

CHAPTER: ONE

1.1 Background

"The disability is caused by the problems of physical organs and system due to which he or she cannot participate in his/ her daily living activities as well as social, cultural, physical and communicational system of the society". The disability may happen because of different unknown caused of negligence before, during or after the birth. (Nepal Government Gajatte 2005: 35)

Disability is the present thought. It occurs globally in all nations and all races, languages, sexes, religions, castes and classes of people. Among all the citizens, disabled have their own status. The condition of disability is found not only in human beings but in animals as well. It is either congenital (by birth) or acquired, due to accident or as the result of disease and natural calamities. It occurs in all ages from birth to old age.

In fact, disability is human reality. Even in methodological and religious book disability is mentioned. According to Hindu mythology, the god Ganesh, son of Lord Shiva and parvati is an ideal example of disability and of corrective surgery. Lord Shiva cut off his head for no misdeed of his obedient son. Later, Shiva realized his mistake and replaced his head with that of an elephant.

Disability in the past was taken as the punishment by God for some sin committed by the individuals in their life. Several religious leaders and saints have possessed mystic and healing power which has led to the cure of disabilities.

In the past medical science was insufficiently developed so the people accepted disability as part of their fate and were reconciled to live with it. Now with advancement in science, many disabilities can either be minimized or cured. It has been observed that approximately fifty percent of disabilities are preventable.

(Lakshmi Narayan, 2003)

Disability refers to the condition of a person unable to perform his/ her lively activities normally where he/she might need a special help, cure and a little guidance from the rehabilitation activities by the other normal or able persons. So a person is considered disabled (people with disability) if he/ she has some sort of nature

different from the normal people i.e. physically, mentally. Hence the incomplete or delay development in mental and physical aspect leads a person to be disable. In many cases help is required to perform even personal jobs. This leads them to inferiority complex, depression, powerlessness, hatred toward themselves.

According to time and circumstances of social development, the definition of disability is also changing. But these recommendations can't represent the physically and mentally developmental limitations and the restrictions leading to deprivations thus, the disabled people's views, conditions and opinions themselves must be considered on defining disability and division of disables. The classification is made by the government of Nepal 2056B.S. through Rajpatra. According to which, disable are classified as follows on regarding the difficulties raised in physical parts, process and natures. They are physical, mental, sound and speaking, vision, hearing, and multi disability.

The United Nations decade of disabled persons 1983-1992A.D. was declared. The goal of the decade was the same as that of the International Year of Disable people 1981. On the occasion of the International Year of disable person 1981, several conferences, seminars, workshops and meetings were held in different parts of the world. Leaders and social workers involved in the services to the disable expressed their views on the miserable conditions of disable persons, particularly in the poor and developing countries of the world. It was also felt that the education, vocational training job placement and rehabilitation of disabled people were expensive, time consuming and extremely difficult. The disable persons were not poor and living a miserable life, nor were they given equal opportunities in social and developmental activities. They were deprived of even the basic needs of life. (UNDP, 1999)

In 1976, WHO estimated 10 percent disability prevalence among the total worldwide population, this global estimation was based on calculations on disability rates that included a high proportion of people with slight and reversible disability. Helender calculates a global estimate of prevalence? Rate of moderate and severe disability of 5.5 percent for the more developed regions the estimation is 8.5 percent and for less developed regions 4.8 percent. The difference is based on the age composition of the population. Helender estimates that 30 percent of the moderately

and severely disabled people in the world live in the more developed regions and 70 percent in less developed ones. (UNDP, 1999)

There have been varying estimates of disability revealed in the past studies of Nepal. The first phase study on the situation analysis on disability conducted sample survey of 1980. It reported a prevalence of about 3 percent disability among the total population while the National population census of 1981 stated only about 0.5 percent disability among the total population. Similarly, the disabled situation analysis of Nepal (1998) gave the prevalence of 3.41 percent disability in the five districts studies. (NNPC, 2001)

In other words, disability empowerment can be called as the positive improvement in the awareness of the disabled and their access and control over the means and resources, participation in social programs, awareness about one's rights, services and facilities to be gained political participation, participation in earning programs, political awareness, active access to education, health, communication and other facilities as well as search for new development programs. For this, the disabled need to develop their personal and physical power including internal power in them. Also the social perspective towards disabled must be positively improved. They must be enabled to properly utilize their right. It is a must to increase in the ability of decision making in disabled in fields like administrative, social, economic, religious and political (New Era, 1999).

The problems of disabled persons vary according to the circumstance and the country in which they live. In many underdeveloped countries, the disability of the persons is taken as the divine curse due to their sins they have done in previous life. The disabled person is facing the same superstitious problem in Nepal. So, the disabled persons have no opportunities to take part in all social activities and to be a self standing person. They are supposed to bear their pain and suffering themselves without any complain. However, due to increasing awareness, the behavior of the disabled persons is changing. The people have started to think about the disabled people. They have started to feel that the disabled people should get all those opportunities to do those works which they can.

People with disability are not begging for kindness but they are seeking for opportunities. The people of the society should involve the disabled persons

simultaneously with them in every part of the work. Nowadays, the people with disability have proved that they can do work in every field. We can see the educated blinds everywhere; Jhamak kumari Ghimire a completely handicapped lady, writes with her leg. Now she has been a famous writer in Nepal. Her works are being translated into English and many other foreign languages.

On analyzing, the different GO's and NGOs are found to be performing various tasks like identification of disability, sample observation, survey, public awareness, health, education facility, job placement, rehabilitation, skillful trainings, self-dependency, identity card distribution, community formation, etc which have contributed to the empowerment of disabled to some extent. The empowerment proves to be a powerful weapon to fight against the injustice, depression and inequality done to the disable. It can provide them equality, awareness, development, leading power, job opportunity, self satisfaction and freedom. The various governmental offices like DDC, DEO, WDO, DHO, cottage industries, and non-government offices like, CBRS (community based rehabilitation service) INF, sathi sansar, AWMR, local CBR network, GONESA have been running their program in the site of research in Pokhara sub-metropolitan city Ward No.9, Kaski district. Number of disabled people is estimated to be 10,015. Among which the number of physical disabled is 34.5 percent and 1354 are found in Pokhara sub-metropolitan city.

1.2 Statement of the Problems

The disabled peoples are socially excluded in Nepalese society due to unfavorable conditions like fear, lack of knowledge, disregard and superstition which have isolated disabled persons with different abilities and delayed their development. Now, the concept has changed to inclusive, barrier free, equality-based and right-based society for disabled people. Through education and rehabilitation, social and governmental support and community awareness the disabled persons have become more active. They have turned them into a driving force in future development of the disabled population and nation.

In Nepal a majority of disabled persons is drawn from economically weak communities. They have not been fortunate enough to acquire education. Their contact with the outside world being limited, their aspirations are not high. Gradually

over the last two decades or so, mainly due to the growth of information technology the availability of television, computer, radios and their means of mass communication, the disabled persons in Nepal are getting the facilities available to their counter parts in other countries. Due to financial and educational constrains their aspirations are very often limited. Even then, they still expect to receive better living conditions. Because they hail from poor families, most of them desire to economically rehabilitate in the society. They expect to get facilities like Education, Vocational training, Legislation, Job reservation, Job placement , Equalization of opportunities, Disabled friendly environment , Accessible home for , Disabled person, Disability allowances, Quality of life, etc.

Mental, medical and social the society is not positive to them and still believes that disability is a penance to the sins committed in previous birth. It seems to be a nation-wide problem in Nepal.

Lack of physical mobility and mentally retarded is the major cause of social exclusion and isolation. There are some hospitals in the districts which provide physiotherapy services but there is lack of regular follow up. There is also lack of skill transfer to the care takers. For the poor and countryside people it is not possible to come to hospital for the physiotherapy and rehabilitation. There is also lack of social perspective for the recovery such as community based rehabilitation, social support. It seems a big problem. There are several reasons for this but the most important factor is this many people, with disabilities employee of government bodies and the general populations are unaware about disabled people's right. They have forgotten the fact the disabled are also to be treated with all their human rights.

After the restoration of democracy, there are some green signals to have more rights in legislation. One problem is that present legislation is not implemented fully or effectively and the government officials lack awareness about disable people.

Disability empowerment and rehabilitation activities has been running through different organizations (Government Organization, non-Government Organization, and International Non-Government organization) in the Pokhara sub-metropolitan city Word No 9 and trying to empowerment and rehabilitation by community based rehabilitation program. No research has been done so far particularly on this area. It is said that these sorts of projects are in the financing to the rehabilitation of disabled

people and might be a key tool of poverty reduction and the involvement of the mainstream of development, however, the following questions may arise and need to be answered. Thus, this study is designed to explore the role of empower and rehabilitation on poverty reduction and social development in the disabled persons household who were taking rehabilitation services in Pokhara sub-metro polis Ward No. 9, Kaski

- What are the problems? What is the socio economic, political and educational status of the disabled people?
- What are the beliefs and attitude of community people about disabled people?
- Is rehabilitation or empowerment program really helpful for disable people?

1.3 Objectives of the Study

The general objective of the study is the empowerment rehabilitation of the disabled people of Pokhara sub-metropolitan city Ward No 9, Kaski. The specific objectives are as follows:

1. To examine socio-economic, political and educational status of disable people.
2. To find out local people's perception about disability and disable person.
3. To explore the association between rehabilitation program and empowerment of disabled people.

1.4 Rationale and Significance of the Study

It is believed that the poverty was mainly responsible for the large number of disabled persons in the country. Now a day, there is a radical change in public thinking. It is conversely responsible for the poverty of the country. This change in thinking has emerged because disabled persons cannot make their contribution to the developmental and economic activities of the country, leading to poor economic growth. Due to disability not only the disabled persons themselves but also other members of their families are adversely affected and are unable to contribute effectively to the developmental activities of the nation.

The research study mainly focuses on the empowerment of disable persons of Pokhara Sub-metropolitan city Ward No.9. This study will also help to find out the role of empowerment of disabled persons that the disability empowers and

rehabilitates. The study takes special concern on the members of organizations working for the disables. It studies the various efforts made by them and the aid or benefit that the concerned group has gained from such work. This will provide the organizations information about the result of their action and the improvement they need to make in the days to come. This study will help to show how disables can properly utilize the given opportunities for the betterment of the society if provided to them. The study will draw various recommendations to the NGOs, INGOs, Governments and right based activities. And this study will help to find the relationship between disabled person, family and their society.

1.5 Definition of Key Terms

Disability: It is defined as any restriction or lack as a result of impairment of ability to perform an activity in the manner or within the range considered normal for a human being.

Empowerment : The process by which people or organizations or groups who are powerless (a) develop awareness of the power dynamics at work in their life context (b) develop the skills and capacity for gaining some reasonable control over their lives (c) exercise this control without infringing upon the rights of other (d) support the empowerment of others in the community.

1.6 Limitation of the Study

The research is associated with disables of Ward No. 9 of Pokhara sub-metropolitan city of Kaski district. The present efforts made by the organization working for disabled people can be known through this research. As all the issues can't be included in a single research it is focused mainly on the empowerment and rehabilitation of disables. Disabled people need to take rehabilitation services regularly, which need special efforts for which every one of the community has to contribute. Advocacy to mobilize resources and effect policy change media and special events to raise public awareness and community participation are all key social mobilization.

1. This is one of the case studies in the Pokhara sub metropolitan city Wards No 9. Therefore the outcome of the study may not be equally applicable to other parts of the country.

2. The study will cover the economic, social, political and educational status of the disabled people and their inclusion in all above spheres after getting the service of community based rehabilitation.
3. The study is based on opinions expressed by disable people; the reality of the study depends upon the answers given by them.

1.7 Organization of the Study

The research work is divided mainly into five chapters. First chapter is related to introductory part which starts with the background information and includes statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study.

Chapter two deals with literature review, theoretical orientation, review of the past literature, conceptual framework.

Chapter three deals with methodology applied to carry out the research work. The methodology chapter is further divided into research design, sampling and sample size, source of the data, collection method and case study.

Chapter four presents the analysis and interpretation of the data collected from the respondents/

Chapter five presents the summary, findings and suggestions of the research.

Lastly, the references and appendixes form the concluding part of the thesis.

In the world map Pokhara sub-metropolitan city is centrally located in the map of Nepal from 83 degree 40 second to 84 degree 12 second eastern longitude and 28 degree 06 second to 28 degree 36 second north northern latitude. To the east is Aarva Bijaya and Kanhu VDC and Lekhanath municipality of Kaski district to the west lie Bharat Pokhari and Pumdi Bhumdi VDC of Kaski district on the north and south Valam, Hyangja and Kaskikot Sarangkot VDC of Kaski district. Specially, selected study area is Ward No. 9 of the sub-metropolitan city Pokhara.

CHAPTER: TWO

Literature Review

Only the limited studies have been done on the issue of disability. The condition and status of disabled persons varies in different sectors. The limited number of books, articles, research report have been consulted and reviewed to shed light on the subject under study. The status and relationship between disabled and able persons has been very complex. There should be equal treatment to the disabled persons by individuals, community as well as the nation. Disabled persons are the indispensable part of the society.

2.1 Disability

As a result of impairment, a person might not be able to perform activities of daily life considered normal for his\her age, sex, etc. A disability describes a functional limitation. For example, being disabled means having difficulty in communicating (includes difficulty of seeing, hearing and speaking, having difficulty of moving and having difficulty of 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. (WHO, 2003)

The term disabled person and disability are used to describe the general situation of being disabled implying that one is part of a special group broadly referred to the world program of action concerning disabled person. In order to understand the situation of disability, a conceptual clarity, which demarcates the condition of impairments, disabilities and handicaps, is important. (UNICEF/HMG, 2001)

- 1) Impairment: Technically, the term 'impair' denotes damage or loss of physical, psychological or anatomic function or structure. These concerns disturbs at the level of the body structure or mental function. This could mean loss of food/arm, poor eyesight, hearing impairment, paralysis of limbs, defective vision. (UNICEF/HMG, 2001)
- 2) Disability: As a result of impairment, a person might not be able to perform activities of daily life considered normal for his/her age, sex etc. A disability

describes a functional limitation. For e.g. being disabled means having difficulty in communicating (seeing, hearing, speaking), having difficulty in moving and learning. In other words, it is the restriction or lack of ability to perform activity in the manner or within the range considered normal for a human being. (UNICEF/HMG, 2001)

- 3) Handicap: A 'handicap' is a disadvantage in a person's life due to impairment or disability as compared to other persons in performing the roles expected of him/her in society like not being able to attend school or get a job or being socially isolated. Thus, a handicap is loss or limitation of opportunities to take part in the life of the community on an equal level with others. (UNICEF/HMG, 2001)

The special Education Council is the government's central coordinating body for all special education both at the private level as well as the government level. It is responsible for formulating the special education policy in matters of education sector by supporting and developing the special education activities. (A situation analysis of disability in Nepal, 2001)

There are several types of disabilities, but in Nepal, for the purpose of providing various services, Government of Nepal has officially recognized only five types of disabilities. There are:

Physical disability, Visual disability I) blind II) visually impaired, mental disability, auditory disability, I) Deaf II) Hearing impaired, mental disease.

