related to legal assistances provided to persons with disabilities. The official from UNDP also visits service users to evaluate the quality of services

#### **3.1.5 Monitoring of Services Related with Advocacy and Awareness**

This study observes that *Panchakoshi Apanga Bikash Munch* ((Collective Community for persons with disabilities) provides services such as advocacy and awareness programs, rehabilitation of physically disable children, recommends health services, undertakes disability screening camp and refers persons with disabilities to appropriate service providers. In addition, the agency also screens need assessment focusing on immediate need, such as health and also provides training to use assistive devices through local NGOs. Only about 20 to 30% of the needs have been fulfilled so far. Again, there is insufficient budget for monitoring and only follow up activities were carried out. Most of the persons with disabilities visit Nepalgunj to receive assistive device, which are provided by Nepal Medical College, Nepalgunj. The Munch (Collective Community for persons with disabilities) is not satisfied with government services. It has forwarded some comments on government services for persons with disabilities and complains that the government does not even provide transportation cost to visit Nepalgunj to collect assistive devices. They also claim that government staff members are indifferent to the needs of persons with disabilities. The Munch also provided specific suggestions for improvement of government services. They highlight insufficient PWD allowances and they note the government needs to provide quality services in a timely manner. The Munch also indicates that the government needs to build the capability of government

staff and provide transportation cost to persons with disabilities to get assistive devices from Nepalgunj.

### **3.1.6 Monitoring of Specific Services Provided by Non-Government Agencies**

The Red Cross Society Dailekh provides free services and assistive devices to persons with disabilities such as vision testing, hearing testing, assistive devices (free of cost), and hand lens to students, low vision equipment, glasses for persons with disabilities. Likewise, Red Cross also provides training for persons with disabilities to use these devices and also conducts a follow up programme. In addition, the organization reports vision and hearing status of persons with disabilities to district Women and Children office when they apply or seek disability ID cards. Assessments of changing needs are also carried out by the Red Cross.

The organization provides need-based services and it also has an effective monitoring system. Red Cross officials regularly visit schools to check the condition of service/devices user for students. Officials consult parents to collect the information and introduce necessary corrective measures. It is important to note that Red Cross makes most of the assistive devices within the Red Cross office in Dailekh and it receives other equipment from Surkhet and Kathmandu. The supplies Red Cross receives are of high quality and the District Red Cross is also satisfied with the service provided by them to persons with disabilities. However, some suggestions for further improvement remains as there is a need for technicians and other necessary human resources to develop all the devices in Dailekh so that they can address the needs of persons with disabilities.

Save the Children has a program for children with disabilities in the district. It has programs in 10 VDCs. For visual and hearing disabilities, SC initiates them into an inclusive school. SC also provides services to children with disabilities that include lodging, food, dress and other expenses in the school, learning materials, such as brail, sign language and training. The agency also advocates and helps with construction of disability-friendly school buildings and structures, training of teachers for inclusive education and it also advocates for the disability ID card for children with disabilities.

A preliminary survey on needs assessment has been carried out by the Save the Children. The survey covered 10 VDCs and 147 children with disabilities. The survey indicates that 2% of children with disabilities have asked for psychosocial assistance, 25% have asked for financial assistance, 7% have asked for education materials, 20% have asked for assistive devices and 46% have asked for health services. In addition, with the assistance of student clubs, a baseline survey has also been carried out by the SC in the 10 VDCs. Monitoring was carried out with regular visits to schools and necessary corrective measures are introduced immediately. Besides, Save the Children uses its own monitoring format. Most of the 5 (As) are addressed by Save the Children

services. Save the Children is satisfied with its work, however the agency acknowledges that it has not been able to provide necessary services to all children. Save the Children has been able to raise awareness regarding children with disabilities. The organization points out that there is a need for a separate dedicated government body to look after children with disabilities and persons with disabilities

### **3.1.7 *Monitoring of Services Related with Education and Logistic Support***

Social Service Centre (SOSEC) Dailekh serves 10 VDCs of Dailekh. It provides services to persons with disabilities, such as education for children with disabilities, including necessary logistical support and devices. The agency also conducts needs assessments of persons with disabilities. Social Service Centre carries out needs assessments for children with disabilities through social mobilization. In addition, Social Service Centre regularly visits the service users to assess their changing needs. Social Service Centre applies a participatory approach for monitoring the use of its services by children with disabilities. The participatory monitoring includes participation of Social Service Centre officials, funding agencies, stakeholders and officials of MoWCSW. Social Service Centre has developed a logical framework matrix and it also monitors its services and the monitoring result are used to improve the quality of services. Budget for monitoring is 1% of the total annual budget. Auditing of Social Service Centre activities is also done by authorized auditors. Many of the 5(As) that were considered in this field survey are partially addressed by this agency.

### **3.1.8 *Monitoring of Services Related with Providing Trainings for persons with disabilities***

Everest club in Dailekh District works for the development of rural areas and it also provides services to persons with disabilities. The major focus of this Club in the area of disability is related to training for income generating activities, such as vocational training related to the agriculture sector and also with advocacy for the rights of persons with disabilities. The club also assesses the needs of persons with disabilities, but the baseline survey conducted by the Club doesn't meet the evaluative criteria of the 5As. Monitoring data are collected by field workers with the basic objective of monitoring to improve the quality of service to persons with disabilities. The club does have a separate monitoring unit for evaluating its activities

## **3.2 *Monitoring of Services Provided to persons with disabilities in Kathmandu District***

The context of services provided to persons with disabilities in Kathmandu district is slightly different as compared to Dailekh and Morang district. Firstly, the level of social awareness among persons with disabilities in Kathmandu is higher than in other two districts. This is because of better transportation and communication services are available in Kathmandu and this has significant effect on the social awareness of the



persons with disabilities. Secondly, a relatively higher level of education also gets reflected in the higher level of social awareness among persons with disabilities in Kathmandu. Thirdly, the officers responsible for providing services to the persons with disabilities in capital city of the country are also under greater obligation as compared to other districts. Fourth, programs such as the public hearing and other awareness raising activities take place more frequently in Kathmandu than in other districts. Finally, large number of International Non-Governmental Organizations (INGO) and NGOs in Kathmandu also contribute in improving the condition of persons with disabilities. All these factors directly and indirectly contribute toward a higher level of rightful claim for disability related services in Kathmandu. However, sadly the realities remain similar as well, the monitoring and evaluation of services for the persons with disabilities is almost identical as in other two districts.

### **3.2.1 *Monitoring of Services Related to ID Cards Distribution***

The context of services provided to persons with disabilities in Kathmandu district is slightly different than in Dailekh and Morang district. First, the level of social awareness among persons with disabilities in Kathmandu is higher than in other two districts. This is because of better transportation and communication services and this has a significant effect on the social awareness of persons with disabilities. Second, a relatively higher level of education also gets reflected in a higher level of social awareness among persons with disabilities. Third, the officers responsible for providing services to persons with disabilities in the capital city of the country are under greater obligation than in other districts. Fourth, programs such as public hearings and other awareness raising activities more frequently take place in Kathmandu than in other districts. Finally, large number of INGOs and NGOs in Kathmandu contribute to improving the condition of persons with disabilities. All these factors directly and indirectly contribute to a higher level of claim for disability-related services in Kathmandu. Monitoring and evaluation of services for the persons with disabilities are almost identical to the other two districts.

