



DISABILITY-INCLUSIVE SOCIAL PROTECTION RESEARCH

Executive summary: Evidence from Nepal

1 Summary of research project and partners

The Australian Department of Foreign Affairs and Trade (DFAT) and the International Centre for Evidence in Disability (ICED) at the London School of Hygiene & Tropical Medicine (LSHTM) have aligned goals to build a better evidence on disability and social protection in low-and-middle-income countries (LMICs). The lack of information on how to best deliver disability-inclusive social protection has been highlighted as a key barrier to effective policy-making in other research [1-3] and in a technical meeting on inclusive social protection for people with disabilities organised by the International Labour Organization and the International Disability Alliance in January 2015.

To address this gap in the evidence-base, DFAT has commissioned ICED to carry out research in disability-inclusive social protection systems, involving primary research in two countries in the Asia-Pacific region. Following a desk-based review across the region and a rapid policy analysis of five potential research sites, Vietnam and Nepal were selected as the two countries in which primary research would take place. This report presents findings from Nepal, research which was conducted in partnership with the Valley Research Group.

2 Rationale and purpose

Due to high levels of poverty and social exclusion [4], people with disabilities¹ – who comprise upwards of 15% of the global population – have been identified as a key target group for inclusion in social protection, in both international guidelines and in national strategies. The right of people with disabilities to social protection on an equal basis with others is well-established in international treaties such as the Universal Declaration of Human Rights (Article 25) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Article 28) [5].

Although social protection schemes – either mainstream or disability-specific – are increasingly being implemented in LMICs, there is currently a lack of evidence on whether these programmes are adequately reaching and meeting the needs of people with disabilities [1]. Exploring what is currently working well – and what can be improved – in each system can help to inform evidence-based policy-making for disability-inclusive social protection.

In order to generate evidence from a system that is considered to have a relatively well-functioning social protection system that has put a strong emphasis on disability inclusion, Nepal was selected as a study site for this research. Nepal has a range of programmes available to people with disabilities, including the Disability Allowance, an unconditional cash transfer, as well as other entitlements in health, education and employment.

¹ People with disabilities are defined in the UNCRPD as including those who have “long-term physical, mental and intellectual or sensory impairments which in interaction with various contextual factors may hinder their full and effective participation in society on an equal basis with others”.

3 Study Aims

The overall aims of this study are (1) to assess the extent to which social protection systems in Nepal address the needs of people with disabilities; and (2) to identify and document elements of good practice in disability-inclusive social protection, as well as challenges. As most social protection programmes in Nepal are targeted to various vulnerable groups (e.g. ethnic minorities, single women), the research mainly focuses on disability-specific schemes, as they are more relevant to a higher proportion of people with disabilities.

Specific objectives of the research include:

- (1) To describe the overall social protection landscape in Nepal, with an emphasis on the Disability Allowance and other disability-targeted schemes.
- (2) To explore the need for social protection among people with disabilities in Nepal.
- (3) To measure access of people with disabilities in Nepal to the Disability Allowance and other social protection schemes.
- (4) To explore the experience of recipients in applying for and using the Disability Allowance.

4 Methods

A mixed-methods approach, combining quantitative and qualitative data collection in a selected district with a policy analysis at the national level, was used to meet the study objectives. While the national policy analysis presents a broad overview of disability and social protection across Nepal, the qualitative and quantitative components provide a more in-depth exploration of the functioning of the system in practice by focusing on one district.

For the district-level data collection, Tanahun, a predominantly rural area in the Hills region of Nepal, was selected as the setting for this research to allow the best opportunity to identify good practices in disability-inclusive social protection. As Tanahun was identified by stakeholders as having a relatively well-functioning social protection system and adequate availability of disability-related services, the results from this study may not reflect the situation across all of Ne. As such, it should be viewed as a case study of the strengths and challenges in the Nepali system when it is working relatively well, rather than reflective of the situation across the entire country.

4.1 National policy analysis

A national policy analysis was conducted to describe the current social protection system in Nepal and assesses the degree to which it is responsive to the needs of people with disabilities. It included a literature review as well as in-depth interviews with key national-level stakeholders. Fifteen interviews with representatives from government and civil society were conducted to explore perceptions of the impact of major policies and programmes related to social protection for people with disabilities.

