



# **AN INNOVATIVE MODEL FOR DISABILITY SCREENING AND ISSUING DISABILITY IDENTITY CARD**

## **A STUDY REPORT 2022**



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**Cover Photo:** Ganga Pyakurel/Save the Children

Disability ID Card recipients during the ID Card distribution camp  
at Bardibas Municipality

This study was prepared by:

**Ability Manch Pvt. Ltd.**

Tarakeshwar-6

Kathmandu, Nepal

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# EXECUTIVE SUMMARY

Act on the Rights of Persons with Disabilities 2017 has classified disability into 10 types based on the type of impairment and four types based on the degree of severity. To make disability-specific services delivery and distribution of social protection allowance effective, the government provides a disability ID card to persons with disabilities according to four disability categories. According to disability rights regulation 2020 the disability ID card is the main window to access disability-specific services such as social security allowance, free education, discounts on public transport, assistive devices, free health services, etc.

Despite all the legal provisions, different study reports and experiences of organizations of persons with disabilities (OPDs) show that a significant number of eligible persons with disabilities have not received an ID card, which means they have no access to disability-specific services. Local governments are responsible for distributing the ID cards but there are many challenges and problems that both the municipalities and persons with disabilities have been facing in identifying and measuring disabilities to provide ID cards.

In this context, this study has been carried out to

- a) Identify the gap in the policy and practices related to disability ID card distribution.
- b) Recommend an appropriate model of disability screening considering the current definition and classification to facilitate the disability ID card distribution.
- c) Recommend appropriate application process for disability ID card distribution, registration, recording, and database of ID cardholders.

## Summary of the findings

The majority of the stakeholders consulted see many problems and gaps in the classification of disability and the standards set to measure disability, which has further created problems with disability ID card distribution. At the same time, they appreciate the steps the government has taken to incorporate different impairments into classification, but their dissatisfaction is in the explanation and definition of each category. Similarly, they appreciate the classification of disability by its severity, but it does not satisfy them with the measuring standards of each category.

The issues fall into three categories – standards and definitions, lack of capacity, and quality of administrative systems:

### 1. Standards and definitions

- The definition of intellectual disability, autism, and psychosocial disability are not clear, and the standards mentioned in the guidelines are inadequate and not measurable.
- The disability measurement standards and identification tools are not made internationally accepted and comparable. Stakeholders argue that there is a lack of in-depth study and knowledge while classification of disability and developing the standards of disability measurement.

## 2. Lack of Capacity

- It was found that the main problems of municipalities are inadequate knowledge and skills on disability and its identification. They have difficulties understanding the standards mentioned in the guidelines. They think that identifying and measuring disability is highly technical, and the guidelines have not described the required indicators to measure impairment and its severity in detail. The persons involved in deciding on ID cards are not well oriented and trained in the disability identification and distribution process.
- The ID card distribution guidelines allow to take support from experts or medical practitioners for disability identification and measurement, but in rural municipalities, it isn't easy to have expert or authentic persons to support the decision. The health personnel involved as a member of the ID card distribution committee cannot support the measurement of all types of impairments.

## 3. Quality of administrative systems

- All consulted municipalities have no functioning complaint registration mechanism. However, the participants of FGD accepted that sometimes persons with disabilities come with their complaints, but the complaints are mostly related to social security allowance. They want either a red or blue disability ID card to receive a disability allowance. Unfortunately, there is no provision of pre-counseling services to the applicants in the municipalities to make them well informed and convinced about the types of ID cards they deserve.
- In the municipalities, there is no uniformity in the record-keeping of ID cardholders. Some have kept it only in the paper-based system whereas some have maintained the data in computer-based excel sheets. In addition, the format followed for record-keeping is not uniform. There is only the data of blue and red card holders people with disability in the management information system of Department of National ID and Civil Registration (DoNIDCR).
- Through the consultation with the member of OPDs, it was found that the application process is not comfortable and flexible enough. In many ways, it is not accessible for persons with disabilities. For example, persons with hearing disabilities don't get the support of a sign language interpreter. The application process is lengthy and time taking. On top of that, they have to wait for a long time to get an ID card. Due to the lack of capacity to identify disabilities within the municipality, some applications are hold for a long.
- People with disabilities are not getting the correct ID card. There is no technical arrangement for visual, hearing, or IQ testing at the local level. Persons with disabilities have to go to any urban-based hospital to get the certificate of test which consumes time and money.
- Persons with disabilities are not satisfied with the quality of ID cards. Most of the time, persons with disabilities have to keep the ID card with them but the paper-based card is easily destroyed by water, heat, and sweat.
- Mainly, persons with intellectual disabilities, hemophilia, Autism, and psychosocial disability have to face several problems in getting ID cards. Persons with a very high degree of severity cannot go to the municipality office due to their functional limitations but the municipalities have no schemes to provide ID cards at home.

# ACRONYMS

GON	Government of Nepal
CRPD	Convention on the Rights of Persons with Disabilities
ARPD	Act on the Rights of Persons with Disabilities
MoWCSC	Ministry of Women Children and Senior Citizen
DCC	Disability Coordination Committee
OPD	Organizations of Persons with Disabilities
KII	Key Informants Interview
WG	Washington Group
WHO	World Health Organization
NFDN	National Federation of the Disabled Nepal
NDWA	Nepal Disabled Women Association
LCDMS	Leprosy Control and Disability Management Section
FGD	Focused Group Discussion
UPIAS	Union of Physically Impaired Against Segregation
CFM	Child Functioning Model
MDS	Model Disability Survey
ICF	International Classification of Functioning, Health and Disability
MICS	Multiple Cluster Indicators Survey
DPWA	Disabled Protection and Welfare Act
INGOs	International Non-Governmental Organizations
DoNIDCR	Department of National ID and Civil Registration
MIS	Management Information System
MoFAGA	Ministry of Federal Affairs and General Administration

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# CHAPTER 1

## INTRODUCTION AND OBJECTIVES

Following the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2010, the Government of Nepal (GON) has issued various disability-specific laws and policies for the rights protection and welfare of persons with disabilities. As a cross-cutting issue, the government has also addressed persons with disabilities in other mainstream laws, regulations, and policies such as the Local Government Operation Act, 2017, Education Act 1972, National Education Policy 2019, Civil Service Act 1992, Social Security Act 2018, etc. The Act on the Rights of Persons with Disabilities 2017 (ARPD) is the umbrella law on disability issues and is mandatory for all three layers of government. Similarly, in 2020, the Ministry of Women Children, and Senior Citizens (MoWCSC) has also issued a separate bylaw to ensure the implementation of ARPD. The Constitution of Nepal 2015 has made the local governments responsible for disability management, and the related duties and responsibilities are described in the Local Government Operation Act 2017 and ARPD.

The act has defined persons with disabilities and classified disability by the type of impairment and its degree of severity. Disability has been classified into ten types and further classified into four degrees of severity. To make disability-specific services-delivery and distribution of social protection allowance effective, the government has made the provision of providing disability ID cards to each person with disabilities according to the four disability categories. Ministry of Women Children and Senior Citizens (MoWCSC) has developed separate model guidelines for disability ID card distribution for this particular purpose. According to the Regulation on the Rights of Persons with Disabilities 2020, the local municipality identifies the types of impairment and degree of severity of each person with disabilities and provides a disability ID card. The model guidelines have set some broader standards and criteria for ID card distribution. However, the local governments have the autonomy to develop their detailed policies based on the model guidelines. The Disability Coordination Committee (DCC), formed under the local government, is the primary structure to facilitate disability ID card distribution.

According to the regulation disability ID card is the main window to access disability-specific services such as social security allowance, free education, discount on public transport, assistive devices, free health services, etc. Without ID cards, persons with disabilities cannot enjoy such benefits.

However, despite all the legal provisions and implementing mechanisms, more than 60% of eligible persons with disabilities have not received an ID card (Rebecca H.:2018). In other words, they have no access to disability-specific services. There are many challenges and problems that both the municipalities and persons with disabilities face in identifying the disability, issuing disability ID cards, and ensuring that they have access to the services

provisioned in the laws and policies. The municipalities are mainly facing the gap in knowledge, skills, and technical capacities of disability assessment and identification. Persons with disabilities face problems in the application process and getting the right ID card.

Considering these specific problems, this study has been carried out to answer the following main questions.

- a) Where the gap in the policy and practices is related to disability ID card distribution?
- b) What is the appropriate model of disability screening that can be recommended to the local governments to make disability ID card distribution fair and easy?
- c) How can we make the application process for disability ID card distribution, registration, recording, and database of ID cardholders easy, effective and uniform?

This study highlights the problems and challenges seen in disability ID card distribution at the field level. At the same time, the study has also captured the views and opinions of experts, leaders of the OPDs, disability category-specific organizations, and government agencies to make the screening process and ID card distribution effective. Based on the analysis of the data and information, the study team has proposed some useful models of disability assessment and easy ways to make the right decision for disability ID card distribution. The team has also drawn some key recommendations to make the registration process and database of disability ID cardholders more defined and uniform.



*Disability Coordination Committee, Baiteshwor RM giving ID Card  
Photo: Gopal Nepali*

# CHAPTER 2

## METHODOLOGY

Study team have thoroughly reviewed a series of study reports, opinion of experts, literature, and relevant documents published in Nepal and abroad while developing questionnaire of FGD and KII to bring qualitative information .

### Sample Size

While collecting the data, we had to go through diverse disability categories and heterogeneous groups of people, institutions, and stakeholders to collect the data. So, purposive sampling techniques have been adopted to cover the diversity of respondents.

The sample size has been mentioned in the following table

SN	Particular	Number
1	KII with various stakeholders, institutions (OPDs, province and federal government authorities, disability federation)	10
2	In-depth interview with the leaders of the organizations of various impairment groups (10 disability categories)	12
3	Focused Group Discussion with the authorities of local governments.	5
4	Focused Group Discussion with Organizations of Persons with Disabilities	3
5	In-depth interview with an individual with disabilities.	3
6	Consultation with province government authorities	3
	<b>Total</b>	<b>36</b>

### Data Collection

**Review of literature:** Various literature related to the disability ID card distribution, disability screening, disability measurement, and good practices of ID cards produced at the national and international levels have been reviewed critically. The disability assessment tools developed by WHO, The Washington Group (WG) model of disability measurement, and the national legal frameworks related to disability ID card distribution have also been reviewed.

**Key Informants Interview (KII):** We chose the national-level key organizations that are widely engaged in disability rights promotion and conducted KII with the National Federation of the Disabled Nepal (NFDN), MoWCSC, Inclusive Education Section, UNICEF, Nepal Disabled Women Association (NDWA), and Department of National ID and Civil Registration, LCDMS of under the Ministry of Health and Population. A semi-structured set of questionnaires was used to collect the data.

**In-depth Interview:** We conducted an in-depth interview with the leaders of the ten different organizations representing various impairment groups. Two in-depth interviews were conducted with persons with disabilities in rural areas. A semi-structured set of questionnaires was used to conduct the interview.

**Focused Group Discussion (FGD):** Altogether, five FGDs were conducted. Out of this, two were conducted with the member of the Disability Coordination Committee (DCC), two with the member of selected OPDs, and one with the representatives of the Ministry of Social Development of the provincial government from Province 2.

## Data Analysis

The data were analyzed using qualitative techniques, including interpretation, explanation, and data comparison. Before analysis, all the collected data were transcribed and cleaned. After data cleaning, it was classified based on their recurrent features, and the classified data were further presented and analyzed critically.



*Disability Coordination Committee including doctor of Tarakeshwor Municipality reviewing new tools during identification  
Photo: Shudarson Subedi*

# CHAPTER 3

## REVIEW OF LITERATURE

### Measuring and Defining Disability

Disability is a global phenomenon in each society and part of the world regardless of race, gender, economic condition, ethnicity, caste, and nation. Around 10 to 15 percent of the world's population lives with some form of disability, and the majority of them are in developing and underdeveloped countries (WHO & World Bank:2011). However, the prevalence of disability varies in-country context and depends upon the definition and the qualifiers that the countries have adopted to measure the disability.

Defining and measuring disability is a complex task that depends on society's understanding and the set of standards adopted by the country. Therefore, the definition and measurement of disability vary from one country to another. Historically we can see different schools of thought in the world which are used to define and measure disability. They are mainly the Traditional Model (or Charitable Model), Medical Model, and Social Model. Recently, as the advanced form, the social model and some synthesized models have emerged, known as Human Rights Model and Social-relational Model.

In the traditional model, disability is defined based on traditional and religious beliefs such as consequence of bad karma (activities) in previous birth. The traditional ideology came from the religious and cultural belief that understood disability as the "punishment or result of ancestral anger or retribution of divine force (Coleridge: 1993, P.71)". In the traditional school of thought, the religious or magical beliefs are considered autonomous and the sole determining factor for defining disability and accounting for the way disabled people are treated in a given society (Oliver:1990). However, the traditional concept of defining disability in modern society is gradually becoming outdated.

The medical model of disability has appeared with the development of medical science, which interprets disability from the medical or individual perspective. Disability has been seen as a bodily problem, and the person is taken as abnormal and subject to medical treatment. It doesn't consider the social aspects of a person. The primary gap in the medical model of defining disability is its impairment and body-centric explanation, which only talks about detection, avoidance, correction, or elimination. It isolates the body and mind from the social context and creates a meaning of disability based on impairment.

The term "Social Model of Disability" was coined in 1982 by the organization of persons with disabilities called the Union of Physically Impaired Against Segregation (UPIAS). In 1974, UPIAS adopted a new definition of disability where the term "Impairment" and "Disability" were defined separately (Lang :2001). First-time disability was described from a socio-political perspective with some fundamental principles of disability in 1976, which can be taken as the starting point of the Social Model of Disability (Barnes and Mercer:2004).

The policy statement issued by UPIAS explained disability as something imposed on top of physical impairments to exclude persons with an impairment from society. It is only the actual impairment that the person can accept; the additional and unnecessary problems caused by how the persons with impairment are treated in society are overcome and not necessarily accepted (UPIAS:1976). This definition overturned the understanding of disability by describing it as the condition caused by the social exclusion of persons with impairments.

In the social model, disability is defined from a social perspective. Every person has to live with specific physical, mental, and sensory limitations, which is a common phenomenon. Furthermore, people may have to face long-term or short-term impairments caused by various reasons in their life span and live with some forms of functional limitations. According to the social model, having an impairment is not a disability; instead, disability is a condition that appears when the persons with impairment are discriminated against, isolated, marginalized, and evaluated as 'weak,' 'unable' and 'useless' by others just based on impairment. It sees the social, physical, and institutional barriers and discriminations faced by persons with disabilities as the causes of disability.

However, the social model has been criticized for failing to address impairment, argued as integral to the experience of disability. This criticism implies that the model does not fully account for the lived experience of persons with disabilities. (Pinder:1997).

The scholars, however, have conceded that the relational element between the individual and society has been lost (Thomas 2004) in the Social Model. As a result, a revised version of the social model has been developed, named Social-relational Model. It acknowledges both the personal and social effects of impairment yet still asserts that disability is contingent upon social conditions (Thomas 2004; Reindal 2008). Disability is understood as resulting from the impact of societal attitudes added to the effect of the impairment.

With the arrival of UNCRPD in 2006, the Human Rights Model of Disability has become the agenda of global disability discourse, which can be said an advanced form of the Social Model. In the social model, the impact of social discrimination and environmental barriers in the lives of people with impairments is analyzed. The human rights model evaluates the human rights situation of persons with impairments. The human rights model follows the basic human rights principles that accept disability as the natural part of human diversity and emphasize that each person has the same rights regardless impairment. It further strictly argues that the impairment must not be used as an excuse to deny or restrict a person's rights (DARU).

CRPD has considered disability an evolving concept, so it has not given any uniform definition of disability. Still, it has provided a social and human rights perspective for defining disability and established a conceptual foundation for disability measurement. It says that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (CRPD:2006, Preamble). Article 1 of CRPD has given a broader spectrum of the definition of the term "Persons with Disabilities," which include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (CRPD:2006).