### **3.2.2 *Monitoring of Services related with Advocacy and Awareness***

The National Federation of Disabled Nepal (NFDN) has carried out numerous activities in line with the International Disability Guidelines. Although, NFDN does not provide any direct services to individual persons with disabilities, this agency carries out the following four major activities: First, the agency advocates for improving the condition of persons with disabilities and also works towards effective implementation of government policies and acts that were formulated for persons with disabilities. The organization also explores new to monitoring policy and capacity building in the area of disability studies. It also advocates for the inclusion of disability component on all plans,

programs and projects – disability inclusive development. Similarly, it also conducts capacity building programs for NGOs working at the grass roots level, including collection of information for development of projects through Focus Group Discussions (FGD) and the development of projects focusing on how to prepare project proposals. The organization also organizes awareness programs and builds networking that focuses on advocacy for disability-inclusive programs. Importantly, NFDN carries out networking of organizations and institutions working in the area of disability

### **3.2.3 Monitoring of Specific Services Provided by Non-Government Agencies:**

Entire Power in Social Action Nepal (EPSA) is a NGO that provides services to disabled women. Entire Power in Social Action Nepal first provides trainings to women with disabilities. After that, the trainees work for Entire Power in Social Action Nepal for a certain period of time. Entire Power in Social Action Nepal has trained a large number of Women with Disabilities<sup>5</sup>. By now many of them are working for other agencies and earning good incomes. At present, there are 55 disabled women trainees in Entire Power in Social Action Nepal. Using their trained human resources, Entire Power in Social Action Nepal produces handmade garments that have good markets in western countries. The organization operates from sales of Women with Disabilities-made goods without any donation support. Entire Power in Social Action Nepal has changed the lifestyle of many women with disabilities. There is a great demand for Entire Power in Social Action Nepal services in Nepal. However, because of limited resources, the organization only enrolls a limited number of women with disabilities. Entire Power in Social Action Nepal uses a specific criterion for the selection of women with disabilities for admission into its programs and only disabled women are eligible for their programme (especially physical and down-syndrome). The organization also prefers candidates with low education and income with mild disabilities (so she can work after the completing the training). Entire Power in Social Action Nepal has not carried out any baseline survey, needs assessments or monitoring related activities.

The National Disabled Fund - the Physical Rehabilitation Centre is directly under Social Welfare Council. On average, it serves around 1000 persons with disabilities annually. The major functions of the National Disabled Fund include counseling, socio-economic services, assistive devices advocacy programs and capacity building programs. The agency also assesses the needs of persons with disabilities. However, this agency has not carried any baseline survey to access the quality and effectiveness of its services. Monitoring activity of this organization was largely limited to regular discussions with assistive device users.

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<sup>5</sup>Each woman takes one-year training course - basic training for the first 3 months and advanced course for the remaining period.

Khagendra Nava Jivan Kendra (KNJK) is one of the oldest service providers to the persons with disabilities community. It provides 9 types of services to persons with disabilities and in our observation this organization emerges as one of the most effective service providers. Due to lack of adequate financial resources, space and skilled human resources, the organization has not been able to fulfill the demand for its services. The major services of Khagendra Nava Jivan Kendra include food and accommodation, medical services, necessary therapy services, assistive devices and counseling services. Khagendra Nava Jivan Kendra has also not conducted any proper baseline survey. To conclude, while interacting with our team, the officials of this organization suggest that the Government needs to increase financial assistance, expand the existing infrastructure for an increasing number of severe persons with disabilities and build the capacity of the workers at Khagendra Nava Jivan Kendra.

#### **3.2.4 *Monitoring of Services related with Health***

District Public Health Office (DPHO) is a government organization responsible for providing health related services to persons with disabilities. Besides District Public Health Office, there are also numerous other public hospitals that provide benefits to the persons with disabilities community. The major functions of the District Public Health Office include recommending persons with disabilities to district Women and Children office for disability ID cards, to various hospitals for their treatment and it organizes health camps in various parts of the district. Just like many other organizations, this organization has not conducted needs assessments of persons with disabilities and has not carried out any baseline survey concerning services to persons with disabilities

#### **3.2.5 *Monitoring of Services Provided to persons with disabilities in Morang District***

For the purpose of evaluating services, a list of government and nongovernment organizations that are directly or indirectly providing services to the people with disabilities in the Morang district was collected from the Morang district Women and Children office. After field observations and reflections on feedback provided by different service providers, this study concludes that among different service providers in Morang District, Community Based Rehabilitation (CBR) provides better services to persons with disabilities in terms of need assessment, activities design, implementation and monitoring. In addition, this institution provides services to only about 15 - 20% of the total persons with disabilities in Morang.

#### **3.2.6 *Monitoring of Services Related to ID Cards Distribution***

District Women and Children office is responsible for distributing disability identity card IDs. The ID card is issued on the basis of a recommendation provided by district NFDN, Municipality, VDC, CDO and other related agencies that are working in areas of

disability, including district level association of deaf, district level association of dumb and so on. These cards are the basis for services of the government, as well as services provided by nongovernment sectors. A person with a disability requires an ID card to access the benefits of government services. The district Women and Children office is responsible for either upgrading or degrading disability ID cards. However district Women and Children office has not carried out any baseline survey and monitoring of the use of ID cards.

### **3.2.7 Monitoring of Services related with Educational Support**

District Education Office (DEO) is responsible for education and distribution of scholarships to children with disabilities. It provides services under the following headings: inclusive education and special education. Usually, a student with a disability gets allowances on the basis of the severity of his/her disability. However, in Morang district the distribution of scholarships is not based on the disability determined on the ID card. Moreover, the DEO Morang has introduced its own system for the distribution of scholarships to children with disabilities. However, this study finds that the distribution of disability ID cards by the district Women and Children office doesn't generally indicate the real condition of disability. For example, a visibly normal student has managed to get a blue card entitling him/her to a higher level of scholarship. Due to this problem, the allocated budget for students with disabilities has not been enough to provide services for all needy students. The District Education Office uses its authority to distribute scholarships and other facilities to disabled students after classifying them by degree of disability into critical, medium and general (**Annex 8**)

Although the organizational structure of the DEO shows provision for a monitoring unit, it is not functional or effective. DEO has all the standard documents based on interviews and it also conducts regular assessment of the services they provide to persons with disabilities. However, in our investigation our research team finds that the implementation part of the DEO activities is very irregular and ineffective. In addition, DEO considers monitoring of its services as a ritual activity. The study team also observed that most of district level public agencies, including DEO, have inefficient monitoring capacity. The organization seems reluctant to monitor and evaluate their activities and this lack of monitoring capacity emerges as the basic factor for poor monitoring throughout the district. Some officials in DEO know about National Planning Commissions (NPC) and departmental monitoring format, but they hardly use them for monitoring activities. Likewise, the district offices are not compelled by the centre to conduct monitoring activities, because of limited budget. Most of the government organizations allocate only Rs 5,000 for monitoring and when projects are located far from district headquarters it seems impossible to imagine the quality of monitoring with

just Rs 5000. Monitoring for many public organizations is just an annual observation, with some meetings to discuss the key issues.