2.2 Different Approaches of Disability

UNICEF (2004), report has mentioned those approaches of disability in the following way:

1. Charity Based (CB) Approach

The approach was followed before World War II (1945), before 1945, disability was thought to be the cause of sin and god punishment. So people thought them to provide a charity based service i.e., supporting some food, clothes and residents to them. So it was called charity Based (CB) approach.

2. Institution Based Rehabilitation (IBR) Approach

This approach raised when thousands of people got injured and impaired in World War II. Then many countries formed the policies to serve them putting into the certain colonies or hostels or institution. All the facilities were provided to them in their concern place, so, it was called as institution Based Rehabilitation (CBR) approach.

3. Community Based Rehabilitation (CBR) approach

This approach was started when the international Day of Disabled people (IDDP) was celebrated in 1981 as the UN convention in Salamanca declared it. This approach emerged according to the need and rights of the disabled people as compared with normal people. This approach suggested that the rehabilitation of the disabled people has to manage their all the activities in home based as well as community environment based locally. So it was called community Based Rehabilitation (CBR) approach.

2.3 The Concept of Empowerment

Based on the objective of this study the initial task was to determine the standard definition of disability. However this study cannot cover all the complexities related to disability definitions. A wide range of literature was reviewed to assess the definition used at the international as well as national level. The definitions provided by the WHO international classification of impairments, disability and handicaps (ICIDH) 1980 and by the ministry of women and social welfare under the sub section of protection and welfare of disabled act, 2039 on 15 April, 1999, were taken into account while developing a standard definition for the study. In order to develop a framework for the collection of statistical information on disability for policy and program formulation, this study accepts the following concepts and definitions of disability.

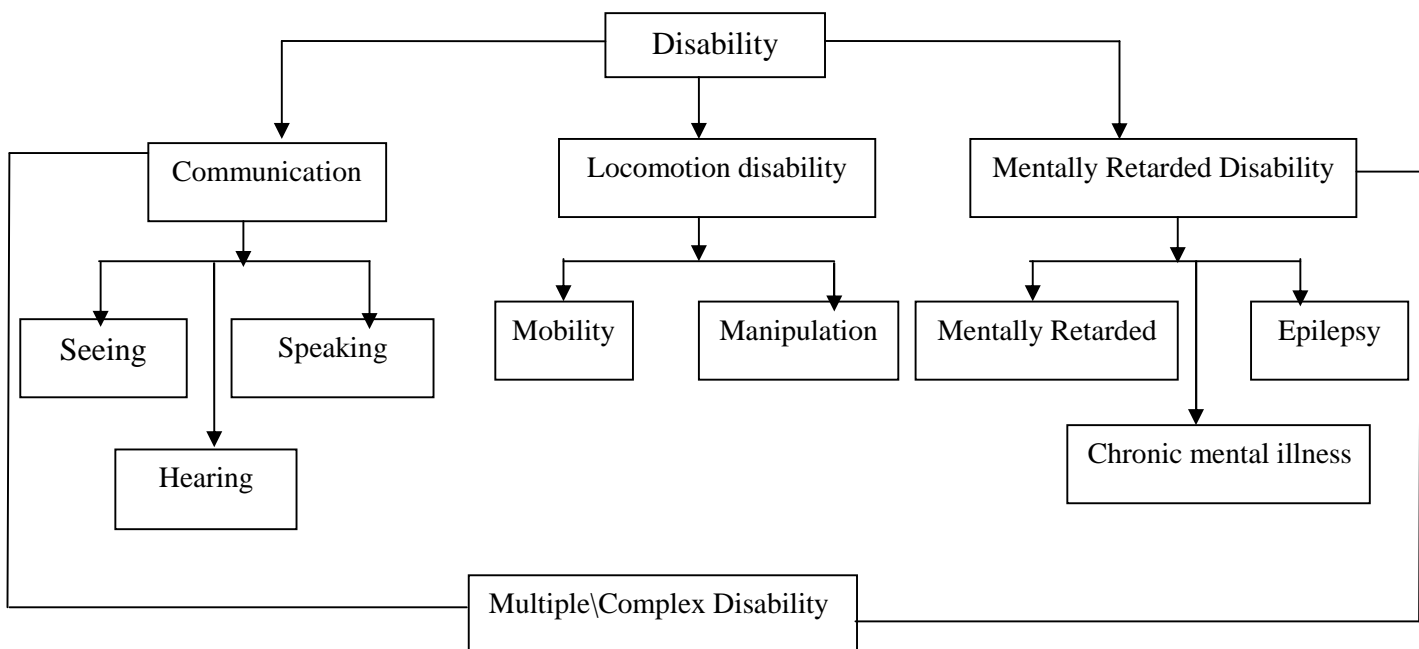
The terms disabled person and disability are used to describe the general situation of being 'disabled' implying that one is part of a special population group broadly referred to in the world program of action concerning disabled person (world program of action concerning disabled persons adopted by the united national general assembly at its 37 regular session on 3 December 1982.)

The research attempts to study the people with disability empowerment; a case study in Pokhara, Nepal. In the process, the underlying causes of impairment are also

revealed. While exploring the causes of disability in most circumstances, it is determined by the type of impairment, the present study broadly contextualizes disability under the four major categories:

1. Communication disability
2. Locomotion disability
3. Mentally related disability and
4. Complex disability

2.4 Classification of Disabilities



Communication Disability

A) Seeing disability seeking who even after treatment cannot count fingers with improved eyesight from a distance of ten feet (3 months) is said to have seeing disability

B) Hearing disability

A person who cannot hear ordinary voices from a distance of one meter is said to have hearing disability.

C) Speaking disability

A person who cannot speak at all or a person who cannot be understood outside the family is said to have a speaking disability.

Locomotion disability

A) Physical disability

A person who is unable to perform daily activities of life due to a physical deficiency defect or deformity is said to be physical disabled.

B) Mobility \walking

A person who is unable to perform the daily activities of life due to a physical deficiency, defect or deformity in the lower limbs is said to have mobility or walking disability.

C) Manipulation \ Working

A person who is unable to perform the daily activities of life due to a physical deficiency defect or deformity in the upper limbs is said to have working or manipulation disability.

Mentally Retarded disability

A) Mental retardation

A person who is unable to acquire the ability to perform activities or to learn new tasks per the age and environment due to delayed mental development prior to the age of 18 years is said to be mentally retarded.

a. Person who can manage the daily activities of life with the help of training.

b. Person who cannot manage the daily life activities like eating dressing speaking going to toilet even with training.

B) Disability as a result of neuropsychiatric conditions:

Epilepsy:

A person who has frequent attacks of unconsciousness and shows symptoms of tongue biting frothing from the mouth shimmering and incontinence is said to be an epileptic.

C) Chronic mental illness

A person who after 18 years of age has some kind of mental instability with symptoms of unprovoked anger or elation crying without reason and seeking isolation is said to have some kind of mental illness.

Multiple/Complex disability

A) Multiple disabilities

A person having more than one type of disability is said to be multiply disabled.

B) Cerebral palsy

A person who has some damage in the immature brain leading to physical incapacity is said to have cerebral palsy. Some cases could have mental retardation.

During the last two decades, the term 'empowerment' has become a keyword of development discussions worldwide. Accordingly, there are as many definitions and connotations as the word development itself have. In Nepali context, empowerment can be defined as the process of transforming existing power relations and of gaining greater control over the sources of power. Empowerment builds people's capacity to gain understanding and control over personal, social, economic and political forces to act individually as well as collectively to make choices about way they want to be and do things in their best interest to improve their life situation (NHDR, 2004).

2.5 Disability Empowerment

Does empowerment mean the same for the disabled as it appears to mean for disability organizations? The answer appears to be a resounding 'no'. Empowerment for the disabled may mean the regaining of rights which may have been illegally lost, whereas for the disability organization it may be just a buzz word designed to placate the disabled while at the same time giving them the appearance of legitimacy. Empowerment for them may mean that the disabled are being granted, given, or permitted the ability to speak on their own behalf. So, the definition of empowerment differs between organizations and the population which they are supposed to serve. It helps to find out the disability definition is much closer to reality than that of the organizations.

If one tries to find a definition for empowerment in the dictionary, she/he can find no definition for it. What can be found is a definition for empower. It means to give power or authority to, authorize, enable or permit. So, empowerment means that we have been permitted, granted or authorized to speak on our own behalf. To guess our voices became mute when became disabled. On closer look, empowerment may mean that we have illegally lost that power for which we are now being empowered. (New Era, 1999)

If you have a disability and are being empowered, then this implies that illegally lost that capability and is having to be re-empowered. Maybe instead of being empowered should refer to it as regaining our human rights or rights which have been never supposed to have lost in the first place. If they are in fact determined to be human, rights may discover that many countries which were co-signers of the Helsinki agreement are treating us illegally by denying us these rights while extending them freely to others. Maybe this is why the unemployment for the disabled is at an all time high. This figure is between 70 percent and 75 percent while unemployment for the non-disabled is considered being good if it is around 6 percent.

(New Era, 1999).

Hence reducing gradually and hence eliminating all the depression, injustice and equalities done to the disables, it is a must to develop equality, awareness, development, power leading, job opportunity, income, self respect and freedom as well as access to various fields for the empowerment of disabled.

On the other hand, empowerment is also a process, under which conversation, discussion, community seminar and law are included. Empowerment is not only process but it is a result as well. The powerless people must step forward for the medium of empowerment and this is related to the human norms and values. Here are 3 fundamental components of empowerment.

Economic Empowerment: The element with which most of us are most familiar, concerns the expansion of access to productive assets, including physical and financial opportunities, to pursue economic gains. Although this component of empowerment necessarily involves the distribution of capital and of income generating opportunities, economic empowerment also entails ensuring that the working of the market and relative prices can enhance the economic agency of

citizens. While poverty and economic vulnerability cannot be reduced without strong private sector activity, economic growth cannot become sustainable unless it is broad based and roughly egalitarian. (NHDR, 2004)

Political empowerment: It involves enlarging the capabilities associated with democratic self governance. It ensures not only respect for fundamental dignity of the human person and the basic rights set out by international norms, but equitable representation in decision making processes and institutions especially, those that can demand accountability from public resources. It includes freedom to participate in political dialogue, to dissent from majority or accepted views, and to mobilize for change a crucial agency function of this sphere. Political empowerment also encompasses legal empowerment; generally understood as the process of acquiring the knowledge essential to protect one's rights and to assert them under the law (NHDR, 2004).

Socio-cultural Empowerment: It is the process through which people and groups become aware of the interplay of societal and cultural forces at work in their lives and learn how they can act individually and jointly to influence and eventually control the dynamics of these factors. Socio-cultural empowerment therefore spans a broad spectrum of human development parameters, from access to safe water, primary health care and basic education through skill acquisition including the ability to use communications media. In addition, it encompasses social status, cultural expression and the sense of belonging to social entities that range from households through youth clubs and religious congregations to ethnic groups and a national policy (NHDR, 2004).

2.6 Theoretical Orientation

2.6.1 Social Perspective

In the social perspective, the disability is not located in the individual, but in the society (economy, culture) that fails to meet the needs of people with impairments. Disability, in complete contrast, is social disadvantage and discrimination. The social perspective message is simple and strong. If you want to make a difference to the lives of disabled, you must change society and the way society treats people who have impairments. That change must begin with full recognition of disabled people's civil rights, the full involvement of disabled people

themselves in planning and policy that is about their lives and a commitment to removing disabling barriers that prevent disabled people participation in society. Hence there are slogans like “Rights not charity” and “Nothing about us without us”. A social model of disability doesn’t mean that there is no place for medical or other professionals. As Vic Finkelstein argues, the social model means that existing professions, services and ideologies need to be transformed in ways that promote disabled people’s self-empowerment and real social change. Professionals should be allied to disabled people and the community, not allied to medicine or administration” (Stone, 1999).

2.6.2 Globalization Perspective

Globalization has been the buzzword of the 1990’s that signifies we live in a global society. Mac Donald’s, Coca Cola and the internet are the hallmarks of the global culture. The UN, WB and MNCs like Galax and Microsoft wield more economic and political power than most national governments. Development can only be understood in global context. There is ever growing demand to think about disability in a global context too (Stone, 1999).

The 1981 A.D. was the international year of disabled persons. The UN decade of disabled people (1982-1992) followed. During that decade and during the years since, there have been successive waves of new initiatives targeted at disabled people living in the majority world. Some of these initiatives have been developed specifically for the majority world, often by western or western trained professionals. CBR is a good example. The concept of CBR was originally campaigned by the WHO with the aim of making rehabilitation services available to grassroots communities in the cost effective way. It has spirit like wildfire and has been adopted, contested and reworked to cover a wide range of projects in an even wider range of setting.(Stone,1999)

New initiatives required founders, planners, implementers and evaluators. The emergence of CBR has fostered the emergence of CBR training programs, training manuals and professional trainers not to mention CBR workers, manager and evaluators. There are growing numbers of western or western trained professionals working in disability and development, facilitated by international circuits and international journals (Stone, 1999).

The past two decades have also seen a dramatic increase in organization controlled by disabled. Local, national and international organizations of disabled have taken a strong role in promoting social change based on their own analysis of disability and society. There are international networks and newsletters. Here to—such as disabled people’s international and disability awareness in action (Stone, 1999).

Researcher has played their part too. There is slow but growing body of reports and publication that explore disability in the majority world. For the most part, these are practitioners led and practice based. The focus is on interventions (social, rehabilitation, education, income generation etc) (Stone, 1999)

2.6.3 Disability and Development

Development is a problematic word. We can think about the term ‘developing countries’ or ‘undeveloped countries’. The term ‘developing’ has led to ‘majority world’ (developing countries, the south, and the 3rd world) and “minority world” (the west, the north, industrialized countries).The majority world is that the vast majority of the world’s people live in, yet they have access to fraction of the world’s wealth and power. In contrast, the richest countries of the world with a minority of the world’s people exploit the lion’s share of global resources. In this sense ‘development’ becomes a useful and critical focus for understanding disability in the majority world and in global perspective, just as it has been for disability theorists and activists focused on minority western world (Chambers,1983).

