MARGINALIZED COMMUNITIES

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

Governance
Monitoring
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August 2021

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 status of citizens that belong to marginalized communities in Nepal – 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 their order of appearance in this report:

GoN	Government of Nepal
GMC Nepal	Governance Monitoring Centre Nepal
UT Austin	University of Texas, Austin
CA	Constitutional Assembly
NC	National Congress
UML	Communist Party of Nepal (Unified Maxist-Leninist)
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer + Community
NEFIN	Nepal Federation of Indigenous Nationalities
GESI	Gender Equality and Social Inclusion
UN	United Nations
RtH	Right to Health
NHSS	Nepal Health Sector Strategy (2015-2020)
NHP	National Health Policy, Latest Version 2019/20
NSRU	National Strategy for Reaching the Unreached (2016-2030)
MoHP	Ministry of Health and Population
SDG	Sustainable Development Goals
NCASC	National Centre for AIDS and STD Control
NDHS	National Demographic and Health Survey
DoHS	Department of Health Services
WHO	World Health Organization
NMR	Neonatal Mortality Rate
IMR	Infant Mortality Rate
U5MR	Under-Five Mortality Rate
MoEST	Ministry of Education, Science, and technology
CBS	Central Bureau of Statistics
Covid-19	Novel Corona Virus Disease, Discovered in 2019
NEP	National Education Plan, School Sector Development Plan
SSDP	School Sector Development Plan
UNESCO	United Nations Educational, Scientific and Cultural Organization
DoFE	Department of Foreign Affairs
IOM	International Organization for Migration
GESI	Gender Equality and Social Inclusion
GESI-2018	Gender Equality and Social Inclusion Strategy of the Health Sector of 2018
MoLESS	Ministry of Labour, Employment, and Social Security

Marginalized Communities in Nepal

The history of Nepal, not unlike many other nation-states around the world, has been characterized by several unfortunate and unfavorable social realities throughout time. Examples include longstanding chronic poverty, unique geographical difficulties, deep-rooted political turmoil, stubborn instability in leadership and leadership systems, and various social injustices across sociological dimensions including caste, ethnicity, language, economic position, gender, religion, sexual orientation, indigenous status, etc.

Nepal's currently governing national Constitution, which was promulgated in 2015, provides for the protection of various marginalized groups across sectors – such as equal access to healthcare, education, freedom of mobility, equal pay, democratic participation, etc. Still, despite systemic provisions in place, there are high levels of discrimination prevalent in society today. Historians and political science experts have also posited that the undemocratic rule that has marked much of Nepal's ancient and modern history has contributed to the further worsening of these injustices, by the under or invisible representation of marginalized communities in governance systems, which render their voices unheard and their issues unaddressed.

The remainder of this publication represents GMC Nepal's attempt to spotlight the differences in status, as well as policy and implementation level successes, that has been observed over the past few decades in relation to the position of marginalized communities in Nepal. However, it is worth noting that a full, detailed exploration of this vastly complex subject through an intersectional lens is out of the scope of this publication, which attempts to provide an overarching summary of the subject matter, which can be used as an introduction to further lead to deeper investigation.

Defining Marginalized Communities

A commonly cited definition of the term '**Marginalized Community**' is drawn from the Handbook of Research on Comparative Approaches to the Digital Age Revolution, which was published in 2015 and authored by academics associated with the *University of São Paulo*, Brazil, *University of Texas Austin*, USA, and *Complutense Univeristy* of Madrid, Spain. The working definition is cited below:

1. Marginalized communities are socially excluded groups of people for different reasons, such as age, physical or mental disabilities, economic status, access to education, or residence in isolated places or depressed areas. *(Source: Technologies for Digital Inclusion: Good Practices Dealing with Diversity)*

2. In general terms, marginalized communities are communities confined to the lower or peripheral edge of the society. Such a group is denied involvement in mainstream economic, political, cultural, and social activities due to their living conditions, lifestyles, or exclusion. *(Source: Inclusive Approaches to School Counseling)*

3. Dimensions can reflect (but are not limited to) sociological differences observed in race, gender, caste, economic position, religion, indigenous status, sexual orientation, etc

Identity and the Formation of the Constitution

Between 2008 and 2015, Nepal experienced a lengthy, complex, and drawn-out constitutional drafting process during which various political parties represented in the Constitutional Assembly (CA) repeatedly failed to reach an agreement. Several different identity related issues were raised on the national scale during this process, wherein various marginalized communities actively participated through their elected leaders in the CA to have their voices heard in the political process.