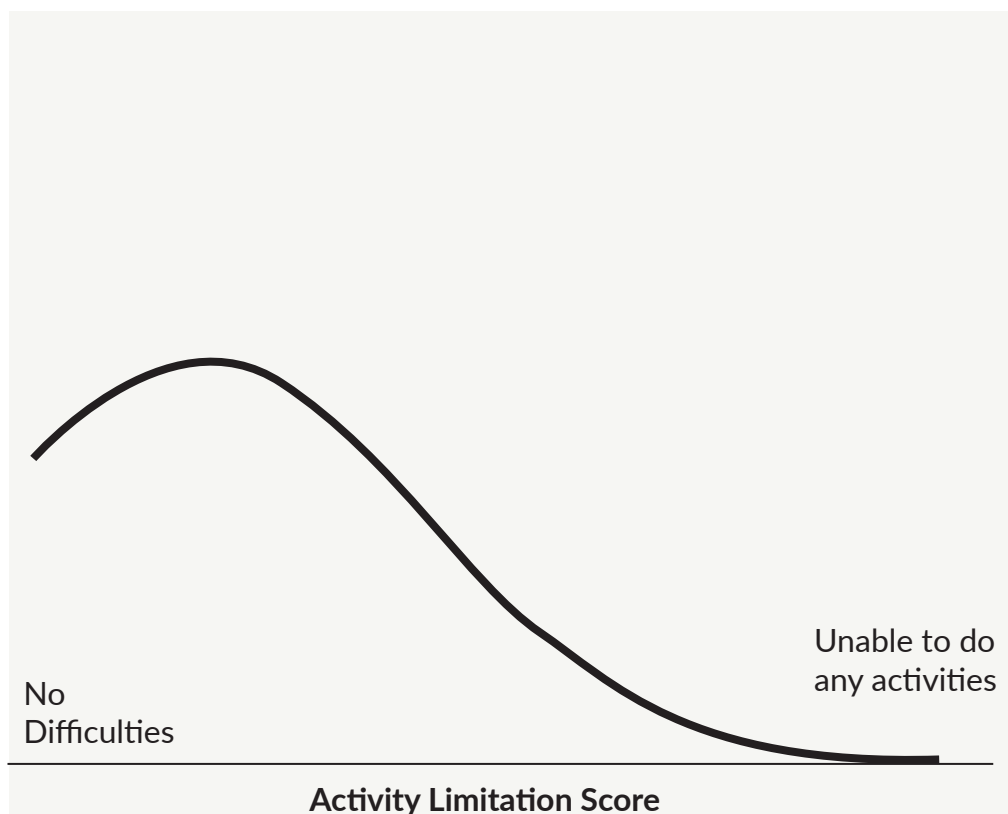
In this way, the UNCRPD represents an international milestone that has shifted a paradigm in understanding disability by acknowledging the shift in attitudes and approaches to persons with disabilities that have been evolving over the past few decades (Madans, J.H., Loeb, M.E. & Altman, B.M.: 2011). In addition, it has institutionalized the new concept of disability which considers disability as an umbrella term. Based on this concept, impairment and barriers should be regarded to define and measure disability.

## Measurement of Disability

The definition and measurement of disability are essential for different purposes. Mainly it is used for two purposes. Firstly, it is applied to estimate the population of persons with disabilities and gain insight into disability prevalence and secondly, it helps to assess the functionality which is essential to provide disability-specific services, facilities, opportunities, and social protection schemes to persons with disabilities.

Even though the CRPD has provided a social and human rights concept while defining disability, many countries have still not adopted this concept to define disability. According to the recently evolved concept, disability is not a single, static state. As a complex process, it refers to the result of the interaction of a person with a health condition with their environment (physical, social, cultural, or legislative). It represents a measure of the negative impact of environmental factors on one's ability to participate. The conceptual complexities have impacted the proliferation of statistics on disability that are neither comparable nor easy to interpret (Madans, J.H., Loeb, M.E. & Altman, B.M.). So to measure disability in the foundation of newly evolved concepts, we should have a useful model. Before developing the disability measurement model, one needs to be clear on purpose. The model developed for data collection may differ from the model designed to provide a disability ID card or some disability-specific services. In the current practice, we can see mainly three approaches used to measure the disability. The first approach is the Direct Questioning Approach which is used for data collection. In this approach, the respondents are directly asked whether they view themselves as disabled or having a disability. However, this is a traditional approach based on the practice of county context that doesn't include the measurement of functional limitations covering the wider functional domains.

In the national census of Zambia (1990), only one disability-related question was asked to each person "Do you have a disability? Yes/No" (Kuper H., Sarah Polack and Islay Mactaggart). During the recently conducted national census of Nepal, two questions were incorporated. The first question was "Is there any member with disabilities in your family? Yes/No", and if the answer is "Yes," the next question was "Which category does your disability fall?". 10 categories of different impairment groups were kept as options to respond to the second question. This approach looks simple and quick, but there is a high possibility that many people will not be accounted for as people may not consider themselves disabled because of the stigma or discrimination in society. Therefore, a direct questioning approach is not recommended while measuring disability.



The second approach is the Self-reported Functioning Approach which measures disability through self-reported functioning. In this approach, a set of questions is asked to the respondent and captured their experiences of difficulties in different functional domains such as Mobility, Hearing, Seeing, self-care, etc. The questions are not direct, like “Do you have any forms of disability?” Rather information related to disability is captured through indirect questions. The Washington Group on Disability Statistics has developed a different model of questions for disability measurement under the self-reported functioning approach. The short set of questions is designed to capture the number of the population living with different levels of functional difficulties (limitations). Six questions with four options are asked to each person, and the experiences of difficulties in six basic functional domains (seeing, hearing, walking, cognition, communicating, and self-care) are recorded (Kuper H., Sarah Polack and Islay Mactaggart).

The short set of questions developed by the Washington Group on Disability Statistics are as follows

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example, understanding or being understood?

The options for all questions are the same - (a) No! No difficulty (b) Yes! some difficulty (c) Yes! a lot of difficulty; (d) Cannot do at all

Since they are easy to use, understand and translate, the short set of questions developed by The Washington Group is widely used and recommended to collect data on persons with disabilities. Moreover, the questions don't stigmatize people. Many countries have used the short set to collect data on persons with disabilities through censuses and conduct disability surveys. However, the short-set provides limited information on the restrictions on participation and impairments. It also undercounts the psychosocial and mental health-related cases that are not much of use to assess a comprehensive status of disability in a person to provide various types of services, care, and support.

The Washington Group has developed an extended set of more comprehensive questions and includes thirty-five questions. The extended set can capture a bigger picture of disability or functional limitations. It extends the functional domains examined in a short set from 6 to 10. There is also an enhanced set of twelve questions that looks at eight domains of functioning including mental health. It also has an additional domain related to psychosocial functioning. In collaboration with UNICEF, the Washington Group has developed a separate model to measure the disability of children between the age group of 2 to 17 years which is called the Child Functioning Model (CFM). CFM has been separated into two age groups i.e 2 to 4 years and 5 to 17 years. So the extended set of questionnaires can be used to assess the disability for service provisions or providing ID cards etc.

Another model of the Self-reported Functioning Approach is Model Disability Survey (MDS) which is developed by WHO and World Bank. It is a general population survey tool that can capture detailed information about the lives of persons with disabilities. With this model, disability is measured from an environmental perspective because it considers disability as the result of interaction between a person with a health condition and environmental factors. It measures the "Capacity" and "Performance" of a person in both what the person can perform in the current environment and what one would be able to perform in an accessible environment. In this model, capacity is the synthesis of all the essential physical and mental functioning of the person, determined by their health conditions or impairments. Performance represents the outcome of the interaction between the individual's capacity and features of the physical, human-built, attitudinal and socio-political environment in which the person lives (MDS, WHO:2017).

The third approach to disability measurement is the assessment of health conditions (impairment). Impairments are considered the main components to measuring the disability, but this is not the sole determinant of disability. In this approach, the degree of impairment is measured. Test of hearing capacity, the functional capacity of organs, strength of muscles, checking vision, and IQ tests could be few examples. Impairment and health condition-related data or information are mainly helpful to provide health and rehabilitation-related services, corrective surgery, and providing assistive devices. However, while measuring disability using this approach, we should be careful that only health-related information is not the key determinant limiting individual functions and participation (Kuper H., Sarah Polack and Islay Mactaggart).

## **The ICF Model of Functioning and Disability**

The International Classification of Functioning, Health, and Disability (ICF) model is a widely applied model for disability measurement. It is a framework developed by WHO that organizes and documents information on functioning and disability. This framework has defined 'disability' as an umbrella term that includes multiple factors and explains the

person's disability status in three main domains: Health Conditions, Personal Factors and Environmental Factors. According to ICF, disability arises due to the interaction of body structure and functioning, and an unaccommodating environment influenced by personal characteristics and health conditions. Combining the biological understanding of impairment and the social model of disability, this framework, has defined disability as the collective form of impairment, activity limitation, and participation restrictions. The conceptual basis and standard language provided by ICF can define and measure disability.

ICF can be used for various purposes such as creating statistical tools to collect the data of persons with disabilities; developing research tools to measure outcomes, and environmental factors; clinical tools for need assessment, treatment, rehabilitation, and vocational assessment; social policy tools for social security planning; and educational tools for curriculum design (ICF, WHO:2001).

ICF organizes information in two parts. Part one deals with functioning and disability, while part two covers contextual factors. Each part has two components:

Functioning and disability include (a) Body functions and Body Structure (b) Activities and Participation. The contextual factors include (a) Environmental Factors (b) Personal Factors.

ICF has defined various terminologies used in the model in a standard way as follows.

**Body functions** - the physiological functions of body systems (including psychological functions). For example, the "seeing function" of the eye and "hearing function" of the ear. **Body structures** - anatomical parts of the body such as organs, limbs, and their components. For example, the structure of eye and ear.

**Impairments** - problems in body function or structure such as a significant deviation or loss. For example, significant losses in vision or hearing capacity. It represents a deviation from certain generally accepted population standards in the biomedical status of the body and its functions. The impairments can be permanent or temporary, progressive, regressive or static, intermittent or continuous.

**Activity** - the execution of a task or action by an individual.

**Participation** - involvement in a life situation.

**Activity limitations** - difficulties an individual may have in executing activities.

**Participation restrictions** - problems an individual may experience in involvement in life situations.

**Environmental factors** - the physical, social and attitudinal environment in which people live and conduct their lives.

The general overview of ICF is presented in the following table

Component	Functioning and Disability		Contextual Factors	
	Body Function and Structure	Activity and Participation	Environmental Factors	Personal Factors
Domains	Body Functions Body Structures	Life Areas (tasks and Actions)	External Influences on Functioning and Disability	Internal Influences on Functioning and Disability
Construct	Changes in Body Functions (Physiological) Changes in Body Structure (Anatomical)	Capacity (Executing task in a standard environment) Performance (Executing task in the current environment)	Facilitating or hindering impact of features of the physical, social, and attitudinal world	Impact of attributes of the person
Positive Aspect	Functional and structural integrity	Activities Participation	Facilitators	not applicable
	Functioning			
Negative Aspect	Impairment	Activity limitation Participation restriction	Barriers/hindrances	not applicable
	Disability			

ICF has elaborated the Activity and Participation/Activity Limitations and Participation Restrictions in nine different subdomains and qualified by two major qualifiers- Capacity and Performance. The “Performance” indicates executing the task in the current environment, and “Capacity” indicates executing the task in a standard environment. The Activity and Participation information matrix has been developed as the following:

Domains		Qualifiers	
		Performance	Capacity
Domain1	Learning and Applying Knowledge		
Domain2	General Tasks and Demands		
Domain3	Communication		
Domain4	Mobility		
Domain5	Self-care		
Domain6	Domestic Life		
Domain7	Interpersonal interaction and relationship		
Domain8	Major life areas		
Domain9	Community, Social and Civic life.		

## Disability Measurement using Washington Group Model

As we have discussed briefly in the previous section, a set of data tools developed by the Washington Group on Disability Statistics identifies people with functional limitations. These tools are used widely around the world for collecting disability data as part of the national population census, and exclusive disability surveys. In addition, it has developed a short set of questions, an extended set of questions, and a child functioning model of disability measurement.

The short-set of questions includes six questions related to six functional domains - seeing, hearing, walking, cognition, communicating, and self-care. These questions with four options to respond are asked to each individual. Based on their experience they have to choose one.

The options for all questions are the same - (a) *No! No difficulty* (b) *Yes! some difficulty* (c) *Yes! a lot of difficulty*; (d) *Cannot do at all*

This short set of questions is mainly used on censuses, sample-based national surveys, Multiple Cluster Indicator Survey (MICS), or other data collection formats for the primary purpose of disability data collection to inform policy. Using the short set of questions, disability is defined as those who have a **“lot of difficulty”** with or **“cannot do at all”** on at least one of the basic functional domains included in the question set. However, in this case, Washington Group is flexible that the qualifier can be changed by raising the threshold to include only those who **“cannot do at all”** at least one of the core basic activities included or lowering it to include those who have at least **“some difficulty”** carrying out one or more of the basic activities (Washington Group on Disability Statistics: 2021).

The Washington Group on Disability Statistics further brought an enhanced version of short set called ‘WG-SS Enhanced.’ That added two new domains - Upper Body and Affect (Anxiety and Depression).

However, the short set of questions has its limitations. For example, it can only identify the majority of persons in the population who are at greater risk than the general population of experiencing limited or restricted participation in society. Still, it doesn’t give comprehensive information about the types of impairment (e.g., it cannot say how many people have autism or Down syndrome). However, it provides a certain level of information about the severity of the disability. Similarly, it cannot cover information about the functional limitations of children and psychosocial issues.

Another limitation of the short set of questions is that it cannot measure the functioning of children below five years, and it doesn’t cover the children over five years having developmental disabilities. Addressing these issues, UNICEF and the Washington Group jointly developed the Child Functioning Module (CFM) designed to better identify all children with disability. The CFM has two versions: one for children aged 2-4 years old and one for children aged 5-17 years old (WG/UNICEF, CFM). The questions set for the age group of 2-4 include 16 questions with options, and 24 in the set are for the age group of 5 – 17 years (UNICEF, MCF). It measures speech and language, hearing, vision, learning (cognition and intellectual development), mobility and motor skills, emotions, and behaviors.

While considering the limitations of the short set of questionnaires, Washington Group has developed the extended set of questions called WG-ES. That can be too long to incorporate as part of the national census, but it is vital for exclusive disability surveys and detailed disability assessments. It has also included the question related to psychosocial functioning. It has developed questions in 10 domains: vision, hearing, mobility, cognition, communicating, self-care, affect (anxiety and depression), upper body functioning, pain, and fatigue (WG, Extended Set of Functioning). In addition, it has included additional questions in the domains covered by WGSS and WGSS- Enhanced and questions on functioning with and without the use of assistive devices. In the extended set altogether, 37 questions have been included.

## Practice of Disability Measurement in Nepal

Officially, Nepal started defining disability in 1982. It included a definition of persons with disabilities in the Disabled Protection and Welfare Act 1982. The Act first time defined disabled persons as 'unable and incapable to perform daily activity mentally or physically (DPWA:1982). But the Act has not made any provisions, guidelines, or standards for the classification and measurement. The Disabled Protection and Welfare Bylaws 1991 provided a structure (committee) that could decide on the categories of disability and standards for disability measurement. The committee categorized disability into four types based on the medical approach – Physical disability, Blindness, Deaf and Hard of Hearing, and Intellectual Disabilities. Some guiding indicators were also set as the qualifier of disability for each type of impairment. Based on this classification, the government started providing Disability ID cards in 1997 to each person with disabilities from District Administration Office. However, the organizations of persons with disabilities (OPDs) were not satisfied with the definition and classification. While defining persons with disabilities, the Act used some derogative words which stigmatized persons with impairments. For this reason, people with disabilities raised their voices to dismiss such abusive terminologies and change the definition and classification. The government revised the definition and categorization in 2003 and removed all the derogative words. In the new definition of disability, along with the health factors, environmental barriers were also included as the determining factors of disability. The category of impairment was increased from four types to seven but the classification was not based on the functional limitations. It was on the basis of the types of impairments such as;

1. Physical disabilities
2. Blind and low vision
3. Deaf and Hard of Hearing
4. Deaf-blindness
5. Mental disabilities (including intellectual disabilities, mental health-related and Autism)
6. Speech and voice-related disabilities
7. Multiple disabilities

There were other new changes in the practice of Disability ID cards. For the provision of ID cards, the disability was further categorized into four types by their degree of severity. Complete Disability, Severe Disability, Moderate Disability, and Mild Disability, and a new provision was made to provide an ID card with a unique color to each category. Each category was explained with some non-technical criteria for identifying the severity. Similarly, the Ministry of Women Children and Social Welfare (now it is Ministry of Women Children and Senior Citizens) issued separate guidelines for disability ID card distribution which included all the processes for application, registration, and decision-making along with a slight elaboration in the criteria for disability identification.

