Editorial Board

About the Journal

With an objective to bring learnings, issues and voices on social protection through experts in regard to inform the social protection audiences, practitioners, stakeholders and actors as well as to suggest policymakers to adequately design social protection programs to fill the gaps and delivery transparency and accountability, Social Protection Civil Society Network (SPCSN) expects to publish the introductory issue of Journal of Social Protection in both print and online versions.

Review Process

This journal was published by Social Protection Civil Society Network (SPCSN) with supports of Save the Children Nepal Country Office in collaboration with Save the Children Finland & Ministry of Foreign Affairs Finland and with management supports from Children, Woman in Social Service and Human Rights (CWISH), Nepal.

Editorial and Business Office

Published by SPCSN
Buddhanagar, Kathmandu
Email: journal@spcsnnepal.org
Website: www.spcsnnepal.org
Social Protection Civil Society Network (SPCSN)

ISSN: .....

Designed by: Krishna Subedi
Printed at: .....

Journal of Social Protection, 2020

Volumn 1

December 2020

Contents

Boosting the Impact of Nepal's Child Grant through a Parenting Intervention 1-10
- *Disa Sjöblom*

Social Protection in Health: Characteristics and Coverage of Health Insurance Program in Nepal..... 11-26
- *Geha Nath Khanal and Bhagawan Regmi*

Making Shock Responsive Social Protection System in Nepalese Context 27-34
- *Thakur Dhakal*

Impact of COVID-19 on Nepali Migrant Workers and Social Safety Schemes at Destination 35-50
- *Padma Prasad Khatiwada*

Assessment of Child Sensitive Social Protection Programmes in Nepal 51-70
- *Bishwa R. Pun and Gyanendra Shrestha*

Determinates Experienced by Persons with Disabilities for not getting Disability Identity Card. Case of Roshi Rural Municipality from Mid-Hill Nepal..... 71-
- *Hemanta Dangal and Supa Paneru*

Journal of Social Protection, 2020
Vol. 1, 1-9, http:doi.....

Social Protection Civil Society Network

Boosting the Impact of Nepal's Child Grant through a Parenting Intervention

Disa Sjöblom
Senior Social Protection Adviser, Save the Children.
Corresponding author's email: disa.sjoblom@savethechildren.fi

ARTICLE INFO

Article history:
Received 16.Oct. 2020
Accepted 25 Nov. 2020

Keywords:
Child grant
Cash transfer
Early childhood development
Parenting programme
Social protection

ABSTRACT

This paper provides the results gathered over two years of Save the Children's parenting programme developed for the Government Child Grant in Nepal. The paper draws on global evidence pointing to the vital role of parenting practices for children's development and explains the essence of the programme used with parents in Nepal. Selected findings from impact studies carried out in 2018 and 2019 are used to show the positive changes found in parents' behaviour with their children after participating in the sessions. It is argued that instead of merely seeing the Child Grant as a means to nutritional improvements it should be used as a pathway to advance development in all domains of early childhood – physical, cognitive, social and emotional – so that children get a good start in life. The parenting programme implemented by Save the Children as a 'cash plus' approach for the Child Grant holds great promise to support the ability of children to develop to their full potential.

1. Introduction

Despite being known as one of the poorest countries in Asia, the Government of Nepal is implementing a Child Grant programme from its own fiscal resources. When the grant was introduced in 2010 it was confined to the Karnali region while *Dalits* were in priority across the country. The coverage has gradually been expanded and it is now universal in 14 out of Nepal's 77 districts reaching a total of 737 579 children. The programme entitles all mothers (or primary caregiver) to an amount of Nepalese Rupees 400 per month for up to two children under the age of five years. The purpose of the Child Grant is to address chronic malnutrition. Notwithstanding the progress in reducing stunting rates over the last few decades, 36 per cent of all children below five years are still stunted in Nepal (Nepal Nutrition Profile, 2019).

Although low transfer values, low coverage and a weak delivery system are cited as factors hindering the effectiveness of Nepal's Child Grant (Hagen-Zanker et al., 2015), a recent study argues that it has had some impact on child nutrition (Renzaho et al., 2019). Studies on cash transfers and nutrition from other parts of the world, however, suggest that complementary activities are

often required to have a consistent effect on anthropometric measures (Bastagli et al., 2016) with quality health services seen as a key (de Groot et al., 2017). Aside from adequate nutrition, it is now widely accepted that infants and young children also need a conducive social and emotional environment to develop other early childhood domains that are crucial for their long-term and holistic development. Evidence from several interventions suggest that creating synergies between nutritional and other development areas will result in optimal development of children. More importantly, such integrated initiatives also have the potential for a greater impact on nutritional outcomes (Maalouf-Manasseh et al., 2015).

Against this backdrop, Save the Children realised that the Child Grant could be used as a pathway to promote holistic development of children while still retaining a focus on nutrition. Hence, a parenting programme including all essential elements to boost physical, cognitive, social and emotional development of children was initiated. The aim of this paper is to use the findings from the pilot studies that assess the impact of the parenting programme to highlight the positive contributions that this can have in terms of children's overall development.

It is generally accepted that parents play a key role in children's development, but the magnitude of influence that their actions have on the well-being of the child is not given adequate attention. In a poor country like Nepal, the quest to reduce economic poverty results in government and donor spending on health, education, infrastructure, social protection programmes and so on – all which are undoubtedly important. However, enhancing competency of parents to practice behaviours that will not only result in young children developing better but also making them feel secure and confident as they grow up, is not given priority. A strong parent-child relationship built in the early years will better equip parents to address problems that may manifest as the child grows up such as adverse peer influence or a desire to detach from or rebel against parents (see e.g., Piquero et al., 2008). A quality relationship means that parents will understand the child and that the child will feel secure to express feelings and share problems. Parents generally love their children, but it may not mean that they always act in the best interest of the child.

Early childhood is a paramount stage of life during which children not only need sufficient nutrition for their growth but also a parent (caregiver) tuned in to their need for stimulation, physical closeness, emotional connection, and social interaction. There is growing evidence suggesting that a great deal of children's intellectual and behavioural development can be traced back to the style parents used when bringing them up and navigating them through childhood (Ermisch, 2008). Parents who are passive and lack in telling their children stories, singing songs or playing will experience delays in cognitive development of the child (Yue et al., 2017). Contrastingly, children of caregivers who interact and engage a lot in playing and communicating demonstrate higher scores in the early years on cognitive, language and socio-emotional development (Landry, 2014). Researchers studying this phenomenon in China goes as far as claiming that the country will face a crisis due to cognitive delays of children as they will not be able to meet the demands of the 'high-skill-based economy'. A survey carried out in China concluded that nearly half of the children demonstrated substantial cognitive delays due to poor parenting practices (Yue et al., 2017).

A study initiated by Save the Children on parenting behaviours in Nepal found that parents lack awareness of their crucial role in early stimulation and the need to spend quality time with the child. Instead, 'good parenting' is foremost seen as making sure that the child goes to school and

receives education. Although parents have some idea about the negative influence of physical violence, they were quick to confess that hitting, spanking and yelling at children are common ways of maintaining discipline (van den Boom, 2016). A parent adopting these practises can be referred to as a 'tiger parent', i.e., a parent that controls the child with punitive disciplining, gives limited room for discussion and focuses on educational attainment with hardly any stress on social and emotional development. 'Tiger parents' love their children but believe that this is what the child needs to grow and prosper. This style of parenting is, however, bound not only to profoundly limit the child's development but can also affect the child's mental health later in life (Anwar, 2013). Parenting research is conclusive in pointing towards a parenting style based on warmth, empathy, closeness but yet with structures and boundaries as being the most optimal for a child's overall growth (Dewar, 2016).

Based on this understanding, an existing parenting programme was identified by Save the Children to be introduced for the Child Grant beneficiaries in Nepal. The International Child Development Programme (ICDP)[1] 'hit the nail on the head' in terms of focus and there was already a local organisation implementing this programme in Nepal.[2] ICDP is based on eight guidelines of 'good interaction' with children and focuses on enhancing foundational parenting skills that will stimulate social, emotional, cognitive and linguistic development of children. ICDP is applicable for parenting of all age groups of children although starting as early as possible is likely to result in better outcomes.

ICDP aims to make parents more responsive to their children's unique needs and build better attachment through expressing love, practicing close communication and praise. The programme promotes enriching conversations in which the parent prompts the child to 'think beyond' the present and make connections. Parents are facilitated to 'set limits' to the child's behavior in a positive way and learn how to support children 'just enough' to reach a goal or accomplish a task. The sessions are based on active participation of parents. Role plays, analysis of short films and photos, real life examples, and home tasks are some of the methods used. All materials are locally developed and culturally adjusted. Home visits are carried out to give personal attention and provide support to the parents. The programme is targeted at mothers as the parent who spends most time with infants and young children. However, to ensure support to the mothers' newfound parenting practices, a few sessions on key aspects of parenting are organised for fathers and other adults in the extended family and neighbourhood.

The sessions with parents are implemented by ICDP facilitators. To have an impact on parents, rigorous training and handholding support of the facilitators is needed. A facilitator must attend an initial training programme and then practise with parents under the supervision of an ICDP trainer. It takes at least four months to become a certified facilitator as the trainer needs to ensure that all concepts and practical applications are clear to the facilitator. Trainers are coached and certified by internationally recognised ICDP trainers and will need to display a clear understanding of the ICDP methodology.

The Parenting Programme for the Child Grant is based on 14 sessions that are implemented on a weekly basis with a group of 8 to 12 mothers receiving the Child Grant. Eight of the sessions are based on the ICDP guidelines and principles. The additional four sessions focus on improving nutrition and family budgeting practices. At the end of each session, the mothers are given a home task and a photo to take home to serve as a constant reminder to practise. In the beginning of

1 http://www.icdp.info/

2 https://ecec.org.np/

2020, a guide for facilitators was developed in English and Nepali. Although every facilitator can develop their own style and keep their own repertoire of activities, the guide ensures that the core contents are included. [3] The programme has now been implemented with more than 2000 mothers (primary caregivers) in the districts of Dolakha, Jajarkot, Kalikot, Kavre and Mahottari.

2. Methods and Materials

In 2018 a quantitative pre- and post-assessment study (before and after the sessions) was conducted covering an intervention group of mothers (n=93) and a control group (n=92) spread across Dolakha, Kavre and Mahottari districts. The intervention group included all parents, i.e., the total population of Child Grant beneficiaries receiving the parenting programme during this year. The control group comprised a random sample of mothers from the same districts only receiving the Child Grant cash transfer, but not the parenting programme.

Validated scales were used to measure mothers' feelings and disciplining practises towards their children, as well as the mental health of the mothers. The findings from 2018 presented in this paper are based on the (1) Conflict Tactics Scales, Parent-Child Version (CTSPC) (Straus et al., 1998) and the (2) Shona symptom questionnaire on mental health (Patel et al., 1997).

In 2019 a new group of parents participated in the Child Grant parenting programme in the same three districts. A quantitative study was conducted based on data collection from the intervention group (n= 148) and a randomly selected control group (n=142) based on the same distinction as in 2018, i.e., both groups were receiving the government cash transfer but only the intervention group received the parenting programme. In 2019 the CTSPC scale was again used to measure maltreatment of children and selected questions were used from Save the Children's IDELA tool to measure the extent to which caregivers engage with their children in basic activities that stimulate learning (Save the Children, 2019).

To strengthen the reliability of the quantitative findings and to capture nuances in potential changes in parenting behaviour, two qualitative methods were introduced in 2019. The first method is referred to as the 'Three Minutes Speech Sample' (TMSS)[4] during which the mother is requested to talk about the child and her relationship with the child. This method contributes to understanding the quality of the relationship with the child. The second qualitative method used is based on direct observation of parent-child interaction and use of a scale called PICCOLO[5] which comprises of 29 behaviours aggregated into four domains that are considered as being developmentally supportive, i.e., affection, responsiveness, encouragement, and teaching. These four domains form a core part of the ICDP parenting programme. The mothers who took part in this exercise were asked to carry out an activity with their child such as feeding, playing or giving a bath. The behaviour of the mother was scored based on the PICCOLO scale.

As the Child Grant is intended to improve nutrition for children, a nutrition assessment was introduced with the 2019 cohort of children whose mothers took part in the programme focusing on feeding practices and nutritional status of children before and after the sessions. The study covered a total

3 See https://resourcecentre.savethechildren.net/node/17074/pdf/save_the_children_nepal_parenting_program_guide.pdf

4 This is adapted from the original Five Minutes Speech Sample, see https://link.springer.com/article/10.1007/s10826-016-0549-8

5 Parent Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO™) https://brookespublishing.com/product/piccolo/

of 163 children in the intervention area and 181 in the control area (pre and post). A questionnaire based on IYCF (Infant and Young Children Feeding) practises was used to gather data from the mothers along with measuring the weight and height of the children. It is worth pointing out that 2018 and 2019 were considered as a pilot phase of the parenting programme as well as the methods used to gauge impact. From 2021 onwards the effectiveness of the programme will focus on assessing outcomes for children.

3. Results and Discussion

3.1 Child maltreatment

In the 2018 survey, mothers who had participated in the programme reported increased positive feelings towards their child (18% at baseline, 26% at endline) and reduced harsh disciplining methods (e.g., slapping the child decreased from 74% to 1%, shaking the child from 36% to 0%, shouting reduced from 88% to 16%) (Solheim Skar, 2019). The results of the maltreatment scale (CTSPC) are presented in Figure 1.

Similarly, the frequency of maltreatment of children also reduced considerably in the intervention group of 2019. For example, there was a significant increase in non-violent disciplining methods (e.g., explain why something is wrong, introduce alternative activities to prevent undesirable behaviour) and a decrease in psychological aggression (e.g., threaten to spank, shout, swear, label the child as dumb) (Figure 2). These emerging findings indicate that the parenting programme is having a positive influence on disciplining/ maltreatment practices (Ilozumba, 2020). As suggested earlier, this in turn is known to strengthen social and emotional development of children.

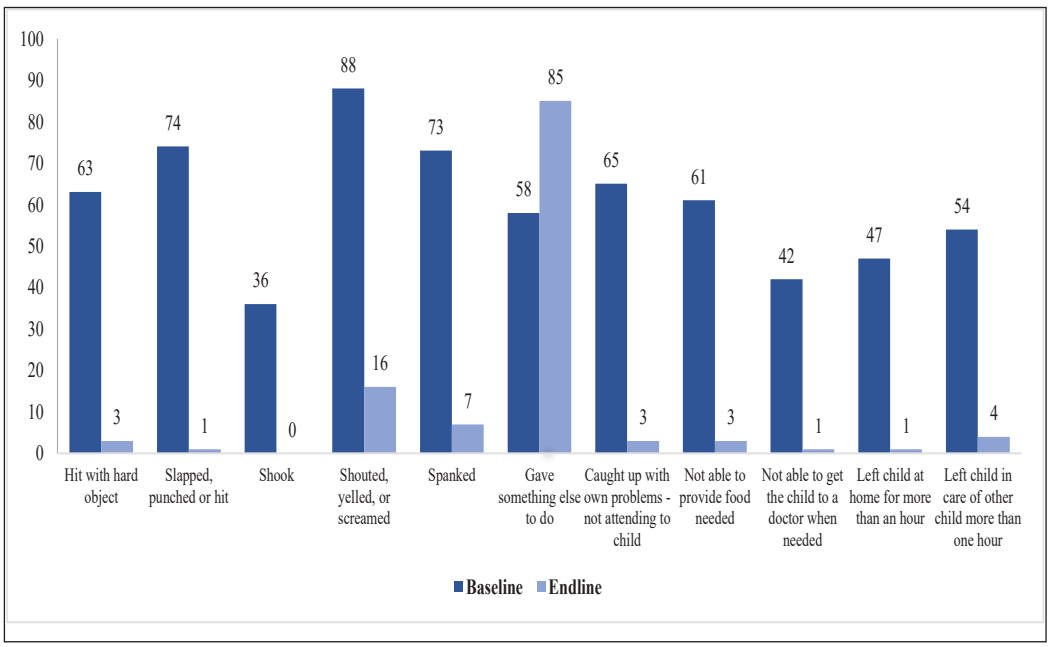


Figure 1: Baseline and endline data on maltreatment of children by mothers (n= 93) in the intervention group (reproduced and adapted from Solheim Skar, 2019).

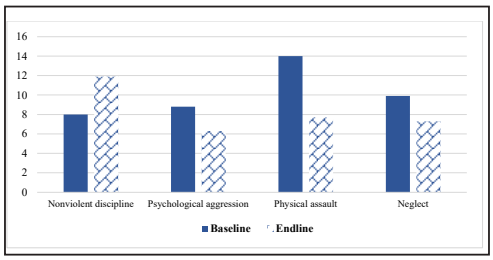


Figure 2: Subscale scores on the parent-child conflict subscales for the intervention group (n=148) (reproduced from Ilozumba, 2020).

3.2 Maternal mental health

The scores on maternal mental health had also improved among the intervention group in 2018, suggesting that the parenting group had not only become a venue for advancing parenting skills but also a platform for enhancing the well-being of the mothers. This, most likely, is a result of regular interactions with other women and the facilitator leading to a sense of extended social support and belongingness (Figure 3). The positive impact on maternal mental health have also been noted in other parenting programmes (see e.g., Singla et al., 2015). This is a crucial finding considering that parental mental health has a direct bearing on child socio-emotional development (Neece, 2013).

For all parameters mentioned above, changes in the control groups were minor and did not indicate the same positive trends.

3.3 Engagement in learning activities

Engagement in learning activities with the child increased substantially in the intervention group of 2019, i.e., singing songs with the child, playing games with the child, or teaching the child something. At baseline 18.2 per cent of parents shared that they were singing songs with their children whereas this had improved to 90 per cent at endline (Ilozumba, 2020) (Figure 4). This is an important change as engaging in playful activities with small children will stimulate their cognitive development.

3.4 Parental perceptions of the child

Altogether 14 mothers took part in the qualitative study in 2019. Figure 5 illustrates the changes from pre-to-post assessment on the TMSS and the criteria used for scoring. There were

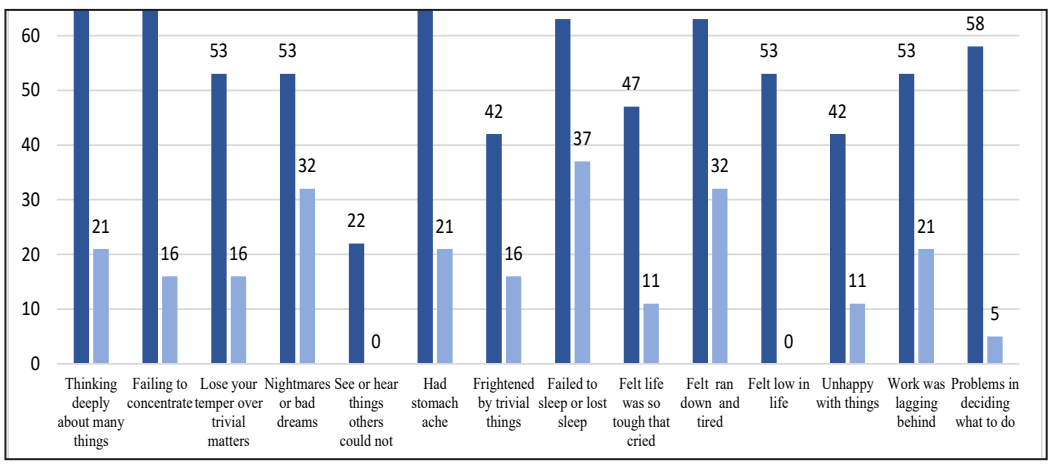


Figure 3: Baseline and endline data on mental health of mothers (n= 92) in the intervention group based on the Shona scale for mental health (reproduced from Solheim Skar, 2019).

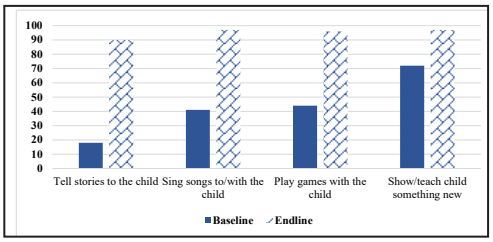


Figure 4: Baseline and endline data on frequency of engagement in learning activities by parents (n=148) in the intervention group (reproduced from Ilozumba, 2020).

improvements across all parameters. Although the sample is small, this is a significant trend worth noting. Parents who are aware of the unique qualities of their children early offer scope for development of the child on all fronts. In the long run, this could mean that instead of merely operating as a 'tiger parent' where a lot of the focus of the interaction would be around school performance as the child grows up, the parent may form a better bond with the child and be more responsive, sensitive and encouraging in their parenting style.

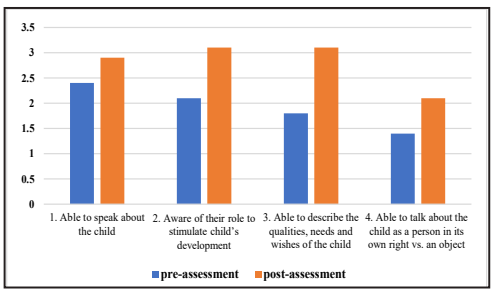


Figure 5: Average Three Minute Speech Sample scores of mothers (n = 14) (reproduced from de Witt, 2019).

3.5 Parental behaviour that supports child development

In addition to the TMSS, observations were carried out on mothers while they conducted a regular activity with their child using the PICCOLO scale to assess their interactions. Figure 6 shows that there were notable changes in the behaviour of mothers on all subscales, thus suggesting a positive influence of the programme.

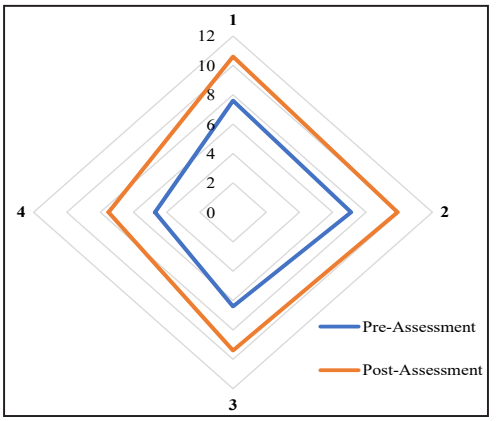


Figure 6: PICCOLO scores of mothers. 1- Affection, 2- Responsiveness, 3- Encouragement, 4- Teaching (n= 14) (reproduced from de Witt, 2019)

3.6 Nutritional outcomes

Nutritional outcomes of 163 children were studied in the intervention area in 2019 using a questionnaire based on IYCF practices along with height and weight monitoring. Key findings emerging from the study are as follows: Increase from 32 per cent at baseline to 61 per cent at endline of children who received minimum dietary diversity; increase from 30 per cent at baseline to 56 per cent at endline of children who received a minimum acceptable diet; and reduction in wasting from 15 per cent to 7 per cent and reduction in underweight from 24 per cent to 20 per cent (Joshi, 2019).

4. Conclusion

Substantial evidence suggests that how parents behave with their children early in life will affect their social and emotional competencies, cognitive abilities, educational performance and mental health. The impact assessments carried out till date on the Parenting Programme for the Child Grant in Nepal clearly show that such an initiative can induce parents to adopt a style of parenting that will have far reaching positive effects on children and their development opportunities.

While it is important to increase the coverage as well as transfer value of the Child Grant to enable families to buy food and other basic needs, making the parenting programme an integral part of the Child Grant is likely to substantially augment development outcomes of children. This will, in turn, support numerous children growing up in Nepal to develop to their full potential.

References

Anwar, Y. (2013). *The verdict on tiger-parenting? Studies point to poor mental health*. 18 June 2013, Berkeley News. https://news.berkeley.edu/2013/06/18/chinese-parenting/

Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, L., Sturge, G., & Schmidt, T. (2016). *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features.* London: Overseas Development Institute.

de Groot, R., Palermo, T., Handa, S., Ragno, L.P., & Peterman, A. (2017). Cash transfers and child nutrition: Pathways and impact. *Development Policy Review,* 35, 621–643. https://onlinelibrary.wiley.com/doi/full/10.1111/dpr.12255

de Witt, E. (2019). *A Qualitative pre- and post-assessment study of a parenting programme for the child grant in Nepal*. Finland: Save the Children.

Dev Policy Rev. 2017;35:621–

Dewar, G. (2016). *The health effects of sensitive, responsive parenting.* Parenting Science.

Ermisch, J. (2008). Origins of social immobility and inequality: Parenting and early child development. *National Institute Economic Review*, 205 (1), 62-71 https://doi.org/10.1177/0027950108096589

Hagen-Zanker, J., Mallett, R., & Ghimire, A. (2015). *How does Nepal's child grant work for Dalit children and their families? A mixed-methods assessment of programme delivery and impact in Bajura and Saptari.* London: UNICEF and Overseas Development Institute.

http://www.child-encyclopedia.com/sites/default/files/textes-experts/en/654/the-role-of-parents-in-early-childhood-learning.pdf

https://www.parentingscience.com/responsive-parenting-health-benefits.html Accessed on 29 November 2020

Ilozumba, O. (2020). *A quantitative pre- and post-assessment study of a parenting programme for the child grant in Nepal*. Finland: Save the Children.