### **3.2.8 Monitoring Services Related to financial and material support**

Local Development Office (LDO) was restructured under District Coordination Committee (DCC). Unlike LDO offices, the DCC only coordinates the district level organizations and it does not provide services to socially excluded groups, such as women, *Janajaties*, persons with disabilities, and so on. The LDO used to provide resources to NGOs to undertake capacity building programs and provide services to persons with disabilities. The LDO has provided funds for assistive devices and training programs for building capacity of the persons with disabilities through relevant and capable NGOs in the district. However, LDO has not implemented a separate program as such for persons with disabilities (except sign language training and one computer training for (persons with disabilities) and constructed one building for persons with disabilities). A monitoring report was prepared only for allowances and even the concerned NGOs have not allocated sufficient budget for monitoring their activities. As a consequence, NGOs and government agencies in Morang have not yet drafted a separate monitoring report and only a few pages on evaluation was annexed in their annual report

### **3.2.9 Monitoring of Services related with Health**

There are 60 health posts and 7 Primary Health Care in Morang District and each health post also has 3-4 vaccine centers. However, separate health services to persons with disabilities have not been provided by the District Public Health Office. Therefore, DPHO provides the same services to persons with disabilities as to the general patients. At present, the services given to persons with disabilities in Morang are treatment, prevention and promotional activities that include the distribution of special medicines for children and medical tests for infants and children. The organization operates medical camps for the general public where it gives priority to persons with disabilities. However, the organization lacks resources for providing special services to persons with disabilities. In addition, Morang district has two major hospitals Koshi Zonal Hospital in Biratnagar and Morang District Hospital in Rangeli, which is around 20Km from Biratnagar. The Koshi Hospital building is not disability-friendly, but the hospital provides some priority to persons with disabilities when it comes to their health service. The health institution has neither carried out any assessments nor any monitoring activities to study the effect of their health-related services on the persons with disabilities community.

### **3.2.10 Monitoring of Services related with Capacity Building and Employment:**

With the introduction of the new administrative system, the Morang District Cottage Industry changed into Industrial Development Section (IDS) of Morang. It provides capacity building services at the local level through vocational training centers. Some programs are organized through local NGOs, which have necessary skills and others are organized by the section itself. In the later case experts are hired from the concerned NGOs. Usually, it organizes training for target groups such as the poor, women and socially excluded groups but gives priority to the disabled persons in their capacity building activities. Some programs have been organized exclusively for the persons with disabilities e.g. Muda<sup>6</sup> making in Belbari, marketing, Dhaka making, Fishery, Pickle (local achar) making, Duna and Tapari<sup>7</sup> making.

IDS also organized a three-month computer training program for 13 persons with disabilities of Morang district. For the training program IDS assigned a computer center in Biratnagar to implement Council for Technical Education and Vocational Training (CTEVT) course on the basic computer skills. Three out of 13 trainees were recruited by the local industries even before the completion of the training program. The chief of the centre - the organizer of the computer course has also assured IDS that all participants will get a job after the completion of the course. This shows the effectiveness of the course itself. At least 13 persons with disabilities of the districts were able to get job and this in turn will reduce the level of poverty of the persons with disabilities. IDS has very strict criteria for the selection of the participants – only those who are committed for the use of training program are included in the training programs. However, despite all positive efforts, the section has not conducted a baseline survey and it has also not carried out proper monitoring regarding the effectiveness of its training programs.

### **3.2.11 Monitoring of Specific Services Provided by Non-Government Agencies**

National Federation of the Disabled, Nepal (NFDN), has an eastern regional office in Biratnagar. NFDN – Eastern that includes 16 districts of eastern Nepal. The regional NFDN has 53 partner organizations for the implementation of activities for the benefit of persons with disabilities in the 16 districts. NFDN-Eastern provides services to the persons with disabilities through those 53 local level NGOs. Since, the government has introduced a new governance system; NFDN is also changing its organizational structure on that line. Therefore, the present discussions on the agency are based on previous administrative system. NFDN-Eastern provides 4 different types of services to the persons with disabilities that includes, **Advocacy**- working for the rights of the

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<sup>6</sup>Local stools made out of local materials such as bamboo sticks, jute ropes or plastic ropes

<sup>7</sup>Duna and Tapari are local through-away cup and plates respectively. They are made out local leaves and thin bamboo stick for stitching. They are used in local level religious functions and ceremonies for eating.

disability community, **Awareness** - at the household level about different aspects of disabilities, **Capacity building** - providing trainings and seed money to persons with disabilities to start small business - for example, Rs 10,000 for *Chatpate* and chat shop, production of local manure, production of earth worms, production of Muda, etc and finally **Networking** with local organizations/NGOs that facilitate programs for the benefit of persons with disability and carrying out action research for the promotion of local agencies. All activities of the NFDN-Eastern for the persons with disability community have been implemented through the local NGOs. In addition, NFDN-Eastern carries out baseline surveys to measure and evaluate the impact of its interventions. However, this procedure has not yet been installed as a regular activity of NFDN-E. The baseline indicators of NFDN-Eastern include total population, age, sex, literacy, types of business, employment, unemployment, persons with disabilities, types of disability, availability of services in the VDC, and these statistics are substantiated by the secondary data of other institutions such as the District Public Health Office and VDC statistics.

In the case of monitoring the organization conducts two basic types of monitoring: Regional Level Monitoring and District Level Monitoring. Regional level monitoring was conducted by the NFDN-Eastern. Here, NFDN-Eastern uses the preset schedule developed during the project/program formulation stage for monitoring. Moreover, for those activities that were not carried out as per the schedule, NFDN-Eastern introduces corrective measures to complete those activities on time. District level monitoring is also done by the NFDN-Eastern. NFDN-Eastern staffs visit NGOs that are assigned to carry out NFDN-Eastern projects related to capacity building activities as a part of their monitoring. Here, it is important to note that monitoring expenses covers around 15 - 20% of NFDN-Eastern budget.

Community Based Rehabilitation (CBR) Morang provides services to the persons with disabilities in Morang district. Although CBR serves in all 16 districts of Eastern Development Region, it primarily focuses on Morang district. More importantly, all the activities of CBR have been scientifically designed, implemented and monitored and to some extent they also evaluate their services via a user satisfaction survey. At present, CBR Morang provides services to the PWD community that includes Physiotherapy Assistive devices, Medical services, Mobile services and Rehabilitation. In addition, CBR also assesses the needs of persons with disabilities and designs services accordingly. For livelihood services, the organization assesses the specific need of persons with disabilities, recommends them to proper institutions for vocational training and also recommends an appropriate microfinance for them to start their own small businesses. Although, CBR doesn't have a specific monitoring division, it has developed a structure for monitoring where the field workers use a specific form designed for the collection of data on the services provided by CBR.

In addition, Samarthy Samaj, a local NGO also works for the benefit of the persons with disabilities community in the district. It provides services to persons with disabilities such as assist district Women and Children office in distribution of disability cards to persons with disabilities, helps District Education Office to implement the government education policies, and coordinates its activities with other NGOs working for the benefit of persons with disabilities, and finally implements capacity building programs to build the capacity of persons with disabilities through appropriate local NGOs. However, due to lack of resources Samarthy Samaj has not monitored its activities yet.

Plan International Nepal is another service provider to the persons with disabilities in the Morang District. At present it is not providing any specific services for the persons with disabilities. However, previously there was a Vocational Education for persons with disabilities supported by Plan International Nepal. Under this program the vocational civil engineering course was conducted for 9 and 10 grade students with various disabilities.

