

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Disability is defined as a result of impairment a person might not be able to perform activities of daily life considered normal. A disability describes a functional limitation. For example, being disabled means having difficulty communicating (includes difficulty seeing, hearing and speaking), having difficulty moving and having difficulty learning. In other words, 'it is the restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. (UNICEF/NPC, 2001).

A disability is defined as condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease. Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in ICF body structure and function and impairment thereof, activity and activity restrictions and participation and participation restrictions. The classification also recognizes the role of physical and social environmental factors in affecting disability outcomes.

These days, somehow people in the society have become sympathetic towards the cause of disability. Realizing the duty, the state is gradually taking steps to improve the situations of people with disability in the country by formulating the acts and laws for the protection of the welfare of individuals with disabilities, bringing out the new policies for integrating them in the mainstream society and systematizing the surroundings disability friendly. Enactment of Disabled Peoples' Welfare Act -1982 (DPWA) is one of the major outcomes of the subsequent change towards the support for the people with disabilities by the state after celebrating the International Year of Disabled People (IYDP) in 1981. The DPWA is considered as a comprehensive legal

framework which incorporates the provisions that are essential for the enhancement of lives of Persons with Disabilities. There are legal provisions addressing the disability rights such as, Special Children Act-1992, Disabled Protection and Welfare Rules (DPWR) - 1993, Special Education Policy - 1996, Disabled Service National Policy - 1996, Local Self-Governance Act - 1999, Labour Act -1999, Education Act Seventh Amendment – 2002 and National Policy and Plan of Action on Disability - 2006 have addressed the concerned issues of Persons with Disabilities (Naido& Pinto, 2013).

In 1980, the WHO adopted an international definition of disability as, “A disability is any restriction or lack of ability (resulting impairment) to perform an activity within the range considered normal for a human being. A disability may be temporary or permanent, reversible and progressive or regressive” Of the estimated 650 million persons with disabilities worldwide, 80 percent live in developing countries and are denied access to basic health, education, and support services (WHO, 2005). Majority of this populace is isolated and discriminated against, facing significant challenges to participating in society. Nepalese society is still mostly rural, and religious beliefs have a strong influence: even those living in urban areas are likely to be affected by prevailing, traditional views. Views on disability are often inflected by religious teachings which regard it as a punishment for the prior misdeeds of the parents (Lamichhane, 2014).

1.2 Introduction to Disable in Nepalese Context

Due to lack of awareness, majority of the people see disability as a result of the sin in the past life. In this context in Nepal, disabled people are seen as ill omen. Majority of people still misperceive disability as the result of various supernatural factors such as fate, punishment of gods, evil eye curses or punishment for parents’ sins (NPC /UNICEF, 2001). Because of the strong social stigma accorded to disability in Nepal, disabled people are hidden in family, excluded from hub-dub of social arena. This exclusion is even more perpetuating with the belief that due to disability, disabled people cannot do anything on their own. So, the issue of social inclusion of disability is important aspect to consider because of the pre-existing cultural beliefs in deeply rooted patriarchal Nepalese society, there are many barriers in participating in education, economic activities and social functions as well as many life activities for people with disabilities. Due to which most of them are poor, illiterate and above all

stigmatized as well as segregated from the mainstream society; thus living a miserable life. Disability and related issues are seen as one of the major responsibilities of the state towards the citizens. However, disability management has been a big problem in an economically weak and developing country like Nepal.

National Disabled Federation-Nepal, representing 171 organizations working in disability including self-help organizations, has defined disability as the condition of limitations in carrying out activities of daily living (ADL) as well as full participation in social life due to problems in body organs, body systems affecting physical, social and cultural environment along with communication.

The constitution of Nepal defines a disabled person as one who is mentally or physically unable to lead a normal life. Similarly, the World Health Organisation's (WHO) definition of disability denotes impairments, activity limitations and participation restrictions. The term includes persons whose mobility is limited and those with hearing and visual impairments. The 2011 Census Report of Nepal (CRN) has classified disability into seven distinct groups:

Physical disability: partial or total loss of physical operational abilities; problems with the use and movement of nerves or muscles; and complications with the composition and, or operation of bones and joints including amputation, arthritis and cerebral palsy. 2. Vision-related disability: where an individual's eyesight is impaired and cannot be corrected. Where an individual is unable to see clearly from both eyes at a distance of 10 feet, they are considered to be blind, whereas if an individual cannot see clearly from both eyes at a distance of 20 feet, they are considered to have 'low vision'. 3. Hearing-related disability: a condition in which an individual is unable to hear sound, and, or the rise and fall in sound. A deaf individual is someone who cannot hear sound above 80 decibels. An individual who can hear sound between 65-80 decibels is considered to be hard of hearing. 4. Deaf-Blind: an individual who has both vision and hearing-related impairments. 5. Voice and speech-related disability: this is characterised by unclear speech and unnecessary repetition of words and letters. 6. Mental Disability: where an individual has abnormal brain function. There are three classifications:

And physical disability is the condition in which the person cannot walk, function and uses the body organs due to disorders of nervous, muscular, structure of joints and bones. For example: Poliomyelitis, Muscular Dystrophy, Chronic problems related to joints and spine, club feet, rickets, disability caused by diseases of bones etc. WHO has categorized the dwarf people as physical disability.(NFDN, 2006, BS).

Following the Second World War, concern over disability grew stronger. It sought to reach and release the potentials of disabled persons, especially following the signing of the United Nations (UN) Charter (1945), the Universal Declaration of Human Rights (1948) and the Declaration of Rights for Disabled people in 1975. In these instruments, the UN declared that persons with a disability had their own right to respect, dignity, and civil, political economic and social security.

1.3 Role of NGO for Disability Empowerment

National Federation of the Disabled Nepal (NFDN) has been established as cross disability umbrella organization in 1993 and registered as a non profit non-governmental organization. It works to protect and promote the rights of persons with Disabilities. The inclusion and mainstreaming of disability issues in the national development process and to enhance the participation of people with Disabilities in the four major strategies intervention such as awareness and sensitization, advocacy and lobbying capacity building, networking and collaboration.

The study explores the contribution of a Non-Government Organization in national goal set by government of Nepal. Forward Looking is a non-governmental non profit organization. The forward looking has been implementing to programme. One is the empowerment programme of person with disabilities and another is the scholarship programme. The both programme have been implementing by forward looking with grant support from Felm/Nepal. The empowerment program for the person with disabilities has been implementing from 2009 AD. And the scholarship programme has been implementing from 2006 AD. The empowerment programme for the person with disabilities program aims to create and enabling environment for the person with disabilities to live dignified life, enable, self reliance with the active participation in society on an equal basis age others. The next program which has been implementing by forward looking is scholarship program .The goal is to transform the lives of pupils

with disabilities throw formal educational support for dignified life, the scholarship program was introduced by the Forward-looking together with international partner. Annually about 400 pupils with disabilities get scholarship Grant from the Forward Looking.

The main aim of the empowerment program of persons with disabilities program is to promote the effective participation of persons with disabilities in community activities and service including participation on local decision making structure, providing support to act as change agent for the rights of all person with disabilities and increase the income as well as employment rate of person with disabilities of Lalitpur, Kathmandu , Bhaktapur, Dhading, Gorkha, Kaski, Baglung, Sunsari, Morang, Banke, Palpa and Kailali district. Forward-looking implementing this programme in society–

- ❖ Awareness rising on rights of disabilities person.
- ❖ Forward-looking has implemented leadership and group management training and skill development to self help group members around working areas.
- ❖ It has implementing vocational skills technical training to person with disabilities.
- ❖ It has implementing direct support to persons with disabilities for small business activities or for employment activities.

This project has formed self help group of person with disabilities in the working rural municipality and has been providing vocational training, seed money support for income generation and has mobilised the self help groups for awareness rising and advocacy related activities.

1.4 Statement of the Problem

All people of the nation have the right to live with dignity, right to equality, right against discrimination, right against exploitation, right relation to education, right to employment according to the present constitution of Nepal, 2015 A.D. The Forward Looking is working in the above mentioned rights in different form. But there is no proper research to explore the contribution of the Forward Looking. The research paper will try to explore the contribution of Forward Looking through the two programs, Empowerment Program for the Persons with disability and Scholarship. In Nepal, there are thousands of NGOs working in the development sector. However,

there is no proper research regarding the contributions to the nation. It is important to know the contribution.

Therefore, this research paper tries to find the existing situation of the persons with disability and the services provided by Forward Looking and explore the services delivery system. So, the researcher tries to suggest the findings for the betterment of the organizations and the services provided in previous days through the different programs. This research analyzes the service deliveries, service strategies, covering areas and some recommendations regarding the services to improve provided by Forward Looking.

