Governance at a Glance, Issue 2: January 2021

THE COVID-19 OUTBREAK

An Exploration of the Complexities and Challenges Faced in Health, Education, and Migration Governance in Nepal

Governance Monitoring Centre Nepal

Centre for Social Change
सामाजिक परिवर्तन केन्द्र

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What is the current status of Health, Education, and Migration governance? How are governance systems organized, what progress have we made, and what changes can be expected in the coming future?

Our 'Governance at a Glance' series explores these questions from a lens of key thematic areas that have or have the potential to characterize Nepal's overall development and affect governance systems. The pages enclosed in this report represent a summary of the Nepal Government's Covid-19 response – explored through an assortment of key indicators, trend analyses, official government communications, and brief discussions of likely challenges that will be faced by relevant stakeholders in each of our three areas of focus.

About GMC Nepal
Governance Monitoring Centre Nepal is a research initiative by Kathmandu-based NGO Centre for Social Change. Using a variety of investigative methods and the latest in qualitative & quantitative research tools, GMC Nepal is dedicated to strengthen Nepali democracy and empower its citizens through accurate & up-to-date information.

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Glossary of Abbreviations

Certain commonly used shorthand abbreviations are used through the pages enclosed in this document to represent names of specific organizations, projects, studies, statistical composites, and/or governmental & non-governmental bodies for brevity.

They are listed below in the order of appearance in this report:

Covid-19	Novel Corona Virus Disease, Discovered in 2019
SARS-CoV-2	Severe Acute Respiratory Syndrome – Corona Virus – 2
CDC	Centers for Disease Control and Prevention
WHO	World Health Organization
UNSCN	United Nations System Standing Committee on Nutrition
ARDS	Acute Respiratory Distress Syndrome
rRT-PCR	Real-Time Reverse Transcription Polymerase Chain Reaction
PHEoIC	Public Health Emergency of International Concern
MoHP	Ministry of Health and Population
WoM	World-o-Meter
TIA	Tribhuvan International Airport
HEOC	Health Emergency Operation Centre
NHP	National Health Policy
ICU	Intensive Care Unit
UN	United Nations
EDCD	Epidemiology and Disease Control Division (MoHP)
UNESCO	United Nations Educational, Scientific and Cultural Organization
MoEST	Ministry of Education, Science, and Technology
UNICEF	United Nations Children's Fund
ICT	Information and Communication Technology
RtoR	Room to Read
IOM	International Organization of Migration
MoLESS	Ministry of Labour, Employment and Social Security
GCC	Gulf Cooperation Council
ILO	International Labour Organization
DoFE	Department of Foreign Employment

Coronavirus Disease 2019

Coronavirus Disease 2019, referred from here on in this document simply as **Covid-19**, is an illness caused by a novel coronavirus discovered in 2019, now known as severe acute respiratory syndrome coronavirus 2 (**SARS-CoV-2**), and was formerly called 2019-nCoV.

According to the United States Centers for Disease Control and Prevention (CDC), the new virus was first identified amid a sudden respiratory disease outbreak originating in Wuhan City, Hubei Province, China. The first instance of Covid-19 was reported to the World Health Organization (WHO) as having the potential to spread globally on 31st December 2019. Within the short span of a month, the WHO declared Covid-19 outbreak to be a global public health emergency on January 30th, 2020. As the disease continued to spread rapidly, the WHO officially declared the Covid-19 outbreak a global pandemic on 11th March 2020. Based on the most recent communications from WHO as well as other national and transnational public health governance bodies, the pandemic is still ongoing and no official timeline has been established to estimate its end.
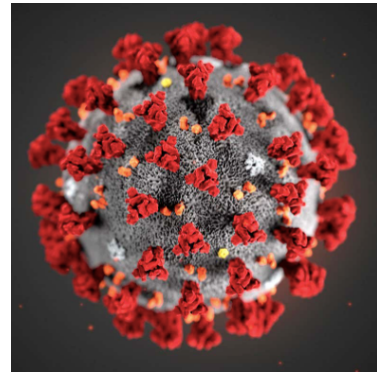

