



Governance of the State-Based Social Protection System of Persons with Disability: A Case from Tarakeshwor and Dakshinkali Municipality, Kathmandu, Nepal

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Abstract

The state-based social protection system encompasses policies, programs, and institutional mechanisms. However, the social protection study in Nepal primarily encompasses social security allowance and has missed the anthropological lens. This article examines the operational mechanisms of the disability social protection system, their perpetuation of government policies, institutional frameworks, and stakeholder collaborations based on intersectionality through Foucault's concepts of governmentality and biopolitics in the realm of social protection for Persons with Disabilities (PwDs). Grounded in the interpretive philosophical perspective, this exploratory study discusses the governance of the state-based social protection model using ethnographic data—coupled with qualitative and quantitative data collected within the timeframe of April-October 2023 in Tarakeshwor and Dakshinkali, Kathmandu Nepal. Largely, governance is analyzed from the perspective of policy provision, accessibility, accountability mechanism and institutional framework. The study assesses the significance of the relationship between various categories and the perceived role of the state in terms of social protection. This concludes that no significant association between the state and the ethnicity affiliation while the perceived role of the state is a significant association between the types of family, disability by birth or later, education of PwD, type of residence, income source, and equity quintile. The data reveals significant disparities in the prevalence of disabilities across various ethnic, educational, and socio-economic groups, indicating the need for tailored policies and interventions. This analysis of intersectionality underscores the importance of addressing intersectional factors to effectively support individuals with disabilities.

Subject Areas

Anthropology

Keywords

Social Protection, State, Governance, Persons with Disability

1. Introduction

The Washington Group's question—based on the International Classification of Functioning (ICF)¹ approach—names six functional domains related to disability: seeing, hearing, mobility, cognition, self-care, and communication [1]. Having such impairments, persons with disabilities (PwDs) are more likely to face extra costs and require additional opportunities to break the cycle of poverty compared to those without disabilities (A. Eide & Ingstad, 2011; World Bank, 2020) [2] [3]. The National Planning Commission (NPC)—as an apex body of policy formulation in Nepal—accounts that about 17.4 percent of Nepal's population is multidimensionally poor, and this figure increases to 18.3 percent when a household includes a member with a disability [4]. The report further shows that *social protection* is imperative to address the challenges and help the poorest and most deprived households confront income-related issues and ease access to essential services like health, nutrition, and education (p.vii). Another recent census from 2021 reveals that 2.2 percent of the total population in Nepal has some form of disability. Such data shows the increasing trend from the 2011 Census. PwDs constitute approximately 2.5 percent of the economically inactive population in the country [5]. The vulnerability of households and PwDs extends across various aspects, including living standards, asset ownership, health conditions, access to services, physical and mental health, well-being, and access to information [6]. PwDs face challenges resulting from both physical differences due to health problems and socially constructed exclusion and discrimination [7]-[9]. Recognizing the complex web of difficulties, it becomes necessary to explore avenues that can effectively address poverty and vulnerability.

In this context, a fundamental social protection package appears as a mighty instrument for mitigating these challenges [10]. Such social protection packages consist of protective transfers, services, and institutional safeguards ([11], p. 512) while Ferguson (2015) [12] takes social protection as a system of an idea of protectionism and anti-poverty programs and politics of inclusion. The politics of inclusion is an important public policy tool to address poverty and inequality that supplements the PwDs. Not limiting to charitable actions, the Universal Declaration of Human Rights, emphasizes the right to life, liberty, security, and social

¹The International Classification of Functioning, Disability and Health (ICF) is a framework for describing and organising information on functioning and disability. It provides a standard language and a conceptual basis for the definition and measurement of health and disability.

security for all [13]. Furthermore, Incheon Strategy (2013-2022)², another global commitment developed by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) has also built on to promote the full participation of PwDs in society through ten goals, including a specific focus on social protection [14]. The Constitution of Nepal issued in 2015 has also enshrined social security to the PwDs [15].

