



## Realising the Rights of Persons with Disability in Nepal: Policy Perspectives

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### Abstract

*Review of national policies and legislative measures made for the protection, prevention, promotion and rehabilitation rights of persons with disabilities in Nepal to most part adhered to international measures developed in the field. Protection and welfare act of persons with disabilities was introduced in 1982-83 in the country. The Constitution of Nepal-2015 gave ample space to the concerns of persons with disability; accordingly government prepared National Act related to the rights of the persons with Disability-2017. The Act explicitly outlined objectives, policy measures and action plans to establish the health rights, education rights and right to livelihood, skill development and employment of the persons with disabilities. Health rights include preventive, promotive, curative and rehabilitative issues along with right to sexual and reproductive health rights, management of pelvic organ prolapses and reproductive impairments of women and girls with disabilities. Still problem lies in collection and compilation of health information by disability status of persons. The National Childhood Disability Management Strategy (CDMS) – 2008 offered policy measures for the detection, management and prevention of further impairments of childhood disabilities reaching at the door-steps where it occurs. Government introduced inclusive education policy and policies of disability friendly livelihood/skill development and employment policies. However, implementation of the policy measures still in problem due to clarity lacks in policies regarding roles and responsibilities by levels of governments from local to federal governments.*

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**Key words:** Disabilities, health, education, livelihood, employment

### The Context

Still persons with disabilities are denied the basic rights of schooling and inclusive education; find difficulty to visit health facility for the medical treatment of their choice and are restricted from the rights to employment of own choice or means of livelihoods. Owing such practices of discrimination against these persons in every walk of life as against the contention of the ‘Universal Declaration of Human Rights’ most international instruments and national legislative measures and policy frameworks since 1980 started designing right based inclusive policy strategies to address the needs and promote personal dignity, autonomy and independency of such persons.

The Convention on Rights of Persons with Disability (CRPD) - 2006, reaffirmed the inherent human rights provisioned in different conventions as equally applicable to these persons. It recognized the contentions of Universal Declaration of Human Rights as equally applicable to persons with disabilities and the proclamation of the International Covenants on Human Rights as ‘that everyone

is entitled to all the rights and freedoms'. It reaffirmed the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination. The convention further recognized disability as an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis. It emphasized the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development.

The convention further urged discrimination against any person on the basis of disability is a violation of inherent dignity and worth of the human person. And called for recognizing the diversity of persons with disabilities and the need to promote and protect human rights of all persons with disabilities. Eight guiding principles of the convention that evoked in drafting 'act on Rights of the Persons with Disabilities 2017' in Nepal are:

- Respect of dignity, individual autonomy, freedom of choices and independence
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect of difference, acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women, and
- Respect for the evolving capacities of children with disabilities and right of children with disabilities to preserve their identities

Principles set by the international instrument are taken as guiding principles for drafting national legislative and policy measures in Nepal. National legal provisions, policy programs to address the problems of persons with disabilities in Nepal dates back to the year 1982-83 (2039 BS) with the formulation of disable's protection and welfare act 2039 its regulation act was made and enacted in 1994-95 (2051 BS). The approach papers of the last two three-year interim Plans of National Planning Commission (i.e 2008-2010, 2010-2013 and 2013-2015) have identified persons with disabilities as excluded groups from the development process. In line with the state's commitments on the CRPD and its Optional Protocol, plans urged to provide following arrays of community based services to these persons: Rehabilitation schemes, special needs education and inclusive education, free assistive devices, awareness-raising audio visual materials, inclusive policies, institutional development grants, and social security allowance.

The clause two of the Protection and welfare act of persons with disabilities 1982-83 (2039) mentioned about management, prevention and control of disability, and making arrangements of necessary treatment and health services for the prevention and development of further impairments on health due to disabilities. The protection and welfare regulation of persons with disability (2051 BS) under its rule 16(4) has urged for the arrangements of free health-checkups and treatment of such persons in government hospitals.

National Health Policy 2014 has urged to put health needs and services of persons with disabilities under necessary health services. The 13th three year plan says about community based rehabilitation programme, making provision of assistive materials, access to health services of persons with disabilities and mainstreaming of those (NPC, 2013). The Ministry of Women, Children and Social Welfare is running some programme on community based rehabilitation of persons with disabilities in all districts of Nepal in which some budgetary provision is made for the treatment and health services (Ministry of Health, 2017).