The adoption of the constitution was fast-tracked following 2015's devastating earthquakes. The leadership of the three largest parties in the 2015 political landscape (National Congress, Unified Marxist-Leninist Communist Party of Nepal, and Maoists) emerged to dominate the constitutional formation process. Objections from other parties, including marginalized representation identity groups, were marked by national, international, and media actors. Resultingly, several identity groups were unhappy with the provisions highlighted in the finalized document. Most vocal among these groups were Madhesis, Janajati or indigenous representatives, women empowerment groups, caste-based equity promoting groups, religious minorities, and organizations working to ensure equitable educational access.

The Constitution was officially passed on 20th September 2015 and was widely rejected by various historically marginalized groups.

Figure 1: The Constitution of Nepal, 2015

Despite the country's major political focus at the time staying firmly on efforts aiming to provide support and relief to victims of the 2015 earthquakes, the rumblings of the three-party led constitutional drafting process began to become branded as decidedly exclusionary by several groups. The aforementioned 'fast-track' approach further fueled the divisions, as various groups, especially in the heavily policed Terai region with the Madhesis and Tharu populations, were not able to be actively consulted in the CA debates and drafting processes.

Aside from its several limitations, for which various protests and resistance movements are still ongoing at different scales, the 2015 Constitution is also widely regarded as a progressive document in many ways. One such clear distinction comes in the form of several landmark provisions surrounding LGBTQ+ rights.

However, experts have also stated that the document fundamentally fails to address structural discrimination concerns experienced by caste-based, ethnic, and indigenous groups that have advocated for an inclusive Nepali state since the CA debates began in 2008, or even earlier in various localized forums. One notable example in this realm includes the constitutional provision for geographically based federalism, as opposed to an identity-based federalism, which disappointed the hopes of various ethnic and indigenous groups' that the newly introduced federal landscape would expand their political representation. The exact details of the political delineations are out of the scope of this publication.

Classification of Indigenous Communities

In the Nepali context, conversations surrounding marginalized and overlooked communities often include various indigenous groups, partly because of the wide diversity observed in communities spread out across geographical, linguistic, historic, and economic divisions, and partly because of the differences in social inclusion and status observed between different indigenous communities themselves. Thus, it is very important to have a clear idea of which groups are included within the term 'indigenous communities.'

Given the aforementioned characteristics determined by the academic definition of marginalization, the list of indigenous groups can be very long. However, according to a supplemental document published by the outlet Indigenous Voice in 2015, alongside the promulgation of the Constitution, only 59 different groups are listed as indigenous groups. Before delving into the classification of these groups, it is worth noting as many other academic and multi-lateral stakeholders have that in a country as ethnically, linguistically, religiously, and culturally rich as Nepal, this overall figure comes across as a low number, which can perhaps in itself be considered an effect of their low political representation. Groups that self-identify outside of either of these classifications or do not fall under the categories outlined below are thus excluded from the list, which is often understood to be a reflection of the state and society's failure to properly address first their identities, and then their unique issues and struggles in governance processes.

To facilitate political concerns that are identity-based among various indigenous groups, the Nepal Federation of Indigenous Nationalities (NEFIN) has classified all indigenous communities in 2060 B.S. in the following categories, meant for political and academic clarity. It should be noted here that various marginalized communities' rights groups, including Indigenous Voice, have denounced the classification currently used to describe the landscape of such communities across the country.