The understanding of social protection measures varies across historical contexts, periods, and perspectives. It emphasizes policies, programs, and systems designed to safeguard people, involving not only the state but also family, market, and other institutions [16] [17]. The state encompasses the bureaucratic apparatus, effectively exercises a monopoly of legitimate physical force in the execution of its orders and respects the functions for the social and welfare of the state [18]. The state discharges the legitimate power to govern the people inhabiting it. The state plays the role of social protection by improving private security, promoting stable families, and administering diverse types of social security schemes [17] [19] [20]. As a political tool, social protection is more likely to be multi-dimensional and multi-directional and serves both in domestic and global politics (Hickey, 2011; Johnson, 2005; Druzca, 2018) [21] [22]. Given this context, the paper explores the governance of state-based social protection PwDs.

2. Theoretical Perspective

Governance involves an intricate interplay between state and non-state actors, shaping the overall framework and dynamics of the system [23] [24]. Not limited to the framework and system, Fukuyama (2013) [25] points out that governance lies in the practical execution of governmental functions, emphasizing the delivery of policies and services to the populace. Challenging the traditional view of the state as the sole driver of societal control, private and civil society actors are now recognized as valuable contributors to shaping public policies [26]. Governance extends beyond the state domain, involving various stakeholders such as Non-governmental Organizations (NGOs), businesses, community groups, and individuals. Michel Foucault's concept of governmentality expands governance beyond formal institutions, encompassing techniques, practices, and discourses that organize and control societies [27]. Expanding on this, as elucidated by Foucault, public policies play a role in perpetuating the concepts of biopower and biopolitics, functioning as mechanisms for exerting control over populations. Foucault's idea of 'biopower' refers to the governance of populations through various means such as health policies, education, and welfare systems. In the case of social protection policies, the state intervenes in the lives of individuals and communities to manage and regulate aspects of their well-being, emphasizing a form of power that

²This document contains the ministerial declaration on the Asian and Pacific decade of persons with disabilities, 2013-2022, and the Incheon strategy to "make the right real" for persons with disabilities in Asia and the Pacific. The Incheon strategy provides the Asian and Pacific region, and the world, with the first set of regionally agreed disability-inclusive development goals. It comprises ten goals, twenty-seven targets and sixty-two indicators, including ensuring disability-inclusive disaster risk reduction and management.

extends beyond traditional political structures [28]. While Foucault's concept of biopolitics within governmentality focuses on managing and regulating populations, controlling life processes such as birth rates, health, and overall well-being at the societal level. He posits that power produces social reality, generating knowledge, norms, and institutions. This productive power operates through networks, shaping social relationships and institutions. Techniques of surveillance, classification, and normalization are employed to exercise power through biopolitics [29]. However, this article subscribes to the idea of biopolitics under the governmentality to observe state-based social protection of PwDs.

3. Field Site and Methods My fieldwork for this purpose, undertaken in the Tarakeshwor and Dakshinkali Municipality of Kathmandu, has employed both primary and secondary data. The primary data was collected during the fieldwork from April to October 2023. Ethnographic methods: in-depth interviews, discussions, and survey questionnaires were employed to capture the lived experiences of PwDs on state-based social protection policies. As suggested by Creswell & Creswell (2017) [30], I adopted a sequential exploratory strategy. In the first phase, I gathered qualitative data—open-ended questions generated from the literature through an interview with PwDs, and representatives of the Organization of Disabled People (OPDs) and took part in PwDs parent training sessions. For this purpose, I interviewed with (n = 15) key informants. Of the fifteen, I interviewed ten informants before the survey and five informants during the survey and data analysis and presentation. The informants taken for key informants' interviews (KII) were basically engaged in disability rights and advocacy, policy formulation at the federal level, and implementation at the local government level. Before the real data collection, the survey questionnaire was pre-tested among the potential respondents, and I revised some questionnaires accordingly. I administered a survey questionnaire to 122 respondents (n = 122). The respondents of my study were those who have received disability cards—red and blue. Out of 122 respondents, 35% were red card holders and 65% were blue card holders. I also conducted in-depth interviews with informants (n = 15) through an interview schedule during the survey. These fifteen informants were from the 122 respondents of the household survey. I developed open-ended questions so that they express themselves freely, providing detailed responses in their own words.