4.2 Quantitative research in Tanahun

The quantitative part of this study consisted of three components:

- **Population-based survey:** to estimate the prevalence of disability (using the Washington Group Extended Set questions, see Box 1) across a sample of over 6,000 individuals and compare socioeconomic indicators (e.g. per capita income and ownership of assets) between households with and without disabled members.

Box 1. Measuring disability

Disability was identified using an accepted modification of the Washington Group Extended Set of Questions on Disability, an internationally recognised, validated instrument that provides robust and internationally comparable estimates of disability [6]. The Washington Group Questions focus on an individual's ability to function within their everyday environment, rather than focusing on the presence of medical diseases or disorders.

This tool has two modules, one for children (5-17) and one for adults (18+). Both modules focus on difficulties with activities (e.g. seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care and communicating). For most questions, the responder can choose one of four options: no difficulty, some difficulty, a lot of difficulty or cannot do at all. For the purpose of this study, people who answered "cannot do at all" or "a lot of difficulty" for at least one question, or who experienced strong symptoms of depression or anxiety daily were considered to have a disability.

- **Case-control study:** to compare living circumstances (e.g. participation in community/family life, access to education, work and healthcare) between people with and without disabilities. Every person who was identified as having a disability during the population survey was matched to a person without disability from the survey of the same gender, area of residence and of similar age (+/- 5 years).
- **Survey of recipients of the Disability Allowance:** to understand their experience in applying for the allowance and their use of benefits. All people with disabilities who had reported during the case-control survey that they were currently receiving the Disability Allowance, as well as 91 additional individuals selected from the Allowance registers who were living in the cluster but not the selected area, received this questionnaire.

Data was analysed using STATA 14. Multivariate regression (conditional logistic, logistic or linear) was used to compare indicators between people with and without disabilities, people with disabilities who were and were not receiving the Disability Allowance and for differences based on other characteristics (e.g. by gender, age group, impairment type).

4.3 Qualitative research in Tanahun

In-depth interviews were conducted to explore people with disabilities' knowledge of the Disability Allowance and their experience of accessing and benefiting from the scheme. Respondents were identified during the population-based survey and selected to reflect variation by sex, age group, area of residence and whether they were receiving the Disability Allowance. Additionally, interviews with key informants working in disability and/or social protection in Tanahun or nationally were interviewed, identified through snowball sampling. Interviews were transcribed, coded and analysed through thematic analysis.

4.4 Ethics

This study was approved by the Ethics Committee at the London School of Hygiene & Tropical Medicine and the Nepal Health Research Council. Informed written consent was obtained from all study participants before beginning any interviews. For children below 16 years of age (age of consent) and people with impairments that severely limited their ability to understand/communicate, a carer answered on their behalf as a proxy. Individuals who reported unmet health needs were referred to available local services.

5 Social Protection Provisions for People with Disabilities

Most social protection entitlements in Nepal are targeted to specific groups deemed to be at high risk of poverty, including people with disabilities, with few truly mainstream programmes.

Key disability-targeted entitlements are listed in Table 1. In order to receive social protection benefits, an individual must first undergo an assessment of disability and receive a disability card. This assessment is typically conducted by a Disability Identification Committee, which is located at the Women and Children's District Office (WCDO) in the district capital. After an individual submits an application to the WCDO, they are then assessed through an in-person evaluation on their level of difficulty in performing daily activities and participating in social life. Medical documentation and references from Disabled Peoples' Organizations (DPOs) can be used to supplement this assessment. Based on the results of the assessment, an individual is classified into one of four disability card categories (from least to most severe: white, yellow, blue, red). The disability card category determines which social protection benefits a person is eligible for.

Entitlement	Eligibility	Description of benefit
Social assistance (Disability Allowance)	Red, blue	<i>Unconditional monthly cash transfer:</i> NR 1000 (red), NR 600 (blue) (as of fiscal year 2016/17)
Education supports	Any classification	<i>Scholarships:</i> from NR 100-3000, based on area of residence and whether a student boards at school. <i>Free post-secondary tuition:</i> at Tribhuvan University
Transportation discounts	Any classification	Free or subsidized public transportation.
Vocational training & employment supports	Any classification	Various (e.g. 5% quota in public sector, free vocational training from approved sources, discounts on income tax, early retirement for civil servants with disabilities)
Healthcare benefits	Any classification	Various (e.g. discounts on some drugs/health services, reservation of 2 hospital beds in facilities with over 50 beds)

Table 1. Disability-targeted social protection provisions

In addition to the above programmes, people with disabilities may be eligible for other types of social assistance if they belong to other groups the State targets for social protection (e.g. single women over 60/widows, certain ethnic minorities, older adults).

