



# **Readiness of health system to provide disability inclusive health services in Karnali province of Nepal: Perspective from service providers and women with disabilities.**

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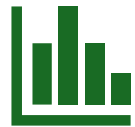
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# Background and Objective

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As per the National Population and Housing Census 2021, 2.2 percent of the total population in Nepal experiences some form of disability, among whom 45.8 percent are females.<sup>1</sup>

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Women with disabilities have a need for general and specialized health services throughout their lifecycle.<sup>2-6</sup>

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Women with disabilities have reported inappropriate behavior, rudeness, and discrimination from healthcare providers as key factors contributing to the low utilization of health services in Nepal.<sup>7-9</sup>

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Limited studies have explored the service readiness of health system to provide disability-inclusive and gender-sensitive health services.

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Thus, the objective of the study is to explore service readiness among health institutions in Surkhet and Mugu districts of Karnali Province of Nepal to provide disability-inclusive health services among women with disabilities.

# Methodology

## Study design and Data Collection

The qualitative study was conducted using Thematic Study

Ethical approval was taken from Nepal Health Research Council (Ref. number: 783)

Purposive sampling was conducted among 35 participants through In-depth Interviews (IDI), Key Informant Interviews (KII), Focus Group Discussions (FGDs).

# Methodology

## Data collection

Similarly, 10 health facilities were observed for disability inclusive infrastructure.

A semi-structured interview guideline and observation checklist was developed and used as a data collection tool.

The interviews were stored online to avoid data loss.

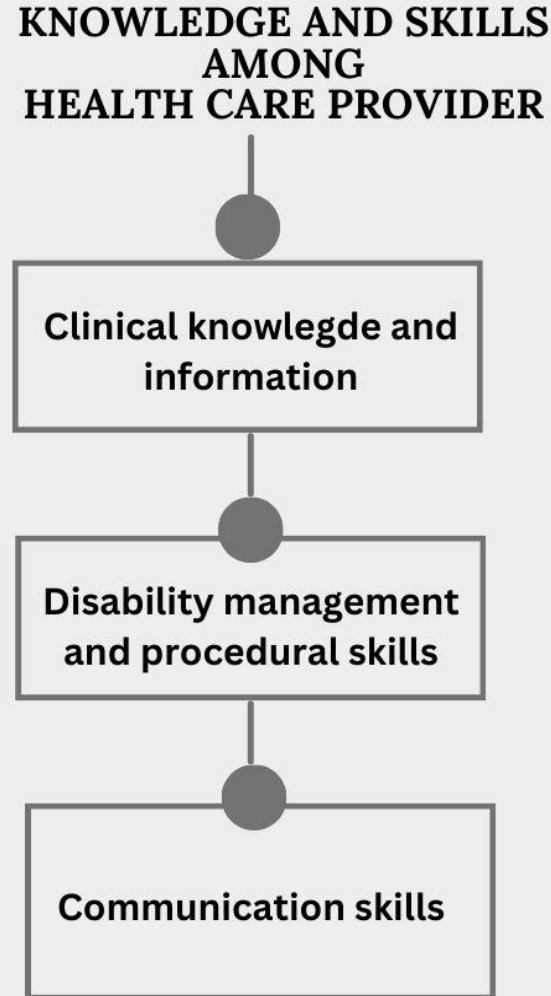
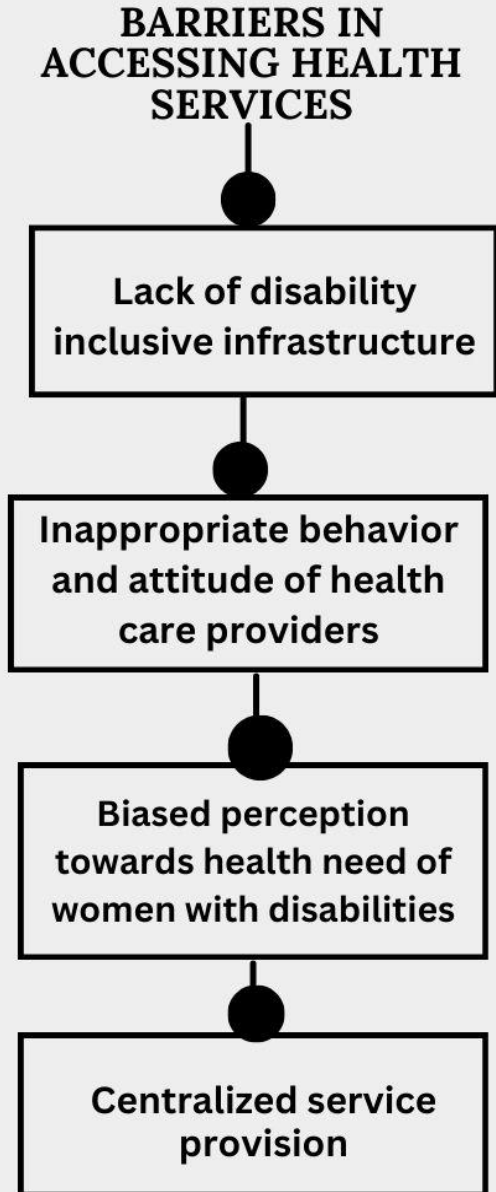
# Methodology

## Data analysis

Inductive coding was performed using Dedoose, codes, subthemes and themes were formed.