4. Results

4.1. Demography and Intersectionality

The distribution of disabilities among different ethnic groups in the study reveals varying prevalence rates: Brahmin/Chettri at 32%, Janajati at 55%, Dalit at 6%, and Other at 7%. Moving on to family structures, the prevalence of disabilities differs significantly, with 33% reported in nuclear families and 67% in joint families. Moreover, disabilities are reported to be present from birth in 35% of cases, while 65% got disabilities later in life. Causes of disability other than by birth

include accidents (13%) and diseases (86%), with other factors accounting for 1%. Regarding educational status, 53% are uneducated, 25% have primary education, 14% have lower to secondary level and only 7% with above secondary level. When considering the type of residence, disabilities are found in various living arrangements: 39% in their own houses, 1.0% in rental houses, and 59% in institutions. Examining the source of family income, disabilities are present across diverse sectors, including agriculture (33%), employment (15%), business (15%), and other sources (37%). While the distribution of disabilities varies across economic quintiles: the second-lowest quintile at 2%, the middle quintile at 9%, the second-highest quintile at 67%, and the highest quintile at 22%.

4.2. Policy Environment

The first constitution in 1948, known as the 'Legal Law of Nepal,' laid the groundwork for various rights, including freedom of speech, press, assembly, and religion, along with an emphasis on equality and justice. Later amendments in 1951, 1959, and 1963 addressed social order and welfare, particularly for the weaker sections of the population. However, the later constitutions of 1959 and 1963 saw a decline in affirmative social protection actions. The first five-year plan in 1956 marked a shift toward social protection, focusing on production, employment, and the welfare of the people. Land reform policies, protection of tenants, and investments in the social sector gained attention. The later national plans, especially the sixth and seventh, showed a stronger commitment to social protection measures, addressing employment, basic needs, education, and health services. The seventh plan became a milestone for PwDs, introducing free education, rehabilitation, and support programs, and enacting a law on disabled persons in 1981 [31].

Another point of the evolution of social protection in Nepal has been intricately tied to constitutional changes and successive national plans after the democratic constitution of 1992 which marked a significant turning point, emphasizing social security for disabled individuals, children, the elderly, and the vulnerable sections of society. The decade of the 1990s saw a new policy discourse of neoliberalism that left the last three decades-long state-controlled economy, and since then neoliberalism and development *mantra* ([32], p. 118). Relating to the Rights of PwDs (2017) and the Social Security Act (2018), further intensified the rights of individuals with disabilities. These laws encompass diverse social security programs, ranging from economic aid to community housing facilities, aimed at promoting self-reliance and dignity. The 15th National Plan builds on these foundations, aspiring to extend social security coverage, particularly in the informal sector, with a focus on inclusive economic growth and poverty eradication [15] [33].

The existing legal framework delineates distinct social protection interventions for PwDs across various sectors, including education, skill development and employment, health, income, training, transportation, disability-friendly infrastructure, allowances, and post-disability service in formal sectors. These services collectively

cover a broad spectrum, addressing the diverse needs of individuals with disabilities. Notable provisions encompass free education, vocational training, and reserved quotas for employment opportunities. Additionally, health benefits, income tax slab expansion, and transportation discounts contribute to the overarching aim of fostering inclusivity within education, employment, health, and income sectors for individuals with disabilities.

4.3. Perceived Role of the State

This study names the perceived role of the state³ across nine major areas, including cash transfers, in-kind, aid, healthcare, education, skill development, employment, disability-friendly structures, and shelter. The chi-square analysis with a p-value that the role of the state does not appear to be significantly associated with ethnicity ($p > 0.05$). All ethnic groups show varying proportions of “No”, “Fair”, and “Yes” responses towards the perceived role of the state. Conversely, the role of the state is significantly associated with the type of family ($p = 0.000$). The respondents from joint families show a significantly higher “Yes” response, showing that the state’s role is more prominent in disability cases within joint family structures. The role of the state is significantly associated with disability by birth or later ($p = 0.005$). Individuals who have disabilities later in life have a more significant “Yes” response, implying a stronger influence of the state in these cases. The role of the state does not show a significant association with causes of disability ($p > 0.05$). Disabilities due to accidents, diseases, and other causes seem to have similar state involvement levels. Apart from these, the role of the state is significantly associated with the education level of PwDs ($p = 0.000$). Uneducated individuals have a higher “Yes” response, suggesting that the state plays a more significant role in disability cases for those with lower education levels. While taking the respondents by type of residence, the role of the state is significantly associated with the type of residence ($p = 0.000$). Individuals in rental houses and institutions have higher “Yes” responses, writing down that the state has a more significant role in disability for these residence types. Likewise, the respondents from the various sources of family and the role of the state have significant associations ($p = 0.000$). Families relying on business as their income source have a limited acceptance suggesting that the state’s role is less prominent in disability cases for these families who run businesses. In terms of the equity quintile, the role of the state is significantly associated with the equity quintile ($p = 0.009$). The second lowest and highest equity quintiles have higher “Yes” responses, showing a more significant role of the state in disability cases for these groups.