Figure 1: SARS-CoV-2; Source: UNSCN

Although a number of different vaccines have been developed and begun to be deployed in various countries around the world, the primary treatment is still symptomatic and most governments have largely focused their Covid-19 fighting efforts on the treatment of symptomatic patients, establishment of isolation centres, awareness campaigns, policy mandates (such as those requiring the use of face masks and public social distancing), and other such measures.
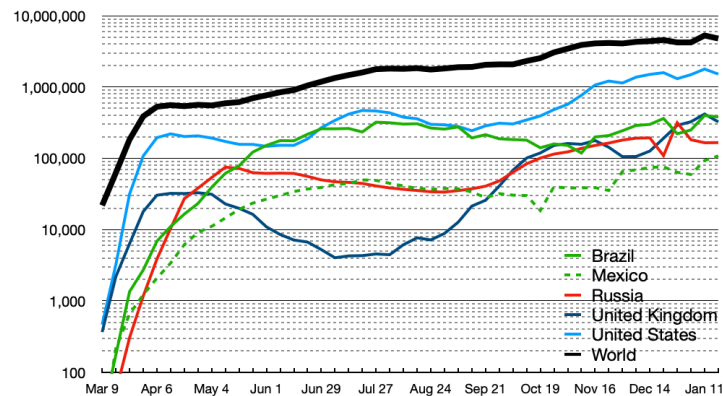
The Global Covid-19 Pandemic

Figure 2: Semi-log of weekly new cases;
Image Credit: Chris55.
Data Source: European Centre for Disease Prevention and Control

190 different countries have announced at least one case of locally transmitted Covid-19 within its territories. As of this publication, a over 96.9 million cases of Covid-19 have been confirmed across the world, with over 2.07 million of them resulting in death.

Figure 2 ploys semi-log plot of weekly new global Covid-19 cases along with country-trend lines of the five top cases-count countries. While each country shows certain individual variances in its trajectory, the overall trend observed in the world line (outlined in bold black) is roughly consistent in the long run.

Currently, there are no official declarations made on whether the spread of the virus has slowed down, although a number of countries have substantially relaxed preventative measures.

On the other hand, Figure 3 plots the semi-log of weekly deaths resulting from global cases of Covid-19, accompanied by the same top five cases-count countries. As the graph shows, the new-cases trend is roughly consistent with the deaths trend in the long-run. As was the case above, there is currently no indication observed that the number of deaths have decreased significantly.
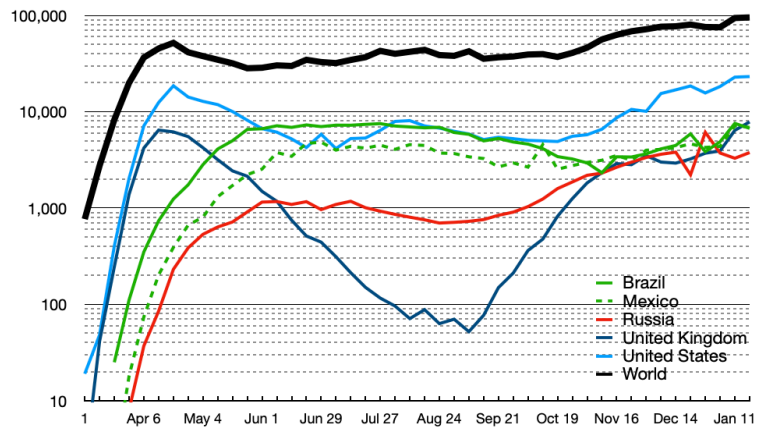
Pandemic-induced policies, mandates, and response plans have resulted in major economic and political disruptions, reported to be the largest global recession since the Great Depression of the 1930's. It has led to a number of governance challenges and social difficulties, which will be the focus of the remainder of this document in the Nepali context.

Figure 3: Semi-log of weekly deaths
Image Credit: Chris55.
Data source: European Centre for Disease Prevention and Control

The Covid-19 Pandemic in Nepal

The Covid-19 pandemic has caused a number of political, social, and economic disruptions in Nepal. The first case was confirmed on 23rd January 2020, when a citizen who had recently returned to Kathmandu from Wuhan tested positive for Covid-19. While it is unclear exactly when the outbreak began, the first official case of local transmission was confirmed on 4th April 2020 in Kailali District, Sudurpashchhim Province. The first official Covid-19 caused death was declared by the Ministry of Health and Population (MoHP) on 14th May 2020. As of January 15th 2021, over 266,816 cases of Covid-19 have been confirmed in Nepal according to MoHP. A total of 260,567 recoveries have been recorded till date, along with 1,958 deaths. At least one case of confirmed Covid-19 has been recorded in all provinces and districts of the country.
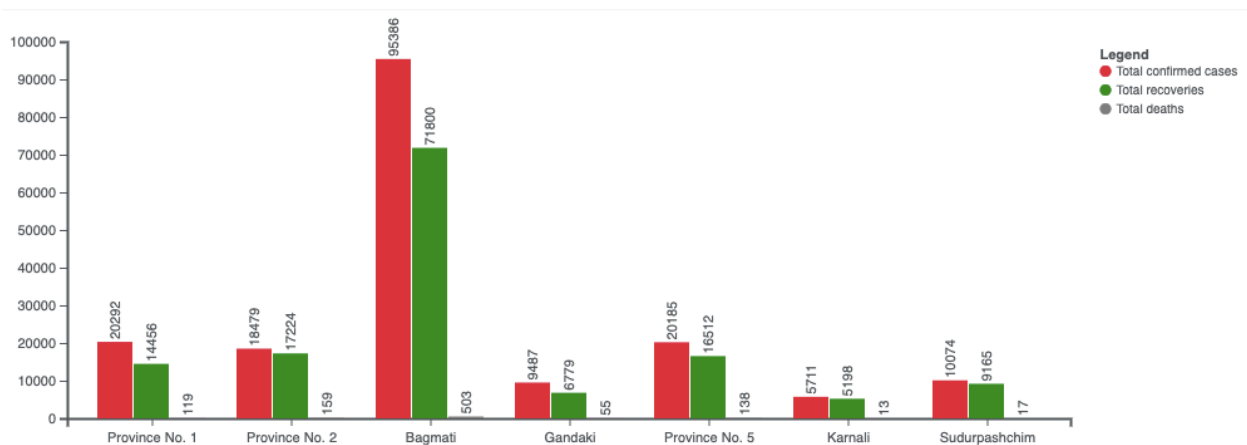