Connection between disability and development is actually the link between poverty and impairment in the majority world. People with impairments in the majority world are more likely to be poor for two reasons. Firstly, because of the root causes of impairment in majority world countries, malnutrition, poverty, landmines, lack of services, etc. hit the poorest people hardest (chambers, 1983). In fact, a considerable proportion of impairments in the majority world are a direct result of poverty, injustice and exploitation by the minority world.

Over 100 million people have impairments as a result of malnutrition. 250,000 children go blind every year through lack of Vitamin A. 800 million people are at risk of preventable learning difficulties through lack of Iodine. 100,000 women in Africa acquire impairments through childbirth complications. 40 percent of hearing loss in children in the majority world would be preventably by early identification. There

were 100,000 new cases of Polio in 1994. Six million people worldwide are affected by leprosy. Sources: New internationalist (1992), Tripler in CBR news (1995)

Secondly, people with impairments worldwide are more likely to be poor because of the disabling barriers that prevent them from getting education, a job, and access to appropriate support and services and so forth (Stone, 1999).

Community based rehabilitation is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and appropriate health, education, vocational and social services (ILO, UNESCO and WHO 1994) (Emma, 1999, page31). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which took effect in May 2008, is distinguished from other prior conventions of rights. The CRPD includes articles on international cooperation, reflecting the global discussions on the disparity between developed and developing countries (Asia Pacific disability rehabilitation journal Vol. 2, 2009).

In western disability studies, they have linked the social construction of disability in the west to western development, urbanization, industrialization, the rise of medical and rehabilitation professions, the creation of welfare state premised upon divisions between disabled and non-disabled people, western concepts of 'normalcy', western concept of 'charity', the creation of ever larger mechanisms of social control and so forth. These are just some of the processes that have been used to explain the construction of disability in the minority world (Stone, 1999).

Within the disability development fields, several scholars have started to argue for a more critical approach to disability in the majority world that incorporates political, social and economic sectors. The impact of 'development' must not be ignored when considering disability in the majority world of the persons who write on disability in the majority world fail to explore these issues to sufficient degree viz. Government, TV, newspapers, professionals, ideologies, institutions, structures, schools, modes of production, disability policies and state. Social definitions of disability do not exist in the west alone. All of these will have an impact on perceptions of and responses to impairment (Stone, 1999).

2.6.4 Review of Related Studies

The disabled protection and welfare Act 2039 B.S. came into effect. Many facilities are incorporated in the Act, but they have not been implemented. Organizations working in this sector have continuously requested the government to implement the Act. Reports with recommendation are prepared in many workshops, we submit the report to the government and government will keep it inside the file and that is all. Implementation should be done at faster rate whatever is promised and give reasons for the things, which have not been implemented. (Dhungana, 2000)

The problem of disability in developing countries needs to be specially highlighted, as many as 80 percent of all disabled person live in isolated rural areas in the developing countries. In some of these countries, the percentage of the disabled population is estimated to be as high as 20 and thus if families and relatives are included, 50 percent of the population could be adversely affected by disability. The problem is made more complex by the fact that for the most part, disabled persons are also usually extremely poor people. They often live in areas where medical and other related services are scarce, or even totally absent and where disabilities are not and cannot be detect in time, when they receive it at all, the impairment may have become irreversible. In many countries resources are not sufficient to detect and prevent disability and to meet the need for the rehabilitation and supportive services of the disabled population. Trained personnel, research into newer and more effective strategies and approaches to rehabilitation and the manufacturing and provision of aids and equipment for disabled persons are quite inadequate. (Maomi Yamashita, 1993–2002)

"The Role of SWC on Disability sector" mentioned the principle role of SWC is to co-ordinate facilitated, monitor and evaluate the activities of INGOs and NGOs working in the country. On disability sector, SWC has made some remarkable efforts in the recent years, Guided by a two prong strategy to empower and then to enable them to live a life of self respect and dignity in the society where they live. SWC (social welfare council) camp up with a package program exclusively for disabled which aimed primarily to equip them with needful skills, and them, to provide them with a collateral free loan. The SWC made arrangement with the bank for the loan disbursement. The process will continue unless men and women with disabilities in the country are rehabilitee. Apart from this the other major contribution in the

disability sector that the SWC made is to secure employment particularly for disabled women in several government as well as non-government agencies, organizations. The SWC has been one such agency which has extensively advocated in favor employment opportunities for men and women with disabilities. (Pokhrel, 2000)

The article, "Integration people with Disabilities in to Development programmer" published on "SAROKAR" May 2000, has analyzed the concept of disability towards their family and society. He writes that disabled people tend to get exploited by the family and by the community members. Oxfam partner organizations have provided legal support to 122 persons with disabilities in their areas. Such support is helping to promote the rights of disabled persons in the family and community. At the same time, the families and the community are beginning to learn that persons with disabilities are not helpless. The partner organizations are also trying to develop the capacity of persons with disabilities by involving them in various training program such as leadership development, primary health care, grasp management and gender awareness. In addition disabled persons are encouraged to become members of existing villages committees such as disaster committees and so on. 571 peoples with disabilities have been trained on various human and skilled development issues, and 65 disabled people are included in different communities in the areas of operation of the partner organizations. These initiatives have helped to increase their mobility and acceptance in the community. It has also been helped to improve their ability to contribute to community development activities. (Shah Alam, 2000)

A community Assessment of poverty and disability among specific rural population Group in Nepal" explained, that disability and poverty are inextricably linked and lead to a vicious cycle with one being both a cause and a consequence of the other. Persons with disabilities are estimated to make up to 15 percent to 20 percent of the poor persons in developing countries, worldwide, as many as 50 percent of disabilities are directly linked to poverty. (Sarmila Shrestha, Narayankaji Shrestha, Sunil Deepak, 2009)

The links between poverty and disability can be multiple and complex, including through local geographical factors (for example, wars, specific infections like trachoma and Suhistosomiasis, stress etc.), insufficient or unhealthy food, insufficient or inaccessible health services (including physical inaccessibility as well

as because of related cost), social exclusion and stigma (for example, for persons affected with leprosy for persons with epilepsy etc) barriers to employment, etc.

2.7 Conceptual Framework

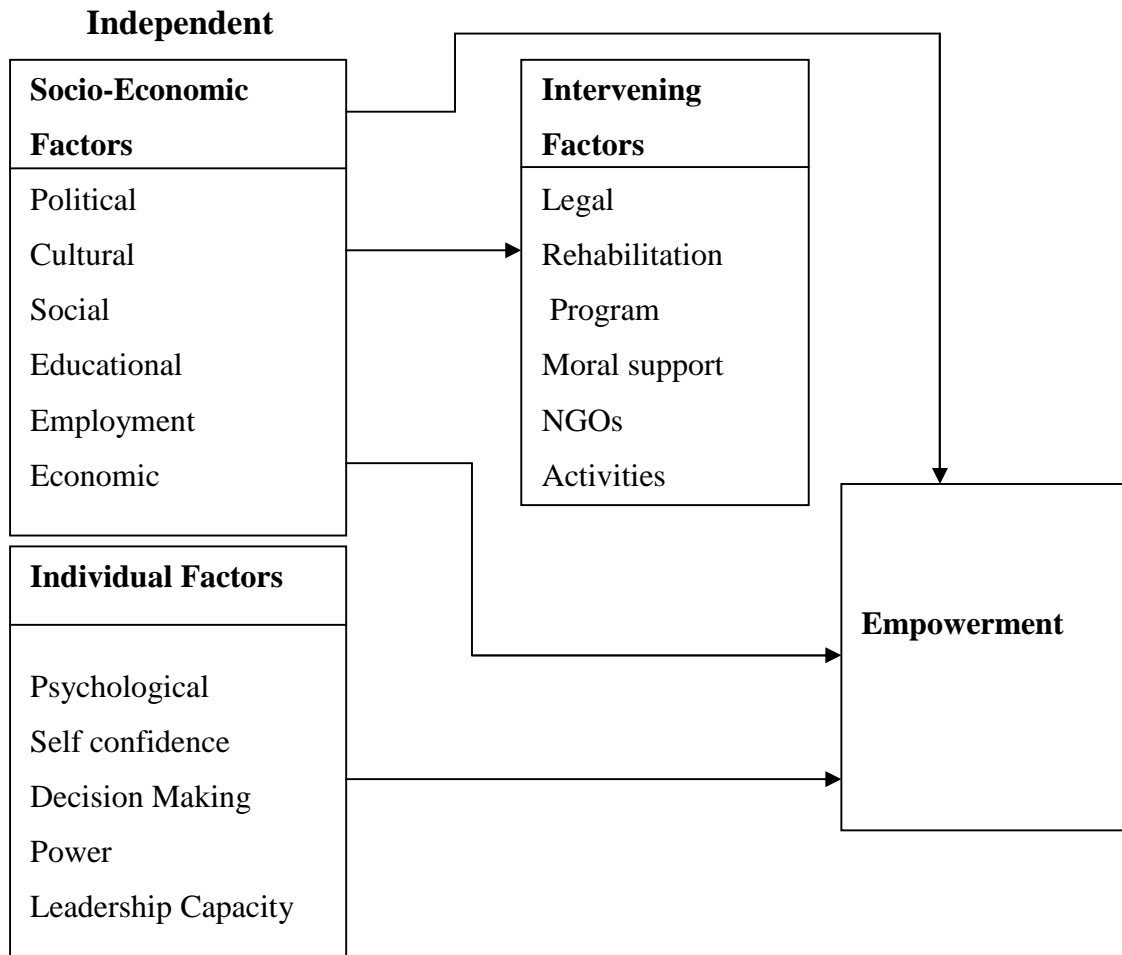


Figure: 2.1 Conceptual Frameworks

The conceptual framework elucidates that the empowerment of disabled people which are influenced by various factors or related variables are shown in conceptual framework. The influencing factors are the social economic status, decision making power, power sharing and other relation with individual or society. The condition of disability influence power relation marital, social and cultural status, employment as well as other sectors education and economic support in the prime factor to uplift the condition of disabled person in the society. If higher the education and skill, higher is the occupation for job and social and economic status. The family support would play vital role to uplift the condition and moral support and confidence to the disabled persons

CHAPTER: THREE

Research Methodology

Research methodology is necessary for any research work in every field. It explains the procedure of the study from beginning to the end. It includes many tools and techniques which are applied as the skeleton and flavor of the study.

3.1 Rationale of the Selection of the Study Area

This research is important, as it will help in understanding the interplaying factors for the entry in the empowerment of disabled people, it will help government and stockholders in formulating plan and policies in the days ahead.

Pokhara is a second big city of Nepal, there are seems many people with different types of disability. There were government and non government organization to run project and program for disabled people, but it was no changing their life. Therefore it is essential to know the status of disabled people; therefore Pokhara sub metropolitan city Ward No.9 has been selected Potential site.

In this location is not available any types of research on disability. Therefore was the curiosity of the researcher why is most of study targeted to issue related to disabled people rare case it may be helpful to lunch out socio empowerment program for the disabled people in Pokhara sub metropolitan city.

3.2 Research Design

This study is aimed at the study of socio-economic and cultural aspects of disability. The descriptive and explorative research design will be employed to find the problem of community based rehabilitation program for disabled people. It describes the knowledge attitude and behavior of community people toward disabled people. It also explores the facts about real situation from disabled people.

3.3 Nature and Sources of Social Data

For the fulfillment of the aim of this research, both qualitative and quantitative data's will be collected. From quantitative data, the information about the number of disabled, their income level, types of disability whereas from qualitative data the

concept of disable regarding various aspects, views opinions, thoughts, expectation can be included.

The data has been collected from both primary and secondary sources. The primary data's were collected in the presence of the researcher himself reaching to research area. For this the techniques like interviews schedule, questionnaire, observation, key informants interview, etc were applied; whereas for the secondary data collection, different types of govt., NGOs, books, journal, magazines, booklets, dissertation of former students reports were consulted which are related to the subject matter and are helpful for the research of this topic.

3.4 Sampling

The universe of the area is Pokhara sub-metropolitan city Ward No.9. Among 146 disabled people, 80 disabled people will be selected as samples by simple random sampling. Other key respondents of this study were selected traditional healers, local leaders and sub metropolitan city official Health workers.

3.5 Pretest of Survey

In order to make the questions of interview schedule, a pre-test (pilot survey) was carried out with some of the disabled people having similar characteristics attending in Pokhara sub-metropolitan city Ward No.10, Kaski and necessary correction was made according to the response. The collected data were checked by the investigation for errors and emission on the same day and ensure the reliability of data.

It was also helpful on incorporating new questions or removing unwanted or functionless questions. Furthermore it also helps in measuring the level of question and respondents.

3.6 Primary Data Collection Tools and Techniques

The following techniques were used for the fulfillment of the aim of this research analyzing its primary sources as per nature and type of the research.

A. Observation

All those matters that the researcher personally observes can be presented as the primary data in their presentation and explanation. The research area of the study itself was the settlement area of the required population.

B. Interview schedule

The questionnaire schedule will be prepared previously and the same questions would be put forward by the concerned party as interview. The researcher himself must collect the answers the interviewee. Other related questions could also be asked except those in schedule. The help of family was taken if the disabled were unable to answer.

B. Case Study

Make the previous history and present status of participants clear. Some of the disabled people who didn't feel any hesitation to share their own status were selected for the case study.

C. Key informant interview

This action can be used for the close analysis of reality of the data's collected through other process for this, the related place; the officials, offices, the representatives and the affected person's family can be consulted. This type of interview was informal.

3.7 Secondary Data collection

To make the research more effective, secondary data was collected basically by means of reviewing related literature, report, article and publications published regarding disabled people annual report of CBRS. Parshaw chitra-3, Pokhara sub-metropolitan city Ward No-9, was the major potential sources of secondary data.

3.8 Ethic

The research topic is sensitive and difficult to collect information from the respondents. Special attention has been given to make the research much more ethical.

Following steps were followed to make the research more ethical.

-) Objective of the study were explained to the respondents.
-) Informed verbal consent was taken from each respondent.
-) All the collected data were kept confidential and anonymous.
-) Respondents were not influenced by any means to participate in the study.
-) Photographs were taken after permission of disabled people and their parents.