Endangered Groups	Highly Marginalized Groups	Marginalized Groups	Disadvantaged Groups	Advanced Groups
Kusunda	Majhi	Sunuwar	Tangbe	Newar
Bankariya	Siyar	Tharu	Teengaunle Thakali	Thakali
Raute	Lhomi (Shinsaba)	Tamang	Barahgaunle Thakali	
Surel	Thundam	Bhujel	Marphali Thakali	
Hayu	Dhanuk	Kumal	Gurung	
Raji	Chepang	Rajbanshi	Magar	
Kisan	Santhal	Gangaai	Rai	
Lepcha	Jhagad	Dhimal	Limbu	
Meche	Thami	Bhote	Sherpa	
Kuswadiya	Bote	Darai	Yakkha	
	Danuwar	Tajpuriya	Chhantyal	
	Baramu	Pahari	Jirel	
		Topkegola	Byansi	
		Dolpo	Yolmo	
		Mugal		
		Larke		
		Lohpa		
		Dura		
		Walung		

Health Governance

Constitutional Equity in the Health Sector

The Constitution of Nepal declares the right to equality, justice, and freedom to all citizens, irrespective of their standing across social dimensions such as caste, religion, disability status, gender, etc. This provision includes equal access rights to free basic health services. Additionally, legal provisions in the constitution as well as various other governing documents outline the equal, equitable, and non-discriminatory right to receive healthcare irrespective of an individual's standing across the social dimensions outlined above. Hospitals, medical care centers, vaccination outlets, nursing homes, and other medical facilities, both public or privately owned, are also required to state non-discriminatory service provisions in policy and practice across the country.

Health concerns that are unique to, or more prevalent among one of more marginalized communities are difficult to categorize, as the scope of monitoring and external research dwindles among rural areas of the country where many underrepresent groups reside. Additionally, given that most health issues are likely to manifest among different communities in the same way, preference is generally given to categorize health surveys and monitoring studies by geography or gender. Along the dimension of gender, there are indeed several health issues that are related with women citizens and are thus specifically mentioned in the constitution as a fundamental public health right. These include issues surrounding topics of gender-based violence, menstrual health, reproductive health, and specific diseases or illnesses that are relatively more prevalent among female patients. The new federal framework established by the constitution also includes provisions outlined describing the impetus for revisiting the 2009 Gender Equality and Social Inclusion (GESI) strategy of the health sector to align plans with the new governance arrangements. In line with such protections, the government of Nepal has also ratified several international conventions, using United Nations (UN) guidelines as a reference, to promote the elimination of gender-based discrimination in the health sector.

Key Policies

Across all three tiers established by the federal framework introduced by the 2015 Constitution, clauses guaranteeing right to health are accompanied by substantive quality, non-discrimination, and social justice provisions to ensure health service delivery equity. Certain affirmative action provisions are also outlined for minority populations that have less representation in governance, including citizens living under chronic poverty, female citizens (especially in relation to women's health issues), Dalit groups, and those belonging to endangered indigenous ethnic communities. The following assortment of health policy directives and/or publications have each made intentional effort to address concerns of underrepresented groups.

Article 43 of the **2015 Constitution** concerns the Right to Health and outlines two rights of women in the public health sphere. Firstly, it guarantees the right to safe motherhood and good reproductive health to all female citizens. Secondly, it states that no woman shall be subjected to violence or exploitation, whether physical, mental, sexual, psychological, or in any other form, expressing that such acts are directly punishable by law, with the victims being afforded the right to obtain compensation based on existing directives.

The **Nepal Health Sector Strategy (2015-2020)** was also introduced alongside the 2015 Constitution, focusing on the aim to improve the health status of citizens through accountable and equitable health service delivery systems. The document outlines that its long-term framework establishment is outlined with the eventual aim of achieving universal health coverage, using a multi-sector approach in addressing various social determinants of strong physical and mental health status among communities. The NHSS recognizes that the geographically outlined local and provincial governments can be used to further address localized health concerns, needs, and struggles and thus suggests on a federal approach to health governance. It also supports various programs aiming to promote healthy cultural practices unique to various marginalized groups across the country and places a strong role of women empowerment at local health service units.