Figure 4: Cases, Recoveries, and Deaths by Province.
Data Source: MoHP: Covid-19 Situation Report #268

The clustered bar-graph above shows the distribution of the total number of confirmed Covid-19 cases, recoveries, and deaths in each of the seven provinces of Nepal. It is observable from a glance that Bagmati province has been hit significantly worse than any other province by a factor of more than two. Among its districts, Kathmandu – the nation's political capital and economic hub – has observed the most cases, followed by Lalitpur, another high-activity urban centre. Relatively low death counts are also quite striking in the graph, and strong high recovery rate seems consistent across provinces.

Online data aggregation portal Corona Tracker estimates that Nepal's Covid-19 fatality rate to is 0.7%, with an implied recovery rate of 99.3%, which is significantly higher than the world average recovery rate of ~97%, as estimated by online portal World-o-Meter. Speculations about underreported cases, faulty tests, and Covid-19 deaths incorrectly attributed to other causes have emerged in the media and public discourse given this curiously high levels of observed recovery. As of January 15th 2021, MoHP reports that over 2,000,000 real-time RT-PCR tests have been performed across the country in 40 active laboratories administering the procedures.

Since the beginning of the pandemic, the government of Nepal took a number of steps to prevent a widespread outbreak by declaring multiple nation-wide lockdowns, establishing health-desks in travel entry-points in Tribhuvan International Airport), sealing off land borders, suspending international flights, creating quarantine centres and temporary hospitals across the country, and launching a number of awareness campaigns. The Visit Nepal 2020 tourism campaign was also canceled, along with a number of different public & private projects across sectors.

Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30381	11.4	226	Cluster of cases	324	7
Province 2	20766	7.8	216	Cluster of cases	107	3
Bagmati	146956	54.9	981	Cluster of cases	3587	37
Gandaki	18120	6.8	205	Cluster of cases	607	8
Province 5	30129	11.3	246	Cluster of cases	850	20
Karnali	6489	2.4	27	Cluster of cases	42	2
Sudurpashchim	14802	5.5	64	Cluster of cases	268	3
National Total	267643	100	1965	Cluster of cases	5785	80

Figure 5: Laboratory-confirmed Covid-19 cases, deaths, and transmission by Provinces (N = 267643)
Source: WHO Nepal Covid-19 Situation Update Report; January 19th 2021

Health Systems Capacity

The table below outlines Nepal's current health systems capacity, in the form of assorted service treatment and/or equipment indicators that are necessary for the effective response to Covid-19. The data is current as of 15th April 2020, as per the Ministry of Health and Population's (MoHP) Health Sector Emergency Response Plan published in May 2020.

Service/Equipment	Capacity (in total national count)
Hospital Beds	26,930
ICU Beds	1,595
Ventilators	840
Hospitals with ICU facility	194
Hospitals with designated Covid-19 clinics	111
Hospitals assigned to treat Covid-19 patients	28
Isolation Beds	3,076

Figure 6: National Health Systems Capacity Indicators
Source: MoHP; Health Emergency Operation Centre (HEOC), as of 15th April 2020

While it is difficult to establish a frame of reference for adequate health systems capacity for an unprecedented crisis such as Covid-19, many have expressed concern over the low levels of available services and equipment in the country today. The 2072/15 Constitution and various National Health Policy documents throughout recent history have established access to means of good health and effective treatment as one of the fundamental rights of Nepali citizens. Recent health policy documents have also stressed the issue of low public health emergency preparedness in the country and have emphasized the immediate need of expanding available services as soon as possible. Thus, the figures above, particularly the alarmingly low numbers of ICU-quipped hospitals and ventilators have been cited as significant examples of governance failure in Nepal's public health domain.