The study is concentrated on the following research questions;

- i. What is the socio economic status of the disable?
- ii. What is the condition of disability in Nepal?
- iii. What is the status of that provided by Forward Looking to disability Empowerment?

1.5 Objectives of the Study

The general objective of this study is to know the services that are provided by the Forward Looking to the disabled people in Nepal. Specific objectives are as follows;

- i. To analyze the socio economic status of the respondents.
- ii. To explore the situation of disabilities of the respondents in the study area.
- iii. To examine the support that provided to the disability Empowerment in the study area.

1.6 Significance of the Study

Regarding the dynamic services and the contribution of Forward Looking, it is necessary to understand the significance of non-governmental organization in Nepal in the present days and for the future days. The study will significance for contributing the help for the persons with disability may not be small because the help may not be simple for those who are suffering by very dangerous financial problem in

their daily life. The study was significance for FL, and other non-government organizations that are working in the field of disability empowerment program.

1.7 Limitations of the Study

The study is limited in the following limitations;

- i. The study only focused on the services that provided by the FL to disabled people covered the period fiscal year 2018/2019.
- ii. Only 60 numbers of respondents were taken in for study purpose.
- iii. The area were covered only in Lalitpur metropolitan city of Lalitpur district.

1.8 Organization of the Study

The study is divided into five different chapters.

Chapter first is about the introductory part which deals about the Background of the study, Introduction of Disable in Nepalese Context, Role of NGOs for Disability Empowerment, Statement of the Problem, Objectives of the Study, Significance of the Study, Limitation of the Study and Organization of the Study.

In the second chapter review at international context, national context, policy review and research gap were incorporated.

Similarly the Third chapter is about the methodology of the research Part which deals about the Research Design, Selection of the Study Area, Study Population & Sampling, Data Collection Method, Analysis and Data Presentation and Ethical Consideration.

Included in the Fourth chapter Data presentation And Analysis part which deals about An Overview of Forward Looking NGOs, Socio Economics Characteristics of the Respondents, Disability Situation of the Respondents and Service about Forward Looking.

Finally the study is conducted by prescribing the summary, conclusion and recommendation.

CHAPTER-II

REVIEW OF LITERATURE

A literature review is a secondary source, and associated with academic-oriented literature, such reviews are found in academic journal, and are not be confused with book reviews that may also appear in the same publication. In this chapter it included the review at international context, review at national context and policy review.

2.1 Review at International Context

Finkelstein, (1980) describes disability as the outcome of an oppressive relationship between people with impairments and the rest of society. “Once defined as a disabled person, the individual is stigmatized, and social expectations about how a person with disability should behave, or what they are capable of doing, exert an influence independent of their impairment. The assumption is that the form of disability – that is, social oppression – is universal is rejected by those following a social approach who point to the cultural and historical variation which characterizes disability”. The social concept of disability explains the individual’s experience of disability in the context of the overall biography as the interconnected social relationships and life history. As a result, when the circumstances of disabling barriers and attitudes in society get widen, the impact of state policies and welfare support system becomes weaker. There are several evidences of marginalization of individuals who possesses the lower hierarchy in the power relationship in the society. People with disability have been effectively marginalized and excluded from the mainstream of social life; and this aspect of disabling society needs to be explored in the context of unequal power and social resources (Barnes, 1999).

UNESCO, (1994) analyzes, the discourse of disability studies, segregated schools for children with disabilities have long been preferred option ahead of mainstream schools. However, the recent concepts of social inclusion clearly criticize the segregated schools for special groups in the society. Critics of special education argue that removing children with disabilities from family, peer and the local community has wide-ranging negative effects. It has been criticized that residential and

segregated schools have restricted the opportunities of children with disabilities from growing the social

Network with their non-disabled counterparts. Instead of segregated institutions; inclusive education system is advised to be preferred for overall inclusion of people with disabilities in the mainstream society. As an illustration, the Salamanca Statement and Framework for Action on Special Needs Education was endorsed by governments. It is unequivocal in declaring that ‘the integration of children and youth with special needs is best achieved within inclusive schools that serve all children within a community’.

Studies looking at the wide range of countries document the very different ways in which different cultures perceive impairments and body –mind variations. Different societies are comprised of different cultural beliefs and these cultural beliefs are guided by the existing religions followed by people. “It is widely argued that religious ideas and teachings are the main determinants of what is socially acceptable in non-Western contexts, which means that the role of material factors in the creation of disability is largely overlooked” (Barnes & Mercer, 2003). In societies where these religions claim wide popular allegiance, perceived impairments are significant for people’s life chances, because they are widely regarded as misfortunes, sent by deity, karma, fate; often associated with parental sin. These religions like Christianity also tend to emphasize ways of understanding and responding to misfortune through individual acceptance as a means of spiritual salvation. However, most social research in poorer countries has concentrated on responses to impairment in small-scale, rural-based groups, where religious beliefs may exert a stronger impact than they do on those living in urban environments (Ingstad & Whyte, 1995).

During the 1970s and 1980s, disabled activists and their organizations voiced increasing criticism of the individual, medical model of disability. In developing what became known as a social approach to disability, disabled people with impairments, and therefore any meaningful solution must be directed at societal change rather than adjustment and rehabilitation. The Union of Physically Impaired against Segregation (UPIAS), a strong critic of individual medical model argued to put the responsibility of disability completely on the failure of society. UPIAS (1976) argues that “in our view it is society which disables physically impaired people. Disability is something

imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. People with disability are therefore an oppressed group in society’.

The medical model of disability was predominant in the 1950s and 1960s. It identifies differences and disabilities in accordance with their individual pathology and disabilities. Underlying this is a theme of defect and deficit, which the professionals use to cure the patient. A variety of treatment and interventions have been developed for persons with particular labels or diagnoses under this model (Skrtic, 1991). Here, learners’ special needs are viewed according to their psychological, neurological and physiological impairment.

Johnstone, (2001) notes there are three essential elements in this medical model: i) an assessment of what symptoms a child presents with, ii) diagnosis as per the condition or syndrome, and iii) cure or treatment of the condition. In contrast to the medical model, the sociological model advocates that society has a part to play in causing disability by placing barriers to accessibility for persons with impairments. Thus, it posits that individuals’ attitudes, values and beliefs cause disability such that it is society that requires treatment, rather than the impaired individual. Applying this to the context of education, the Sociological model states that problems can be solved if the disabled and non-disabled work together. This is to be practiced through a curriculum that focuses on compliance, and training in ‘acceptable behaviours.’ (Corbett, 1996, as cited Morton, 2007).

Skidmore, (2002) observed two English high schools that were working towards developing a more inclusive environment. He found that teachers had different forms of pedagogical reasons to explain the educability of their students, as well as their successes and failures and choices in curriculum models. Skidmore found that teachers generally used two types of disability models: discourse of deviance and discourse of inclusion. Interestingly, the discourse of deviance model is similar to the medical model, whereas the discourse of inclusion model adopts the social model.

Baquer & Sharma, (1997) define, “The individual’s impairment or abnormality necessitates dependence on family, friends and welfare services, with many segregated in specialized institutions. In short, disability amounts to a ‘personal

tragedy' and a social problem or 'burden' for the rest of society". People with disabilities have been treated cruelly and negatively understood for very long historical time. They have always been present in our society being hidden or even in enigmatic form sometimes but due to various reasons they have become more visible in the present days. It is always difficult but important to define disability and there are many definitions available of which each one is valid with its own purpose. Definition of disability can be considered from medical or social models and also from the one which includes people with disability to society to the one which excludes as well as segregate them. People with disabilities are tend to be labelled as handicapped, disabled or impaired because they look different from the rest of society on account of their appearance, behaviour or capacity to learn.

UNICEF/NPC, (2001) had classified disability into four categories:

- 1. Communication disability:** a disability concerning seeing, hearing and speaking.
- 2. Locomotion disability** (concerns with the defect or deformity in the limbs, which make a person unable to perform the daily activities of life. Locomotion disability includes the mobility and manipulation disability concerning the lower limbs and the upper limbs respectively.

3. Mentally retarded: is further divided into two categories:

- a) Mental retardation: The failure to acquire the ability to perform activities or to learn new tasks as per the person's age and environment, due to delayed mental development prior to the age of 18 years was classified as mental retardation.
- b) Disabilities as a result of neuron-psychiatric conditions: Disabilities due to neuron-psychiatric conditions can be classified as epilepsy and chronic mental illness.

4. Multiple/Complex Disabilities:

Those who had more than one type of disability were considered to have multiple/complex disabilities.

Thomas, (2002) focused on job situation of disabled as, "It is true that men with disabilities also face similar problems in establishing family life as that of women

with disabilities but their chances of marriage are higher, due to their entitlement to family property and also the greater likelihood of getting jobs.