### **3.3 Conclusion**

Monitoring of the services provided to the Disability community by different agencies is essential for both efficient and effective achievement of 5(**As**). However, the realities in all three districts selected for the study is beneath the expected level. Assessing the changing needs of the persons with disabilities is also equally important for the effective achievement of 5 (**As**). The study observes that only few agencies – both government and NGOs - are properly monitoring their services to the persons with disabilities. Similarly, very few service providers are properly measuring the needs of persons with disabilities before providing services to them. According to the service providers in the three districts, only around 15 to 20% of the basic services have been provided with persons with disabilities have been actually fulfilled. Besides, this study identifies lack of capacity and resources among service-providing agencies for monitoring services. According to service providers, there is limited concern of the policy makers on monitoring.



## CHAPTER V

### POLICY RECOMMENDATIONS

#### 5.1 Need for further strengthening the Monitoring and Evaluation Services

The Ministry of Women, Children and Social Welfare is the policy focal point with a national mandate for promoting social welfare of the Disabled Community and because of this mandate, the ministry needs to take a leadership position to ensure the establishment of a strong monitoring and evaluation system at all levels in the country. However, the achievement of the Ministry thus far is limited to the promulgation of a comprehensive law protecting the rights of disabled persons. This achievement will become rather diluted if the implementation aspect remains ineffective at the grass roots level. An excellent way to explore how provisions under the law are being implemented is to find evidence regarding the actual experience on the ground for both the service users and the service providers.

As field level conditions as well as the needs of the disabled community are changing regularly, the information that has been collected also needs to be regularly updated. Under the federal structure that has come into existence in Nepal, the future of the district level offices is likely to change. However, some field office of the Ministry will continue to exist, most likely at the provincial level. Now each Province needs to establish a monitoring and evaluation set up under one roof so that the quality of the work, as well as its storage, handling and analysis is not compromised in any way. Many specific issues related with data collection, storage and digitalization were specifically highlighted in the study.

As mentioned in the study, there are still problems in retrieving data from paper files and forms that are in poor condition due to awful filing and weak data management systems. Other common issues indicated in the study are as follows:

- Digitalization of data has been a possibility and in the future, this is the path to be followed. However, validation/correction/ updating are still needed.
- Data about persons with disabilities need be shared with service providers in order to avoid problems of each organization creating independent data bases for their own purposes.
- Lack of capacity of service-providing agencies
- Common monitoring techniques are not applicable for monitoring different services

Based on data analysis, findings and observations illustrated in above chapters, the study thereby recommends that there is a further need for collective and collaborative effort among different service providing agencies, firstly for formulating a joint data base system, next for capacity building and finally for following a common monitoring

and evaluation techniques that enables different service-providing agencies to improve the effectiveness of services they provide of the persons with disabilities.

## **5.2 Strengthening the factors that influence disability service access in the districts**

Nepal is a diverse country and the availability of development services, especially to marginalized people, is influenced by different factors. It is with this understanding that the study has examined the role of various factors regarding the availability of services for the disabled community. The fact that education comes out as the single most important factor -not gender, ethnicity, or caste or even location (near or far from the district Center) underscores the need for greater emphasis on educational coverage in the entire district. More importantly, based on this crucial piece of evidence, this study recommends that the Ministry needs to initiate a dialogue with all concerned organizations in the government to ensure that education becomes universally available for all the persons in the disabled community. The percentage of persons with disabilities who have reported being illiterate in the surveyed areas of the three districts is 42.9 % in Dailekh, 51% in Kathmandu and 52 % in Morang and these are all very high levels of illiteracy. Moreover, this report recommends that there is a need for further research and exploration on education as the most significant factor that can possibly transform the lives of persons with disabilities.

## **5.3 Further expansion in availability of services to members of the disabled community**

The data on availability for all the three districts shows that none of the service users report more than 40 % (for health and mobility) of services available at their disposal. For education it is only 23 percent, employment it is only 20%, training 19 %, Rehabilitation 33 %, sports 18 % and for legal services it is only 30 %. Therefore, the need to improve availability of services is pretty evident. Considering this evidence, the study recommends that the Minister explore and unearth the reasons behind the unavailability of each service. Unless the Ministry has appropriate evidence, it will not be in a position to follow up on poor availability as well as on how to improve its interventions in the future.

## **5.4 Service priority with increasing severity of disability:**

Not being able to communicate clearly about their problems or unable to be physically present without caretakers who may not always be available are serious limitations for many persons with very severe disabilities. Furthermore, in a government office, disability service has also come under various bureaucratic procedures that make it difficult for such persons to adequately receive their services. Moreover, the severity of disability mentioned in the ID card impacts the availability of different services provided to persons with disabilities. Therefore, this study recommends that the process of

receiving ID cards needs to be restructured, shortened and simplified for the benefit of the persons with disabilities. In addition, this report also recommends that services provided to persons with disabilities need to be specific, functional and relevant to a particular disabled person based on the severity of his or her disability.

### **5.5 Need for better coordination of service Providers**

With many organizations involved, there is always a problem of coordination between services in terms of timelines, sequencing and backup. Some of the organizations providing services are not locally available and it is a big hurdle for persons with disabilities to travel to different places to receive their services. Better coordination becomes feasible with the sharing of up-to-date information, underscoring the needs for improved monitoring, and updating and analyzing data. Therefore, the digitization of the database is a step in right direction. However, this information needs to be shared at different levels and among different groups. For this purpose, this report recommends that the regular coordination at the center between different government offices providing disability related services (education, health and others) needs to be established. Next is coordination at the provincial level, which is the next important level for providing the services. Another level may be the urban and village municipalities and to sustain all this a national network of the National Federation of the Disabled of Nepal (NFDN) needs to closely involve itself with the Ministry to coordinate the different organizations working for persons with disabilities at various levels.

### **5.6 Promoting Employment for Persons with Disability**

According to the survey, availability of employment was ranked lowest in all the three districts considered. However, employment is one of the better ways to promote self-reliance among persons with disabilities. Moreover, it is required by both International Conventions (ILO) and by Nepal law to promote employment of persons with disabilities. However, employment firms are likely to face a number of difficulties, such as the provision of special equipment, modification of the work place, adoption of flexible working hours for persons with disabilities, provision of special leave, on the job training and counseling and overcoming negative attitudes in the office towards persons with disabilities. Furthermore, there is also a lack of awareness regarding the provision under the law in terms of both the need for promoting employment as well as for certain benefits for the persons with disabilities. However, these limitations cannot be overcome without appropriate attention, intervention and efforts of concerned authorities. In this regard, this report recommends that employment firms need to address both structural and attitudinal barriers in their workplaces to generate employment opportunities for persons with disabilities.

## **5.7 Addressing Special Training Needs**

As exemplified in the study, the importance of special training needs for persons with disabilities was well illustrated by the case of the Industrial Development Section (IDS) of Morang District, which has assigned a computer center in Biratnagar to implement a CTEVT course on basic computer skills. Following successful participation in the training programme, three participants were selected by local industries even before they had completed the course on the basis of their excellent performance. In addition, after completing this course, at least 13 persons with disabilities in the same district were able to get a job and as a consequence their livelihood has become more independent and sustainable. This example reflects the practical, functional and economical benefits of employment opportunities and other examples like these are required to gainfully employ persons with disabilities in decent jobs in the near future to make their lives more dignified and independent. Finally, this evaluative report recommends that the government, including other agencies, needs to explore ample opportunities for further investment to improve the economic status of persons with disabilities through the expansion of need-based training programs that enhance their livelihoods.