3.9 Reliability and Validity

To make the research effective and to make the information valid and reliable worldwide, research tools and methods have been employed. The data of information which have been collected by different tools have been presented and analyzed in their natural form without modification and change. Collected information's are valid and reliable because:

-) Interview schedule was developed by using guideline of preparing interview schedule.
-) Interview schedule was checked and verified by the adviser.
-) Research tools was pre-test and the respondents having similar characteristics attending in Pokhara sub-metropolitan city Ward No.10, Kaski and necessary corrections were made according to the response.
-) The collected data were checked by the investigation to ensure the reliability of data.
-) Collected data were checked for errors and emission on the same day.

3.10 Data Presentation and Analysis

The numerical and qualitative data were properly analyzed which were as per the nature and aim of the research. Graphic, tabular presentation and proper methods will be implemented for the easy understanding of data's proper editing, coding and tabulation was done as per the aim of research.

CHAPTER: FOUR

Presentation and Analysis of Data

In this unit, the collected data about disabled people are presented in the form of table and diagrams. These data are analyzed independently and if necessary, secondary data are also used. Mainly the empowerment of the disabled person is analyzed and with this the marital status, educational, economical status, etc are also presented. The different tables mentioned in this unit try to show the different characteristics of the disabled people.

4.1 Demographic Characteristics of Respondents

This unit includes the socio-cultural, economic and political status of the respondents in study area. It includes different components of empowerment like social status, health situation, schooling, community participation, income status, opinion about allowance, ownership of family assets, political participation, disabled right, etc. This unit also includes the general demographic in lunation of the respondents.

4.1.1 Age and Sex Composition

The field survey has been conducted to find out in-depth knowledge of the respondents about the empowerment of disabled people. Disabled people were not able to express their view thoroughly. So, parents were incorporated to get insight about the given facts. The table 4.1 below illustrates the age and sex composition of the respondents.

Table 4.1 Ages and Sex Composition of the Respondents

Age group	Frequency				Total	Percent
	Male	Percent	female	percent		
0-19	20	25	22	27.5	42	52.50
20-39	11	13.75	10	12.5	21	26.25
40-59	7	8.75	6	7.5	13	16.25
60+	3	3.75	1	1.25	4	5.00
Total	41	51.25	39	48.75	80	100.0

Source: Field survey, 2012

Table 4.1 indicates that the 0-20 age group occupies the highest percentage 52.5 of the population among the respondents that includes 25 percent male and 27.5 percent female. Similarly, for age group 20-40, it is 26.25 percent including 13.75 percent male and 12.5 percent female. Whereas only 16.25 percent of the respondents are above 60 years including 8.75 percent male and 7.5 percent female.

4.1.2 Marital Status

Marriage is one of the important events of a human being which is also a universal phenomenon. The disabled people are also the wing of society and they are also enjoying their life as they have capacity. Disabled people are also married and unmarried. The table 4.2 below shows the marital status of the respondents.

Table 4.2: Respondents classified according to marital status

Status	Frequency	Percent
Married	25	31.25
Unmarried	55	68.75
Total	80	100.0

Source: field survey, 2012

Table 4.2 shows marital status of the disabled people of Pokhara sub-Metropolis Wards No. 9. This is can be the mirror of whole municipality.

From the table 4.2 above it can be clearly demonstrated that most of the respondents are unmarried that is, 68.75 percent are unmarried and 31.25 percent are married.

4.1.3 Type of Disability

Disabled persons are not of the same type. The Disabled people are divided into five types here; Physical, deaf, blind, mental retardation and others. But in the samples taken, there are only four types: physical, deaf, blind and mental retardation.

Table 4.3 Respondents types of disability

Types	Frequency	Percent
Physical	22	27.50
Deaf	13	16.25
Blind	24	30.00
Mentally retarded	14	17.50
Others	7	8.75
Total	80	100.0

Source: field survey, 2012

4.1.4 Types of Disability Occurrence

The analysis has been done by types of disabilities and by number of persons with different types of disabilities. Disability is malfunctioning of a vital organ or part of the body which restricts the person's normal functioning in day to day life. It can be dysfunction of eye, ears, legs or upper and lower limbs or even mind. Disabled person struggles to overcome this shortcoming which keeps restricting him. The physically able and sound people can consider themselves as blessed ones. Let's know about the disabilities in study area i.e., physical, blind, deaf, disability of sound and speaking, physical, mentally retarded and multi. There are single, double and multi type of disability in a respondent. So, more than two types are indicated as multi-disability. In the situation of disabilities, there are many reasons for occurrence of disabilities. The figure 4.1 below shows them all.

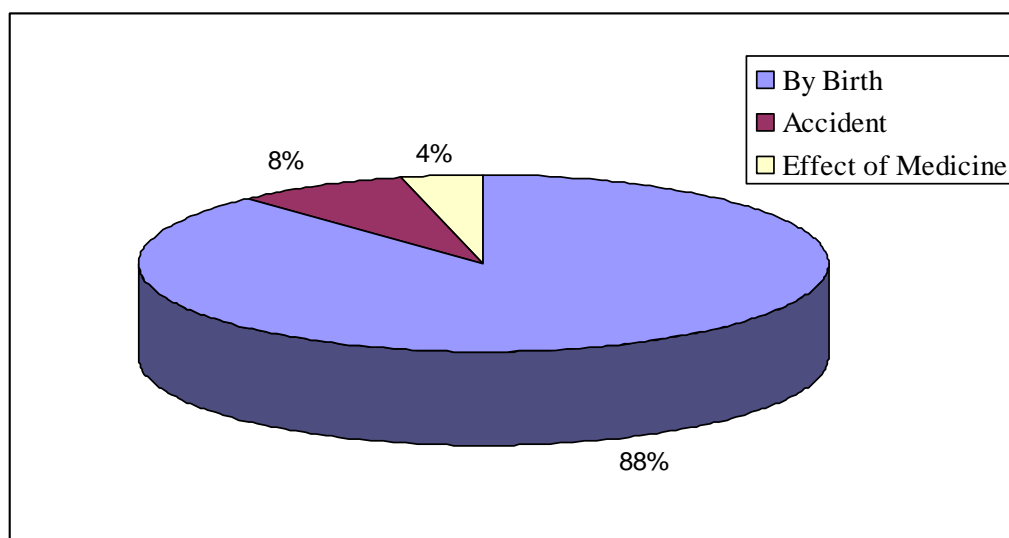


Figure 4.1: Disability Occurrence

Fig 4.1 above illustrates that most of the disability occurrence are by birth, which is 88 percent. Similarly, 8 percent of the disability occurrences are by accident and only 4percent are by the effect of medicine.

4.2 Social Empowerment of Respondents

4.2.1 Availability of Disabled Identity Card

Identity card is one of the mediums of disability recognition. It plays an important role when they move outside the home like school, collage, hospital, journey, job vacancy, etc. Achievement of ID card indicates their right and level of disabled social empowerment. ID card has been distributed by the women development office.

Table 4.4: Disable ID card

ID card	Frequency	Percent
Received	43	53.75
Not received	37	46.25
Total	80	100.0

Source: Field Survey, 2012

Table 4.4 above clearly shows that 53.75 percentages of the respondents are able to obtain the ID card for the disability whereas 46.25 percent of them are without any kind of ID card. In the study area, some of the respondents do not know they have right to obtain the ID card.

4.2.2 Social Discrimination

The different discriminating behaviors done to the disabled are different from each other according to the changing economic, social and cultural development of the society they reside in. The episodes of these types of discrimination are widely distributed. The situation of study area, classifies the conceptual, environmental and institutional discrimination as well. Table 4.5 below shows the status of discrimination of the respondents.

Table 4.5: Status of Discrimination

Discrimination	Frequency	Percent
Yes	51	63.75
No	29	36.25
Total	80	100.0

Source: Field Survey, 2012

Table 4.5 clearly demonstrate that most 63.75 percent of the respondents are facing the discrimination from the person, society and state; whereas 36.25 percent do not feel the discrimination. Disabled people feel different discrimination in their lives. Different types of discriminations found in the survey are given in the table 4.6 below.

Table 4.6: Types of Discrimination

Type	Frequency	Percent
Mockery	26	32.50
abuse by peers	23	28.75
Exclusion	31	38.75
Total	80	100.0

Source: Field Survey, 2012

As table 4.6 illustrates 38.75 percent respondents from the field survey have reported that they feel the problem of exclusion, whereas 32.5 percent face mockery and 28.75 percent are abuse by peers. And 38.75 percent are excluded from society. In the above situation, discrimination has been conducted by their family members, society, nation, etc. So disables are always being backward in their empowerment.

4.2.3 Involvement of Community Work

Persons with disabilities have access to community support services, including personal assistance necessary to support living and inclusion in the community and prevent isolation or segregation from the community.

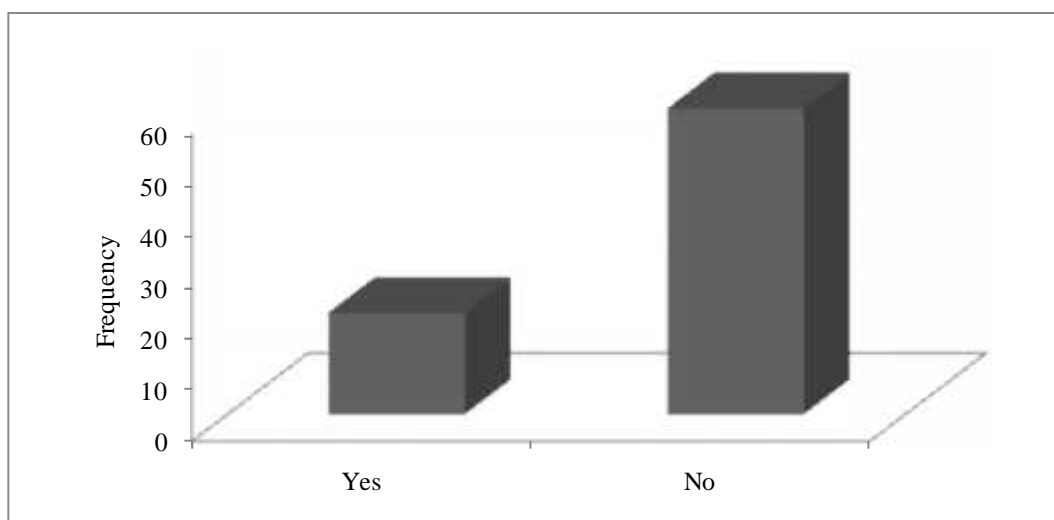


Figure 4.2: The state Involvement in Community Work

Community services and facilities for the general population are available on an equal basis to person with disabilities and responsive to their needs. The community work held by the respondents has been marked in the figure 4.2.

Figure 4.2 indicates that out of 80 respondents, 60 respondents are not involved in any community work and 20 respondents only involved in such works. It indicates that most of the respondent's condition was weak physically. The respondents have been involved in different types of community works i.e. community gathering, festivals, religious activities, weeding ceremonies, etc.

4.2.4 Join in Community Activities and the Reasons

Disability signifies the difficult situation of a person. So they are mentally and physically deficient. In this situation, they are not involved in community work like others.

Table 4.7: Difficulty in Joining Community Activities

Join	Frequency	Percent
Yes	63	78.75
No	17	21.25
Total	80	100.0

Source: Field survey, 2012

Table 4.7 indicates that 78.75 percent of the respondents are facing the difficulties in joining the community activities; whereas 21.25 percentages of the respondents have to face no difficulty at all. The table 4.8 below indicates the reasons for facing difficulties.

Table 4.8: Reasons for Facing Difficulties

Reasons	Frequency	Percent
Cause of disability	27	33.75
fear of being mocked	19	23.75
feel uncomfortable	9	11.25
do not feel like	25	31.25
Total	80	100.0

Source: Field Survey, 2012

Table 4.8 shows that 33.75 percent of the respondents face difficulties as a

result of disability alone likewise, 23.75 percent face difficulties for fear of being of mocked, 11.25 percent just feel uncomfortable among the members of the community. Respectively 31.25 percent also feel difficulties but they simply tolerate them and do not wish to reveal it.

4.2.5 Respondents Status in the Community

Because of disability, a person has low status in society. Disabled feel alone in society and go humiliating. Every society has this situation but some of them expose their talent and make good reputation in society. The figure 4.3 below indicates the respondent's status in community.

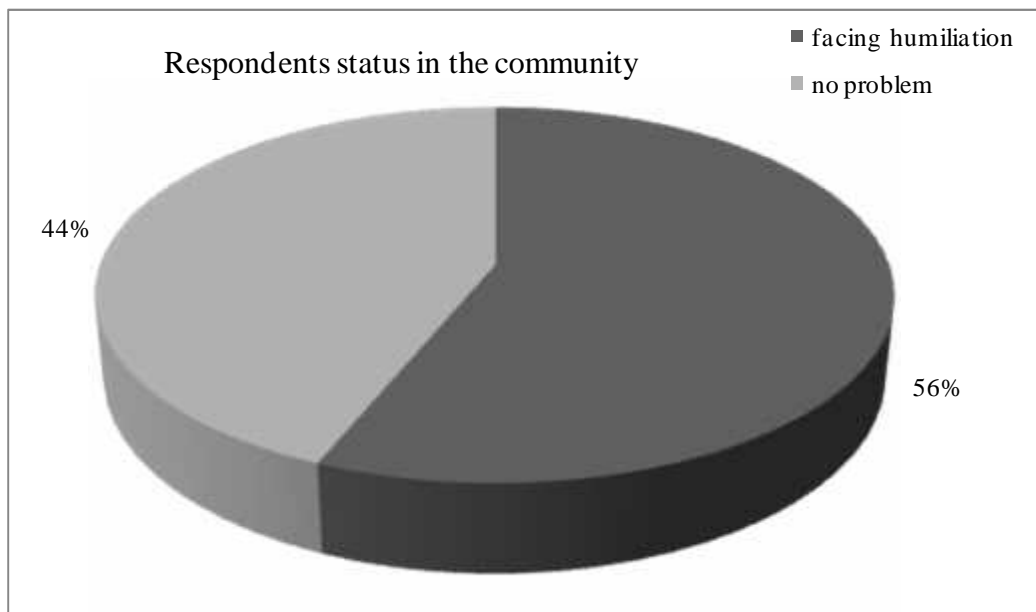


Figure 4.3 Respondents statuses in the community

Fig. 4.3 indicates that 56.3 percentages of the respondents are facing humiliation problem from the society; whereas those facing no problem are in 43.8 percentages. The rest of them do not feel any humiliation.

4.2.6 Problem of Marriage

Marriage is one of the universal phenomena; every person has the right to choose their spouse. Disabled who are of marriageable age are to find a family on the basis of the full consent of the partners.