The currently governing **National Health Policy (2019/20)** was written with a human-rights based approach, aiming to supplement the federal framework with a strong foundation for the social inclusion of individuals from various marginalized communities in matters involving health sector governance. The document outlines ambitions of reaching healthcare services to citizens across rural areas in the country, along with the promotion of women and lower represented groups' inclusion in health sector processes. The NHP also provides the basis for various training programs, rural health-sector capacity building initiatives, and equipment upkeep guidelines.

The **National Strategy for Reaching the Unreached (2016-2030)** is a fifteen-year plan and policy directive aiming to contribute to the goal of achieving universal health coverage by increasing access to health services for several unreached populations. These groups include gender and sexual minorities along with a host of other groups such as people living in remote areas, citizens living in extreme poverty, people with disabilities, commercial sex workers, prisoners, and refugees. Even though the successful long-term implementation of federal structure is yet to be seen, especially in the context of disruptions caused by the ongoing Covid-19 pandemic, this document stands out as an ambitious directive published by the Ministry of Health and Population (MoHP).

The **Disability Management Ten-Year Action Plan** is currently in effect and aims to target health service quality and delivery improvements for the disabled community, including provisions that envelope preventative, promotional, and rehabilitative health services. Additionally, certain guidelines concerning access to feminine hygiene products and reproductive health, are important in the context of analyzing Nepal's public health space for a group that is doubly marginalized – women with disabilities.

The **Sustainable Development Goals (2030), or SDGs** that have been adopted by a vast majority of countries around the world specify the elimination of poverty and the empowerment of women, underrepresented groups, and children, leaving no citizen behind in conditions reflecting extreme socio-economic depravity. Nepal's national SDGs were developed under coordination with the National Planning Commission. Some of the most notable targets include

1. Level of extreme poverty reduction to 5 percent

2. National social protection budget increment from 11 to 15 percent

3. Maternal mortality ratio reduction to 70 deaths per 100,000 live births

4. Proportional increase of the health sector budget from 5.5 to 7 percent

5. Preparation and utilization of skilled birth attendants from 75 to 90 percent of births

6. All forms of gender-based violence criminalized and ended

7. Marriage of citizens under 18 years of age criminalized and ended

Assorted Indicators

The indicators highlighted below represent the status of maternal and child health across the pregnancy care stage. Antenatal care, presence of skilled attendant at birth, and postnatal care each represent stages directly before and after delivery. Meanwhile, breastfeeding frequency and immunization indicators represent stages after delivery into childhood.

Indicator	Unit	Statistic	Data Source
Antenatal Care	% of women attended at least four times during pregnancy	50.1	NDHS, 2011
Skilled Attendant at Birth	% of births attended by a skilled professional	36	NCASC, 2014
Postnatal Care	% of mothers who received care within two days of birth	45	NDHS, 2011
Exclusive breastfeeding	% of women who reported breastfeeding for first six months	70	NDHS, 2011
Immunization	% of children under 12 months receiving DTP3 immunizations	92.8	DoHS, FY 2012/13

Figure 2: Maternal and Child Care Indicators
Sources Compiled from 'Success Factors for Women's and Children's Health' MoHP, WHO
Individual statistic sources cited in the table itself

While many of the indicator's low statistics are cause for concern, particularly the presence of a skilled attendant during birth and postnatal care availability, it is worth noting that many of these data points are over 5 years old. Due to the ongoing Covid-19 pandemic, the schedules of studies producing this data have been delayed. Narrative reports from MoHP and the WHO suggest that significant improvements have been made in each of the indicators since this data was obtained.