6 Findings and implications

6.1 Need for social protection

Nepal's social protection framework for people with disabilities acknowledges and seeks to address diverse drivers of poverty and marginalization. International norms and frameworks highlight several core functions of social protection, including ensuring adequate standards of living, fostering stronger livelihoods and reducing inequalities. While specific aims of social protection in Nepal have not been formally outlined, they are generally meant to “maintain a degree of equity among citizens” and ensure all citizens are able to “live a decent life” [7]. In line with these aims, data from the quantitative research was used to explore the current living situation of people with disabilities to determine the need for social protection.

6.1.1 Poverty and meeting basic needs

Households with members with disabilities were significantly more likely to be living in poverty compared to households without disabilities across a range of. For example, a third were living below the international poverty line², which was significantly higher than for households without disabilities (aOR=1.7, 95% CI: 1.7-2.4). Households with members with disabilities were much more likely to experience food insecurity, with almost twice as many households reporting that they lacked food due to financial reasons in the past month.

In addition, households with members with disabilities encountered extra disability-related expenses (e.g. extra transport, medical and rehabilitation costs, purchase of assistive devices) that lowered their standard of living. These “extra costs” of disability were estimated to be 33.5% of household income. This means that on average, the income of a household with a member with a disability would need to increase by 33.5% – the equivalent of US\$67 per month – in order to enjoy the same standard of living as a household without members with a disability.

6.1.2 Barriers to developing stronger livelihoods: health, education and decent work

People with disabilities in Tanahun had lower levels of health compared to people without disabilities. For example, the vast majority of people with disabilities (75%) rated their overall health as poor/very poor while most of their peers without disabilities (87%) considered their health as at least average. Additionally, few had received assistive devices or rehabilitation. Financial accessibility of healthcare was a key challenge, as almost a quarter of households with members with disabilities experienced catastrophic health expenditures³ in the previous month, which was significantly more than for households without members with disabilities (aOR=2.1, 95% CI: 1.2-3.7).

Concerning education, children with disabilities were less likely to go to school compared to their peers without disabilities (57% vs 100% enrolment) and were more likely to be left behind academically if they did enroll. Adults with disabilities had similarly poor outcomes: they were more likely to have never attended school compared to adults without disabilities (aOR=1.9, 95%CI: 1.0-3.4) and had lower levels of educational attainment and reading ability.

² Defined as an income of less than US\$1.90 per person per day, purchasing power parity

³ Defined as spending on healthcare greater than 25% of monthly income

Access to decent work is key to promoting stronger livelihoods. However, among working age adults (18-65 years), people with disabilities were less likely to have worked in the past 12 months compared to their peers without disabilities (aOR=3.0, 95% CI: 1.8-4.9). When people with disabilities did work, they earned less a third less of the salary of people without disabilities, were engaged in less stable work and worked one month less per year on average.

6.2 Access to social protection

In order to access disability-targeted social protection entitlements that might address the high levels of poverty and inequality experienced by people with disabilities and their households, people with disabilities must first receive a certification of disability, which will determine the level and types of support they are entitled to receive. The application process and assessment system in Nepal provide examples of strengths and challenges in designing disability-targeted social protection systems.

6.2.1 Coverage and uptake

Nationally, there are 198,788 disability card holders as of 2015 [8], with 62,320 receiving the Disability Allowance in the 2015/2016 fiscal year. Using the 2011 Census prevalence of 1.9% [9] - which has been widely acknowledged as a severe underestimate – coverage of the disability card and Disability Allowance would be 37% and 12% respectively, so it is certain that many people with disabilities are not participating in programmes that they are eligible for.

In Tanahun, coverage of disability card and the allowance were 32.1% and 14.5% respectively. Uptake of other disability-targeted social protection entitlements – such as transportation discounts or vocational training – was very low.

