



# Addressing Disability Inclusion in Nepal: Barriers and Actions

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## Abstract

**Background:** The discrepancy between global disability prevalence estimates and Nepal's 2021 census reveals significant challenges in promoting disability inclusion. This is due to unequal definitions and diagnostic criteria, with industrialised countries focusing on work-related impairments and social stigmas. Additionally, civil wars and natural disasters like the 2015 earthquakes make it difficult for Nepal's healthcare system to meet the diverse needs of people with disabilities.

**Objective:** This study analyses the existing literature and identifies the current barriers and actions in promoting disability inclusion in Nepal.

**Method:** This study uses a literature review technique to analyse the publications on disability inclusion in Nepal from 2000 to 2024, focusing on challenges and interventions. It identifies key themes in research and practice, highlighting two issues: barriers to inclusion and actions to overcome them.

**Result:** The findings reveal that inadequate infrastructure, limited rehabilitative programs, and restricted access to essential health and social rights exacerbate existing imbalances. Traditional beliefs in Nepal perpetuate discrimination and exclusion against disabled individuals due to negative perceptions and stigma. Disaster preparedness systems are often inadequate, and physical, environmental, communication, institutional, and economic barriers exacerbate these issues. Despite legislation, effective implementation and resource allocation remains weak. Coverage remains patchy despite efforts to mobilise NGOs and implement community-based rehabilitation initiatives.

**Conclusion:** The Sustainable Development Goals should prioritise disability inclusion, prompting national and international stakeholders to prioritise disability needs. The International Classification of Functioning, Disability, and Health can improve data accuracy. People with disabilities should actively participate in policy creation for fair access and equality. Nepal must swiftly implement its constitution and health sector initiatives.

**Paper Types:** Review Paper

**Keywords:** Access, Disability, Diversity, Empowerment, Inclusion, Nepal



## Introduction

The World Health Organization (WHO) states that around 15% of the world's population lives with disabilities, noting that this group constitutes the most significant minority globally (WHO, 2023). Nepal's 2021 census astonishingly indicated that merely 2% of its populace identified with a disability (National Statistics Office, 2023). This stark contrast in disability prevalence estimates has underscored the profound impact of disparate definitions and diagnostic criteria for disabilities. Unlike the requirements embraced by developed nations like New Zealand, Canada, and the United States, which categorise any impairment hindering employment or significantly curtailing work capacity as a disability, Nepal's framework may adhere to distinct parameters, leading to the observed statistical variance (Subedi, 2013). In contrast to developed nations, where disability prevalence typically falls within the range of 10-20% of the general population (WHO, 2023; World Bank, 2023). Developing countries like Nepal prioritise severe manifestations of physical, mental, and emotional conditions. This disparity in approach is reflected in the specific question incorporated into the census surveys of developing nations, which typically asks, "Do you or any member of the family have a disability?" (National Statistics Office, 2023). Such formulation may inadvertently contribute to underreporting as individuals and families may hesitate to acknowledge disabilities due to pervasive societal stigmas. This reluctance underscores the complex interplay between cultural attitudes, social norms, and the perception of disabilities, ultimately impacting the accuracy of prevalence estimates in developing country contexts (Murray & Lopez, 1997).

Indeed, it is no surprise that countries employing such a question in their surveys often report disability prevalence rates below 4% (Ganesh et al., 2023). The formulation of the question, focusing on the explicit identification of disabilities, combined with societal stigmas surrounding disabilities, creates a climate where individuals and families may be disinclined to disclose such information. Consequently, this underreporting perpetuates the misconception of lower disability prevalence rates in these regions. The disparity in reported figures underscores the urgent need for comprehensive approaches to disability assessment and inclusion that address both the cultural context and the multifaceted nature of disabilities in developing countries (Subedi, 2013).

The elevated incidence of disability in developed nations is partly attributed to better survival prospects for disabled individuals. This discrepancy arises from the superior healthcare and support infrastructure in developed countries, contrasting starkly with the limited resources available in less developed regions like Nepal (Murray & Lopez, 1997; Murray et al., 2012). In developing nations, approximately 18% of healthy life years succumb to disability, a stark contrast to the diminished figure of 8% in developed countries (WHO, 2023; World Bank, 2023). This discrepancy underscores significant global health inequalities, reflecting disparate access to resources, healthcare infrastructure, and socio-economic support systems across regions (Mathers et al., 2001). In Nepal, the prevalence of disability within the population has surged in recent years. The decade-long conflict spanning from 1996 to 2006 claimed the lives of 12,000 individuals (United Nations Office of the High Commissioner for Human Rights, 2012). It inflicted numerous injuries, leaving a legacy of long-term physical disabilities among the survivors (Tol et al., 2007). Inadequate attention has been devoted to addressing the myriad health and rehabilitation necessities of conflict survivors, save for sporadic initiatives from non-state actors.