Level	Possible Number of Positive Cases (max)	Maximum no. of person who need general treatment at hospital with isolation wards/beds (80%)	Maximum no. of persons who need hospitalization with Oxygen Support (15%)	Maximum no. of persons who need hospitalization for intensive care Service (5%)
I	0 – 2000	1600	300	100
II	2000 – 5000	4000	750	250
III	5000 -10,000	8,000	1500	500
IV	> 10000	>8,000	>1500	>500

Note: Based on the scenario, the existing policy/strategy will be amended accordingly.

Figure 7: Classification of Emergency Situations Based on Resource Availability
Source: MoHP, Emergency Response Plan for Covid-19 Pandemic

MoHP has classified four distinct situations, stylized as levels of observed emergency, to manage active Covid-19 cases. These levels were envisioned and laid out in the Emergency Response Plan document published by the Ministry. Levels I and II are assumed to be completely managed by current health systems. However, health systems are assumed to become over-burdened from Level III onwards, and international humanitarian assistance is required to manage Levels III and IV.

Early Response Policies

Given the Covid-19 outbreak's suddenness and Nepal's aforementioned low preparedness, many policy-level decisions were made ad-hoc, often described to be too centralized and haphazard by prominent voices in the public discourse – particularly in the first few months of the year. Prevention measures, mask/distancing mandates, official acts, preparedness plans, equipment designations, treatment plans, and awareness campaigns were all coordinated and declared in the first few weeks of the pandemic announcement. Many of the national lockdowns between March and July of 2020 were also rolled-out on a temporary basis, with declarations made requiring all non-essential personnel and organizations to remain shut on a two-week basis per announcement cycle.

Sukraraj Tropical and Infectious Diseases Hospital was first designated as the primary hospital for the treatment of Covid-19, as MoHP focused its initial efforts in planning for isolation wards, makeshift hospitals, and quarantine centres across the country. After the announcement of various treatment protocols by the UN, the Epidemiology and Disease Control Division of the MoHP adapted the suggested guidelines to form the national treatment protocols by February, which was then distributed across public and private hospitals, according to a story by the *Kathmandu Post* from March 2020. Another story from *The Himalayan Times* reports the formation of a high level committee to prevent and control the spread of Covid-19 under the leadership of Deputy Prime Minister Ishwar Pokhrel.

As of 15th March, the Nepal Public Health Laboratory in Kathmandu was the only lab capable of conducting Covid-19 tests. This facility has since been expanded to include 40 different laboratories across the country. MoHP officially barred employees from leaving Kathmandu valley and other ministries'/departments' employees were instructed to report on weekends to help with the ongoing response processes on the 20th of Match. Under the same communication, amidst public pressure, MoHP officially announced that all Covid-19 patients would be rescued and provided free treatment, which was viewed as an encouraging development at the time, although enforcement has been questionable.

Key Policies and Interventions

In May 2020, MoHP released the Covid-19 Pandemic Emergency Preparedness Plan, which was the first consolidated government effort in underlining various ongoing interventions since the start of the pandemic. A number of different measures, projects, and mandates were announced in the following areas:

Public Health Measures:

1. Institutional and Home **Quarantine Management** guidelines with specific mandates.
2. Development and deployment of **Community Engagement** & **Risk Communication** measures.
3. Formation of teams to enforce operating **Case Investigation** & **Contact Tracing** procedures .
4. Regulations, reporting systems, and localized teams designed to enhance **Surveillance.**
5. Covid-19 screening at **Points-of-Entry** and development of **Tracking Systems**.
6. **Community-level Screening and Testing** budget allocation and training guidelines.
7. Localized training and deployment of **Emergency Response Teams**.
8. Other Socio-Administrative Measures, such as phase-wise lockdowns, virtual. business/schooling adaptation plans, police training for crowd management, etc.

Hospital-Based Measures:

1. Designation of **Covid-19 hospitals** based on capacity and logistical management capabilities.
2. OPDs, wards, beds, and **ICU Services Repurposing Guidelines** for designated hospitals to support treatment needs, while also maintaining adequate resources and attention towards other emergency and critical non Covid-19 services
3. **Engagement of the Private Sector** in Covid-19 response activities.
4. Establishment of mechanisms development to run **Telemedicine Services**.
5. Establishment of support systems to develop **Laboratory Investigation Bodies** for both Covid-19 testing and research purposes
6. Training provided to all hospital staff on **Infection Prevention and Control**
7. **Accommodation, Food, and Referral** for healthcare professionals and other public & private sector staff engaged in Covid-19 patient management.
8. Guidelines and trainings provided for **Healthcare Waste Management & Decontamination.**
9. Instructions and management guidelines to enforce safe **Dead Body Management.**
10. **Mental Health Services** and **Counselling** support provided to patients, families, and health-care workers through mediums such as group counselling sessions and smartphone apps.