After the ratification of CRPD, the government replaced the old disability Act with the new Act on the Rights of Persons with Disabilities 2017. The new Act has been made more progressive than the previous one, and in many ways, it seems close to the provisions of CRPD. However, the definition of disability and its classification remained in the same pattern, and three new types of impairments were added to the classification.

After state restructuring, the responsibility of disability identification and issue ID card shifted into local government. Moreover, the federal law also provided authority to the local government to make essential guidelines to distribute ID cards independently. To facilitate them, the federal ministry (MoWCSC) issued model guidelines. Most of the municipalities have developed their own guidelines based on the model.

### Criteria made for the disability identification.

The Act on the Rights of Persons with Disabilities has set the following criteria for disability identification:

#### a) Criteria based on the types of impairments

SN	Types of Impairment	Qualifier
1	Physical disability	<ul style="list-style-type: none"> <li>• Having problems in the operation and structure of nerves, muscles, and bone.</li> <li>• Having problems in the use and operation of organs and mobility.</li> <li>• Having loss of physical organs (amputation)</li> <li>• Having leprosy, muscular dystrophy,</li> <li>• Permanent problems in joints and spinal cord</li> <li>• Clubfeet,</li> <li>• Person with significantly low height than average even in the age of 16 years.</li> <li>• Not able or problem to identify the sound, its place (where it is coming from), its rising and falling, volume, and properties.</li> </ul>
2	Hearing Disability	Not able or problem to identify the sound, its place (where it is coming from), its rising and falling, volume, and properties.
2.1	<i>Deaf</i>	<ul style="list-style-type: none"> <li>• Those who cannot hear the sound above 80db.</li> <li>• Needs sign language to communicate with others.</li> </ul>
2.2	<i>Hard of Hearing</i>	<ul style="list-style-type: none"> <li>• Need of hearing aid to listen to the sound</li> <li>• Can listen to the sound of 65db to 80db</li> </ul>
3	Visual Disability	
3.1	<i>Blind</i>	<ul style="list-style-type: none"> <li>• Cannot identify (see) the fingers of hand from the distance of 10 feet even using the medicine, after corrective surgery, using glass or lenses.</li> <li>• Cannot read the letter 3/60 in the first line of Snellen chart.</li> </ul>
3.2	<i>Low vision</i>	<ul style="list-style-type: none"> <li>• Cannot identify (see) the fingers of hand from the distance of 20 feet even using the medicine, after corrective surgery, using glass or lenses.</li> <li>• Cannot read the letter 6/18 in the fourth line of the Snellen chart.</li> </ul>
3.3	<i>Complete Blind</i>	<ul style="list-style-type: none"> <li>• Cannot perceive the light and dark.</li> </ul>

4	Speech Disability	<ul style="list-style-type: none"> <li>• Functional limitations in voice and speech-related organs.</li> <li>• Having difficulty in speech</li> <li>• cannot speak clearly</li> <li>• Repetition of letters or words while speaking</li> </ul>
5	Deaf-blindness	<ul style="list-style-type: none"> <li>• Having both visual and hearing disabilities. A combination of two sensory impairment.</li> </ul>
6	Hemophilia	<ul style="list-style-type: none"> <li>• Having physical difficulties due to the deficit of blood clotting factor in the body.</li> </ul>
7	Intellectual Disability	<ul style="list-style-type: none"> <li>• Not having intellectual development according to the increment of age.</li> <li>• Having difficulties to do age and environment appropriate behaviors, For example Downs Syndrome.</li> </ul>
8	Autism	<ul style="list-style-type: none"> <li>• By birth problem in nerves or tissue and its functions.</li> <li>• Having difficulties in communication, understanding and applying social rules.</li> <li>• Difficulties to perform age appropriate behavior</li> <li>• Show unusual reaction, repeating same activity,</li> <li>• Not interested to be socialized with other</li> <li>• Show hyper activities.</li> </ul>
9	Psychosocial Disability	<ul style="list-style-type: none"> <li>• Having difficulty to behave according to the situation and age due to the problems seen in brain and mental condition.</li> <li>• Difficulties to perform intellectual work like language, memorizing, counting, orientation, consciousness etc.</li> </ul>
10	Multiple Disability	<ul style="list-style-type: none"> <li>• Having two or more above mentioned impairments.</li> </ul>

The Act has also classified disability into four types by its severity which is also applied for disability ID card distribution. The criteria of disability identification based on the severity of disability mentioned in the Act are presented below:

#### b) Criteria based on the severity of disability

	Types of disability	Qualifiers
1	Complete Disability	Having difficulties to perform daily activities by their own even after getting regular support from others.
2	Severe Disability	Need regular support from others to carry out daily activities and participate in social activities.
3	Moderate Disability	Can perform daily activities and participate in social activities taking or without taking other's support Can perform daily activities in the condition of having physical facilities, removal of environmental barriers, education and training.
4	Mild Disability	Can perform regular daily activities and participate in social activities in the condition if the social and environmental barriers are removed.

Actually, the criteria developed to measure the severity of the impairment are not clear enough to confirm the types and severity. The qualifiers are not measurable in many cases, which creates confusion in making decisions. For example, going through the criteria, we cannot find any differences between Moderate and Mild disabilities. It has been slightly elaborated in the model disability ID card distribution guidelines shared by the Ministry of Women, Children, and Senior Citizens, though indicators are not made clearly measurable.

### **Disability-related policy environment in Nepal.**

After the ratification of CRPD, Nepal has achieved a legal foundation for the rights of persons with disabilities. Following the ratification of CRPD, the government passed a national standard to make accessible physical infrastructure and communication services focusing on implementing the CRPD Article 9. This document has provided a basic guideline to the government, non-government and private stakeholders for making entire physical infrastructures accessible for persons with disabilities with minimum standards and technical specifications to be ensured (GON:2013).

Furthermore, after prolonged political unrest and a transitional period, in 2015, Nepal got a new national constitution that addressed the specific rights of persons with disabilities in the sections rights to equality, fundamental rights, social justice, and representation to the federal and provincial parliament. The constitution also represented marginalized groups, including persons with disabilities, in the state mechanism such as province and federal parliaments. Article 18 (1) states, *“No discrimination shall be made in the application of general laws on the grounds of origin, religion, race, caste, tribe, sex, physical condition, condition of health, marital status, pregnancy, economic condition, language or region, ideology or on similar other grounds.”* The new constitution first time prohibited discrimination based on disability in Nepal. In the case of a marginalized group of people, the constitution further explains, *“Provided that nothing shall be deemed to prevent the making of special provisions by law for the protection, empowerment or development of the citizens including the socially or culturally backward women, Dalit, indigenous people, indigenous nationalities, Madhesi, Tharu, Muslim, oppressed class, Pichhada class, minorities, the marginalized, farmers, labours, youths, children, 16 senior citizens, gender and sexual minorities, persons with disabilities, persons in pregnancy, incapacitated or helpless, backward region and indigent Khas Arya.”*

Nepal enacted the Disabled Protection and Welfare Act, 1982, following the International Year of Disabled Persons 1981, as proclaimed by the UN. In 2017 it was replaced by the “Act on the Rights of Persons with Disabilities,” which captured the spirit of CRPD in many provisions. This law has recognized the equal human rights for persons with disabilities, defined the term “discrimination based on disability,” and ensured rights against discrimination on the ground of disability. In addition, the Act has secured various rights to persons with disabilities in health, education, employment, rehabilitation, participation and representation, social justice, and social protection.

For the effective implementation of the Act, a separate bylaw with the detail of implementing structures, procedures, mechanisms, and explanation of services and facilities were essential. For this reason, in 2020, the government issued separate Regulations Relating to the Rights of Persons with Disabilities 2020. This bylaw describes the services and facilities in detail, sets the service delivery process and mechanism, roles and responsibilities of various

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<sup>1</sup> The mentioned policies are downloaded and consulted from the official website of The Nepal Law Commission, and some are from the official websites of the National Federation of the Disabled Nepal ([www.nfdn.org.np](http://www.nfdn.org.np))

layers of governments, and sets structures to implement the Act. Similarly, section 20 of the Act ensures some special rights of children with disabilities and talks about rights to education, parental care, early identification, social participation, health and rehabilitation, equality, respect and dignity, special protection, etc. The constitution of Nepal and the Local Government Operation Act have made the local governments (R/Municipalities) responsible for ensuring that all persons with disabilities have enjoyed the services and entitlements. The local governments are the first place where persons with disabilities can put their grievances, demands, and problems related to their rights, services, and needs. In each municipality, normally it can be observed that the Disability Coordination Committee and the section formed to oversee the social issues (the name of the section is not the same in all municipalities) is looking after disability issues.

#### **List of some important entitlements.**

- Disability ID cards
- Free general health check-up in government hospitals and health posts.
- 50% discount in the fare of public transport (Air and land both)
- Free assistive devices
- Scheme of scholarship to children with disabilities
- Exemptions in income tax.
- 5% quota reservation in civil service
- Free higher education and quota reservation in the scholarship for higher education
- Personal attendant services
- Rehabilitation service at community level.
- Discount in all custom duties to bring four wheeled scooter for persons with physical disabilities from India.
- 70 types of medicines are provided at free of cost from government hospitals and health posts.

Bylaws, programs, and government budgets, persons with disabilities are entitled to have specific services, facilities, and benefits such as free education, free health check-up, social security allowances, scholarship, free assistive devices, and discounts in public transport, and so on. However, such facilities and services not observed well implemented all over the country on an equal basis due to various reasons. A disability ID card is the main window to access such services but persons with disabilities and r/municipalities both are facing several problems and challenges in the distribution of ID cards.

The government provides disability ID cards to each person with disabilities based on their severity. The ID cards are provided in four unique colors: Red, Blue, Yellow, and White, respectively, showing four types of severities, such as Complete Disability, Severe Disability, Moderate Disability, and Mild Disability. Each local government office is responsible for providing ID cards to persons with disabilities living within its boundary<sup>2</sup>.

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<sup>2</sup> *Roles and responsibilities of municipalities regarding disability are mentioned in the Act Relating to Right of Persons with Disabilities, 2074 and Local Government Operation Act, 2074.*

# CHAPTER 4

## ANALYSIS OF DATA AND INFORMATION

The study team collected primary data from different sources using various data collection tools. OPDs, disability experts, disability federation, government offices taking care of disability issues, and selected local municipalities were the main sources to collect the primary data. In addition, in-depth interviews, Key Informant interviews, and used Focused Group discussions as the primary tools for data collection. All of the data collected for this study is qualitative, with a focus on the experiences, knowledge, and opinions of individuals, groups, and institutions. While collecting the data/information from different respondent's groups, the study team mainly focused on the following key areas;

- Status of ID card distribution
- Challenges and problems faced by persons with disabilities in getting an ID card
- Challenges and problems faced by the local governments in disability ID card distribution
- A gap in the policy, ID card distribution and decision-making process
- A gap in disability measurement and identification.
- Possible solutions

Collected informations were classified according to the types of stakeholders or respondents and different thematic areas and presented in descriptive way. Respondents' views, experiences, and opinions are critically analyzed by comparing them with variables and based on which conclusions and recommendations are drawn.

### ***4.1. Satisfaction on the Definition, Classification and Standards for ID card distribution.***

During the primary data collection, the study team found that the stakeholders see many problems and gaps in the classification of disability and the standards set to measure disability, which has further created problems with disability ID card distribution. So this part of the analysis focuses on analyzing the issues and gaps in the classification and standards made for disability measurement.

The study team conducted in-depth interviews with leaders/responsible persons of those organizations, which led to specific disability category. During the interview, it was found that the interviewed leaders and their organizations had direct and indirect involvement in the advocacy and consultation process for drafting the Act on the Rights of Persons with Disabilities 2017 and the Regulations 2020. Therefore, in the first part of the interview, we tried to capture if they are satisfied with the definition and classification of disability, the model disability ID card distribution guidelines, and the disability measurement standards mentioned in the guidelines.

All respondents were satisfied with the definition of persons with disability mentioned in the Act and acknowledged that the definition is very close to a description of disability within CRPD. But most of them (except one) were not satisfied with the classification.

They appreciated the steps introduced by the government to incorporate different impairments in classification, but their dissatisfaction was in the explanation and definition of each category. Similarly, they appreciated the classification of disability by its severity, but all respondents expressed their dissatisfaction with the explanation and measuring standards of each category.

According to the respondents working for the rights of intellectual disabilities, the identifiers of intellectual disabilities in ID card distribution guidelines are not enough and clear for its identification. In addition, the measuring standards are too subjective, and there are no indicators to verify the degree of severity objectively.

I had an opportunity to work with a municipality in the case of intellectual disabilities where I saw many problems. First of all, they don't have any basic knowledge about intellectual disability neither they have the skill to measure the degree of severity. The given standards are not clear to guide them properly for the right decision making. The municipality has not consulted any persons who have knowledge and skill for measuring it. They are providing the ID card based on their subjective judgement, which has created many disputes. Different ID cards have been provided for the same degree of severity. Many municipalities are also facing a lack of technical capacities.

**-Mr. Mukunda Hari Dahal**  
Parents Federation of Persons with Intellectual Disabilities

There were similar experiences among the respondents from the psychosocial disabilities and autism organizations. The definition of autism and psychosocial disability is unclear, and the measuring standards mentioned in the guidelines are inadequate and not measurable. For example, the guidelines state that people with a high autism can have a blue or red ID card, but it doesn't explain the indicators of 'high degree'. The high degree of severity is decided based on the subjective judgment of the authorities.

The measuring indicators given for the A and B category of ID card looks same and on the top of that they are not measurable. Identification of Autism is not easy and the degree of severity cannot be measured just seeing the person and asking few questions. They need to be assessed using a detail standards assessment tools. With the help of a trained person, their daily activities should be observed carefully and recorded. In the standards the activity based indicators should be included.

**-Dr. Sunita Maleku**  
President, Autism Care Society Nepal.

Based on current classifications and measuring standards it is hard to get disability ID card for persons with psychosocial disabilities. There are no any concrete standards to objectively measure the psychosocial disability. Psychiatric doctors are not available at rural areas. The authority have no idea how to measure it so they simply observe the person's physical fitness, mobility and some other visible indicators and decide to provide or not to provide ID card. Because of this reason many persons with psychosocial disabilities are deprived from ID card.

**-Mr. Matrika Devkota**  
President, KOSHIS

The dissatisfaction of the respondent from hard-of-hearing was in the definition and classification. They argue that it does not incorporate the hearing capacity of below 65 dB. Therefore, people having mild or moderate type of hearing loss are not considered by the definition of Nepal. The same comment came from the respondent of the National Federation of the Deaf. According to respondents' opinions and experiences, the guidelines are also unclear in measuring and identifying deaf-blindness, hemophilia, and speech-related impairments. According to the National Federation of Disabled Nepal (NFDN), all of these disabilities' grievances have been directly and indirectly communicated to the relevant section of the Ministry of Women, Children, and Senior Citizens, and the NFDN is putting pressure on the revision of guidelines. The ministry is positive about revising the guidelines, and the discussion is going on. However, as of now, they have not started the revision process formally.