	NMR			IMR			U5MR		
Background	2011	2016	p-value	2011	2016	p-value	2011	2016	p-value
Caste/Ethnicity									
Brahmin/Chhetri	23	19		38	26	*	46	31	*
Hill Brahmin	13	10		24	18		31	19	
Hill Chhetri	29	17	*	44	25	**	52	31	**
Terai/Madhesi Brahmin/Chhetri	--	--		60	--		65	--	
Terai/Madhesi Other	37	19		52	31		69	45	
Dalit	39	30		56	46		65	51	
Hill Dalit	24	21		41	31		52	36	
Terai/Madhesi Dalit	64	41		80	65		87	69	
Newar	44	15		53	45		56	45	
Janajati	36	21	*	46	29	*	52	32	*
Hill Janajati	37	18	*	46	24	**	51	26	**
Terai Janajati	35	26		45	39		53	48	
Muslim	28	20		43	43		50	44	
Others	--	--		--	--		--	--	

On the other hand, the table shown alongside lists, in order of the columns directed with 2011 and 2016 DHS figures, NMR (Neonatal Mortality Rate), IMR (Infant Mortality Rate), and U5MR (Under Five Mortality Rate) for each ethnic group categorized by the DHS. The lack of clear pattern across ethnic groups suggests a lack of delineation of non-geographic criteria during data collection.

Figure 3: Neonatal, Infant, Under-Five Mortality by Ethnic Groups
Source: DHS Further Analysis Reports No. 117

Key Current Challenges

1. Lack of competent, functional institutional mechanisms to execute inclusionary strategies.

2. Stigmatization and lack of social support for marginalized groups seeking access to healthcare.

3. Government and non-government monitoring are carried out in geographical terms, leaving unclear ethnic, linguistic, and other dimensional differences in officially endorsed datasets.

4. Policy-level targets are too ambitious, and thus ineffective at implementation.

Education Governance

Constitutional Equity in the Education Sector

Issues surrounding education access, quality, and obstacles have long been considered key prevailing determinants behind the marginalization of certain social groups, recognized to further contribute to social divisions across countries and cultures around the world. Over the decades, as empirical investigation has improved and newer research, data collection, data analysis, and statistical methodologies have allowed for a better understanding of Nepal's social evolution, the role of discrimination, both direct as well as systemic, has become apparent in almost all sectors, such as health, labour, justice, political representation, and education.

The right to education is declared in the national constitution, along with a number of different international human rights charters, as a fundamental, non-negotiable human right. However, many different marginalized groups in Nepal have far from equitable access or comparable educational quality across geographical boundaries and social dimensions. Systemic barriers have proven to be deep-rooted both culturally and politically/legally and have historically presented stubborn obstacles in the fight against discrimination in education. Such circumstances are often further amplified among members of two or more marginalized groups, such as girls who belong to low caste communities, or LGBT+ individuals with physical disabilities, causing the vicious cycle of persistent poverty and barriers to access to sustain through time.

Millions of children from marginalized communities are thus drifting out of formal education. Periods of national, regional, or international crisis, such as the 2015 earthquake or the currently ongoing Covid-19 pandemic tend to further exacerbate these mechanisms as marginalized communities are most vulnerable to economic pressures to discontinue education.

Key Policies

Despite the government's clear and historically consistent acknowledgement of the focus on diverse and accessible education, and the onset of the federal governance system introduced in 2015 which sees the education sector under the jurisdiction of the local tier, the gap continues to prevail. Political scientists have posited that one of the fundamental drivers of this inequity is in the low representation of women and other minority groups in decision-making structures of education governance. Other multi-dimensional obstacles pertain to more deep-rooted social factors such as community-based stigma, harmful perceptions, dangerous social norms, and ill-advised value systems.

Nepal's National Population Census (2011) states that despite women occupying the slightly larger share of the total population, their participation in various areas of development is minimal. Realizing a wide gender disparity in education (and other social spheres), Nepal has formulated various gender sensitive guidelines, policies, and strategies in the past few years aiming to safeguard equality and promote social inclusion. Although a small number of directly actionable policy documents have been promulgated targeting gender parity exclusively, a substantial number of recent acts have focused on closing the gender gap. **The Constitution, National Education Plan, School Sector Development Plan, Enrollment Guidelines** for schools, power-sharing mechanisms within the localization of education governance, and various status-defining documents released by the MoEST have placed emphasis on the promotion and prioritization of equal participation of girls in schools. Additionally, a number of awareness campaigns have been launched

through the decades with the aim of encouraging girls' educational attainment.