During the in-depth interview, one of the informants narrated that:

The government, particularly municipalities, plays a crucial role as a catalyst for positive change in the lives of PwD. To enhance the well-being of PwD, the state needs to lead in creating disability-friendly workplaces and infrastructure. Empowering PwD with skills is paramount for fostering self-

³Three tiers of government; federal, province and local.

reliance and preventing depression. While existing regulations offer provisions, the government must address the gap in providing the necessary skills. The focus should extend to rural areas, transforming them into conducive workplaces. Instead of mere financial or material support, lifelong learning skills are identified as the key requirement for PWD (a 42-year-old DPO representative).

Confirming the municipal role, a medical doctor—also a chair of the subcommittee narrated that the municipality undertakes mobile medical service visits during the field assessments to recommendations of disability severity and provide general health checkups. They found red card holders who need more attention and they used to be physically weak and need more care and support. The municipality has provided free health services worth one hundred thousand per person of the PwD households, health insurance, and free ambulances are available for red and blue card holders served significantly.

One of the representatives from the Ministry of Women, Children and Senior Citizens (MoWCSC) gave details that:

The government has started inclusive public service through the reservation. The data of government based on the reservation in civil servants that more than one thousand PwDs have already been enrolled into the government system over the period of 10 years which is a great departure from inclusion, there is more in teaching and cooperation. In addition, the private sector has also contributed to the employment and employability generation of PwDs (a Key Informants Interview, MoWCSC).

However, one of the elected officials of this study area opined that no government could invest much more in the PwD, rather they need to be accommodated in a rehabilitation center and all PwDs need to be kept there.

4.4. Access to Services

Encompassing the idea of the medical model, the Nepalese government has also classified the types of impairment of the body based on severity into four distinct categories: *profound*, *severe*, *moderate*, and *mild*. The local governments are key stakeholders and duty-bearers about the services given to the PwDs. Access to disability identity cards is important to categorize the severity of disability and a basic step to access a social security grant and enroll in a social protection scheme. Most respondents find it easy to obtain a disability identity card. The difficulty levels ($p = 0.074$) do not significantly vary across different equity quintiles. The placement of equity quintiles does not affect receiving identity cards. Like the disability identity card, most respondents find it easy to access a social security card ($p = 0.070$). Access to social security cards shows a consistent pattern across different equity quintiles. Likewise, 58.3% to 66.7% of respondents across equity quintiles took part in activities aimed at disabled people during the earthquake and pandemic. Participation rates are uniform across different quintiles. The

second lowest equity quintile has the highest percentage (66.7%) of PWD receiving grants or loans from small and medium enterprises operations. There is a significant difference ($p = 0.013$) in the receipt of funds among different equity quintiles, showing potential disparities in financial support for PWD. Only a small percentage (10.8% to 25.0%) faced problems, irrespective of equity quintiles. The problem faced while receiving funds through banks does not show significant variation across different quintiles. There are disparities in the receipt of grants or loans among different equity quintiles. Addressing this inequality could be a priority to ensure financial support is distributed more equitably. Access to disability and social security cards seems uniform across different equity quintiles, suggesting that administrative processes might be more consistent. While participation rates are high, there might be reasons why certain equity quintiles have lower participation rates. Problems faced while receiving funds through banks are minimal. However, understanding the specific issues faced by the small percentage who meet problems could lead to improvements in banking services.