With physical disabilities, there is a vast diversity. The Diversity of impairment is the most challenging part, and it is hard to measure severity degree and functional limitation based on standards set in the existing guidelines. There are some indicators that make the decision-makers confused. For example, in moderate category of physical disability, it is mentioned that '...those who can perform daily activities in the condition of having physical facilities, removal of environmental barriers, education and training, fall into the category of C or moderate disability.' This sentence is confusing because it says that a person who can only function in a barrier-free environment will get a yellow disability ID card. The barrier-free environment is not only the requirement of category C, but it is also the basic requirement of all categories. It raises another question: "If this is the condition, which card does he/she deserve when the environment is not accessible?" These subjective types of measuring indicators do not help to identify the severity. It shows that the criteria used for disability measurement should be measurable enough and the difference between one category and another should be objectively verifiable. For these reasons, the guidelines should be reviewed and amended in line with international good practices.

The research team conducted a Key Informants Interview (KII) with the disability federation, organizations working for women with disabilities, government officers, INGOs, and UN agencies. Regarding the definition, classification, and standards of disability measurement, the National Federation of the Disabled Nepal (NFDN) argues that there was a lack of study and knowledge while doing the classification of disability and developing the standards of disability measurement.

Our definition of persons with disability is good because we took the reference of CRPD. But in the classification, we followed the traditional and purely medical approach. We classified it on the basis of types of impairments not on the basis of functional limitations. While setting the standards of disability measurement for the ID card purpose, the government was not able to give measurable standards. It was challenging during implementation. If we had done a proper study of international practices before making a decision on the classification, ID card and disability measurement, our standard would have been better. Taking this as the learning, we have to work on it seriously in the days to come.

**-Mr. Manish Prasai**  
Program and Admin Manager, NFDN

Most of the respondents involved in KII agree that the classification, particularly the standard of disability identification and measurement, is not internationally comparable and easy to understand. Therefore, based on current standards, disability cannot be measured objectively, and it should be changed.

During KII, the Ministry of the Women, Children, and Senior Citizen (MOWCSC) representative also agreed that some weaknesses exist in the classification and standards made for disability measurement. Therefore, the ministry accepted that there were demands from the stakeholders to amend the classification and disability standards. However, the respondent claims the r/municipalities can elaborate on the standards to make them more effective and objectively measurable, which best suits their needs.

The study team conducted Focused Group Discussions (FGDs) with the OPDs and authorities of municipalities. The experience of the municipalities' authorities is not different from the experience of the leaders of the organizations of persons with disabilities. They were also not satisfied with the standards mentioned in the model ID card distribution guidelines. The standards are unclear, without capacity-building training for the municipalities on disability measurement and identification. They are facing different challenges while identifying invisible impairments such as psychosocial impairment, intellectual disabilities, autism, hemophilia, etc.

Comparatively, we feel a bit easiness to measure the severity of a physical disability, hearing disability and visual disabilities in our municipalities. But in the case of invisible types of impairment, the guidelines cannot help us. Also there is political pressure to provide Blue or Red card because these two types of card holders can get social security allowance. If we had a clear and measurable standard we could have faced the political pressure as well.

-A participants in the FGD of Dhulikhel Municipality

**4.2. Problems and Challenges faced by Municipality in ID Card Distribution.**

This part of the analysis focuses on analyzing the problems that the municipalities have been facing in distributing disability ID cards to eligible people.

During the FGD with the authorities of municipalities and members of the Disability Coordination Committee, the main problems of municipalities were inadequate knowledge and skills on disability and its identification. They have difficulties understanding the standards mentioned in the guidelines. They think that identifying and measuring disability is highly technical, and the guidelines have not described the required indicators to measure impairment and its severity in detail. They can measure only those impairments that can be directly observed. The members of the disability coordination committee are not well informed about the definition and classification of disability mentioned in the Act.

The gap of knowledge and skill of disability identification is not only within the municipalities but also within other stakeholders as well. The OPDs are also not well trained on it. Sometime we try to consult with them but we don't get solution.

-A participants participating in FGD in Baghchaur Municipality, Salyan

The persons involved in deciding on ID cards are not well oriented and trained in the disability identification and distribution process. The MoWCSC issued the model guidelines. Since it is a model guideline, many municipalities copied it as their own guidelines. However, no programs exist to help municipalities build their capacity in disability identification, severity measurement, and ID card distribution. They don't know the importance of the yellow and white cards, which shows that, except for the disability allowance, they have no information about other services and facilities that the laws and regulations have ensured for persons with disabilities. The guidelines allow for taking support from experts or medical practitioners, but in rural municipalities, it isn't easy to have an expert or authentic person to support the decision. The health personnel involved as a member of the ID card distribution committee cannot support measuring each type of impairment.

The municipality frequently faces various conflicting cases that create unnecessary debates and disputes, and the decisions are either wrong or put on hold. Mainly, such issues are related to those persons who have already obtained disability ID cards in a particular category but don't actually deserve them according to the guidelines. The committee also gets pressure from applicants for the red card and blue card because those are eligible for social security allowance. Because of the lack of detailed information among the rights holders about the benefits that the yellow or white cardholders get, most of the applicants are not interested in getting yellow or white cards.

In our municipalities, there are few persons who actually fall upon the C or D category if we measure their impairment on the basis of existing guidelines, but they have already taken the ID card of A category and enjoying the social security allowance. We tried to convince them but they don't want to change it.

-A participant participating in FGD in Baghchaur Municipality, Salyan

During the FGD, the study team tried to find out whether they had heard about the ICF model or the Washington Group Model of disability measurement. Unfortunately, all selected municipalities were not aware of it.

All selected municipalities have no functioning complaint registration mechanism. However, the participants of FGD accepted that sometimes persons with disabilities come with their complaints, but the complaints are mostly related to social security allowance. Therefore, they want a red or blue disability card to receive a disability allowance. Unfortunately, there is no provision of pre-counseling services to the applicants in the municipalities to make them well informed and convinced about the types of ID cards they deserve.

Regarding the problems and challenges faced by the municipalities, the observations of the respondents from OPDs who took part in an in-depth interview and the organization's representatives who took part in KII also matched with the experiences of the participants of FGD in municipalities. They also acknowledged that the capacity gap is a key problem at the municipality level. As said by the representative from the MoWCSC, the r/municipalities are free to make more descriptive and appropriate guidelines based on the model guideline but due to the lack of enough knowledge, they have just copied and endorsed it.

According to NFDN and NDWA, the Identification and measurement of disability include some technical work. It also needs the support of medical personnel in some steps.

Because of variety and complexity of impairment, it may be necessary to seek the assistance of a highly qualified or well-trained professional during disability measurement. But most r/municipalities suffer from the lack of such trained human resources

### Major Challenges of Municipalities

1. Inadequate knowledge on disability and its dynamics
2. Inadequate technical skills and experiences to identify and measure the impairments and severity.
3. Difficulties in understanding the standards mentioned in the ID card distribution guidelines.
4. The guideline doesn't give detailed indicators to measure the impairment and its severity.
5. The Disability Coordination Committee (DCC) members are not well informed about the definition and classification of disabilities.
6. In rural areas, it is hard to get a good medical practitioner to support in disability measurement and decision-making process.
7. The decision-makers of the municipalities have to face unnecessary pressure from applicants, family members, and local political leaders to provide a Red or Blue disability ID card.
8. The size, color quality, paper quality, font size of the card, etc., are not similar and uniform. Moreover, the current paper-based ID card is easily destroyed by water, and sunlight.

### **4.3. Problems and Challenges that the persons with disabilities have been facing in getting ID cards from the r/municipality.**

The study team identified the problems and challenges that persons with disabilities have been facing through the FGD with OPDs and in-depth interviews with some individuals with disabilities. Similarly, it has also been captured during the KII and in-depth interviews with OPDs as well.

During FGD, the member of OPDs shared about various problems and challenges that persons with disabilities often face while getting a disability ID card. They think that the application process is not comfortable and flexible. In many ways, it is not accessible to all. For example, persons with hearing disabilities don't get the support of a sign language interpreter. The application process is lengthy and time consuming. On top of that, they have to wait for a long time to get an ID card. Because of the lack of capacity to identify disabilities, some applications are hold for a long time in r/municipality,

In our municipality, there is one person with disabilities who have not been accepted by his father. For this reason, he is not able to process for a disability ID card.

-A participant of OPD from Banepa Municipality

According to the OPD members, the cards are sometimes distributed using political power instead of going through the defined process. The ID card distribution committee has no sound technical capacity for disability measurement. Still, they have no choice but to skip the decision. Decisions without knowledge have frequently created problems. People with disabilities are not getting the correct ID cards. There is no technical arrangement for visual, hearing, or IQ tests at the local level. Persons with disabilities should go to any urban-based hospital to get the certificate of test which consumes both time and money.

The persons with disabilities are not satisfied with the quality of ID cards. They should keep it with them most of the time, but water, heat, and sweat easily destroy the paper-based card. There is lack of enough mutual cooperation between the r/municipality and the OPDs to solve the problems. Political biasesness at local level are also another problem that persons with disabilities face frequently during disability identification.

Most of the members of DCC are appointed on the basis of the recommendation of various political parties. Sometimes the member of DCC seems to be biased politically and favor those who support their ideology. Nepotism is another problem that we are facing in Terai-based municipalities.

-A member from OPDs of Janakpur Municipality.

Mainly, persons with intellectual disabilities, hemophilia, autism, and psychosocial disabilities face several problems while getting ID cards. Persons having high degree of severity cannot go to the r/municipality office because of their functional limitations, and different barriers for getting of ID cards. Therefore, the OPD members argued that the municipality's team or the representative of the ward office must meet the person at their home or residence and facilitate.

### **Major Challenges of Persons with Disabilities**

1. The application and ID card distribution process is not easy, fast and accessible. On the contrary, it is complicated and time-consuming.
2. The municipality cannot identify each type of impairment and its severity.
3. In some cases, the right person doesn't get the right card because of having less knowledge and skills.
4. Many persons with disabilities are still deprived of disability ID cards. Due to the knowledge and skill gaps, the decision has been pending for a long time.
5. The rights-holders are not well informed about their legal rights, the process of ID cards, importance and services, and entitlements they get after having the ID card.
6. There is no practice of home-based services for those who cannot physically present themselves in the r/municipality office or ward office. They are also forced to live without ID cards.
7. Often, persons with disabilities must face problems of getting medical certificates. This is because they must go to the urban-based hospital, which may be time consuming and expensive.
8. The physical infrastructure of municipalities, ward offices and health institutions are not accessible for persons with disabilities.
9. The persons with deaf and hard of hearing must face communication barriers at each step of the process.

### **4.4. Solutions suggested by the respondents**

During KII, FGD, and interviews, the study team has tried to capture the respondent's opinions on appropriate solutions to solve all discussed problems and challenges. Therefore, in this part of the analysis, the key proposed solutions from the respondent have been discussed.

**(a) Definition and classification**

- The definition and classification are policy-related issues. However, the federal government must make the necessary changes and make it internationally comparable to use the internationally practiced tools and techniques for disability measurement.

**(b) Identification of impairment and Standards to measure the severity**

- The standards need to be revised and elaborated. Standards should be objective, measurable, and easy to understand. The standards should be mentioned separately for each impairment group. Widely applied international standards can be customized and simplified in our context.
- The standards should be uniform in all r/municipalities. So, it should be done by the federal ministry and provide an intensive orientation to all r/municipalities.

**(c) Capacity Building of R/Municipality**

- R/Municipality should allocate budget and make a program to enhance the capacity for disability identification and measurement.
- The federal ministry, disability resource center, NFDN, and expert organizations working for different impairment groups can jointly focus on the capacity building of OPDs and r/municipalities.
- Trained, certified and experienced human resources are essential at r/municipality level. The OPDs should also be trained in disability identification.
- The capacity development of local health institutions should also be done to enable them to assess different forms of impairment from a medical point of view.
- The municipality should establish an accessible grievance mechanism for disability related services..

**(d) Application process, registration and data management**

- The application process needs to be making more faster and smarter. The municipality can use latest technology to make the application process faster. This should be accessible for visually impaired and other people with disability.
- The data management system and tools for ID cardholders should be uniform in all municipalities. MoWCSC and the Ministry of Federal Affairs and General Administration (MoFAGA) can play a facilitating role in making this happen. The application and registration process should go through one door system instead of visiting different points such as ward office, health post or hospital, and municipality. The data management system of disability ID card can be linked with the VERSP-MIS of the National ID and Civil Registration so that people with disability having red and blue card can automatically include into the list of disability allowances recipients

**(e) Quality of ID card**

- The uniformity of ID cards in terms of size, color combination, thickness, paper quality, letter, font size, and the format is most important. Therefore, in coordination with MoFAGA, MoWCSC should take the initiative to make the ID card uniform across all r/municipalities.
- A uniform, smart or digital ID card is better than a paper-based ID card.

**(f) ID card distribution process**

- The distribution of ID cards should be on-demand. The practice of waiting a long time to get the ID card should be eliminated by making the distribution process regular and faster.
- The municipality should collect the data of those who cannot go to the office of r/municipalities for application and receive ID card. Then, the ID card distribution committee should visit their home to proceed applications, conduct assessments, and provide ID cards



*Beneficiary receiving ID Card at Dhulikhel Municipality  
Photo: Puja Kafle*

# CHAPTER 5

## CONCLUSION AND RECOMMENDATIONS

### Conclusions

Disability is not only a health issue: rather, it is a collective situation of different factors that a person may live with. It is an evolving concept and can be defined as the results of interactions between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Disability is a collective form of body functions and structure, activity limitations, and participation restrictions.

Identifying impairments and measuring disability is a complex task. It demands a concrete definition, classification, uniform standards, and qualifiers to measure the limitations. Measuring disability also needs skills, knowledge, experience, and expert support. There should be consistency in the definition, classification, and standards for measuring disability.

There are some widely practiced international models of disability assessment and identification, such as the ICF model and the Washington Group Model. These models are well tested and can be used for diverse purposes, such as comprehensive disability surveys, disability data collection through census and disability assessment, measurement of severity, etc. But before using such a model, the definition and classification of disability should also be in line with the principles adopted by these models.

The Act on the Rights of Persons with Disabilities has not made any definition of the term “Disability,” but it has a definition of “Persons with Disabilities,” which seems very close to the definition mentioned in CRPD. However, the classification of disability in the Act is traditional and influenced by a medical approach. The classification only talks more about the impairment and its features and less about functional limitations. The classification has not been done based on functional limitations and does not consider any environmental factors as emphasized by CRPD and the ICF Model. The practice of four types of ID cards for service provision is good, but the four categories of disability based on severity have been defined in mixed ways. Some indicators are based on functional limitations, and some look like just a description of impairment. The standards set to measure the severity like “Complete Disability,” “Severe Disability,” “Moderate Disability,” and “Mild Disability” are difficult to understand and are not enough to measure the severity of the 10 defined impairment groups in the Act. Moreover, the measuring standards and processes are not internationally comparable. The stakeholders, persons with disabilities, their organizations, service providers, and local government authorities are not satisfied with the current standards to measure the severity of different impairment groups. All consulted respondents agreed that the standards should be revised, uniform, and measurable. There are also problems in the process of ID card distribution along with the registration form. In addition, the municipality has no adequate capacity, skills, and knowledge to identify all forms of impairment and measure their severity.

## Recommendations

- The Ministry of Women, Children, and Senior Citizens should take the initiative for revising the classification of disability to make it internationally comparable and justifiable. The ICF model would be a good and useful reference to revise the classification of disability. Similarly, the ministry should also revise the model ID card distribution guidelines to make comprehensive and measurable.
- The ministry should develop a national disability information system, including a database of disability ID cards, which should be accessible and comprehensive enough and connected to each local government to feed the necessary data. The system should be adaptive to the capacity of local government..
- In the long term, the government has to make changes in the classification of disability mentioned in the Act, but in the short term, the problems of ID card distribution can be solved through the revision of ID card distribution guidelines.
- Each local government should have comprehensive disability identification and measuring tools. Such tools need to be handled by persons who have knowledge and skill in disability identification and measurement.
- Each r/municipality must produce some trained personnel for disability identification and measurement. Such persons can be a member of the Disability Coordination Committee (DCC) or r/municipality staff. The municipalities should also be able to get the support of medical experts in some steps of identifying impairment.
- The registration process should be smart, faster, and accessible to persons with disabilities. The process should be flexible enough for those who cannot physically present themselves at the municipality/ward office because of their functional limitations.
- It is recommended that the online services for application and registration, as well as mobile application for self-assessment, can be helpful in making the process easy, faster, and accessible.
- The database system for ID card holders should be computerized and uniform for each municipality. The ministry can take the initiative to develop centralized cloud-based data banks for disability ID card distribution where the data of each municipality is collected instantly.
- Each municipality should create tools and guidelines for the early detection and identification of disability, as well as run programs on the subject.
- The Ministry of Women, Children, and Senior Citizens, in collaboration with the Ministry of Federal Affairs and General Administration, should take steps to make the shape, size, color combination, quality of paper, materials of the ID card, and format of the card uniform in each municipality

## Proposed Model for Disability Identification and Measurement

Considering the study's findings, the study team has proposed two types of comprehensive disability identification and measurement tools for two different situations. The first one is based on the ICF model, which can be used only after revising the classification of disability in existing Act of Nepal. The second is based on the current classification of disability and ID card distribution provisioned in Act and guidelines that can be used in the present condition. Though ICF is internationally recognized and used model, this cannot be introduced in Nepal due to the limitations in Act so study team and stakeholders have strongly proposed second model called "Disability Identification and measurement tools" as appropriate. The proposed model has been separately attached as an annex.