Furthermore, the catastrophic earthquakes in April and May 2015 claimed the lives of 8,898 individuals (Floreni & Rama, 2024). They inflicted physical and mental disabilities upon nearly 23,000 people, exacerbating the already dire situation for those affected (Paudel et al., 2016). Data collected from three health facilities in Kathmandu that treated earthquake victims revealed that among 1005 patients receiving rehabilitation within the first four weeks post-disaster, 71% had fractures, 8% had spinal cord injuries, and 4% underwent amputation. Initial estimates from the Health Emergency Operation Center (HEOC) and sample hospital and international organisation data suggest that 1500-2000 individuals

were injured, including 200-300 with spinal injuries (Nepal Physiotherapy Association, 2016). Many of these individuals will require continuous nursing and rehabilitation assistance and long-term physical rehabilitation services to facilitate their recovery and improve their quality of life in the aftermath of the earthquake.

Based on the literature review conducted, it is evident that individuals with disabilities in Nepal face numerous challenges in accessing education. These challenges can be categorised into poverty, social and cultural attitudes towards disability, inaccessible infrastructure, lack of awareness, and skilled teachers. While there are existing strategies and initiatives to promote inclusive education, they face limitations and challenges, such as lack of funding, language barriers, lack of trained teachers, and inadequate infrastructure. Inclusive education is a human right; every child can access education without discrimination. However, many barriers still exist that prevent children with disabilities from accessing education in Nepal. This literature review explores the barriers to inclusive education in Nepal and the efforts made towards overcoming these barriers.

According to the UNICEF (2020 and 2021) report, another significant barrier to inclusive education in Nepal is social stigma and discrimination towards children with disabilities. Children with disabilities often face social exclusion, bullying, and harassment, leading to low self-esteem and a lack of motivation to attend school. Furthermore, the report noted that the education system in Nepal is not adequately equipped to support children with disabilities, with a lack of trained teachers, adequate funding, and inclusive policies. According to the UNICEF Nepal Country Profile (2021), Nepal has improved access to education significantly, with primary school enrolment rates reaching 96% in 2018. However, children with disabilities are still disadvantaged, with only 47% of them enrolled in primary school. Inclusive education is critical to achieving Sustainable Development Goal 4, which promotes opportunities for everyone to study throughout their lives and works to provide inclusive and equitable quality education.

Lamichhane's (2013) study examines the barriers to education faced by children with disabilities in Nepal. The study found that children with disabilities in Nepal face multiple barriers to education, including negative attitudes from society, inaccessible schools and transportation, and a lack of resources and support for inclusive education. The study suggests that addressing these barriers requires a multifaceted approach, including changes in attitudes and perceptions, policy reforms, and investment in infrastructure and resources for inclusive education. Lamichhane's (2013) study also adds to the growing body of research on disability and education in Nepal, highlighting the need for continued efforts to promote inclusive education and ensure that all children have access to quality education. The findings of this study are particularly relevant given the ongoing challenges faced by children with disabilities in Nepal, including poverty, lack of access to healthcare and education, and discrimination (Lamichhane, 2013). Maudslay's (2014) study examined the assumptions and reality of inclusive education in Nepal. Maudslay (2014) conducted a qualitative study that explored the perceptions of teachers and parents towards inclusive education in Nepal. The study found that the assumptions about inclusive education did not correspond to the reality on the ground. Firstly, the lack of resources, support, and training for teachers made it difficult for them to provide inclusive education. Secondly, the curriculum did not cater to the needs of all learners, especially those with disabilities. Thirdly, societal attitudes toward people with disabilities were negative, and this contributed to their marginalisation in schools (Maudslay, 2014).

Brandt (2015) explored the inclusiveness of Nepali society for children with disabilities. The study found that children with disabilities in Nepal face multiple challenges, including poverty, lack of access to healthcare and education, societal stigma and discrimination, and inadequate infrastructure (Brandt, 2015). The author noted that children with disabilities are often hidden by their families due to social and cultural beliefs that view disability as a punishment for past sins or a curse from the gods (Brandt, 2015). Additionally, the study found that children with disabilities in Nepal are often excluded from

educational opportunities due to a lack of accessible infrastructure and trained teachers (Brandt, 2015). The author noted that while Nepal has made progress in promoting inclusive education, there is still a long way to go in ensuring that all children with disabilities have access to quality education. Brandt (2015) also highlighted the need for greater awareness and understanding of disability issues in Nepal and the importance of promoting a more inclusive society that values diversity and respects the rights of people with disabilities. Overall, Brandt's (2015) study provides valuable insights into the challenges faced by children with disabilities in Nepal and highlights the need for more significant efforts to promote inclusiveness and address the various barriers to full participation in society (Brandt, 2015).