About the marriage, the view of respondents is shown in the figure 4.4 below.

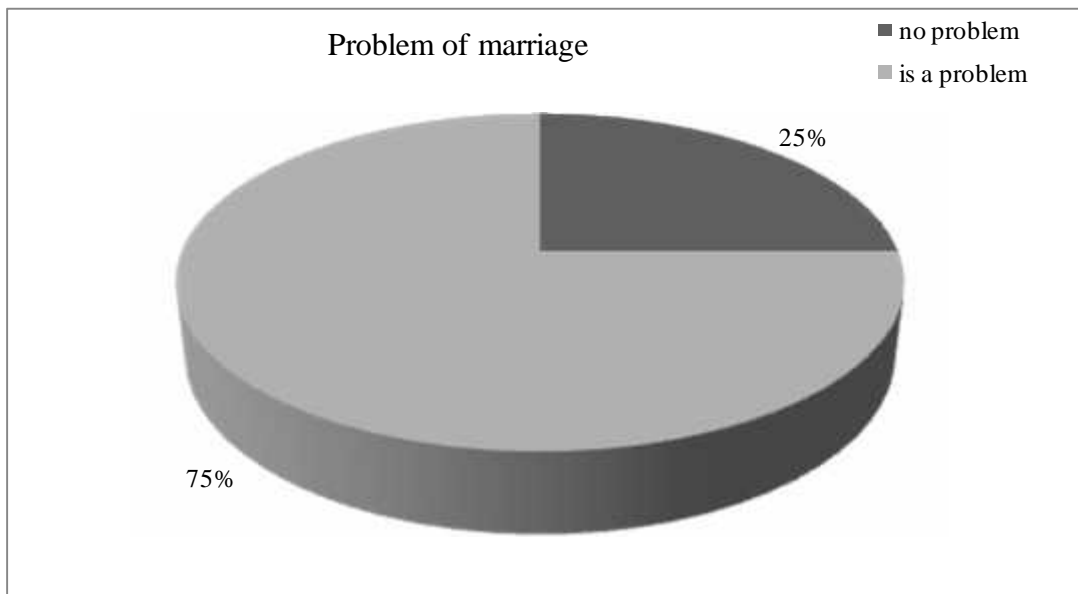


Fig. 4.4 Problem of marriage

Fig. 4.4 above clearly demonstrates that 75 percent of the respondents are facing disability as a hindrance in getting married; whereas only 25 percent of them do not face disability as a hindrance in getting married. In this situation marriage is a genuine problem of respondents and they live so painfully in the while of their life.

4.2.7 Free Movement and Easiness of Feeling

Almost all of the disabled are not going out of their home with friends or parents. Walking alone they feel various sorts of humiliation. In this situation, they are feeling uneasy to contact with other people. The actual situation they have to face is demonstrated in figure 4.5 below:

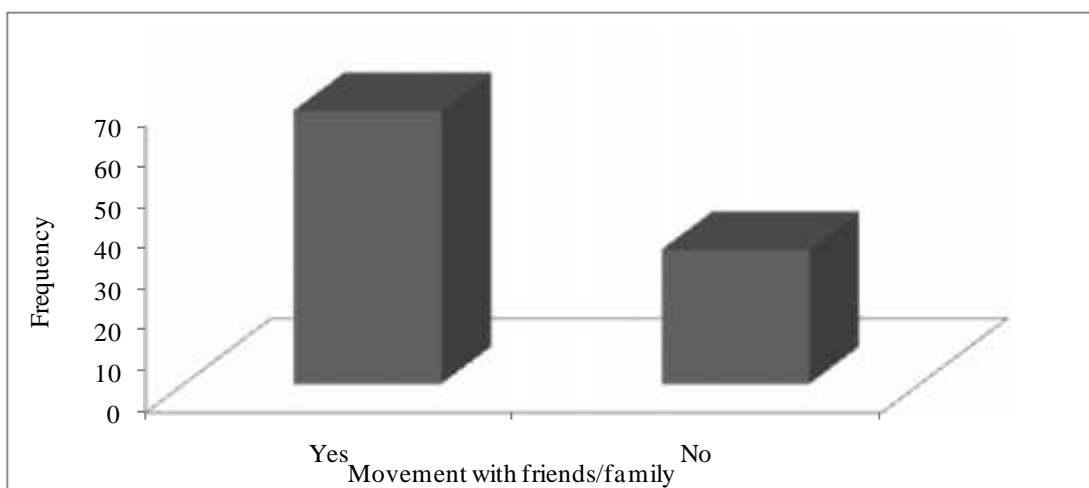


Fig. 4.5 Movement with Friends/Family

Fig. 4.5 clearly shows that 67.2 percent of the respondents are able to move freely with their friends and family; whereas 32.9 percent are unable to do so the rest of the respondents have no problem to move outside. Reality is that most of the respondents are minor level of disability. The figure 4.6 exhibits the feeling of respondents as they are sitting close to others.

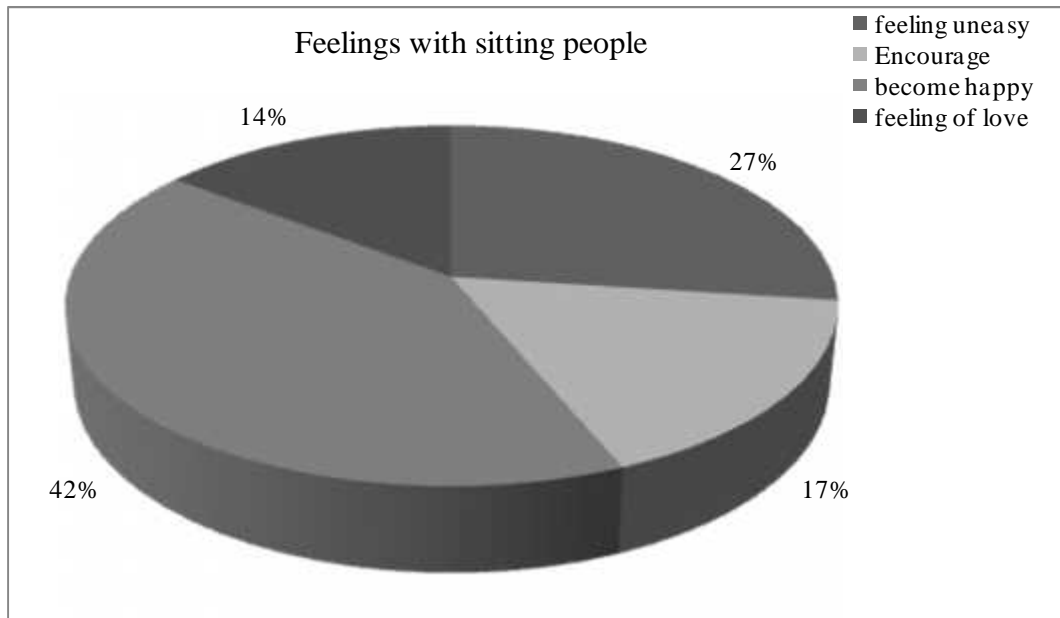


Fig. 4.6 Feelings While Sitting with Other People

Fig. 4.6 crystal clearly shows that a quite noticeable 42 percentage of the respondents feels happy when other people sit with them. Similarly 27 percent of them feel uneasy, 17 percent feel encouraged; whereas 14 percent of the respondents get the feeling of love when they sit with others. On the basis of the above analysis, most of the respondents have positive attitude to others when they sit with them.

4.2.8 Relationship with Neighbours

Society is always hierarchical. The social members always maintain their high and low status. As the disabled are considered to have low status, the family members too wish to hide them from their strangers. The disabled can display strange behaviours but the family members hardly express it before the neighbours. In this situation, their relationship with neighbours was not so good.

But the situation of study area provides a different picture as it is shown in the figure 4.7 below:

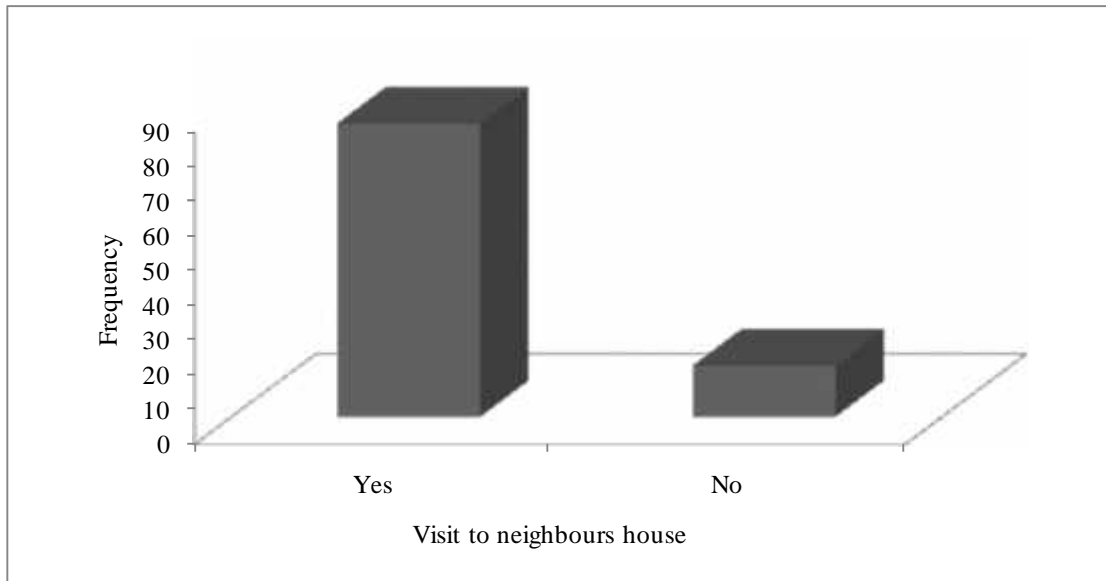


Fig. 4.7 Frequency of visit neighbours house

Fig. 4.7 shows that a quite large numbers 68 (85 percent) of the respondents are having a good relation with their neighbours; whereas only 12 (15 percent) do not have relations with their neighbours .i.e. they do not come and go to their neighbours, which is mainly depending on disability forms and family interest. It also indicates their helping condition of community.

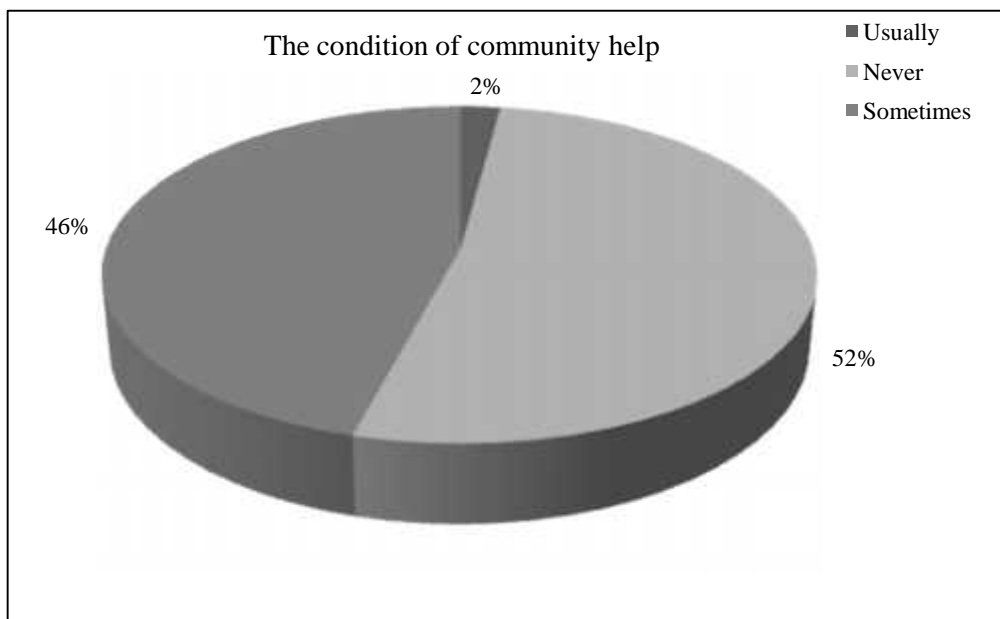


Fig. 4.8 The Condition of Community helps

From the Fig. 4.8, it is clear that large 52 percentages of the respondents never help other people in the community. 46 percent sometime help other people in the community whereas only 2 percent usually help other people.

4.2.9 Treatment, Types and Improvement

Treatment is important for the disabled. If they get good treatment in time, they get relief from their dangerous condition. But in case of disability by birth i.e. deaf, dampness there is not any treatment. Situation of treatment is given in the figure 4.9 below.

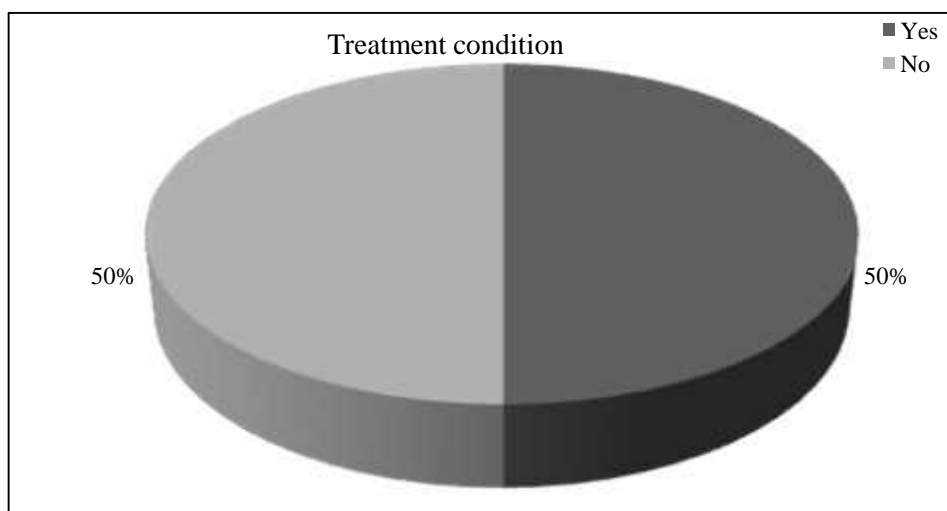


Fig. 4.9 Treatment Condition

Fig 4.9 clearly indicates that the percentage of the respondents getting treatment and those not getting treatment is equal. It is 50 percent both. Among the two types of the treatments obtained i.e. faith healer and doctors, 50 percent of the respondents are getting treatment from the doctors. The table 4.9 shows the benefit from treatment

Table 4.9: Benefit for Treatment

Benefit	Frequency	Percent
No improvement	14	17.50
Short term benefit	10	12.50
Not getting treatment	56	70.00
Total	80	100.0

Source: Field Survey, 2012.