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# DISABILITY IDENTIFICATION AND MEASUREMENT TOOLS

Name of Palika: .....

Indicators developed to facilitate the measurement of the severity of disability for the disability ID card distribution process at the local level according to the disability ID card- related provision of disability rights bylaws 2077 and the classification of disability adopted in the Act on the Rights of Persons with Disabilities 2074.

## 1. PHYSICAL DISABILITY

For under two years age group

Complete Disability	Severe Disability
1. Cannot lift the head at all while sleeping on stomach.	1. Have a lot of difficulty to lift the head while sleeping on the stomach.
2. Cannot stand or walk at all holding something or taking support of something.	2. Have much difficulty to walk or stand holding something or taking support of something.
3. Cannot hold or leave something with both hands.	3. Have a lot of difficulty to hold something with both hands.
4. Cannot turn or move the body at all.	4. Have a lot of difficulty to turn or move the body.
5. Cannot move or use both hands and legs at all.	5. Have a lot of difficulty to move or use both hands and legs.
Moderate Disability	Mild Disability
1. Has some difficulty lifting the head while sleeping on the stomach.	
2. Has some difficulty to walk or stand holding something or taking support of something.	
3. Has some difficulty to hold something with both hands.	
4. Can turn or move the body with some difficulty.	
5. Has some difficulty to move or use both hands and legs.	

## For above two years age group

Complete Disability	Severe Disability
1. Cannot stand and walk at all even using assistive devices or taking other's support.	1. Can stand or walk taking other's (helper) support.
2. Cannot hold, leave, move, lift or use any products or things.	2. Can walk taking the help of others or using assistive devices.
3. Cannot move both legs and both hands at all.	3. Have a lot of difficulty to move both legs and both hands.
4. Cannot walk at all even using any special type of assistive devices.	4. Have a lot of difficulty to hold, leave, move, lift or use any products or things.
5. Cannot move the back, neck, waist at all.	5. Have a lot of difficulty to move the back, neck, waist.
Moderate Disability	Mild Disability
1. Have some difficulty to stand and walk but doesn't need other's support.	1. Have deviation in the structure of the back, neck and waist but have light problem for walking and using it.
2. Have some difficulty in mobility but do not need other's support to walk and can walk using some assistive device.	2. Have deviation in the structure of legs and have minor difficulties in walking.
3. Have some difficulties to move both legs and both hands.	3. Have deviation in the structure of organ but have minor difficulties to use hands.
4. Have some difficulties to catch, leave, move, lift or use any products or things.	
5. Have some difficulties to move back, neck and waist.	
6. Have difficulties for walking, using public transport, physical facilities and public physical infrastructure due to having low height (below 42 inches) of body than average.	
7. One leg or one hand is not functioning at all.	

## 2. DISABILITY RELATED TO VISION

### For under two years age group

Complete Disability	Severe Disability
	1. No any reaction on light or shining things in front of eyes.
Moderate Disability	Mild Disability

## For above two years age group

Complete Disability	Severe Disability
	1. Not able to identify the fingers from the distance of 10 ft. even using lens or glasses.
	2. Not able to read the letter of first line 3/60 of the Snellen chart.
	3. Not able to perceive dark and light.
	4. Need white cane or other's support for mobility.
	5. Not able to read the print letters at all, need braille script to read and write or take support of audio system.
Moderate Disability	Mild Disability
1. Not able to identify the fingers of hands from the distance of 20 ft.. even using lens or glass.	1. Can read the letter in large font size.
2. Not able to read the letter of fourth line 6/18 of the Snellen chart.	
3. Able to identify dark and light	
4. Able to read large font (At least 20 Size) with the help of lens or bringing it very close to the eyes.	
5. Able to identify large objects only bringing close to eyes.	

## 3. HEARING DISABILITY

### For under two years age group

Complete Disability	Severe Disability
	1. Not giving any reaction or response to any sound even from near the ears.
	2. Not giving any reaction or response against any loud sound.
Moderate Disability	Mild Disability

## For above two years age group.

Complete Disability	Severe Disability
	1. Cannot identify the volume, quality and rising or falling nature of sound.
	2. Not able to hear and understand the sound above 70 db.
	3. Not able to communicate by hearing. Need sign or sign language to communicate with other.
	4. Not able to even if the sound is very loud.
	5. Not able to hear any sound even using hearing aid.
	6. Able to speak but not able to hear and understand the sound above 70db. (In adult age person can loss all hearing capacity but can speak)
Moderate Disability	Mild Disability
1. Able to hear and understand sound (can identify volume and quality) by using hearing aid.	1. Can hear and understand sound very clearly by using hearing aid.
2. Able to hear and understand louder sound (can identify volume or quality) or can hear sound between 60 to 69 db.	2. Can hear the sound of 35 to 59 db.
3. Need sign language or captioning or both for communication.	3. Can communicate by speaking as well.
	4. Need support of captioning for communication.

## 4. DEAFSLIND

### Up to two years age group

Complete Disability	Severe Disability
1. Not able to identify dark and light and cannot hear the sound of above 70 db.	1. Not able to hear and understand any sound but able to identify fingers from the distance of 20 ft. or can read the letter of fourth line 6/18 of Snellen chart.
2. Not able to see the shape, size, types, color of any product, object and not able to hear and understand any sound.	2. Not able to see the shape, size, types, color of any product, object but can hear the sound of 70 to 80 db.
Moderate Disability	Mild Disability
1. Have hearing and visual impairment but can hear and understand sound by using hearing aid and can see things and objects using lens or glass.	1. Able to hear loud sound. Able to see the things bringing near to the eyes and speak.

## 5. DISABILITY RELATED TO SPEECH AND VOICE.

Complete Disability	Severe Disability
Moderate Disability	Mild Disability
1. Repeatspeaking.	1. Have some difficulties to speak, repeat words/letter and get stuck sometime while speaking
2. Stuttering frequently and get stuck many times while speaking.	2. Stuttering sometime while speaking
3. Having impairment in lips and palate and have much difficulties to speak.	3. Having impairment in lips and palate and have some difficulties to speak.
4. Repeat words or letter frequently while speaking.	4. Repeating words or letter sometime while speaking.
5. Able to hear and understand sound well but cannot speak.	
6. Not clear speech and voice.	

## 6. MENTAL OR PSYCHOSOCIAL DISABILITY

Complete Disability	Severe Disability
1. Having score more than 21 while measuring the psychosocial impairment using the checklist attached in annex 2	1. Having score of between 18 to 20 while measuring the psychosocial impairment using the checklist attached in annex 2
2. A condition of not being able to do self-care due to the psychosocial and mental health problem. Need regular support and care of others.	2. Able to do self-care in the condition of having necessary social protection and psychosocial support.
3. Have much difficulties to perform daily social behavior and communication due to the psychosocial and mental health problem. Need others support to perform daily activities.	3. Able to perform daily activities and live a life with freedom in an equal basis with other in the condition of having legal support and supported decision making system.
4. Need other's intensive care and support for daily activities. 4. A condition of not being able to perform daily activities, need other's care and support in regular basis or dependent to others for daily activities.	4. Have a lot of difficulties to carry out daily activities.
5. Difficulty in to perform normal interaction, conversation and intellectual work due to discriminatory behavior, stigma, blame and bad practices of society.	5. Can manage the stress with much difficulties even after having regular peer support.

6. Need medicines and intensive psychosocial support service in regular basis.	6. Having difficulty to live a productive life due to the legal and behavioral discriminations or negative attitudes of society and people.
7. Condition of having a lot of difficulty in doing interaction focusing to any particular subject and two ways communication with others even after having regular psychosocial support.	7. Able to perform few normal daily activities but need regular medicine and psychosocial support.
<b>Moderate Disability</b>	<b>Mild Disability</b>
1. Having score of between 15 to 17 while measuring the psychosocial impairment using the checklist attached in annex 2	1. Having score of between 12 to 14 while measuring the psychosocial disability using the checklist attached in annex 2
2. Having psychosocial or mental impairment recovered but still having barriers of effective participation in the society and community due to the negative attitudes, legal barriers and social practices.	2. Looks normal but need psychosocial support and special care during the time of disaster or any difficult situation.
3. Able to live a normal life after having medicine, therapy and other psychosocial support.	3. Have some psychosocial disability but able to perform daily activities and participate in the different spheres of life if provided a conducive working environment, family environment and reasonable accommodation.
4. Sometime recurring of old traumas and problems due to lack of regular psychosocial support.	

## 7. INTELLECTUAL DISABILITY

<b>Complete Disability</b>	<b>Severe Disability</b>
1. Have IQ score from 0 to 40	1. Have IQ score from 41 to 55.
2. Having score of 9 to 10 while measuring the intellectual disabilities using the quick intellectual disability measuring checklist attached in annex 1	2. Having score of 6 to 8 while measuring the intellectual disabilities using the quick intellectual disability measuring checklist attached in annex 1
3. Cannot learn new thing at all or have extreme leaning delay in comparison with other person of same age.	3. Have a lot of difficulties to learn new things in comparison with other person of same age.
4. Cannot remember things at all in comparison with other person of same age.	4. Have a lot of difficulty to remember things in comparison with other person of same age.
5. Cannot concentrate at all in games or work in comparison with other person of same age.	5. Forget the things learnt very fast in comparison with the other person of same age.

6. Need other's support to perform daily activities.	6. Have a lot of difficulty to focus or concentrate to any work or games in comparison with the other person of same age.
<b>Moderate Disability</b>	<b>Mild Disability</b>
1. Have IQ score from 56 to 70	
2. Having score of 4 to 5 while measuring the intellectual disabilities using the quick intellectual disability measuring checklist attached in annex 1	1. Having score of 1 to 3 while measuring the intellectual disabilities using the quick intellectual disability measuring checklist attached in annex 1
3. Have some difficulty to learn new things in comparison with other person of same age but able to perform limited daily activities	2. Having some difficulty to learn new things in comparison to the peer of same age.
4. Have some difficulties to focus or concentrate to the games or work.	3. Can learn new things but the pace of learning is a bit delayed in comparison with other person of same age.

## 8. HEMOPHILIA

<b>Complete Disability</b>	<b>Severe Disability</b>
1. Not able to move or operate organs and body at all due to hemophilia and cannot perform daily activities at all, need other's support all time.	1. Have less than 1% presence of factor.
	2. Have lots of difficulty in mobility due to weak and injured joints caused by extreme bleeding. Need assistive devices such as crutches or wheelchair for mobility.
<b>Moderate Disability</b>	<b>Mild Disability</b>
1. Have 1% to 5% presence of factor	1. Have 6% to 40% presence of factor
2. No need of assistive devices but have some difficulties in mobility due to frequent internal or external bleeding.	2. Have few difficulties in mobility.

## 9. AUTISM

<b>Complete Disability</b>	<b>Severe Disability</b>
1. Not able to communicate orally, learn language and have very poor social communication.	1. Can perform few (limited) daily activities with the help of others.
2. Cannot give any response against any action, cannot socialize with other.	2. Have lots of difficulties to learn things in comparison with other of same age.

4. Repetitive behavior.	3. Able to give limited reactions
4. Cannot perform daily activities, every time needs adult's support. It is very hard to leave alone.	4. Having difficulties in social communication
	5. Have less capacity to communicate with stranger.
<b>Moderate Disability</b>	<b>Mild Disability</b>
1. Have difficulties to learn things in comparison with other person of same age but can perform daily activities.	1. Have some difficulties to learn language but can perform daily activities.
2. Able to do social communication with the help of picture, sign and visuals	
3. Need others support to some extent to perform daily activities	

## 10. MULTIPLE DISABILITY

<b>Complete Disability</b>	<b>Severe Disability</b>
1. Have mix of two or more impairments and degree of severity explained above.	1. Have mix of two or more impairments and degree of severity explained above.
2. Have lots of difficulties in mobility, use of hands, intellectual work, sensory work or having difficulties two or more domains at a time. Cannot perform daily activities at all even with the support of others or using assistive devices and need regular and intensive care.	2. Have lots of difficulties in mobility, use of hands, intellectual work, sensory work or having difficulties in two or more domains at a time but can perform daily activities with the support of others or using assistive devices.
<b>Moderate Disability</b>	<b>Mild Disability</b>
1. Have mix of two or more impairments and degree of severity explained above.	
2. Have some difficulties in mobility, use of hands, intellectual work, sensory work or having some difficulties in two or more domains at a time but can perform daily activities with or without the support of others or using assistive devices.	

# ANNEX 1

## 1<sup>1</sup> QUICK CHECKLIST FOR MEASURING INTELLECTUAL DISABILITIES

SN	Indicators	Yes (Score 0)	No (Score 1)
1	Developed oral language within 2 years age		
2	Crawl here and there, stand and walk with the help of wall . Walk using legs. Can walk in and out of the house freely within 2 years.		
3	Can tell or sign for toilet, can take off the dress without buttons, can wear dress with the help of other in the age of 3 years.		
4	Can identify the eatable or not eatable things, can unwrap the chocolates and eat.		
5	Can speak, paly with friends, can play alone, walk freely, jump, catch glass of water and drink, can eat food with spoon or hand within the age of three years.		
6	Can recognize the own toys, belongings, be happy, sad or angry with family members, can express fear, understand others sentiment within the age of 4 years.		
7	Wash hands, were and take off dress, shoes with laces, can use toilet without other's support, can write using pencils or crayons within the age of 5 years.		
8	Drive 4 wheeled bicycle, can write and speak small sentence and words, can recognize money, can buy some goods that he/she likes from the nearby shops, can take bath with other's support, can eat him/herself within the age of 8 years.		
9	Can tell or understand the time (morning, evening, noon), can play competitive games with the friends of same age, help others in the daily activities, can do care of hygiene, can by goods from shops or market, can go to school, neighbor house, can do simple mathematical calculation such as addition, subtraction, multiplication, division within the year of 12 year. (this questions can be asked with the persons of 9 to 12 years)		
10	Can follow the rules, play complex types of games, can do self-care, can were all types of dresses, shoes, can show capacity in the study of different subject (Math, Science, English, Social Study, Language etc.) according to the age.		

### Measurement of Severity

- A. Complete Disability – 9 to 10 Score
- B. Severe Disability – 6 to 8 Score
- C. Moderate Disability – 4 to 5 Score
- D. Mild Disability – 1 to 3 Score

<sup>1</sup> Courtesy/Source: Malin's Vineland Social Maturity Scale (VSMS). Items stated are adjusted / adapted based on clinical practice of clinical psychologists (members of Nepalese Association of Clinical Psychologist).

