



## **Implementing the Rights of Persons with Disabilities in Nepal: Evidences from the Rural Municipalities**

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**Article History:** Submitted 30 June 2024; Reviewed 15 July 2024; Revised 18 July 2024

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**Article DOI:** <https://doi.org/10.3126/mg.v7i1.70045>

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### **Abstract**

United Nations: Conventions on the Rights of Persons with Disabilities, 2006, Disability Right Act, 2017 and Accessibility Standard Building Codes, 1998, have directed for improving physical accessibility, and ensuring access of manageable infrastructure including public and private buildings, transportation and communication to create a barrier-free environment for the persons with disabilities. However, implementation of these policies are still questioned and discussed in Nepal. Engaging the provisions mandated by the policies, the research has tried to explore the status of policy implementation of disability rights in rural setting, Nepal. The research has employed the human rights theory to encompass the motto "...each and every born human being has inherent dignity" and adopted principles of CRPD. The study has examined the execution of accessibility policies for persons with disabilities in Tarakhola and Badigad Rural Municipalities of Baglung district, Nepal in particular. The paper has followed descriptive research design and exploratory research methods investigating a problem that is not well defined. The data was collected taking responses of municipal authorities via accessibility checklists prepared, as per the parameters of universal design, 1990. The research found that both rural municipalities lacked proper accessibility as guided by the policies like need of proper signage and information, lack of sign language interpreters, inadequate toilet facilities, and lack of proper disaster management mechanism. The conclusion was drawn that both rural municipalities have taken steps towards improving accessibility, but they are insufficient as per the needs of the persons with disability. To fully implement the policies, it is recommended to modify existing and construct forthcoming infrastructures with full disability friendly environment. The findings of the study suggest that both local bodies need to collaborate with disability

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organizations to get more ideas of inclusivity and compliance with national and international accessibility standards.

**Keywords:** Accessibility, human rights, implementation, persons with disability, rural municipalities

### Introduction

Disability is an evolving concept that results from the interaction between a person's impairment and the barriers in their environment. It is one of the key areas of concern for social security and inclusion. According to the data released by Bureau of Statistics from National Census 2021, there are 6, 47,755 people with some kinds of disability that counts 2.2 percent of the total population in Nepal. However, Nepal Population and Health Survey, 2022 has estimated that 6.7 percent population has a disability. United Nations:Convention on the Rights of Persons with Disabilities (UN-CRPD), 2006, has clearly stated that persons with disabilities should enjoy equality with others in society, including, the accessibility, education and labor market for a quality life. Nepal ratified the CRPD in 2009 and the optional protocol in 2010 and the convention came into effect for Nepal in 2010. The constitution of Nepal 2015 has also ensured the right of every person to live with dignity, the right to equality, right to social justice as the fundamental rights. Following the guidelines of CRPD and the constitution, the government of Nepal made accessibility standard building codes, i.e. National Building Code (1998), which has obliged the constructors to include provisions for accessibility features in public and private buildings, ensuring a barrier-free environment for Persons with Disabilities (PwDs). The accessibility guideline compels to provide detailed standards for ramps, stairs, elevators,

restrooms, parking spaces, and other accessible features in public buildings considering the needs of PwDs.

National Policy and Plan of Action on Disability, 2016 and The Rights of Persons with Disabilities Act, 2017 have provided a legal framework for the protection and promotion of the rights of PwDs, outlining their rights and obligations. Likewise, National Disability policy, 2018 outlines Nepal's vision for disability inclusion, emphasizing accessibility, empowerment, and equal participation in all spheres of life. As these policies have been basically guided by the CRPD, it is obligatory for the government to implement them. Despite this fact, why disability rights issues still come to the surface as a discourse in the society and why policy implementing on accessibility is always an issue. The research question stands for questing the answer of how far have accessibility policies been implemented by the local level governments? The present study has tried to answer this question by exploring the existing situation of policy implementation of the two recently constructed municipal buildings in Tarakhola and Badigad rural municipalities of Baglung District, Gandaki Province, Nepal.

Accessibility, participation and non-discrimination are the three major parts of disability inclusive development and the first one is the key to make others possible that is clearly defined by CRPD (Article 9) stating the need to ensure accessibility to the physical environment,

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transportation, information, and communication. The study is significant because local entities are working on developing infrastructure in their respective rural municipalities, in Nepal. As local governments are the major implementing agencies of the policies, it is significant to explore the situation of accessibility for PwDs and provide them feedback for further improvements.