Nepal Health Sector Strategy 2015 (MoHP, 2015) has acclaimed of persons with disabilities facing hurdles of availing social justice and equitable services despite the country's constitutional provisions, acts, policies, regulations and programmes guaranteed of equitable health services for them. The child disability management strategy 2064 BS (2007-08) has broader objective of identification of forms of disability among children under age 14 and to provide treatment and rehabilitation services with further objective of complete elimination of general types of disabilities and gradual minimization of childhood disability rate in the country (MoHP, 2065).

With the ratification of the Convention on the Rights of Child-1989 (CRC-1989) and the Convention on the Rights of Persons with Disabilities (CRPD) 2006 Nepal has showed its committeemen to the international movement on 'education for all' (EFA). Accordingly, country has issued Inclusive Education Policy for the persons with disabilities in the year 2016 (2073 BS) to assure the educational mainstreaming of children of such condition to guarantee the education rights of such persons (MoE, 2016). Inclusive education policy is defined as 'process of imparting education for all children in non-discriminatory environment giving due respect to cultural, class and geographical diversity of persons'. It calls for ensuring the right of getting life-sustaining education in owns community giving importance of community ownership and to develop assumption that all could learn and exhibit same level of cognitive development if children get necessary environment and assistance for learning of their expectation. Inclusive education is expected to build-up learning opportunity of all children and children abstained of educational opportunities for any reasons. Hence, the approach calls for identification of children with disabilities and enhances the learning opportunities of children at risk of dropping out of school. It is expected to promote the process of identification of children with disabilities and follow child centered teaching and learning process to mitigate the social, cultural and educational needs of children.

## **Types and Forms of Disability in Nepal**

In conformity to the CRPD recommendations and constitutional framework, government of Nepal drafted and brought into effect an 'act on Rights of the Persons with Disabilities' in October 2017 (Ashwin 2074 BS) ([www.lawcommission.gov.np](http://www.lawcommission.gov.np)). Sections five, six and seven of the act respectively are devoted to the explanation and guaranteeing the education, work/employment and livelihoods and health, social welfare and rehabilitation rights of persons with disabilities. Section seven of the act is devoted to the explanation of health rights and responsibilities of families, communities, health personals and health facilities and governments to safeguard realization of such rights. Further rights guaranteed under this section are the rehabilitation, social security and entertainment. Classification and explanation of the types of persons with disabilities made by the 'Act related to Rights of Persons with Disabilities – 2074 (2017)' is summarized below (Table 1).

**Table 1. Act's Definition and Classification of Forms of Disability in Nepal**

<b>Types of Disabilities</b>	<b>Forms incorporated</b>
1. Physical Disability	Problem in formation and operation of nerve, muscles, bones, joints and caused problem in use of body part and movement – such as childhood polio, missing any part of body, muscular dystrophy, permanent problem in joints and vertebral column; clubfeet or displaced paw; or severe stunting of persons age 16 and above
2. Vision related disability	If any person find difficulty to identify shape/size and colour of any objects is classified as persons with vision disability as following: a. <i>Vision less</i> : even through the use of medicine, operation, spectacles with power lenses, if both eyes of a person could not identify hand fingers from ten feet away or could not read the first line of snellen chart (in 3/60) from the prescribed distance b. <i>Poor vision</i> : even through the use of medicine, operation, spectacles with power lenses, if a person could not identify hand fingers from twenty feet away (in 6/18) or could not read the letters of fourth line of snellen chart (in 3/60) from the prescribed distance <i>Complete Vision Less</i> : any person could not identify the light or darkness
3. Disability of Hearing	The makeup of hearing organs and loss of identification of sounds/voices and the ups and downs in level of sound/voice ad its types. a. <i>Def</i> : those who could not hear sound/voice even greater than 80 dB and need to use gesture language for communication b. <i>Low hearing</i> : persons with need to add hearing devices or those who could hear 65 to 80 dB sounds.
4. Combined disability of Hearing and Vision	Persons with both hearing and vision related disability or defects in both hearing and seeing organs and their interaction.
5. Voice or speech disability	Working limitation of voice or speech organs, difficulty or ups and down in voice while speaking, no clear speech or persons repeating the words or letter while speaking.
6. Mental or Psychosocial disability	Persons with defects in nervous or mental organs that affects in gaining sense, orientation, memory power, language, counting related intellectual performance.
7. Intellectual Disability	Persons with level of intellectual development lagging behind of age and having difficulty to perform activities according to age and circumstances.
8. Hemophilia	Persons with disorder of blood clot normally because of lack of lack sufficient blood-clotting proteins (clotting factors).
9. Autism related disability	Person with problems of development in nerves system and its functioning by birth i.e. problem in communicating, understanding an use of simple social norms, not showing normal behavior with increase in age, showing unusual reaction, repeating the same activity and the like.
10. Multiple disabilities	Persons with two or more forms of disabilities (1-9) discussed above.