Joshi, N. (2019*). Parenting programme for the child grant in Nepal: Nutrition Related Indicators.* Kathmandu: Save the Children.

Landry, S.H. (2014). *The role of parents in early childhood learning.* Encyclopedia on Early Childhood Development, December 2014.

Maalouf-Manasseh, Z., Oot, L., & Sethuraman, K. (2015). *Giving children the best start in life: Integrating nutrition and early childhood development within the first 1,000 days.* Washington, DC: FHI 360/FANTA. https://www.fantaproject.org/sites/default/files/resources/Nutrition-Early-Childhood-Development-Technical-Brief-Jan2016.pdf

Neece, C.L. (2013). Mindfulness-based stress reduction for parents of. *Journal of Applied Research in Intellectual Disabilities,* 27, 174-186. https://doi.org/10.1111/jar.12064

Nepal Nutrition Profile. (2019). The burden of malnutrition at glance. Global Nutrition Report. https://globalnutritionreport.org/resources/nutrition-profiles/asia/southern-asia/nepal/Accessed on 10 December 2020

Patel, V., Simunyu, E., Gwanzura, F., Lewis, G., & Mann, A. (1997). The shona symptom

questionnaire: The development of an indigenous measure of common mental disorders in Harare. *Acta Psychiatr Scand*, 95(6), 469-75. https://doi.org/10.1111/j.1600-0447.1997.tb10134.x

Piquero, A., Farrington, D.P., B., Welsh, B., Tremblay, R., & Jennings, W. (2008). *Effects of early family/parent training programs on antisocial behavior & delinquency: A systematic review*. Västerås: Swedish National Council for Crime Prevention.

Renzaho, A.M.N., Chen, W., Rijal, S., Dahal, P., Dhakal, T., & Chitekwe, S. (2019). The impact of unconditional child cash grant on child malnutrition and its immediate and underlying causes in five districts of the Karnali Zone, Nepal – A trend analysis. *Arch Public Health,* 77**,** 24. https://doi.org/10.1186/s13690-019-0352-2

Save the Children. (2019). *International development and early learning assessment.* Save the Children. https://idela-network.org/ Accessed on 23 December 2020

Singla, D. R., Kumbakumba, E., & Aboud, F. E. (2015). Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: A community-based, cluster-randomised trial. *The Lancet Global Health*, 3 (8), 458-469

Solheim Skar, A. (2019). *A quantitative pre- and post-assessment study of a parenting intervention linked to the child grant and child endowment fund in Nepal*. Finland: Save the Children.

Straus, M.A., Hamby, S.L., Finkelhor, D., Moore, D. & Runyan, D. (1988) Identification of child maltreatment with the parent-child conflict tactics scale: Development & psychometric data for a national sample of American parents. *Child Abuse & Neglect* 22 (4), 249-270.

van den Boom, P. (2016). *Cash plus parenting. A framework for parenting support as an integral part of social protection in Nepal*. Kathmandu: Save the Children

Yue, A., Shi, Y., Luo, R., Chen, J., Garth, J., Zhang, J., Medina, A., Kotb, S., & Rozelle, S. (2017). China's invisible crisis: Cognitive Delays among rural Toddlers and the absence of modern parenting. *The China Journal,* 78. 1324-9347/2017/7801-0005. http://en.qiantianjihua.com/wp-content/uploads/2019/05/20190531091604187.pdf

Journal of Social Protection, 2020
Vol. 1, 11-26, http:doi.....

Social Protection Civil Society Network

Social Protection in Health: Characteristics and Coverage of Health Insurance Program in Nepal

Geha Nath Khanal[1*], Bhagawan Regmi[2]

[1] *Health and Nutrition Department, Save the Children, Sinamangal, Kathmandu, Nepal*
[2] *Claim Reimbursement Department, Government of Nepal, Health Insurance Board, Teku, Kathmandu, Nepal*

[*]Corresponding author's email: khanalg@outlook.com

ARTICLE INFO

Article history:
Received 03 Oct. 2020
Accepted 14 Nov. 2020

Keywords:
Health insurance
Coverage
Policy
Social protection
NIHP
Political commitment

ABSTRACT

The agenda of social protection has become very popular in recent years. Several social protection programs in healthcare are designed to increase the healthcare coverage, ensure financial protection and enhance the scope and quality of services and access to medicines which ultimately paves the way for universal health coverage. The national health insurance program (NHIP) is one of the approaches implemented in Nepal to cover healthcare expenditure.

This paper discusses the gradual development of the health insurance program in Nepal and the key features of NHIP that have been implemented since 2016. It further highlights the implementation status of NHIP, the milestones it covered, and the role of political parties in implementing NHIP in Nepal. Furthermore, the paper discusses the challenges associated with enrollment of formal and non-formal sectors, the mismatch between geographical coverage and the number of service contact points, and commitment from the political parties for effective implementation of NHIP. It seeks major implementation reforms to ensure effective implementation of NHIP.

1. Introduction

The World Health Organization advocates for Universal Health Coverage (UHC) that aims to ensure health care services to all people, even those facing financial hardship (WHO & The World Bank, 2017). The UHC commits to increase healthcare coverage, ensure financial protection, and enhance the scope and quality of services and access to medications. This requires adequate fiscal space in healthcare expenditure, which is a big challenge in resource-constrained countries that often have to compromise their healthcare system. Annually, almost 100 million people worldwide are pushed into poverty because

of healthcare related expenses (ILO, 2020). Moreover, almost 800 million people utilize one-tenth of their household budgets on healthcare expenses and most of these are from low and middle-income countries (ILO, 2020).

Social protection in a broad sense consists of policies and programs aiming to reduce poverty and deprivations that provide adequate security to the basic minimal livelihood of citizens (Drucza, 2018). Welfare states often commit to protecting their population from such catastrophic expenditure by several social protection programs. However, low and middle-income countries are much affected by the cost of healthcare since there is not much variation in the cost of medicine and services across the world. Social protection in health (SPH) emphasizes the importance of explicit societal guarantee for access to healthcare services (ILO, 2002). The ultimate purpose of social protection is to expand human capabilities, which allows citizens to live a good life (Anand et al., 2005). The investment in human capital will ensure the quality of life as its return. This requires a comprehensive framework coupled with three major dimensions namely protection against health risk, patient protection, and financial protection along with several associated interventions (Knaul et al., 2012).

SPH is an arrangement that safeguards income and financial support in case of illness and ensures that all people in need have access to adequate and quality healthcare (Michielsen et al., 2010). It aims to protect an individual from any kind of risk that may arise during the utilization of healthcare services and provides the opportunity from dependency to productive livelihood through various risk management mechanisms. Strengthening such capabilities allow citizens to fully enjoy their economic, social, and cultural rights (Knaul et al., 2012). Moreover, this helps to ensure inviolable rights of the citizen which promotes individual and population wellbeing (Devereux & Sabates-Wheeler, 2007). However, effective access to quality healthcare remains uncovered in most resource-constrained countries. The healthcare services in these countries are not only compromised in terms of its quality, but are also expensive where individuals have to bear all the expenses for the service by themselves. Difficulty in selecting the alternatives between whether to seek healthcare treatment or get trapped in a vicious cycle of poverty that arises as a result of expensive healthcare services (Michielsen et al., 2010).

SPH is central to reaching the objective of UHC, which emphasizes the importance of financial protection and effective access to quality healthcare services. It is an integral component of a comprehensive social protection system to ensure health as a human right through the mechanism of universal access to an affordable, quality, and adequate healthcare services. In Nepal, Out-of-pocket expenditure in healthcare is about 55 percent (MoHP, 2018), which has been a major burden to poor households. Hence, SPH is crucial, bearing the expenses for own health care may push an individual below the poverty line (Tejuoso et al., 2018). Nepal has adopted social health insurance as SHP, where the poor and targeted populations are provided with subsidies for getting enrolled in the National Health Insurance Program (NHIP). Based on the available literature and secondary data, this paper aims to explore the health insurance efforts of both government and private sectors in Nepal with a special focus on the health insurance programs and its historical development, policy provisions, and concerns of political parties and increasing population and area coverage in Nepal.

2. Methods and Materials

This paper is primarily based on review of published literature and reports, and acts and policies pertinent to health sector in Nepal.

We categorized the historical development into two parts; the community-based micro-health insurance (CBMHI) program and the NHIP that was implemented after 2016. We conducted a document review to explore the historical development of CBMHI in Nepal. Review of available literature to explore the efforts made by non-government and government sectors in implementing health insurance program in the country was conducted. Furthermore, we reviewed the key features of NHIP, its geographical coverage, and the status of social protection in health through NHIP. The features of NHIP were assessed through a critical review of Health Insurance Policy, 2014, Health Insurance Act, 2017 and Health Insurance Regulation, 2019 (Government of Nepal, 2019), while the coverage data were assessed from the Health Insurance Board (Health Insurance Board, 2020).

3. Results and Discussion

3.1 Social protection in health sector in Nepal

The Universal Declaration of Human Rights (UDHR) has indicated that an individual has the right to social security and live a standard life for his/her health (United Nations, 1948). Being one of the signatory nations of UDHR, Nepal is also obliged to formulate appropriate policies for social protection to fulfill these rights. The provision of social protection to the general population in Nepal was started following the restoration of democracy in 1990. The multi-party democracy provided space for raising voice for rights of social protection from the state. Consequently, several legal reforms were made, that paved way for developing provisions on social protection. For instance, the Children's Act of 1992 had the provision of SPH for mothers and children. The Act directed the government to make necessary arrangements for proper healthcare for pregnant and recently delivered mothers (Government of Nepal, 1992). Likewise, the Social Welfare Act, 1992 allowed the Government to operate special welfare programs for the children, old-aged and helpless people. Moreover, the Civil Service Act, 1993 had a provision of monthly pension entitled to those serving 20 years in the public service. Consequently, several other laws like the Labour Act, Trade Union Act, the Civil Servant Act, and Senior Citizen Act, were endorsed which had some provision for providing social protection to the citizens (Niroula, 2018). However, there were no special social protection programs except for privileged minorities employed in the security or civil service in the form of pension until 1994 (Drucaz, 2016). The Unified Marxist Leninist Party (UML) formally announced the social protection cash transfer program through the senior citizen program in 1994, when the party formed the minority government. This paved the way for social protection in the health sector in Nepal.

Several interventions are being made for social protection on health in Nepal. Firstly, protection against health risk has been done through interventions like surveillance, preventive, and regulatory activities, although these are not adequate. Likewise, there is a provision of quality assurance mechanisms in the delivery of healthcare services, however, the implementation has not been effective. Finally, financial protection against economic consequences of disease and injury has been done through various cost-sharing interventions like free basic health services, conditional cash transfer mechanisms, subsidies to disadvantaged and minority groups, and implementation of a national health insurance program. However, these interventions are implemented rather on a fragmented basis (Witter et al., 2011; Knaul

et al., 2012; Khanal, 2018; Ranabhat et al., 2019). The major actions and the guiding policy instruments for social protection in health in Nepal is presented in Figure 1.

3.2 Health insurance efforts in government and non-government setup

Nepal has a long history of private, non-profit insurance schemes initiated with the support of external development partners. Lalitpur Medical Insurance scheme for instance was the first insurance scheme initiated in 1976 by the United Mission to Nepal (UMN). The scheme mostly covered the cost of essential drugs and registration and, therefore, was treated as an insurance scheme for essential medicines. After handing over the scheme to the relevant facility management committees in the 1980s, some of the schemes failed due to political differences and lack of commitment (Stroermer et al., 2012).

In 2000, BP Koirala Institute of Health Science (BPKIHS) started health insurance that covered urban and rural populations, offering the same benefits package at different premium rates. The scheme covered both organized (cooperatives, business groups) and unorganized (such as farmers and self-employed) groups. This however was unable to expand due to the adverse selection by chronic patients for enrollment, and over-utilization of services by the insured population (moral hazard). This resulted in the fiscal deficit which arose mainly due to high reimbursement and low premium collection (Stroermer et al., 2012). Similarly, Primary Health Care and Resource Center in Chapagaun, Lalitpur, and Karuna Foundation Nepal support schemes in Sunsari and Rasuwa districts were examples of few other similar schemes. Likewise, Save the Children with support from MISEROER supported *Saubhagya Laghu Swastha Surachhya Kosh* in Dhading and *Sanjeevani Health Insurance Scheme* in Banke districts.

The Government of Nepal announced to implement a community-based health insurance (CBHI) program in 2003/04. Following this announcement, the Ministry of Health and Population (MoHP) implemented CBHI schemes in two primary health care centers, Mangalabare primary health care centers (PHCC) (in Morang district) and Dumkauli PHCC (in Nawalparasi district), as pilot programs. Later, in 2005/06, the MoHP decided to expand the program to four more districts – Udayapur (Katari PHCC), Rautahat (Chandranigahapur PHCC), Dang (Lamahi

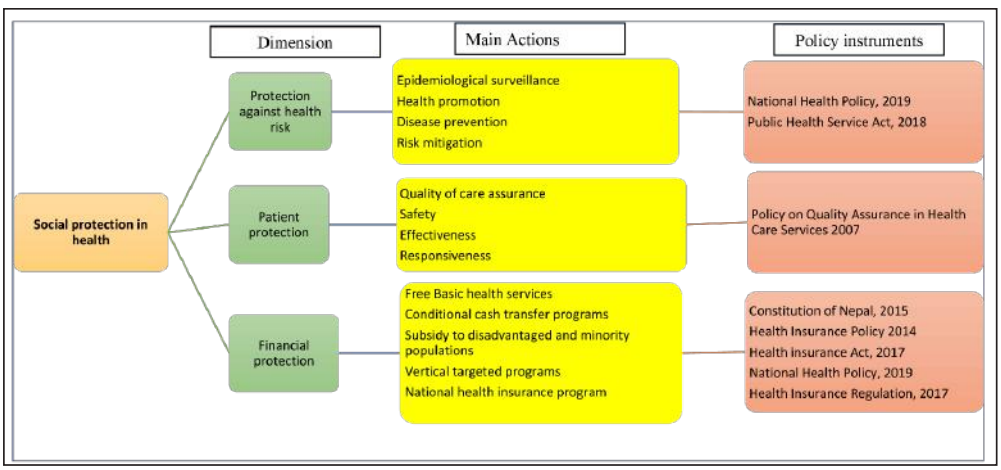


Figure 1: Dimension of social protection in health and its policy instruments in Nepal (Adapted from Knaul et al., 2012)

PHCC), and Kailali (Tikapur PHCC). Later in 2006, the Free Health Care program was introduced all over the country and covered almost the same benefits package as the CBHI scheme which resulted in a serious setback in the later scheme (Stroermer et al., 2012).

Earlier, Health Economics and Financing Unit (HEFU) was established under MoHP in 2002 that was responsible for analyzing the Health Public Expenditure Review and National Health Accounts. Later in 2012, HEFU initiated an assessment of CBHI. This assessment was done to assess the contribution of CBHI and its performance. The assessment further sought recommendations for further improvement of CBHI schemes within the context of existing healthcare financing landscape and policy developments (Stroermer et al., 2012). The review suggested a financially viable broader health insurance program at the national level with wide population coverage, providing equitable protection to the poor and marginalized population (Stroermer et al., 2012).

Based on the recommendations of the CBHI program, the National Health Insurance Policy was formulated in 2014 to ensure universal health coverage by increasing access to and utilization of necessary quality healthcare services by removing financial barriers. Furthermore, the Constitution of Nepal, 2015 ensured free basic healthcare services and committed to implementing the health insurance program to provide the services beyond basic healthcare services (Government of Nepal, 2015). Consecutively, Social Health Security Program Operating Rules was endorsed in 2015 to implement NHIP. Later, a separate Health Insurance Act was endorsed in 2017, which aimed to protect the citizen's right to obtain quality healthcare services by providing financial protection through pre-payment mechanisms. This would make the health expenditure productive and reduce financial risk in accessing quality healthcare services (Government of Nepal, 2017). Similarly, the Health Insurance Regulation was endorsed in 2019 (Government of Nepal, 2019) which delineates the Health Insurance Act 2017.

3.3 Political commitment and some milestones

Following the advent of multi-party democratic system in 1990, there was a political priority in implementing the social protection programs. One of the major factors behind this political commitment could be the political capital of such programs. It is assumed that the social protection program not only gains electoral votes but also supports in gaining popularity among the political parties. The political parties capitalize such social protection programs in gaining popular votes during the elections. For instance, the Communist Party Nepal Unified Marxist Leninist (CPN UML) has been capitalizing the political agenda of social protection in every election after 1994 claiming to be the pioneer of such program (Drucza, 2018) The provision of monthly Nepalese Rupees (NRs) 100 allowance to senior citizens implemented during its minority government is still immensely popular and every subsequent government has been continuing it for its social merits and political capital (Drucza, 2018).

There was several milestones right from the inception to implementation of the health insurance program in Nepal in the last decade. This took place despite frequent changes in the political leadership during the transitional and constitution-making period. For instance, seven governments were formed between 2013 and 2018. Furthermore, the health ministers had different political ideologies than their Prime Minister. Despite such political environment, there were not any countervailing views regarding the health insurance program between the executive head and the Health Minister that ultimately

helped to gain strong political commitment from all the political parties. *Table 1* shows the political leadership and their roles in different stages of the health insurance policy.

The Constitution of Nepal, 2015 has clearly stated the provision of social protection and social security as fundamental rights, that can be ensured through the necessary legal provisions for protection, empowerment, or development of the needy, indigent, incapacitated, and helpless citizens (Government of Nepal, 2015). To fulfill this constitutional provision, several social security programs are being implemented in Nepal. Furthermore, capitalizing on social protection programs by all the political parties has been reflected in their political manifesto. For instance, the ruling Nepal Communist Party (NCP) have expressed their commitment to increase the senior citizens' allowance from NRs 2,000 to 5,000 through their political manifesto during the recent election (Communist Party of Nepal, 2017). However, it later declared to provide a free health insurance program for the elderly population comprising of benefits up to NRs 100,00

Table 1: Health insurance milestones and political leadership (2013-2018)

Year	Government leadership	Political affiliation of health minister	Major actions
2013	Unified Maoist Center	Sadbhawana Party	• Selected five districts (Kailali, Ilam, Baglung, Banke, and Sarlahi) for the first phase of implementation
2014	Non-political	Non-political	• Formed a committee to draft Health Insurance Policy • Established the National Social Health Insurance Unit
2015	Nepali Congress	CPN UML	• Endorsed Social Health Security (Formation Order) • Establishment of Social Health Security Development Committee
2016	CPN UML	Madheshi People's Right Forum (MPRF) Democratic	• Launched health insurance scheme in three districts (Kailali, Baglung, and Ilam)
2017	Maoist Center	Nepali Congress	• Tabled Health Insurance Bill in the Legislative Parliament
	Nepali Congress	Unified Maoist Center	• Endorsed Health Insurance Bill
2018	Nepal Communist Party	Nepal Communist Party	• Full subsidies to the elderly population aged 70 and above • Full subsidies to ultra-poor, severely disabled, and the patients with MDR Tuberculosis, Leprosy HIV and AIDS • Half subsidies to the families of Female Community Health Volunteers

** CPN UML: Communist Party of Nepal United Marxist Leninist*

*** The Unified Maoist Centre and CPN UML merged and formed Nepal Communist Party (NCP) in 2017*

instead of such allowances (Government of Nepal, 2018a). Likewise, some provincial and local governments have committed to bear the cost of health insurance premiums of the targeted population. With this, not only have they expressed their political commitment, but this also demonstrates their agenda for ensuring political capital through SPH.

3.4 Major features of NHIP

The National Health Insurance Program (NHIP) was introduced in April 2016 (Ghimire et al., 2019). In the beginning, family with five members had to pay NRs 2,500 as a contribution and was eligible for health expenses up to NRs 50,000. The program covered the cost for Out-Patient Department (OPD) and 66 types of illness. This benefit package has been gradually increased over time. Currently, 1,133 types of medicine are included in the NHIP benefit package. Furthermore, the recent Health Insurance Regulation, 2019 has increased the initial contribution amount from NRs 2500 to 3,500 for a family as well as expanded the benefit package from NRs 50,000 to 100,000 (Government of Nepal, 2019).

The NHIP of Nepal is guided by the Health Insurance Act, 2017 (Government of Nepal, 2017) and its Regulation, 2019 (Government of Nepal, 2019). The silent features of NHIP are presented in Table 2.

Table 2: Features of health insurance program of Nepal

Feature	Description
Funding	• Government subsidies (federal, provincial, and local) • Membership contribution • Contribution from national institutions, organizations, and individuals • Contribution received from foreign governments, international organizations, or individuals • Earnings from any sources
Enrollment	• Mandatory for all citizens • Parents/guardians should enroll the newborn, children, elderly and disabled population • Managers/owners should enroll old age home, orphanage, and juvenile house group members • Employee to be enrolled by their institutions assuming such institutions as a family • Poor and targeted groups are to be ensured by the Government of Nepal • Families of civil servants must be enrolled by the respective offices • Migrant workers should present the evidence of enrollment while applying for work permit
Contribution amount	• Annual premium provision with Family (5 members) as a unit • NRs 3500 per family with additional NRs 700 for additional members • Elderly (above 70 years) as a unit with a premium of NRs 3500 per year

Premium and benefit packages	• Services worth NRs 100,000 per family (5 members) with additional NRs 20,000 with every additional member • Service not exceeding NRs 200,000 per family • Separate services worth NRs 100,000 for elderly members
Subsidy provisions	• Elderly above 70 (100%) • Ultra-poor families (100%) • Family members of seriously disabled, leprosy, HIV, MDR-TB patients (100%) • Family members of Female Community Health Volunteers (FCHVs) (50%) • The benefit of additional NRs 100,000 provided for the patients of cancer, heart disease, kidney ailments, head injury, spinal injury, Sickle Cell Anemia, parkinsonism, and Alzheimer's disease
Services and exclusions	• Liable for all preventive, promotive, curative (outpatient, inpatient, emergency, surgery, medicines, medical aid equipment), diagnostic and rehabilitative, and ambulance services • Spectacles and other medical aids (White stick, crutches up to NRs 1,000) and hearing device up to NRs 5,000 • Plastic and cosmetic surgery except the treatment related to burns, seriously disabled, cleft palate • Artificial insemination • Dental services except for dental extraction or abscess in the jaws and primary management of dental trauma • Ambulance service maximum up to NRs 2000, only in emergency services
Eligible providers	• Both public and private can agree with the Board • Private providers must meet the pre-determined criteria before making a service provider agreement
Service utilization Process	• The enrolled population must select first service contact points (FSCP) • Only the public health institutions can be FSCP • The Insured must visit the FSCPs in usual cases (OPD visits) • They can visit any service providers in case of emergency services and referral • Cashless system
Reimbursement	• Capitation fee • Per case amount (Case-based) • Fee for service • The rate of reimbursement as per the agreement
Contract termination provision with service providers	• Non-renewal or informed termination with Board • Failing to provide services under the contract • Repeated breaching of contractual provisions • Failing to abide by the national treatment protocol for service providers • Claims with forgery documents • Failing to abide by other benchmarks and agreed terms of service

Organization	• Health Insurance Board comprises of nine members (four De-facto and five nominated) • The autonomous nature of the Board has been imagined with its employees, provincial offices, and flexibility to nominate the experts as required • Provincial and local level health insurance coordination committees; claim review and evaluation committee, grievance handling committee, service quality and drug pricing sub-committee being envisioned
Leadership	• Government nominates the chairperson of the Board • Executive Director is appointed from the list of three possible candidates as recommended by the recommendation committee
Financial management	• Different funding sources generate separate Health Insurance Fund • All expenses of the Board are covered through this fund • Administrative cost shall not exceed 12 percent of the total budget of the Board • Accounting and auditing as per existing laws • Health Ministry can examine the Board's financial status at any time
Grievances handling	• Encourages grievances handling through mutual understanding and formation of dispute resolution committee • The insured have rights to file a complaint against service providers if they deny, delay or degrade the service provision/quality • The insured may appeal to the high court if they disagree with the board's decision

Source: *Government of Nepal, 2017, 2019*

3.5 Coverage of NHIP

The implementation of NHIP has gained strong political commitment since its inception. After the roll-out of NHIP in Kailali district in the fiscal year 2015/16, the program was expanded to two additional districts (Baglung and Ilam) in the same fiscal year (Ghimire et al., 2019). The government in the budget speech of the fiscal year 2016/17 announced to allocate NRs 2.5 billion to expand the services to 25 districts across the country (Khanal, 2016), however, it was expanded to only 12 districts (Ranabhat et al. 2020). Similarly, the program was expanded to 22 additional districts in the fiscal year 2017/18. Considering the public pressure and political commitments, the federal budget speech of 2018/19 aimed to scale up the program throughout the country (Government of Nepal, 2018a), and NRs 6 billion was allocated for this purpose (Government of Nepal, 2018a). However, the program was not expanded as per the plan despite adequate financial resources. The program has been expanded in 58 out of 77 districts by the end of the fiscal year 2019/20. The NHIP services are provided through 347 health facilities across the country (Health Insurance Board, 2020). Figure 2 shows the expansion of NHIP by districts since its initiation in 2016.