On the contrary, the ethnographic data gathered during the interview give a diverse opinion on service accessibility. In the same question of access to services, Bishow—one of my ethnographic collaborators—lamented that he faced extreme difficulty in reaching out hospital to get his body inspected by the doctors to receive a recommendation from the municipal level committee. During the interview, he—full of tears—shared his ever-faced panic situation through creeping and crawling to the hospital as it was not found at the accessible area and as the road was muddy and slippery. However, he was helped by his wife to reach the doctor and get a recommendation. He recalled the moment that getting the recommendation from the doctor was a kind of winning a game. Again, he brought this recommendation to the municipal office which was around five kilometers from the hospital. Hence, the service delivery and access to individuals depends on the context and physical environment. Structural barriers play a significant role.

4.5. Accountability

Policies on PwDs mandate all levels of government and their agencies to uphold the rights of PwDs. This includes providing necessary support, creating an inclusive environment, and ensuring dignity and respect without discrimination. Family members and guardians must care for and support PwDs, ensuring access to education and prompt treatment when needed. Expulsion or neglect within the home is prohibited. Governments may offer self-care training and maintenance services, and medical professionals must inform individuals of suspected disabilities, providing disability-friendly treatment. One of the informants, Rasmi responded to the accountability of the municipality to PwDs:

The local government provided me with a red color disability card assessing me as having a profound disability that made me eligible to access disability allowance. I did not experience any difficulty receiving cards and receiving allowance through a local bank. I also received allowance-deposited

information from the bank-linked mobile short message service (SMS), ward secretary, and media (a 43-year-old female Janajati informant from Dakshinkali, interviewed on July 25, 2023).

Although there is no provision for any accountability mechanism under the policies of disability, there is a provision to make a complaint to the Judicial Committee—headed by the Deputy Mayor at the local level. On the contrary, the Deputy Mayor also heads the local level Coordination Committee for the PwDs issues which was a conflict of interest. Nevertheless, based on the Judicial Committee's decision, one can appeal to the District Court. During the key informant's interview, none of the cases were lodged in this regard. Nevertheless, they have included the agenda of disability during the public audit of the regular activity of the municipality.

We had included the disability agenda while presenting functions of the Women and Children Section of the municipality in a public audit in Ward #1, Tapke on 10th July 2023. None of the participants raised the question on it. However, we give the most priority regardless of any reasons (Chief, Women and Children Section, Dakshinkali Municipality).

On the contrary, a participant—father of a child with a disability from the community reflected that the local government officials met early in the morning and only limited community people were present.

They talked about roads, schools, and public buildings but not about disability and their needs. I wonder where I should complain about my 12 years son who cannot speak and is physically poor. I want him to study where such children can read and write. During the local level election, we had great hope for them, but we are ignored now (A-50-year-old Janajati, Dakshinkali).

Casting a vote during elections means holding elected authorities accountable to their targeted population. About half of the respondents (45.90%) expect candidates to advocate for increased social security measures, showing a significant concern for social welfare policies, especially for persons with disabilities (PwDs). Over one-third of respondents (36.90%) look for candidates who include policies related to PwDs in their election manifestos, reflecting an expectation for candidates to proactively address disability-related issues. A small percentage of voters (5.70%) consider the candidate's proximity to their residence as a factor. While this percentage is low, it could show a preference for candidates who understand local issues, including those related to disability. Very few voters (1.60%) consider the recommendation of a family member as a factor, suggesting that familial influence on voting decisions is minimal in this context. A small part of voters (3.30%) considers that a candidate being a relative as a factor, showing a preference for candidates with personal connections, assuming they have a better understanding of family needs, including disability-related issues. A notable percentage of voters (6.60%) have other unspecified expectations, which could include

candidate qualifications, history, or specific policies not covered in the provided categories.

The high percentage of voters expecting an increase in social security shows a pressing need for policies supporting individuals with disabilities. Candidates and political parties should prioritize developing and promoting comprehensive social welfare programs. The substantial percentage of voters expecting PwD-related policies in election manifestos underscores the importance of addressing disability-related issues in campaigns, highlighting a need for inclusivity and awareness in political platforms. While a low percentage, the consideration of candidates from nearby residences shows the importance of a localized understanding of community needs. Candidates should prove their knowledge and commitment to addressing local challenges, including those faced by individuals with disabilities. The low percentages related to family recommendations and candidates being relatives suggest that personal connections are not significant for most voters, with policies and records holding more weight in decisions. Engaging with the community to understand unspecified concerns can help candidates gain voter trust.