Households with members with disabilities were also frequently receiving non-disability-targeted social assistance, particularly cash transfers that are given to older adults. Coverage for the Old Age Allowance was universally high among people who were eligible (age 70 years and older), with 89% coverage for people with disabilities and 79% for people without disabilities. Overall, households with members with disabilities were more likely to receive social assistance compared to non-disabled households (53.0% vs. 27.1% participation).

6.2.2 Elements of Nepal's social protection system that promote access

Nepal's disability-targeted social protection system underwent significant changes in 2015-2016. In addition to doubling the value of Disability Allowance allotment, quotas on the number of blue card holders who could receive the cash transfer were removed. This change led to a doubling of the number of people receiving the Disability Allowance between fiscal years 2014/15 and 2015/16. Furthermore, the number of annual deadlines for processing applications was increased in the 2016/17 fiscal year, which will very likely decrease the wait time to receiving benefits.

Another key facilitator to access is the strong involvement of DPOs in disability-targeted social protection policy and delivery. For example, DPOs are actively involved in the disability assessment process, when possible. Though not every district has an active DPO, coverage of DPOs across Nepal is generally high. In Tanahun, DPOs also helped applicants

navigate the application process, which can encourage further linkages with their services among people with disabilities moving forward.

Additionally, several adaptations have been used to improve the accessibility of the application process. Notably, outreach camps – which have been rolled out throughout Nepal – allow for substantially quicker turnaround of applications, as all steps (application submission and review, disability assessment, card level decision) are completed simultaneously rather than over several visits. Furthermore, as outreach camps are conducted closer to applicants' homes, they reduce the physical and financial barriers involved in travelling to the district capital to submit an application. Other steps have been taken to streamline the standard application process include in Tanahun and other districts, allowing the WCDO to make decisions on the majority of applicants, limiting the involvement of the Disability Identification Committee to “complex cases” in order to reduce the time and number of visits needed to receive a disability card.

Finally, psychosocial health providers have been working with assessors to improve their understanding – and thus decision-making on card level categorisation – for people with psychosocial impairments. In the past, people with psychosocial health conditions were frequently denied social protection benefits due to poor understanding and misconceptions on these conditions among assessment committees.

6.2.3 Barriers to accessing social protection

While the above changes have led to great improvements in the access of people with disabilities to social protection, some challenges remain. Even in Tanahun, which has a relatively well-functioning social protection system, coverage is low: only 15% of people with disabilities received the Allowance, while 32% have a disability card.

Some of the challenges in access relate to the assessment criteria used to determine if a person has a disability and their card level categorization. While the disability card classifications are based on functioning, which is in line with the UNCRP, criteria for assessment are fairly subjective. Assessors also have often not received adequate training in their implementation. While assessments for people with visible or very severe forms of disability (e.g. physical impairments, blindness/deafness, severe intellectual impairments) were reported to be straightforward, mild to moderate forms of intellectual, communication and developmental impairments as well as certain psychosocial impairments were seen to present a challenge for the classification process. In the end, there was a heavy reliance on medical documentation of impairments in informing disability assessments, which not only veers from UNCRPD recommendations, but also creates additional barriers for applicants in compiling their dossiers.

Furthermore, applications for the disability card are conducted at district-level, which can be cumbersome particularly for people living in rural areas or in poverty or who have mobility limitations. For example, Tanahun covers an area of over 1,500 km², much of which is rural with limited roads or transportation available; other areas in Nepal – particularly in the Mountain region – will have even greater access challenges. For all other social assistance programmes, applications are conducted at the lowest administrative unit (Village Development Committees), which is much more geographically and financially accessible for applicants.

Example of challenges during the application process: A father found it very difficult to get a card for his daughter, who is blind and has a hearing impairment. He says he needed to go to Pokhara (a large city in the neighbouring district) for medical documentation three times and Damauli (district capital) four times, as he was told “this thing or that thing was missing or would not do.”

Finally, awareness and use of entitlements other than the Allowance was low among disability cardholders. Even when disability cardholders were aware of these other benefits, in many instances they were unable to access them due to poor compliance among service providers in honouring certain entitlements, notably for discounts in transportation and healthcare.

6.3 Utility of social protection: do current programmes address the needs of people with disabilities?

Evidence from Tanahun, which is reflected in research from other areas of Nepal [10], indicates a clear need for social protection among people with disabilities, given high levels of economic poverty, less stable livelihoods and barriers to accessing healthcare, education and opportunities for work. While social protection is not the only intervention for addressing these needs, Nepal’s disability-targeted social protection entitlements have the scope to target at least some of them.