Barnes and Mercer, (2003) examines, disability has been tried to be understood in terms of social oppression and social exclusion which has led the debate of inclusion versus exclusion in the broader dimension. Social oppression concerns the restrictions imposed on social groups such as people with disabilities which keeps them from participating in everyday social activities; to the extent that such social exclusion is practiced, people with disabilities have fewer possibilities to advance and defend their interest within society.

Barnes and Mercer, (2003) examines, "Twentieth -century social theory typically followed medical judgements in identifying disabled people as those individuals with physical, sensory and cognitive impairments as less-than -whole' and hence unable to perform valued social roles and obligations". In the same line, (Albrecht, 1976) explains: Such incapability of an individual has left the person dependent on the others. These and other negative associations meant that disability was perceived as a 'personal tragedy'; an approach in which the individual is regarded as a victim, and as someone who is in need of 'care and attention', and dependent on others – a perspective which has been at the heart of contemporary social welfare policies designed to help people with disabilities cope with their disability. The individual medical model of disability basically concerns to diagnose the bodily or sensory abnormalities and provide suggestions for appropriate treatment required. There is an associated administrative and policy interest in translating the individual's disability into specific needs for welfare benefits and services.

UNICEF, (2010) studies about disability as "1.63 per cent prevalence rate, whereas various district level studies indicate 3–5 per cent. WHO estimates 7–10 per cent prevalence in underdeveloped countries overall, including Nepal. The major causes of disability are poverty, malnutrition, polio, communicable diseases, consanguinity, and accidents cent of persons with disabilities in Nepal lack education. Furthermore, 85 per cent of people with disabilities have no access to health facilities related to their impairment; 77.8 per cent of people with disabilities are not engaged in any income-generating activity, and some 69 per cent of people with disabilities depend on their families, which poses an economic problem for the household."

Brandt, (2015) examined the exclusion is the otherness of inclusion which means that inclusion presupposes exclusion. If we didn't exclude we didn't need to include. At the same time, we need to exclude in order to include. Inclusion and exclusion are two connected and interdependent processes. However, illustrate how important it is to challenge these binaries, including inclusion versus exclusion or able versus disabled. They state that thereby new opportunities are created to explore the complexity of disability. Depending on socio cultural context, the issues of disability can differ widely between countries and even within countries. By way of example, interview respondents supported this statement by describing different attitudes and structural facilities between rural and urban areas in Nepal. In one community disabled children may encounter problems due to lack of disabled friendly infrastructure, whereas in another community the impact of shame and misperception towards disability is of greater relevance. Consequently, as delineated in the theoretical background section, the holistic approach to address visibility, consideration, access, rights and health by changing the notion of societal inclusion, as resembling an ideal towards everyday practice, may lead to the desired level of quality life for disabled children.

Kumar, (2017) detailed, assessment of beneficiaries is done at the CRCs by medical, paramedical and rehabilitation professionals. The information is shared among them concluding into provision of multidisciplinary or interdisciplinary rehabilitation services. At camps, the composite assessment is done and rehabilitation services are provided. Cases from both are referred for appropriate management to hospitals, educational institutions and vocational facilities. But on this parameter too some CRCs are doing good job whereas some are lagging behind. Persons with disabilities are not a homogeneous group. Therefore sufficient numbers of outreach identification camps are expected to be conducted with the help of the concern state officials and by involving the NGOs working in the disability sector. The CRCs reported to have gone for outreach identification camps but extent of effort and outcome of the same varies from CRC to CRC. Some CRCs organized such camps involving anganwadi workers, teachers, health workers etc. Assessment of PWDs by rehabilitation professionals for medical treatment, counselling, therapy, referrals, Aids and Appliances etc. were the activities taken up in such camps along with awareness camps on social entitlements, legal rights etc.

Watters, (2019) found the majority of people living with disabilities live in low and middle income countries, often in difficult circumstances due to lack of adequate services and opportunities. As a result, numerous NGOs, consultancies and advocacy groups play an active part in promoting inclusivity, influencing policies and providing assistance and prevention where possible to people living with disabilities. This month, the United Nations launched its first flagship report on disability and the Sustainable Development Goals, which revealed people with disabilities, are at a disadvantage in the achievement of the majority of the SDGs. Coinciding with the report, Devex and partners launched the Development Enabled series to open up conversations around disability to advance efforts and supports a more inclusive world.

2.2 Reviews at National Context

Dhungana, (2006) found that, Nepalese society assigns tightly defined gender roles to men as breadwinners and women as homemakers where marriage is seen as the most acceptable (economic) option for women, as it offers the best way for them to gain access – through their husbands – to the property and land that can secure their livelihood.

Lamichhane, (2014) analysed that, life situation of people with disabilities in Nepal is not found satisfactory by several studies which indicate that they live in extreme poverty with lack of facilities of basic requirement, proper education, education and lack participation in income generating activities. “While there are multiple reasons behind poverty among people with disabilities in developing countries like Nepal, poor access to education or employment stands out as one of the major factors. Several studies have concluded that education is an advantage in the labour market and it has been found that better-educated individuals earn higher wages, experience less unemployment, and tend to work in occupations with higher status and greater job security than their less educated counterparts”

Timilsana, (2018) described that, the women who have one or more impairments and experience barriers in society are the women with disability (WWD). Both disabled girls and women of all ages, in rural and urban areas, regardless of the severity of the impairment, sexual preference and cultural background or whether they live in the

community or an institution are recognized as the Women with Disabilities (WWD). As the Person with Disabilities (PWD) is deprived, isolated, marginalized and excluded groups of the society, the women who have disability are one of the components of them. The social status of disabled women varies according to individual circumstances and to the country in which they live. 'Disabled women in developing countries usually experience a particular disadvantage. They are one of the most unrecognized groups among the disability of the society. They are found existing in the lowest status as a result they are multiply disadvantages through their status as a woman, as women with disabilities and, are over represented among people living in absolute poverty. They are cast down, stigmatized, rejected, and excluded from family, community and even from the government authority. As the Asian Institute of Technology 'the women with disability are more excluded group of the society.' Among the people with disability the WWD lead isolated lives as they are not allowed to move out of their own houses.

Thus, disabled women are women who have one or more impairments and experience barriers in society. We include disabled girls and women of all ages, in rural and urban areas, regardless of the severity of the impairment regardless of sexual preference and regardless of cultural background or whether they live in the community or an institution.

Banks et al., (2019) analysed that, the Social protection entitlements in Nepal are gradually expanding, particularly social assistance. Most social protection entitlements are targeted to various groups deemed to be at greatest risk of poverty and marginalisation, including people with disabilities. There are also a few schemes open to the broader population—namely for social insurance and healthcare provisions—although these are more limited in scope and coverage. While specific aims of social protection in Nepal have not been formally outlined, they are meant to “maintain a degree of equity among citizens and ensure all citizens are able to “live a decent life. Social protection entitlements focus both on alleviating deprivation in income (i.e. social assistance), as well as fostering broader social inclusion (e.g. through educational scholarships, healthcare discounts, employment support). The range of entitlements offered in Nepal recognise both economic and social challenges

facing people with disabilities and other groups experiencing poverty or other forms of deprivation.

2.3 Policy Review

Constitution of Nepal 2015 A.D. brought the provision of providing supports to disabled people for the first time. Article 42 (3) mentioned, "The citizens with disabilities shall have the right to live with dignity and honour, with the identity of their diversity, and have equal access to public services and facilities" like that. Article 31, 3 focused "The citizens with disabilities and the economically indigent citizens shall have the right to get free higher education in accordance with law ". In the same line article 39, point 9 The child who is helpless, orphan, with disabilities, conflict victim, displaced or vulnerable shall have the right to special protection and facilities from the State. Article 42 Right to social justice: (1) The socially backward women, Dalit, indigenous people, indigenous nationalities, Madhesi, Tharu, minorities, persons with disabilities, marginalized communities, Muslims, backward classes, gender and sexual minorities, youths, farmers, labourers, oppressed or citizens of backward regions and indigent Khas Arya shall have the right to participate in the State bodies on the basis of inclusive principle. article 43 Right to social security: The indigent citizens, incapacitated and helpless citizens, helpless single women, citizens with disabilities, children, citizens who cannot take care themselves and citizens belonging to the tribes on the verge of extinction shall have the right to social security, in accordance with law.

Protection and Welfare of the Disabled Persons Act, 2039 (1982) provides rights to people with disabled as:

(1) Any disabled person cannot be prohibited to enter any organization or club or community or function imparting education and training or organizing social or cultural program within Nepal merely on the ground of his disabled condition.

(2) No one can deprive of the political right and the right to economic and social security, prestigious livelihood, employment, involvement in a useful, productive and meaningful profession and human-suited prestige as enjoyed by the other persons

(3) No one can discriminate a disabled person merely on the ground of his disable situation in appointing him to the government service or any other public service or deprive of appointment to a particular post or promotion or improvement or equal treatment. 3. Provided that this Section shall not be deemed as obstructive in the situation of being the act the appointment, promotion, improvement of a particular type of disabled, equal treatment inappropriate on the ground of nature of service or function for a particular type of service.