During its initiation of NHIP in 2016, there was the provision of 15 percent co-insurance in medicines. This provision was removed in 2017 after scaling up the program in eight districts. The reason behind removing the co-insurance provision was the feedback from the insured as well as the health service providers. The insured argued that it was not rational to charge 15 percent co-insurance in medicines since there is already a provision of

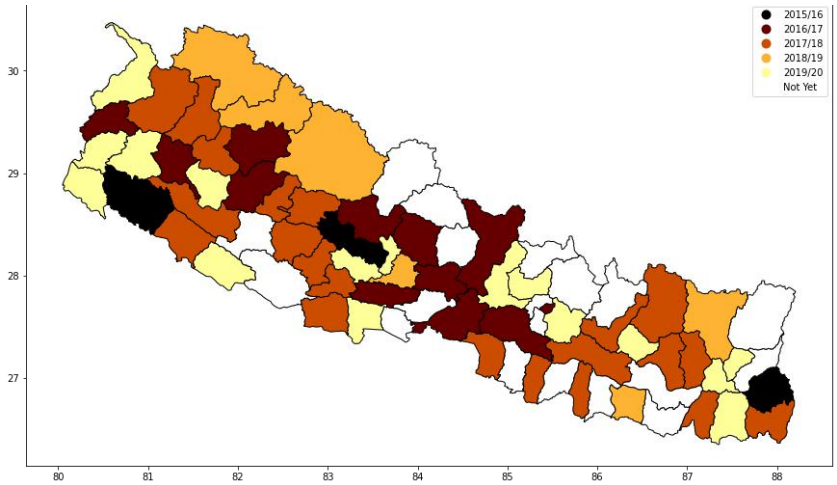


Figure 2: Expansion of NHIP by districts

ceiling of the benefits package. Likewise, the health service providers suggested removing this provision due to the administrative hurdle associated with it. Later, several provisions on social protection mechanisms for the targeted population were included in the health insurance program. For instance, the elderly population above 70 years is eligible for full subsidies in premium that provides the health insurance coverage of NRs 100,000 (Government of Nepal, 2018a). Likewise, there are similar provisions for families of ultra-poor, null disability (red cardholders), leprosy, HIV, MDR-TB patients, however, family members of Female Community Health Volunteers (FCHVs) are eligible for 50 percent subsidies in annual premium. On top of this, insurance coverage of NRs 100,000 is provided for patients of cancer, heart disease, kidney ailments, head injury, spinal injury, Sickle Cell Anaemia, parkinsonism, and Alzheimer's disease (Government of Nepal, 2019). Table 3 shows the number of insured beneficiaries under different categories of social protection in the past three fiscal years.

Table 3: Number of insured beneficiaries under the social protection scheme, FY 2017/18 to 2019/20

SN	Categories	Fiscal year		
		2017/18	2018/19	2019/20
1	MDR-TB	-	135	1,097
2	Ultra-Poor	252,776	315,488	299,430
3	FCHV	8,820	13,978	29,889
4	Senior Citizen	-	205,137	324,395
5	HIV	-	1,530	6,849
6	Leprosy	-	207	1,203
7	Null Disability	-	13,039	34,542
	Total	261,596	549,514	697,405

Source: Health Insurance Board, 2020.

The analysis of the beneficiaries receiving social protection schemes in the past three fiscal years shows that the number of insured populations under the targeted population is in increasing trend except the ultra-poor. The decline of the ultra-poor population in enrollment of NHIP might be due to low satisfaction preventing the renewal of the policy.

The contribution amount paid by the state to the targeted population under NHIP is shown in Table 4. This shows that the contribution amount paid for the elderly population constitutes more than 81 percent of the total contribution while that of the poor population is just 15.4 percent. However, this data has not captured the contribution made by the provincial and local governments for providing social protection for the citizens. The recent report published by the National Planning Commission shows that 28.6 percent of the Nepalese population are multi-dimensionally poor (Government of Nepal, 2018b). This figure will increase with the COVID-19 global pandemic and its associated economic challenges. Enrollment of all the targeted population will have a large number of financial liabilities in the coming days.

The enrollment in health insurance was made voluntary when it was initiated in 2016 (Government of Nepal, 2017). The Health Insurance Act, 2017 made mandatory enrollment provision in NHIP. This provision demonstrates a broader political commitment on social protection in health with the provision of subsidies for the poor, disabled, elderly, and the patients requiring specific healthcare needs (Thapa et al. 2017). Furthermore, civil servants had to get enrolled in the NHIP based on progressive contribution in the premium amount (Government of Nepal, 2019). Despite these legal provisions, the enrollment in NHIP is relatively low. Only about 3.1 million (about 10% population) have been enrolled after the expansion of the program in two-third of geographical area (Government of Nepal, 2020c). Furthermore, almost 0.7 million were enrolled through government subsidies (22% of the total insured population) that includes

Table 4: Contribution amount (In NRs Million) of the targeted population in NHIP, FY 2017/18 to 2019/20

SN	Categories	Fiscal year		
		2017/18	2018/19	2019/20
1	Ultra-Poor	73.43	158.64	173.98
2	FCHVs	0.39	1.63	1.52
3	Elderly Population	-	-	919.49
4	Disabled	-	-	29.41
5	Leprosy	-	-	0.75
6	HIV and AIDS	-	-	6.43
7	MDR TB	-	-	1.14
	Total	73.82	160.27	1,132.72

Source: Health Insurance Board, 2020.

0.3 million ultra-poor and 0.3 million elderly population above 70 years (Government of Nepal, 2020b, 2020a), which indicates a poor attraction of the general public towards NHIP. Similarly, one-fourth of the insured population discontinued the NHIP policy (Subedi, 2019) that indicates a poor retention rate. The low attraction and retention in NHIP indicate serious challenges in increasing the risk pooling mechanism, which ultimately affects in the sustainability of the program.

Identification of poor population is another challenge. Targeting poor households is difficult because the criteria for eligibility may be hard both to define and to verify. Furthermore, there is no single defining characteristic of poverty, rather the criteria for eligibility tend to be multidimensional, and hence the process of identifying the poor is often controvertible (Karlan & Thuysbaert, 2019). The process of identifying the poor in Nepal was heavily criticized in the past, as poverty identity card was occupied by the higher-classes rather than the actual poor people (Shahi, 2018). All the ultra-poor populations who have obtained the poverty identity card have not been enrolled in the NHIP. Similarly, the provision was subsidised for the ultra-poor population only, and such provision for other poor populations has not considered equity and social justice in social protection. Access to care, quality of care provided, and the attractiveness of the benefits package, and the offered financial protection are equally relevant to attract the non-formal sector (Vilcu et al., 2016). Thus, the progressive mechanism with quality of healthcare is important to ensure universal coverage by increasing the pool of insured population (Yates, 2015).

The mandatory enrollment of formal public sector like the civil servants, security forces, school teachers is important for increasing the risk pooling mechanism. The formal sector constitutes only about 15 percent of the total national economy (Pokharel & Silwal, 2018). However, this population group has not been enrolled in NHIP despite the mandatory provision (Government of Nepal, 2019). The mandatory enrollment provision for the formal sector can be made effective by inter-sectoral coordination among the concerned stakeholders. For instance, the standard operating protocol which guides enrollment in NHIP before the application for foreign employment has not been developed. Almost 400,000 applicants applying for foreign employment annually are still beyond the reach of NHIP (Government of Nepal, 2020b). The mandatory enrollment of families of people working in the formal sector and those going abroad for foreign employment through the endorsement and implementation of necessary legal arrangements could increase the mechanism of risk pooling. Likewise, the enrollment of the non-formal sector is yet another challenge in the country where a huge portion of the population works in the non-formal sector. The countries have adopted several models for enrolling the non-formal sector in health insurance program. For instance, Ethiopia has adopted a community-based health insurance scheme (Lavers, 2016), while some Asian countries like China, India, and Vietnam have adopted a partial subsidization to attract the non-formal sector.

The national health insurance program covers the cost of the listed medicine, however, many health facilities often run out of these commodities. A nation-wide survey in 2015 reported that more than 80 percent of the primary health care centers (PHCC), which are also the first service contact points under NHIP were lacking basic equipment like weighing machines, thermometers, stethoscopes, blood pressure apparatus, and the light source. Likewise, only 14.5 percent of the district hospitals and 4.4 percent of PHCCs had reported the availability of all the 18

essential medicines during the time of the survey (Ministry of Health, et al., 2015). This indicates the institutional-like uninterrupted availability of medicine and equipment, human resource in health, and health service delivery mechanism was not sufficient enough to implement the health insurance program in 2016. Furthermore, 347 service contact points in 563 local governments and 2/3 of the geographical area where the program is being implemented is not sufficient to deliver quality services (Health Insurance Board, 2020). Besides, the compromised quality of health care could lead to poor retention in NHIP. The Ministry of Health should expand its regulatory role by defining minimal quality of care of all the levels and types of health facilities and regulate the procurement of medicines, medical equipment, and its supplies and availability by setting minimum quality criteria (Sharma et al., 2018). This can be done through the establishment of an autonomous quality assurance authority.

4. Conclusion

NHIP is one of the social protection programs in Nepal. The program aims to reduce the financial burden in seeking healthcare by cost-sharing and cost-subsidy mechanism. It is contribution-based social protection where there is a cross-subsidy mechanism between low-risk and the high-risk, poor and the rich, elderly and the young population, and diseased and the healthy population. The program has gained a strong political commitment from all the major political parties; however, improvements are needed in its implementation. The population who assume that they are on health risk or only the population who are eligible for receiving subsidies for enrollment are getting enrolled in NHIP. Thus, a large portion of the low-risk population is still outside the program. The financial sustainability of NHIP rests on increasing the pool of the low-risk population. The low interest of the low-risk population towards NHIP and the high drop-out rate even after getting enrolled has to be addressed immediately for the sustainability of NHIP.

The NHIP program should focus on enhancing the quality of healthcare that could attract a larger number of populations. The quality healthcare services not only raise the new enrollment but also increase the retention rate. The existing number of first service contact points is not sufficient and need to be increased. A greater number of service contact points increases the access in the utilization of healthcare services provided by NHIP. Furthermore, the number of enrolled populations can be increased with inter-sectoral coordination with other line ministries and concerned authorities. Furthermore, there should be a separate authority to monitor the quality of healthcare services delivered from the health facilities.

References

Anand, P., Hunter, G., & Smith, R. (2005). Capabilities and well-being: Evidence based on the Sen-Nussbaum approach to welfare. *Social Indicators Research*, 74(1), 9–55. https://doi.org/10.1007/s11205-005-6518-z

Communist Party of Nepal (CPN). (2017). Manifesto of Communist Party of Nepal: Election of House of Representatives and Provincial Council 2017 (Unofficial translation). Retrieved June 25, 2020, from http://cmprachanda.com/2017/11/8487

Devereux, S., & Sabates-Wheeler, R. (2007). Debating social protection. *IDS Bulletin*, 38(3), 1–7. https://doi.org/10.1111/j.1759-5436.2007.tb00363.x

Drucaz, K. (2016). *Social inclusion and social protection in Nepal* (Deakin University). Retrieved from http://dro.deakin.edu.au/view/DU:30089153

Drucza, K. (2018). The politics behind social protection in Nepal. *Asian Journal of Comparative Politics*, 3(4), 311–335. https://doi.org/10.1177/2057891117734652

Ghimire, P., Sapkota, V. P., & Poudyal, A. K. (2019). Factors associated with enrolment of households in Nepal's National Health Insurance Program. *International Journal of Health Policy and Management*, 8(11), 636–645. https://doi.org/10.15171/ijhpm.2019.54

Government of Nepal. (1992). *Children's Act 1992*.

Government of Nepal. (2015). *The Constitution of Nepal, 2015*.

Government of Nepal. (2017). *Health Insurance Act (Unofficial Translation)*.

Government of Nepal. (2018a). *Budget Speech 2018/19 (Unofficial Translation)*.

Government of Nepal. (2018b). *Nepal multidimensional poverty index 2018: Analysis towards action*. Retrieved from https://www.npc.gov.np/images/category/Nepal_MPI.pdf

Government of Nepal. *Health Insurance Regulation (Unofficial Translation)*. , (2019).

Government of Nepal. (2020a). *Budget speech 2020/21 (Unofficial Translation)*. Retrieved from https://mof.gov.np/en/archive-documents/budget-speech-17.html?lang=

Government of Nepal. (2020b). Economic survey 2019/2020 (Unofficial Translation). In *Ministry of Finance*. Retrieved from https://mof.gov.np/uploads/document/file/Economic_Survey_2076-77.pdf

Government of Nepal. (2020c). Health insurance doard dashboard. Retrieved September 10, 2020, from http://dashboard.hib.gov.np:81/

Health Insurance Board. (2020). Sharing meeting with external development partners on health insurance program. *Paper Presented at: Situation Analysis of Health Insurance Program*. Kathmandu.

ILO. (2020). Towards universal health coverage: Social health protection principles. In *Development in Practice*. https://doi.org/10.1080/09614520701469435

ILO. (2002). *Extending social protection in health through community based health organisations: Evidence and Challenegs*.

Karlan, D., & Thuysbaert, B. (2019). Targeting ultra-poor households in Honduras and Peru. *World Bank Economic Review*, *33*(1), 63–94. https://doi.org/10.1093/wber/lhw036

Khanal, G. N. (2016). Will it work? *Republica Daily*. Retrieved June 15 2015 from https://myrepublica.nagariknetwork.com/news/will-it-work/

Khanal, G. N. (2018). Conditional cash transfer policies in maternal health service utilization in Nepal: Analysis of safe delivery incentive program (Aama Surakshya Karyakram) using Kingdon's multiple streams framework. *International Journal of Health Planning and Management*, 34(1), e131–e141. https://doi.org/10.1002/hpm.2691

Knaul, F. M., González-Pier, E., Gómez-Dantés, O., García-Junco, D., Arreola-Ornelas, H., Barraza-Lloréns, M., … Frenk, J. (2012). The quest for universal health coverage: Achieving social protection for all in Mexico. *The Lancet*, 380(9849), 1259–1279. https://doi.org/10.1016/S0140-6736(12)61068-X

Lavers, T. (2016). *Social protection in an aspiring 'developmental state': insurance in Ethiopia* (No. 71). Manchester, UK.

Michielsen, J. J. A., Meulemans, H., Soors, W., Ndiaye, P., Devadasan, N., De Herdt, T., … Criel, B. (2010). Social protection in health: The need for a transformative dimension.

Tropical Medicine and International Health, 15(6), 654–658. https://doi.org/10.1111/j.1365-3156.2010.02529.x

Ministry of Health and Population. (2018). *Nepal national health accounts 2012/13-2015/16*. Retrieved from http://www.searo.who.int/nepal/documents/nepal_nha_2012_13_2015_16_mohp_june_2018.pdf

Ministry of Health, New ERA, Nepal Helath Sector Support Program (NHSSP), & ICF. (2015). Nepal health facility survey 2015. In *Nepal Ministry of Health*. Retrieved from https://dhsprogram.com/pubs/pdf/SPA24/SPA24.pdf

Niroula, G. (2018). Trends and prospects of social security program in Nepal. *Nepalese Journal of Insurance and Social Security*, 1(1), 73–85. Retrieved from https://www.nepjol.info/index.php/njiss/article/view/29864

Pokharel, R., & Silwal, P. R. (2018). Social health insurance in Nepal : A health system departure toward the universal health coverage. *International Journal of Health Planning and Management*, 1–8. https://doi.org/10.1002/hpm.2530

Ranabhat, C. L., Kim, C. B., Singh, A., Acharya, D., Pathak, K., Sharma, B., & Mishra, S. R. (2019). Challenges and opportunities towards the road of universal health coverage (UHC) in Nepal: A systematic review. *Archives of Public Health*, 77(1), 1–10. https://doi.org/10.1186/s13690-019-0331-7

Ranabhat, C. L., Subedi, R., & Karn, S. (2020). Status and determinants of enrollment and dropout of health insurance in Nepal: an explorative study. *Cost Effectiveness and Resource Allocation*, 1–13. https://doi.org/10.1186/s12962-020-00227-7

Shahi, N. (2018). *Preying on poor people's ID*. Retrieved from cijnepal.org.np/preying-on-poor-peoples-id/%0Aadmin October

Sharma, J., Aryal, A., & Thapa, G. K. (2018). Envisioning a high-quality health system in Nepal: if not now, when? *The Lancet Global Health*, 6(11), e1146–e1148. https://doi.org/10.1016/S2214-109X(18)30322-X

Stroermer, M., Fuerst, F., Rijal, K., Bhandari, R., Nogier, C., Gautam, G. S., … Sharma, S. (2012). *Review of Community-based Health Insurance Initiatives in Nepal*. Retrieved from http://www.healthinternetwork.com/providingforhealth/countries/2013_04_Nepal_CBHI_GIZ_report.pdf

Subedi, S. R. (2019). Multi-billion-rupee health insurance scheme in crisis. Retrieved June 14, 2020, from Republica Daily website: https://myrepublica.nagariknetwork.com/news/multi-billion-rupee-health-insurance-scheme-in-crisis/

Tejuoso, O., Alawode, G., & Baruwa, E. (2018). Health and the legislature: The case of Nigeria. *Health Systems and Reform*, 4(2), 62–64. https://doi.org/10.1080/23288604.2018.1441622

Thapa, G., Aryal, A., & Maru, D. (2017). In Nepal, health insurance for all. Retrieved June 5, 2018, from Health Affairs website: https://www.healthaffairs.org/do/10.1377/hblog20171027.743636/full/

United Nations. (1948). *United Nations Human Rights Declaration*. Retrieved from https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

Vilcu, I., Probst, L., Dorjsuren, B., & Mathauer, I. (2016). Subsidized health insurance coverage of people in the informal sector and vulnerable population groups: trends in institutional design in Asia. *International*

Journal for Equity in Health, 15(165). https://doi.org/10.1186/s12939-016-0436-3

WHO, & The World Bank. (2017). Tracking universal health coverage: 2017 Global Monitoring Report. In *World Health Organisation*. https://doi.org/ISBN 978-92-4-151355-5

Witter, S., Khadka, S., Nath, H., & Tiwari, S. (2011). The national free delivery policy in Nepal: Early evidence of its effects on health facilities. *Health Policy and Planning*, 26(SUPPL. 2), 84–91. https://doi.org/10.1093/heapol/czr066

Yates, R. (2015). Universal health coverage: progressive taxes are key. *The Lancet*, *386*, 227–229. https://doi.org/10.1016/S0140-6736(15)60868-6

Journal of Social Protection, 2020
Vol. 1, 27-34, http:doi.....

Social Protection Civil Society Network

Making Shock Responsive Social Protection System in Nepalese Context

Thakur Dhakal
UNICEF Nepal
Corresponding author's email:tndhakal2004@yahoo.com

ARTICLE INFO

Article history:
Received 18 Oct. 2020
Accepted 21 Nov. 2020

Keywords:
Cash transfers
Disaster response
Resilience
Shok responsiveness
Social protection

ABSTRACT

This paper aims to stimulate a dialogue among the policy makers on shock responsive social protection system in Nepal. In doing so, this paper highlights the improvements so as to make it responsive to shocks and disasters. A well-designed social protection as a policy, aims to protect people from vulnerability and life cycle risks as well as build resilience to shocks, which nicely complements the objectives of disaster risk management and climate change adaptation. Experiences from some countries show that a well-established, robust, and adequately funded national social protection system can quickly and efficiently respond to natural disasters and shocks. It works best in case it adopts I rights-based approach and aims for social inclusion, in addition to having political will, technical instruments and financial resources to accomplish it. This paper, specifically, reviews ongoing effort Nepal has made in making the social protection system resilient and shock responsive. It also illustrates the shortcomings and challenges and proposes some way forward.

1. Introduction

Coronavirus disease (COVID-19) and the scale of its impact has reminded everyone again on the importance of having a national shock responsive mechanism in order to address humanitarian crises. This could in the form of pandemic, climate change, prolong political conflict to recurring disasters such as flood, drought among others. The number, severity, complexity and duration of humanitarian crises is on the rise and has overburdened traditional humanitarian systems of providing humanitarian responses through parell system. As a result, humanitarian workers and social protection experts are advocating to strengthen the existing social protection system so as to make it responsive to such crises.

A 'shock-responsive social protection system is one that can respond flexibly in the event of an emergency, especially covariate shocks that affect large numbers of people and/or communities at once (OPM 2016). This concept closely aligns to the idea of adaptive social protection (ASP). Adaptive social

protection helps to build resilience of poor and vulnerable households to the impacts of large, covariate shocks, such as natural disasters, economic crises, pandemics, conflict, and forced displacement (Thomas et al., 2020). A shock-responsive social protection system should be flexible enough to scale-up its services in responding to newly emerged risks and vulnerability by providing resources for relief, recovery and reconstruction. Others argue that a shock-responsive social protection helps to support the local economy and increase pre-disaster resilience (Doocy et al., 2006; Heltberg, 2007). 'Shock-responsive', 'shock sensitive' and 'adaptive' social protection are some of the terms used interchangeably by different stakeholders to refer to broadly similar concepts (UNICEF, 2019).

The standard social protection would not be able to cover all population affected by shocks or disasters. Therefore, the social protection system must be able to expand vertically or horizontally (pre-identification and registration of people at risk), and/or through other mechanisms such as piggybacking and aligning with other programmes (Dhakal & Koehler, 2019). In addition, using social protection system may not be able to fulfill the needs of all affected population. All this depends on i) How strong the social protection system is?; ii) What is coverage and effectiveness?; iii) Does it reach to the most vulnerable population?; iv) How updated is the registries?

The importance of social protection system in response to disasters and shocks has already been established and practiced in many countries. For instance, the Philippines used the social protection system to address impact of Typhoon Haiyan in the late 2013. Likewise, Mozambique used the Basic Social Subsidy Programme (PSSB), to provide unconditional cash to labour-constrained households, covering a total of 365,726 households in 2015 (OPM, 2020). Pakistan used the Benazir launched the Income Support Programme (BISP) to support earthquake and flood affected population in the past and used the flagship Ehsaas Emergency Cash (EEC) to transfer cash to 16.9 million households from April to July 2020, primarily aimed at minimising the impact of COVID-19 (ICPG, 2020). Over 190 countries have expanded their social protection coverage, wherein more than 155 countries have expanded national cash transfer programmes (UNICEF, 2020). Similar approaches were adopted in Kenya to address recurring droughts while Lesotho also used child grant programme to provide quarterly cash top-ups for 27,000 households.

There has been an attempt to make the social protection system resilient and shock responsive. This is primarily due to the fact that the regular developmental institutions and service delivery mechanism often could not function at times of crises until and unless it is designed in a way that could be expanded and can reach to the affected population. Experiences show that most of the disasters or shocks are broadly predictable, recurrent and/or protracted, with routine caseloads for example flood and landslide are examples of recurring events and are predictable to some extent in Nepal.

In addition to experiencing political and social challenges, Nepal "stands at the top 20th list of the most multi-hazard prone countries in the world. The country is ranked 4th, 11th and 30th in terms of climate change, earthquake and flood risk respectively."(DPNet 2004). Multiple and recurrent natural hazards such as earthquakes, landslides, floods and other impacts of climate change have time and often hit the country, leaving a devastating track of fatal casualties and injuries, damaged infrastructure, and destroyed means of livelihoods, undermining short-term as well as long-term sustainable development.

2. Methods and Materials

Data ranging over a period of 40 years shows that Nepal experiences several natural disasters every year - including earthquake, floods, and landslides. In recent years, the country has faced large scale catastrophes like the 2008 Koshi flood, the 2013 Mahakali floods, and 2014 floods in the western part of Terai, and two devastating earthquakes in 2015, among others (NCDM, 2020). Most recently, heavy rains in August 2017 caused significant flooding in the Terai region destroying many homes and displacing tens of thousands of families – emphasising the need for sustainable approaches towards resilience-building in Nepal.