6.3.1 Strengths of Nepal’s social protection system in addressing the needs of people with disabilities

The social protection system in Nepal includes a wide range of benefits for people with disabilities. Entitlements in health, education and employment, combined with the cash transfer acknowledge multiple elements of potential social and economic vulnerability.

Furthermore, the value of the Disability Allowance was doubled in the 2016/17 fiscal year. Even though the amount (which, at the time of the study, was pre-2016/17 increased level) was insufficient to meet all needs, Disability Allowance recipients reported that receiving the cash transfer and other benefits had positive impacts in areas such as meeting basic needs, accessing medical care and improved their relationship with other members of their households.

Finally, most recipients in Tanahun were satisfied with the delivery of the cash transfer. Few Disability Allowance recipients reporting issue with any elements of the collection process, the majority finding it accessible and reliable. Bank accounts were not required to receive the monthly cash allowance and in Tanahun, a nominated proxy could pick up the allotment if the beneficiary faced barriers to travel.

6.3.2 Challenges faced in Nepal's social protection system for addressing the needs of people with disabilities

Many social protection recipients still faced high levels of poverty, food insecurity and barriers to developing stronger livelihoods, meaning that the current content and delivery of social protection is unlikely to be sufficient in ensuring people with disabilities meet adequate standards of living.

In addition to the uptake of many entitlements being low, the content of many benefits could be better aligned to meet the needs of people with disabilities. For example, assistive devices, rehabilitation and other disability-specific healthcare services are not covered under either disability-targeted or general healthcare entitlements. Although DPOs and NGOs are involved in the provision of these services, their coverage is limited, meaning many people with disabilities will either have to pay out of pocket or forgo needed health services. Similarly, employment-related benefits (e.g. job quotas, social insurance) focus exclusively on the formal sector, with little available for the informal sector – which is where the vast majority of Nepali citizens, including people with disabilities, work. Additionally, vocational training programmes tend to be centralised and often fail to provide people with disabilities with employable skills sets based on their individual abilities and the demands of the local job market.

The insufficiency of the cash transfer amount

“What will I buy with 300 rupees [previous value of blue card Allowance monthly allotment]? Not enough even to go from here to Damauli. Everything is expensive. I need to take medicine every month; 300 is not even enough for that.” (Disability Allowance recipient)

“[The Disability Allowance] is nominal, minimal...absolutely insufficient.” (Government official)

Furthermore, while social protection may address financial barriers to accessing existing services, the quality and accessibility of the services themselves may still limit use. For example, transportation may be limited or inaccessible, while schools can be far away or do not offer disability-specific resources or instruction.

Finally, the restriction to only receiving one type of cash assistance at a universal rate does not acknowledge additional financial needs stemming from multiple risk factors for poverty and deprivation. This limitation particularly affects older adults, as disability becomes more prevalent with increasing age.

7 Recommendations

The recommendations outlined below are the result of consultation between the London School of Hygiene & Tropical Medicine, Valley Research Group and stakeholders in disability and social protection in Nepal, including representatives from government, NGOs, DPOs and other experts, who were consulted as part of a dissemination workshop in Kathmandu on March 21, 2017.

7.1 For national policy

- Consider ways to update social protection benefits so that they better enable people with disabilities to at least meet basic needs, accounting for both ordinary and disability-related costs. This may include increasing the value of the Disability

Allowance allotments in line with the Supreme Court recommendations or targeting some of the drivers of poverty through other programmes (e.g. expansion of healthcare entitlements to target high healthcare costs, better access to and quality of vocational training).