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Types of Disabilities	Forms incorporated
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Depending on Intensity, Level of Disabilities is Classified as Following:

- Fully disables: persons having difficulties even getting regular support from others to do daily personal activities.
- Highly disables: Persons with need of other's support in to accomplish personal activities or to participate in social activities.
- Medium level Disables: Those persons who could participate and perform personal daily activities and in social activities with or without getting others support if physical facilities are availed, removed environmental barriers, and imparted with education and training.
- Normal disability: Persons in a condition to perform personal daily activities and participate in social activities if there are no social and environmental barriers.

(www.lawcommission.gov.np)

### The Focus of the Paper

Most of the policy measures made for the wellbeing of persons with disabilities have given emphases on the family and community based rehabilitation of such persons in need. In case of employment and livelihoods, such policies and programmes placed emphasis on facilitating on work/employment opportunities as per their working capabilities and offering measures of social safety nets. Among them, this library based paper tried to review of national and provincial level policies and programmes for the protection of rights and wellbeing of persons with disabilities in the areas of:

- Health and sexual and reproductive health rights and services
- Prevention and management of childhood disabilities
- Inclusive education for persons with disabilities
- Assuring right to livelihood, skill development and employment

### Health/Sexual and Reproductive Health Services

The UN Convention on Rights of Persons with Disabilities (CRPD) under article 25 guaranteed the right of full enjoyment of the highest attainable standard of health and sexual and reproductive health rights without discrimination on the basis of disabilities and urged the state parties to make provision of inclusive health services of persons. In line with the contention of CRPD; the constitution of Federal Republic of Nepal -2015, in its article 35 under fundamental rights guaranteed the following health rights of its citizens:

- Every citizen have the right to seek basic health care services from the state --
- Each person shall have the right to be informed about his/her health condition with regard to health care services, and
- Each person shall have equal access to health care.
- In clause two of article 38 under right of women, the constitution guarantees the right relating to safe motherhood and reproductive health (Constituent Assembly Secretariat, 2015). Similarly the clause five of Article 42 (Right to Social Justice) of the constitution explicitly guaranteed the health rights of persons with disabilities – through special act in priority basis.

The overarching goal of National Health Policy 2014 says to provide health services through equitable and accountable health system – and to ensure health as fundamental human rights to every

citizen. The first and second objectives of the policy says free of cost health services as fundamental rights of citizen and effective, accountable and easily accessible health services with uninterrupted provision of essential drugs, diagnostic equipments and skilled human resources. And the policies one and two says to provide accessible and quality health services of universal coverage in effective way in free-of-cost.

**Table 2. Indictors that Explicitly Address Health Rights of Persons with Disabilities**

<b>Policies</b>	<b>Strategies and Indicators</b>
Universal coverage of free-of-cost quality health services to every citizens in effective way	<ul style="list-style-type: none"> <li>– The necessary health services for blind, people with low eye-sights, deaf, mentally, physically and intellectually disabled</li> <li>– Preparation of national directories and protocols and implementation for the confirmation that citizens getting quality health service</li> <li>– Making local government gradually responsible for providing basic health services locally</li> <li>– Incorporation of Family Planning and Reproductive health as unified health service and making all the health service delivery points as youth and adolescent friendly – and regulation of law for RH services for all</li> </ul>
Planning, production and retention and development of skilled human resources to deliver affordable and effective health services	<ul style="list-style-type: none"> <li>– Ensure quality health services creating additional vacancies in order to make multiple-skill-mix health human resources</li> <li>– Making special provision for trained human resources for remote and mountainous areas.</li> <li>– Ensure the active and regular presence of health human resources in their workplace</li> </ul>
Quality assurance	<ul style="list-style-type: none"> <li>– Development of national guidelines and protocols to ensure delivery of quality health services including reproductive health</li> </ul>

**(National Health Policy, 2014)**

Such policies and strategies are supposed to be applicable for addressing health needs of persons with disabilities. In conformity to the contention of constitutional provision, national health policy- 2014 and CRPD the Act related to the Rights of Persons with Disabilities in Nepal – 2074 (BS) incorporated indicators of health and sexual and reproductive health services of persons with disabilities and reproductive impairments:

- Free-of-cost quality health services to manage or lessen the degree of impairment of such persons as per needs
- Access to hospital and removal of related hurdles for the persons with disabilities to get to health institutions for treatment
- Health workers shall provide the available quality health services to persons with disabilities in priority basis
- Government and privately run hospitals with 25 or more beds have to allocate at least two beds for the persons with disabilities

- Government shall make necessary arrangements of complete treatment or elimination of retable disabilities and diagnose factors causing for disability development processes and their elimination.
- Government shall manage providing primary health services to persons with disabilities from the nearest health facility to minimize the process of further impairment of disability organs.