Table 4.9 shows the treatments obtained by the respondents; a high 70 percentage is not getting treatment. In their conditions 12.5 percentages have obtained a short term benefit. This analysis shows that respondents have not been cured completely.

4.2.10 Availability of Health Facilities

Health is condition of person's body or mind. Those who have good health are able to resist disease. When people are suffering from diseases, they need to visit health care centre. Getting Health facilities is one of the important factors of social empowerment. In the study area, Hundred percent of the respondents are able to obtain the health and treatment facilities if they visit the health centres and hospitals.

4.2.11 School Visiting Problem, Performance and Requirements

Parents, who are educated, are aware of their children education but in the study area, parents are not well educated, backup education and age limitation are also the affecting causes of going to school for the disabled children. Fig.4.10 below shows the situation of school going respondents.

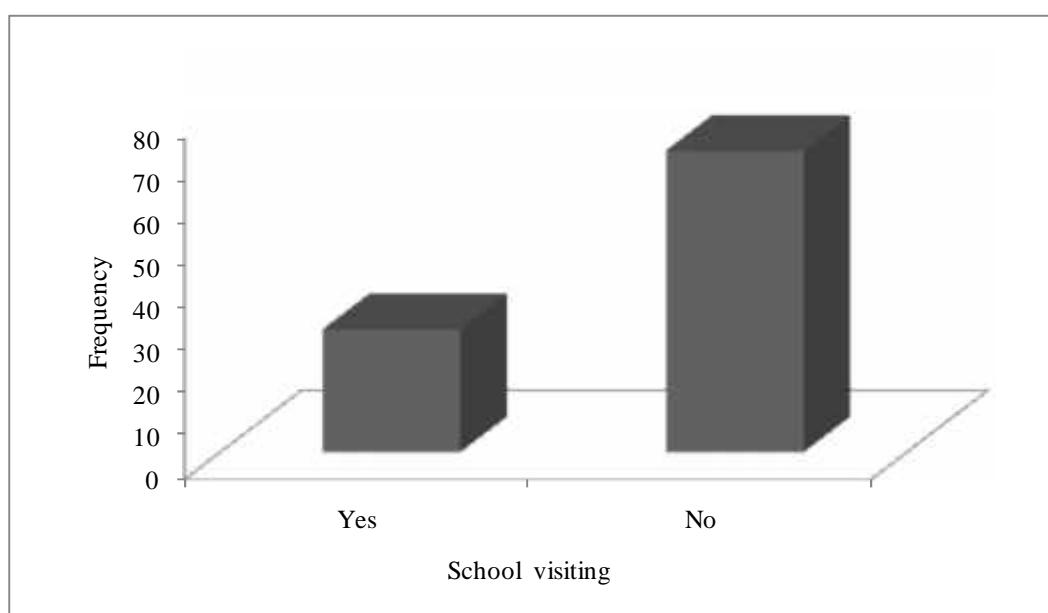


Fig. 4.10 School Visiting

Fig. 4.10, clearly indicates that 57 (71.25 percent) of the respondents are not able to go to the school and only 23 (28.75 percent) of the respondents have been able to go to the school. It shows that most of the respondents are deprived of school

education. Among these respondents, their school performance was given below in table 4.10.

Table 4.10: Performance at School

Performance	Frequency	Percent
Good	4	5.00
Satisfactory	11	13.75
Weak	8	10.00
Not able to go to school	57	71.25
Total	80	100.0

Source: Field Survey, 2012

Table 4.10 clearly indicates that among the respondents who visit the school, a noticeable 13.75 percentage of them are performing satisfactorily. Similarly, those performing weak, occupy a little lower 10 percentage, whereas those having good performance are 17.25 percent. Among these, school going respondents indicates the requirements for attending school. This is stated below in table 4.11.

Table 4.11: Requirements for Attending School

Requirement	Frequency	Percent
Financial Support	13	16.25
Special Class for Disabled Children	10	12.50
Not able to go the school	57	71.25
Total	80	100.00

Source: Field Survey, 2012

Table 4.11 clearly indicates that equal percent of requirements i.e. financial support and special class are the requirements for disabled children for attending school. Among those who visit the school, 16.25 percent of the respondents requirements financial support and equally 12.5 percent require special classes for disabled children and 71.25 percent of disabled are not able to go to the school because of sever disability and old age.

4.3 Economic Empowerment

4.3.1 Occupation and Income of Parents

One of the most important variables of economic empowerment is the parental occupation. In order to earn a living, human being needs to engage with certain kind of occupation or job. It is the responsibility of the parents to fulfil their children's need to make them civilized in this modern society. So, they engage in different types of occupation. In this research area, traditional as well as modern occupation has been adopted by the parents.

Table 4.12 Occupational Distribution of Parents

Occupation	Frequency	Percent
Agriculture	30	37.50
Govt. job	3	3.75
Teacher	12	15.00
Trade	18	22.50
Labour	17	21.25
Total	80	100.0

Source: Field Survey, 2012

Table 4.12 clearly shows that large 37.5 percentages of the respondents have been involving in agriculture. Similarly, 22.5 percent of them have been engaged in trade; whereas those involved in government job are 3.75 percent and working as teacher occupy in the percentage 15 percent which is less as compared to other. Among these types of occupations, income ratio is 0-20000 Rs. The table 4.13 exhibits the monthly income of the household.

Table 4.13 Income per Months

Income	Frequency	Percent
0-5000	29	36.25
5000-10000	35	43.75
10000-15000	11	13.75
15000-20000	5	6.25
Total	80	100.0

Source: Field Survey, 2010

Table 4.13 clearly indicates that 43.75 percent of the respondents earn 5000-10000 rupee per month. Similarly, 36.25 percent of them earn about 0-5000. Only a less percentage of them earn more than 10000 rupee that includes 13.75 percent earning from about 10000 to 15000 and 6.25 percent of them earn more than 15000 about 15000-20000 rupee. It shows that most of them are in poor economic condition.

4.3.2 Supports for Daily Activities and Living

Disability is person's physical and mental weak condition. So, they could need other help for sometimes to do daily activities and living. The family members help fulfilling their needs. In the study area, there are different levels of disabilities. So, needs of help is also different which is shown in the table 4.14 below.

Table 4.14: Supports for Daily Activities

Support	Frequency	Percent
Self	52	65.00
Little support for other	13	16.25
Full dependent in other	15	18.75
Total	80	100.0

Source: Field Survey, 2012

Table 4.14 shows that 65 percent of the respondents doing their daily activities are self supporting. A noticeable 18.75 percent of them fully depend upon other i.e. family members. Only a less 16.25 percent of them are taking little support from other. Similarly, a respondent's economical condition is shown in the table 4.15 below.

Table 4.15: Living Support

Support	Frequency	Percent
Self job	9	11.25
Family support	48	60.00
Organization Support	9	11.25
Efforts by themselves	14	17.50
Total	80	100.0

Source: Field Survey, 2012

Table 4.15 clearly indicates that 60 percent of the respondents rely on their family support for living, a noticeable 17.5 percent percentage of them depend on

their own efforts for living but only 11.25 percent percentage of them depend upon self job and organisational support for living. It shows that most of the respondents economically depend upon others. Since most of the respondents are 0-20 of small age group and workable respondents are unable to involve in any occupation also.

4.3.3 Disabled Allowance and Their Opinion

Allowance is one of the needs of the disabled person. They are not able to work like other people. So, they are deprived of any self job. In that situation, allowance is needed to lift them upwards to positive living, relief for family burden and self- humiliation. But in the study area it is found that they hardly received any allowances.

Table 4.16 Disable Allowance

Allowance	Frequency	Percent
Received	68	85.00
Not received	12	15.00
Total	80	100.0

Source: Field Survey, 2012

Table 4.16 clearly demonstrates that 85 percent of the respondents are able to receive allowance for their disability from government and private organization and only a lesser 15 percentage do not receive allowance for being disable. They have different types of opinions about the need of allowance. Figure 4.11 shows the disabled people's opinion about the allowance.

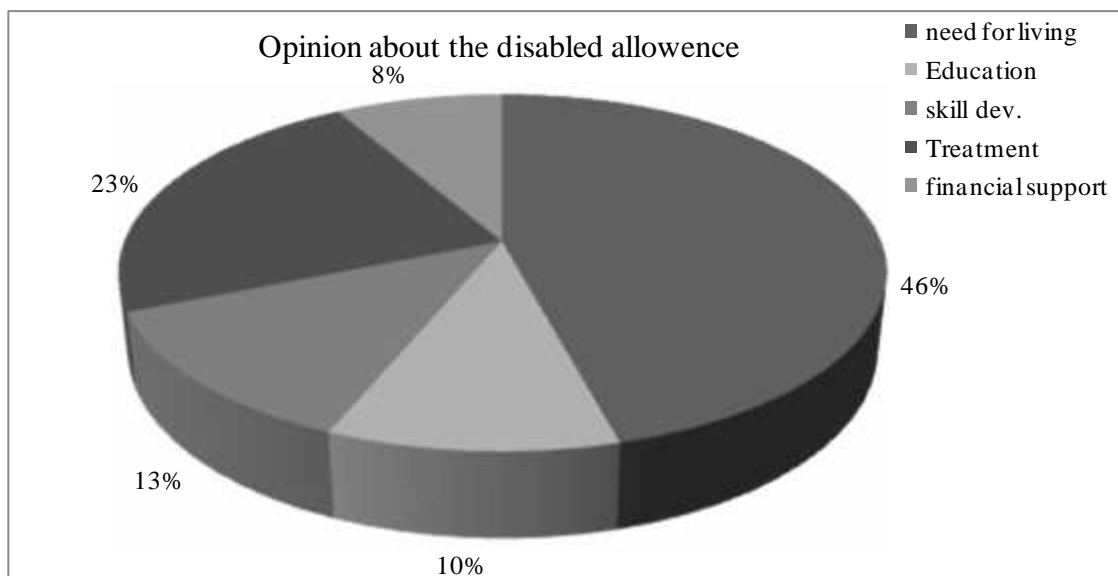


Fig. 4.11: Opinion about the Disabled Allowance

Fig. 4.10 illustrates that 23 about 46 percent. The opinion about disabled allowance is needed for living cases. Similarly 23 percent respondents need it for treatment, 13 percent need it for skill development, 10 percent need it for education and 8 percent need for financial support .In the above situation most of the respondents need allowance for their living. It shows their economic condition is weak and they are from poor family background.

4.3.4 Participation of Household Works and Ownership on Family Assets

Disabled have different levels of conditions. So, their participation of household work depends on that. Disabled of normal level can help their family and can be independent somewhere. Most of them have no ownership of family asset because of their disability, age barrens and ignorance about their property. The table 4.17 shows the situation of participation in household works.

Table 4.17: Participation in Household Works

Participation	Frequency	Percent
Yes	55	68.75
No	25	31.25
Total	80	100.0

Source: Field Survey, 2012

Table 4.17 clearly demonstrates that a noticeable 68.75 percentage of the respondents do take part in the household works and the percentage of those do not taking part is also almost 31.25 percent. The figure 4.12 below shows the respondents ownership of family assets.

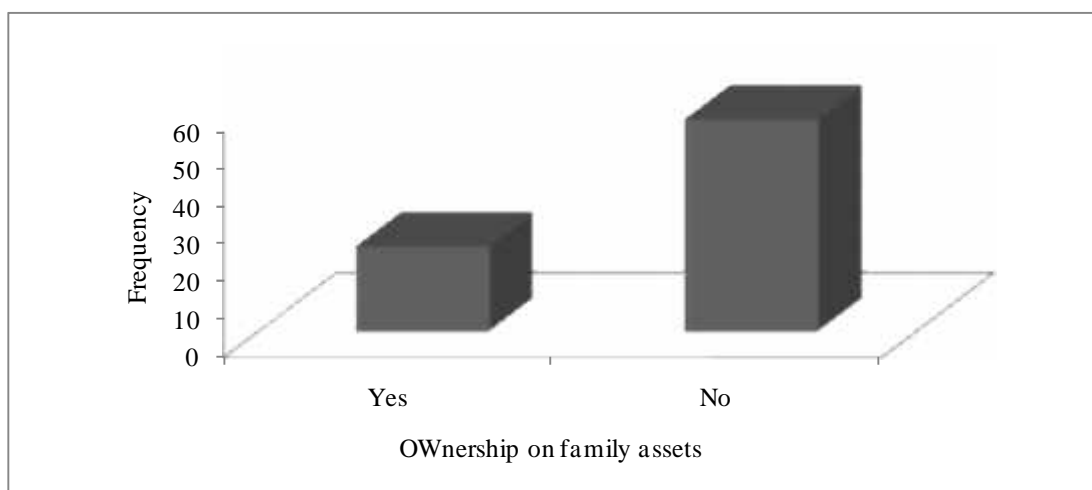


Fig. 4.12 Ownership on Family Assets

Fig. 4.12 above clearly shows that 57 (71.25 percent) of the respondents are not able to have ownership on the family assets. 23 individuals (28.75 percent) of the respondents are able to get ownership on the family assets. Most of the respondents are not freely enjoying the family asset.

4.3.5 Involvement of Income Generating Activities

In the study area, most of the respondents are of small age group. So, lesser number of them involve in income generating. So, they depend on family income. They involve not for permanent job only in temporary earning. Thus, they are not self sufficient economically.