So far, Nepal has been responding to disasters and other emergencies through humanitarian disaster management model of rescue, relief, and recovery, by adopting ad hoc model of mobilising volunteers, civil society organization. In addition, it has been creating temporary parallel system and addressing the need of affected populations. However, it has been realised that the country often repeats the same model that has resulted in waste of significant resources for identifying, targeting and adopting parallel mechanism to reach to those affected sections of the society. This has compelled us to think on options and mechanism to identifying and targeting most disaster prone areas and population, and register them as potential groups of people in order to reach immediately aftermath of any disaster. In order to achieve this, social protection mechanism is identified as one of the most relevant and efficient models in many countries, including Nepal. UNICEF and the Government of Nepal used SSA (Social Security Allowances) mechanism to delivery cash during the 2015 earthquake (OPM, 2017) which was first large scale cash transfer scheme to address the emergency/disaster. The programme reached to 334,00 most vulnerable populations in earthquake affected districts in the first phase by topping up additional funds to the regular social protection system. In second phase, the programme was expanded vertically to cover additional 350,00 children. Similarly, Nepal also used the Prime Minister Employment Programme to address the impact of COVID-19, primarily targeting on unemployment of daily wage earners. More than 200 countries used the social protection mechanism to address the COVID-19 crisis. Some countries used existing model and expanded to reach to additional affected population while others introduced new programmes (UNICEF, 2020).

In the recent years, the Government of Nepal and development partners are discussing on the agenda of shock responsive social protection. A high-level discussion was organised by the National Planning Commission and UNICEF in August 2019 which has further reinforced the need to strengthen disaster preparedness and make the social protection shock more responsive (UNICEF, 2019). Likewise, the Ministry of Home Affairs has also made a provision of using social protection mechanism to address disaster or shocks in its National Disaster Management Policy (MoHA, 2018)

3. Results and Discussion

3.1 Shock responsive social protection in Nepal: where are we?

One of the key criterion for using the social protection mechanism to address disasters or shocks is a well-established social protection which has been effective in reaching out to wider population. Nepal has a well-established social protection system compared to countries with similar economies. However, the coverage is still low in regards to reaching out to all affected population. On an average, the coverage of the SSA is about 70- 80 per

cent of the eligible population and covers a total of 3.2 million population (DoNIDCR, 2020). However, coverage of the child grant is significantly different among districts. Those districts with long standing child grant like Humla, Jumla, Kalikot, Mugu and Dolpa have about 80-90 per cent coverage. However, districts like Rautahat, Sarlahi and Mahottari have about 60 per cent coverage (UNICEF & EPRI, 2020). Despite some exclusion errors, SSA is one of the best mechanisms in responding to shocks or disasters, due mainly to its high coverage. Another important social protection scheme that could be used in addressing the disaster or shocks in Nepal is the social health insurance scheme. The Social Health Insurance is recently expanded to various districts and covers about 3.4 million population (NHIB, 2020). It also includes more than 6,000,000 extremely poor households where their insurance premium is subsidised by the government. Another important programme is the Prime Minister Employment Programme that is being expanded and implemented in 753 local governments with an aim of providing 100 days of work to the registered unemployed in the COVID-19 context. Until now, 740,000 workers are registered under this scheme (Ghimire, 2020). This is also one of the highly potential programme that can be used at times of disasters or any other shocks. In addition, there are other schemes, however, they do not cover significant population and do not have well established Management Information System (MIS) system.

3.2 Moving towards shock responsive social protection

Strengthening the existing social protection system i.e. addressing the challenges and gaps of existing regular social protection system and making it better in terms of their effectiveness (registration, payment, monitoring and reporting), coverage, adequacy and inclusiveness is valuable in itself, as it reduces those vulnerabilities, and minimises the impact of shocks. These kinds of investment, and improvements to the overall quality of regular programmes, are among the most useful actions that the social protection actors can adopt to improve the shock-responsiveness of the overall system, especially in countries where social protection coverage remains limited (O'Brien, 2020).

The Evaluation of the Emergency Cash transfer programme implemented by the government and UNICEF in 2015/2016, reveals that that there are still gaps and areas for improvement in order to make Nepal's social protection system shock responsive and resilient. One of the limitations identified was that there were no policy and programmatic

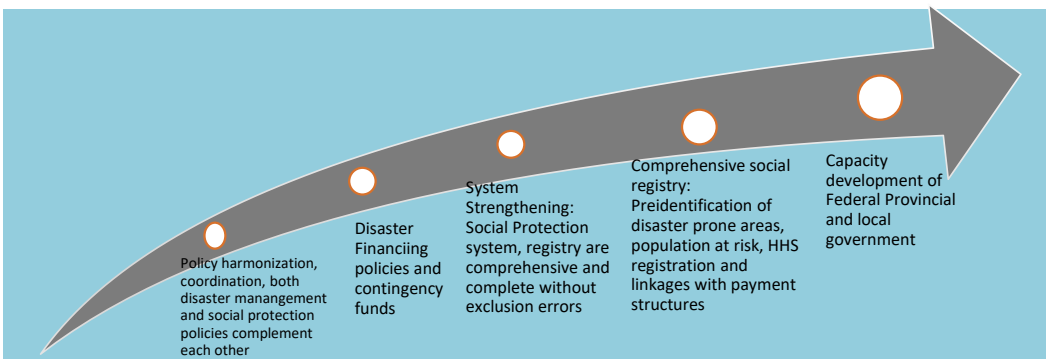


Figure 1: key milestones to make social protection system shock responsive

linkages between disaster management and the social protection system. Similarly, the existing social protection registry faced some exclusion errors[1]. Another critical concern in using the social protection system for responding to shocks was that though it caters the services to the beneficiaries registered under the programme, it excludes the populations who are equally affected by the shock, but not in the social protection registry. Realising all these shortcomings, the Government of Nepal is working to develop a roadmap on shock responsive social protection in Nepal (UNICEF & NPC, 2019). Source: The PowerPoint Presentation made by the author in a High level Meeting on SRSP organized by the National Planning Commission on 14 August 2019.

The key milestones proposed in the figure indicates areas to improve within and beyond the social protection schemes. It emphasises on policy harmonisation, system strengthening, consolidation and capacity development.

One of the weakness is that the existing social protection system can quickly reach to those who are already registered in the system as social protection beneficiaries but able to rapidly enroll the newly-affected populations. Another limitation is that it may not be able to address mobile or migrant populations as they are not often listed in the social protection registry or any other administrative record. These limitations should be kept inmind while designing a shock responsive social protection system.

To expeditiously cover most of the vulnerable population, one avenue may be to explore the possibility of using existing registries like that of Social Security Assistance, or the Social Health Insurance, to identify the most vulnerable households in absence of robust, comprehensive, and up-to-date administrative data. The percentage of vulnerable households can then be estimated, and can be incorporated into the existing social protection registry and provided with immediate top-up cash transfers. The Government of Nepal in collaboration with World Bank is working towards consolidating the social registries which may ultimately help to identify and target population in case of shocks.

Conversely, to reach population groups not included in the existing social protection registry but newly affected by a disaster, a method of pre-identification of the population at risk could be helpful, particularly in light of the repetitive nature of shocks such as flood or droughts. However, such a horizontal expansion of the social protection registry for cases of emergency or crisis is not without challenges - there will be high chance of inclusion and exclusion errors[2]. Therefore, it is suggested that a comprehensive registry of people should be prepared and existing data on social protection beneficiaries are consolidated as part of disaster preparedness efforts. Recently UNICEF, World Food Programme (WFP) and some development partners have also started to reidentify and register population living in most flood vulnerable areas and promoting preparedness and forecast based financing.

Policy coordination and harmonisation particularly between disaster management and social protection sector are arguably the most important challenges. Until 2017, the Government of Nepal did not have a mechanism for policy coordination, and to ensure linkages between the social protection and the disaster management sector. Recently some progress has been made around policy harmonisation and the

1 Some eligible people were not in the programme because they either did not have legal documents or faced some other reasons.

2 In 2015 UNICEF and the Government of Nepal put effort to support additional children under the age of 5 years in earthquakes affected districts who were not part of the SSA. Identification and enrollment of these children were extremely difficult. A census was carried out in those districts to identify those children despite that around 20% children were excluded and re-registered again.

Government of Nepal through its 15th periodic plan has for the first time explicitly committed to strengthening the social protection system and make it shock responsive (NPC, 2019). The National Disaster Management Policy has recognised social protection as an instrument to transfer cash in cases of emergency. The Ministry of Home Affairs has drafted a Standard Operating Procedure for cash in emergency which is in the process of finalisation.

Nepal does not have a disaster risk financing policy. A recent Country Diagnostics Assessment conducted by the Asian Development Bank has also recommended the Government of Nepal to develop a 'Disaster Risks Financing Strategy' following a risk-layered approach (ADB, 2019). The assessment reviews the fiscal shocks associated with disasters or shocks, analyses provisions of ex-ante disaster risk financing such as contingency funding, regular disaster management funding through line agencies, insurances and other risks transfer and mitigation measures. The country diagnostic assessment also reviews post disaster management and financing modalities for recovery, rehabilitation and external assistance.

System strengthening needs to address topics such as identification, registration, or the modernisation of payment modalities. This requires a continuous effort to ensure efficient, speedy and transparent systems, such as an improved social protection MIS for registration and payments. Developing a single registry of social protection beneficiaries is another challenging endeavor, since as many as eight ministries[3] are engaged in managing and implementing the various social protection schemes. Having a single registry of all social protection beneficiaries with unique ID would facilitate planning as well as rapid identification of the eligible population in case of an emergency. Such a registry system could also help in minimising duplication and ensuring transparency in implementation of social protection and emergency responses. Currently various registries are maintained by different agencies, and are not consolidated. Consolidation may take time and resources, and therefore in the short term, sharing these registries and coordinating among agencies could be the best option.

Climate change, disaster vulnerability assessment and pre-identification of persons and communities most at risk is a prerequisite for horizontal expansion of the social protection system. Some local governments have already initiated pre-identification, registration and linking those at risk. There is also a need to review the existing social protection registry. It is imperative to know how robust and complete the social protection registry is, in order to identify exclusion errors. Therefore, the Government of Nepal and UNICEF recently undertook a study to test the exclusion errors and completeness of the social protection registries in disaster-prone districts (ODI 2018).

In addition, the technical and human resource capacity available at the local level for delivery of emergency support through social protection mechanism is weak (OPM 2017). For this, capacity development activities are necessary, such as orientation and training for disaster preparedness and social protection measures for national, provincial and local authorities. This might cover the use of cash in humanitarian situations, disaster and shocks which is an emerging area of work for governments and development/humanitarian partners and alike. Many policy makers and social protection agencies are not fully motivated to tapping the established social protection system and providing cash in cases of emergency of disaster mainly because social protection is not poverty targeted rather

3 Ministry of Health, Ministry of Home Affairs, Ministry of Labour, Employment and Social Security, Ministry of Agriculture, Ministry of Industry, Supply and Commerce, Ministry of Women, Children and Senior Citizens, Ministry of Finance, Ministry of Education

linked with life cycle and other social and economic vulnerabilities, possible delays and lack of trust on delivering through government system. Hence a call to develop the capacity of government as well as development partners on shock responsive social protection systems, as well as sharing experiences from other parts of the world is needed. This would be in line with recommendations of the 2016 Humanitarian Summit of the United Nations.

4. Conclusions

Nepal is one of the most vulnerable country to disasters and suffers from high prevalence of income poverty and social exclusion. There are high incidences of natural disasters such as floods, storms, droughts, landslides, forest fires and earthquakes and currently recovering from the COVID-19 pandemic. Nepal suffers almost annually from recurring covariate shocks such as floods, drought and fire.

The Government of Nepal has recently developed an integrated National framework which emphasises shock responsive social protection and its preparedness. Recently, it has been stepping up efforts for linking disaster management plans for disaster prevention, preparedness and contingency responses with social protection. However, lessons from the recent past reveal that identification of affected population and coordinated response remains a major challenge.

Global evidences suggest that using cash transfers delivered through an existing social protection system in relief and recovery actions can be quick and efficient. Recent examples include the large-scale emergency cash transfer (US$25 million) to vulnerable population groups in Nepal, introduced immediately after the 2015 earthquakes. The lessons learned from the 2015 emergency cash transfer has informed the process of taking forward shock responsive work in Nepal.

The existing social protection system has similarly been used to respond to disasters in Pakistan, the Philippines, Kenya, Lesotho and other countries, and proved to be an efficient way of providing immediate relief and recovery support. It is to be noted that cash may not be appropriate in some cases where market is not functioning, and affected people do not have access to the market. But where the market is functioning, and people can buy immediate consumption goods, cash can be quick, efficient and will give choices to the affected population to meet their immediate consumption and recovery needs.

Nepal has a comprehensive social protection and cash transfer system which can be improved to make it flexible to be able to respond to disaster, crisis or any humanitarian situation. Thus, it is high time for Nepal to harmonise policies, improve coordination, strengthen systems, improve preparedness and develop capacity of the government and partners to have a shock-responsive and resilient inclusive social protection system.

References

ADB. (2019). The enabling environment for disaster risk financing in Nepal country diagnostics assessment. Kathmandu: Asian Development Bank. https://www.adb.org/sites/default/files/publication/521681/environment-disaster-risk-financing-nepal.pdf

Dhakal, T., & Koehler, G. (2019). Moving towards a shock responsive and resilient social protection system; Experiences from Nepal. Paper presented in the 5th International Symposium on Asian Development Studies, Kathmandu, Nepal.

DONIDCR. (2020). Statistics: social security recipients according to Province. Kathmandu: Department of National ID and Civil Registration. https://donidcr.gov.np/Dashboard

Doocy, S., Gabriel, M., Collins, S., Robinson, C.and Stevenson, P. (2006) 'Implementing

cash 14 resilience intel 3 May 2016 for work programmes in post-tsunami Aceh: Experiences and lessons learned', Disasters 30(3): 277−96.

DPNet (2015) Nepal Disaster Report 2015, https://www.dpnet.org.np/uploads/files/Nepal%20Disaster%20Report%202015%202018-10-06%2006-30-47.pdf

Ghimire, S. (2020). Powerpoint presented on Nepal E-conference; Assessing Impact and Opportunities for COVID-19 Response to Children and Families in Nepal.

https://openknowledge.worldbank.org/bitstream/handle/10986/33785/9781464815751.pdf?sequence=2&isAllowed=y accessed on 11 December 2020

ICPG. (2020). Pakistan's social protection response to the COVID-19 pandemic and the road ahead. Brazil: International Center for Policy Growth. https://ipcig.org/pub/eng/OP461_Pakistan_s_social_protection_response_to_the_COVID_19.pdf

MoHA. (2018). National Policy for Disaster Risks Reduction Management and Reduction. Kathmandu: Ministry of Home Affairs, Government of Nepal.

NCDM. (2020). Natural Disaster Facts. Kathmandu: Nepal Centre for Disaster Management.. http://www.ncdm.org.np/home_aboutus.php

NHI. (2020). Nepal Health Insurance dashboard. Kathmandu: Nepal Health Insurance.

NPC. (2019). Fifteen Five-year Periodic Plan: Approach Paper (2019). Kathmandu: National Planning Commission, Nepal.

O'Brien, C. (2020). 10 things You Wish You'd Always Known about Shock-Responsive Social Protection, World Food Programme. Rome: World Food Programme. https://docs.wfp.org/api/documents/WFP-0000116699/download/

ODI (2018) The potential of Nepal's social security allowance schemes to support emergency flood response. https://www.odi.org/publications/11346-potential-nepal-s-social-security-allowance-schemes-support-emergency-flood-response

OPM. (2017). Evaluation of the Nepal emergency cash transfer programme through social assistance, Final Report. Kathmandu: Oxford Policy Management. https://www.unicef.org/evaldatabase/index_100594.html

Oxford Policy Management 2016, Shock-Responsive Social Protection Systems Literature review, available at http://www.opml.co.uk/sites/default/files/Shock_responsive_social_protection_Literature%20review_EN.pdf

Thomas, B., Carlo, N., Colin, A., Sarah, C., Ugo, G., Kelly, J., Yasuhiro, K., Adea, K., Barry, M., Asha, W. (2020). Adaptive social protection: Building resilience to shocks. International Development in Focus. Washington, DC: World Bank.

UNICEF, & EPRI. (2020). Nepal Child Grant Programme Early Evaluation Report (forthcoming). United Nations International Children's Emergency Fund and Economic Policy Research Institute.

UNICEF, & NPC. (2019). Proceedings of the high level meeting on shock responsive social protection in Nepal. Kathmandu: United Nations International Children's Emergency Fund and National Planning Commission.

UNICEF. (2019). Programme guidance: strengthening shock responsive social protection systems. New York: United Nations International Children's Emergency Fund.

UNICEF. (2019). Report on high level meeting on shock responsive social protection. New York: United Nations International Children's Emergency Fund.

UNICEF. (2020). UNICEF's social protection response to COVID-19, Strengthening social protection systems before, during and after crises. New York: United Nations International Children's Emergency Fund. https://www.unicef.org/reports/unicef-social-protection-response-to-covid-19-2020

Journal of Social Protection, 2020
Vol. 1, 35-49, http:doi.....

Social Protection Civil Society Network

Impact of COVID-19 on Nepali Migrant Workers and Social Safety Schemes at Destination

Padma Prasad Khatiwada, PhD[1]
Associate Professor, Population Studies, Tribhuvan University
Corresponding email: padmapd70@gmail.com

ARTICLE INFO

Article history:
Received 04 Nov. 2020
Accepted 01 Dec. 2020

Keywords:
COVID-19
Migrant workers
Social security scheme
Vulnerabilities
Challenges

ABSTRACT

The Coronavirus disease (COVID-19) has had an enormous impact on Nepali migrant workers. By 15 September 2020, altogether 63,347 people returned home via rescue flights coordinated by the Government of Nepal. It is estimated that about 200,000 Nepalese are waiting to be repatriated. This article first examines the status of, and challenges and vulnerabilities faced by, Nepali migrant workers in the context of COVID-19. It then highlights the social security schemes offered by different countries of destination for the migrant workers. Key finding suggests that most of the migrant workers had low educational backgrounds. They had experienced changes in working hours after COVID-19. Although different safety measures were adopted at the workplace, they were largely insufficient, while on the other hand, the local residents in the destination countries treated the migrants negatively. Moreover, the destination countries were found to be giving less attention towards the social security schemes for the migrant workers.

1. Introduction

The Coronavirus disease (COVID-19) has brought about unprecedented crises in human mobility and foreign labour migration, which is regarded as one of the key global economic and social activities supporting livelihoods of millions of families. The estimated number of international migrants in the world is 272 million, which equates to 3.5 per cent of the global population (IOM, 2020).

Migration in Nepal, which is a main pillar of the national and household economy, has also been severely affected both positively and negatively due to the COVID-19 pandemic (IOM, 2019). Estimates show that the number of migrant workers currently at work in foreign countries ranges from 2.4 million to 3 million. In 2018/19, major countries of destination for Nepali migrants included Qatar (31.8%), United Arab Emirates (26.5%), Saudi Arabia (19.5%) and

1 This paper is based on the rapid phone survey entitled STATUS OF NEPALI MIGRANT WORKERS IN RELATION TO COVID-19 conducted by the International Organization for Migration (IOM) Nepal Office. The author worked for this survey as the Team Leader and is privileged to use the output data and facts used in this report for non-financial purpose.

Kuwait (6.8%) (MOLESS, 2020). These are also the countries where job cuts have been witnessed due to the impact of COVID-19. The Foreign Employment Board of Nepal estimated that about half a million migrant workers would return from Gulf Cooperation Council (GCC) and Malaysia soon after the lockdown is lifted. The Government has decided to repatriate about 25,000 Nepali migrants living in vulnerable condition in various countries based on priorities. About 200,000 Nepali migrant workers in India are reported to have returned to Nepal just before the country declared a national lockdown on 24 March 2020. The Ministry of Home Affairs has reported 700,000 migrants to have returned home from India during the lockdown, with thousands stranded at the Nepal-India border.

The COVID-19 pandemic has also put a halt in the process of migration of aspirant migrants. There are about 115,000 aspirant migrants who have taken labour permits from the Government but have not been able to fly out (DOFE, 2020). The entire migration process of 328,681 aspirant migrants, who had taken pre-approvals, has been put in halt. Similarly, the pandemic has severely affected the employment of migrants in countries of destination as well. COVID-19 has created serious problems on those migrants who are undocumented, domestic workers, workers whose contractual period is finished and those who were already in exploitative situation during the migration process (NHRC, 2020).

The crisis in labour migration has consequences on the remittance inflow — the main economic lifeline for Nepal's national and household economy. Nepal received Nepalese Rupees (NRs) 879 billion, which is equivalent to about 25.4 per cent contribution to the country's Gross Domestic Product (GDP) (IOM, 2019). There are still uncertainties as to what level of magnitude would the remittance inflow drop, but it is certain that it will decline. For example, the Asian Development Bank (ADB) has estimated that Nepal may see 28.7 per cent contraction in the overall remittance in 2020, highest among the developing Asia (ADB, 2020). But Nepal Rastra Bank, Nepal's central bank, has estimated that remittance inflow may not contract by such a large rate. The estimates show that remittance could drop by about 15 per cent. This estimate is comparatively less than the World Bank's estimate of 20 per cent decline (World Bank, 2020). Despite these differing estimates, the global pandemic has pushed the already vulnerable migrants and their families further into deeper poverty. Most of them are returning empty-handed due to wage theft with nothing but a few personal belongings and the prospects of falling further into debt and poverty (Migrant Forum in Asia, 2020). Other problems they are facing include discrimination in conduct, inadequate quarantine facility, non-payment of salary, wage cut, layoff, and remain stranded. The major reasons for migrant workers to return range from completion of contract period, job loss, voluntary return, amnesty granted by countries of destination to the undocumented migrants, among others.

In response to the safety and security of migrant workers, the Government of Nepal has developed guidelines for the repatriation of migrants living in vulnerable conditions and reintegration of the returnee migrants. These have also been highlighted as Government priorities in the periodic plans and labour policies. For example, Nepal's Fifteenth Periodic Plan (2019/20-2023/24) has aimed at making foreign employment safe, respectable, free from exploitation at every stage of migration and resulting into maximum benefits. For this, bilateral agreements between countries, labour diplomacy and coordination between all stakeholders, including non-resident Nepali associations, have been emphasised. Even for the protection of migrants traveling to India, local governments are required to register them for the facilities of insurance and welfare

funds (NPC, 2015). The Government has two main policies to deal with migrant workers – National Labour Policy 2014 and Foreign Employment Policy 2012. These policies aim at promotion of employment opportunities within the country and an end to compulsion to migrate overseas for work, protection of labour in countries of destination and reducing their risks and vulnerabilities.

The Government's repatriation policy, as highlighted in the "repatriation guidelines", is focused on providing financial support to the stranded Nepalese, working abroad. As per the guidelines, for workers who have not received air tickets to return home and other expenses from their host country, the employer or the recruiting agency shall be entitled to provide financial support. The Government will use the Foreign Employment Welfare Fund for this purpose. As of 30 July 2020, 5,000 Nepali workers applied for support to return home. Initiation has also been made to repatriate 413 Nepali workers in detention centres in Malaysia, Saudi Arabia and Bahrain (The Kathmandu Post, 2020). Nepali missions abroad are verifying applicants' status before recommending their names to the Government as recipients of airfares. Despite this policy, the Government has not yet set the timeline for repatriation and apparently might take some time. The Government has allocated NRs 750 million for repatriating Nepali migrant workers migrating through legal channels following the contribution to the welfare fund. Employers of nearly 20,000 Nepali workers in various countries have agreed to pay for their air ticket after they were laid off amid the COVID-19 crises. The Government has also emphasised that the companies who lay off their workers will require paying the airfare for their return. In such circumstances, the Government can play a pivotal role to provide support and guidance to migrant workers (IOM, 2020).

Until the third week of August 2020, a total of 52,251 people have returned to the country through flights, even though it was estimated that over 200,000 Nepalese were in dire need of immediate rescue (CCMC, 2020). There is also no record of major layoffs in many countries as it was reported in various media. Initially, reports came out that nearly 20 per cent or 280,000 of the Nepali migrant workers abroad were at risk of losing their jobs because of the pandemic.

With due attention to the need for reintegration of returnee migrants, the Government announced to create 700,000 jobs during the annual budget of Fiscal Year (FY) 2020/21. Likewise, the Government has allocated NRs 4.34 billion to provide trainings to support the returnee migrants, mainly working in informal sectors and the new labour force that enter in the market. These returnees and those who would not be able to migrate for work need support so that they can find or create employment. In this context, it is important to understand their current status, their plans once they return home and their expectations from the Government. It is for such an understanding that this survey has been conducted so that the support to be provided by the Government and other agencies matches the interests and expectations of the migrant workers affected by the pandemic that would eventually support in their effective recovery and reintegration.