## REFERENCES

- MoWCSW. (2012). *Disability Resource Book*. Kathmandu: Ministry of Women Children and Social Welfare.
- CBS. (2011). *National Population and Housing census*. Kathmandu: Central Bureau of Statistics (CBS).
- Eide, A. H. (2016). *Living Condition of People with Disability in Nepal*. SINTEF Technology and Society, Department of Health Research.
- Handicap International. (2010). *Access to services for persons with disabilities in challenging environments*. Handicap International
- WHO. (2011). *World Report on Disability*. Geneva: World Health Organization.
- UN Washington Group on Disability Statistics. (2008). *the Measurement of Disability Recommendations for the 2010 Round of Censuses*

**ANNEX 1**

S.N.	Theme	Services and facilities provided by Nepal Government	Responsible agency
1	Education	Educational scholarship Special education Scholarship in Technical Education and Training Extra time in exam Helper (writer) in the exam Scholarship for TV employee Scholarship for higher education Free education	MoE-DoE-DEO-Public schools DoE-Special Education Unit,TU, NGos CTEVT or institutions referred by CTEVT  MoE-DoE- Concerned school, controller of examination Concerned school, controller Nepal Television MoE,DoE TU, Public schools
2	Health	Free healthcare service Reservation in hospital beds Free medicine	All governmental hospitals, health post  All governmental hospitals All governmental hospitals, health post
3	Employment and income generation	5% reservation in public service Retirement plan for disabled government employee 5% reservation in NTV Income tax exemption Employment in private sector Reservation in Teacher Service (5%) Reservation in Nepal Radio (5%) self-employment programme for persons with visual disability Disability Allowance for Public Servants	Public service commission Ministry of General Administration Nepal Television Income Tax Office Teachers Service Commission Radio Nepal Department of Cottage and Small Industry Concerned offices (for disability allowance)
4	Training	Free vocational training for eligible RJ and Journalism training	Nation Disability Fund under MoWCSW/Social Welfare Council, CTEVT and its local institution/training centres, Department of cottage and small

			<p>industry/district cottage</p> <p>industry office, DDC, District Agriculture Office, NGOs working in disability.</p> <p>Ministry of Information and Communication/Department of Information.</p>
5	Mobility	<p>50% discount in Air Fare</p> <p>50% discount in public transportation fare</p> <p>Seat reservation in public transportation</p> <p>Custom exemption in special vehicle</p>	<p>Airlines</p> <p>Transpiration service providers</p> <p>Department of custom</p>
6	Physical accessibility	Physical accessibility in public buildings	<p>Under ministry of Physical Planning and Construction- Department of Urban development and Building construction, private sector construction companies, units working of physical construction in every ministry and related local agencies, municipality and VDC offices.</p>
7	Rehabilitation ,empowerment and social security	<p>Custom exemption in Assistive devices such as Wheelchair, white cane</p> <p>Right to assistive devices</p> <p>Budget allocation in local body</p> <p>Disability allowance for Red and Blue card holders</p> <p>Provision of Housing and land</p> <p>Establishment and operation of orphanage and centre for persons with intellectual disability</p> <p>Special facility (disability allowance, children allowance and financial support) for police personnel with disability</p>	<p>MoWCSW/Social Welfare Council, Ministry of Finance, Tax office and Custom office</p> <p>DDC, VDC, Municipality office</p> <p>office of social welfare officer and district administration office</p> <p>Office of the social welfare officer and NGOs providing such service</p> <p>Nepal police</p> <p>Nepal Army</p> <p>Ministry of Information and Communication/ newspaper evaluation committee</p> <p>Ministry of peace and</p>

		<p>Production of awareness raising programme in TV</p> <p>Financial support for army personnel with disability</p> <p>Land registration exemption</p> <p>Special priority in publication of newspapers and magazines by publishers with disability</p> <p>Provisions for Persons disabled in Armed Conflict</p> <p>Special facility (disability allowance, children allowance and financial support) for armed police personnel with disability</p> <p>Problem identification, research and support programme for youth with disability</p> <p>Help programme at centre and local level for youth cooperation</p>	<p>reconstruction, relief and rehabilitation unit, District administration office of the concerned district</p> <p>Data collection unit for persons and infrastructure affected by conflict</p> <p>Land revenue office of the concerned district</p> <p>Ministry of Youth and Sports</p>
8	Sports and entertainment	<p>Para Olympic Sports programme for youth with disability</p>	<p>National Sports Council ,District Sports Development Committee</p>
9	Legal support	<p>Legal assistance</p>	<p>Office of the Government Attorney at each district, District Bar Association</p>



## ANNEX 2

All the services provided by government of Nepal to the Persons with Disability will be evaluated on the basis of 5As:

As	Indicators	Scale
Availability (0-3)	Awareness about the availability of service (Q:Are you aware about the availability of the service in your locality?)	1=yes 0=no
	service received (Q: Have you ever received this service?)	1=yes 0=no
	Usefulness of the service (quality and sufficiency) (Q: Is this service useful for you?) (In terms of quality quantity and addressing the problem related to disability)	1=yes 0=no
Affordability (0-2)	Economic affordability (pay the cost of receiving the service using own or family income) (cost includes transport, communication, service use, lodging fooding if needed while in the process of receiving service) (Can you afford this service with your own or family income that you have right now?)	2=fully affordable 1=partially affordable 0=not affordable at all
Acceptability (0-3)	Acceptable (culturally, religious and lingual) (Have you ever faced cultural, religious or lingual difficulties while receiving this service?)	1=yes 0=no
	Need based service (Is this service really needed for you?)	1=yes 0=no
	Gender friendly (Is this service friendly for you in terms of gender?) (has it fulfilled your different needs specific to your gender...-being a girl with disability, may have different needs than a boy with disability)	1=yes 0=no
Accountability (0-3)	Consultation (by service provider) before providing the service (Have you been consulted about your needs and usefulness of the service before it is provided to you?)	1=yes 0=no
	Follow-up of service provided (Is there any follow-up regarding the service you	1=yes 0=no

	used or using now?) (follow up regarding the effective use of service by the receiver, advantage and disadvantages of the service.....by the concerned authority)	
	Grievance Redressal (Is your grievances regarding the service addressed in time?)	1=yes 0=no
Accessibility (0-3)	Discrimination in service access (Have you faced any form of discrimination while receiving this service?)	1=yes 0=no
	Physical accessibility (transportation facilities, healthcare centre, schools, government offices etc) (Is this service accessible for you-in terms of service service use or have you faced any barriers while receiving this service?)	1=yes 0=no
	Information and communication (knowledge about the service) (Do you know about this service? (its pros and cons)	1=yes 0=no

### ANNEX 3

#### Questionnaires/outlines for Provider of Services/Products

These questions will be asked to the agency which is providing specific services to the person with disability. If the agency is offering more than one service, separate form for each service will be used for obtaining monitoring data.