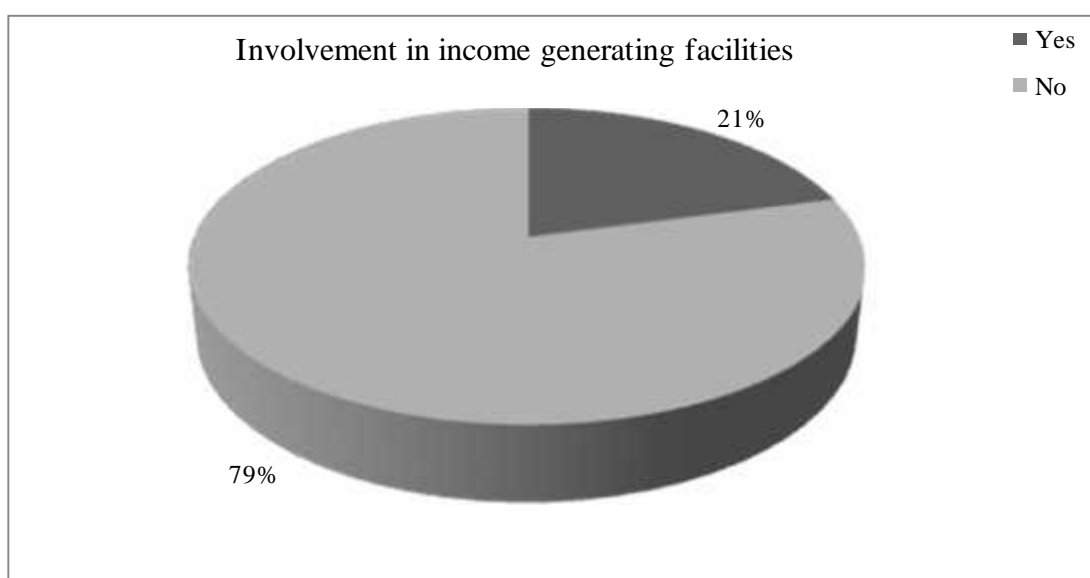


Fig. 4.13 Involvement in Income Generating Facilities

Fig. 4.13 clearly demonstrates that there is no involvement of the large 79 percentage of the respondents in income generating facilities. Only a less 21 percentage of them have involvement in income generating facilities.

Table 4.18 Respondents classified by economic self sufficiency

Sufficient	Frequency	Percent
Yes	18	22.50
No	62	77.50
Total	80	100.0

Source: Field survey, 2012

Table 4.18 above clearly demonstrates that almost cent percent 77.5 percent of the respondents are not economically self sufficient. Only 22.50 percent of them are self sufficient.

The percentage of the economically insufficient population is because of the reasons below table 4.19 reasons for not working.

Table 4.19 Reason for not working

Reason	Frequency	Percent
Student	10	12.50
Unable	41	51.25
Old age	8	10.00
Lost job due to disability	2	2.50
Family problem	1	1.25
Sufficient	18	22.50
Total	80	100.0

Source: Field Survey, 2012

Table 4.19 illustrates that 51.25 percentage of the respondents are not economically self sufficient as they are unable to perform the work. Similarly, 12.50 percent of the respondents are unable because of being students. 10 percent are unable being of old age, a very minimum 1.25 percentage family problem and 2.5 percent losing their job due to disability.

4.4 Political Empowerment of Disable

4.4.1 Knowledge of Disabled Rights and Laws/Policies

In national level different laws/policies are made for disabled persons and they are forming their rights. But almost all of the disabled are inside the boundary of house, so they do not know about the outside environment and their rights also.

This study shows that most of the respondents and their parents are illiterate, so they are back ward.

Table 4.20: Knowledge About Legal Provision and Policies

Know	Frequency	Percent
Yes	11	13.75
No	69	86.25
Total	80	100.0

Source: Field Survey, 2012.

The table 4.20 above clearly shows that 86.25 percentages of the respondents are unaware about the different laws and policies made for them and this is the reason that they are always lagging behind in getting equal opportunities. Only 13.75 percent of them know about various laws and policies made for them.

4.4.2 Political Participation, Decision Making and Dignity

None of the respondents has been involved in any political activities. Almost in the situation only clever persons are engaged in politics and they are going upwards by the relation of powerful person. In this situation disabled are backward. Thus, they are unable to involve in any decision making power i.e. domestic or community level. The table 4.20 shows the situation of respondents' decision making.

Table 4.21: Domestic and Community Level Decision Making

Decision making	Frequency	Percent
Yes	17	21.25
No	63	78.75
Total	80	100.0

Source: Field Survey, 2012.

Table 4.21 shows that 78.75 percent of the respondents don't take participation in domestic and community level decision making as well. Only 21.25 percentages of them are able to make the participation in such programmes.

It indicates that decision making powers of respondents are so poor at all levels. Table 4.21 shows the dignity situation of the respondents.

Table 4.22: State of Dignity

State of Dignity	Frequency	Percent
Yes	14	17.50
No	66	82.50
Total	80	100.0

Source: Field Survey, 2012.

Table 4.22 clearly shows that 82.5 percentages of the respondents are unable to live with dignity. Only a few 17.5 percentages of them are living with dignity. They are unable to do so because almost all of them are unaware about their rights.

4.5 Organizational Support

In national level different organizations like government, NGO/INGO are working for the disabled. Besides government, most of the NGOs/INGOs are supporting for them with variant programs. But the programs have not been properly launched and those launched are also insufficient. In this study area, there is the availability of these organizations but the programs have not been launched in this area. The table 4.23 shows the situation of organizations' support.

Table 4.23 Organizational Support

Support	Frequency	Percent
Yes	58	72.50
No	22	27.50
Total	80	100.0

Source: Field survey, 2012.

Table 4.23 clearly shows that 72.5 percentages of the respondents are able to get any of the organizational supports. The organizational support is for 27.5 percent of them. Though many organizations have been working for the disabled but the support is still inadequate. Among the organizations working for the disabled, 39.4 percent of the respondents are supported by CBRS that organizations provide support like treatment and equipment, education, skill development training, job/ IGA opportunities. This is shown in the table 4.24 below.

Table 4.24: Types of Support

Types	Frequency	Percent
Education	29	36.25
Skill Development Training	10	12.50
Job opportunities/ IGA	5	6.25
Treatment	7	8.75
Equipment	7	8.75
Not support	22	27.50
Total	80	100.0

Source: Field Survey, 2012.

Table 4.23 shows that 36.25 percent respondents have been provided educational support from organization. Skill development training has been provided to just 12.5 percent of the respondents. Similarly, 6.25 percent have been provided job opportunities. Only 8.75 percent have been provided with treatment support and equipments.

4.5.1 Involvement in Program and Training

Hardly the disabled are involved in any organizational program because of their inability and unknowing condition and also the less information of organizations. So, their training status is also poor. Table 4.25 illustrates the involvement situation of organization program.

Table 4.25 Involvement of Organization

Involvement	Frequency	Percent
Yes	20	25.00
No	60	75.00
Total	80	100.0

Source: field survey, 2012

Table 4.25 clearly shows that 75 percent of the respondents are not involved in any organizational program and the involvement of the respondents is very less 25 percent. The participation of the disabled in organizational programs thus is in very pitiful condition. The involvement of the respondents is in the programs like awareness and skill development that is also very low. 12.5 percent of the respondents are involved in skill development programs and just 8.75 below percent of them in

awareness programs. Table 4.26 indicates the condition of getting vocational training to the disabled.

Table 4.26: vocational Training

Get	Frequency	Percent
Yes	18	22.50
No	62	77.50
Total	80	100.0

Source: Field survey, 2012

Table 4.26 above clearly demonstrates that 77.5 percentages of the respondents have not got any vocational training from any organizations. The percentage of the respondents who have received the vocational trainings is quite less than 22.5. The respondents have got the training like sign language training and skill development training. This shows that 25 percent of the respondents have got the sign language training and 25 percent have got the skill development training from organizations.

4.5.2 Taking Responsibility and Home Visit by Organization

If the organizations are responsible, they bring more programs for them and involve properly in variant training, proper utilization of budget which is for them. In this study area, this is not enough for them. Table 4.27 below indicates that the responsibility and home visit by originations.

Table 4.27 Takes Responsibility of Disabled people

Takes	Frequency	Percent
Yes	25	31.25
No	55	68.75
Total	80	100.0

Source: Field survey, 2012.

Table 4.27 clearly shows that 68.75 percent of the respondents are not under the responsibility of any organizations and only a smaller 31.25 percentage of the respondents are under the responsibility of the organizations.

4.5.3 Changes After Support

Some of the normal level disabled did some temporal works for economic

betterment before support of the organizations. After the support from organization, their situation was really improved. Table 4.27 below shows the respondents situation before and after support.

Table 4.28: Activities Before Support

To Do	Frequency	Percent
Income generation	21	26.25
Nothing	59	73.75
Total	80	100.0

Source: Field Survey, 2012.

Table 4.28 above clearly shows that 73.75 percent of the respondents used to stay idle i.e. doing nothing before getting the support. Only 26.25 percentages of the respondents get involved in the income generation jobs.

4.6 Support and Expectation

Disability is firmly the weak condition of a person, so disabled persons expect the support for their fulfilment from the government and private level. All the respondents feel and think that only the organizational support are not sufficient for them. They expect the programs like training, study, economic supports; employment, treatment and social freedom. They expect that they should be provided to them. This is given in the table 4.29 below.

Table 4.29: Expectation by Organization

Expectation	Frequency	Percent
Training	13	16.25
Study	16	20.00
Economic Support	18	22.50
Employment	11	13.75
Treatment	20	25.00
Social Freedom	2	2.50
Total	80	100.0

Source: Field Survey, 2012.

Table 4.29 clearly shows that 25 percent expect treatment facilities for them. 22.5 percent of the respondents seek for the economic support. Similarly, 20 percent

expect study. 16.25 percent expect the trainings; whereas only 2.5 percent of the respondents do expect the social freedom. It indicates that different respondents have different types of expectation according to their disability forms.

4.6.1 Expected Needs of Head of the Household

Most of the respondents' family background is weak or economically poor. So the family expects the need and support from the organizations to their disabled members. The support given to them differs family to family .It is shown in the figure 4.14 below.

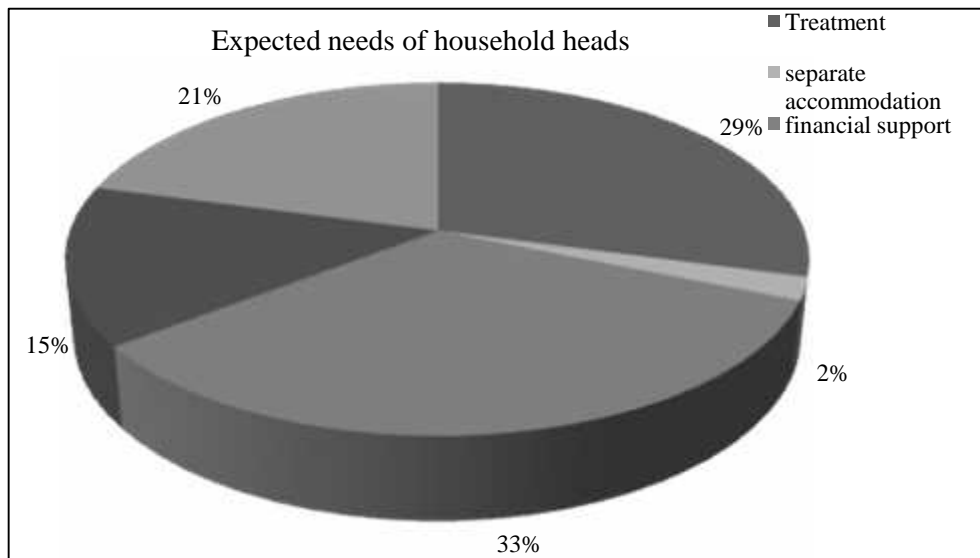


Fig. 4.14 Expected Needs of Head of the Household

Fig. 4.13 clearly shows that 33 percentages of the heads of the household expect financial support. Similarly, 29 percent of them expect the treatment services. 21 percent do expect the education and almost 15 percent expect the job opportunities. Only 2 percent of them expect for the separate accommodation.

4.6.2 Awareness about Disability

It is the time for modernization; people use different types of advance technology, machine industries, vehicles, different types of medicine to fulfil their needs. In this situation, probability of disability occurrence rate is high. So, all the people should be aware about that forthcoming danger. Disability is a condition that occurs knowingly/unknowingly in a person's life. If the people are aware about the

occurrences, the condition of disability can be decreased. The following table 4.30 shows the respondents view about disability awareness.

Table 4.30: Awareness about Disability

How to have Awareness?	Frequency	Percent
To inform different reading materials, preventive way and street drama	40	50.00
To inform different reading materials, need of exercise and medical effect	20	25.00
To inform medical effect, medium of communication and nutrition food	20	25.00
Total	80	100.0

Source: Field Survey, 2012.

Table 4.30 illustrates that way of people awareness about disability through the medium of different reading materials, preventive way and street drama, which is 50 percent. 25 percent get awareness by the medium of different reading materials, need of exercise and medical effect and similarly, to awareness by medical effect, medium of communication and nutrition food.

4.6.3 Views on Sustainable Empowerment of Disabled

Sustainable empowerment is defined as a situation where people are empowered socially, economically and politically. Interactions between social and political empowerment without economic empowerment make people's empowerment unsustainable. Likewise, political empowerment will make social and economic empowerment unsustainable.

Social empowerment requires an integrated approach and tools to make this integration operational. Thus, an integrated approach is required to address sustainable empowerment. The view of respondents for sustainable empowerment is:

Table 4.31: Views of Disabled People for Sustainable Empowerment

Sustainable Empowerment	Frequency	Percent
Economic support, proper treatment and equity level participation	10	12.50
Inclusion, involvement of decision making and job opportunity	15	18.75
Proper education inclusion and treatment	55	68.75
Total	80	100.0

Source: Field Survey, 2012

Table 4.31 above clearly shows that 68.75 percent of the respondents feel that proper education, inclusion and treatment are required for the sustainable empowerment of disabled. Similarly, 18.75 percent of the respondents think that inclusion, involvement of decision making and job opportunity and 12.5 percentages of the respondents think that economic support, proper treatment and level participation are required for the sustainable empowerment of disabled.

4.6.4 Case study

Case Study 1

A Respondent and His Success

A Respondent is twenty seven year old with physical disability. He lives in Nayabazer Pokhara. Now, his business is running very well with all family members involved and dependent on this business. Supported by a nongovernmental organization to auto mechanical training for six months and after that he started work at auto workshop. Nowadays he works regularly.

Case Study 2

A Respondent and His Challenging Life

Life is struggle and has many challenges. Poverty and disability are interrelated factors. In Nepal we have experienced that where there is disability, there is poverty and vice versa. Now he is 15 years, with muscular dystrophy.

After five years of birth, he has suffered from muscular dystrophy problem. In this time he used to go to school but after this disability slowly he became weak and now he cannot walk, and perform his daily living activities on his own. His families are from poor background and challenging with different problems, so he and his family feel very sad. His mother's health is also gone very weak

His family is illiterate family. However they managed well for him. When he started to increase more and more, his family's economic status also started going up day by day. His mother has started to challenge on this disability and poverty having a business of vegetables and fruits on bamboo baskets and sell them on daily basis and try to cover the problems of food, shelter and clothes.