# ANNEX 2

## FORM TO MEASURE THE PSYCHOSOCIAL DISABILITY

SN	Indicators	Reaction	Score
1	How much difficulties do you have in standing, moving, walking for a long time?	Not at all	0
		A little bit	1
		Much difficulties	2
2	How much difficulties do you have to bear the daily responsibility at home? (for example: cooking, washing, cleaning, caring livestock, working in the farm, doing economic transaction, going offices, going school etc.)	Not at all	0
		A little bit	1
		Much difficulties	2
3	How much difficulties do you have in taking bath and cleaning body?	Not at all	0
		A little bit	1
		Much difficulties	2
4	How much difficulties do you have in wearing clothes ?	Not at all	0
		A little bit	1
		Much difficulties	2
5	How much difficulties do you feel while doing behavior or talking with unknown persons ?	Not at all	0
		A little bit	1
		Much difficulties	2
6	How much difficulties do you have to participate in community work, religious functions, family functions, cultural activities etc. ? (For example: party, group work, religious activities etc.)	Not at all	0
		A little bit	1
		Much difficulties	2
7	Do you often feel like, "I cannot do anything, I am being a burden for other I want to die etc."	Not at all	0
		A little bit	1
		Much difficulties	2
8	How much difficulties do you have while taking care of your own children?	Not at all	0
		A little bit	1
		Much difficulties	2
9	How much difficulties do you have while doing daily activities?	Not at all	0
		A little bit	1
		Much difficulties	2

### 2 Courtesy/Source:

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10	To what extent are you getting love and care from your family and neighbor?	Not at all	0
		A little bit	1
		Much difficulties	2
11	To what extent are you getting disrespect and discrimination from family and neighbor?	Not at all	0
		A little bit	1
		Much difficulties	2
12	To what extent are you getting care from family and relatives?	Not at all	0
		A little bit	1
		Much difficulties	2
13	To what extent are you getting physical torture and facing violence from family members?	Not at all	0
		A little bit	1
		Much difficulties	2
14	To what extent have you shared your feeling (happiness, sadness, bad feeling, good feeling) with your nearest or family members?	Not at all	0
		A little bit	1
		Much difficulties	2
15	Do you need regular medicine and intensive psychosocial support ?	Not at all	0
		A little bit	1
		Much difficulties	2

### Measurement of Severity

- A. Complete Disability – 21 or more score
- B. Severity Disability – 18 to 20 score
- C. Moderate Disability – 15 to 17 score
- D. Mild Disability - 12 to 14 Score

# ANNEX 3

## STUDY QUESTIONNAIRE

Designing an innovative model for Disability Identification and Disability ID Card Distribution

### A Study Information Collection Tools

#### In-depth interview with the representative of OPDs leader specific impairment group

(Before Interview: Tell about the objective of the meeting and interview and take permission of voice recording. Tell that the recorded information will not be used in any other kinds of purpose, work and activities a part from this particular study and the individual privacy and the data protocol is fully respected.)

Date of interview.....

Name of Person.....Sex.....

Position.....

Contact number.....

Name of organization.....

Impairment group that the organization represents.....

For how long have you been working in this organization .....days/  
months/years

#### KEY QUESTIONS:

1. Are you aware of the definition and classification of disability mentioned in the Disability Rights Act 2074?
2. How did you or your organization involved in the advocacy to bring disability rights act or in the overall act formulation process? What did you do for the impairment group that you are representing?
3. How did you or your organization involved in the advocacy to bring the Regulation on the Rights of Persons with Disabilities 2077 or overall regulation formulation process? what did you do for the impairment group that you are representing?
4. Are you satisfied with the definition and classification of disability/impairment etc. provisioned in the Act and regulation? if not, why are you not satisfied and how do you want the definition and classification of impairment group that you are representing to be there?

5. Are you aware of the Disability ID card Distribution Guidelines issued by the Ministry of Women Children and Senior Citizen?
6. How far are you satisfied with the guideline and its provisions from the perspective of the impairment group that you or your organization representing?
7. Are the criteria set to identify the level of impairment and decide to provide the disability ID card adequate in the guidelines? if not what is the gap and how do you want to suggest ?
8. To fulfill the gap of guidelines, if you are asked to suggest some appropriate standards to measure the impairment and its degree of severity of the disability category that you are leading, how do you suggest? Please tell us in simple bullet points.
9. Have you worked with any municipality in the issues of disability ID card distribution? if yes! Please describe in brief ? what are challenges for local level disability coordination committee in measure the impairment?
10. Have you collected any information from field about the challenges and problems that persons with disabilities are facing to get disability ID card from the local municipalities? If yes! Please describe it.
11. From the perspective of the disability category that you are representing, what types of technical skills, capacity and knowledge do you expect in the municipalities?
12. In overall, how do you see the current capacity of municipality to measure the disability, its degree of severity and make decision to provide card? What are the gaps and what do you suggest to the municipalities?
13. How far the application process and application format is easy and accessible from the perspective of the disability category that you are representing? If it is not easy and accessible, where is the gap and what do you suggest?
14. If there is an opportunity, what types of roles you or your organization can play to increase the capacity of municipality in disability identification, measurement and ID card distribution?

Designing an innovative model for Disability Identification and Disability ID Card Distribution

A Study Information Collection Tools  
Key Informants Interview

Section A : KII for National Level Government Authorities

(Before Interview: Tell about the objective of the meeting and interview and take permission of voice recording. Tell that the recorded information will not be used in any other kinds of purpose, work and activities a part from this particular study and the individual privacy and the data protocol is fully respected.)

Date of Interview:.....

Your good name please.....Sex.....

Name of the office/institution.....

Your position.....

Your Contact.....

For how long have you been working in this position .....days/months/years

QUESTIONS:

1. Are you aware of the Act on the Rights of Persons with Disabilities 2018 and its provision of the classification of disabilities and provisions of disability ID card for persons with disabilities? what is your impression ? what is good part and what needs to be improved and why?
2. Are you aware of the model guidelines of the government made and circulated to the local municipalities for disability ID card Distribution? Do you think that the local governments are aware and following the guidelines? Is it useful for them?
3. Were you involved in the process of making above discussed Act, regulations or guidelines ?
4. How do you evaluate the awareness level of local municipalities about disability specific laws, policies and regulations related to the classification of disability and disability ID card distribution?
5. According to the law, the local municipalities are responsible for the distribution of four types of disability ID card to the persons with disabilities. How do you evaluate the awareness level and technical capacity of local municipalities for the identification of different types of impairments and disability along with four types of degree of severity?
6. Do you think that the current classification of disability by its uniqueness and severity is good, effective or workable? Along with the strong sides of the classification, if you see any problems of gaps please describe.

7. Please suggest, if you have any good solutions/suggestions to make the classification and disability identification methods more easy, meaningful, objective or defined. What could be easier, paper base or technology base app?
8. The government has set an application process to get the disability ID card, which each persons with disabilities has to follow. In your opinion how far the application process is good, easy or (may be not good) accessible for persons with disabilities? if it is not good, please tell about the gaps and suggest some solutions.
9. Do you have any policy feedback mechanism? (to collect feedback from people on the implementation of policy, Act, rules and regulations)
10. If yes! What types of comments and feedback have come regarding the implementation of Disability Rights Act 2074, Regulations 2077 and ID card distribution guidelines? What are challenges and opportunities?

**Designing an innovative model for Disability ID Card Distribution**  
**Information Collection Tools**  
**Key Informants Interview**

**KII for National Level OPDs, Federations and other Stakeholders.**

(Before Interview: Tell about the objective of the meeting and interview and take permission of voice recording. Tell that the recorded information will not be used in any other kinds of purpose, work and activities a part from this particular study and the individual privacy and the data protocol is fully respected.)

Date of Interview:.....

Your good name please.....Sex.....

Name of the office/institution.....

Your position.....

Your Contact.....

For how long have you been working in this position .....days/months/years

**QUESTIONS:**

11. Are you aware of the Act on the Rights of Persons with Disabilities 2074 and its provision of the classification of disabilities and provisions of disability ID card for persons with disabilities? What is their impression, what is good part and what are the areas of improvements, what are the feedbacks?
12. Are you aware of the model guidelines of the government made and circulated to the local municipalities for disability ID card Distribution? What is their impression, what is good part and what are the areas of improvements, what are the feedbacks?
13. Were you involved in the advocacy, activism or any kinds of process of making above discussed Act, regulations or guidelines? If yes please describe in very brief.
14. How do you evaluate the awareness level of local municipalities about disability specific laws, policies and regulations related to the definition and classification of disability and disability ID card distribution? Where is the gap ?
15. Have you conducted any activities to increase the awareness on legal frameworks among the municipality's authorities ? if yes please describe in brief. what are the challenges of the municipality to role out the laws?
16. According to the law, the local municipalities are responsible for the distribution of four types of disability ID card to the persons with disabilities. How do you evaluate the awareness level and technical capacity of local municipalities for the identification of different types of impairments and disability along with four types of degree of severity?

17. Do you think that the current classification of disability by its uniqueness and severity is good, effective or workable? Along with the strong sides of the classification, if you see any problems of gaps please describe.
18. Please suggest, if you have any good solutions/suggestions to make the classification and disability identification methods more easy, meaningful, objective or defined. Which can be easy and trustworthy for service provide as well as beneficiaries? What could be easier, paper base or technology base app?
19. Do you think that the current disability ID card distribution guidelines has given adequate standards, qualifiers of clear guiding points to identify the classification and severity of impairment ?
20. If not, what is the gaps and how do you suggest ?
21. The government has set an application process to get the disability ID card, which each persons with disabilities has to follow. In your opinion how far the application process is good, easy or (may be not good) accessible for persons with disabilities ? if it is not good, please tell about the gaps and suggest some solutions.
22. Have you collected any information about the challenges and problems that persons with disabilities have faced while applying for disability ID card of receiving it from the respective authorities? If yes! Please describe.

## Designing an innovative model for Disability Identification and Disability ID Card Distribution

### A Study

### Information Collection Tools

### Focused Group Discussion

#### Targeted Group: Staff of local municipalities and member of Disability Coordination Committee

(Before the discussion: Tell all the members about the objective of the meeting and discussion and take the permission of voice recording when needed. Tell that the recorded information will not be used in any other kinds of purpose, work and activities a part from this particular study and the individual rights to privacy and the data protocol is fully respected.)

1. Have the municipality developed the disability ID card distribution Guidelines on the basis of the model guidelines issued by the Ministry of Women Children and Senior Citizen? Was the model guideline helpful ? If yes how? If not why?
2. Are the members of DCC and other relevant authorities municipalities aware of the legal provision about the classification and definition of disability on the basis of its uniqueness and severity ? Do you need orientation or training?
3. Are the member of DCC and other relevant authorities of municipality aware of the provisions of disability ID card distribution, criteria for decisions, its application process and decision process? How confident they are on identification, distribution, appreciation and decision process?
4. How frequently the Disability ID card Recommendation Committee or DCC (according to the Disability Rights Act/Rules 2077) meets to distribute disability ID card or make relevant decisions ?
5. What technical easiness/difficulties have you faced to identify the disability, impairment on the basis of given criteria in the guidelines and to make decision for disability ID card? Please tell where you feel easy and where you feel difficulties.
6. How do you assess the impairment and degree of severity? Does the municipality have enough technical capacity to identify all 10 types of impairments/disability its degree of severity? If not, where is the gaps?
7. Are the given criteria in the guidelines for the identification of impairment or disability adequate, easy to understand or clear to take decision ? if not please describe.
8. Please suggest some good criteria/standards if you have in your mind. What could be easier? Paper based or technology based app?
9. Is there any mechanism to collect complaints or feedback from persons with disabilities regarding their issues on disability ID card distribution ?

10. If yes! Lest have a discussion about some collected complaints/feedback regarding disability ID card distribution.
11. Do you think the process of application (form to take information, documentation process etc.) is easy and accessible for persons with disabilities? if not what is the gap? Any suggestions to make is better, easy or accessible.
12. How about delivery of ID card for those persons who are from other districts or those of your municipality who cannot attend to the office physically due to his/her impairment?
13. How do you record the database of those who have taken disability card ? (computerized, digital, manual etc.) Do you have any suggestions to make the database system uniform and useful ?
14. Have you heard about ICF model or Washington Group Model of disability identification ?

## Designing an innovative model for Disability Identification and Disability ID Card Distribution

### A Study

### Information Collection Tools

### Focused Group Discussion

#### Targeted Group: Members of local organizations of persons with disabilities (OPDs)

(Before the discussion: Tell all the members about the objective of the meeting and discussion and take the permission of voice recording when needed. Tell that the recorded information will not be used in any other kinds of purpose, work and activities a part from this particular study and the individual rights to privacy and the data protocol is fully respected.)

15. Are you aware of the legal provisions about the definition and classification of disability on the basis of uniqueness and severity ? Are you aware of the Disability ID card Distribution Guidelines shared by the Ministry of Women Children and Senior Citizen?
16. How are you doing advocacy for ensure proper access of persons with disabilities in the ID card? What problems and difficulties are you facing while informing your advocacy agendas with local municipalities?
17. How are you providing technical support to the municipalities to make the ID card distribution easy, fair and smooth? Are the DCC members or municipality authorities cooperative with you?
18. Is the DCC or ID Card Recommendations committee working well ? have you seen any gap, problems and negligence in their work?
19. What types of problems and challenges that persons with disabilities are facing while applying for ID card and getting it from the respective authorities ?
20. What is awareness level among people with disability about disability related benefits and services given by the governments? How can we improve awareness among the targeted people?
21. Are the member of DCC and other relevant authorities of municipality aware of the provisions of disability ID card distribution, criteria for decisions, its application process and decision process?
22. What technical easiness/difficulties have you observed in the municipality to identify the disability, impairment on the basis of given criteria in the guidelines and to make decision for disability ID card? Please tell where you observe easy and where you observe difficulties.

23. Do you think that the municipalities have adequate technical capacity or knowledge to assess, measure or identify all 10 types of impairment or disability and severity? if not where is the gap?
24. Are the given criteria in the guidelines for the identification of impairment or disability adequate, easy to understand or clear to take decision ? if not please describe.
25. Please suggest some good criteria/standards if you have in your mind. What could be easier, paper base or technology base app for identification/screening?
26. Do you think the process of application (form to take information, documentation process etc.) is easy and accessible for persons with disabilities? if not what is the gap? Any suggestions to make is better, easy or accessible.
27. Have you heard about ICF model or Washington Group Model of disability identification?

## अपाङ्गता पहिचान तथा मापन औजार

पालिकाको नाम: .....