### Review of Literature

The review explores diverse perspectives on disability accessibility policy implementation, highlighting major hurdles, successful approaches, and the impact of policies on individuals with disabilities trying to connect their relevancies to local context of Nepal. Disability is the human rights issue as per the provision mentioned in the policies. Kofi Annan, the former Secretary-General of the United Nations Organization opined, “The rights of persons with disabilities are an integral part of human rights” (Annan, 2006). Hence, PwDs should be liable to get access the components of the society regardless the political system or geographical structure because human rights have been the buzz of the century. The countries has been trying to form and implement the laws to protect people’s human rights. A prominent example of South Africa which took into effect in 1996, states in subsection 9(3) as; “The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex ... disability, culture, language and birth” ((Perry, 2007).

Nepal operates under a federal administrative system with three tiers of governance—federal, provincial, and local. However, experiences show

that incomplete implementation of the policies still remains due to ambiguities in roles and responsibilities across government levels (Adhikari, 2019). Lack of proper accessibility causes barriers for disability as scholars indicate, “Barriers that hinder access to justice for persons with disabilities mainly include a lack of physical access to justice institutions, communication and information barriers, attitudinal barriers, financial barriers, and inadequate training of judges and support staff” (Ashagre, 2020 et.al. qtd. in Aldersey et. al, 2022).

Implementing disability policies have numerous obstacles rooted in institutional, societal, and economic factors especially in local levels due to insufficient funding, lack of proper understanding of disabilities and the related policies which limits the effectiveness and reach of disability programs, resulting in disparities in service delivery. But policies these days are more concerned with human rights, citizenship, full participation and the removal of structural barriers to inclusion (Priestley, 2007). Hence, stakeholders in Nepal are trying to implement the policies to some extent though they may not be as effective as the spirits of the policies.

Additionally, bureaucratic complexities and differing interpretations of disability rights legislation pose obstacles to uniform implementation across regions (Jones, 2016). Furthermore, the lack of coordination among stakeholders, including government bodies and advocacy groups, complicates efforts to achieve comprehensive policy outcomes (Brown & White, 2017). The type of lacking hinders in fully implementing the policies to create disability friendly

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accessible and inclusive environment because drawing on the political and institutional theoretical approaches, a key claim is drawn that “we cannot assume these theoretical perspectives to be applicable to the disability area ‘as is’” (Holler & Ohayon, 2022). So, there is always gap between policy making and its implementation.

Effective disability policies and their implementation significantly impact the lives of PwDs. Research indicates that accessible infrastructure and inclusive education policies notably enhance employment outcomes and social integration for persons with disabilities (Taylor & Thomas, 2021). Implementation of the policies in Nepal may need to judge even in the federal level and the impact could be seen in local level although “...anti-discrimination policies help reduce stigma and foster a culture of equality and respect” (Wilson, 2019). But gaps in policy implementation perpetuate inequalities and limit opportunities for disabled individuals to fully participate in social and economic activities (Clark, 2022). There may be big gap in case of rural municipalities in Nepal that would be explored after the data analysis in this research.

Effective disability policy implementation necessitates collaboration among various stakeholders, including government agencies, nonprofits, and advocacy groups (Roberts & White, 2016). However, achieving consensus and coordination among diverse stakeholders with differing priorities and agendas can be challenging (Brown & Green, 2018). Monitoring and evaluating disability policies are essential for assessing their impact and identifying areas for im-

provement (Wilson & Thomas, 2019). However, establishing robust monitoring mechanisms and collecting reliable data present significant challenges (Smith & Johnson, 2021). Issues such as data availability, quality, and comparability across regions can impede comprehensive evaluation efforts (Brown et al., 2022).

The policies that are either national or international have clearly defined and mentioned accessibility as Government of Canada in *Accessible Canada Act* has noted, “Accessibility means designing systems and facilities to ensure that persons with disabilities have access to information, services, and built environments in a manner that respects their dignity and independence” (2019). Lack of accessibility creates “... social barriers as well as impairments may result in difficulties finding a job because of prejudice among employers, the accessibility of workplaces or the inability to work full-time” (Zwan & Beer, 2021). Hence, researches on the status of accessibility for PwDs in rural settings, Nepal needs to be carried out massively.