CHAPTER: FIVE

Summary, Finding and Suggestion

5.1 Summary

The present study is mainly focussed on the empowerment on economic, social, political, educational, legal, marital status, etc of the disabled people.

Disability is the physically, mentally and socially weak condition of a person. So, they are backward and deprived of the every aspect of society and they do not get equal opportunities like the healthy ones. As a result, condition of empowerment was poor, pitiful in Pokhara sub metropolis Ward No 9, resulting in a vicious circle.

The present study is primarily concerned with the status of disabled empowerment of disabled people. The general objective of the study was to analyze and explore the condition or status of disabled people empowerment.

In the studied area the status of socio-cultural empowerment situation is not satisfactory. Most of the disabled feel discrimination like exclusion, abuse by peers and mockery. Some of them are involved different types of community work like festivals, religious activities, wedding, etc. Most of them are facing difficulties because of disability, fear of being mocked and feeling uncomfortable, so they have been humiliating in the society. Most of them sit in social function equally with other but the acceptance of the employer is so less. Most of the disabled come/go to the neighbours and some of them sometimes help their neighbours.

The study has made the use of various theoretical approaches that regards social perspective globalization, and development perspective, which is also taken as the basic guideline for empowerment condition and expectation from institutions. This study is basically a case study on Pokhara sub-metropolis Ward No., 9 Kaski. Furthermore due to the limited resource, budget, time limitation, manpower, etc. that remain as the main constraints for the research to make in-depth study of the study area. Rest of the aspects of demographic composition have not been able to fully include in the study.

All the disabled of the study area were taken as the universe of the study and taken for the sample research also. The relevant data has been collected from both

primary and secondary sources. The nature of the data is qualitative as well as quantitative. Questionnaire schedule, interview schedule, observation and key informants or focus group discussion techniques are applied in this research. The analyzed information has been shown in various tables, charts and diagrams. They may be helpful for inquiraitors.

Major Findings of the Study

The major findings of the study can be summarized in the following points:

-) Most of the respondents were in the age group of 0-19 years which is 52.5 percent.
-) Out of total, respondents 53.75 percent have received ID card and 46.25 percent have not received it yet.
-) Maximum 63.75 percent of the respondents were the victims of feeling discrimination in the society and only 36.25 percent did not feel about it. Among the 38.75 percent faced exclusion, 32.5 percent faced mockery and only 28.75 percent suffering from abuse by peers in the name of discrimination.
-) Majority of the respondents feel that disability is a problem of marriage, 75 percent felt about this problem and 25 percent did not feel about it.
-) Majority of the respondents (that is 85 percent) went to the neighbours and 15 percent also did so. 52 percent sometime helped neighbours, 46 percent usually helped and 2 percent never helped the neighbours.
-) Almost all the respondents have availability of health facilities for hospital equally 50 percent respondents got treatment from faith-healer and doctor whereas 50 percent did not get any treatment also. Among 17.5 percent had no improvement and 12.5 percent got short term benefit from that.
-) School going respondents were just 28.75 percent and majority of them 71.25 percent did not go to school. Among them, school going percent only (17.39 percent) had well, 13.75 percent had satisfactory and 10 percent had weak performance at school.
-) In these occupation situations, most of the parents (36.25 percent) had monthly income of Rs.0-5000. Likewise, 13.75 percent had Rs. 10000-15000. Moreover,

43.75 percent had income of 5000-10000 and 6.25 percent 15000-20000 respectively.

-) Majority of the respondents (85 percent) had not received any allowance for their disability and only 15 percent had received allowance while gathering. Regarding the opinion about the allowance, 46 percent said they needed it for living, 10 percent had for education, 13 percent had for skill development, 23 percent had for treatment and 8 percent had for financial fulfilment.
-) Participation of household work respondents had 68.75 percent and 31.25 percent had no participation. Most of 71.25 percent had no ownership on family asset and just 28.75 percent had their ownership on family asset.
-) Most of the respondents (86.25) parents reported that they did not know about rights of disabled people. Were unaware about the laws/policies for them, only 13.75 percent were well known about them.
-) Almost all the respondents had no participation in political activities. Majority of the respondents 78.75 percent had no participation in domestic/community level decision making; only 21.25 percent had the participation in that.
-) 17.5 percent were living with dignity 17.5, whereas 82.5 percent did not live with dignity.
-) 73.75 percent of the respondents did nothing before the organization support. 26.25 percent had been doing income generating facilities.
-) The expected need of respondents and heads of household is different from each other. 29 percent had the expectation of treatment, 2 percent desire for separate accommodation, 33 percent expected financial support, 15 percent looked for job opportunity and 21 percent looked for education.

5.2 Conclusion

With the deep analysis of research issue, respondents and household views, status of social-cultural, economic and political empowerment. We found out many practices of our society which overlooked the disabled in many areas .The disabled have always been oppressed and exploited and never given the chances for better involvement in each and every sector of the society. Among them, one of the

prominent areas is the empowerment situation, which plays a vital role in the betterment of disabled and also in the development of the nation. Although, many organizations have been working to uplift the condition of disabled but the empowerment condition of disabled is not so good and they have not been fully empowered yet.

5.3 Suggestion

Due to various causes, disabled people are back-warded in our nation. Obviously, they have no capacity to do work as normal people but it cannot be said that they can't do any work. This study also showed that disabled people, who get chances, are engaging in various types of works and being self standing. They are facing many problems, thus, being back warded. So, here to the society, policy makers and government, some points are recommended according to the interest of disabled people.

1. Educational empowerment is necessary.
2. Vocational training and rehabilitation centre should be operating.
3. Inclusion in various sectors may be beneficial for the up liftmen of disabled people.
4. The opportunities and rights should be equal to the disabled people as normal people.

These suggestions are the practical problems of disabled people and to remove it, the expectation of disabled people are mentioned here. So these points are suggested to take seriously for the implementation to remove most of the problems of disabled people.

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B. Socio-cultural information of empowerment

) Disabled Id Card:

- (1) Received (2) Not received

) H.H. Education

- (1) Illiterate (2) Literate
(3) Under S.L.C. (4) Above S.L.C

) Any discrimination

- (1) Yes (2) No

) If yes, what type of discrimination?

- (1) Mockery (2) Traditional Practice
(3) Abuse by peers (4) Isolation
(5) Exclusion

) Are you involved in any community work?

- (1) Yes (2) No

) If yes, what type of work?

- (1) Community gatherings (4) Religious activities
(2) Festivals (5) Weddings
(3) Haat Bazaar

) Are you facing difficulties in joining community activities?

- (1) Yes (2) No

) Reasons for facing difficulties

- (1) Because of disability (3) Fear of being mocked
(2) Feel uncomfortable (4) Do not feel like

-) How is your status in community?
 (1) Facing humiliation (2) No problem
-) Do you sit in social functions equally with others?
 (1) Yes (2) No
-) Is there, any social acceptance on the employer?
 (1) Yes (2) No
-) Do you think disability is a hindrance to getting married?
 (1) No problem (3) Is a problem
 (2) Prevented from marrying
-) Do you move freely with friends/family?
 (1) Yes (2) No
-) What do you feel when other people sit with you?
 (1) Feeling uneasy (2) Encourage
 (3) Become happy (4) Feeling of love
-) Do you come and go to the neighbour's house?
 (1) Yes (2) No
-) Do you like help of other people in community?
 (1) Sometimes (2) Usually (3) Never
-) Do you get any treatment?
 (1) Yes (2) No
-) If yes, what type of treatment?
 (1) Faith healer (2) Medical shop
 (3) Doctors (4) Prayers (5) Household treatment

) Are these treatments beneficial for you?

(1) No improvement (3) Short term benefit

(2) No access to health facilities

) Do you have access of health facilities?

(1) Yes (2) No

) If yes, what type of facilities?

(1) Primary health centre (4) Health post

(2) NGOs (5) Orgs. for the disabled persons

(3) Hospital

) Do you go to school?

(1) Yes (2) No

) Any problem faced at school?

(1) Yes (2) No

) What type of problem?

(1) Called not understand (2) Called not hear

(3) Called not write properly

) What type of requirements for attending school?

(1) Financial support (2) Transportation

(3) Support in class (4) Special school for disabled children

(5) Disability cured

) How is your performance at school?

(1) Good (2) Satisfactory

(3) Weak

C. Economic Information of Empowerment

) Disabled allowance

- (1) Received (2) Not received

) H.H. Occupation

- (1) Agriculture (2) G. Job
(3) Teacher (4) Trade

) Income per month

) Supports for daily activities

- (1) Self (2) Little support for other
(3) Full dependent in other

) How to live?

- (1) Self-job (2) Family support
(3) Orgs. Support

) Did you get any allowance?

- (1) Yes (2) No

) What is your opinion about the disabled allowance?

- (1) Need for diving (2) Education (3) Skill dev.
(4) Medical (5) Financial support (6) No need

) What is the main source of income?

- (1) Dependent on family (2) Own earnings (3) Govt. allowance
(4) Digging (5) Pension (6) Neighbours/relatives

) Do you participate in household works?

- (1) Yes (2) No

-) Do you have ownership on family assets?
 (1) Yes (2) No
-) Are you involving in income generating facilities?
 (1) Yes (2) No
-) What type of facilities?
 (1) Vocational skills (2) Microfinance
-) Provide grants for self employment
 (1) Support for cooperative activities
 (2) Support for open employment
-) Are you economically self sufficient?
 (1) Yes (2) No
-) If not, reason for not working?
 (1) Student (2) Unable
 (3) Old age (4) Lost job due to disability
 (5) Family problem (6) Not interested

D. Political Information of Empowerment

-) Do you know different laws/policies made for disabled?
 (1) Yes (2) no
-) Have you participated in any domestic and community level decision making?
 (1) Yes (2) No
-) Have you been involved in any political activities?
 (1) Yes (2) No

) Are you living with dignity?

(1) Yes (2) No

(3) Do not know

) Do you know about disabled rights?

(1) Yes (2) No

E. Information of Organizational Support

) Any orgs. Supports for you?

(1) Yes (2) No

) From which orgs. Supports for you?

(1)

(2)

) What type of supports for orgs?

(1) Awareness (2) Income generating

(3) Social involvement

(4) Education (5) Skill dev. training

(6) Job opportunities

) Are you involving about organizations program?

(1) Yes (2) No

) If yes, what type of program?

(1)..... (2)

(3)

) Did you get any vocational training from any orgs?

(1) Yes (2) No

-) If yes, what type of training?
 (1) (2)
-) Are there any organizations to take responsibilities for disabled?
 (1) Yes (2) No
-) Does organization also make home visits?
 (1) Yes (2) No
-) What did you do before getting support?
 (1) Income generation program
 (2) Business (3) Nothing
-) After getting support, situation is
 (1) Improved (2) Become worse
 (3) Not changed (4) Not known
-) What are the reasons behind changing your life?
 (1) Your own efforts (2) Family support
 (3) Community (4) Organization support

F. Expectation

-) Are organization supports sufficient?
 (1) Yes (2) No
-) If not, what is you expectation?
 (1) Expectation of trading (4) Expectation of study
 (2) Economic support (5) Employment
 (3) Medical treatment (6) Social freedom

) What types of expectation from government?

- (1) Financial support
- (2) Rehabilitation
- (3) Education
- (4) Access to job
- (5) Equal rights
- (6) Equipment
- (7) Skill training

) Expected needs of the household heads

- (1) Medical treatment
- (2) Separate accommodation
- (3) Financial support
- (4) Job opportunities
- (5) Education

) What way will be needed to people about disability?

- (1)
- (2) (3).....

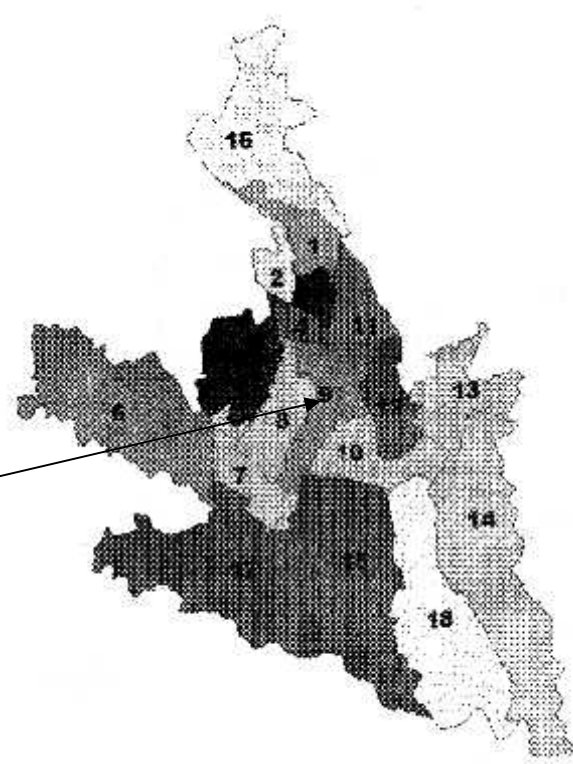
) What are the 3 factors essential for the sustainable empowerment of disabled?

- (1)..... (2).....
- (3).....

Thanks!

APPENDIX- II

Map of Study Area



APPENDIX- III

List of the name of participants' who were involved in key Informant session

1. Rudra Thapa
2. Krishna Lamichhane
3. Bidur Koirala
4. Parbati Paudel
5. Ramesh B.K.
6. Sakuntala Koirala
7. Nuhchha Narayan Manandhar
8. Govinda Paudel
9. You Maya Gurung
10. Bharat Raj Paudel

APPENDIX -IV

Check list of Key Informants

1. How is the Empowerment situation of disable ?
2. How to provide support by the organizations for the disabled ?
3. What is your specific problem in the area ?
4. What is the situation of behavioral attitude and treatment of the other people towards the disabled ?
5. Is there any discrimination in the treatment between disabled and other people?
6. What sorts of facilities have you received from the organizations ?
7. Are you satisfied for the organizations support ?
8. How do you make the people aware about disability ?
9. What is your expectation behind investing for the disabled empowerment ?

APPENDIX -V

Check list of Observation

1. Type of disability.
2. Environment of disabled at home and school.
3. Vulnerability of disabled living.
4. Participation of domestic chores.
5. Types of occupation adopted by the disabled and parents.
6. Behavioral treatment of parents towards their disabled member.
7. Participation of politics.

APPENDIX -VI

Photo gallery



Information taking from respondents



Information taking from respondents



Information taking from respondents



Information taking from respondents



Information taking from respondents



Information taking from respondents