Response Management Structure

Along with the above-mentioned measures, MoHP also stressed on the importance of ensuring appropriate representation of technical experts in the various teams, groups, and oversight committees designated to plan and/or enforce Covid-19 related public activity. The following table shows the four major bodies created, along with their oversight structures, that were assigned tasks related to pandemic response plans and policies at the federal level.

Committee/Task Team	Chair	Committees/Members
High Level Coordination Committee	Hon'ble Deputy Prime Minister	Designated Hon'ble Ministers
Corona Crisis Management Centre (CCMC)	Hon'ble Deputy Prime Minister	Committees: Operation, Logistics, Media & IT and Security
Steering Committee	Secretary of MoHP	Chief Specialists-2, DG, DoHS-1, PPMD Chief-1
Incident Command System	Incident Commander-Secretary of MoHP	Operation Officers-5, Planning and Budgeting Officer-4, Admin/Finance Officer-2, Logistic Officer-4, Communication and Coordination Officer-5

Figure 8: Covid-19 Response Federal Level Oversight Response
Source: MoHP, Emergency Response Plan for Covid-19 Pandemic

Enforcement Issues

There have been a number of different enforcement issues observed throughout the pandemic period. While national lockdown did ensure the control of the spread of the virus, various social, institutional, and economic pressures resulted in most preventative measures being relaxed by October 2020. Many of the trainings, services, and treatment facilities outlined in the Emergency Preparedness Plan never came to fruition due to lack of adequate resources, technical know-how, and power-sharing mechanisms (especially between federal and provincial/local governments), ultimately leading to growing feelings of frustration among citizens about the government's handling of the pandemic. Amidst various political controversies and intra-party frictional elements, the Prime Minister recommended to dissolve the Parliament in December 2020. Since then, very little attention has been given to the pandemic response process, as the country's public and media first turned their attention to the new political developments, and then more recently to the procurement and distribution plans for Covid-19 vaccines.

Figure 9: Daily New Confirmed Cases
Data Source: MoHP Covid-19 Situation Reports, Compiled by the WHO Covid-19 Dashboard Portal

There has been further speculation and controversy regarding the surprisingly low number of cases that have been reported since November 2020. Curiously, this trend does not correspond to global trends (as shown in Figures 2 & 3), that have shown no reduction in cases. Experts in the media have posited that this phenomenon is a result of under-testing, and thus under-reporting of Covid-19 cases, a process further exacerbated by the government's relaxing of preventative measures, which has allowed the virus to fall out of public attention as pre-pandemic lives resume in the country.

Key Current Challenges

1. As various countries begin to deploy Covid-19 vaccines to their citizens, a current major health governance challenge is to manage the procurement, logistics, distribution systems, and tracking of vaccines.
2. Preventative measures need to be upheld in order to ensure a smooth transition out of the pandemic as treatment and immunization options slowly become available.
3. Various public & private sector actors need to be supported in re-entering the markets while maintaining preventative guidelines in workplaces, schools, and communities.

Pandemic-Induced Disruptions

Ongoing educational disruptions observed in various forms across the world in both public and private educational sectors caused by the Covid-19 pandemic has affected over 1.6 billion student population worldwide, according to a recent UNESCO report. In Nepal, the affected student count is estimated to be close to 9 million.

After months of institutions closure following the implementation of various Covid-19 preventative mandates, schools and colleges in various municipalities of Kathmandu valley started reopening as early as December 2020. The Ministry of Education, Science and Technology (MoEST) has delegated the 753 local governments to decide if and/or how to resume school sessions in each of their own local jurisdictions. However, with the threat of transmission risks still lurking, medical experts are warning that students' return to crowded school premises is not yet safe. Although local governments and school administrations have agreed to monitor social distancing, application of face masks/shields, and other such guidelines, the effective implementation of such protocols is questionable.

On the other hand, various negative impacts are already observed and expected for the future on students' cognitive, mental, and physical development caused by learning losses and lack of systematic routine learning. The disproportionate burden of remote education is heavily faced by children and families in vulnerable communities, raising adaptation concerns and frustrations on how much longer the disruption will last. In Nepal, it is observed that while a handful of private schools were able to adopt remote learning, most public schools remained shut due to lack of access to e-learning systems, strained economic resources and social distress. Even among public schools that did institute remote learning practices, attendance, student participation, and learning effectiveness are questionable, and present an area of further investigation.

Thus, immediate and strong governance strategies and policy formulation that enable productive teaching and learning environments are the needs of the hour. A strong, unified stance on readjusting to schooling practices under Covid-19 preventative guidelines with special attention paid to the students most affected by the disruptions will require meticulous planning and timely enforcement.