The **2015 Education for All** initiative, alongside its synonymously titled publication, made great strides in reporting the growth of girls' education in Nepal. One important issue raised pertained to the education access of an extremely underrepresented group, girls with disabilities. The **World Health Organization**'s **(WHO)** World Health Survey of 2002-2004, one of the largest global surveys on the subject, estimated disability prevalence rates at 11.8% in higher income countries and 18% in lower income countries. Nepal's official record shows 3.6% (even lower at 3% among women and girls), which suggests dramatically low disability status recordkeeping. Since this group is so underrepresented in national datasets, their concerns have likely been largely ignored at the policy level. Targeting female students with disabilities is likely to emerge as the next major policy frontier aiming to further improve the lives of citizens from marginalized groups through education.

Assorted Indicators
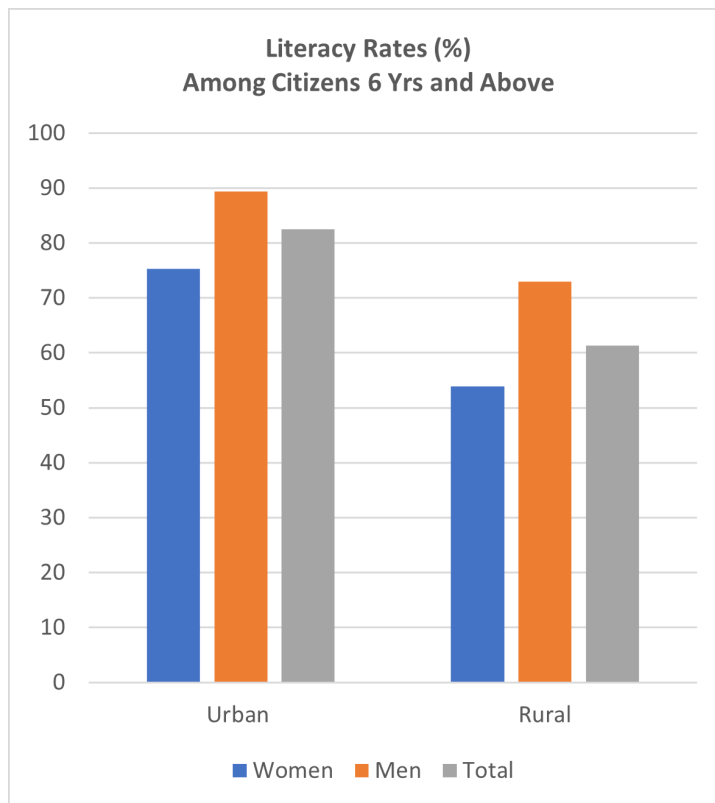
One way in which the divisions in educational outcome can be gauged with respect to marginalized groups is by observing literacy rates between men and women across the country. The clustered bar graph attached alongside show literacy levels as proportions of reading and writing eligibility among children aged 6 years and above.

It is noticeable at first glance that women's literacy rates are lower in both urban and rural areas. However, upon further investigation, it also comes to light that the women's literacy rate in urban areas, while still lower than that of men, is significantly higher than that of the women's rate in rural areas. In fact, the literacy rate of women in urban areas is higher by a small margin of 2.3% than that of men in rural areas, suggesting a mechanism of strong geographical determinism. This graph thus sheds light on two different forms of marginalization faced by two distinct groups of populations – women and rural area residents. Further it also sheds light on a group of doubly vulnerable citizens who are women in rural areas, that are most likely to discontinue formal education.