By studying and implementing policies, the policymakers can strive toward more inclusive and equitable outcomes for PwDs. There have been different researches on the policy implementation on disabilities in Nepal. On the basis of the review of the literature a gap has been found on the policy implementation on disabilities in local governmental levels in Nepal. Therefore, the research has analyzed the situation of accessibility in the newly constructed municipal buildings and health centers of Tarakhola and Badigad rural municipalities as a case that would provide a guideline for the other municipalities in Nepal.

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### Research Methods

The research has employed human rights theory developed by Michael J. Perry in his book, *Toward a Theory of Human Rights* that advocates, "...each and every born human being has inherent dignity" (2007). He stresses that violation of human rights is not only torturing human being but also "not to rely on any law or policy that violates (or would violate) human beings or otherwise causes unwarranted human suffering" (Perry, 2007). The theory also pinpoints, "if we decline to do what we can" to prevent human beings violating the rule "...we violate them by existentially denying that they have inherent dignity" (Perry, 2007). The theory is quite relevant to the human rights of PwDs in terms of accessibility. The research has also followed the principles of CRPD (2006) which advocates human rights stressing that "... persons with disabilities have the rights to access the physical environment, and communications, including information and communications technologies and systems," because it is their basic human rights to live in full accessible environment as per the standard of universal design principles like equitable use, flexibility in use, simple and intuitive, perceptible in information, tolerable for errors, low physical effort and adequate space for use. Based on these theories and principles, the study has tried to answer the research question by evaluating the accessibility standards of local municipal buildings and health care centers as per policies against international human rights standards, identify gaps in implementation that affect rights realization, and suggest strategies for improvement.

The study has been a qualitative

research which has utilized exploratory research methods, employing case studies to gather insights from policy implementers and service providers, following descriptive research design and analytical tool to investigate the problem that is not well defined. The data was collected taking responses of municipal authorities via accessibility standardized checklist provided by the National Federation of the Disabled-Nepal (NFD-N), prepared as per the parameters of universal accessibility design. The vice-president of Badigad and the officer of Social Development Section of Tarakhola rural municipalities conducted a meeting with other municipal stakeholders before filling up the standardized checklist downloaded from the website of the NFD-N as the authentic data. Because of the variation in question and answer patterns the narrative style has been applied instead of statistical tools such as table, pie charts and diagrams. The article has focused on assessing the accessibility provisions for persons with disabilities (PwDs) in local governments, specifically comparing two rural municipalities. It is expected that the results and the findings would provide a representative view of the overall conditions across local government bodies in Nepal.

### Results and Discussion

The status of accessibility for PwDs in municipal building and health care centers of both rural municipalities have been evaluated. The accessibility status has been judged comparing to the provisions of universal design that is specifically considered for the needs of PwDs. CRPD has defined universal design as "products and environments to be usable by all people, to the greatest



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extent possible, without the need for adaptation or specialized design” that advocates “Make one design that fits everyone and make the rights real” (2006). In the presentation parts below, accessibility for PwDs in municipal buildings and health care centers of both rural municipalities with some genuine indicators has been presented and analyzed.

There were sixteen indicators with one hundred and forty questions in the checklist including accessibility in municipal premises and fourteen indicators with one hundred twenty-one questions in health care centers. The major indicators were related to path from entry gate to building, ramp, parking space, corridor, citizen help desk, president’s cabin, hall, stairs, signage, toilets, basin, citizen charter, and disaster management provisions and so forth. Because of the variation in question and answer patterns the narrative style has been applied in presentation part instead of statistical tools.

### *Status of Accessibility in Municipal Building of Tarakhola Rural Municipality*

The entry gate was accessible for all people. The municipal premises was not slippery and there was a ramp with railing at the entrance of the building. There was parking space but no separate part for PwDs and no signage for indicating the parking area. There was signage to reach the municipal building entrance and inter-block paths but no location map to approach the inter-blocks buildings within the premises. There were no paths with tactile, rope to catch, pillars, audio tool and signage in braille for persons with visual impairment. The stairs were six inches high, a foot

wide with aluminum railings both sides which were good for walking. There was the provision of elevator but it was not open for use. There was signage in each section of the building but they were not accessible for the person with viral impairment.