The act is silent about reproductive and sexual health rights of women/girls with disabilities and management of reproductive impairments explicitly. In conformity to the national health policy, health sector strategic plan (HSSP) and constitutional provision the Disability Management (prevention, treatment and rehabilitation) policy, strategy and 10 year action plan of Ministry of Health – 2017 urged to put persons with disability in priority target groups and to manage health service providing environment without discrimination. Arrays of indicators sensitive to persons with disability outlined in the action plan include the following:

- **Promotive health services**
  - o Reproductive health rights of women with disabilities
  - o Providing equal and non-discriminatory health services to persons with disability
- **Treatment and medication**
  - o Regular supply of drugs to persons with disabilities required to take regularly
  - o Providing regular health counseling, treatment or therapy services at free-of-cost
- **Preventive Measures**
  - o Adoption of safety measures in work place, in roads and in other relevant places to control incidences of accident induced disabilities
  - o Launching of disability identification, necessary counseling, and referring services from the village level health posts – with provision of capable health human resources on it.
- **Rehabilitation**
  - o Reaching health services to persons with disability up to village level through community based rehabilitation services
  - o Providing support to organization working in management of disability – for enhancement of effectiveness in their work
  - o Launching of specialized services targeting to persons with disabilities in need of such services (such as intellectual disability, down-syndrome, autism, psycho-social disability and spinal injury)
  - o Adoption of public-private partnership approach with interested organization working in the health rehabilitation services of persons with disabilities
- **Human Resource/Capacity Building and Institutional Growth**
  - o Providing training and orientation on disability management to the health human resources working in different levels
  - o Creation of responsible institution to implement the disability management strategy under ministry of health, department of health services

- o Capacity enhancement and upgrading of district, regional and zonal level hospitals incorporated under federal, provincial and local governments and making provision of specialized health services as per need of persons with disabilities
- o Establishment of centres of full capacity for rehabilitation service, transit home including training facility at province level
- o Making physical infrastructure and building of hospitals, offices, health institutions and health posts disabled friendly
- **Information, Communication and Statistics (Record keeping)**
  - o Adoption of effective communication strategy to inform about health rehabilitation service and facilities of persons with disabilities at all level
  - o Management of interpretation or bi-lingual assistance to persons using services through gesture language
  - o Universal management of information/statistics related to health services received by persons with disabilities in website with easy accessibility.

The strategy has, though not clearly said about responsibility of provincial and local governments in management of health services for persons with disability, and has given priority to capacity enhancement of health facilities as per the level of government to respond the health and rehabilitation services of disables. The foregone discussion cleared that the constitutional provision in the country has taken reproductive and sexual health rights of women as fundamental rights under right to health, rights of women and rights to social justice. The national health policy 2014 takes reproductive and sexual health services as basic health rights to be provided in integrated way from all health service delivery centres and ensured of making health institutions youths and adolescents friendly. Both the documents explicitly have not mentioned about sexual and reproductive health rights of women with disabilities and management of reproductive impairments of women. However, Disability Management (prevention, treatment and rehabilitation) policy, strategy and 10 year action plan of Ministry of Health – 2017 under its promotive health services of disabled persons accorded to carryout study on reproductive health problems and challenges of women with disabilities and to implement special programme targeting those women.

The revised health management information system (HMIS)-2013 included ranges of indicators related to reproductive health and family planning with scope of caste/ethnic disaggregation (MoHP/DoHS, 2013) however scope of disaggregation of indicators by disability status of women and clients is missing. Revised HMIS incorporates 38 indicators on safe-motherhood and three indicators on family planning. Ranges of indicators incorporated under safe-motherhood are summarized in Table 3.