International Classification of Functioning, Disability and Health is known as ICF. The overall aim of the ICF classification is to provide a unified and standard language and frame work for the description of health and the health-related states. It defines the components of health and some health-related components of well-being (such as education and labour). Functioning is an umbrella term encompassing all body functions, activities and participation; similarly, disability serves as an umbrella term for impairments, activity limitations or participation restrictions. ICF also lists environmental factors that interact with all these constructs. In this way, it enables the user to record useful profiles of individuals functioning, disability and health in various domains. (WHO, 2017)

The ICF-CY is intended for use by clinicians, educators, policy-makers, family members, consumers and researchers to document characteristics of health and functioning in children and youth. The ICF-CY offers a conceptual framework and a common language and terminology for recording problems manifested in infancy, childhood and adolescence involving functions and structures of the body, activity limitations and participation restrictions and environmental factors important for children and youth.

The Nepalese government has endorsed a variety of acts, policies and legislation to secure free education for the Nepalese people. The 1971 Education Act extended this right to ensure that disabled children also had the right to free education. Similarly, in 1971, the Special National Council (MoE) was established to facilitate special education programs in the country while the 1982 Disabled and Welfare Act of Nepal worked to promote and protect the rights to equality and free education for disabled persons. Specifically, Regulation No. 5 of the 1982 Disabled and Welfare Act of Nepal has advocated the right to equality stating that there should not be any

discrimination against the disabled with respect to their physical status. The regulation denotes that disabled persons have equal rights to education, employment, politics, dignity, public services and other facilities

The announcement of the 2015 Nepalese Constitution was a significant step as it promulgated that there shall be no discrimination in the application of general laws on the grounds of religion, race, origin, caste, tribe, gender, sexual orientation, physical conditions, health conditions, physical impairment/conditions, and matrimonial status, pregnancy, economic condition, and language or geographical region. With respect to education, the Nepalese constitution outlined the following: The physically impaired and economically poor shall have the right to free higher education, as provided for in law; The visually impaired shall have the right to free education with the assistance of brail script; Those with hearing and speech impairments shall have the right to free education with the use of sign language; and Children who are helpless, orphaned, physically impaired, victims of conflict and, or vulnerable, shall have the right to special protection and facilities from the state. An analysis of Nepal's disability policies, acts and regulations indicates that there are nine main areas that the government has granted facilities and rights for the disabled: 1. Identity cards: Disabled persons are issued with identity cards, which are categorised according to the nature of disability (red, blue, yellow and white). Cards can be obtained from the district office. 2. Free education: Educational institutions are prohibited from charge fees for disabled students and certain educational allowances are also made such as permitting the use of an assistant during examinations for students with visual impairments. 3. Scholarships:

The Government is determined to ensure that a variety of scholarships are available for disabled children, including vocational and technical training. The Government provides scholarships according to the type and severity of an individual's disabilities with a 2percent reserved scholarship for disabled students completing their higher studies. 4. Medical care: Free medical examination facilities in hospitals for the disabled and free medical treatment for disabled people above the age of 65. 5. Workforce: The government of Nepal has reserved 5percent of all jobs in the civil service industry for disable persons. 6. Transportation: A 50 percent discount for transportation applies for disabled persons. Additionally, seats are to be reserved for

disabled persons where the transportation vehicle has a capacity of 15 or more. 7. Accessibility: Every public building and places should be differently able friendly for example, hospital, schools, campus, buses etc. Income tax and customs: An income tax exemption applies for disabled persons in Nepal. The Government has also held that there should be custom-free means of transportation for disabled persons, including four-wheel scooters. 9. Social welfare and Shelter: NPR. 1000 per month as social welfare allowances for those with complete disabilities with nature-dependent allowances for other disabilities.

The government has also put into place provisions to ensure that the disabled, including mentally impaired children, are able to access shelter. A variety of research reports indicate that the global disabled population is increasing. While this may be attributed to the use of improved data-collection mechanisms, it also highlights an issue of concern. The official census data of Nepal (2011) reports a 1.94percent disability rate, however, a number of organisations suggest that the actual figure far higher. For example, it is estimated that the current global disabled population is 10percent (World Bank, 2000). Further, it is tedious to obtain accurate data on the prevalence of disability in Nepal due to cultural rituals, a lack of understanding on how to define disability and other socioeconomic factors. Cultural and religious Hindu rituals posit that the privileges and deficits of our current life are attributed to the sins in one's past life (Gabel & Danforth, 2008). In other words, if an individual is disabled, it is regarded as a result of the sins of one's past lives. Similarly, people often hide their disability due to a number of socio-cultural norms, values and pressures. Researchers, policy makers, planners, international and national organisations who are working in the Nepalese disability sectors estimate that national disability figure is actually far higher. They attribute this to poverty, poor health and maternal care facilities, geographical variations, the 10-year Maoist conflict and the recent earthquake.

2.4 Research Gap

By reviewing many literatures, it has been found that very few researches has been made in the field of role of NGOs for disability empowerment: a case study of forward looking. Previous researches were related only with social discrimination of disabled people, lack of proper health service for disabilities people and inclusive education system for disabilities people and only few descriptive analyses were done but no empirical analysis there. Likewise some few research have been analyse the educational scholarships, healthcare discounts, employment support of disability people empowerment. This study has tried to fill this gap by studying the role of NGOs for disability empowerment: a case study of Forward Looking by using the field survey data of Forward Looking NGOs. This study tries to fulfil the objectives by using the synthesis of both the qualitative and quantitative information, employing various data gathering tools. To get the sprite of the study, both explanatory and descriptive methods are used. Mainly, primary data required to this study are collected through interview by visiting the respondents at the field level. Some of the information needed for the study is collected through direct observation and field visit.

CHAPTER-III

RESEARCH METHODOLOGY

Research Methodology is a process of arriving to the solution of problem through planned and systematic dealing with the collection analysis and interpretation of data. It refers to the various sequential steps while conducting research work. It tries to make clear view of method and process adopted in the entire aspect of the study.

3.1 Research Design

In order to answers the fundamental questions underlying this study, it involves the synthesis of both the quantitative and qualitative information, employing various data gathering tools. To get the sprite of the study, both explanatory and descriptive methods are used. Mainly, primary data required to this study are collected through interview by visiting the respondents at the field level. Some of the information needed for the study is collected through direct observation and field visit. On the other hand, the secondary data have been gathered from the different libraries, published journal, books, thesis, international, and national reports.

3.2 Selection of the Study Area

The study area has been selected Pulchowk, Ward No. 1, Lalitpur Metropolitan for the study purpose. Because its NGOs of FL have no enough research study and I'm excited to found its contribution of disabled empowerment and to improve Socio Economic Sector of disabled people through the study of Forward Looking NGOs. FL has been running program in Lalitpur metropolitan city since its' established time.

3.3 Study Population and Sampling

The required sample has been selected on the basis of non-probability sampling and convenience techniques. The census of the disabled people in Lalitpurarea 1520 (CBS report, 2011). Among them FL provided services to 250 disabled people. Among 60 were selected as respondents because it's 60 samples taken by randomly different types of disabled people. I have taken interview with them in the camp where they were come to take service. The respondent peoples are chosen among large population purposively

and based on their interests because many of the respondents are hesitated to answer the questions. The researcher tried to make gratitude all the respondents to collect the valid data. However, it was not possible to get response from each and every one of them due to various limitations. The researcher made his best effort to reach out to as much respondents as possible.

3.4 Data Collection Methods

Due to the nature of study and objective of the study, two types of data have been used, primary and secondary respectively.

Primary data regarding the primary data for the study, field survey, case study and interview method has been used interview from 60 respondents who are the direct connect in this topic. The key information has been taken and interview with whom currently are in touch of the respective field.

Secondary data have been collective from the different libraries such as library of Tribhubhan University, library of social science, published books, and journals. Similarly, data are collected from different educational journals and magazines. Other sources of information for the secondary data are different websites as well.

3.5 Analysis and Data Presentation

After the collection of the required data, quantitative data have been classified being careful. To become clearer, tables are also used according to the data. Similarly, quantitative data are explained in a fact base in order to communicate the desired information. Some data have been presented and analyzed through percentage, an average and ratio as far as possible. As per the nature of the study, descriptive and analytical method was used.

A questionnaire was prepared and distributed according to the easy availability of the respondents face to face interview were used. Coding, editing, data entry sheet and data cleaning were done. Descriptive analysis was used. This study is based on the empirical analysis of the data and it is based on observed and measured phenomena, deriving knowledge from actual experience rather than from theory and belief.