Response Policies

Many regular operations of the Ministry of Education, Science, and Technology (MoEST) were inactive for a section of the year, as the country spent much of the early months under strict lockdown with mandated closures for public and private educational institutions. While MoEST did regularly work to support schooling systems through the provision and promotion of digital learning methods during the lockdown periods, an equally challenging responsibility is now on the horizon, as schools have begun reopening and are learning to adapt to Covid-19 guidelines. The document "Framework for School Operation in the Context of Covid-19" was endorsed in November 2020, providing an ambitious, all-encompassing set of guidelines for the reopening of schools and education institutions after months of closure.

Following are some of the major highlights outlined in the November 2020 MoEST directive:

- Local governments are afforded the jurisdiction to make decision on reopening/reclosing or keeping the schools closed in their respective areas based on their own assessments of the risks involved for Covid-19 transmission at local level.
- Before reopening the schools, local governments must coordinate with District Covid-19 Response Management Centres and District Disaster Management Centres, in order to receive clearance based on guidelines, training requirements, and resource availability.
- School staff, teachers, parents and students are to mandated to follow Covid-19 safety measures strictly as classes resume.
- Schools that were used as quarantine or isolation centres are required to follow public health security protocols as they prepare for reopening by thoroughly sanitizing the premises as per the standards put forth by MoHP.
- Local governments can make decisions on school session modalities depending on local situations. For example: the decision to conduct all the classes at the same time or spread out schedules in different shifts, or conduct classes on specific days or specified hours etc.

Learning Adaptation Difficulties

According to a 2020 UNICEF study conducted among 6,588 households in 624 municipalities of Nepal, only 81% of the families studied reported that their children were studying during the school closures. Internet unavailability, unreliable connections, increased involvement in household chores, lack of motivation and growing disinterest in continuing studies without institutions' support were cited as major concerns that raised the chances of school dropouts. It was also highlighted in the study that girls were found to be more vulnerable than boys to drop-out following the school closures.
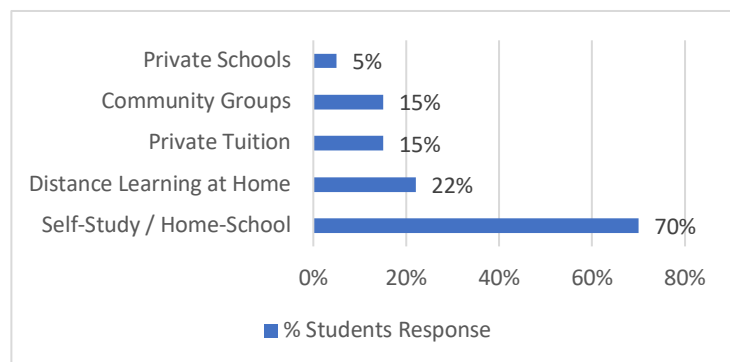

Figure 10: How Students Studied During Covid-19 School Disruption Periods
Data Source: UNICEF, 2020

As shown in the alongside graph, a clear majority of students who were asked where/how they were studying during the disruption periods answered that they either studied by themselves at home or sought help from someone at home. The least number of responses were recorded for students in private schools that remained open virtually. Substantial numbers were also observed to have received help through online resources, private tuition, and community learning options.

Just as the Covid-19 context has enhanced the relevance of independent studying habits, it is equally important to understand the experiences of schools, educators, parents and recognize constituents that enable a healthy teaching- learning environment for children, provide evidence for policy reforms, promote safety, and represent vulnerable communities. Perhaps most strikingly, the role of motivation and growth of frustration was emphasized in this period where students found themselves unwilling to learn simply because they did not have an environment conducive to learning.

UNICEF also reported, in its Remote Learning Reachability Report 2020, that only an estimated three out of ten students in Nepal have access to online learning platforms, creating a large digital class divide. Even with the availability of an internet connection, demands of household chores, poor learning environment, lack of family support, and other such issues contributed to the hindrance of educational progress during periods of disruption. Figure 10 shows that, all else being equal, the standout problem across the country in adaptation to

Figure 11: Problems Faced by Students during Covid-19 Disruption Periods
Data Source: UNICEF, 2020

digital learning was internet access. The Information and Communication Technology (ICT) policies integrating education with productive digital options, that were most recently revised in 2015, was thus brought into the spotlight as an example of governance enforcement failure.

Increased Risk of Drop-Outs

With only 67.91% of the national population being literate, access to education was already unequal in Nepal before the pandemic. This access gap has further widened now as detailed in the previous section, which threatens to affect a number of educational attainment indicators, including drop-out rates.