-----

Name of the Agency:

Statutory Status of the agency:

Main location:

Location of section/unit:

Has this agency started business in the village Council (Gaun Palika)                      Yes                      No

Types of service(s) provided by the agency:

Service 1. ....

2. ....

3. ....

1. Do you assess the service need of the persons with disabilities?                      Yes                      No

2. If yes explain the process of assessment of the disability related need of the persons with disabilities.

3. What percentage of the need or which types of needs of the persons with disabilities is supported by your organization?

.....% of total need

4. Do you have any idea (the) person with disability fulfils the remaining need? (not provided by you)

a. Remained unresolved.

b. ....

c. ....

5. How do you reach to the person with disability for providing services?

a. Through local NGOs/agents

b. We visit or send persons with services/equipments to the place of the person with disability

c. We Inform the availability of the services to the person with disability through media, public notice and other communication means

d. The person with disability visits our place for getting services

e. The person with disability requests someone to collect the goods/services for his use.

f. ....

6. What are the problems in reaching to person with disability in providing the services?

a. No problem

b. Lack of trained manpower

- c. Lack of resources
7. How do the persons with disabilities learn to use the services you provide?
    - a. Trainings
    - b. Demonstration
    - c. Through operation manuals
    - d. Through our local agents
    - e.
  8. Do you assess the changing need of the person with disability?    Yes        No
  9. If yes how frequently you assess the changing need .....
  10. If yes how do you assess the changing need please explain the process
  11. Have you done the baseline survey before providing the disability services in your area (services)
    - Yes            No
  12. If yes please highlight the survey
    - When it was done ..... Every year
    - Indicators used in monitoring .....
    - Can share the copy of the report
  13. Has anybody done the baseline survey before providing the services to the person with disability?            Yes            No            Do not know
  14. If yes please highlight the survey
    - Who did it .....
    - When it was done.....
    - Do you have the baseline survey report? Can share the report?
  15. Do you monitor the service provided by your agency to the people with disability?
    - Yes     No
  16. If yes    explain the objectives of monitoring.
  17. Explain the scope of monitoring? (services, time, quality, quantity, selected 5 As, etc)
  18. Frequency/schedule of monitoring
    - Regular –annual, monthly, weekly, etc
    - Not regularly sometimes as and when needed
    - Other
  19. Monitoring is don only by :            Internal agency            External agency            Both

20. Do you have a monitoring Department/Section/Unit in your organization? Yes No

21. If yes, please explain the status, number of staff and major functions of the monitoring department/section/unit

22. Do you have separate budget for the monitoring activities? Yes No

23. If yes, please mention the tentative annual budget for monitoring (... % of total budget)

24. If not, how do you manage the monitoring expenses?

25. Do you use any monitoring indicator? Yes No

26. If yes, please mention the monitoring indicators you have used in monitoring services you are providing to the people with disability.

a. ...

b. ..

c. ..

d. ...

27. What are the basic features of your monitoring indicators? Keeping 5 As into consideration.

28. Are you using monitoring tools? Yes No

29. If yes what are those tools?

Charts

Schedules and tables

Forms, and so on

30. Are you following the monitoring guidelines of NPC? Yes No

31. If yes, are you using the NPC monitoring forms/format Yes No

32. If yes have you developed and used LFA or other models? Yes No

33. If yes can you give us copy of your model/format/matrix, etc?

34. If NPC format is not followed, how are you monitoring the services for the person with disability?

35. Please explain the details of the monitoring process you are practicing in providing services to the person with disability.

36. What are the reasons for not using the monitoring format of NPC?

37. Who is responsible for monitoring the services in your organization?

Name .....

Position in the organization .....

38. How do you select/assign him/her as monitor?

39. Reporting of monitoring results: Where do you report the monitoring results?

40. How do you report the monitoring results?

Reports/documents          discussion and presentation in the meetings  
web pages, journals and magazine          other forms

41. Do you use monitoring results and comments in improving the quality of the services?

Yes                          No

42. Do you follow participatory monitoring in providing services to person with disability?

Yes                          No

43. If yes please mention the process you followed in these practices.

44. How many points the good/service passes before it reaches to the hand of the person with disability. ....

45. In your view are the services to the person with disability meeting all 5 As?

46. If not what are the points where the leakages in terms of quantity, quality and time exists?

47. Your suggestions for the improvement of 5 As of services to the person with disability

48. How do you get the services/goods you are distributing to the person with disability?

- a. Procurement by the agency itself
- b. Government procurement
- c. From the central government
- d. Donated by the NGOs/INGOs.....
- e. Collected resources through donation
- f. Donated by individual/agency/traders/industrial houses .....
- g. Other sources (mention the name) .....

49. If the product/service is centrally procured how long it will take to reach to your place (after you put your order) ..... the person with disability will receive the product/services after ..... (months/days) of his request

50. In case of centrally procured goods will you get a quality of product? Yes No

51. If no do you make any enquiry? Yes No

52. If yes what was (is) the response?

53. If no why not?

54. SAME QUESTIONS ON QUANTITY OF PRODUCTS/SERVICES (49 to 53)

55. If you are not getting the requested quantity and quality of product/services from the centre how will you distribute that to the person with disability?

- Low quality/quantity as received
- You will compensate by local purchase

56. Do you track the services you are providing to the person with disability? Yes No

57. If yes how do you track whether the service you are providing to the person with disability?

- a. Monitoring and reporting
- b. Telephonic contact
- c. Others

58. What is the average delay at any point in the process?

- a. First point .....
- b. Second point .....
- c. Third point.....

59. What is your annual budget for this service? .....government budget in Year...

60. Are you getting additional resources from other sources? Yes No

61. If yes please mention the sources and amount. From ..... Rs ..... in 20..

62. What proportion of the budget is allocated for monitoring of services to the person with disability? (Or amount Rs .....in .....Year)

63. Do you think that the services you are providing to the persons with disabilities are satisfactory?

Satisfactory OK not satisfactory do not know

64. How do you ensure that the products/services you are providing to the person with disability are desirable?

65. Have you ever evaluated the performance of your services? Yes No

66. If yes, what was the performance of your service?

67. Do you have monitoring and evaluation reports?                      Yes                      No

68. Can you share the report ( give us copies of those reports)?

69. Do you know any other agency (ies) who is monitoring and evaluated the services to the person with disability?

Based on your experiences please suggest the means to improve the quality of services to the persons with disability



#### ANNEX 4

	Inputs	Coding	Formula	Range	Meaning
Availability score	Knowledge about the service Use of the service Usefulness	$x_i = 1$ if Yes $x_i = 0$ if No	$\frac{1}{3} \sum_{i=1}^3 x_i$	0 – 1	0 means no to all the questions: service not available at all 1 means yes to all questions: service fully available
Affordability score	How much of the expenses needed to get the service you can afford?	$x = 0$ if not at all $x = 1$ if partially $x = 2$ if fully	$\frac{x}{2}$	0 – 1	0 means the user cannot afford the service at all 1 means the user can fully afford the service
Acceptability score	No difficulty due to culture, religion, language, disability type Need of the service? Gender friendly or not	$x_i = 1$ if Yes $x_i = 0$ if No	$\frac{1}{3} \sum_{i=1}^3 x_i$	0 – 1	0 means the service is not acceptable to the users at all. 1 means the service is fully acceptable for the user.
Accountability score	Consultation before service delivery Feedback from users Address of issues and concern by authorities	$x_i = 1$ if Yes $x_i = 0$ if No	$\frac{1}{3} \sum_{i=1}^3 x_i$	0 – 1	0 means the authorities are not at all accountable to users. 1 means authorities are fully accountable to the users regarding the service.
Accessibility score	Discrimination faced Information about the service (benefits and costs) Disability friendly	$x_i = 1$ if Yes $x_i = 0$ if No	$\frac{1}{3} \sum_{i=1}^3 x_i$	0 – 1	0 means the service is not accessible at all. 1 means the service is fully accessible.