अपाङ्गता भएका व्यक्तिको अधिकार सम्बन्धी ऐन २०७४ तथा नियमावली २०७७ मा भएको अपाङ्गताको वर्गीकरण तथा परिचयपत्र सम्बन्धी व्यवस्था अनुसार पालिका तहमा परिचयपत्र वितरण प्रयोजनको लागि अपाङ्गताको पहिचान तथा गम्भीरताको मापनलाई सहज र सरल बनाउन तयार गरिएका सूचकहरू।

### १: शारीरिक अपाङ्गता

#### २ वर्ष भन्दा कम उमेर समुहको लागि

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. पेटको बलमा घोप्टो परेर सुत्दा टाउको उठाउन पटककै नसक्नु।	१. पेटको बलमा घोप्टो परेर सुत्दा टाउको उठाउन धेरै कठिनाइ हुनु।
२. केहि चिज समातेर पनि उठ्न वा हिँड्न पटककै नसक्नु।	२. केहि चिज समातेर पनि उठ्न वा हिँड्न धेरै कठिनाइ हुनु।
३. हातले केहि वस्तु समात्न वा छोड्न पटककै नसक्नु।	३. दुवै हातले केहि वस्तु समात्न वा छोड्न धेरै कठिनाइ हुनु।
४. जिउ चलाउन वा पल्टन नसक्नु।	४. जिउ चलाउन वा पल्टन धेरै कठिनाइ हुनु।
५. दुवै हात वा दुवै खुट्टा चलाउन पटककै नसक्नु।	५. दुवै हात वा दुवै खुट्टा चलाउन धेरै कठिनाइ हुनु।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. पेटको बलमा वा घोप्टो परेर सुत्दा टाउको उठाउन केहि कठिनाइ हुनु।	
२. केहि चिज समातेर उठ्न वा हिँडडुल गर्नमा केहि कठिनाइ हुनु।	
३. हातले केहि वस्तु समात्न वा छोड्न केहि कठिनाइ हुनु।	
४. जिउ चलाउन वा पल्टन सक्ने तर केहि कठिनाइ हुने।	
५. हात खुट्टा चलाउनमा केहि कठिनाइ हुने।	

#### २ वर्ष भन्दा माथि उमेर समुहको लागि

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. कुनै सहायक सामाग्रीको साथ लिएर वा कसैको सहयोग लिएर पनि उभिन वा हिँड्न पटककै नसक्नु।	१. सहयोगीको साथ लिएर उभिन वा हिँडडुल गर्न सक्नु।
२. कुनै वस्तु वा सामान समात्न, छोड्न, चलाउन, उचाल्न वा प्रयोग गर्न पटककै नसक्नु।	२. कुनै सहायक सामाग्रीको प्रयोग गरेर र सहयोगीको साथ लिएर हिँडडुल गर्न सक्नु।
३. दुवै हात वा दुवै खुट्टा चलाउन पटककै नसक्नु।	३. दुवै हात वा दुवै खुट्टा चलाउन धेरै कठिनाइ हुनु।
४. कुनै सहायक सामाग्रीको प्रयोग गरेर पनि हिँडडुल गर्न पटककै नसक्नु।	४. कुनै वस्तु वा सामान समात्न, छोड्न, चलाउन वा प्रयोग गर्न, उचाल्न धेरै कठिनाइ हुनु।
५. ढाड, गर्धन, कम्मर चलाउन पटककै नसक्नु।	५. ढाड, गर्धन, कम्मर, चलाउन धेरै कठिनाइ हुनु।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. हिँडडुलमा सामान्य कठिनाइ हुने तर सहयोगीको साथ खासै नचाहिने।	१. ढाड, गर्धन, कम्मरको संरचनामा विचलन देखिए तापनि यसको प्रयोगमा सामान्य मात्र कठिनाइ देखिने।
२. हिँडडुलमा सामान्य कठिनाइ हुने तर सामान्य खाले सहायक सामाग्रीको प्रयोग गरेर वा नगरेर पनि हिँडडुल गर्न सक्ने	२. खुट्टा संरचनामा विचलन देखिए तापनि हिँडडुल गर्न हल्का मात्र कठिनाइ हुनु।
३. दुवै हात वा दुवै खुट्टा चलाउन सामान्य मात्र कठिनाइ हुने	३. अंगको संरचनामा विचलन देखिएता पनि हातले गर्ने काम गर्न हल्का मात्र कठिनाइ हुनु।
४. कुनै वस्तु वा सामान समात्न, छोड्न, उचाल्न, चलाउन, प्रयोग गर्न सामान्य कठिनाइ हुनु।	
५. ढाड, गर्धन, कम्मर चलाउन सामान्य कठिनाइ हुनु।	
६. ४२ इन्च भन्दा कम उचाइ भएको कारण हिँडडुल गर्न, सवारी साधन प्रयोग गर्न, भौतिक सुविधाहरू, वस्तु र संरचनाको उपयोग गर्न कठिनाइ हुने।	
७. एक हात वा एक खुट्टाले पुरै काम गर्न नसक्ने अवस्था।	

## २: दृष्टि सम्बन्धी अपाङ्गता

२ वर्ष भन्दा कम उमेर समुहका लागि

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
	१. प्रकाश वा कुनै चम्किलो वस्तु आँखा अघि लैजाँदा कुनै प्रतिक्रिया नदेखाउनु।
मध्यम अपाङ्गता	सामान्य अपाङ्गता

२ वर्ष भन्दा माथि उमेर समुहका लागि

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
	१. चस्मा वा लेन्सको प्रयोग बाट पनि १० फिटको दुरीबाट हातको आँला छुट्याउन नसक्नु।
	२. स्नेलेन चार्टको पहिलो लाइनको ३/६० अक्षर पढ्न नसक्नु।
	३. उज्यालो वा अँध्यारो वा प्रकाशको कुनै आभाष पाउन नसक्नु
	४. हिँडडुल गर्न सेतो छडी वा सहयोगीको सहयोग चाहिनु।
	५. छापा अक्षर पटकै पढ्न नसक्ने र ब्रेल लिपी, कम्प्युटर वा अडियो प्रणालीको सहयोग लिनुपर्ने।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. चस्मा वा लेन्सको प्रयोगबाट पनि २० फिटको दुरीबाट हातको आँला छुट्याउन नसक्नु।	१. ठूलो छापा अक्षरहरू पढ्न सक्नु।
२. स्नेलेन चार्टको चौथो लाइनको अक्षर ६/१८ पढ्न नसक्नु।	
३. उज्यालो, अँध्यारो छुट्याउन नसक्नु।	
४. २० फण्ट साइजका अक्षरहरू पनि लेन्सको प्रयोग गरेर वा आँखाको एकदमै नजिकै ल्याएर मात्र पढ्न नसक्नु।	
५. ठूलो आकारको बस्तु नजिकबाट मात्र छुट्याउन नसक्नु।	

## ३: सुनाइ सम्बन्धी अपाङ्गता

२ वर्ष भन्दा कम उमेर समुहका लागि

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
	१. कानको नजिक कुनै आवाज दिँदा कुनै प्रतिक्रिया नजनाउनु।
	२. कुनै ठूलो आवाज आउँदा पनि प्रतिक्रिया नदेखाउनु।
मध्यम अपाङ्गता	सामान्य अपाङ्गता

२ वर्ष भन्दा माथि उमेर समुहका लागि

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
	१. आवाजको मात्रा, गुण, उतार चढाब जस्ता कुरा पटकै छुट्याउन नसक्ने।
	२. ७० डेसिबल भन्दा माथिको आवाज पनि सुन्न र बुझ्न नसक्ने।

	३. बोलेर सञ्चार गर्न पटककै नसक्ने वा संचारको लागि संकेत, इसारा वा सांकेतिक भाषाको साहायता लिनुपर्ने ।
	४. एकदमै ठूलो आवाज वा ध्वनि पनि सुन्न नसक्ने ।
	५. कुनै श्रवणयन्त्रको प्रयोग गरेर पनि आवाज सुन्न नसक्ने ।
	६. बोल्न सक्ने भएपनि ७० डेसिबल भन्दा माथिको आवाज पनि सुन्न र बुझ्न नसक्ने (जन्म पश्चात, किशोर वा वयस्क अवस्थामा कुनै कारणवस बोल्न सकेता पनि पुरै सुन्न नसक्ने अवस्था हुन सक्छ) ।
<b>मध्यम अपाङ्गता</b>	<b>सामान्य अपाङ्गता</b>
१. श्रवण यन्त्रको प्रयोग गरेर आबाज सुन्न र बुझ्न (मात्रा, गुण छुट्याउन) सक्ने ।	१. श्रवण यन्त्रको प्रयोगबाट राम्रोसँग आबाज सुन्न र बुझ्न सक्ने ।
२. ठूलो आवाज अथवा ६० देखि ६९ डेसिबल सम्मको आवाज सुन्न र बुझ्न (मात्रा, गुण छुट्याउन) सक्ने ।	२. ३५ देखि ५९ डेसिबल सम्मको ध्वनि सुन्न सक्ने ।
३. संचारको लागि सांकेतिक भाषा वा क्याप्सनिड वा दुवै प्रयोग गर्ने ।	३. सामान्य बोलेर पनि सञ्चार गर्न सक्ने ।
	४. संचारको लागि क्याप्सनिडको सहयोग लिनुपर्ने ।

## ४: श्रवणदृष्टिविहीन अपाङ्गता

<b>पूर्ण अशक्त अपाङ्गता</b>	<b>अति अशक्त अपाङ्गता</b>
१. दुवै आँखाले उज्यालो अँध्यारो छुट्याउन नसक्नु र दुवै कानले ७० डेसिबल भन्दा माथिको ध्वनी पनि सुन्न नसक्नु र बोली नआउनु ।	१. दुबै कानले कुनै पनि आवाज सुन्न नसक्ने तर दुवै आँखाले २० फिटको दुरीबाट हातको औँला छुट्याउन सक्ने वा स्नेलेन चार्टको चौथो लाइनको अक्षर ६/१८ पढ्न नसक्ने ।
२. दुवै आँखाले कुनै पनि वस्तुको आकार, प्रकार, रंग, आकृति देख्न नसक्नु र दुवै कानले कुनै पनि आबाज सुन्न वा बुझ्न नसक्नु ।	२. दुवै आँखाले कुनै पनि वस्तुको आकार, प्रकार, रंग, आकृति देख्न नसक्ने तर दुवै कानले ६० देखि ६९ डेसिबल सम्मको ध्वनी सुन्न सक्ने ।
<b>मध्यम अपाङ्गता</b>	<b>सामान्य अपाङ्गता</b>
१. कानले सुन्ने क्षमतामा र आँखाको देख्ने क्षमतामा क्षति भएको भएता पनि चस्मा वा लेन्सको प्रयोगबाट र कानमा श्रवणयन्त्र लगाएर देख्न र सुन्न सक्ने ।	१. ठूलो स्वरमा बोलेको आबाज सुन्न सक्ने । दुबै आँखाले नजिकबाट चिजविजहरू देख्न सक्ने र बोल्न सक्ने ।

## ५: स्वर र बोलाई सम्बन्धी अपाङ्गता

<b>पूर्ण अशक्त अपाङ्गता</b>	<b>अति अशक्त अपाङ्गता</b>
<b>मध्यम अपाङ्गता</b>	<b>सामान्य अपाङ्गता</b>
१. बोल्दा शब्दहरू बारम्बार दोहोरिने वा रोकिने ।	१. बोल्नमा सामान्य कठिनाइ हुने, शब्दहरू बेला बेला दोहोरिने वा अड्किने ।
२. बोल्दा धेरै भकभकाउने र सामान्य भन्दा धेरै अडकिने ।	२. बोल्दा सामान्य मात्र भकभकाउने ।
३. ओठ तालु फाटेको कारणले बोल्न धेरै कठिनाइ हुने ।	३. ओठ तालु फाटेको कारणले बोल्नमा सामान्य कठिनाइ ।
४. बोल्दा शब्द वा अक्षरहरू बारम्बार दोहोरिने ।	४. बोल्दा अक्षर र शब्दहरू बेला बेला दोहोरिने ।
५. कानले राम्रोसँग सुन्ने वा बुझ्ने तर कुनै कारणवस बोली नआउने ।	
६. अष्पष्ट बोल्ने ।	

## ६: मानसिक वा मनोसामाजिक अपाङ्गता

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. अनुसूची २ मा राखिएको मानसिक वा मनोसामाजिक अपाङ्गता मापन फारमका आधारमा मापन गर्दा २१ वा सो भन्दा बढी स्कोर आएको खण्डमा ।	१. अनुसूची २ मा राखिएको मानसिक वा मनोसामाजिक अपाङ्गता मापन फारमका आधारमा मापन गर्दा १८ देखि २० स्कोर आएको खण्डमा ।
२. मनोसामाजिक वा मानसिक स्वास्थ्य समस्याका कारण स्व-हेरचाहा गर्न नसक्ने अवस्था । अन्य व्यक्तिको निरन्तर सहयोग चाहिने	२. आवश्यक सामाजिक सुरक्षाका कार्यक्रम र मनोसामाजिक सहायता प्राप्त गर्न सकेमा स्वहेरचाहा गर्न सक्षम हुने अवस्था ।
३. मनोसामाजिक वा मानसिक स्वास्थ्य समस्याका कारण सामान्य दैनिक व्यवहार गर्न नसक्ने अवस्था । सामान्य दैनिक व्यवहार गर्न अरूको सहयोग चाहिने ।	३. कानुनी सहायता, सहयोगी सहितको निर्णय पद्धतिको व्यवस्था भएमा अन्य व्यक्ति सरह समाजमा स्वतन्त्रपूर्ण जीवन निर्वाह गर्न सक्ने अवस्थाको व्यक्ति ।
४. दैनिक जीवनका कामहरू गर्न नसक्ने र अरूको निरन्तर सहयोग चाहिने वा अरूसँग आश्रित हुनुपर्ने अवस्था ।	४. दैनिक क्रियाकलापहरू गर्न धेरै कठिनाई हुने ।
५. मनोसामाजिक वा मानसिक स्वास्थ्य अवस्था र समाजमा विद्यमान विभेदकारी सोच, व्यवहार र लाञ्छनाका कारण सामान्य अन्तर्क्रिया गर्न, दोहोरो सञ्चार गर्न गाह्रो हुने वा नसक्ने अवस्था हुनु ।	५. निरन्तर दौतरीबाट पाउने सहयोग (Peer Support) पाएमा पनि दैनिक जीवनमा आइपर्ने तनावहरू कठिनाई पूर्वक मात्र सामना गर्न सक्ने अवस्था ।
६. निरन्तर औषधी र सघन मनोसामाजिक सहायता सेवा निरन्तर चाहिने अवस्था ।	६. मनोविचलन र सामाजिक, कानुनी वा व्यवहारिक विभेद वा नकारात्मक सोचका कारण उत्पादनमूलक जीवन यापन गर्न धेरै कठिनाई हुने अवस्था ।
७. निरन्तर मनोसामाजिक सहायता प्रदान गर्दा पनि अन्य व्यक्तिसँग कुनै निश्चित विषयवस्तुमा रही अन्तरकृया गर्न, दोहोरो सञ्चार गर्न ज्यादै कठिनाई हुने अवस्था ।	७. दैनिक जीवनका सामान्य क्रियाकलापहरू सञ्चालन गर्न सक्ने तर नियमित औषधी र मनोसामाजिक सहायता सेवा जरूरत पर्ने अवस्था ।
	८. नियमित औषधी सेवन गर्नुपर्ने, परामर्श चाहीने ।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. अनुसूची २ मा राखिएको मानसिक वा मनोसामाजिक अपाङ्गता मापन फारमका आधारमा मापन गर्दा १५ देखि १७ स्कोर आएको खण्डमा ।	१. अनुसूची २ मा राखिएको मानसिक वा मनोसामाजिक अपाङ्गता मापन फारमका आधारमा मापन गर्दा १२ देखि १४ स्कोर आएको खण्डमा ।
२. मनोसामाजिक समस्या वा मानसिक स्वास्थ्य समस्या ठीक भइसकदा पनि विद्यमान कानुनी, सामाजिक, राजनीतिक व्यवस्था, गलत सोच, कलङ्क वा लाञ्छनाका कारण समाजमा पूर्ण र प्रभावकारी ढङ्गले सहभागी हुन बाधा भएको व्यक्ति वा अवस्था ।	२. अवस्था सामान्य रहेपनि विपद् वा आपत्कालीन, कुनै असजिलो अवस्थामा वा कहिलेकाहीं विशेष हेरचाह तथा मनोसामाजिक सहायता चाहिने ।
३. औषधी, थेरापी वा अन्य मनोसामाजिक सहायता प्राप्त भएमा सामान्य जीवन यापन गर्न सक्ने अवस्था ।	३. सामान्य मनोसामाजिक समस्या देखिएता पनि कार्यस्थल, घरपरिवार वा समाजमा उपयुक्त अनुकूलता प्राप्त गरेमा अन्य व्यक्ति सरह जीवनका विभिन्न पक्षहरूमा सहभागी हुन सक्ने अवस्था ।
४. निरन्तर मनोसामाजिक सहायता नपाउँदा कहिलेकाहीं पुराना ट्रमा तथा समस्याहरू बल्लिन्न सक्ने अवस्था ।	