Candidates and political parties should prioritize inclusive social policies that address disability-related concerns, publicizing these policies in election manifestos, and providing a localized understanding of community needs. The federal government's budget cuts to municipalities have adversely affected the budget for PwDs, reducing planned activities. One municipal official expressed concern over these cuts, while a key participant suggested setting up care homes instead of just providing allowances, helping both PwDs and their families. Improvements in knowledge sharing, health facilities, and disabled-friendly hospitals are necessary. Economic challenges, and infrastructure like accessible toilets, and health services are crucial. A substantial number of PwDs are close to the poverty line, with higher numbers in lower wealth quintiles, making upliftment from poverty essential.

4.6. Institutional and Operational Context

The constitution of Nepal has explicitly articulated the provision of social security as a fundamental right of the citizen. As per the distribution of state power, social security is under the list of federal power, and list of the concurrent powers of federation, state, and local levels [15]. The role of the local level of social security focuses on management and distribution. In addition, the local level caters to information and data collection and management. Social protection is mentioned under the functions, responsibilities, and rights of the local level, which comprises the local level and prepares policy, law, standards, regulations, and research on social security. Similarly, the local level must prepare a local plan, program, resource mobilization, and management for social security [34].

Several institutions and mechanisms are involved in delivery of social protection services to the PwDs. Visibly, especially, two Ministries; Women, Children and Senior Citizens (MoWCSC); and Ministry of Home Affairs —Department of National Identity Card and Civil Registration (DoNIDCR) at federal government

level works for social protections for PwDs although the disability issues are the cross cutting—are also concerned with other agencies as well. The MoWCSC deals with the policy related to PwDs whereas the department under the Ministry of Home Affairs coordinates, guides, and provides cumulative headcount allowance amount to the local governments. The MoWCSC caters to the overall issues of PwDs. Social Welfare and Organizations Coordination Division—headed by the Joint-secretary—of the Ministry is the key to oversee the larger scope of the PwDs including others. In addition, under this division, a Disability Rights Promotion Section—headed by the Undersecretary—works dedicatedly to the issues of PwDs in terms of policy formulation and programming whereas other agencies have also overseen as cross cutting theme.

Moving to the provincial level, the Province Level Committee, established under the Act related to PwDs in 2017, is overseen by the assigned Ministry's Minister, conducting meetings as per necessary. At the local level, the Local Coordination Committee, operating under the same Act, has the Vice-chair or Deputy-mayor as its chair and convenes based on necessity. Further, the Personal Assistance Service Recommendation Committee, guided by the Regulation related to PwDs in 2018, is chaired by the Ward chair and meets, as necessary. Lastly, the Disability ID Card Distribution Recommendation Committee, following the Disability ID Card Distribution Guideline from 2017, is chaired by the Vice-chair or Deputy-mayor and convenes as needed. This hierarchical structure demonstrates a clear delineation of responsibilities, with meeting frequencies tailored to the specific needs and guidelines at each level. In addition, in Dakshinkali Municipality, a separate sub-committee is formed under the leadership of the medical doctor of the hospital. The team led by the medical doctors also assess the nature of disability in interest of classification and disability identity card recommendations.

5. Discussion

Through the evolution of social protection in Nepal, tracing its historical progression, and constitutional changes primarily highlights the commitment to social protection domain. The Social Security Allowance (SSA) program, which started in 1994, serves as a non-contributory income maintenance system, offering cash transfers to eligible beneficiaries. The program addresses diverse demographics, including senior citizens, unmarried or widowed women, and citizens with disabilities, with varying monthly allowances based on demographic criteria. In Nepal, the institutional context in post-2015 federal constitution involves a three-tier system: federal, provincial, and local. Local governments play a crucial role in managing and distributing social security, aligning with federal laws. Despite this structure, challenges in policy formulation persist, with only a fraction of published policies related to PwDs. However, the local policy landscape provides both supportive measures and opportunities for enhanced inclusivity. Key ministries, including the Ministry of Women, Children and Senior Citizens (MoWCSC) and the Ministry of Home Affairs—Department of National Identity Card and Civil

Registration (DoNIDCR), play pivotal roles at the federal level.