This study is grounded in the social model of disability, which serves as the primary theoretical framework. The social model shifts the focus from individual impairments to the societal and environmental barriers that limit the participation of individuals with disabilities. This perspective emphasises that disability is not merely a result of physical or mental impairments but rather a consequence of societal structures that fail to accommodate diverse needs. For instance, inaccessible infrastructure, prejudicial attitudes, and institutional failures significantly contribute to the marginalisation of persons with disabilities in Nepal (Sharma, 2024; UNICEF, 2021). By integrating these frameworks, this study aims to provide a comprehensive analysis of the systemic inequities faced by people with disabilities in Nepal, thereby informing more effective strategies for promoting inclusion and addressing the diverse needs of this population. Therefore, this study aimed to review existing literature and find out the state of barriers and actions in disability inclusion in Nepal.

## Methods

This study examined the barriers and existing and possible initiatives for including people with disability in Nepal using a narrative literature review technique. The literature review was taken as a research methodology in this study. Keywords such as "Disability", "Inclusion", "Diversity", "Access", "Empowerment", and "Nepal" were used in isolation and combination to search the literature. Fifteen prominent publications were studied in this review, which covered the years 2000-2024, based on their assessment, relevance, publishing quality, and methodological thoroughness. This study focused on challenges and interventions in disability inclusion by encompassing qualitative and quantitative research-related literature published in Nepali and English. Studies with a loose methodology or no connection to the Nepalese context were excluded. Key themes in research and practice were found using thematic analysis. The results thoroughly analyse two disability inclusion-related issues: barriers to including people with disability and actions or interventions to overcome the problem. It offered insightful information for further study and policy improvements.

## Results and Discussion

### *Barriers to Inclusion of People with Disability*

In less developed countries like Nepal, the health, nutritional, and support requirements of individuals with disabilities and their families are frequently neglected. The Nepalese government offers a modest monthly allowance based on severity, around USD 3 for individuals over 16 with partial disabilities and USD 10 for those with severe disabilities (Khanal, 2013). A physician assesses the severity of the disability at the Health Office and certification at the local level, i.e., in rural and urban municipalities. Moreover, in the absence of essential social services like respite care for individuals with disabilities, family members and relatives responsible for their care are often unable to engage in paid employment, exacerbating economic hardships and perpetuating the cycle of financial strain for these households (Shahat & Greco, 2021).

Additional initiatives aimed at safeguarding individuals with disabilities and enhancing their quality of life suffer from restricted geographic coverage nationwide. This limited reach undermines the

comprehensive support needed to address the diverse needs of people with disabilities throughout the country (Boyce & Paterson, 2002). Despite the Government of Nepal's strategy to mobilise NGOs and institutions for community-based rehabilitation, their reach remains confined to easily accessible areas, leaving remote regions underserved and exacerbating disparities in access to rehabilitation services (Dhakal & Groves, 2019). The government's policy of allocating 5% of total training seats and employed positions to provide free training and employment opportunities for people with disabilities has yet to be implemented, posing a significant barrier to their socio-economic inclusion and empowerment (Nepal Physiotherapy Association, 2016). Social and attitudinal barriers within families and communities serve as formidable obstacles, hindering people with disabilities from accessing their fundamental rights, including healthcare, education, social participation, and income generation opportunities (Panthi, 2004). Inaccessible health facilities and inadequate communication from healthcare professionals create barriers for people with disabilities, depriving them of equitable access to healthcare services compared to the non-disabled population. Additionally, stigma and prejudice from public sector service providers further hinder the social inclusion of individuals with disabilities (Groce & Trani, 2009).

Significantly, during conflicts and disasters, the challenges faced by people with disabilities are exacerbated. Inaccessible infrastructure disrupted services, and heightened risks intensified their vulnerability, underscoring the urgent need for inclusive emergency response and humanitarian aid efforts (Kett & van Ommeren, 2009). Development workers and humanitarian agencies frequently encounter challenges in ensuring the inclusion of people with disabilities during disaster relief efforts. This difficulty may stem from their limited understanding of effectively incorporating inclusive practices in disaster situations, highlighting the critical need for comprehensive training and guidance on inclusive approaches to emergency response (Groce & Trani, 2009); the difficulties in ensuring the inclusion of people with disabilities during disaster relief efforts can also be attributed to the remoteness of affected areas or the disruption of natural social support networks, which may not be familiar to the workers. Additionally, mainstream development programs often overlook the needs of people with disabilities, assuming that existing disability-specific programs will adequately address those needs (Nepal Physiotherapy Association, 2016). For instance, valuable insights gained from supporting people with disabilities in past disasters are often overlooked in subsequent planning efforts.