The corridors were not wide enough while crossing two wheelchair users at a time. They should be about six feet wide as per universal design model. There was no waiting room for the citizens and no citizen help desk, either. All staff and elected bodies needed to learn sign language to communicate with persons with deaf disabilities. Signage was not placed at the front of the registration and dispatch cabin. President’s cabin was not on the ground floor and the lift was not in use which hindered PwDs to easily approach the president. The hall was on the fourth floor with no clear signal to reach it. There needed to construct a ramp to connect the stage with audience. In the field of disaster management, adequate space outside buildings had been left to escape but machine to pre-inform the disaster had not been connected. The citizen charter was accessible but not in braille code for blind and in easy to read version for persons with intellectual disabilities. There was the provision of grievance handling mechanism through e-mail, Facebook and messages in the grievance box.

The toilets needed to be spacious enough to turn away and urinals (2.5 feet high) needed to be lower enough for PwDs and children. There was enough water but wash basins were not easily accessible for PwDs. Importantly, emergency bell in the toilet was required.

Although they were newly constructed buildings, (2023) they lacked the

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provisions directed by the policies. The entity doesn't seem to have considered disability rights as an issue to address. Management of separate parking with signage, provision of location map, paths with tactile, operation of elevator, skill of sign language in staff, signage in braille, which could have been managed without much expenditure if the authorities had been conscious about policies at the time of construction.

### *Status of Accessibility in Health Care Center, Tarakhola Rural Municipality*

The infrastructural accessibility of Tarakhola Rural Municipality in health center was similar to that of its municipal building. The building was connected to the main road with a sub-way of seven meters wide. There were the provisions of ramp at the entrance, railings, stairs with right width and height, separate parking for three-wheel bike with 4x5 feet parking area, sub-paths to connect the blocks. There was signage at the pharmacy and medication cabin above the door. There needed separate weighing machine for persons with severe disabilities, hydraulic beds, and separate changing room for the patients. There were communication barriers for persons with deaf and blind disabilities because staff did not know the sign language and braille signs were used nowhere. Hence, health care centers also needed enough modifications to address the provisions in policies.

### *Status of Accessibility in Municipal Building of Badigad Rural Municipality*

As the municipal building was located at the side of Mid-hill highway, people could get public vehicles to reach the municipal building but there were villages far away from the highway

who faced difficulties to get easy access of public vehicles. There was sub-path of five-meter width to connect the building to the highway. The entry gate was accessible for all. The municipal premises was not slippery and there was a ramp with railing at the entrance of the building. There was parking space with 15x8 feet for each but no separate area for PwDs nor there was any signage to indicate the parking area. There was a signal to reach the municipal building entrance but no location map to approach the inter-blocks within the premises because there was single building in the municipal premises. There were no paths with tactile, rope to catch, pillars, audio tool and signals in braille for persons with visual impairment. There was good ramp with aluminum railings both sides at the entrance of the building. The stairs were six inches high and a foot wide with aluminum railings both sides which were good for those can walk. The space was kept for elevator but it was not connected yet. There were sign boards in each section of the building but they were not accessible for blind, deaf and persons with intellectual disabilities.

The corridors were wide enough while crossing two wheelchair users at a time. There was waiting room for ten to fifteen people and a citizen help desk at the gate but the staff didn't know the sign language. All staff and elected bodies needed to learn sign language to communicate with persons with deaf disabilities. Sign board were placed at the front of the registration and dispatch section, the window was three feet high instead of 2.6 feet as mentioned in the policy. President's cabin was on the first floor which hindered PwDs to easily approach her but Vice-present's chamber was on the ground floor (good) who was

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responsible for PwDs. The hall was on the fourth floor with no clear signage to reach it. There needed to construct a ramp to connect the stage with hall. In the field of disaster management, adequate space outside buildings had been left to escape but machine to pre-inform the disaster had not been connected. The citizen charter was accessible but not in braille code for persons with visually impaired. There was the provision of grievance handling mechanism through e-mail, Facebook, but there no grievance box. The service providers collect the complaints and suggestions from the beneficiaries for three months and address them by organizing the public hearing programs every three months. They also address the complaints which need to do immediately. The toilets needed to be connected with ramp and spacious enough to turn away and urinals (2.5 feet high) needed to be lower enough for PwDs and children. There was enough water and wash basins were easily accessible for PwDs. The emergency bell in the toilet was required.