3.6 Ethical Consideration

- Written consents from respondents were taken.
- Observation and field visit by the researcher was also used.
- The respondents were allowed to quit if they didn't further wanted to respond.
- The information provided by respondents was confidential, unanimous and private.
- The information collected from this survey of the respondents will not be used in others study or purpose without consent of particular respondents.

CHAPTER- IV

DATA PRESENTATION AND ANALYSIS

This chapter constitutes the core of the study. The collected data is presented, analyzed, described and interpreted in a systematic manner. This chapter aims to present the data in intelligible form in order to provide insight into the characteristics and relation in accordance to objectives of study. In this chapter it analyzed the data that collected from the field.

4.1 An Overview a Forward Looking NGS

Forward Looking is a non-government organization that has been working in support of disable people living in different part of Nepal. Forward Looking-FL is a non-governmental and not for profit making organization registered in the Kathmandu District Administration Office in November 2001 and also affiliated with the Social Welfare Council (SWC) under the Ministry of Women. The main aim of the Forward Looking is to transform the life of disabled, orphan, single parent, Indigenous group, and low caste.

Forward Looking is a non-governmental, not for profit organization. The Forward Looking has been implementing two programs. One is The Empowerment Program of Persons with Disabilities (EPP) and another is the Scholarship Program. The both Programs have been implementing by Forward Looking with grant support from Felm / Nepal. The Empowerment Program for the Persons with Disabilities has been implementing from 2009 AD and The Scholarship Program has been implementing from 2006 AD. The Empowerment Program for the Persons with Disabilities program aims to create an enabling environment for persons with disabilities (PWDs) to live a dignified life, enable self-reliance with active participation in society on an equal basis as others. The next program which has been implementing by Forward Looking is Scholarship Program. The goal is to transform lives of pupils with disabilities through formal educational support for dignified life, the scholarship program was introduced by the Forward Looking together with its international partner, The Finnish Evangelical Lutheran Mission (FELM/ Nepal), in 2006. Scholarship distribution is usually conducted in project districts. However, children with

disabilities from across the country are granted scholarship to pursue studies in the capital. Annually, about 400 pupils with disabilities get scholarship grant from the Forward Looking.

The main aim of The Empowerment Program of Persons with Disabilities Program is to promote the effective participation of Persons With Disabilities in community activities and services including participation in local decision-making structures, providing support to act as change agents for the rights of all Persons With Disabilities and increase the income as well as employment rate of Persons with Disabilities Lalitpur district, Kathmandu, Dhading district, Kaski district, Banke district, and Kailali district. Forward Looking has implemented several interventions through the program including:

- Forward Looking has implemented awareness-raising on rights of Persons with Disabilities through meetings, training, international and national day celebrations, Dristikon Radio Programme across the program implementing areas of the country.
- Forward Looking has implemented awareness on UNCRPD, UN conventions, national laws, program and service to teachers, Local Authorities, community leaders and other stakeholders
- Forward Looking has implemented Self Help Groups and Disabled Persons Organizations mobilization for Advocacy at local level and district level.
- Forward Looking has implemented Leadership and Group management training and skill development to Self Help Groups members around the working areas
- Forward Looking has implemented Vocational skills/technical training to Persons with Disabilities.
- Forward Looking has implemented direct support to Persons with Disabilities for small business activities or for employment activities.

In the initiation of Forward Looking, the project has formed Self Help Groups of Persons with Disabilities in the working rural municipality and municipality and has been providing vocational training, seed money support for income generation, and has mobilized the Self Help Groups for awareness-raising and advocacy related activities.

FL has been providing its services to the needful population through main two programs known as Scholarship and Disabled Empowerment Program (EPP). Under the EPP program the FL has been running the activities of Awareness/ advocacy, Capacity building and vocational activity for raising income and to share best practices with other related organizations. The main working approach of the FL is Partnering with the local NGOs, Self – help group and schools/colleges. Under the scholarship program The FL provides scholarships directly to the individual student and through school/ college and special education materials.

4.2 Socio Economic Characteristics of the Respondents

In this sub section it analyzes the socio economic aspects of the respondents such as age, marital situation, religion, caste/ ethnicity and occupation.

4.2.1 Age Composition of the Respondents

In the course of interview researcher have taken interview with different age groups respondents. The following table shows the age composition of the respondents.

Table 4.1: *Age Composition of the Respondents*

S.N.	Age (years)	Number of Respondents	Percent
1	Below 15	7	11.67
2	15 to 30	14	23.33
3	30 to 45	17	28.33
4	45 to 60	12	20
5	Above 60	10	16.67
6	Total	60	100

Source: field survey, 2019

Table 4.1 indicates the age composition of the respondents. Data shows that 11.67 percent respondents are below 15 years, 23.33 percent are between 15 to 30 years, 28.33 percent are between 30-45 years age group. Similarly, 20 percent are between 45 to 60 years age group and 16.47 percent are above 60 years age group. There is percentage of 15 to 30 age group of disabled people is high because these age people work hard and they have lack of nutrition food .

4.2.2 Sex Composition of the Respondents

Sex composition is one of the important social characteristics of the respondents that analyzed in the following table.

Table 4.2: *Sex Composition of the Respondents*

S.N.	Sex	Number of Respondents	Percent
1	Male	35	58.33
2	Female	25	41.67
3	Total	60	100

Source: field survey, 2019

Table 4.2 indicates the sex composition of the respondents. Data shows that 58.33 percent are males and 41.67 percent are female. Male manifests their disability than the female so; male's numbers is high to take service from FL. There is male number is high for disabled because male have high responsibility to care their family so they did the risk work, the causes of risk work they have lost their organs.

4.2.3 Permanent Address of the Respondent

In my study area respondents were found from different area. The following table shows the permanent address of respondents.

Table 4.3: Permanent Address of the Respondent

S.N.	Caste/ Ethnic	Number of Respondents	Percent
1	Inside valley (ktm/ lalitpur/ Kathamdu	40	66.67
2	Out of valley	20	33.33
3	Total	60	100

Source: field survey, 2019

Table 4.3 shows the permanent address of the respondents. Data indicates that 66.67percent respondents are from inside valley and 33.33percent were outside the valley. They have not their owns houses, they have live the paying high rent in these society.

4.2.4 Caste/ Ethnic Composition of the Respondents

Caste and ethnic composition of the respondents is one of the important social characterizes of the respondents. The following table shows the caste/ethnic composition of the respondents.

Table 4.4: Caste/ Ethnic Composition of the Respondents

S.N.	Caste/ Ethnic	Number of Respondents	Percent
1	Bramin	9	15
2	Chhetri	10	16.67
3	Ethnic	31	51.67
4	Dalit	10	16.67
5	Total	60	100

Source: field survey, 2019

Above table shows the caste/ ethnic composition of the respondents. Data indicates that 15percent are Bramin, 16.67percentareChhetri. In the same way, 51.67percent are from ethnic community and 16.67percent are Dalit community. Most of the respondents of this study are from ethnic community. The data shows that Ethnic have high percentage of disabled rather than other because Ethnic population is high in the research area.

4.2.5 Religious Composition of the Respondent

Religious status of the respondents also plays important role for disabled people either come out from home or not for taking other service. The following table shows the religious status of the respondents.

Table 4.5: *Religious Composition of the Respondent*

S.N.	Religions	Number of Respondents	Percent
1	Hindu	36	60
2	Buddha	7	11.67
3	Christian	12	20
4	Other	5	8.33
5	Total	60	100

Source: field survey, 2019

Above table shows the religious status of the respondents. Data indicates that 60percent are Hindu and 11.67percent are Buddhist. In the same way, 20percent are Christian and 8.33percent follow other religion. Hinduism is high among disabled people because these research areas have the high population of Hindu religion.

4.2.6 Marital Status of the Respondents

For disabled people getting married is difficult so majority of the disabled got married. The following table shows the marital status of the respondents.

Table 4.6: *Marital Status of the Respondents*

S.N.	Marital Status	Number of Respondents	Percent
1	Married	40	66.67
2	Unmarried	20	33.33
3	Total	60	100

Source: field survey, 2019

Above table shows the marital status of the respondents. It indicates that 66.67percent are married and 33.33percent are still unmarried. The data shows that percentage of married disabled is high because they are disabled after marriage.

4.2.7 Education Status of the Respondents

Providing Education for disabled people is difficult task, however, most of the disabled are literate due to service of FL. The following table shows the education status of the respondents.

Table 4.7:*Education Status of the Respondents*

S.N.	Education Status	Number of Respondents	Percent
1	Illiterate	7	11.67
2	Primary/ literate	28	30
3	Secondary	23	38.33
4	+2, above	12	20
5	Total	60	100

Source: field survey, 2019

Above table shows the education status of the respondents. Data indicates that 11.67percent literate and 30percent are literate. Like that 38.33percent passed secondary level. Only 20percent passed above +2 levels. The data shows that there is illiterate disabled percentage is low because Government of Nepal and forward looking NGOs provide scholarship for improving their education so the data shows the +2 level , primary level and secondary level education status is increasing respectively.