In 2020, literacy advocacy group Room to Read found conducted a study that surveyed 4,000 girls and found that:

❖ 45% reported their family members had lost their jobs due to the pandemic
❖ 16% stated that they had stopped studying ever since schools closed in March 2020
❖ 7% admitted they will not be retuning back to schools once they reopen

While the pandemic has tested the limits of the Nepali education sector, a growing concern is that persisted long-term harm may remain after recovery to a generation's educational attainment. Income loss of family members, added household responsibilities, lack of family support, perceived difficulties in catching up with the rest of the students and passing upcoming examinations are all contributing factors found to be discouraging children, especially girls, to continue their formal education.

Key Current Challenges

1. Poor tracking of reopened schools & Covid-19 transmission among teachers and students.
2. Poor school infrastructure (eg. restrooms) may not encourage social distancing protocols.
3. Lack of representation of vulnerable groups that lack access to digital tools.
4. Policy guidelines to reopen school ignore parental concerns and lacks reassurance to families.
5. Ineffective implementation of ICT polices integrating education needs.

Migration, Labour and Covid-19

According to the International Organization of Migration (IOM), an estimated 181 million global migrants have migrated for labour. As per the most recent data from the Ministry of Labour, Employment and Social Security (MoLESS), around 3 million Nepali citizens are abroad as migrant workers in countries including India, where an estimated 2 million migrants reside. A very large portion of these migrants are engaged in various informal sector jobs. Thus, due to the ongoing Covid-19 crisis, migration patterns and the mobility of migrant workers have experienced massive disruptions, causing large-scale disfunction of major international labour markets. For Nepali citizens, these countries are largely represented by Malaysia and Gulf Cooperation Council (GCC) member nations. It is worth noting here, that while markets are dismantled by the pandemic conditions, many experts have also posited that it has presented a unique opportunity for the improvement of migration conditions via revisions in international laws and treaties to better ensure migrant workers' rights at times of crises.

The impacts of Covid-19 pandemic-induced disruptions can be witnessed among the currently abroad, returned, and aspirant Nepali migrant workers alike. According to the most recent IOM data, an estimated 63% of Nepali migrant workers are currently working, while the remaining 37% are without work in various destination countries. Recent MoLESS data shows that an approximated 2,26,000 migrant workers have returned to Nepal from various destination countries, including GCC and Malaysia and another 700,000 have returned from India, while 1.3 million are currently in India awaiting means to return to Nepal. Meanwhile, reintegration has been difficult for most citizens, with an estimated half of the returned migrants already having resumed foreign employment once again in the ongoing pandemic period. Thousands more have resumed processes for seeking work abroad. Additionally, due to destination problems exacerbated by the pandemic, such as employment insecurity, wage theft, rights violations, and concern over new emerging strains of the corona virus, migrants abroad are facing urgent difficulties. Media outlets have also reported on the issue of late payments, causing many migrants who wish to return to stay in destinations awaiting pay for work already completed. All these problems compound and pose an unprecedented cascade of crises currently being faced by Nepali migrants and migration aspirants in the context of the Covid-19 pandemic.

Response Policies

The following directives orders have been issued during the pandemic period to support migrant workers and strengthen their position in the international arena.

- A new curriculum has been established for pre-departure training for migrant workers.
- Recruiting agencies have been strictly barred from hoarding passports of migrant workers until they are selected for jobs.
- New protection guarantee amounts have been set against recruiting agencies.
- The COVID-19 Returnee Order 2020 has been endorsed to improve reintegration processes.
- The Supreme Court has ordered an interim order to use its funds to rescue Nepali migrant workers under the appropriate Covid-19 prevention guidelines.

Key Pandemic-Period Indicators

It is reported that a total of 47,760 migrant workers had reentered the foreign labour market within six months after the ease of lockdown measures. Among these, a large section of workers resumed their ongoing employment in the GCC and Malaysia. Curiously, the most attractive destination emerged to be Qatar, which had 12,998 migrant-workers joining the labour market in this period, driven by the newly revised labour laws which raised minimum wage and lifted contractual restrictions. Meanwhile, repatriation also occurred at high volumes, as a total of 1,92,828 migrants returned just in the month of Poush. The highest share of returned workers arrived from the UAE, accounting for 69,319 citizens.
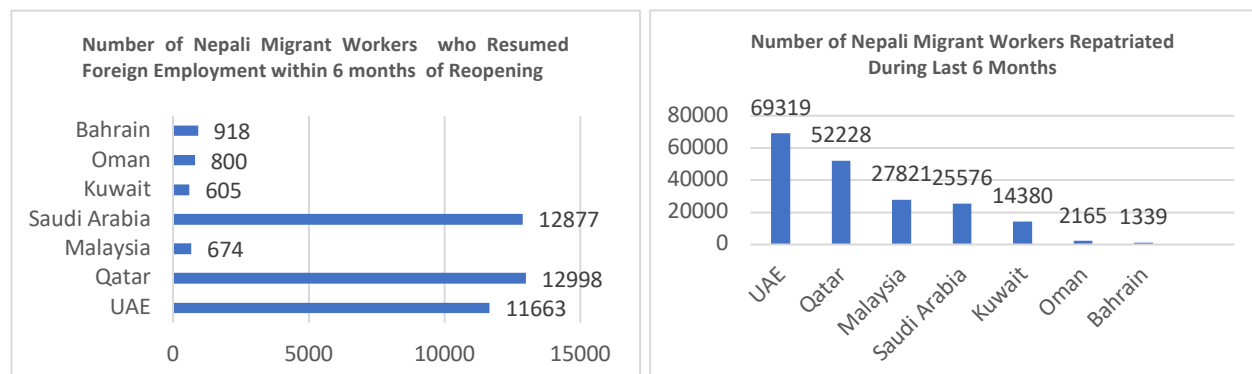
Figure 11: Workers Resuming Foreign Employment & Repatriating in the Pandemic Period
Source: Kantipur Daily, 2021