ANNEX 5



ANNEX 6

अपाङ्गता भएका व्यक्तिको परिचय-पत्र आवेदन फारम

श्री समाजकल्याण अधिकृत ज्यू  
 मार्फत: सिंहारत गा. वि. स. / न. पा. ३६९१  
२०६५/१११

मिति: १५/०५/२०

विषय :- अपाङ्गता भएका व्यक्तिको परिचय-पत्र पाठो ।

महोदय,  
 निम्नलिखित कारणले अपाङ्गता भएका व्यक्तिको परिचय-पत्र फारम कोष भएकाले श्री समाजकल्याण उच्च परिचय-पत्र पाठन अनुवीच गर्नुहुन्छ । यसै सँग सोको विवरण तिम्र अग्लो भागमा उल्लेख गरिने गरि परिचय-पत्र पठाउनु वा परिवर्धन गर्ने निम्नलिखित कारणले पनि अतीव महत्त्वपूर्ण इच्छित कारण इच्छित अन्य कारणले पनि भन्ने गर्नु ।

१) नाम मदन सुब्बा उमेर ३६ लिंग पुरुष

२) ठेगाना :-  
 क) स्थायी :- जिल्ला: दैलेख, गाविस/न.पा. सिंहारत, बाडा नं. १, टोल सानेरी रान  
 ख) अस्थायी :- जिल्ला: दैलेख, गाविस/न.पा. सिंहारत, बाडा नं. १३, टोल खेत मालाडा  
 ग) सम्पर्क टेलिफोन वा मोबाइल नं. ९६९७५२२५५

३) संरक्षक/अभिभावकको नाम धर लालसिंह सुब्बा निवेदकको नाता पुत्र

४) संरक्षक/अभिभावकका टेलिफोन वा मोबाइल नं. ९६९७५२२५५

५) नेपाल सरकारको परिभाषा र वर्गिकरण अनुसार अपाङ्गताको प्रकार तथा किसिम :-  
 १) शारीरिक अपाङ्गता, २) दृष्टिसम्बन्धी अपाङ्गता :- क) दृष्टिविहितता, ख) न्यूनदृष्टियुक्त  
बोलाई सम्बन्धी अपाङ्गता :- क) बाहिरा, ख) सुस्तश्रवण, ४) श्रवणदृष्टिविहित, ५) श्रवण  
 बोलाई सम्बन्धी अपाङ्गता ६) मानसिक अपाङ्गता :- क) बौद्धिक अपाङ्गता/सुस्तमनस्थिति, ख) मानसिकअस्वस्थता, ग) अटिज्म  
 ७) बहुअपाङ्गता

६) नेपाल सरकारले असक्तता र गम्भिरताको आधारमा गरेको अपाङ्गताको वर्गिकरण :-  
 क) वर्ग :- पूर्णअसक्त, ख) वर्ग :- अतिअसक्त, ग) वर्ग :- न्यून र वा सामान्य

७) अपाङ्गपन भएको सरीरको अंग वा भागको नाम हात (दायाँ) खुट्टा (दायाँ)

८) अपाङ्गपन भएपछि सो भाग वा अङ्गको अवस्था मराम

९) अपाङ्गता हुनुको कारण :- क) रोगको दिर्घअसरबाट, ख) दुर्घटनाबाट, ग) जन्मजात, घ) सशत्रु दण्डबाट, ङ) वंशजगत र  
 च) अन्य दुर्घटनाबाट

१०) अपाङ्गता भएपछि शारीरिकरूपमा देखापरेका समस्या वा अप्ठ्यारो हिडन-फिर्त, हात नचल्ने

११) सहायक सामग्री प्रयोग गर्नुपर्ने आवश्यकता छ ? क) छ, ख) छैन

१२) यदि सहायक सामग्री प्रयोग गर्नुपर्ने छ भने कस्तो प्रकारको सहायक सामग्री आवश्यकता पर्छ होला मर्म

१३) सहायक सामग्री प्रयोग गर्ने गरेको भए सामग्रीको नाम मर्म

१४) अन्य व्यक्तिको सहारा दिना नै आफूलाई कस्ता कस्ता प्रकारका दैनिक कार्य गर्न सक्नुहुन्छ ? जसो पकाइने, खाना पकाउने, सरसफा गर्ने, सामान्य हिडुल

१५) अन्य व्यक्तिको सहारा लिनुहुन्छ भने कुन कुन कामको लागि लिनुहुन्छ ?

१६) पढिल्लो शैक्षिक योग्यता :- क) निरक्षर, ख) साक्षर, ग) प्राथमिक तह, घ) निम्नमाध्यामिक तह, ङ) माध्यामिक तह, च) उच्चमाध्यामिक तह, छ) स्नातक तह, ज) स्नातकोत्तर तह, झ) विद्यावारिधि तह ।

१७) कुनै तालिम प्राप्त गर्नु भएको भए :- X

१८) कामको पेशा :- क) अध्यायन, ख) खेती/किसानी, ग) स्वरोजगार, घ) शोप बूजना, ङ) अध्यापन, च) सरकारी नोकरी, छ) अडमा नोकरी, ज) केही नगरेको र झ) अन्य

DOB-2036/2/5  
ज (सारसक)  
मराम साह  
N. 633054/541

निवेदक  
 नाम -  
 पता :-



### ANNEX 7

	Not at all	Some	A lot	cannot
Do you have difficulty seeing, even if wearing glasses?				
Do you have difficulty hearing even if using hearing aid?				
Do you have difficulty walking or climbing stairs?				
Do you have difficulty remembering or concentrating?				
Do you have difficulty with self care such as washing all over or dressing?				
Using your usual (spoken at home) language do you have difficulty communicating for example understanding or being understood?				