4.2.8 Family Types of the Respondents

Most of the disabled people live in joint family because they need to help by other. The following table shows the family types of the respondents.

Table 4.8:*Family Types of the Respondents*

S.N.	Family types	Number of Respondents	Percent
1	Joint	40	70
2	Single	20	33.66
3	Total	60	100

Source: field survey, 2019

Above table shows the family types of the respondents. Data indicates that 70percent live in joint family and only 33.66percent live in single family. There is joint family living percentage is high because disabled people feeling secure and safety through the joint family and they need to family support by the joint family.

4.2. 9 Family Occupation of the Respondents

Family occupation is one of the important economic characteristics of the respondents. The following table shows the occupation status of the respondents.

Figure 1:*Family Occupation of the Respondents*



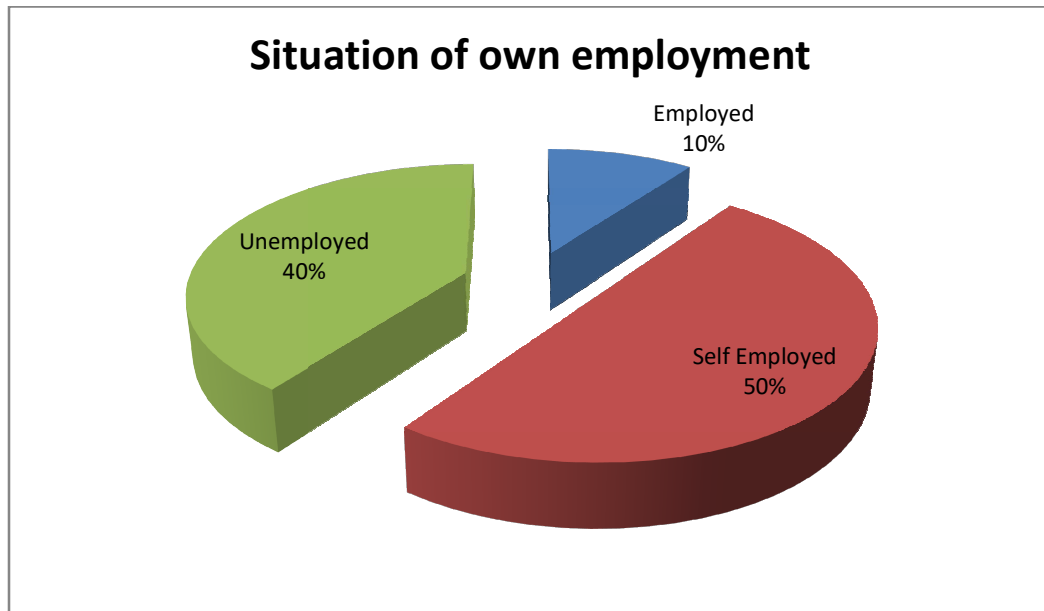
Source: field survey, 2019

Above Figure shows the family occupation of the respondents. Data indicates that 24 number of respondents' family occupation is farming which is 40percent and number of 7 involved in job (government job) which is 11.67percent. Most of the respondent's family occupation 29 is involved in labour which percentage is 48.33percent. There are labour and farming occupation is high rather than Job/ service so according to the data shows economy earning of disabled people is low by their labour and farming occupation.

4.2.10 Own Employment Status of the Respondents

Most of the respondents have no fixed job because of their disability. The following table shows the self-employment situation of the respondents. Following table shows the situation.

Figure 2: *Own Employment Status of the Respondents*



Source: field survey, 2019

Above figure shows the own employment status of the respondents. Data indicates that only 10percent are employed and 50percent are self-employed and 40percent are unemployed. The data shows that there is percentage of Self Employed Disabled people is high rather than employed because the Forward Looking NGOs provide the skill development training like- Singing and music training, making bamboo basket training, making doll training, vocational training etc which helped them to financial improving and they are going to sustainable way through their skill, training and improved financial sector.

4.3 Disability Situation of the Respondents

In this section it analyzes the disability situation of the respondents.

4.3.1 Type of Disability of Respondent

There are various types of disability that has found in respondents. The following table indicates the types of disability of the respondents.

Table 4.9: *Type of Disability of Respondent*

S.N.	Types of disability	Number of Respondents	Percent
1	Physical Disability	37	61.67
2	Deaf	7	11.67
3	Blinds	10	16.33
4	Other	6	10
5	Total	60	100

Source: field survey, 2019

Above table shows the types of disability faced by respondents. Data indicates that 61.67 percent have physical disability, 11.67 percent have deaf, and 16.33 percent have blind. Only 10 percent have other disability. Most of the respondents have physical disability because they have lack of Nutrition food in childhood period and poverty is main factor for having physical disability.

4.3.2 Types of Physical Disabilities

There are various types of physical disability faced by the respondents. The following table shows the types of physical disability of the respondents

Table: 4.10: *Types of Physical Disabilities*

S.N.	If yes types of physical disability	Number of Respondents	Percent
1	defect in legs	23	38.33
2	defects in hand	19	31.67
3	defect in other organ	18	30
4	Total	60	100

Source: field survey, 2019

Above table shows the types of physical disabilities. Data indicates that 38.33percent have defect on legs, 31.67percent defect on hand and 30percent have defected on other organs. Some of defect problem create lack of nutrition for mother in pregnancy period and some defect problem from accidents.

4.3.3 Cause of Disability

There are various causes of disability. The following table shows the cause of disability theta faced by the respondents.

Table: 4.11: *Cause of Disability*

S.N.	Cause of Disability	Number of Respondents	Percent
1	Cause By birth	17	28.33
2	After the Birth during childhood neglect	12	20
3	Other/ accident	31	51.67
4	Total	60	100

Source: field survey, 2019

Above table shows the causes of disability that have faced by the respondents. Data indicates that 28.33percent disability by birth, 20percent have faced due to childhood time neglect and 51.67percent cause is accident. There is other/ accident causes of disability is more than other because careless is main causes for accident in research area in daily activities.

4.3.4 Situation of Disability

There are various situation of disability. The following table shows the situation of disability faced by respondents.

Table: 4.12: *Situation of Disability*

S.N.	Situation of disability	Number of Respondents	Percent
1	Moderate	18	30
2	Sever	18	30
3	Simple/ normal	24	40
4	Total	60	100

Source: field survey, 2019

Above table shows that situation of disability faced by the respondents. Data indicates that 30percent have moderate problems and 30percent have server and 40 percent normal defect in organ.

4.3.5 Situation of the Treatment of Disability

In some case treatment is necessary for disability. The following table shows the situation of treatment.

Table: 4.13:*Situation of the Treatment of Disability*

S. N.	Do you have treatment for disability?	Number of Respondents	Percent
1	Yes	20	33.33
2	No	40	66.67
3	Total	60	100

Source: field survey, 2019

Above table show the situation of the treatment of disability. Data indicates that only 33.33percent have got treatment and 66.67percent have not treated yet because they have financial problem for treatment.

4.3.6 If yes Time and place of Treatment

Among 60 respondent only 20 (30percent) have got treatment. The following table shows the place of having treatment by respondents.

Table: 4.14:*Time and Place of Treatment*

S.N.	If yes when / where did you treat your disability?	Number of Respondents	Percent
1	Before 5 years / local hospital	40	66.66
2	Before more than 10 years / disable hospital	20	33.33
3	Total	60	100

Source: field survey, 2019

Table 16 shows the time and place of treatment of respondents. Data indicates that 66.66percent have got treatment before 5 years at local hospital and other had got treated before 10 years at disabled hospital Kathmandu.

4.3.7 Situation of Improve the Situation

In some cases respondents' feel some improvement after treatment? The following table shows the situation of the improvement of the respondents after treatment.

Table: 4.15:*Situation of Improve the Situation*

S.N.	Does that treatment reduce your level of disability?	Number of Respondents	Percent
1	Yes	25	41.67
2	No	35	58.33
3	Total	60	100

Source: field survey, 2019

Above table shows that 41.67 feel some improvement after got treatment and other 58.33percent did not feel any change and relief after got treatment. They are recovered by they got good service from NGOs of forward looking.