The expected role of the state in disability social protection in Nepal is influenced by various demographic factors and individual circumstances. The distribution of disabilities across ethnic groups, family types, causes, education levels, residences, income sources, and economic quintiles highlights the diverse nature of disability prevalence. Stakeholders express varied perspectives on the state's role, covering aspects of health services, inclusive public employment, and social welfare measures. The disability classification and identity card issuance process primarily follow the medical model, categorizing impairments into profound, severe, moderate, and mild. Challenges in this process, highlighted through individual cases, underscore the need for clearer criteria and considerations such as severity and poverty. The study provides a comprehensive analysis of social protection for PwDs in Nepal, examining various dimensions such as social security programs, institutional contexts, operational frameworks, the expected role of the state, disability classification processes, obtaining identity cards, and accessibility to services. The study sheds light on challenges and successes, emphasizing the importance of understanding the socio-economic context and administrative processes. The exploration of accountability reveals complexities within the framework, calling for policy adjustments, aligned priorities, and enhanced accountability mechanisms. The discussion on public awareness and sensitization emphasizes the need to strengthen community-level networks, enhance official communication channels, and collaborate with local media outlets for broader outreach.

From the perspective of governmentality, the study illustrates how governance operates through a complex interplay of state and non-state actors, institutions, and practices. The role of the state in social protection is multifaceted, encompassing policy formulation, service delivery, and regulatory oversight. This reflects Michel Foucault's concept of governmentality, which extends beyond formal institutions to include various techniques and practices that organize and control societies. The SSA program and the involvement of local governments in managing social security illustrate the practical application of governmentality. The state's role in categorizing disabilities and issuing identity cards shows how governance is enacted through administrative processes that manage populations. The challenges and disparities in service accessibility highlight the need for more inclusive and effective governance mechanisms.

6. Conclusion

As this article examines the operational mechanisms of the disability social protection system, their perpetuation of government policies, institutional frameworks, and stakeholder collaborations based on intersectionality embodying Foucault's concepts of governmentality and biopolitics in the realm of social protection for PwDs. Using a mixed-method research design, this article presents the results. The adoption of a three-tier system post-2015 federal constitution underscores the decentralized approach to governance, aligning with Foucault's concept of

governmentality, where governance extends beyond central authority to local and provincial levels, enabling nuanced and localized policy implementation. The SSA program embodies biopolitical strategies through its targeted cash transfers to diverse demographics, including PwDs. By addressing specific population segments, the state exercises control over the life and health of individuals, aiming to enhance welfare and manage social risks. The institutional landscape post-2015, involving federal, provincial, and local governments, highlights the role of local authorities in the operationalization of social security measures. This decentralized governance structure aligns with Foucault's governmentality, wherein power is distributed across various levels and actors, enhancing policy responsiveness and effectiveness. However, challenges in policy formulation and implementation, particularly for PwDs, reveal gaps in governance that need addressing to ensure comprehensive social protection.

The disability classification and identity card issuance processes, primarily following the medical model, illustrate governance through administrative categorization. This aligns with Foucault's idea of governmentality, where population management involves the classification and regulation of individuals based on specific criteria. The categorization into profound, severe, moderate, and mild impairments underscores the administrative control exercised in defining and managing disability. The diverse distribution of disabilities across ethnic groups, family types, education levels, and economic statuses highlights the intersectional nature of disability prevalence. Understanding these intersections is crucial for formulating inclusive policies that address the unique needs of different demographic groups. The state's role in ensuring equitable access to health services, public employment, and social welfare measures for PwDs underscores the importance of intersectional governance.

The study's exploration of accountability mechanisms reveals complexities within the governance framework, calling for policy adjustments and enhanced accountability to ensure effective service delivery. Public awareness and community sensitization efforts emphasize the need for stronger community networks and effective communication channels, aligning with government practices that involve both state and non-state actors in governance processes.

Ethical Considerations

Ethical consideration is duly considered as committed during the interview and survey process. The respondents' names stipulated in the article are pseudonyms.

Conflicts of Interest

The author declares no conflicts of interest.

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