- Streamline the application process for the disability card, for example by empowering the WCDO to conduct assessments independently for non-complex cases. Also, consider conducting applications at VDC-level, as is done for with other forms of social assistance, or planning more mobile outreach camps.
- Align benefit packages with the needs of people with disabilities more effectively, taking into consideration differences in contexts and individual characteristics. For example, vocational training programmes should be better tailored to meet the needs of the local job market and the skills of the participant. Similarly, more focus is needed on employment in the informal sector, where many people with disabilities, particularly women, work.
- Increase availability, quality and budgets for health and rehabilitation services/assistive devices, vocational training, specialist education resources and disability-friendly infrastructure and information.
- Review criteria for assessing disability to promote better inclusion of people with certain impairments (e.g. of people with psychosocial impairments, disability due to ageing). Also, increase training of assessors to improve their understanding of disability.
- Promote greater inclusion of people with disabilities in the design, implementation and monitoring of all social protection schemes.
- Ensure non-disability targeted programmes are inclusive of people with disabilities. Notably, remove limitations that individuals can only receive one type of social assistance or adapt eligibility criteria and benefit levels to adequately reflect and address overlapping sources of marginalisation.
- Collect statistics on the coverage and use of all disability-targeted social protection entitlements as well as the participation of people with disabilities in non-disability targeted programmes.
- Enact other initiatives that support the development of more inclusive societies. Social protection is one tool for reducing poverty and improving living conditions among people with disabilities, but its benefits will be maximised if barriers to inclusion such as inaccessible built environments, discrimination and lack of quality, affordable healthcare and education are also addressed.

7.2 For implementation in districts

- Increase awareness among people with disabilities about the range of disability-targeted and non-targeted social protection entitlements available. For example, DPOs, as well as NGOs working in disability or social protection, should be trained to engage with their membership to encourage and support applications. In particular, benefits available to lower level cardholders need to be more broadly publicised to encourage applications amongst those ineligible for social assistance as well as

increase their uptake among already certified people with disabilities and encourage enrolment of people with less severe disabilities.

- Strengthen referral strategies to link people with disabilities with other services and programmes, including rehabilitation, vocational training and educational programmes. For example, increasing the role of DPOs in the application process could enable them to reach out to a wider range of people with disabilities and increase their awareness of the variety of services they can access.
- Ensure service providers (e.g. in public transportation, healthcare) honour entitlements. Key activities could include improving awareness of these benefits among relevant providers, collecting data on the use of benefits and more rigorously enforcing compliance.
- Increase engagement with DPOs and people with disabilities to ensure their meaningful participation in planning, implementation and monitoring of the Disability Allowance, linked benefits and other forms of social protection.

7.3 For research

- Longitudinal, impact evaluation studies are needed to explore the effectiveness of social assistance, health insurance and other social protection provisions in promoting the economic and social inclusion of people with disabilities. Measuring changes pre- and post-enrolment, and at different time points over the duration of support, can determine more fully if social protection improves living circumstances and well-being for people with disabilities.
- Identify best practices and tools for assessing disability, including for psychosocial impairments and in young children, in the context of social protection eligibility. Evaluate the consequences of different approaches in terms of human and material resources required, experience of the applicant and resulting coverage for different subgroups (e.g. by impairment type, age groups, sex). Additionally, explore and trial monitoring strategies that governments can implement to make use of information collected during the disability assessment process to better understand support needs of people with disabilities and plan adequate policy responses.
- Conduct similar research across other districts in Nepal (particularly in the more inaccessible mountain areas) and internationally to explore how the need for and access to social protection varies in different contexts. Analyses on the strengths and challenges of other social protection systems in responding to the needs of people with disabilities would broaden a currently limited evidence base.
- Across all research, disaggregate data to account for the heterogeneity of experiences of people with disabilities, due to factors such as sex, age, impairment types. Explore in targeted research the impact of intersectionality on need for, access to and use of social protection.
- Conduct research focusing on the inclusion of people with disabilities in large-scale mainstream schemes and consider the merits and disadvantages to targeted or mainstream approaches to social protection for people with disabilities.

7.4 For donors

- Mainstream disability across all programmes. For example, include indicators on disability (disaggregated by sex, age group, impairment type and other characteristics) in monitoring and evaluation frameworks to ensure projects are disability-inclusive in terms of access and impact.
- Support more research on disability and social protection to improve the evidence-base in this field. In particular, impact evaluations of existing programmes and trials of new interventions are needed to establish “what works”. This could include consideration of contexts where disability-specific approaches are appropriate or effective, and those where an approach of improving the inclusiveness of and access to mainstream services is appropriate.
- Work with governments and other stakeholders to promote and enact evidence-based policy for disability-inclusive social protection.
- Advocate for full inclusion of DPOs and people with disabilities within all stages of policy and programme development, for social protection or otherwise.

8 References

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