This paper is an outcome of the rapid assessment undertaken to understand the conditions of the migrant workers, especially in relation to their vulnerabilities, intention of their return, labour rights and social protection mechanism, changes in social perception, priority work sector upon their return, reintegration plan and the sector of work that the migrants are/were engaged in. Three groups of migrants were considered for the purpose of this assessment: current migrants (the migrants who are still in countries of destination, including India, GCC

countries and Malaysia); returnee migrants; and aspirant migrants (the migrants who have received final labour approval but are waiting for lockdown to be lifted to migrate upon the confirmation of their respective employers).

2. Methods and Materials

This paper is based on a survey carried out by the International Organization for Migration (IOM), Nepal. The survey was completed over a two weeks period, commencing from 30 June to 15 July 2020, under the leadership of the author of this paper. The survey mainly adopted a quantitative approach to data collection, which were cross-verified through desk reviews. Two methods – purposive sampling at the first stage, and randomisation among the selected population – were employed to ensure the representation of respondents from different backgrounds.

To select the sample size, recorded migrant workers data were collected from the Ministry of Labour, Employment and Social Security (MOLESS, 2020). These data were cross-checked with the census data accessed from the Central Bureau of Statistics (CBS, 2012). The total sample size was maintained at 3,000. Of those interviewed, 501 were current migrants residing in GCC countries, Malaysia, India and other countries; 500 were from among the aspirant group who had already taken final approvals from the Department of Foreign Employment and the remaining 1,999 were selected from a group of returnees, who had been back home from GCC countries, Malaysia, India and other countries. The respondents in each group were selected purposively.

In the case of returnees, the name list was prepared based on the records available at the holding centres in Kathmandu, immigration office, concerned provincial offices, District Administration Offices, concerned local governments, and different networks and organisations, namely National Network for Safe migration, NEEDS Nepal (for the case of returnees in Sudur Paschim), Pravasi Nepali Coordination Committee, Pourakhi Nepal, and Non-Resident Nepali Association.

Structured questionnaires (separate for each group) were prepared and were administered by experienced interviewers following a pre-test. The questionnaires covered current situation of jobs, benefits, health care and safety measures and the issues pertinent to human rights. Likewise, expectations of migrants in terms of their reintegration through support for employment and income generation were also covered.

Experienced telephone interviewers were assigned for this purpose so that the migrants would feel comfortable to respond to the questions and share their experiences. The survey was based on telephone conversation with the returnees, aspirant and current migrants (mostly living in GCC, Malaysia and India). However, some of the respondents also included those currently working in Japan, the Republic of Korea and Macao Special Administrative Region, and China.

The collected data were cleaned and edited and again converted to SPSS and STATA for analysis. The required tables, charts and graphs were generated in line with the objectives of the study by adopting bivariate and multivariate analysis approach.

3. Results and Discussion

3.1 Origin country

3.1.1 General situation of labour migration from Nepal

Around 500,000 people enter Nepal's labour market annually (CBS, 2019). Foreign migration and workers related data are collected and made available by the Central Bureau of Statistics (CBS), Department of

Foreign Employment (DOFE) and Ministry of Health and Population (MOHP) in Nepal and updated and analysed by the United Nations (UN) agencies like the International Organisation for Migration (IOM), International Labour Organization (ILO), universities and research institutes. CBS collects these data through national census as well as periodical surveys like Nepal Labour Force Survey (NLFS), Nepal Living Standard Survey (NLSS) and Demographic and Health Survey (DHS). The 2011 census on population and housing showed that almost 50 per cent of Nepal's households had a member who was either working overseas or had returned. While this labour migration has a significant positive effect on Nepal's economy, it also has a series of socio-economic impacts on the welfare of Nepali nationals and their communities. Exploitation of migrant workers is rife and aspiring labour migrants too often find themselves in a situation of irregular migration or trafficking (IOM, 2019).

The DoFE, under the MoLESS, is a key source of information on labour migration as it issues and records labour permits to migrants wishing to emigrate for employment. The data however has several limitations. Firstly, it comprises only the number of labour permits issued by the Government; importantly therefore, the large number of Nepalese who go to India are not recorded. As mentioned above, the terms of the 1950 Friendship Treaty mean that no labour permits are required for Nepalese wishing to migrate to India for employment. Secondly, by only indicating the number of permits issued, the figures cannot show whether one individual has received multiple permits or cases where permits may have been issued but then not used. The DoFE issued 4,099,926 labour permits between 2008/2009 and 2018/2019 that comprised of 3,888,035 males and 211,891 females (MOLE). The labour permits issued for foreign migrant workers in decreasing trend as per the recent dataset. In FY 2018/2019, DoFE issued 236,211 labour permits, compared to 354,082 in FY 2017/2018 (IOM, 2019). The DoFE issued 4,099,926 labour permits between 2008/2009 and 2018/2019 that comprised of 3,888,035 males and 211,891 females (DOFE, 2019).

Historically, Nepali migrant workers searched wage earning jobs mainly in India, however starting from the mid-1980s, Nepalese also started to migrate to the Gulf States and Malaysia for work. This resulted in an increase in migrant workers as well as in a proliferation of labour recruitment agencies and brokers. The decentralisation of passport issuance in Nepal also facilitated the migration of many unskilled and semi-skilled Nepalese. During the past two decades, Nepal has also witnessed an increase in the number of Nepali women seeking work abroad and being gradually recognised as important economic actors. The risk of exploitation and abuse of women migrant workers is high, particularly in largely unregulated sectors such as domestic work. The Government has put in place a series of measures seeking to protect the women migrants. To date, these measures have met with limited success and there is still evidence that many women migrants are in situations of risk. The process to be followed for Nepalese to migrate for employment is rather complex and can be time-consuming, which has spurred increase of recruitment agencies. It also means that many migrant workers use irregular channels to access foreign employment, not following the process of obtaining a labour permit (IOM, 2019).

3.1.2 Demographic characteristics of migrants

In the sample, about 10 per cent of the interviewees were females and 90 per cent were males. The proportion of female in the sample ranged from 8 per cent (current migrants) to 15 per cent (aspirant migrants). Among the returnee migrants, about 10 per

cent were females. This gender ratio in the sample is consistent with the whole population of migrants in Nepal. Nepal has witnessed an increase in the number of female migrants and is gradually being recognised as important economic actors. However, the proportion of females in total migrant population is still quite low, close to nine per cent (IOM, 2019).

Among the respondents identified in the study, most of the migrants were youth.

Table 1: Percentage of survey respondents by background characteristics

Characteristics	Current Migrants		Returnee Migrants		Aspirant migrants		Total	
	N	per cent	N	per cent	N	per cent	N	per cent
Gender								
Male	462	92.22	1808	90.45	424	84.80	2694	89.80
Female	39	7.78	191	9.55	76	15.20	306	10.20
Age								
<19 Years	2	0.40	125	6.25	11	2.20	138	4.60
20–24	40	7.98	494	24.71	164	32.80	698	23.27
25–29	114	22.75	502	25.11	144	28.80	760	25.33
30–34	129	25.75	366	18.31	98	19.60	593	19.77
35–39	105	20.96	249	12.46	56	11.20	410	13.67
40–44	72	14.37	154	7.70	17	3.40	243	8.10
45 and Above	39	7.78	109	5.45	10	2.00	158	5.27
Caste/Ethnicity								
Brahmin/Chhetri	226	45.11	761	38.07	156	31.20	1143	38.10
Dalit	51	10.18	502	25.11	62	12.40	615	20.50
Indigenous Nationalities	181	36.13	557	27.86	209	41.80	947	31.57
Tharu	11	2.20	21	1.05	16	3.20	48	1.60
Madhesi/Muslim	28	5.59	127	6.35	41	8.20	196	6.53
Other	4	0.80	31	1.55	16	3.20	51	1.70
Marital status								
Married	415	82.83	1337	66.88	337	67.40	2089	69.63
Unmarried	74	14.77	643	32.17	161	32.20	878	29.27
Divorced	6	1.20	6	0.30	0	0.00	12	0.40
Separated	0	0.00	11	0.55	1	0.20	12	0.40
Widow/Widower	6	1.20	2	0.10	1	0.20	9	0.30
Education								
Illiterate	14	2.79	115	5.75	12	2.40	141	4.70
Less than Primary	21	4.19	161	8.05	29	5.80	211	7.03
Primary	38	7.58	232	11.61	43	8.60	313	10.43
Lower Secondary	77	15.37	653	32.67	128	25.60	858	28.60
Secondary	140	27.94	502	25.11	162	32.40	804	26.80
Intermediate/10+	168	33.53	271	13.56	103	20.60	542	18.07
Bachelor	32	6.39	59	2.95	19	3.80	110	3.67
Master and above	11	2.20	6	0.30	4	0.80	21	0.70
Province								
Province 1	146	29.14	93	4.65	126	25.20	365	12.17
Province 2	33	6.59	268	13.41	58	11.60	359	11.97
Bagmati	83	16.57	297	14.86	142	28.40	522	17.40
Gandaki	141	28.14	718	35.92	68	13.60	927	30.90
Lumbini	82	16.37	119	5.95	68	13.60	269	8.97
Karnali	7	1.40	176	8.80	10	2.00	193	6.43
Sudur Paschim	9	1.80	328	16.41	28	5.60	365	12.17
Total Sample Size	**501**	**100.00**	**1999**	**100.00**	**500**	**100.00**	**3000**	**100.00**

Source: IOM Nepal (2020).

About 82 per cent of the sample respondents (92% aspirant migrants, 80% returned migrants, 78% current migrants) were between the ages of 20 and 40. Likewise, most of the migrants (70%) were married. A total of 83 per cent of the current migrants and 67 per cent of both the returnee migrants and the aspirant migrants were married. The proportion of migrants in other marital groups (divorced, separated, widowed) was nominal.

Among the sampled migrants overall, 38 per cent were Brahmins and Chettris, 32 per cent Janajatis, 21 per cent Dalits, seven per cent Madhesis/Muslims and two per cent Tharus. Among the current migrants, 45 per cent were Brahmins and Chettris, 36 per cent Janajatis, 10 per cent Dalits, six per cent Madhesis/ Muslims and two per cent Tharus. Among the returnee migrants, 38 per cent were Brahmins and Chettris, 28 per cent Janajatis, 25 per cent Dalits, six per cent Madhesis/Muslims and one per cent Tharus. A comparison between current and returnee migrants shows that proportionately more Dalit migrants had to return to Nepal as compared to other groups. Likewise, among the aspirant migrants, 42 per cent were Janajatis, 31 per cent Brahmins and Chettris, 12 per cent Dalits, eight per cent Madhesis/Muslims and three per cent Tharus. This gives an indication of a higher participation of Janajatis in migration in the recent times.

Most of the migrants had low educational status. A total of 78 per cent of them had attained secondary or less education; 18 per cent had intermediate (or 10+2) level of education; four per cent had a bachelor's degree; and, one per cent had earned master's degree or above. Of the total respondents, five per cent migrants were illiterate and seven per cent had studied up to primary level. Among the current migrants, 58 per cent had secondary education or lower, 34 per cent had intermediate level or equivalent, six per cent had a bachelor's degree and two per cent had a master's degree or above. The same figures for returnees were 83 per cent, 21 per cent, three per cent and less than one per cent respectively. In the aspirant migrants' group, the respective figures were 75 per cent, 21 per cent, four per cent and one per cent respectively.

3.1.3 Regional background of migrants

In total, a large share of migrants (31%) were from Gandaki Province, followed by Bagmati (17%), Provinces 1 and 2 (12% each), Lumbini (9%), Karnali Province (6%) and Sudur Paschim Province (12%). Among current migrants, 29 per cent were from Province 1 followed by Gandaki (28%), Bagmati (17%), Lumbini (16%), Karnali (1%) and Sudur Paschim (2%). Likewise, 36 per cent returnee migrants were from Gandaki followed by Sudur Paschim (16%), Bagmati (15%), Province 2 (13%), Karnali (9%), Province 5 (6%) and Province 1 (5%).

An assessment of regional background of current and returnee migrants gives an interesting picture. A large number of migrants from Province 1 seem to have stayed in countries of destination. On the other, there were more migrants in Karnali and Sudur Paschim who returned home. This could be because migrants from these two Provinces mostly go to India and returned home during the beginning of the Coronavirus pandemic in India. Likewise, the proportion of aspirant migrants was 28 per cent from Bagmati Province followed by Province 1 (25%), Gandaki Province and Lumbini (14% each), Province 2 (12%), Sudur Paschim (6%) and Karnali (2%).

3.1.4 Duration of stay in destination

Nearly two-thirds (61%) of the returnee migrants stayed in countries of destination for less than a year. On the other, about 41 per cent of current migrants worked for less than a year. The ratio of migrant respondents staying for more than two years was relatively lower (approximately 25%). For almost all (99%) who received labour permits, the duration of the contract period was 24 months.

3.2 Destination countries

Among the current migrants, 24 per cent were in Saudi Arabia, 22 per cent in United Arab Emirates, 21 per cent in Qatar, nine per cent in Malaysia and six per cent in India. Thailand and Kuwait shared 4 per cent each of current migrants (Figure 1). Among the returnees, half of them had returned from India, 12 per cent from Kuwait, 11 per cent from the United Arab Emirates, nine per cent from Saudi Arabia and six per cent from Malaysia. The return from India could be attributed to open borders, Nepal's geographical proximity and a huge number of seasonal migrants working in the Indian cities.

About 29 per cent aspirant migrants were prepared to go to Saudi Arabia, 26 per cent to the United Arab Emirates, 16 per cent to Malaysia, 11 per cent to Qatar and four per cent to Kuwait. Other countries included Japan (3.0%), Bahrain (2.8%), the Republic of Korea (1.2%), Oman (1.0%) and the Maldives (0.4%).

3.2.1 Occupational change

Most of the current migrants were employed in service, construction and manufacturing (about 20% each) sectors. In the production sector, eight per cent of them were employed, six per cent were serving as security personnel and five per cent as domestic help. Likewise, one per cent of them were working in agriculture. A majority (56%) of the returnee migrants were employed in the hospitality sector, followed by construction (13%) and manufacturing (8%). This indicates that service sector was the hardest

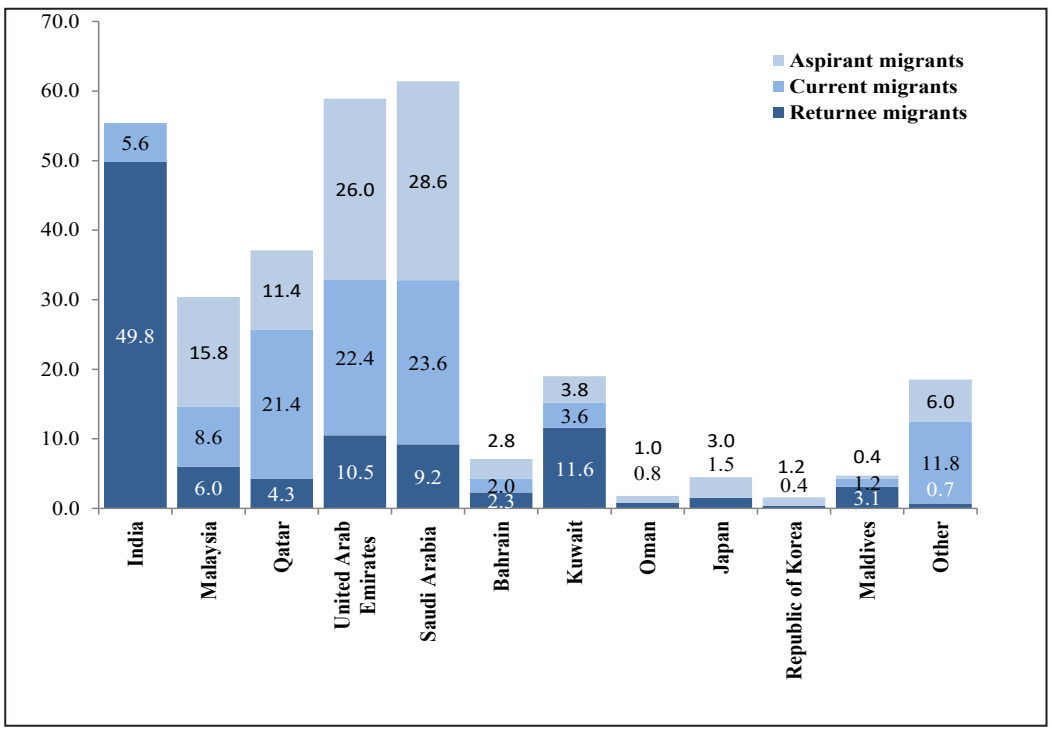


Figure 1: Percentage of migrants in destination countries

Source: *IOM Nepal (2020).*

hit due to COVID-19 resulting in job losses of Nepali migrants. Startlingly, 52 per cent of aspirant migrants had job in the service sector followed by manufacturing (13%), production and domestic work (7% each), security guard (8%) and agriculture (2%). This could also mean that aspirant migrants may not get employed in the stated occupation as 'service sector' as it seemed to be hardest hit by the crisis (Figure 2).

3.2.2 Current occupations in Nepal and reasons for migration

The current occupations of aspirant migrants indicate occupational opportunities in Nepal. Agriculture and domestic works seem to employ most of the aspirant migrants because 32 per cent and 20 per cent of the respondents stated to be involved in those occupations, respectively. About 10 per cent were employed in services, seven per cent in manufacturing, five per cent in construction and less than one per cent in teaching.

Push factors were most crucial for the people to migrate for foreign employment. For example, about 32 per cent of thee aspirant migrants stated "poverty" and 27 per cent "unemployment" as major reasons for their migration. The other reasons stated were "to make life better" (17%), to repay loans (11%) and to have better economic status (11%). A few others stated family pressure and peer pressure (0.4% and 0.2%, respectively) as the reasons to migrate. Therefore, the main reason of migration was for income making. Contrary to the popular assumption, migration of youth is not seen to be induced by social reason.

3.3 Migration vulnerabilities and support

3.3.1 Impact of COVID-19 on migrants and their job status

Almost all (98%) migrants stated that they have been affected by COVID-19

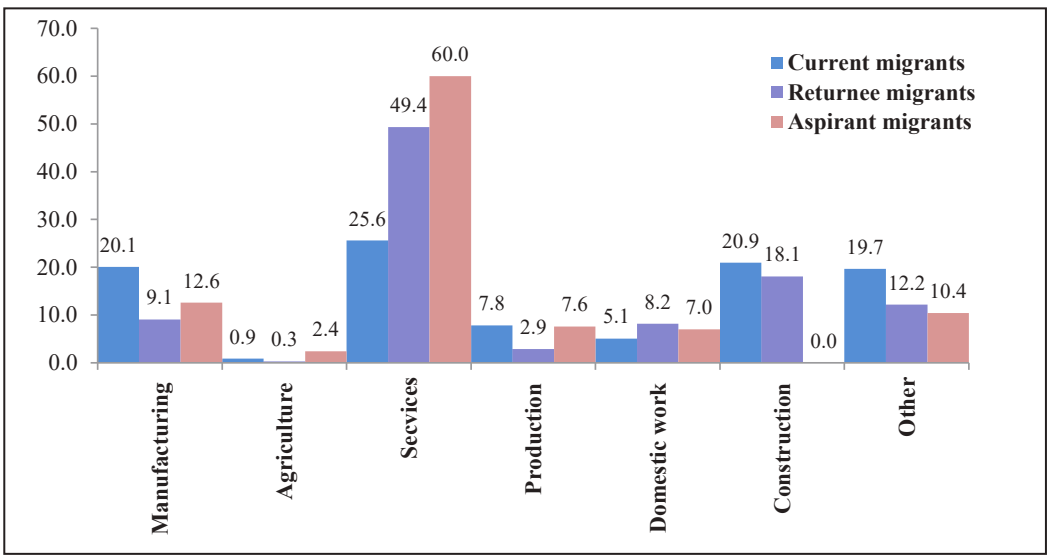


Figure 2: Occupation of migrants in different groups in destination countries

Source: *IOM Nepal (2020).*

in the countries of destination. Similarly, as stated by current migrants, the problem looms large for their job security following the COVID-19 pandemic. Even though all sampled current migrants are still in the countries of destination, about 63 per cent are at work and the remaining 37 per cent have been left without work. Some were laid off, some may re-join after a "vacation" period, and for others, the companies were closed. The job status of male and female is similar but "layoffs" were more common among female migrant workers (26%).

3.3.2 Source of support and change in working hours after COVID-19 in destination countries

For the migrants who were unemployed, yet staying in countries of destination, bearing the cost of living on their own has been a big problem. Nevertheless, about 51 per cent of these migrants stated that the cost of living is borne by the company. Likewise, about 44 per cent migrants still had to support themselves, five per cent received support from friends and relatives, and 0.4 per cent from welfare agencies.

Migrants who are working in countries of destination experienced changes in working hours following the COVID-19 pandemic but most of those still in jobs have not faced a decline in working hours. This is one of the reasons why they are still working. About 66 per cent of the current migrants stated that there has been no change in their working hours whereas 28 per cent reported decrease in working hours. For those who experienced a change in working hours, a majority (54%) said it increased by two hours and 39 per cent reported that it decreased by two hours a day (Figure 3). On an average, working hours increased by three hours and decreased by 4.4 hours.

3.4 Regularity in Payments

A majority of current migrants (70%) said they got regular payments. About 30 per cent reported that they did not get timely payments (Figure 4).

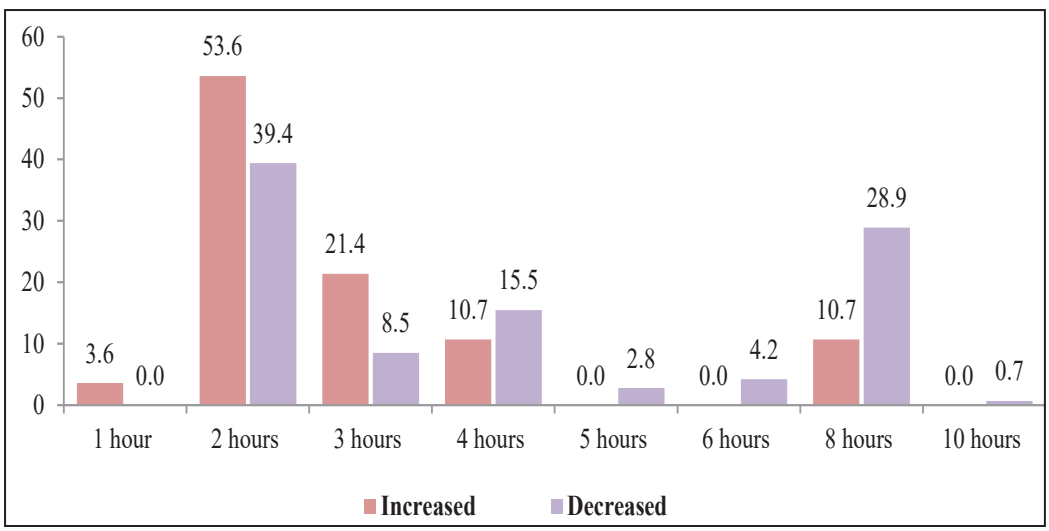


Figure 3: Change in daily working hours after COVID-19

Source: *IOM Nepal (2020).*

Higher numbers of female migrant workers did not receive a regular salary as compared to their male counterparts. More migrants engaged in domestic works did not receive regular payments as compared to other occupations. In terms of countries, more migrants (40% to 45%) in the United Arab Emirates, Kuwait, Bahrain and Malaysia stated that they were not paid on time. Those working in formal and organised sectors were largely paid in a timely manner, but this was not the case in informal and unorganised sectors.