### *Status of Accessibility in Health Care Center of Badigad Rural Municipality*

The infrastructural accessibility of Badigad Rural Municipality in health center was similar to that of its municipal building. The public vehicle was not available to reach the Health Care Center as it was away from the municipal building but the building was connected to the main road with a sub-way of three meters breadth. There were no provisions of ramp at the entrance, no separate parking for three-wheel bike. There was no signage to indicate the departments like pharmacy and medication cabin and no location map either. There needed separate weighing machine for persons

with severe disabilities, hydraulic beds, and separate changing room for the patients. There were communication barriers for persons with deaf and blind disabilities because staff did not know the sign language and braille signs were not used anywhere but there was the provision of waiting room. Admirably, there was separate changing room with hanger and outpatient department room was spacious enough for PwDs. The toilets were connected with ramp with accessible wash basins.

### *Discussion*

Making policies on disabilities is good job and implementing them is the real job as the American disability activist says, “We, in the disability community, need to ensure that policymakers are aware of our abilities, our potential, and that we have a voice” (Sygall, 2019). Human rights perspective always focuses on non-discrimination ideal advocating governments’ reliance on race or ethnicity or disability-based affirmative action. Policy design and implementation strategy has to aim “at achieving state affairs which the marginalization of racial – political and/or economic – is diminished...for a healthier society” (Perry, 2007). Therefore, awareness of policy designers and regulators plays crucial role in properly forming and implementing them.

At Tarakhola Municipal building the entry gate was accessible with non-slippery premises. There was ramp with railing available at entrance, but no separate parking for PwDs. There lacked the tactile paths, ropes, or braille signals for visually impaired. Stairs and corridors were not fully compliant with universal design standards. There was no citizen help desk or waiting room and insufficient



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provisions for communication with deaf individuals (staff lacked sign language skills). In health care centers too there were similar challenges as the municipal building. There were ramp and railings at entrance, but no separate parking or tactile paths and sadly there was communication barriers (lack of sign language and braille) which was against human rights perspectives.

The municipal building at Badigad, located near a highway, providing better accessibility via public vehicles. There was ramp with railings at entrance, parking area was available but lacked designated parking spaces for PwDs. It had better signage and some provisions for waiting rooms and citizen help desks. Communication barriers persist as staff lacks sign language skills. Toilets needed improvements for accessibility, including emergency bells. Accessibility challenges in health care included lack of ramps, designated parking for PwDs, and inadequate signage, communication barriers with no sign language or braille. There were some positive features such as, provision of changing room with hanger, spacious rooms for wheel chair users and accessible toilets. From the discussion above, the following major findings have been identified.

### Findings

- Both rural municipalities lacked improved signage, including braille and audible signals, to aid navigation for visually impaired individuals.
- Ramps and railings were generally present, but their design and placement need to adhere more closely to universal design principles. Ensuring that all facilities are reachable and usable by persons with disabilities is

crucial.

- There lacked training for staff in sign language and need to ensure all communication methods (including documents and signs) are accessible to all residents, regardless of disabilities.
- Toilets required specific improvements such as emergency bells, accessible urinals, and spacious layouts to accommodate PwDs specially wheelchair users comfortably.
- Both municipalities had identified areas for improvement in disaster management, such as connecting disaster warning systems and ensuring accessible escape routes need to be ensured.
- Status of policy implementation was not satisfactory. There are enough rooms for further improvements.

### Conclusion

Various national and international policies to address disability rights have been in practice. Nepal has been trying to implement them gradually but disability rights issues are still a discourse in the society. Policy implementation on accessibility is also a burning issue. Therefore, this paper ventured to flash out the status of accessibility policy implementation studying the position of Tarakhola and Badigad rural municipalities of Baglung district, Nepal. Both entities have taken steps towards improving accessibility, but significant gaps remain, particularly in ensuring universal access to all services and facilities. The accessibility guidelines compel the authorities to provide detailed standards for ramps, stairs, elevators, restrooms, parking spaces, and other accessible features in buildings considering the needs of PwDs.

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But study found that most of the parts lacked proper structural completeness to meet the need of PwDs which hindered them from enjoying their human rights although they are mandatory to ensure as per legal compliances.

Successful implementation of disability policies in local level requires proactive strategies that address the present shortcomings. Engaging PwDs and their representatives in policy development and implementation processes promotes inclusivity and ensures policies cater to diverse needs (Johnson et al., 2019). Leveraging technology and digital platforms can enhance service delivery and accessibility, facilitating easier access to information and resources for disabled individuals (Greenwood, 2020). Moreover, establishing clear accountability mechanisms and monitoring frameworks is essential for tracking progress and identifying areas needing improvement (Roberts & Patel, 2018). The policies have also the provisions of enforcement and monitoring mechanism for the implementation of these standards, and is essential for ensuring that buildings are truly accessible and inclusive. Addressing these issues will not only enhance the quality of life for PwDs but also promote inclusivity and compliance with international accessibility standards. Ongoing efforts in training, infrastructure development, and policy implementation are essential for achieving these goals.