Figure 4: Literacy Rates (%)
Source: CBS, 2011; UNESCO, 2015

Category	3-year-olds	4-year-olds
Not CwSN	97.5%	97.5%
Not stated	1.8%	1.7%
CwSN	0.7%	0.8%
Total	100%	100%
Type of disability:		
Physically disabled	37.0%	39.4%
Blind/low vision	22.0%	20.6%
Deaf/hard of hearing	7.5%	6.8%
Deaf-blind	1.3%	1.3%
Speech problem	15.1%	14.5%
Mentally disabled	1.4%	2.9%
Intellectually disabled	3.0%	3.5%
Multiple disability	12.7%	10.9%
Total	100%	100%

Figure 5: Pre-Primary Age Enrollment Rates of Children with Disabilities
Source: Nepal Education Sector Analysis 2017

Caste	% boys to total population	% girls to total population
Dom	52.5%	47.5%
Musahar	51.2%	48.8%
Dolpo	49.6%	50.4%
Natuwa	51.5%	48.5%
Dhunia	51.0%	49.0%
Halkhor	53.5%	46.5%
Bin	50.8%	49.2%
Nuniya	52.3%	47.7%
Raute	49.0%	51.0%
Dhankar/Kharikar	52.1%	47.9%
Mallaha	51.1%	48.9%
Musalman	51.5%	48.5%
Kori	52.3%	47.7%
Dusadh/Pasawan/Pasi	51.0%	49.0%
Khatwe	50.4%	49.6%
Chamar/Harijan/Ram	51.3%	48.7%
Tatma/Tatwa	50.9%	49.1%
Pattharkatta/Kushwadiy	53.7%	46.3%

Figure 6: Population-Wise Proportion of Children Not Attending School
Source: Nepal Education Sector Analysis 2017

The table attached alongside represents net enrollment rates as percentage of total enrolled among pre-primary age groups with different types of disabilities. Between three and four year old students, it is clear that physically disabled children are most likely to be enrolled in school from the early childhood education years, while intellectually disabled children, for whom recordkeeping and datasets are not monitored effectively to provide an idea of their representation, are least likely to be enrolled. Conversely, the second table attached below shows a different picture of marginalization. Here, the numbers represent the proportion (by ethnic population) of children aged 5-12 years not enrolled belonging to caste groups with low educational participation.

A glance at the columns showing percentage participation of boys and girls shows that the division, while slightly skewed towards the boys, is close to half. Given that children of ages 5-12 years are represented in this dataset, it could reflect changing composition dynamics for that age. Still, given that each of these communities are characterized by low educational outcomes, the gender disparity is likely to interact with ethnic and geographic marginalization to exacerbate discrimination faced by members of the communities highlighted here. While it is true that gender disparity is deeply rooted in all aspects of social life in Nepal as well as elsewhere, improvements in net enrollment rates is a cause of optimism for the future of equitable education access.

Key Current Challenges

1. Crisis-era policies need to address marginalized populations who are more likely to drop out.

2. Gender parity and social inclusion must also be promoted in higher education through official government channels, and not just limit scope to school level enrollments.

3. Policies must be written with the recognition of a positive relationship between education and labour markets participation, informing empowerment and triggering economic gains.

4. Gender-based interventions in the education sector must consider the various social constructs, perceptions, and practices that influence perceived gender roles and expectations.

Migration Governance

Background and Context

The currently unfolding global crisis of the Covid-19 pandemic has brought into the mainstream discussions around racism, ethnicity, and migration around the world. Strict mobility restrictions and challenges to access better healthcare systems faced by migration blockages and lockdown measures have similarly exacerbated various pre-existing structural inequalities faced by migrants across the world. Nepal was, unsurprisingly, not exempt from this phenomenon, especially considering the large economic footprint of migrant work and remittance. Nepali migrants have become victims of multiple intersectional discriminatory factors, supplemented with high risk of Covid-19 infection, and further compounded by undocumented identity, and worsening socio-economic inequities.