**Table 3. HMIS Indicators by Dimensions**

Dimensions	Ante partum	Delivery	Postpartum	Maternal Complication	Maternal Mortality	Neonatal	Abortion
Indicators	6	7	4	13	3	2	3
Ranges of Indicators	<ul style="list-style-type: none"> <li>- pregnant women who had at least one ANC checkup</li> <li>- pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)</li> <li>- women who received 180 day supply of iron folic acid during pregnancy</li> <li>- women who received Td2</li> <li>- women who received Td2+</li> <li>- pregnant women who received anthelmintics</li> </ul>	<ul style="list-style-type: none"> <li>- % institutional deliveries</li> <li>- births attended by a SBA</li> <li>- births attended by a health worker other than SBA</li> <li>- women who had four ANC checkups as per protocol (4th, 6th, 8th and 9<sup>th</sup> months) and delivered in a health facility</li> <li>- Status of normal or complicated deliveries</li> <li>- assisted (vacuum or forceps) deliveries</li> <li>- deliveries by caesarean section</li> </ul>	<ul style="list-style-type: none"> <li>- postpartum women received a PNC checkup within 24 hours of delivery</li> <li>- women who had three postnatal check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)</li> <li>- postpartum women who received a 45 day supply of iron folic acid (IFA)</li> <li>- postpartum women who received Vitamin A supplementation</li> </ul>	<ul style="list-style-type: none"> <li>- Emergency obstetric care (EONC)</li> <li>- women treated for (WTF) hemorrhage</li> <li>- WTF ectopic pregnancy</li> <li>- WTF prolonged/obstructed labor</li> <li>- WTF ruptured uterus</li> <li>- WTF pre-eclampsia and eclampsia</li> <li>- WTF retained placenta</li> <li>- WTF puerperal sepsis</li> <li>- WTF abortion complications</li> <li>- WTF an obstetric complication who received a blood transfusion</li> <li>- blood units used for treating obstetric complications</li> <li>- Cesarean section rate</li> </ul>	<ul style="list-style-type: none"> <li>- Maternal mortality ratio</li> <li>- Facility maternal mortality ratio</li> <li>- Direct obstetric case fatality rate</li> </ul>	<ul style="list-style-type: none"> <li>- infants received a check-up within 24 hours of birth</li> <li>- infants received three check-ups as per PNC protocol (within 24 hours, on 3<sup>rd</sup> day and 7th day)</li> </ul>	<ul style="list-style-type: none"> <li>- Pregnancies terminated by induced procedure at health facility</li> <li>- women received contraceptives after induced abortion (surgical or medical)</li> <li>- women of reproductive age (15-49) with complications from induced abortion (surgical and medical)</li> </ul>

(MoHP/DoHS, 2013)

Besides, some other indicators such as ectopic pregnancy, ruptured uterus, pre eclampsia and eclampsia, retained placenta and puerperal sepsis under maternal complication incorporated in HMIS reporting system may be taken related to management of reproductive impairments of women. However, they are mostly related to management of pregnancy complications. Since, the HMIS system found of missing indicators of management of reproductive impairments of women in reproductive ages such as:

- Case finding and treatment of uterus prolepses and prolepses of pelvic organs
- HMIS system enabled selected indicators to be disaggregated by caste/ethnicity but not by disability status of women of reproductive age

### Prevention and Management of Childhood Disabilities

Integrated Management of Childhood Illnesses (IMCI) under the HMIS reporting system incorporated 31 indicators (MoHP/DoHS, 2013). None of them explicitly devoted to the detection, prevention and treatment of early childhood disabilities. The provision of postnatal checkup within 24 hours and three checkups within 7 days of birth is believed to detect the symptoms of early childhood disabilities and take necessary steps for the prevention and treatment of such symptoms to stop the further impairment. The National Childhood Disability Management Strategy (CDMS)– 2008; राष्ट्रिय बाल अपाङ्गता ब्यावस्थापन रणनीति २०६४० identified six types of disabilities i.e. 1) disability of vision, 2) disability of hearing and speaking, 3) physical disability or bodily movement, 4) intellectual incompetence, 5) mental disorder and 6) epilepsy and mentioned about three types of disability development processes as defect by birth, due to diseases and by accidents (MoHP/DoHS, 2008).

Twofold objectives of the CDMS-2064 include a) identification of disability status among children under 14 and providing necessary treatment and rehabilitation services at community level, and b) complete elimination of general types of disabilities in children and gradual minimization of childhood disability in Nepal. It has adopted following short term and long term strategic indicators to minimize and management of childhood disability:

- Case identification and treatment for stopping of further impairment of disabled organ
- Rehabilitation at community level
- Raising awareness at family and communities
- Production and distribution of IEC/BCC materials
- Incorporation of disability issues in health sector curricula
- Preparation of human resources of the sector
- Production and distribution of assistive materials/equipments at affordable cost
- Assigning disability prevention and management responsibilities by levels of health institutions and offering specialized services for treatment and rehabilitation, and
- Management of disability information and reporting from bottom to top level institutions.