4.4 Service about Forward Looking

Forward Looking is working for empowerment of persons with disability in Nepal. It works for the rights of people with disability in Nepal. The FL is non-governmental, non-profit making, non-sectarian and non-political organization working mostly in disability. The organization is run and operated jointly by people with and without disability. At the FL, we believe that people with disabilities should have equal access to rights and opportunities. In Nepal, disability is often treated as a stigma and people with disabilities may easily face discrimination in all aspects of life. The work of FL includes combating injustices and advocating for the rights issues on national level via different programs. It helps to improve the way people with disability are perceived and treated within our society. It is running income generating, capacity building initiatives, education projects and campaigns to educate the public about the issues

faced by people with disability on a day-to-day basis. Currently FL works in six districts in Nepal. Our principal donor is Finnish Evangelical Lutheran Mission (FELM/ Nepal. Contribute to the Vision, Mission and Goal of empowering the persons with disabilities, marginalized people and children in need, FL has various objectives focusing on education empowerment, economic empowerment, awareness and rights, capacity building and mobilization of self-help groups, life skill training and capacity development of FL team. The strategic objectives are as following:

Strategic Objective 1:

To promote educational rights of persons with disabilities marginalized people and needy children through awareness raising, scholarship, capacity building and educational support.

Strategic Objective 2:

To economically empower persons with disabilities marginalized people and needy children with vocational training, income generation activities and linking with business.

Strategic Objective 3:

To promote rights of persons with disabilities marginalized people and needy children through awareness raising and advocacy events at all levels.

Strategic Objective 4:

To equip persons with disabilities marginalized people with life skills for their career development.

Strategic Objective 5:

To strengthen self-help groups' and DPOs organizational and technical capacities for unity and Promotion of their rights.

Strategic Objective 6:

To strengthen FL's organizational and programmatic capacities to better implement the project activities for sustainable results.

On the basis of its objectives, vision and mission, FL provides various services to the disabled people living in different parts of Nepal. In this study it analyzes the services that provide to disabled in Lalitpur metropolitan city.

4.4.1 Source of Knowing Forward Looking

Respondents' have got knowledge about FL from different sources. The following table shows the source of getting information about FL by respondents.

Table: 4.16:*Source of Knowing Forward Looking*

S.N.	Source of information of knowing FL	Number of Respondents	Percent
1	News	14	23.34
2	FL mobilize	23	38.33
3	Friends and relatives	23	38.33
4	Total	60	100

Source: field survey, 2019

Above table shows the information about FL getting by respondents. Data indicates that 23.34 percent get information from news, 38.33 percent got it from FL mobilizes and 38.33 percent got about FL by friends and relatives.

4.4.2 Time of Getting Support by FL

Some of the respondents have been getting support from its established time but some have got just few years before. The following table shows the time of getting services.

Table: 4.17:*Time of Getting Support by FL*

S.N.	Time of Getting Support by FL	Number of Respondents	Percent
1	Less than 1 year	14	23.34
2	Less than 2 years	23	38.33
3	More than 2 years	23	38.33
4	Total	60	100

Source: field survey, 2019

Above table shows the time of getting supports by respondents. Data indicates that 23.34percent got is less than 1 year, 38.33percent have been getting less than 2yearsand38.33percent have been getting more than two years. There is time of getting support by forward looking percentage more than 2 years is high because they have found information fast about forward Looking NGOs.

4.4.3 Types of Supports Respondents Receive From FL

FL provides different types of supports for disabled, however, scholarship and training is focusing now. The following table shows the types of support that respondents are getting now.

Table: 4.18:*Types of Supports Respondents Receive From FL*

S.N.	Types of Supports Respondents Receive From FL	Number of Respondents	Percent
1	Scholarship	18	30
2	Training	24	40
3	Others(money, treatment)	18	30
4	Total	60	100

Source: field survey, 2019

Above shows the types of support that have been getting by the respondents. Data indicates that 30percent have getting scholarship and, 40percent have getting training and 30percent have getting other services too. Through the training program 40percent people became the self dependent and sustain for economic development to earning money their skill business.

4.4.4 Regularity of FL in Service for Disable

FL claimed that they are proving service regularly to the target disable. The following table shows the situation as:

Table: 4.19: *Regularity of FL in Service for Disable*

S.N.	Regularity	Number of Respondents	Percent
1	Yes	50	83.34
2	No	10	16.66
3	Total	60	100

Source: field survey, 2019

Above table shows the regularities of respondents about FL services. It indicates that 83.34percent are agreed with FL claimed and answer yes, and other 16.66percent did not agreed with that and answered 'no'.

4.3.5 Satisfactory Situation of FL

Majority of the respondents are satisfied with the services of FL some are dissatisfied. The following table shows the satisfied situation of the respondents about FL services.

Table: 4.20: *Satisfactory Situation of FL*

S.N.	Do you satisfied with the service provided by FL	Number of Respondents	Percent
1	Yes	45	75
2	No	15	25
3	Total	60	100

Source: field survey, 2019

Above table shows the satisfied situation of the respondents. Data indicates that 75 percent are satisfied and 25 percent did not feel satisfaction. There is percentage of satisfied disabled is more rather than not satisfied for forward looking services because Forward Looking NGOs have great contribution for disabilities people Like-Scholarship program, Skill development program, vocational training and also provide the grant support for disability empowerment.

4.4.6 Suggestion of the Respondents for Betterment

Respondents have given various suggestions to the FL to enhance its services that have been providing to disabled. The following table shows the situation.

Table: 4.21: Suggestions of the Respondents for Betterment

S. N.	If not what should do for disability by FL	Number of Respondents	Percent
1	increase amount	30	50
2	provide according to level of disability	15	25
3	give job oriented training	15	25
4	Total	60	100

Source: field survey, 2019

Above table shows the suggestion of the respondents. Data indicates that 50 percent suggest to increase amount of money that have been providing by FL 25 percent insisted on providing service on the basis of the level of disability and other 25 percent suggested to provide job oriented training. There is data shows suggest of disabled people to increase amount percentage high because they want to start self business through their skill learning programme. So to start their business, they want increase fund amount for their economic development.

Case Study

Sher Bahadur Saud's family is unknown. He was born in 1974 AD in a remote part of Nepal. His mother passed away when he was still an infant. Fast forwarding to the age of 2 he suffered from conjunctivitis. Due to the lack of proper care and medical treatment a minor eye infection took away his eyesight forever. His dark world started from that point of his childhood.

Even though he had lost his sight, the zeal to study never died out in his heart. He used to hear about children of his age going to school to study and he too wanted to study. This dream came true when he was 9, his local guardians helped him to. This good news brought Sher Bahadur to Kathmandu. As planned he visited the head office of FL and enquired about the documents required and all the

Procedures involved getting scholarship. He was very worried whether he would get scholarship or not. He filled the scholarship form and within few days the good news struck his ears. His application got verified and now he was able to study and stay under FLs supervision. For the next three years he studied his bachelor's level and attended various disable empowering workshops. Many opportunities were given to him because of his hard work and keenness to achieve something in life. He even worked as a short term teacher in a school to earn some pocket money. His one year experience in the teaching field made him understand life and importance of education much more. He wasn't satisfied with his academic qualifications; he wanted to achieve master degree. He wasn't financially equipped so once again he wrote an application to get scholarship for master level. Luckily he got scholarship again. He says that it was the happiest day of his life when got scholarship for the second time. He expresses his immense gratitude towards FL for this support. FL became his lifeline. During his course of study he met Chitra Maya. Chitra Maya has some physical deformities due to which are not able to work out as normal people. As time passed by they became closer and exchanged the ups and downs of life. They exchanged rings a while after their first meeting. Both of them accepted the way they were and promised to be with each other forever. Two years after their marriage, they became a mother and a father. She gave birth to her first son. Their son is their hope and future. He is their lifeline who inspires them to work hard, struggle and be a better person. Sher Bahadur is now done with his master degree course and preparing his thesis. He is even trying to get in a local school to be a permanent teacher. His life's goals include social work, future of his son and he wants to be a well-established teacher. He has some doubts whether the government will easily grant him teaching license or not. Despite all these problems he is willing to fight for it the right way, determined enough to work till he gets success in his hands. His wife runs a small grocery shop to earn their livelihood. Some of his friends have come up with an idea to sell ensconce stick used during worship in Nepalese society. He too has invested a part of his savings in this business. He has knowledge about making traditional bamboo stools and is planning to teach some self-equipping skills to physically disabled people. He wants to equip this marginalized group and make them self-reliable to earn livelihood. Through his enthusiasm we can note that Sher Bahadur is a very optimistic type. He says that the physical eyes see the luring world only but the inner eye are the one that visualize the kind of person we are. He is verymuch satisfied with the way his life is going on.

He enjoys the respect given to him by a lot of people. He wants to relay a message that education is everything and without it we are a total zero. He says that all physically disabled people are equally gifted as normal people and they can do anything if they are given opportunities. They can run the world and they can be on number one if help, support and suggestion at the right time.