**Attitudinal Barriers.** Negative perceptions and stigma surrounding disability remain pervasive in Nepal, often rooted in traditional beliefs that associate disability with sin or misfortune from past lives. This cultural backdrop contributes to discrimination and exclusion, particularly affecting women and girls with disabilities who face compounded marginalisation (Human Rights Watch, 2018; M'Vousama et al., 2023).

Moreover, disaster preparedness systems are typically not tailored to accommodate the specific needs of individuals with disabilities, further complicating their inclusion in emergency response and preparedness initiatives (National Council on Disability, 2005). People with disabilities are frequently marginalised in the development and planning of disaster preparedness plans and public infrastructures. Nonetheless, research indicates that mainstreaming disability issues is cost-effective and less stigmatising, fostering a more inclusive and equitable approach to disaster preparedness and response (Groce & Trani, 2009).

**Physical and Environmental Barriers.** Infrastructure in Nepal is often not accessible to persons with disabilities. Many public buildings, including schools, lack necessary accommodations such as ramps or accessible restrooms, making it difficult for individuals with mobility impairments to navigate their environments (Gautam & Sharma, 2018). Additionally, the absence of accessible transportation further limits their mobility and participation in community life.

**Communication Barriers.** Effective communication is crucial for inclusion, yet many services do not provide information in accessible formats. This includes a lack of braille or sign language materials,



which can alienate individuals with visual or hearing impairments from essential services (M'Vuouama et al., 2023).

**Institutional Barriers.** Despite enacting the Rights of Persons with Disabilities Act in 2017 and other supportive legislation, implementation remains weak. There are gaps in policy enforcement and a lack of data collection on disability issues, which hinders effective planning and resource allocation (Gautam & Sharma, 2018). Furthermore, persons with disabilities are often excluded from decision-making processes that affect their lives, reinforcing their marginalisation (Gautam & Sharma, 2018; M'Vuouama et al., 2023).

**Economic Barriers.** Persons with disabilities frequently face higher rates of poverty due to limited employment opportunities and systemic discrimination within the labour market. Financial constraints further inhibit their access to health services and education (M'Vuouama et al., 2023; Shahat & Greco, 2021).

The National Federation of Disabled Nepal (NFDN) highlights that earthquake response and recovery efforts have failed to prioritise disability inclusion. The unique needs of individuals with disabilities have been mainly disregarded, underscoring the urgent need for more comprehensive and inclusive disaster management strategies (Gautam & Sharma, 2018). Numerous individuals with disabilities have been deprived of planned relief assistance, such as food, clothing, and medications, as many distribution sites remain inaccessible to them. Moreover, many lost their vital assistive devices during the earthquake or rescue operations. Those requiring regular care and medications faced additional challenges due to the loss of family members or their absence in seeking relief support. Hygiene and sanitation issues have also worsened, with people with disabilities struggling to manage without necessary assistance.

### *Actions for Disability Inclusion*

Emergency planning to address the needs of people with disabilities during and after disasters in Nepal necessitates a resilient health system with a strong emphasis on community-based rehabilitation (CBR). CBR has demonstrated its effectiveness as a cost-efficient and sustainable approach to safeguarding the rights of individuals with disabilities (Hartley et al., 2009). Finalising and implementing a community-based rehabilitation guideline, developed in collaboration with all relevant ministries and authorities, is essential. Especially in the aftermath of the conflict and earthquake disasters, it is imperative to ensure that rehabilitation and emergency services extend to Nepal's dispersed communities.