The clause two of Article 39 – right of children (under fundamental rights) of the constitution of Nepal – 2015 states that ‘every child shall have the right to education, health care nurturing, appropriate upbringing, sports, recreation and overall personality development from family and the State’ and the clause nine guarantees special protection of children who are -- physically impaired.

### **Inclusive Education for Persons with Disabilities**

Most international instruments, national legislative and policy measures found of urging inclusive, quality and free skill based life-sustaining education from primary to higher level for the persons with disabilities. Accordingly the constitution of Nepal - 2015 in article 31, clauses three and four (right to education under fundamental rights) respectively guarantees the right to free higher education to the persons physically impaired and the right of visually impaired person right to get free education with the medium of brail script. In line with the contention of CRPD-2006, and constitutional provision, the act related to rights of persons with disabilities-2017 in its section five describes about dimension of education rights of persons with disability. The inclusive education policy – 2073 (2016 AD) included 13 types of policy indicators on inclusive education for disabled persons as following:

- Free-of-cost education in all schools, colleges universities and training centres run by federal, provincial or local governments
- No admission fee to persons with disability
- Free-of-cost education to persons with disability in technical and vocational education centres
- Non-discrimination of person with disabilities in participation in extra-curricular activities, distribution of educational materials and their accessibility
- Making provision giving education by using more than one means/medium of instruction to the persons with disability as per their need such as brail or alternative script, gesture language, use of information technology and peer learning
- Management of assistive means and materials to support education of vision less, def or less hearing, and combination of both vision and hearing disability
- Management of residential education for needy ones

- Construction of disability friendly physical infrastructure of educational institutions – to remove hurdles of entrance and internal movement
- Distribution of needed educational materials to schools in order to ensure the access to learning of disable children
- Adoption of functional assessment system of children with disability admitted in all types of education institutions
- Guaranteeing reading materials, textbooks, learning materials and reference materials and examination and evaluation system from pre-primary to higher level education in favour of children with disability
- Making all educational institutions disable friendly, girls friendly and fearless learning centres
- Support to disable friendly education materials as per their needs and making school infrastructure and learning environment disable friendly is of further concern. Both the legal instruments accorded that provincial and local governments are the supporting agencies to implement the education rights of persons with disability and the provision of inclusive education.

### **Assuring Right to Livelihood, Skill Development and Employment**

In line with the contention of CRPD-2006, the act relating to rights of persons with disability – 2074 (2017 AD) outlined following measures for the protection of livelihood of person with disabilities especially of women (Section 6: Skill Development and Employment).

- Skill development and vocational training to capacitate persons with disability to initiate self employment
- Provision of soft-interest loan based on proposal by persons with disabilities based on her/his skill, capacity for establishment of own occupation and or business
- Non-discrimination against persons with disabilities in work employment in work place, in recruitment and from the opportunity of promotion
- Special working condition for persons with disability in workplace
- No employment agency shall have right to do demotion or dismiss from work employment if worker becomes disabled while at work
- Special provision of government to employ persons with disability based on bodily capability, training, qualification and experience.
- Employing agencies are obliged of record keeping and reporting of employment of persons with disabilities in the institutions
- Working persons with disabilities have right of complaint of discrimination against her/him in work place.

### **Conclusion**

Until the date most acts, policies and strategies formulated and implemented for the betterment of the persons with disabilities are initiatives of national/federal government. Policies and legislative measures unanimously urged of making health, education and livelihood/employment policies and programmes friendly to persons with disabilities reaching at the community level. The most challenges lies on development of such infrastructures and taking responsibilities of it from local to federal governments. None of the provincial and municipal governments have found taking initiatives of it, though such initiatives of federal government attracted on the working policies of provincial and

municipal governments. The inclusive education policy in Nepal-2073 (2016 AD) in the implementation plan clearly identified responsible agencies from federal to local level governments and agencies and sectoral ministries and education institutions. The act related to rights of persons with disabilities-2074 (2017 AD) states right of Nepal government to create regulations for the enactment of the act and gives right of making working policies and directives to concerned ministries. Levels of government attracted of policies, responsibility of implementation and provincial and municipal level initiative in necessary modification and adoption of the policy is needed move in this end.

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