CHAPTER-V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The study entitled, "Service Delivery to Disabilities: A Case of Forward Looking NGO in Lalitpur." General objective of this study is to analyze the services that are provided by the Forward Looking to the disabled people of Lalitpur district. Specific objectives are to analyze the socio economic status of the respondents and find out the situation of disabilities of the respondents, to examine the support that provided to the disabled

Regarding the dynamic services and the contribution of Forward Looking, it is necessary to understand the significance of non-governmental organization in Nepal in the present days and for the future days. The study will significance for contributing the help for the persons with disability may not be small because the help may not be simple for those who are suffering by very dangerous financial problem in their daily life. The studies will significance for FL, and other non-government organizations that are working in the field of disability empowerment program.

Lalitpur metropolitan is the study area of this study. The study area has been selected due to two reasons, it is accessible for me to study about services that provides by the FL to the disabled people. Centre office of FL also located in Lalitpur and FL has been running program in Lalitpur metropolitan city since its' established time. The study was based on exploratory as well as descriptive research design. It is exploratory because it means attempted to explore the specific objective of the research such as socio economic status of the respondents and it attempts to describe the causes of disability and the service that provided by FL so it followed descriptive research design. Both of the research design was considered appropriate to draw conclusion and finding of this study

The census of the disabled people in this area 1520 (CBS report, 2011). Among them FL provided services to 250 disabled people selected from diffident ward basically wards. Among 50 were selected as respondents. I have taken interview with them in

thecamp where they were come to take service. The interview conducted in June 2019. The data was qualitative and quantitative in Nature. Both primary and secondary data was used to collect the information for this study. Primary data were collected from the field (study area) by using various data collection tools and techniques. Book, articles, reports were the secondary data for this study they had been already published. It has been used in review section of the study. In order to gather the primary data different tools and techniques were employed. A brief description of each tools and techniques has been presented in the sub-headings.

While analyzing the socio economic status of the respondents, it is found that 11.67percent respondents are below 15 years, 23.33percent are between 15 to 30 years, 28.33percent are between 30-45 years age group. Similarly, 20percent are between 45 to 60 years age group and 16.47percent are above 60 years age group.

Like that 58.33percent are males and 41.67 percent are female. Male manifests their disability than the female so; male's numbers is high to take service from FL. It found that 66.67percent respondents are from inside valley and 3.33percent were outside the valley. That15percent are Bramin, 16.67percent are Chhetri. In the same way, 51.67percent are from ethnic community and 16.67percent are Dalit community. Most of the respondents of this study are from ethnic community.

Like that 60percent are Hindu and 11.67percent are Buddhist. In the same way, 20percent are Christian and 8.33percent follow other religion. Hinduism is high among disabled people.

It found that 11.67percentilliterate and 30percent are literate. Like that 38.33percent passed secondary level. Only 20percent passed above +2 levels. Like that 70percent live in joint family and only 33.66percent live in single family. It found that 40percent respondents' family occupation is farming and 11.67percent involved in job (government job). Most of the respondent's family occupation 48.33percent is involved in labour. Like that only 10percent are employed and 50percent are self-employed and 40percent are unemployed.

A set of semi structure interview question were asked to the all aged disabled sample that are selected for this study. The questions were related to social background, case service of FL. Face to face interview method was used to compile this study. Before

asked the questions to each individual I have taken consent and asked each of the questions and noted down the answers what they had given. The collected data were analyzed by using simple mathematical and statistical tools such as parentage and tables.

While analyzing disability Situation of the respondents, it is found that that 61.67percent have physical disability, 11.67percent have deaf, and 16.33percent have blind. Only 10percent have other disability. Most of the respondents have physical disability. Like that 38.33percent have defect on legs, 31.67percent defect on legs and 30percent have defected on other organs. Found that 28.33percent disability by birth, 20percent have faced due to childhood time neglect and 51.67percent cause is accident. Like that 30percent have moderate problems and 30percent have server and 40 percent normal defect in organ.

It is found that only 33.33percent have got treatment and 66.67percent d have not treated yet. Like that 66.66percent have got treatment before 5 years at local hospital and other had got treated before 10 years at disabled hospital Kathmandu and that 41.67 feel some improvement after got treatment and other 58.33 percent did not feel any change and relief after got treatment.

While analyzing the situation of service about Forward Looking it is found that 2.34percent get information from news, 38.33percent got it from FL mobilize and 38.33percent got about FL by friends and relatives and 23.34percent got is before 1 years, 38.33percent have been getting since two years before and 38.33percent have been getting before more than two years.

It is found that 30percent have getting scholarship and, 40percent had getting training and 30percent have getting other services too. 75percent are satisfied and 25percent did not feel satisfaction in the form of getting money. It shows that most of the respondents or beneficiaries are satisfied with FL. It is found that 50percent suggest to increase amount of money that have been proving by FL. 25 percent insisted on providing service on the basis of the level of disability and other 25percent suggested to provide job oriented training.

The study only focused on the services that provided by the FL to disabled people during 2017 to 19. Only limited numbers of respondents were participated in this study

(60). It only limited in Lalitpur metropolitan city of Lalitpur district, ward no. 1 Pulchok.

5.2 Conclusion

FL is proving services for disabled people living in difficult situation. The NGO provide scholarship for students and training for adult. Most of the respondents are happy with the program runs by FL. On the basis of data it can be drawn the conclusion that FL is honestly working its target area and target population. The organization also provides some kinds of facilitation to the disabled for sustain in their society. At the FL, we believe that people with disabilities should have equal access to rights and opportunities. In Nepal, disability is often treated as a stigma and people with disabilities may easily face discrimination in all aspects of life.

5.3 RECOMMENDATIONS

Given finding of the research, the study proposes following set of recommendations:

- The governments of Nepal should be make the proper policy for the disabled people for their education sector, health sector and skill development programme.
- The government of Nepal must provide the financial aid for disabled people to improving their economic conditions.
- The Forward Looking NGOs should be provided different programme like vocational training, motivational class and scholarship programme for their empowerment.
- The Forward Looking NGOs must be coordination the governments of Nepal to providing the proper medical treatment.
- Realizing the duty, the government of Nepal should taking steps to improve the situations of people with disability in the country by formulating the acts and laws for the protection of the welfare of individuals with disabilities, bringing out the new policies for integrating them in the mainstream society and systematizing the surroundings disability friendly.

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ANNEX: I

QUESTIONNAIRES

1. Socioeconomic Status of the Respondents

1. Name:

2. Age :

a. below 16

b. 16-30

c. 30 – 45

d. 45- 60

e. Above 60

3. Sex:

a. Male

b. Female

4. Caste/ Ethnicity:

a. Bramin

b. Chhetri

c. Ethnic

d. Dalit

5. Religions:

a. Hindu

b. Buddha

c. Christian

d. Other

6. Marital status :

a. Married

b. Unmarried

7. Education Status :

a. Illiterate

b. Primary

c. Secondary

d. +2

e. Above

8. Family Types :

- a. Joint
- b. Single

9. Family Occupation:

- a. Farming
- b. Job
- c. Service
- d. Labour

10. Own employment status :

- a. Employed
- b. Self Employed
- c. Unemployed

2. Disability Situation of the Respondents

11. Type of Disability of Respondent:

- a. Physical Disability
- b. Deaf
- c. Blind
- d. Other.....

12. If physical disability what types of physical disability occurred?

- a. defect in legs
- b. defects in hand
- c. defect in other organ

13. Cause of Disability

- a. By birth
- b. During the Birth
- c. After the Birth
- d. Other accident

14. Situation Of Disability

- a. Moderate
- b. Sever
- c. Simple

15. Do you have treatment for disability?

- a. Yes
- b. No

16. If “yes” when / where did you treat your disability?

- a. At the birth time
- b. Before 10 years
- c. Before 15 years

17. Does that treatment reduce your level of disability?

- a. Yes
- b. No

3. Question Related to the Service about Forward Looking

17 How do you know about forward Looking?

- a. From news
- b. From family and friends
- c. From FL mobilizer/ Staffs

18. When did you get support from FL?

- a. Before 1 year
- b. Before 2 years
- c. Before 3 years
- d. More than 3 years

19. What types support are you getting from FL?

- a. Scholarship
- b. Training
- c. Cash

20. Does FL regularly provide service?

- a. Yes
- b. No

21. Do you satisfied with the service provided by FL?

- a. Yes
- b. No

22. If not what should do for disability by FL?

- c. Increase amount
- d. Provide according to level of disability
- e. Give job oriented training

23 Do you have any comment and suggestions for the betterment of FL activities?

.....

ANNEX: II

PHOTOS



Forward Looking head office Lalitpur Nepal

(Photos: Angad singh)



SagarBist: Music teacher (Blind disability)



Tulsa Thapamagar (leg defect) Finance assistance of Nepal Disable Women Union.



Sarita Nepali (defect in hand) ForwardLooking head office receptionist.