Establishing the Disability and Rehabilitation Unit within Nepal's Ministry of Health and Population following the 2015 earthquakes was a crucial response. However, adequate human resources and a realistic budget are imperative for this Unit to effectively lead in addressing the relief and rehabilitation needs of people with disabilities. Despite registering nearly 1100 physiotherapists under Nepal's health professional council, an overwhelming majority, 99.98%, operate within the private sector, primarily in urban hubs like Kathmandu. The scarcity of sanctioned physiotherapist positions in the public sector hinders accessibility for scattered populations and those in poverty (Shahat & Greco, 2021). Furthermore, many physiotherapists lack the requisite expertise in assessment, prescription, and training for assistive devices, essential for managing the needs of individuals with new or chronic disabilities. Currently, the Kathmandu University School of Medical Sciences is the sole source of the physiotherapy workforce in Nepal (Nepal Physiotherapy Association, 2016). Only 30 physiotherapy graduates are produced annually, which is needed to meet the existing demand for physiotherapy services (Nepal et al., 2023). There is a pressing need for more highly skilled and motivated physiotherapists, occupational therapists, and rehabilitation workers to expand the availability of disability screening, rehabilitation therapies, and related services across Nepal.

Additionally, concerted efforts are required to ensure that children and women with various types of disabilities are reached and provided with the necessary support and services (Dhungana, 2006).

NGO service providers in delivering essential rehabilitation services. By collaborating with NGOs, the public health system can leverage its expertise and resources to expand access to rehabilitation services, thereby addressing the pressing needs of individuals with disabilities across the country. This partnership approach holds promise for enhancing the reach and effectiveness of rehabilitation efforts and promoting inclusivity within Nepal's healthcare landscape.

Nepal faces challenges in effectively planning for disability populations due to a lack of standards and indicators to measure disability status and monitor the inclusion of people with disabilities. Therefore, future censuses and household surveys need to adopt the International Classification of Functioning, Disability, and Health (ICF), developed by the World Health Organization (Madans et al., 2011). This framework will provide a comprehensive and standardised approach to assessing disability, enabling more accurate data collection and better monitoring of the inclusion of people with disabilities in Nepal. To ensure the availability of a uniform database and facilitate comparisons with other nations, future censuses and household surveys in Nepal should adopt the International Classification of Functioning, Disability, and Health (ICF). Periodic assessments of these databases will enable Nepal's public health system to monitor how the needs of people with disabilities are being met. Key metrics to be monitored include challenges and successes in providing general rehabilitation services, access to equipment and assistive devices, and social participation opportunities for people with disabilities during and after conflicts and disasters. This information will be instrumental in evaluating Nepal's adherence to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

The participation of people with disabilities in designing and implementing these efforts is paramount. Their firsthand experiences and insights are invaluable for developing effective strategies that address their needs and ensure their full inclusion in society. By actively involving people with disabilities in decision-making processes, Nepal can ensure that policies and programs are tailored to their specific requirements and promote genuine empowerment and social inclusion (Groce & Trani, 2009). Now is the opportune moment to emphasise the significance of meeting these needs. With the forthcoming implementation of the new Nepal constitution and the third Nepal Health Sector Strategy (NHSS III), addressing the concerns of people with disabilities requires robust implementation strategies. Nepal's rebuilding endeavours must prioritise enhanced access to healthcare and societal participation for people with disabilities. This entails constructing accessible built environments and modifying infrastructure while fostering attitudinal and statutory changes to promote inclusivity and accessibility.

## Conclusions

Nepal faces significant challenges in addressing the health, nutritional, and support needs of individuals with disabilities, with inadequate financial assistance and limited geographic reach of services compounding these issues. Despite efforts to mobilise NGOs and CBR initiatives, many people with disabilities, particularly in remote areas, remain underserved. The existing policy framework, while promising, lacks effective implementation, particularly regarding employment opportunities and social inclusion. The impact of disasters and conflicts further exacerbates the vulnerabilities of people with disabilities, highlighting the need for inclusive disaster preparedness and emergency response systems. While establishing a Disability and Rehabilitation Unit within the Ministry of Health and Population is a positive step, the shortage of trained physiotherapists and rehabilitation workers poses a significant barrier to expanding services nationwide.

Additionally, the active participation of individuals with disabilities in policy development and disaster planning is essential for ensuring their inclusion and empowerment. As Nepal implements its new constitution and health sector strategy, it is critical to prioritise the construction of accessible infrastructure, promote attitudinal shifts, and ensure the delivery of comprehensive services that meet the diverse needs of people with disabilities. We pose the following questions to the government of Nepal and the international communities: When is the opportune moment to grant all people with

disabilities access to essential health and social rights? When is the appropriate time to revisit and reaffirm the commitments made to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), if not now? Moreover, when is the right time to recognise and treat all individuals as equal citizens of Nepal, if not now?

## Declaration

### *Conflicts of Interest*

None.

### *Funding*

None.

### *Authors' Contributions*

AA conceptualised the theme and prepared the manuscript; BA supported the literature review and correspondence for the publication procedures. KK, AA and BA supported the editing and finalisation of the manuscript. All the authors provided final approval for the publication.

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