## ७: बौद्धिक अपाङ्गता

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. IQ स्कोर ० देखि ४० सम्म भएको ।	१. IQ स्कोर ४१ देखि ५५ सम्म भएको ।
२. अनुसूची १ मा राखिएको बौद्धिक अपाङ्गता शीघ्र मापन चेकलिष्ट अनुसार मापन गर्दा ९ देखि १० अंक प्राप्त गर्ने ।	२. अनुसूची १ मा राखिएको बौद्धिक अपाङ्गता शीघ्र मापन चेकलिष्ट अनुसार मापन गर्दा ६ देखि ८ अंक प्राप्त गर्ने ।
३. आफ्नो उमेरको अन्य व्यक्ति सँगको तुलनामा नयाँ कुरा पटकै सिक्न नसक्ने वा असाध्यै ढिलो सिक्ने ।	३. आफ्नो उमेरको अन्य व्यक्ति सँगको तुलनामा नयाँ कुरा सिक्न धेरै कठिनाई हुने ।
४. आफ्नो उमेरको अन्य व्यक्ति सँगको तुलनामा सिकेको कुरा पटकै सँझन नसक्ने ।	४. आफ्नो उमेरको अन्य व्यक्ति सँगको तुलनामा सिकेको कुरा सँझन धेरै कठिनाई हुने ।
५. आफ्नो उमेरको अन्य व्यक्तिको तुलनामा कुनै काम वा खेलमा पटकै ध्यान केन्द्रित गर्न नसक्ने ।	५. आफ्नो उमेरको अन्य व्यक्तिको तुलनामा सिकेको कुरा असाध्यै चाँडो विर्षेने
६. दैनिक क्रियाकलापहरू गर्न सँधै अरूको सहयोग चाहिने ।	६. आफ्नो उमेरको अन्य व्यक्तिको तुलनामा कुनै काम वा खेलमा ध्यान केन्द्रित गर्न धेरै कठिनाई हुने ।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. IQ स्कोर ५६ देखि ७० सम्म भएको	
२. अनुसूची १ मा राखिएको बौद्धिक अपाङ्गता शीघ्र मापन चेकलिष्ट अनुसार मापन गर्दा ४ देखि ५ अंक प्राप्त गर्ने ।	१. अनुसूची १ मा राखिएको बौद्धिक अपाङ्गता शीघ्र मापन चेकलिष्ट अनुसार मापन गर्दा १ देखि ३ अंक प्राप्त गर्ने ।
२. आफ्नो उमेरको अन्य व्यक्ति सँगको तुलनामा नयाँ कुरा सिक्न कठिनाई हुने तर आफ्नो दैनिक गर्नु पर्ने सामान्य कृयाकलापहरू गर्न सक्ने ।	२. आफ्नो उमेरको अन्य व्यक्ति सँगको तुलनामा नयाँ कुरा सिक्न सामान्य मात्र कठिनाई हुने ।
३. कुनै काम वा खेलमा ध्यान केन्द्रित गर्नमा सामान्य कठिनाई हुने ।	३. नयाँ कुरा सिक्न सक्ने तर समान उमेरको अन्य व्यक्तिको तुलनामा सिकाइको गति केही ढिला हुने ।

## ८: अनुवंशीय रक्तश्राव (हेमोफिलिया) सम्बन्धी अपाङ्गता

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. हेमोफिलियाको कारण अंगहरू चलाउन, शरीर हलचल गराउन स्वयमले पटकै नसक्ने र हरेक दैनिक क्रियाकलापहरू गर्न निरन्तर अरूलेनै सहयोग गरिदिनुपर्ने अवस्था ।	१. फ्याक्टरको उपस्थिति १% भन्दा कम भएको ।
	२. अत्याधिक रक्तश्रावको कारण, जोर्नीहरू अत्याधिक कमजोर भएको कारण हिँडडुलमा धेरै कठिनाई भइ हिँडडुलको लागि बैशाखी, ह्वीलचियर जस्ता सहायक सामाग्री प्रयोग गर्नुपर्ने अवस्था भएका ।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. फ्याक्टरको उपस्थिति १% देखि ५% भएको अवस्था	१. फ्याक्टरको उपस्थिति ६% देखि ४०% सम्म भएको ।
२. सहायक सामाग्री प्रयोग गर्नु नपरे पनि पटक पटक भैरहने रक्तश्रावका कारण हिँडडुलमा कठिनाई हुने ।	२. हेमोफिलियाको कारण हिँडडुलमा सामान्य कठिनाई हुने ।

## ९: अटिजम सम्बन्धी अपाङ्गता

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. बोलेर सञ्चार गर्न नसक्ने, भाषा सिक्न नसक्ने, सामाजिक सञ्चार ज्यादै कमजोर भएको ।	१. सहयोगीको सहयोगमा केहि मात्रामा दैनिक क्रियाकलापहरू गर्न सक्ने ।
२. कुनै प्रतिक्रिया (Response) नजनाउने, अरूसँग घुलमिल हुन पटककै नसक्ने ।	२. समान उमेरको अन्य व्यक्तिको तुलनामा सिकाइमा धेरै कठिनाइ हुने
३. एउटै कृयाकलाप दोहोर्याइरहने ।	३. केहि मात्रामा प्रतिक्रियाहरू जनाउने ।
४. दैनिक क्रियाकलाप स्वयमले गर्न नसक्ने, हरेक पल वयस्कको सहयोग चाहिने, एकलै छोड्न नसकिने ।	४. सामाजिक सञ्चारमा कठिनाइ ।
	५. अपरिचित व्यक्तिसँग सञ्चार गर्ने क्षमता एकदमै कमजोर भएको ।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. समान उमेरका अन्य व्यक्तिको तुलनामा सिकाइमा कठिनाइ हुने तर दैनिक क्रियाकलापहरू सम्पादन गर्न सक्ने ।	१. भाषा सिक्न र सञ्चार गर्न केही कठिनाइ भए पनि दैनिक क्रियाकलापहरू सम्पादन गर्न कठिनाइ नहुने ।
२. चित्र, दृश्य र सङ्केतहरूको सहयोगमा सामाजिक सञ्चार गर्न सक्ने ।	
३. दैनिक क्रियाकलापहरू सम्पादन गर्न केही मात्रामा अरूको सहयोग चाहिने ।	

## १०: बहुअपाङ्गता

पूर्ण अशक्त अपाङ्गता	अति अशक्त अपाङ्गता
१. माथी उल्लेखित ९ वटा मध्ये कुनै दुइ वा सो भन्दा बढी प्रकारका अपाङ्गताको अवस्थाको मिस्रण भएको	१. माथी उल्लेखित ९ वटा मध्ये कुनै दुइ वा सो भन्दा बढी प्रकारका अपाङ्गताको अवस्थाको मिस्रण भएको ।
२. हिँडडुल, हातको प्रयोग, बौद्धिक कार्य वा इन्द्रिय सम्बन्धी कार्य लगायतका दुइ वा दुइभन्दा बढी क्षेत्रमा धेरै कठिनाइ भएको अवस्था । सहयोगीको सहयोग लिएर पनि दैनिक जीवनका क्रियाकलाप संपादन गर्न पटककै नसक्ने र निरन्तर सघन हेरचाह र स्याहारको जरूरत पर्ने ।	२. हिँडडुल, हातको प्रयोग, बौद्धिक कार्य वा इन्द्रिय सम्बन्धी कार्य लगायत दुइ वा दुइ भन्दा बढी क्षेत्रमा धेरै कठिनाइ भएको अवस्था तर सहयोगी र सहायक सामाग्री लगायतको निरन्तर सहयोग लिएर दैनिक क्रियाकलापहरू संपादन गर्न सक्ने ।
मध्यम अपाङ्गता	सामान्य अपाङ्गता
१. माथी उल्लेखित ९ वटा मध्ये कुनै दुइ वा सो भन्दा बढी प्रकारका अपाङ्गताको अवस्थाको मिस्रण भएको ।	
२. हिँडडुल, हातको प्रयोग, बौद्धिक कार्य वा इन्द्रिय सम्बन्धी कार्य लगाएका दुई वा दुई भन्दा बढी क्षेत्रमा सामान्य कठिनाइ भएको तर सहायक सामाग्री को प्रयोगबाट सामान्य दैनिक क्रियाकलापहरू सम्पादन गर्न सक्ने ।	

# अनुसूची १

## १ बौद्धिक अपाङ्गताको अवस्था शीघ्र मापन वेकलिष्ट

क्रम संख्या	सूचक	हो (स्कोर ०)	होइन (स्कोर १)
१	बोल्ने तथा भाषाको विकास २ वर्षको उमेरभित्रै भएको		
२	घस्रेर यताउता चल्ने, भित्ताको सहयोगमा उभिने, हिड्ने । आफैँ दुई खुटा टेकेर हिड्ने । घर भित्र बाहिर यताउता स्वतन्त्रसँग हिड्नुल गर्ने कार्य २ वर्षको उमेर भित्रमा भएको ।		
३	दिसा पिसाव लागेको संकेत गर्ने वा भन्ने, टाँक नभएका लुगा खोल्न सक्ने, अरुको सहायतामा लुगा लगाउन सक्ने तीन वर्षको उमेर भित्रमा विकास भएको		
४	खान हुने र नहुने वस्तुहरू चिन्न सक्ने, चकलेट आफैँ खोलेर खान सक्ने		
५	दोहोरो बोल्ने, साथीहरूसँग मिलेर खेल्ने, एकलै खेल्ने, स्वतन्त्ररूपमा हिँड्ने, उफ्रने, गिलासमा पानी आफैँले समातेर पिउने, खाना हातले वा चम्चाले आफैँलिएर खाने कार्य तीन वर्षभित्र भएको		
६	आफ्नो सामान, खेलौना पहिचान गर्ने, आफ्नो मान्छेसँग खुसी हुने, खुसी, दुःखी, रिस, डरको भावना व्यक्त गर्ने र अरुको भावना पनि बुझ्ने ४ वर्षभित्र विकास भइसकेको		
७	हात आफैँ धुने, लुगा आफैँ लगाउने, जुत्ता (तुना नबाध्ने खालका) आफैँ लगाउने र खोल्न सक्ने, चर्पी अरुको सहयोग विना प्रयोग गर्न सक्ने, सिसाकलम तथा रङ्गहरूको प्रयोग गरेर लेख्न तथा चित्र बनाउन सक्ने ५ वर्षको उमेर भित्रमा भएको		
८	तीन वा चार पाग्रेँ साइकल आफैँ चलाउने, शब्द तथा साना साना वाक्यहरू लेख्न र भन्न सक्ने, पैसा चिन्ने र नजिकको पसलवाट आफुलाई मनपर्ने कुरा किन्न जान सक्ने, अरुको सहयोगमा नुहाउन सक्ने, खाना आफैँले मुछेर खान सक्ने ८ वर्ष भित्रमा भएको		
९	समय (विहान, दिउँसो, बेलुका) चिन्न र भन्न सक्ने, आफ्नो उमेरका साथीहरूसँग प्रतिस्पर्धी खेलहरू खेल्न सक्ने, घरको दैनिक काममा सहयोग गर्ने, आफ्नो सरसफाई आफैँगर्न सक्ने, बजार वा पसलवाट सामान्य सामानहरू किन्न सक्ने, घर, छिमेक, विद्यालय आफैँ जान सक्ने, गणीतका सामान्य जोड, घटाउ, गुणन गर्न सक्ने कार्य १२ वर्षको उमेर भित्रमा भएको.....( यो ९ देखि १२ वर्ष वा सो भन्दा माथिकालाई सोध्ने)		
१०	नियममा बस्ने र जटिल खालका खेलहरू पनि खेल्न सक्ने, आफ्नो स्याहार तथा सरसफाई गर्ने, खाना सफासँग खाने, लुगा आफैँ लगाउन (टाँक तथा तुना भएको पनि), जुत्ता आफैँ लगाउने र खोल्न सक्ने (तुना भएको पनि), उमेर अनुसार पढाईमा क्षमता देखाउने (गणित, विज्ञान, अङ्ग्रेजी, सामाजिक शिक्षा, भाषा विषयमा उमेर अनुसार प्रगती गर्न सक्ने भएको		

### गम्भीरताको मापन

- क) पूर्ण अपाङ्गता - ९ देखि १० स्कोर भएमा
- ख) अति अशक्त अपाङ्गता - ६ देखि ८ स्कोर भएमा
- ग) मध्यम अपाङ्गता - ४ देखि ५ स्कोर भएमा
- घ) सामान्य अपाङ्गता - १ देखि ३ स्कोर भएमा

१ सामार श्रोत: Malin's Vineland Social Maturity Scale (VSMS). Items stated are adjusted / adapted based on clinical practice of clinical psychologists (members of Nepalese Association of Clinical Psychologist).

## अनुसूची २

### २ मानसिक वा मनोसामाजिक अपाङ्गता मापन फारम

क्रम संख्या	सूचक	प्रतिक्रिया	स्कोर
१	लामो समय सम्म उभिन, हलचल, हिडडुल गर्न कतिको गाह्रो भएको छ ?	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
२	दैनिक घरको जिम्मेवारी बहन गर्न कतिको गाह्रो-अपठारो भएको छ ? (जस्तै: खाना पकाउन, लुगा धुन, सफा सुग्ग गर्न, गाईबस्तुको हेरबिचार गर्ने, खेतमा काम गर्न आर्थिक व्यवहार सम्हाल्न, कार्यालय जान, स्कुल जान आदि )	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
३	नुहाउन वा आफ्नो सरसफाई गर्न कतिको गाह्रो भएको छ ?	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
४	कपडा (लुगा) लगाउन कतिको गाह्रो भएको छ ?	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
५	आफुले नचिनेको मान्छे सँग बोलचाल (ब्यवहार) गर्नुपर्दा कतिको गाह्रो भएको छ ?	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
६	गाउँ घरमा हुने धार्मीक, सांस्कृतिक तथा सामुदायिक कामकाजमा अरु मानिस जस्तै सहभागी हुन कतिको गाह्रो -अपठ्यारो भएको छ ? (जस्तै: भोज भतेरमा जान, धर्मकर्म, पुजापाठमा सहभागी हुन, समूहको छलफलमा भाग लिन आदि )	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
७	आफ्नो स्वास्थ्य समस्याको कारणले मनमा कतिको असर पुऱ्याएको छ ? (जस्तै: म केही काम गर्न सकिदैन, म अस्को लागि बोभ भएँ भन्ने जस्ता कुराहरु खेल्ने, मर्छु कि जस्तो लाग्ने )	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
८	आफ्नो बच्चाहरुको हेरचाह गर्न कतिको गाह्रो भएको छ ?	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
९	आफुले दिन दिनै गर्नु पर्ने काम गर्न कतिको गाह्रो भएको छ ?	कति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२

#### २ साभार स्रोत:

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2. Kohrt B, Perera E, Jordans M, Koirala S, Karki Ro, Karki Ra, Shrestha P, Tol W, Upadhaya N (2010) *Psychosocial Support Model for Children Associated with Armed Forces and Armed Groups in Nepal*, Editors: Kohrt B, Perera E. Kathmandu, Nepal: Transcultural Psychosocial Organization.
3. Jordans MJD, Kohrt BA, Luitel NP, Komproe IH, Lund C. *The British Journal of Psychiatry* Published on: 1 December 2015

१०	परिवार र छरछिमेकबाट कत्तिको माया र हेरविचार पाएको छ ?	कत्ति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
११	परिवार र छरछिमेकबाट कत्तिको अपमान वा भेदभाव भएको महशुस गरेको छ ?	कत्ति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
१२	बिरामी हुँदा परिवार र आफन्तबाट कत्तिको स्याहार पाएको छ ?	कत्ति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
१३	परिवारको सदस्य या अन्यले कत्तिको कुटपिट अथवा हिंसा गरेका छन् ?	कत्ति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
१४	आफ्नो परिवार या नजिकको मान्छेलाई मनको कुरा (खुसी, पीर, मर्का) कत्तिको भन्न सकेको छ ?	कत्ति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२
१५	निरन्तर औषधि उपचार र सघन मनोसामाजिक सहयोग चाहिने अवस्था कत्तिको छ ?	कत्ति पनि छैन	०
		अलि अलि छ	१
		धेरै गाह्रो छ	२

#### गम्भीरताको मापन

- क) अपाङ्गता - २१ वा सो भन्दा बढी स्कोर भएमा
- ख) अति अशक्त अपाङ्गता - १८ देखि २० स्कोर भएमा
- ग) मध्यम अपाङ्गता - १५ देखि १७ स्कोर भएमा
- घ) सामान्य अपाङ्गता - १२ देखि १४ स्कोर भएमा



ID Card recipients at Bardibas Municipality, Mahotari  
Photo: Mohan Burja



**Nepal Country Office**

Airport Gate Area, Shambhu Marg Kathmandu, Nepal

GPO Box: 3394

Tel: +977-1-4468130/4464803

Fax: +977-1-4468132

Email: [post.nepal@savethechildren.org](mailto:post.nepal@savethechildren.org)

Website: [nepal.savethechildren.net](http://nepal.savethechildren.net)