A total of 14,753 labour approvals have been issued in the month of Poush for 57 different country destinations. At the current rates, it is reported that around 500 new labour permits are issued every day.
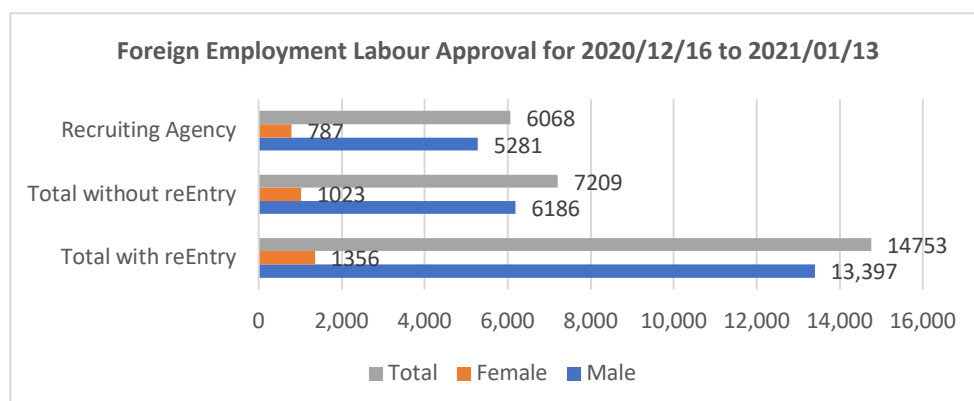
Figure 12: Foreign Employment; Source: Country wise Labour, DOFE

Challenges

- Ongoing labour market uncertainty due to commercial flights ban in various countries.
- Effective coordination and collaboration among intergovernmental organizations, ministries, diplomatic missions, civil organizations and private sector for better labour diplomacy.
- Access to reimbursement of compensation and justice to vulnerable migrant workers.
- Effective regulation and monitoring of reintegration aid and assistance at the grassroot level.
- Strengthening of technical and vocational education placing a greater emphasis on education related to infrastructure development.
- Strengthening of tracking and monitoring systems aiming for better migration regulation practices.

References

Governance Monitoring Centre Nepal works with and/or relies on a number of partner organizations, open data sources, government and quasi-government institution reports, policy-briefs, multi-lateral organization reports, and mainstream/independent media houses – including digital, print, and audio/video content producing publications for information.

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1. Constitution of Nepal
2. International Labour Organization
3. National Planning Commission
4. National Law Commission

Covid-19:

5. Cennimo, David J, "What is Covid-19?", MedScape, Jan 14, 2021
6. Centres for Disease Control and Prevention
7. Gallegos, Alicia, "WHO Declares Public Health Emergency for Novel Coronavirus", MedScape, Jan 30 2020
8. European Centre for Disease Prevention and Control
9. Kent, Chloe, "Different paths to the same destination: screening for Covid-19", Medical Device Network, 3rd April 2020

Health Governance:

10. Ministry of Health and Population
11. Health Sector Emergency Response Plan, May 2020, MoHP
12. World Bank Development Indicators
13. UK-AID & Nepal Health Sector Support Programme

Education Governance:

14. Ministry of Education, Science, and Technology
15. Ministry of Finance
16. United Nations Educational, Scientific and Cultural Organization (UNESCO)
17. United Nations Children's Fund (UNICEF)
18. Room to Read

Migration Governance:

19. Ministry of Labour, Employment, and Social Security
20. International Organization of Migration
21. International Labour Organization
22. United Nations Department of Economic and Social Affairs (UN-DESA)
23. The Kathmandu Post
24. Kantipur Daily
25. Department of Foreign Employment