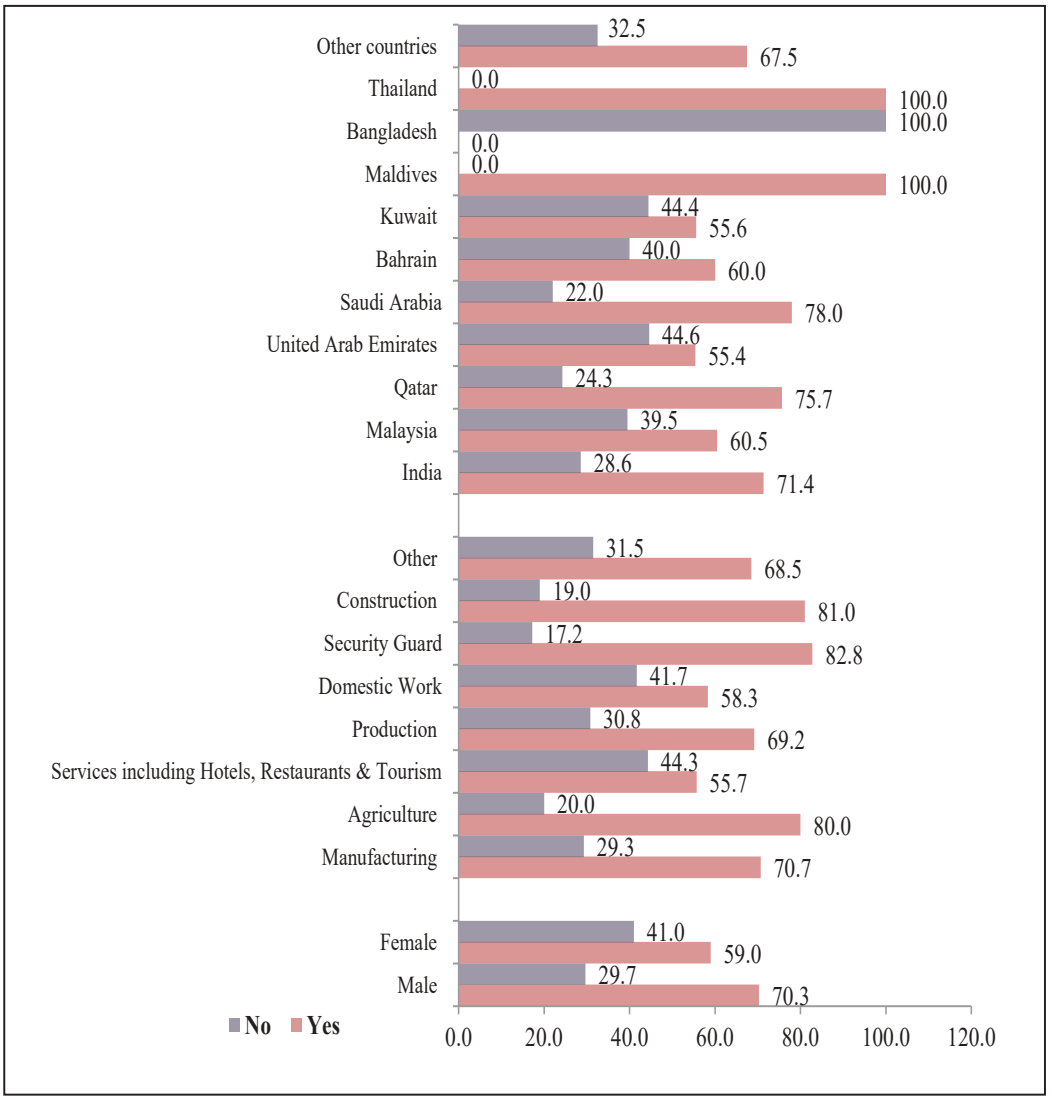


Figure 4: Regularity of salary payments by destination country, work sector and gender

Source: *IOM Nepal (2020).*

3.5 Social security scheme for current migrants

The Government of Nepal has launched contribution-based social security scheme in 2017. This scheme is funded through the contributions made by the workers and the employers. During the COVID-19 pandemic, the Government is credited for disbursement of fund for the workers losing jobs during the lockdown. A similar inquiry was made with the selected respondents. Bangladesh, Kuwait, India and Malaysia were reported as the countries providing little in terms of social security coverage for migrants. Major schemes in this regard were identified as insurance, medical services and economic support. Only Maldives was identified to have provided provisioning insurance for all the migrant workers whereas Bangladesh was identified applying none of these schemes. Minor economic support was found to be applied by Saudi Arabia and Kuwait, while Bahrain was identified to have better provisioning for the medical services. To conclude, Qatar, Saudi Arabia, Bahrain and the United Arab Emirates were relatively better in providing social security (Table 2).

3.5.1 Treatment of migrant workers in destination countries

The majority of current and returnee migrants (70% and 66%, respectively) reported that they were treated with respect and empathy while working in countries of destination. However, about eight per cent current migrants and about 25 per cent returnee migrants reported that they were disrespected by the local population in countries of destination. A few respondents were ambivalent over this question (Figure 5).

3.6 Challenges faced by migrants

In the wake of COVID-19 pandemic, migrants faced various challenges. Though about 64 per cent migrants reported that they

Table 2: Social security schemes received by current migrants (%)

Country	Insurance	Medical service	Economic support	Not at all
India	21.4	17.9	0.0	60.7
Malaysia	30.2	16.3	0.0	53.5
Qatar	30.8	47.7	0.9	20.6
United Arab Emirates	33.9	17.9	0.0	48.2
Saudi Arabia	29.7	44.9	1.7	23.7
Bahrain	0.0	70.0	0.0	30.0
Kuwait	0.0	11.1	5.6	83.3
Maldives	100.0	0.0	0.0	0.0
Bangladesh	0.0	0.0	0.0	100.0
Thailand	50.0	38.9	0.0	11.1
Other	42.5	15.0	5.0	37.5

did not experience challenges in countries of destination, other migrants said they faced various issues. One of the most pertinent challenges faced by the returnees was in terms of experiencing quarantine facilities upon their return.

3.6.1 Problems in quarantine facilities and local communities upon return to Nepal

Returnee migrants were asked to report on quarantine facilities upon their arrival to Nepal and the treatment they received in their local communities. About 90 per cent of the

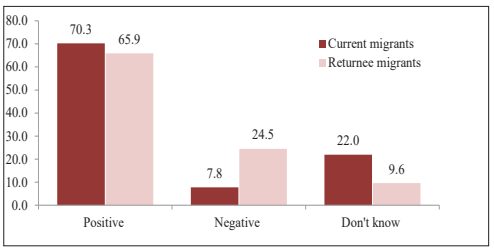


Figure 5: Treatment by locals at place of destination and home land

Source: *IOM Nepal (2020).*

returnees stayed in quarantine facilities. Of those staying in the facilities, 85 per cent reported that it was safe. One in four (25%) returnee migrants reported that they were not treated positively in their communities mainly because they perceived that the Coronavirus infection was taking place due to migrants. Two in three migrants reported that they were treated with respect and empathy.

9. Conclusion

This study examined the status of, and challenges and vulnerabilities faced by, Nepali migrants in the context of COVID-19 pandemic and supports needed for their reintegration. As is widely known, migrant workers are at the receiving front when the pandemic is raging across the globe. Demographically, most migrants were young (in the age group of 20–40 years) and married. The proportion of migrants in other marital groups (divorced, separated, widowed) was very small in size. A larger proportion of respondents were Brahmins and Chettris followed by Janajatis, Dalits, Madhesis/Muslims and Tharus. Most of the migrants had low educational status. About 78 per cent of them had obtained secondary or less education, and 18 per cent had earned the degree equivalent to Intermediate (or 10+2) level.

A comparison of regional background of current and returnee migrants gives an interesting picture. A large proportion of migrants from Province 1 seem to continue to stay in the countries of destination. On the other, there was more return migration in Karnali and Sudur Paschim provinces. This is because the migrants from these two provinces mostly go to India as daily wage labourers and returned home with the outbreak of COVID-19 pandemic.

Employment in service sector was more vulnerable than in manufacturing, which seemed more secure even at times of economic stress during the pandemic. Returnees were mostly employed in the service sector. In Nepal, agriculture seemed to be the main employment sector for most of the migrants. Push factors, mostly poverty and unemployment, were crucial for out migration, thus making employment and income generation the most important determinant for migration. Almost all migrants (98%) were affected by COVID-19 in countries of destination. Even those current migrants faced job losses, as only about 63 per cent are at work. Other 37 per cent are laid off and are on unpaid leave. About 44 per cent migrants still had to support themselves through their savings. About five per cent of them got support from friends and relatives and 0.4 per cent received support from welfare agencies. Some migrants experienced changes in working hours after COVID-19. A total of 28 per cent migrants reported decrease but 6 per cent reported increase in their working

hours. About 30 per cent reported that they did not get regular payments.

Different safety measures were used in the workplace and 98 per cent stated that they used one or another measure. However, two per cent did not use any safety measures. The main safety measures were, in order of importance, use of sanitizers and social distancing. Safety measures also varied from country to country. Fifteen per cent respondents viewed that the safety measures were insufficient. About 25 per cent returnee migrants reported that the local population in destination countries treated them negatively.

The destination countries were identified giving less attention towards the social security schemes for the migrant workers. Comparatively, Qatar, Saudi Arabia, Bahrain and United Arab Emirates were found in better position for providing social security. One in every 10 returnees did not stay in quarantine facilities and 15 per cent of those in quarantine facilities said that it was unsafe. Similarly, one in four returnee migrants reported that they were not treated positively in their communities mainly because of the fear of COVID-19 coming with the migrants.

References

ADB. (2020). COVID-19 impact on international migration, remittances, and recipient households in developing Asia. Manila, Phillipines: Asian Development Bank. Available at *https://www.adb.org/publications/covid-19-impact-migration-remittances-asia#:~:text=In%20this%20brief%2C%20ADB%20economists,immigration%2C%20labor%2C%20and%20health* (Retrieved 15 December 2020).

CBS. (2012). *Nepal population and housing survey*. Kathmandu: Central Bureau of Statistics.

CBS. (2019). *Nepal labour force survey report 2017/18.* Kathmandu: Central Bureau of Statistics, Government of Nepal. Available at: *http://wwwhttps://nepalindata.com/media/resources/items/20/bNLFS-III_Final-Report.pdf.dofe.gov.np/yearly.aspx* (Retrieved 27 December 2020).

CCMC. (2020). COVID tracker. Kathmandu: COVID-19 Crisis Management Center, Government of Nepal. Available at https://www.coronatracker.com/country/nepal/ (Retrieved 27 December 2020).

DOFE. (2020). Dataset on labour permission made available for the research purpose for IOM. Kathmandu: Department of Foreign Employment, Government of Nepal.

IOM Nepal. (2020). Status of Nepali migrant workers in relation of COVID -19. Kathmandu: International Organization for Migration. Available at https://nepal.iom.int/sites/default/files/publication/Rapid_Phone_Survey_Report.pdf (Retrieved 23 December 2020).

IOM. (2019). *Migration in Nepal: A country profile 2019.* Kathmandu: International Organization for Migration.

IOM. (2020). *World migration report 2020*. International Organization for Migration. Available at www.iom.int/wmr (Retrieved 15 July 2020).

Migrant Forum in Asia. (2020). *Appeal No. 2: Urgent justice mechanism for repatriated Migrant workers now.* Available at urgent-justice-mechanism-for-repatriated-migrant-workers-now (Retrieved 11 July 2020).

MOLESS. (2020). *Nepal labour migration report 2020*. Kathmandu: Ministry of Labour, Employment and Social Security, Government of Nepal.

NHRC. (2020). *COVID-19 Mahamariko Chapetama Nepali Aapravasi Sramikharuko Adhikar Adhyayan Pratibedan, 2077* (Rights of Nepalese migrant workers amid COVID-19 pandemic*)*. Kathmandu: National Human Rights Commission.

NPC. (2015). Fifteenth Periodic Plan (2019/20–2023/24). Kathmandu: National Planning Commission, Government of Nepal (pp. 331–332). Available at https://npc.gov.np/images/category/15th_Plan_Final1.pdf. (Retrieved 18 December 2020).

The Kathmandu Post. (2020). Nearly 5,000 Nepali workers apply to return home on government support. 7 August 2020, The Kathmandu Post. https://tkpo.st/3ihNqZvhttps://kathmandupost.com/ national/2020/08/07/nearly-5-000-nepali-workers-apply-to-return-home-on-government-support

World Bank. (2020). *Jobs diagnostic Nepal.* Kathmandu: The World Bank. Available at http://documents1.worldbank.org/curated/en/501501592797725280/pdf/Nepal-Jobs-Diagnostic.pdf (Retrieved 18 October 2020).

Journal of Social Protection, 2020
Vol. 1, 51-69, http:doi.....

Assessment of Child Sensitive Social Protection Programmes in Nepal

Bishwa R. Pun[1]*, Gyanendra K. Shrestha[2]

[1] *Project Manager, Save the Children International, Nepal*
[2] *National Programme Adviser, National Child Rights Council, Government of Nepal*

*Corresponding author's email: bishwapun@gmail.com

ARTICLE INFO

Article history:
Received 11 Oct. 2020
Accepted 26 Nov. 2020

Keywords:
Child poverty and vulnerability
Child sensitive social sensitive
Inclusiveness
Life cycle
Social accountability
Social protection

ABSTRACT

Studies have shown that social protection programme can be detrimental to children if it is not designed and implemented in a proper way. Even programmes focusing on children can be counter-effective and can leave a long-term adverse effect in the lives of children. This article aims to assess the children focused social protection programmes in Nepal from a child rights perspective with a specific consideration around the area of social assistance. This article adopts a Core Diagnostic Systems Assessment Instrument (CODI) tool and is primarily based on secondary data. Results show that the current social protection system, especially focused on children, in Nepal lacks several elements of child sensitivity such as 'adequacy', 'respect rights and dignity' in designing and implementation. Furthermore, though the Government of Nepal prioritise social assistance by channeling reasonable funding, the share of children focused programmes is relatively low. Any investment made on children currently, would result in their better future and the country at large. Thus, increasing social assistance targeting children will contribute to better child protection and eventually have significant development impacts. This will also be critical in ensuring the rights of children in general and vulnerable children in particular.

1. Introduction

Social protection is generally understood as a set of public actions aimed at addressing poverty, vulnerability and exclusion as well as provide means to cope with major risks throughout the life cycle (UNICEF, 2009:2). According to the joint statement on advancing Child-Sensitive Social Protection (DFID et al., 2009), many social protection measures have already benefitted children, though they were not the primary beneficiaries. Rectification in the social protection policies and programmes targeting children can have huge positive changes in the lives of children (UNICEF, 2009). For instance, Child-Sensitive Social Protection (CSSP) policies and programmes address specific patterns of children's poverty and vulnerability in addition to recognising their long-term developmental benefits

through a focused investment. It considers the voices and views of children and their families, seeks to maximise positive impacts on the lives of children while minimising any adverse impact on them. Moreover, CSSP is a proven approach in combating child poverty and vulnerability wherein it explicitly analyses and monitors the impact of social protection on children in various contexts including age, gender, and different types of vulnerability (Save the Children, 2015).

Children who grow up in an extreme poverty, are more likely to become malnourished, get sick, drop out from school, and get exposed to dangerous or exploitative environment (Save the children, 2020). Social protection schemes targeting children could therefore play a pivotal role in averting these adverse situations. Investment on children through social protection schemes will not only benefit them but also their families, communities, and contribute to the overall development of the country. It is therefore imperative that CSSP schemes need to lay focus on children living with their families, also in addition to recognising and addressing the needs of children living in absence of their parents or guardians (Global Coalition to End Child Poverty, 2017; Save the Children, 2020).

There has been a rapid expansion of social protection schemes in Nepal, both in terms of its scale and coverage. Moreover, Nepal is regarded as one of the leading countries in terms of introducing such schemes. For instance, Nepal was the first country to introduce social pension, implement a set of nationally funded social protection schemes and is also in the process to finalising the National Framework for Social Protection (IDS, 2016). However, such schemes have never been analysed from the perspective of child rights. Though 'child-focused' terms are highly used in the documents, it may not necessarily be child-focused. Moreover, child-sensitive social protection schemes and child-focused social protection are used interchangeably, though they are different in terms of their approach and objective. There is still a huge gap in terms of understanding the concepts on social protection programmes from the perspective of children welfare. Drawing on the review of literature this paper analyses the social protection programme from the perspective of rights of children in Nepal. Furthermore, it calls upon the government to review its social protection system, policies, and programme to make it more child sensitive in the Nepalese context.

2. Methods and Materials

The data was gathered from secondary sources that include laws, policies, plans, programmes, and reports of the government and development partners. Among the various types of assessment tools available, this paper adopts the Social Protection tool for assessing child sensitivity, developed by the United Nations International Children's Emergency Fund (UNICEF 2014). This tool analyses the eleven dimensions of child sensitivity – expenditure, coverage and exclusion, acceptability, adequacy, appropriateness, adaptability, acceptability, transparency and accountability, responsibility and complementarity, participation, and impact. This paper is based on the following criteria and indicators to analyse child sensitivity in social protection of Nepal.

Inclusiveness: The social protection system should guarantee the children are protected at different stages of their lives. The goal is to eliminate coverage gap and inclusion of the poor and the most vulnerable children. It is considered as the indicator for inclusion of children from different stages of life cycle, inclusion of girls, ethnicity and children from poor families.

***Impact and adequacy*:** Social protection programmes provide regular and predictable benefit and quality services that are adequate and sufficient to meet the needs of children. Social protection schemes have positive impact on child's wellbeing as measured by age, gender, and different forms of vulnerability. Indicators such as outcome in child survival, nutrition and education available and benefit size for adequacy are considered for assessing the impact and adequacy.

Appropriateness:: At the policy level, it means the use of evidence and formation of clear and realistic targets and time frames to better address social protection needs of children. It is focused on acceptance of the social protection provisions by the target groups.

Respect for rights and dignity: The system is transparent and accountable for instance, through effective and efficient grievance and complaint mechanisms, ensure that the procedures are accessible to children. Social protection programmes and benefits are in line with human rights standards and principles, including participation by children in design, delivery and ensuring that the system doesn't cause harm to the children. It is considered to analyse the mechanism of social accountability such as child consultation, interface platforms, and grievance mechanism among others.

Governance and institutional capacity: Child sensitive social protection system requires a sufficient institutional capacity, and clear internal rules, regulation, reporting mechanism, and operating procedures. For its assessment, data management system, reporting system and human resource capacity are considered.

***Financial and fiscal sustainability*:** The level and quality of government spending on social protection, including direct and indirect expenditure is aligned with the needs of children. For this, it assesses the budget allocation for children, and the fiscal sustainability.

Coherence and integration: The set of existing programmes are internally coherent in that they complement each other with regard to addressing the most serious child deprivation. It assesses the coordination between the responsible ministries and departments (horizontal), among local government, provincial and federal government (vertical).

Responsiveness: The system has the flexibility to adjust/adopt in response to the changing needs of children and socio-economic crises, including in humanitarian crisis. Responsiveness requires regular monitoring and periodic evaluation for these development as well as of the social protection programmes and schemes. In the Monitoring & Evaluation (M&E) system, flexibility adjusts and adapts to address the needs and situation of the children. It is focused to assess the linkage of social protection with disaster risk reduction policy, and its flexibility in terms of social protection system.

3. Resultts and Discussion

3.1 Overview of social protection initiatives and child sensitive social protection in global context

The social protection programme was first introduced in Germany in 1880's targeting the health insurance of sick workers following which it was adopted by other countries. For instance, France started with unemployment allowance system from 1905 followed by the United Kingdom which initiated the health insurance, unemployment allowance and senior citizen insurance or allowance programme in 1911. Likewise, the then Soviet Union introduced the comprehensive social

protection arrangements in 1922, while the United States started the unemployment, senior citizen and retired personnel allowance and insurance (SPCSN, 2016). To date, social protection programmes are in implementation in many countries across the globe.

The issue of social protection has been addressed by the United Nations Universal Declaration of Human Rights in 1948, and various other declarations so far cover social protection issues for individuals and groups of different ages and backgrounds. Article 22 of the Universal Declaration on Human Rights, 1948 guarantees that everyone, 'as a member of the society, has the right to social protection and is entitled to realisation, through national effort and international cooperation and in accordance with the organisation and resources of each State, of the economic, social and cultural rights indispensable for his/her dignity and the free development of his/her personality'. Likewise, Article 25 (2) is specific to children and states that 'motherhood and childhood are entitled to special care and assistance'. The Social protection (Minimum Standards) Convention, 1952 (ILO Convention No. 102), which came into effect from 27 April 1957, is the only international instrument that establishes worldwide-agreed minimum standards for all nine segments of social protection (ILO, 1952). The United Nations Convention on the Rights of the Child, 1989 (UNCRC) recognises the child as a bearer of economic, social and cultural rights such as the right to education, to health care, to adequate standard of living; and to benefit from social protection (UNCRC, 1989). UNCRC also requires states to support families when they are unable to take care of their children. Though children are usually economically dependent upon adults, and when the later are unable to support, either because they are unable to find employment or because their circumstances (illness, disability, child bearing, old age and so on) prevent them from working, then the state has an obligation to ensure that children have some form of financial support, either paid directly to the child or via a responsible adult (OHCHR, 1990). Similarly, international organisations like Save the Children have their own set of definition on social protection where they define it as 'a set of policies, programmes and system that help poor and vulnerable individuals and households to reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks and, enhance their social status and human rights (Save the children, 2015:1). Furthermore, it has categorised social protection as social assistance, including cash transfers, in-kind transfers or a combination, social insurance, such as unemployment benefits, health insurance,– and relevant national legislation, policies and regulations, such as maternity policy (Save the children, 2015:1).

Likewise, UNICEF has its own definition on social protection where it is defined as a '…set of public and private policies and programmes aimed at preventing, reducing and eliminating the economic and social vulnerabilities to poverty and deprivation' by supporting the development of integrated systems addressing age and gender specific issues by means of a mix of different social protection interventions and in coordination with other sectoral policies. This definition takes into account four main components of social protection such as, social transfers, programmes to ensure access to services, social support and care provision, and legislation and policy reforms.

UNICEF's work on CSSP starts from publication of joint statement for advancing child sensitive social protection in 2009. UNICEF developed its first global social protection framework in 2012 and subsequently updated it in 2016. The framework is based on thrust of principles of the CSSP joint statement

and UNCRC. UNICEF has been focusing its CSSP work in middle and low- income countries. 'The conceptual foundations of UNICEF's approach to social protection remain unwavering and highlights it as 'a rights-based approach towards universal social protection as set out in the Universal Declaration of Human Rights and UNCRC' (UNICEF, 2019 :1). In Nepal, UNICEF's work on social protection is aiming at strengthening the social protection system in both development and humanitarian context, providing technical assistance to scale up the child grant at federal level set up until it reaches to all children under five years of age, improve the implementation and delivery of the child grant through improving enrollment and delivery process. In addition, UNICEF is scaling-up its efforts on shock responsive social protection. Top-up Cash Transfer programme during the 2015 earthquake is one of the very well-known examples of it.

Save the Children started working on CSSP since 2011 from South Asia (Nepal, India and Bangladesh), and is rapidly expanding in low-income countries across Asia and Africa. Moreover, it has accepted CSSP as one of its major strategies to reduce child poverty and has adopted six approaches for its advancement. First, strengthening child sensitivity in existing social protection programme to boost child nutrition and development outcome, and to reduce child labor (in Nepal, India, Bangladesh, Philippines Zambia). Second, piloting new child sensitive social protection programmes using evidence-based approach (in Myanmar, Nigeria, Cambodia, Guatemala, Somalia, Burkina Faso, Malawi, DRC and India). Third, improving access to existing government social protection among the most marginalised and deprived, through strengthening inclusion and accountability mechanisms (in Nepal, India, Philippines, Bangladesh and Nigeria). Fourth, advocate for increasing government's investment in child sensitive social protection for expanded coverage (Nigeria, Myanmar, Somalia, Nepal and Burkina Faso). Fifth, support climate change adaptation and shock responsiveness of social protection, with a focus on the need of children and their caregivers (in Malawi and other multi-countries). Finally, it links CSSP with humanitarian cash and voucher assistance (Save the Children, 2020).

3.2 Child poverty and vulnerability situation in Nepal

It is globally agreed that impoverishment among children is not merely limited to monetary terms. The United Nations General Assembly has adopted a new definition for child poverty that recognises multi-dimensional deprivation of children. The United Nations General Assembly defines child poverty as

> Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society (UNICEF, 2007).

Deprivation can change or overlap as a child grows depending upon the context. For example, nutrition deprivation could be more intense for early stage while education and protection deprivation would be more challenging in adolescence stage. Millions of children in Nepal are highly vulnerable and deprived of basic needs. Around 28.6 per cent of people are multi-dimensionally poor (NPC, 2018:1), among them, 34 per cent are children below the age of 15 (New ERA, 2017). Further, the Multi-dimension Poverty Index (MPI) report shows that children below age of 10 represent the poorest age subgroup of Nepal (NPC, 2018:17). The current status of

key indicators related to children is presented in Table 1.