### ANNEX 8

Table A.1: Effect of card color, education, gender, ethnicity, age and district on WG severity

Dependent Variable: WG severity R2 = 0.413; n = 507; p-value=0.000			
	Estimate	p-value	significance
Intercept	1.475	0.000	***
card color: Dont know about card	-0.137	0.433	
card color: No card	0.054	0.676	
card color: Red	0.351	0.000	***
card color: White	-0.386	0.000	***
card color: Yellow	-0.268	0.000	***
sex: Male	0.053	0.219	
ethnicity: Dalit	0.087	0.203	
ethnicity: Janajati	0.096	0.098	.
ethnicity: Others	0.285	0.000	***
education: Higher Secondary	0.128	0.288	
education: Illiterate	0.685	0.000	***
education: Literate	0.377	0.001	***
education: Primary	0.383	0.002	**
education: Secondary	0.235	0.033	*
district: Kathmandu	-0.149	0.025	*
district: Morang	-0.188	0.002	**
age	-0.001	0.614	

## ANNEX 9

Table A.2: Factors determining availability of services

	Significance of various factors on Availability of							
	education	health	training	employment	mobility	rehabilitation	sports	Legal
(Intercept)	***	***	***	***	***	***	**	***
sex: Male	*		*					
ethnicity: Dalit		*			***	*		
ethnicity: Janajati		*			*			
ethnicity: Others					**		*	*
education: Higher Secondary					.			
education: Illiterate	***	**	***	***	***	**	***	***
education: Literate	***		*	***	***		*	**
education: Primary	.	*	.	**	**		**	**
education: Secondary	**	*		**	**		*	**
district: Kathmandu	**	***	**	***	***	***	***	.
district: Morang	**		*	***	**	**	***	**
vdc: Headquarter	***		***	***	*	***	***	**
card color: Dont know about card								
card color: No card								
card color: Red								
card color: White	.				*	*		
card color: Yellow					**	*		

## ANNEX 10

Table A3: List of Agency and Officials Participated the Discussion

S. N	Agency	Participating Official (s)
<b>DAILEKH DISTRICT</b>		
1	Dailekh District MOWSCW Dailekh	Mrs Shahi (Junior Officer) Mr Dambar Bahadur Rokaya (support staff)
2	Dailekh District Office of the Ministry of Federal Affairs and Local Development (previous District Local Development Offices LDO)	Mr. Dila Ram Panthi LDO Mr. Padma Bahadur Sapkota
3	Dailekh District Public Health Office	Dr. Rajkumar. B. K. Mr. Subek Thap Administrative Officer Mr. Mr. Shree Pd Regmi Information Officer
4	Dailekh District Court	Mr. P. Pandya
5	Dailekh District Police Office	Mr. Krishna Dangi Act DSP
6	Dailekh District Technical Office	Mr. Pravakar Prashad Singh Mr. Damber Thapa Assistant (Nasu)
7	District Education Office	Mr. Bishnu Pd. Adhikari
8	Narayan Municipality (local body)	Mr. Nirak Rawal Administrative Officer
9	Panchakoshi Apanga Bikash Munch (NGO donor and government funded)	Mr. Ratna Bahadur Shahi
10	District Legal Assistance Service (NGO)	Mr. Sharba Raj Joshi
11	District Red Cross Dailekh (donor and government funded) (NGO)	Mr. Prakash Shahi (Eye Expert)
12	Save the Children (donor funded INGO unit)	Mr. Shyam Officer Mrs. N. Khadka Social Worker
13	Social Service Centre Dailekh (doner and funded)	Mr. S. Joshi Director Mr. Nawaraj BC
14	Everest Club (donor funded)	Mr. Chandra Bahadur Khadka Program Officer Mr. P Acharya Account Officer
<b>KATHMANDU DISTRICT</b>		
1	District MOWCSW	Mrs. .... Adhikari
2	National Federation of Disability Nepal	Mr. Sudarshan Subedi Mr. Manish Prasai Administrative Officer
3	Entire Power in Social Action, Nepal	Mrs. Sangita Panta

	(EPSA Nepal)	
4	District Public Health Office Kathmandu	Dr. Yadav District Health Officer
5	National Disabled Fund – the Physical Rehabilitation Centre Kathmandu	Mr Yama Nath Mainali Member Secretary
6	Khagendra Nava Jivan Kendra	Mr. Bhupati Sanjel Director Mr. P. Upreti
Morang District		
1	District MOWCSW	Mrs. Durga Bhandari District Women Officer
2	District Education Office	Mr. Nil Mani Khanal M and E Section Head Mrs. Pushpa Basnet Assistant Program Coordinator
3	District Coordinating Committee (Local Development Office)	Mr. Sovakhar Regmi LDO Mr. Mahendra Khadka Program Officer
4	District Public Health Office Morang	Dr. Chandra Dev Mehata Office In charge
5	Koshi Zonal Hospital	Dr. C. Pokhrel Chief Medical Officer
6	CDO Office Morang	Mr. Shesh Narayan Paudel Assistant CDO Coordinator Disability ID Distribution Committee Morang
7	District Cottage Industry	Mrs. Shushila Shrestha Industry Officer Mr. Narayan Adhikari
8	NFDN Eastern Development Region	Mr. Anil Kumar Officer Mr. Nabin Dhungel Field Officer
9	CBR Morang	Mr. Rajendra Kumar Yadav Chair Man
10	Plan International Nepal	Mr. Kul Man Rai Office Incharge Mr. PL. Rai Program Officer
11	Samarthya Samaj	Mr. Bimal Basnyat Chair Man
12	Computer Centre Morang	Mr. Ram Babu Chaudhary

## ANNEX 11

Table A4: Availability of services by Gender

	Education		Health		Employment		Training		Mobility		Rehabilitation		Sports		Legal	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Higher Education	41%	53%	50%	50%	33%	46%	27%	36%	53%	65%	36%	46%	30%	48%	42%	50%
Higher Secondary	42%	41%	47%	41%	43%	28%	40%	30%	53%	43%	44%	35%	37%	23%	48%	30%
Illiterate	13%	13%	39%	37%	13%	14%	13%	11%	34%	35%	30%	30%	14%	12%	27%	27%
Literate	25%	21%	45%	44%	24%	20%	25%	18%	49%	41%	35%	34%	20%	22%	33%	30%
Primary	48%	28%	35%	40%	19%	23%	17%	23%	43%	40%	30%	35%	15%	20%	33%	30%
Secondary	40%	27%	37%	39%	23%	25%	32%	26%	43%	44%	29%	35%	22%	20%	26%	30%

Table A5: Gender and availability of various services

Gender	education	health	employment	training	mobility	rehabilitation	sports	legal
Female	24%	40%	20%	20%	40%	32%	19%	31%
Male	22%	40%	21%	19%	40%	33%	18%	29%

Table A6: Availability of various resources by gender and card color.

Row Labels	Red		Blue		Yellow		White	
	Female	Male	Female	Male	Female	Male	Female	Male
Education	26%	22%	25%	27%	23%	24%	23%	14%
Employment	18%	18%	21%	24%	21%	21%	17%	15%
Health	38%	43%	43%	41%	38%	39%	43%	35%
Legal	28%	30%	32%	30%	29%	27%	36%	30%
Mobility	36%	40%	46%	44%	42%	39%	35%	33%
Rehabilitaiton	34%	37%	35%	36%	30%	31%	29%	25%
Sports	23%	16%	17%	23%	20%	19%	15%	11%
Training	17%	16%	22%	22%	23%	19%	18%	14%

Table A7: 5A scores for various services by gender

Service Tracking Matrix										
	Availability		Affordability		Acceptability		Accountability		Accessibility	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Education	24%	22%	10%	8%	21%	18%	9%	11%	8%	8%
Health	40%	40%	19%	19%	37%	33%	8%	13%	4%	12%
Employment	20%	21%	6%	9%	11%	13%	8%	10%	13%	8%
Training	20%	19%	5%	7%	15%	10%	10%	10%	9%	3%
Mobility	40%	40%	21%	17%	31%	31%	12%	13%	12%	16%
Rehabilitation	32%	33%	15%	17%	26%	25%	9%	14%	9%	15%
Sports	19%	18%	7%	2%	12%	14%	5%	7%	7%	11%
Legal	31%	29%	9%	15%	21%	22%	15%	22%	14%	17%