Latent analysis was conducted to interpret the data.

# **Results of the study**



**THEMES**

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**SUB-THEMES**

*Figure 1: The figure illustrating themes and sub-themes*



# Theme 1: Barriers in accessing health services

Sub-themes	Key findings
1.1 Lack of disability inclusive Infrastructure	<ul style="list-style-type: none"><li>• No tactile footpath, ramp, accessible railings, accessible gender friendly toilets, signages, and lack of necessary equipment, including CT scans, MRIs, disability-specialized diagnostic tools in the hospitals.</li></ul>
1.2 Inappropriate behavior and attitude of health care providers	<ul style="list-style-type: none"><li>• In any workshops and programs related to health, persons with disabilities are uninvited and thus excluded.</li></ul>

# Theme 1: Barriers in accessing health services

Sub-themes	Key findings
1.3 Biased perception towards health need of women with disabilities	<ul style="list-style-type: none"><li>• Some health workers showed a negative attitude regarding sexual desire, relevance of contraception and medicine dosage/prescription counselling.</li></ul>
1.4 Centralized Service Provision	<ul style="list-style-type: none"><li>• The services were provided through the health institution and limited health camps, or mobile clinics were conducted.</li></ul>

“ I once encountered a situation where I felt insulted when seeking family planning services at a hospital. I was accompanied by a friend, and when I requested pills, the healthcare provider responded, 'Why do you need pills? Do you even know how to take them?' I then asked her to explain the procedure for taking the pills, to which she replied, 'Is one-time instruction enough for you? I can't come to your house every day to teach you.’”

-Woman with disability from IDI

“ There was not any health post nearer during my pregnancy. I needed to walk a long-distance using Baisakhi (Crutch). Thus, I knew the information, but I did not go for the service ”. [...]The path near the health post is very bad so I feel difficulty. The health post is far away from the village, and I need to walk for a a long distance to reach the health post.”

-Woman with disability from IDI

# Theme 2: Knowledge and skills of health care providers

Sub-themes	Key findings
2.1 Clinical knowledge and information	<ul style="list-style-type: none"><li>• Majority of the health care providers did not receive comprehensive clinical information during their medical school or prior to their service.</li><li>• Health care providers relied on observation of physical deformities/external injuries</li></ul>
2.2 Disability management and procedural skills	<ul style="list-style-type: none"><li>• Majority of the health care providers accepted they lack procedural knowledge and skills in treating persons with disabilities.</li></ul>
2.3 Communication Skills	<ul style="list-style-type: none"><li>• Majority of the Health Care Providers identified the need to learn sign language or provision of sign language interpreter at the health institution.</li></ul>

“  
Honestly, I don't have knowledge regarding categories of disabilities and their issues. I have limited knowledge since I haven't heard and received any training on how to treat patient/client with disability. We treat clients/patients with our understanding and knowledge. I believe that every health professionals need this training to provide better services to client/patients with disabilities.”

-Female Auxiliary Nurse Midwife from KII

“  
Once I had an experience of counseling a woman with a disability for ANC who couldn't respond quickly and couldn't speak, then I asked to come up with her husband next time.”

-Female Auxiliary Nurse from KII

# Theme 3: Disability inclusive policy and governance

<b>Sub-themes</b>	<b>Key findings</b>
3.1 Disability inclusive service provision	<ul style="list-style-type: none"><li>• Minority of health care providers prioritized persons with disabilities and their specific needs in healthcare settings, including in queues, emergency wards, outpatient departments, laboratories, and malnutrition units, to ensure they receive timely and appropriate services.</li></ul>
3.2 Disability inclusive health policy	<ul style="list-style-type: none"><li>• Majority of participants highlighted the need for disability inclusive health policy to envision and ensure health facility readiness for disability inclusive health services.</li></ul>
3.3 Adequate resources for disability inclusive services	<ul style="list-style-type: none"><li>• Majority of the participants highlighted the need for provision of budget to procure disability-specialized tools and equipment and skilled human resources.</li></ul>

“*There is the government policy which has mentioned that the infrastructure of health services must be made accessible to persons with disabilities but we still lack the necessary resources and equipment to provide all the mentioned services to them.*”

- A medical Officer from KII

# Conclusion

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Women with disabilities face intersecting challenges in accessing health services while the health care providers do not have adequate knowledge and skills in providing disability inclusive health information and services.

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It is essential to ensure disability inclusive health infrastructure and increase the competency among health care providers for disability management and procedural skills, interpersonal communication skills and gender sensitive health care.

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Disability inclusive health policy with adequate budget provision is essential to implement the disability health program



## **Take Away**

A comprehensive ecosystem is essential for health service readiness among health institution from Karnali province of Nepal for disability inclusive health services for women with disabilities.

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**Thank you**

**Questions and feedback  
are welcome**



# Bio of the presenter

Pabitra Neupane is a young researcher and a development practitioner. She has been working in the field of gender and health for five years now. She is currently working as a qualitative research officer at HERD International.



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