3.3 Overview of social protection initiatives to address child poverty and vulnerability in Nepalese context

3.3.1 Evolution of social protection in Nepal

Social protection initiative commenced in the year 1935 with an effort to provide a lump sum annual amount to the wounded Nepali soldiers returning from World War I. The social protection measures have been included especially from the Sixth Plan (1980/81-1984/85) of the Government of Nepal, primarily focusing on cash transfers to address the issues of poor and marginalised groups. So far, social protection programmes for children and other vulnerable groups have been significantly improved and expanded. Coming to date, there are broadly two kinds of social protection programmes - contributory and non-contributory, as well as cash and kind transfer and services. The programmes

Table 1: Status of key indicators related to children, 2019/20

Age group	Indicator	Status (2019/20)
0-2 yrs.	Full immunisation coverage- %	70.2
0-5 yrs.	Child mortality rate/1000 live birth	28
0-5 yrs.	Underweight Prevalence (Nutrition) - %	24.3
0-5 yrs.	Stunting Prevalence (Nutrition) - %	31.5
0-5 yrs.	Severe stunting Prevalence- %	11.8
0-5 yrs.	Wasting Prevalence - %	12
0-5 yrs.	Severe Wasting Prevalence - %	2.9
0-2 yrs.	Children ever breastfed- %	98.7
0-2 yrs.	Early initiation of breastfeeding- %	41.7
0- 6 months	Exclusive breastfeeding under 6 months- %	62.1
6- 23months	Minimum acceptable diet- %	31.0
6- 23months	Minimum dietary diversity - %	39.7
6- 23months	Minimum meal frequency- %	68.9
2-5 yrs.	Early stimulation and responsive care- %	76.9
3-5 yrs.	Attendance to early childhood education- %	61.9
Under 10 yrs.	Net attendance ratio (adjusted) for grade 1- 5- %	74.5
Under 12 yrs.	Out of School rate (ECD to lower secondary) - %	5.6
Under 5 yrs.	Birth registration - %	77.2
Under 14 yrs.	Violent discipline- %	82
Under 18 yrs.	Child marriage- %	22.7
6-17 yrs.	Children engaged in Labor - %	37.4
Under 18 yrs.	Children's living arrangements (living with neither biological parents) - %	5.3
Under 18 yrs.	Prevalence of children with one or both parents dead- %	4.2
Under 18 yrs.	Children with at least one parent living abroad- %	20.4
Under 18 yrs.	Children with functional difficulties - %	10.6
Under 18 yrs.	HHs having housing (Flooring and Roofing) - %	67.3
Under 18 yrs.	HHs use of improved drinking water sources- %	97.1
Under 18 yrs.	HHs availability of drinking- %	80.3
Under 18 yrs.	HHs handwashing facility with water and soap- %	80.7
Under 18	Use of improved sanitation facilities- %	94.5

Source: *CBS and MICS, 2019.*

can be basically divided into three groups -

a. Social insurance: This includes pensions, allowances, saving funds, various insurance schemes and other facilities especially targeted for the employees from different sectors. The insurance is constituted through contributions from targeted people.
b. Social assistance: This includes cash transfers, in-kind assistance, free education, health and nutrition, and other services including emergencies - in non-contributory basis.
c. Labor market facilitation: This includes provision of skills and entrepreneurship trainings, food for work, development of rural infrastructure, one family one employment scheme, prevention of child labor, youth self-employment programme, grants for productive and innovation activities.

3.3.2 Social protection programmes and its legal and policy framework in Nepal

The Constitution of Nepal, 2015 guarantees the right to equality, and states social protection as fundamental rights (Government of Nepal, 2015:103-105). It clearly states that 'there will be no discrimination on the grounds of origin, religion, race, caste, tribe, sex, physical conditions, disability, health condition, matrimonial status, pregnancy, economic condition, language or geographical region, or ideology or any other such grounds' rights (Government of Nepal, 2015: 97, article 18). Nevertheless, it permits to make positive discrimination and special provisions to children among other needy sections of the society. Apart from the specific right to social protection, the Constitution has also guaranteed the right to free and compulsory basic education and free education up to secondary level; the right to free higher education to physically impaired and citizens who are economically poor; the right to live in clean and healthy environment; the right to emergency health care; the right to access to clean water and hygiene; the right to food; the right to appropriate housing; the right to safe motherhood and reproductive health; the right to compensation for the victim of violence and discrimination. Among others, Children's Act, 2018; Social Protection Act, 2018; Compulsory and Free Education Act, 2018; and Public Health Service Act, 2018, all have social protection provisions for children.

The Government of Nepal has given high priority for social protection programme. The Fifteen Plan (2019/20-2013/24) has clearly highlighted nation's vision, mission, goals and strategies in terms of prioritising the social protection programme. Likewise, the Child Act 2018 has identified over 18 categories of vulnerable children required of special protection from the state that includes orphan children, child labor, children in conflict of law, disabled, abandoned and unaccompanied, drug addicts, HIV/AIDS infected and affected, children affected by conflicts and so on. The government has initiated cash transfer for orphan children and declaring 'street children free' country from 2020 onwards.

The Government of Nepal has highlighted the issues of social protection programme in the budget speech in the fiscal year 2020/21. It includes gradual improvement of social protection programme in the life cycle, in addition to making it compulsory and universal, focusing for children and other poor and vulnerable people. A total of Nepalese Rupees (NRs) 3.76 billion has been allocated for this purpose which accounts to 6.6 per cent of the total budget. It is estimated that about 1.3 million children are benefited through this programme.

3.3.3 Children related social protection programmes in Nepal

The Government of Nepal has given high priority for value of investment in the early stage of a child, especially during the first 1000 days of the early childhood development. The government recognises the need for such investments to enable children to reach their full potential and contribute to long-term growth and prosperity of the nation (EPRI, 2020). The Government of Nepal has adopted the life cycle approach for social protection (Table 2). Within the three dimensions of the social protection programme, children in Nepal are mostly benefitted from social assistance and social services. It covers free education, health and nutrition programme at large, and child grant, scholarships, mid-day meal birth registration incentives in specific. Health and nutrition related programmes are presented in Table 2.

There are some categories of children who need to stay in the hostel for the purpose of their studies which can be attributed to several reasons. For example, some students, who come from high mountain areas, are not able to attend secondary and higher secondary education since it takes days to reach the schools. So, they need to stay in hostels based in schools or close to it. Similarly, some children with disability also need to stay in the hostel since their families cannot take them to school every day. Staying in the hostel costs higher in comparison to other

Table 2: Child health and nutrition related social protection programme in Nepal

Life cycle stages	Scheme	Benefit size
0 – 5 yrs.	Child grant: Universal in 14 districts * and for Dalit children in rest of the country	NRs. 400 per child per month
0- 5 yrs.	Birth registration incentive for *Dalit* children	NRs.1000 per child (One-time)
0-5 yrs.	Multi-sectoral national nutrition programme in 25 districts	Super flour and complementary food distribution and other Nutrition services
0-5 yrs.	Nutrition rehabilitation center for children suffering from severe malnutrition	Free health checkup, nutrition service and free food for children and care- taker
0-5 yrs.	Immunisations (11 types)	Free immunisations
0-5 yrs.	A separate dedicated hospital at federal level	Free treatment for newborn and children from poor families
0-15 yrs.	Special waiver for children who are suffering from serious heart diseases	
0-17 yrs.	Free deworming	
3-10 (ECD – grade 5)	Mid - day meal in Karnali and 14 districts**	Free day meal of NRs.15
4-5 yrs.	Early Childhood Development Programme	Free education in 3412 centers

Source: *Save the Children, 2017.*

* *Dolpa,Humla,Jumla,Kalikot, Mugu, Rautahat, Achham, Bajhang, Mahottari, Jajarkot, Sarlahi, Dolti, Bajura and Siraha*

** *Karnali (Dolpa,Humla,Jumla,Kalikot, Mugu)Kailali, Bardiya, Dang, Pyuthan, Rolpa, Kapilbastu, Nabalparasi, Bara, Dhading, Sindhupalchowk, Rasuwa, Siraha, Saptari and Sunsari.*

students, who stay with their own family. So, the Government of Nepal has two types of scholarships – residential and non- residential – to address the different types of issues that children face in Nepal. Table 3 presents residential scholarship provided to children from different vulnerability categories, who stay in hostel for education.

According to the Ministry of Education, this programme contributed to increase the access and retention of targeted students in school education. The government has allocated NRs. 2.70 billion for various scholarships in the fiscal year 2020/21. Besides the residential scholarship, the government has been providing various non-residential scholarships

Table 3: Residential scholarship provisions for students

S.N.	Life cycle stages	Scheme	Benefit size
1	6-14 years (Grade 1 – 8)	Scholarships for children with disability who stay in hostel	NRs. 4,000 per child per month (NRs. 40,000 annual) + Hygiene cost NRs. 500 per child per month + (NRs. 5,000 annual)
2	12 –17 years (Grade 6 – 12)	Scholarships for free girl child labors (Kamlari) who stay in hostel	NRs. 4,000 per child per month (NRs. 40,000 annual) + Hygiene cost NRs. 500 per child per month + (NRs. 5.000 annual)
3	12 – 17 years (Grade 6 – 12)	Scholarships for children from remote districts (Mustang, Humla and Jumla) who stay in *Himali* hostel	NRs. 1800 per 4,000 per child per month (NRs. 40,000 annual) + Hygiene cost NRs. 500 per child per month + (NRs. 5,000 annual)
4	15-17 years (Grade 9 – 12)	Scholarship for girls from Mountains* and endangered ethnic groups** who stay in hostel	NRs. 4,000 per child per month (NRs. 40,000 annual) + Hygiene cost NRs. 500 per child per month (NRs. 5000 annual)
5	6-15 years (Grade 6-10)	Scholarship for children from endangered ethnic groups from Sankhuwasabha, Rasuwa, Taplejung, Gorkha, Jumla and Darchula districts who stay in hostel	NRs. 4,000 per child per month (NRs. 40,000
6	14- 16 years (Grade 9-10)	Scholarship for children from very poor families who are graduated grade 8 but could join grade 9 who need stay in hostel	NRs. 4000 per child per month (NRs. 40,000 annual) + Hygiene cost NRs. 500 per child per month (NRs. 5000 annual)

Source: *Save the Children, 2017*

* *Ilam, Okhaldhunga, Mahottari, Sarlahi, Nuwakot, Palpa, Kapilbastu, Dang, Baglung, Rolpa, Dolpa, Kailali, Jajarkot, Jumla, Humla, Doti, Baitadi, Dolakha, Makawanpur and Rautahat districts.*

** *Chepang, Raute, Kusunda, Hayu, Bankariya, Rajhi, Majhi, Kisan, Lepcha, Thami, Danuwar, Baram, Satar/ Santhyal, Jhangad, Kubaudiya, Meche, Surel, Thudam, Sichar, Lahimi (Singsama Bhote) and Dhanak.*

for girls, children with disabilities, children of martyrs, children affected by armed conflict, girl child laborers (*Kamalari*), children of *Dalit* and marginalised groups and child laborers. Table 4 presents non-residential scholarships schemes for children from different vulnerability categories, and those living with their families.

Millions of targeted children have benefited from these scholarships in addition

Table 4: Scholarship for children from different vulnerability categories who is living with their families

S.N.	Life Cycle Stages	Scheme	Benefit size
1	6-14 years (grade 1 – 8)	Scholarships for children with disability who need to support to travel to school	NRs. 500 per child per month for 10 months, (NRs. 5,000 annual) + Supporting equipment cost NRs. 300 per month for 10 months (NRS. 3,000 annual)
2	0-17	Scholarships for children of martyrs	NRs. 12,000 annual per child for grade 1-5 NRs. 18,000 annual per child for Grade 6-8 and NRs. 24,000 annual per child for grade 9 – 12
3	0-17	Scholarships for children whose mother or father is killed in armed conflict	NRs. 10,000 annual per child for grade 1-5 NRs. 12,000 annual per child for Grade 6-8 NRs. 14,000 annual per child for grade 9 – 10 NRs. 16,000 annual per child for grade 11 – 12
4	0-17	Scholarships for children whose mother or father has disable by armed conflict	NRs. 5,000 annual per child for grade 1-5 NRs. 6,000 annual per child for Grade 6-8 NRs. 7,000 annual per child for grade 9 – 10 NRs. 8,000 annual per child for grade 11 – 12
5	6- 17	Scholarships for free girl child labors (Kamlari)	NRs. 1,500 annual per child for grade 1-8 NRs. 1,800 annual per child for Grade 9-10 NRs. 5,000 annual per child for grade 11 – 12 NRs.10,000 annual per child for higher education
6	15-17	SEE bridge course support for *Dalit* children	
7	14-15 Grade 8-9	Scholarship for children who are from economically very poor families support for *Dalit* children	NRs. 1,700 one-time support
8	14-15 Grade 8-9	Scholarship for children who are from endangered ethnic groups, free laborers, ethnic minorities, *Haliya, Charuwa and Badi* communities	NRs. 1,700 one-time support
9	0-17 years	Scholarship for girls from Karnali and very poor families	Stationaries or school dress support NRs. 1,000 for grade 1-5 and NRs. 1,500 for grade 6-8 per girl child one time support
10	6-14 years	Scholarship for children who are *Dalits*, poor families, conflict affected	Stationaries or school dress support NRs. 1,000 for grade 1-5 and NRs. 1500 for grade 6-8 per girl child one time support
11	0-17 years.	Scholarship for children from 22 ethnic groups, free laborers, *Badi, Haliya, Charuwa* who are *Dalits*, poor families, Conflict affected	NRs. 400 – 600
12	14-15 Grade 8-9	Ramnarayan Mishra special scholarship	NA
13	6-17 (Grade 1- 10)	Education material support for children who have not received any scholarship, as per need	NRs. 1,000
14	6-17 (Grade 1- 10)	Free textbook distribution	
15	6- 13 (Grade 1-8)	Dalit Scholarship	Terai – NRs. 450, Hill- NRs. 525, Mountain-NRs. 600 per child per year
16	6- 13 (Grade 1-8)	Girls Scholarship	Terai – NRs. 450, Hill- NRs. 525, Mountain-NRs. 600 per child per year

Source: *Save the Children, 2017.*

to contributing to bring children to schools and continue with their school education. In academic year 2016, 718,471 Dalit students in grades 1-8 and 92,229 Dalit students in grades 9-10 were supported for scholarships. Likewise, 28,033 students with disability in grades 1-8 and 3,754 students with disability in grades 9-10 benefitted from the scholarship programme. A total of 2,193,695 female students across the country and 11,351 female students in Karnali region benefitted from girl's scholarship programme. Similarly, 103,520 students from targeted populations at secondary level received the scholarship. Furthermore, 17,407 targeted students studying at the secondary level were awarded with the Ramnarayan Mishra special scholarship (Ministry of Education, 2016).

3.4 Assessment of social protection programme from child sensitive perspective

Many social protection measures – ranging from pensions to unemployment insurance – have already benefited children without explicitly targeting them (UNICEF et al., 2009). However, it is more important to assess the programmes from a child rights perspective, if they are meant to be child sensitive. The child sensitive social protection programmes of Nepal is assessed based on the following indicators.

3.4.1 Inclusiveness

*The social protection system should guarantee the children are protected at different stages of their lives. The goal is to eliminate coverage gap and inclusion of the poor and the most vulnerable childr*en.

The Government of Nepal has given emphasis to the investment in early stage of children for improvement of their nutritional status that can have long lasting effect in their future. Investment in their early stage, especially under five, has noticeably contributed to improvement of child survival rate and to reduce malnutrition in Nepal. Child mortality rate/1000 livebirth has been decreased from 162 in 1991/92 to 28 in 2019/20, infant mortality rate/1000 livebirth from 108 to 25, and neo-natal mortality rate /1000 livebirth from 50 to 16 (National Child Right Council, 2019:21-22). Child undernutrition rates substantially declined over the past two decades.

The prevalence of undernourishment has improved to a large extent from 36.1 per cent of population in 2015 to 8.7 per cent in 2019. Likewise, the percentage of underweight children (among 6-59 months) in Nepal was 43 per cent in 2000, 29 per cent in 2015 with a further drop to 27 per cent in 2016 and it has decreased to 24.3 per cent in 2019. Nepal has the target of reducing this to 9 per cent by 2030. Similarly, the prevalence of stunting among children under five years of age was 36 per cent in 2016 and has dropped to 31.6 per cent in 2019 (NPC, 2020:30-31).

During the same period, child wasting (low weight for height) declined from 15 per cent to 10 per cent (New ERA, 2017:225). The Government of Nepal has also allocated substantial resources to cover the adolescent stages through different scholarship schemes and has attempted to cover the most vulnerable children with disability and ex-child labor (Kamlari) as well as children from the most remote and geographically challenging areas. Investment in scholarships has been a success in terms of improving school enrollment in the last few decades. Net enrollment rate at the primary level has increased from 64 per cent in 1991/92 to 97.1 per cent in 2019/20. Likewise, girl's ratio at primary level has increased from 0.56 to 0.98 and the ratio between grade 1-12 reached to 1.01 in 2019/20. There has been a significant improvement in the retention rate of school education. However, about 3 per cent children are deprived of primary education followed by 31 per cent from secondary education

(grade 9-10) and 52.4 per cent from grade 11-12. Children below the age of five have left from birth registration, and about 30 per cent children have not received complete immunisations.

In regards to the coverage, most of the programmes are fragmented and limited. The Mid-day Meal scheme is limited to few schools of limited districts. Similarly, child grant does consider pregnancy period, which is the most sensitive phase for the development of child's brain. Almost nutrition focused programmes are geographically targeted and exclude thousands of children living in urban poverty. Coverage of child grant in comparison to other social protection schemes is very low. Still, 52.2 per cent of eligible children are not registered for child grant (Oxford Policy Management, 2020). The 'children who needs special protection from state' as defined by the Child Act 2018 are excluded from the social protection programme of the state such as orphan children, street children, HIV AIDs affected children and so on.

3.4.2 Impact and adequacy

Social protection programmes provide regular and predictable benefit and quality services that are adequate and sufficient to meet the needs of the children. Social protection schemes have positive impact of child well – being as measured by age, gender, different form of vulnerability.

Nepal's social protection system can be considered to have positively influenced children's lives in areas of poverty, nutrition and health followed by bringing positive changes with respect to education and child care (Institute of Development Studies, 2016). Further, social protection allowances are seen as regular and secure source of income at the household level (Center for Economic Development and Administration, 2017). Very recently, the Economic Policy Research Institute (EPRI) conducted an early impact evaluation on Nepal Child Grant Programme that had highly encouraging impacts among the lives of the children under five years. The evaluation shows that Child Grant Programme has the potential to contribute towards human capital accumulation and overall wellbeing of children living in beneficiary households. The quantitative data shows progress towards impact through three main pathways (i) improvements in acute and current malnutrition, (ii) direct investments in age-appropriate stimulation, and (iii) improvements in the status of women within households. The qualitative data support these findings through evidences on better nutritional knowledge and improved feeding practices (purchasing more, diverse and nutritious foods), improved uptake of health care services for basic illnesses, uptake of education (ECD), and access to essential and short-term credit (EPRI, 2020).

However, in case of benefit size or adequacy, there is a huge variance among different schemes. The social assistance allowances that the Federal Government provides are calculated arbitrarily. The allowance values promised to different groups vary from NRs. 400 to NRs. 2000 per month (Niti Foundation, 2019). Institutional delivery scheme is also not enough to address the real needs of pregnant women. Similarly, NRs. 400 for child grant is also too low in comparison to other adult scheme and is not enough to cover actual needs of the children belonging to very poor families (KARRAK India and Valley Research Groups Nepal, 2010). The values of the social assistance allowances that the Federal Government provides to different groups vary considerably and arbitrarily, and neither correspond to the nationally nor internationally defined standards required for fulfilling basic needs. The Federal Government should define the values based on objective in a way that would meet the beneficiaries' basic needs (Niti Foundation, 2019).

3.4.3 Appropriateness

The system's overall arrangement to respond to the needs, norms and context of children. At the policy level, it means the use of evidences and formation of clear and realistic targets and time frames to better address social protection needs of children

There is no evidence as of yet to show that the social protection programmes have been rejected by the beneficiaries in Nepal. Even in cases where the programmes have relatively low coverage, it may not be attributed to un-willingness or un-appropriateness. There are other reasons however, such as lack of awareness, lack of legal documents, and complicated procedures among others that have resulted in low coverage of such programmes. Though the coverage is yet to be improved, there is an increasing trend in the number of social protection beneficiaries every year. This is also another indicator that shows the social protection programme as an appropriate and relevant way to respond to the needs, norms and context of children and their families in Nepal. However, comprehensive study or analysis ahead of designing such programmes in order to know the need of target groups, cultural norms and values of the target groups, infrastructure for payment mode, is largely missing. Most of the time, decision on new scheme is made on an ad hoc basis. Many programmes in recent years have been introduced haphazardly through budgetary statements without sufficient preparatory work. The nature and coverage of these programmes indicate that many of them have been guided by piecemeal or appeasement approach rather than by a well-thought-out social protection policy (Khanal, 2014)

3.4.4 Respect for rights and dignity

The system is transparent and accountable for instance through effective and efficient grievance and complaint mechanisms which are accessible to children. Social protection programme and, benefits are in line with human rights standards and principles, including participation by children in design, delivery and ensuring the system doesn't cause harm to children

There is a strong need for social accountability mechanisms in this sector to be adapted in ways that serve to empower the poor and vulnerable beneficiaries (Ayliffe et al., 2017). This is more applicable in case of children who are dependent on adults and lack capacity to voice their concerns mainly because of their age. Social accountability is an approach where citizens are the key actors in terms of building accountability**.** More specifically, it refers to 'the extent and capacity of citizens to hold the state and service providers accountable and make them responsive to the needs of citizens and beneficiaries' (Ayliffe et al., 2017). Social accountability is important for social protection for at least three reasons: i) it helps programmes function effectively by reducing error, fraud and corruption; ensuring that social protection recipients receive the right amount of cash regularly, reliably and accessibly; and helping to improve policy design; ii) social accountability also contributes to broader efforts to strengthen state-society relations*;* and, iii) finally, having a voice on issues that affect our lives is central to our dignity and self-worth and is fundamental to rights-based social protection (Chan, 2018). Social accountability, according to Ayliffe et al., (2018:7), includes the elements such as citizen action (voice), state-action, information, interface, and civic mobilisation.

The Social Protection Act 2075 and Regulation 2076 of Nepal have provisions for complaints from beneficiaries and anybody about social protection (section 22 and section 20) who can submit his/her complaints to the judicial committee of the local government. However, there is no provision for citizen-

stage interface mechanism. Likewise, children are not considered as key stakeholders, and do not have provision for them to participate in any level of social protection management committee, policy formulation, monitoring and evaluation mechanism.

3.4.5 Governance and institutional capacity

Sufficient institutional capacity, and clear internal rules, regulation, reporting mechanism, and operating procedures.

The Government of Nepal has been progressive in terms of improving governance system to build its institutional capacity required for social protection. A separate department – National Identity Card and Civil Registration Department – has been established to manage non-contributory social protection scheme. The department is dedicated to establishing a national level robust online Management of Information System, and an established banking payment system to reduce all forms of leakage and ensure effective delivery of the service. The department is constantly engaged in building capacities of municipalities and ward officers.

Social protection in Nepal is regarded as an important part of policies aiming to reduce poverty and inequality, wherein it has been acknowledged for what is achieved so far. The drafting of the social protection framework and existence of a wide set of government-owned programmes across the lifecycle is a testimony , making Nepal a frontrunner in the region. Despite this positive trend, social protection in Nepal suffers from challenges at the institutional and administrative level. These include lack of strong leadership and coordination, proliferation of, and fragmentation between, programmes, and budget and capacity constraints. This undermines the effectiveness of social protection in general and for children specifically (IDS, 2016:35).

Ward offices, health posts and schools are an important platforms to deliver social protection programme in Nepal, though they still lacking adequate human resources, equipment and trainings and coordination. National framework for social protection is still in the draft phase and has remained as such for a decade. There is no systematic, strategic vision and guiding framework to regulate the social protection programmes at the local level.

3.4.6 Financial and fiscal sustainability

Statistics shows that about 68 per cent of the total social protection budget (cash transfer) is spent on pensions and allowances, 29 per cent on assistance allowances and three per cent on scholarships. According to the Economic Survey 2019/20 of the Ministry of Finance, about NRs. 72.8 billion was allocated for social assistance (cash transfer to senior citizen, single women, persons with disabilities, endangered communities, and child nutrition grant), and there were about NRs. 3.2 billion allocated for various scholarships. It is apparent that of all social protection allowance, the government spends 65 per cent or more on senior citizens (including health allowance), 24.5 per cent on single and widow allowance, 4.5 per cent on disability allowance, 1.2 per cent on endangered community allowance, and 4.8 per cent on child nutrition allowance. From the endangered community allowances, children's share comes to be merely 2.4 per cent. Out of this, the share of children from the support allowance group will be up to 7.2 per cent on top of scholarships. Currently, children with complete disabilities and children of endangered group get NRs. 3,000/ month followed by children with disabilities NRs. 1,600/month, child nutrition grants NRs. 400/month and birth registration incentive of NRs. 1,000.

Looking at the various types of cash transfers (monthly allowances) currently being provided, the cost for the financially inactive citizen is actually considered as an

expenditure, while the cost for the child is an investment in terms of future human capital development. It has become imperative today to increase the share of child-oriented social protection in the total amount of assistance allowance, that is stated under the social protection scheme. This should be based on the needs and protection of the children. Moreover, the contribution of the federal, provincial and local level government in this work should be mainstreamed.