### Recommendations

The research has suggested the following recommendations in order to make both rural municipalities more accessible for the persons with disabilities:

- 1. Improve signage and information accessibility:** Implement braille signage and audible signals throughout municipal buildings and health care centers and provide clear maps and directions in accessible formats (braille, large print, easy read information, audio with visual) to aid navigation within premises.
- 2. Enhance infrastructure for physical accessibility:** Ensure all buildings have ramps as per universal design and handrails at entrances, modify stairs to meet universal design standards (appropriate height and width) and install tactile paths for visually impaired individuals and ensure corridors are wide enough for wheelchair users to pass comfortably.
- 3. Facilitate communication:** Train staff/family in basic sign language to effectively communicate with persons like deaf disabilities and provide alternative communication methods (e.g., written instructions, visual aids) for those who cannot communicate verbally or through sign language.
- 4. Accessible facilities and amenities:** Designate and mark parking spaces specifically for PwDs close to entrances, ensure toilets are spacious, equipped with grab bars, lower urinals, and emergency bells for safety and provide accessible wash basins and facilities that cater to diverse needs.
- 5. Enhance disaster preparedness:** Connect disaster warning systems and ensure these are accessible to all residents, including PwDs and maintain clear and accessible escape routes outside buildings to ensure

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swift evacuation during emergencies.

6. **Training and awareness:** Conduct regular training sessions for staff on disability awareness, sensitivity, and rights and educate the community about accessibility standards and the importance of inclusive practices.
7. **Policy and governance:** Review and update local policies to align with national and international accessibility standards and establish a monitoring mechanism to ensure ongoing compliance and improvement in accessibility measures.
8. **Engage with disability organizations:** Collaborate with local disability organizations to gather feedback and involve them in decision-making processes regarding accessibility improvements.
9. **The specific recommendations for Tarakhola RM:** Construct a waiting room and citizen help desk at municipal buildings to assist residents, including PwDs, ensure all sections of the building have accessible signage and facilities tailored for diverse needs and activate the provision of an elevator to facilitate access to higher floors for PwDs.
10. **The specific recommendations for Badigad RM:** Improve accessibility of health care centers by adding ramps, designated parking, and clear signage, train healthcare staff in sign language and enhance communication aids to better serve PwDs and establish separate changing rooms and ensure all medical equipment is accessible to them.

**11. Implementation strategy:** For short-term actions both rural municipalities should immediately address critical issues such as signage and basic infrastructure improvements and initiate training programs for staff on disability etiquette and communication. For medium-term actions they need to plan and implement renovations to improve physical access in buildings and facilities and introduce accessible technology solutions (e.g., braille signage, assistive devices) gradually. And for long-term actions they are suggested that they should continuously monitor and evaluate accessibility improvements based on feedback from PwDs and community stakeholders and advocate for sustained funding and support from local and national governments to maintain accessibility standards.

By implementing these recommendations, Tarakhola and Badigad Rural Municipalities can significantly enhance the quality of life for PwDs and promote inclusivity within their communities. These actions will not only comply with legal requirements but also foster a more equitable and accessible environment for all residents of those territories.

### Acknowledgements

*This research work is the result of the support of several intellectuals, stakeholders, and organizations. First of all, I would like to express my gratefulness to Dr. Min Pun, the professor of Prithivi Narayan Campus, Pokhara for his insightful guidance and support to prepare this article. Secondly, special thanks go to Mr. Bhimsen Ban, the Vice-president of Badigad Rural Municipality,*

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Baglung and Ms. Shamjhana Thapa, the Social Development Officer of Tarakhola Rural Development, Baglung for providing me the required information of their respective municipal buildings and health care centers. Mr. Shreedhar Subedi, the Campus Chief of Myagdi Multiple Campus is thankful for his encouragement to carry out

this research and for creating suitable working environment. I would like to acknowledge NFD-N for making standardized accessibility checklist tool available in the website. I would also like to remember the colleagues and staff of Myagdi Multiple Campus for their supports in need.

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