The Government of Nepal is planning to increase the budget for social protection to 13.7 per cent by 2025. With this, about 60 per cent of the citizens will be covered by the social protection floor (NPC, 2019:228). Slowly it can be governed by the national social protection framework but would become a huge obligation for the government. The Government of Nepal is planning to make social protection universal at least to reach out to as much people as possible through its social protection floor. It requires huge budget, which in reality, is impractical. Once these programmes are launched, it is politically impossible to pull them back. So, the Government of Nepal has to initially introduce the national framework, and review the current social protection system before moving ahead, in addition to designing strategies to ensure its sustainability.

3.4.7 Coherence and integration

The Government of Nepal has made substantial improvements in the Constitution, laws and policies, institutional structures, plans and programmes in terms of ensuring the rights of children as a part of fundamental rights (NCRC, 2019). The National Child Right Council has been established under the Child Act 2018 to monitor the child rights situation in Nepal. The council has been actively coordinating and collaborating with various government agencies, development partners, non-governmental organisations, civil societies, and media for the wellbeing of children. In terms of the annual budget allocation for children under social protection, there has been a significant increase in the past few years. It shows that the Government of Nepal is sensitive towards the children in need of special protection from the state.

However, in regard to the coherence and integration, there is no comprehensive policy on overall transfers which could also comprehend social security and protection related issues more judiciously (Khanal, 2013). Lack of coordination was found to be a fundamental shortcoming to the functioning of Nepal's social protection system in addition to lack of a monitoring and regulating body that could provide guidelines, advice and regulations. A large number of ministries operate their own parallel programmes and distribution systems without cross-linkages (IDS, 2016:35). For example, mid-day meal is implemented by schools and is not coordinated with the health posts. Similarly, child grant is implemented by ward offices which requires birth registration certificate, but child grant is not coordinated with birth centers that can complement each other to ensure better results. Likewise, in regards to the scholarship schemes, its distribution is not functioning in an integrated manner; it is rather functioning in a scattered way, and there are variations in terms of scholarship distribution process from school to school, district to district and little internal coordination between different sections of the District of Education (DoE) responsible for scholarship distribution exists (Kafle, 2018: 2-3)

It has been observed that the role of the provincial government to implement the federal government funded social protection programme is not clear. The federal government is directly releasing budget to local governments and reporting system does not involve the provincial government. Some provincial governments have announced the new schemes like *Beti Bachau Beti Padhau (BBBP)* in Province 2*, Bank Khata Chhoriko,*

Surakchhya Jivan Bhariko in Karnali Province, Cash Transfer for Orphan Children in Bagmati Province, while none of these are linked with the existing social protection system.

3.4.8 *Responsiveness*

Social protection is a major approach to build people's resilience to cope with the consequences of both natural and man-made disasters. Thus, social protection system should be flexible and adaptive in response to the changing needs of the citizens in both normal and humanitarian situations. Especially, children need such flexible and adoptive social protection system since they are the most affected from external shocks. When a crisis hits, effective social protection support is often a crucial factor in determining whether children can quickly return to normalcy or their life paths will be permanently altered (UNICEF, 2019). Due to its location and variable climatic conditions, Nepal is one of the most disaster-prone countries in the world. Every year, disasters result in loss of life and damage to properties (ECHO Factsheet – Nepal, 2019) and the Government of Nepal has come through rigorous response process that includes different forms of social protection programme such as cash transfer, in-kind support, livelihood supports, and stipend for the children. However, existing legal documents show that there is a lot to be done in linking social protection with disaster reduction management. Such as Article 43 of the Constitution confines its constitutional guarantee to social protection to certain groups of citizens (Government of Nepal 2015:105). However, despite the fact that disaster affects all citizens and not merely those enumerated by the article, the Social protection Act is silent on supporting the disaster affected citizens. Similarly, the Disaster Reduction and Management Act 2017 is the fundamental legislative policy to reduce and manage disasters in Nepal. The Act's preamble limits its objectives to protecting human lives, private and public property, natural and cultural heritages, and physical infrastructures. Empowering disaster vulnerable and affected people through building their resiliency is not reflected in the Act. It could perhaps be due to lack of national framework on social protection that would guide the linkage and integration of the social protection strategies with disaster risk reduction and management programmes and policies. Nevertheless, need for improvement in monitoring and evaluation system for social protection has been realised specially to respond to the need of children, though very few studies on social protection have been done from the children's perspective.

There are some issues and challenges in making the existing social protection programmes more child sensitive. Among others, share of social assistance (cash transfer) that should be increased for children and mainstreaming to one system; developing or widening fiscal space for sustainability; developing transparent mechanism in all three-tiers of the government; improving information management system that should be well informed to all service delivery mechanism as well as to all beneficiaries; improving system to categories needy beneficiaries; developing capacity of service providers in beneficiaries' rights perspective are some of the issues pertinent to the social protection programmes in Nepal.

4. Conclusion

The Government of Nepal seems to be sensitive towards children and has been increasing its investment in children focused programmes every year. The government has realised the importance of investment in early age of children to tap 'short window of opportunity'. However, the children's share is still very low in

comparison to other social protection targeted at the adults. The 'children who needs special protection from state' as defined by the Child Act 2018 are excluded from the social protection programme of the state such as orphan children, street children, HIV AIDs affected children and so on. Therefore, inclusion of these categories of children still needs to be improved. Secondly, social protection has been one of the priority areas of the state, wherein 3.5 per cent of the Gross Domestic Product (GDP) accounting to 11 per cent of the total budget is invested for social protection. This includes different forms of social protection such as social insurance, social assistance, social services, social funds and labor market. Accordingly, laws, policies and programmes are implementated by categorising social protection as contributory and non-contributory in nature.

The state is focusing on increasing contributary social protection to improve fiscal space and social protection programmes. These are quite popular among citizens, however there is lack of coordination, integration and complementation among ministries, and conceptual confusion and linkages among programmes. This can be attributed to absence of a comprehensive framework or directive at the federal level. Social accountability mechanisms are not prioritised, and thus participation of children and their parents/caregivers as right holders in the designing and implementation phase is lacking. There is no practice of periodic monitoring and evaluation of the programme to know the impact, adequacy, and appropriateness for children. Thus, the Government of Nepal has to evaluate the existing social protection programmes focusing on the effectiveness, efficiency, impact and sustainability primarily from a child sensitive perspective. The government appears to be serious about the governance in social protection, and so has been investing in digitization of data, establishing and strengthening online reporting system, and initiating banking payment among others. Moreover, the information management system should be comprehensive, integrated, and linked with different departments and ministries to augment the overall impact in the lives of children.

References

Ayliffe, T., Schojødt, R., & Aslam, G. (2017). Social accountability in the delivery of social protection - Literature-Review. Working Paper, Development Pathways p.8 https://socialprotection-humanrights.org/wp-content/uploads/2017/12/Social-Accountability-Literature-Review.pdf accessed on 12/25/2020

Ayliffe, T., Schojødt, R., & Aslam, G. (2018). Social accountability in the delivery of social protection: Technical guidance note, Development Pathways, March 2018. https://socialprotection.org/discover/publications/social-accountability-delivery-social-protection-technical-guidance-note accessed on 12/25/2020

Center of Economic Development and Administration. (2017). Impact study of social assistance (Cash Transfer). Kathmandu: The Department of National ID and Civil Registration (DoNIDCR) and Save the Children.

Chan, A. (2018). Social accountability in social protection: Unpacking concept. https://socialprotection.org/es/discover/blog/social-accountability-social-protection-unpacking-concept

accessed on 26 January 2018.

ECHO Factsheet - Nepal. (2019). Factsheet – Nepal (May, 2019). https://reliefweb.int/report/nepal/echo-factsheet-nepal-may-2019 accessed on 24 December 2020.

Economic Policy Research Institute. (2020). Nepal Child Grant Programme Early Evaluation Report. Kathmandu: United Nations International Children's Emergency Fund (UNICEF) p. 25.

Global Coalition to End Child Poverty. (2017). *Child-sensitive social protection. Briefing Paper.* https://resourcecentre.savethechildren.net/publishers/global-coalition-end-child-poverty, accessed on 12/01/2020

Government of Nepal. (2015). The Constitution of Nepal (2015). Kathmandu: Government of Nepal.

IDS. (2016). Improving social protection's response to child poverty and vulnerability in Nepal: Policy Brief. Kathmandu: Save the Children.

ILO. (1952). *C102* - Social Security (Minimum Standards) Convention, (No. 102). International Labour Organization. http://www.ilo.orghttps://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C102 accessed on 11/30/2020

Kafle, B. (2018). A study on the effectiveness of the scholarship provided at school level and identification of measures for its improvement. Kathmandu: Vertex Consult Pvt. Ltd. http://www.doe.gov.np/assets/uploads/files/0abf8e73c50b2cca90dc2b43e2eeb848.pdf

KARRAK Enterprise Development Services Private Ltd India and Valley Research Groups Nepal. (2010). A study on understanding the scope of social protection measures as a means to improve child wellbeing in Sindhupalchowk, 2010. Kathmandu: Save the Children.

Khanal, D. (2013). Social security/social protection in Nepal: Situation analysis. Kathmandu: International Labour Organization ILO, Nepal p.45.

Ministry of Education. (2016). Status Report, 2016. Kathmandu: Ministry of Education, Government of Nepal.

NCRC. (2019). State of Children in Nepal. Kathmandu: National Child Right Council, Government of Nepal. Nepal https://www.ncrc.gov.np/accessed on 17 December 2020

Nepal_MPI.pdf (npc.gov.np) accessed on 12/22/2020

New ERA Nepal. (2017). *Nepal Demographic and Health Survey*. Kathmandu: Ministry of Health, Nepal https://www.dhsprogramme.com/pubs/pdf/fr336/fr336.pdf accessed on 30 November 2020

Niti Foundation. (2019). Policy landscape of social protection in Nepal. Kathmandu: Niti Foundation.

NPC. (2018). Nepal Multidimensional Poverty Index: Analysis towards action. Kathmandu: National Planning Commission, Government of Nepal.

NPC. (2019). The Fifteenth National Plan (2019-2024), Approach Paper.

Kathmandu: National Planning Commission, Government of Nepal. https://www.npc.gov.np/np/category/periodic_plans accessed on 27 November 2020

NPC. (2020). Nepal: National review of sustainable progress report. Kathmandu: National Planning Commission, Government of Nepal.

OHCHR. (1990). UN Convention on the Rights of the Child (UNCRC). Office of the United Nations High Commissioner for Human Rights. https://www.ohchr.org/Documents/Professionalinterest/crc.pdf accessed on 11/30/2020

Oxford Policy Management. (2020). Coverage of social security allowance in areas at risk of floods and droughts, Nepal. Kathmandu: Oxford Policy Management accessed on 29 September 2020.

Roelen, K., & Sabates-Wheeler, R. (2012). A child sensitive approach to social protection: Survey practice & strategic needs, Journal of Poverty and Social Justice, 20(3): 291-306.

Sanfilippo, M., de Neubourg, C., Martorano, B. (2012). 'The Impact of Social Protection on Children: A Review of the Literature', *Working Paper* 2012-06, UNICEF p. 7.

Save the Children. (2014). Programing in Child Rights Governance: A Technical Guide for Practitioners, p. 40. Save the Children.

Save the Children. (2015). Child-sensitive social protection, position paper (November 2015). Save the Children. https://resourcecentre.savethechildren.net/node/12240/pdf/cssp_position_paper_english.pdf, accessed on 12/01/2020

Save the Children. (2020). Analysis of child-sensitive social protection in Malawi, https://resourcecentre.savethechildren.net/library/analysis-child-sensitive-social-protection-malawi, accessed on 11/02/2020

Save the Children. (2020). Child Sensitive Livelihoods, https://onenet.savethechildren.net/whatwedo/Child_Poverty/Pages/Child-Sensitive-Livelihoods.aspx accessed on 12/31/2020SPCSN (2016), Three-Years Strategic Plan (2016-2018), accessed on 11/30/2020

Save the Children. (2020). Global Child Sensitive Social Protection *Approach Paper,* https://resourcecenter.savethechildren.net p.2-8 accessed on 12/25/2020

UNICEF. (2007). UN General Assembly adopts powerful definition of child poverty. United Nations International Children's Emergency Fund https://www.unicef.org/media/media_38003.htm accessed on 12/22/2020

UNICEF. (2009). "Joint Statement on advancing Child-Sensitive Social Protection" p.2. United Nations International Children's Emergency Fund

UNICEF. (2014). A toolkit for assessing child - sensitivity in social protection: A_toolkit_for_social_transfers. United Nations International Children's Emergency Fund.

UNICEF. (2019). Programme Guidance: Strengthening Shock Responsive Social Protection system, 2019. United Nations International Children's Emergency Fund. https://www.unicef.org/media/63846/file accessed on 12/24/2020

Journal of Social Protection, 2020
Vol. 1, 71-79, http:doi.....

Social Protection Civil Society Network

Determinates Experienced by Persons with Disabilities for not getting Disability Identity Card. Case of Roshi Rural Municipality from Mid-Hill Nepal

Hemanta Dangal*[1] Supa Paneru[2]

[1] *Save the Children- Nepal Country Office*
[2] *Western Norway University of Applied Sciences, Norway*

*Corresponding author's email: hemantadangal@yahoo.com

ARTICLE INFO

Article history:
Received 23 Sept. 2020
Accepted 22 Nov. 2020

Keywords:
Persons with Disability
Disability Identity Card
Determinants
Service Providers
Knowledge

ABSTRACT

Disability Identity Card of a person is the key document for Persons with Disability which qualifies a person for disability allowance, a social security programme of Nepal government. This paper presents the determinants experienced by the Persons with Disability from Roshi Rural Municipality from mid hill Nepal, who had been staying without Identity Card despite being eligible. The paper uses mixed methods- questionnaire survey to capture the different aspects of sampled cases and in-depth interviews to explore causes for not receiving the disability identity card on time. The study had revealed that around half of the persons or their family members didn't have any information related to disability identity card thus they stayed idle. Whereas, around one third were found with knowledge about where to approach for the process even though they had not received because of different determinants like ambiguous information from service providers, lengthy and unclear process, geography, and lack of money

Introduction

Disability Identity Card of a person with disability is the only key document that qualifies the person eligible to register for Disability Allowance, the Social Security programme targeted to two categories of Persons with Disability – profound and severe disability, also commonly termed as category A and B type disability, respectively. Nepal government started disability allowance in the fiscal year 2008/09, the same year it had started distributing Disability ID card according to the provision of Disability ID Card Distribution Directive 2065 (2009). Based on the Nepal Government's bill 2063 (2006), section 56, the directive had provisioned the classification of disabilities into four categories on the basis of severity of disability in a person, which later on, the Act Relating to Rights of Person with Disabilities, 2074 (2017), and its first amendment 2018 has also continued. They are:

- *Profound disability: A person who is in such a condition that he or she has difficulty with performing his or*

her day-to-day activities even with continuous support of others.

- *Severe disability: A person who is in such a condition that he or she needs support of others continuously to perform personal activities and involve in social activities.*
- *Moderate (mid-level) disability: A person who is in such a condition that he or she can regularly participate in his or her daily activities and in social activities if physical facility is available, environmental barrier is ended or education or training provided.*
- *Mild disability: A person who is in such a condition that he or she can regularly participate in his or her daily activities and social activities if there exists no physical and environmental barrier.*

Before the federalisation of state, as per the provision of Disability ID Card Distribution Directive (2065), Women Children and Senior Citizen office at district level used to be the responsible government office to identify and distribute card. After the federalisation of state, to continue the service, Ministry of Women, Children and Senior Citizen prepared and circulated disability identity card distribution model procedure to all the municipalities on November 2018. According to the circulation, municipalities all over the country were asked to follow the model act and prepare local level procedure.

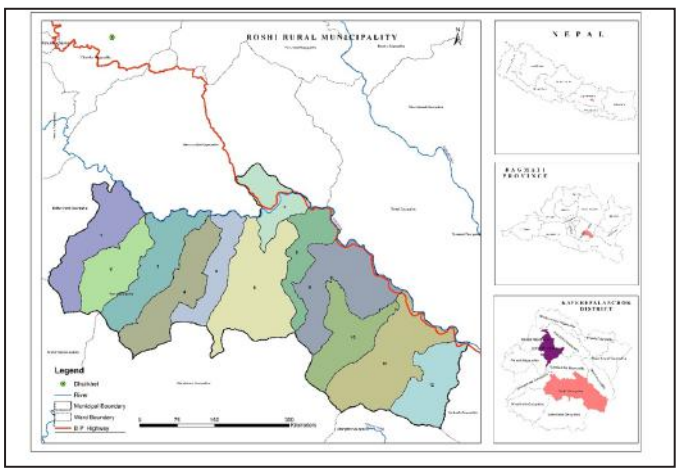
Following the model procedure circulated from ministry, Roshi rural municipality had adapted and endorsed its own procedure to identify and distribute disability identity card on December 2018. Immediately after the endorsement of procedure, Roshi municipality was found started community camps and distributed the cards to the significant numbers of people.

In this context, the study aimed to explore the determinants by formulating the research question "why people with disability had not received identity card even though they were eligible?

Methods and Materials

Study Area

As demanded by our research question, we were in search of the persons who had received the disability identity card after some gaps despite being eligible and from the time they themselves or their family member noticed the issue of disability with them. We noticed that Roshi rural municipality of Kavrepalanchok district from mid hill Nepal had organized community camps to identify the people with disability in 2019 and distributed cards to 222 persons who belong to different categories. Thus, Roshi rural municipality



was purposively selected as study site, which is one of the remote areas of Kavrepalanchok district. The municipality is connected with district headquarter by BP highway.

Sampling of respondents

Taking the total number i.e. 222 persons who were identified in a community camps and provided with disability identity card, a sample of 68 was fixed considering 95 percent confidential level and 10 percent confident interval. The selected sample size was reached by randomly selecting the cases.

Questionnaire survey

In order to collect data related to people with disability basically sex, age, education, occupation, category of identity cards as well as their family members' information, a semi-structured questionnaire was developed. A total of 68 sampled household were approached surveyed.

In depth Interviews

During the questionnaire survey, 23 cases out of 68 were found that eighter they or their family member had knowledge about how to process for the disability identity card. Thus, those cases were selected for in-depth interviews mainly to explore the reasons for not getting disability identity card despite being eligible and having knowledge about the process. A checklist was developed as interview guide.

Analysis of data

Quantitative data was tabulated in excel sheet and appropriate cross tables and charts were produced to present in an effective way. Qualitative data was transcribed, and its texts were classified and interpreted. Relevant case stories were presented in the boxes.

Results and Discussions

General overview of the respondents

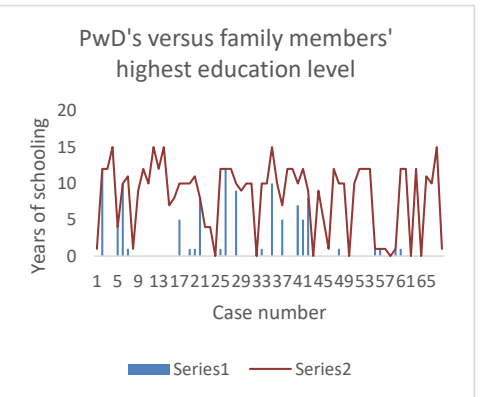
Category of Disablity	Female	Male	Total
Ka	9	10	19
Kha	10	19	29
Ga	5	14	19
Gha	1	0	1
Total	25	43	68

Respondents as per PwDs category

Among the respondents, 19 persons were from category A or red card holders, 29 were belong to category B or blue card holder, 19 were from category C or yellow card holder and 1 was belong to category D or while card holder. Number of female respondents were 25 and male respondents were 43.

Education

Out of 68 sampled respondents, 46 persons were illiterate, 10 were literate who could only read and write some basic letters and numbers, 7 were having basic education and 5 were found completing secondary education.



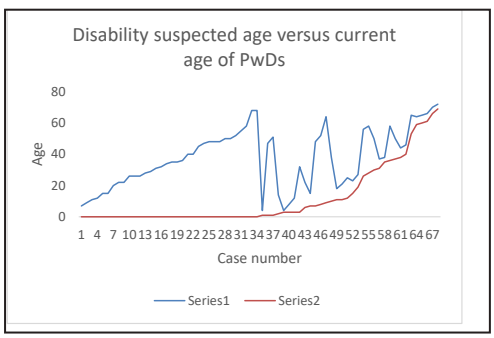
If we look at the years of schooling of PwDs and their family members, there are some differences. Compared to their family members, PwDs were found deprived of education. The highest years of schooling of PwD's family members is 15 whereas the highest years of schooling of PwDs is only 12. In compared to the family member's education, only a limited number of PwDs had education.

Family size and occupation

Regarding family size the maximum is 17 and minimum is 2. The average family size of PwDs is 6.35 which is bigger than national level average. Out of 68, 51 PwDs does nothing, where 11 were found engaged in agriculture related works, 3 were in local business and 3 were in jobs. The household members of 9 PwDs were in business, of 11 in jobs and of 5 are in foreign employment.

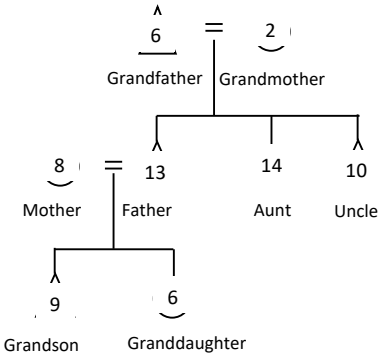
Age PwDs were suspected having disability

The data of persons with disability shows that almost half of the persons who are having disability at this age had noticed the issue during their birth.



PwDs as per to kinship ties

In the analysis of the people with disability from their family kinship ties and putting them in three layers of generation, then we see that 8 are from first generation or grand parents generation. Whereas 45 are from parents generation or second generation in family and 15 are from grand children's generation or third generation.



Participation of PwDs in social events

Participation of PwD in social events				
Gender	No	Seldom	Yes	Grand Total
Female	13	2	10	25
Male	18	1	24	43
Grand Total	31	3	34	68

All the respondents were asked about whether they take part in social events like marriage in their village or not. The result shows that half of the PwDs are taking part in the social events. A negligible number of respondents are taking part only in a few events. In the analysis regarding gender, 40 per cent of female are taking part where as 56 per cent of male are taking part.

Number of attempts by PwDs for card

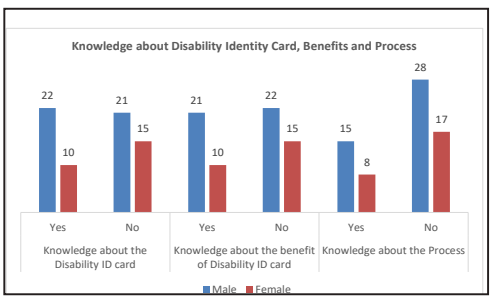
Almost all the people with disabilities had received the identity card in their first attempt. But there are a few cases, who had approached before too. Eight received in second attempt whereas one of the PwDs was able to receive the card in third attempt.

Gender	Number of Attempts		
	First	Second	Third
Female	23	2	0
Male	36	6	1
Grand Total	59	8	1

Determinants experienced by PwDs

Lack of knowledge about disability identity card, associated benefits and the process

The study had revealed that around half of the persons who received disability card in the campaign had knowledge about disability card beforehand either with them or their family members. Likewise similar number of people had knowledge about the benefit of disability card in their daily lives. Whereas around one third had knowledge about the process that they need to follow to apply for disability identity card.



Even though 23 out of 68 had knowledge about the whereabouts to approach for the disability identification card, they had not received because of various determinants in addition to knowledge.

Ambiguous information from service providers

The third one is the knowledge and proactiveness with service providers as nine already attempted to receive the card but were returned by the service provider without giving proper reasons.

Lengthy and unclear process

Geography

Geography as they need to travel to Dhulikhel which is far from their home and they were obliged to stay in their home.

Lack of Money

Money that they need for travel, food and lodge at Dhulikhel at they could not travel to Dhulikhel and return on the same day.

Conclusion

The study commenced in a situation where there were many people left out from receiving disability identity card despite being eligible. The community campaign which provided the card to the number of people proved the argument. Even though people had knowledge about the disability card, the benefit of card and the process they need to do in order to apply for the card, they were left out. Thus, in the current changing federal structure, it looks necessary that the local government organize a community camps or the outreach program at community level and identify the people with disability at least one time initially.

Reference

Disability Identity Card Distribution Procedure of Roshi Rural Municipality (2018). Roshi Rural Municipality

Ministry of Women Children and Senior Citizen, Disability Identification Procedure (2018)

Profile of Roshi Municipality (2019)

The Act Relating to Rights of Persons with Disabilities, 2074 (2017), First Amendment 2075 http://www.lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Act-Relating-to-Rights-of-Persons-with-Disabilities-2074-2017.pdf