A lack of inclusive policy and government preparedness have heightened the issue of marginalization both at origin as well as destination countries. Given the internal context, wherein determinants of migration aspirations are established, experts have long posited that migration in Nepal is significantly constrained by race, ethnicity, socio-economic class, caste, and religion. Several anecdotal evidence claims that these social constructs have contributed to create varying levels of access and restrictions to migration opportunities. The more oppressed a group is in the social hierarchy, the more restricted they are in terms of social and spatial mobility, and thus the more discriminated they are by common practice, policies, and exclusions from social protection measures.
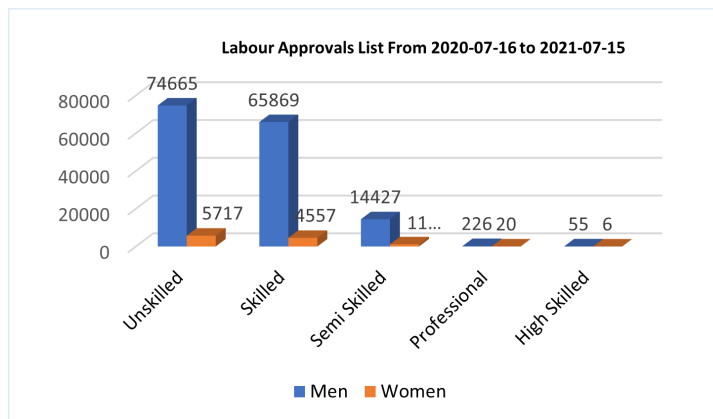
Assorted Indicators

Figure 7: Labour Approvals for FY 2077/78
Source: DOFE

Currently, millions of Nepali migrant workers face the issue of marginalization in destination countries for various reasons, as well as in their origin countries both at the time of application, at the workplace, or during and after return.

Unskilled, undocumented, and marginalized labour migrants are actively excluded from all kinds of welfare assistance opportunities provided by the employers as well as governments of origin and destination countries. Historically, these inequities have become even more pronounced during times of crisis, such as the Covid-19 pandemic.

Likewise, seasonal migrants and internal migrants also face double-woes as they run into low-paying, hazardous and informal market jobs. Aspiring migrants who are themselves unskilled are still taking the risk of forced foreign employment since they lack adequate employment opportunities in their towns and cities of origin. As per the most recent data published by the Department of Foreign Affairs (DOFE), in FY 2077/78, approximately 80,382 aspirant individuals reported to be unskilled whereas only 61 individuals were categorized as being highly skilled, reflecting the vast gap in the structural response in the capacity enhancement and skill generation of human resources. On the other hand, the role of ethnicity is also prevalent

in determining migration patterns. Ethnic minorities, especially Dalits, Tharus, and Muslims, have lesser opportunities of migration and fall under the most vulnerable groups during times of crisis.

The IOM recently conducted a study that claimed that Brahmins and Chhettris comprised of the highest percentage accounting for 45% among the total current migrants followed by Janajatis, which represented 36%. Tharu migrants stood at the bottom of the ranking. Likewise, among returnee migrants, the return of Brahmins and Chhettris was the highest, at 38%, while the least was Tharus accounting for 1%. These dynamics are visualized in the pie charts attached below.
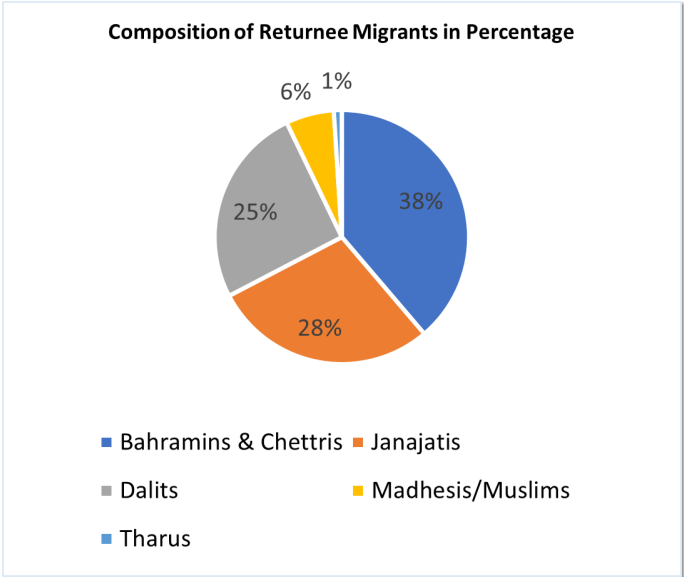
Figure 8: Ethnic Composition of Returnee Migrants
Source: IOM, 2021
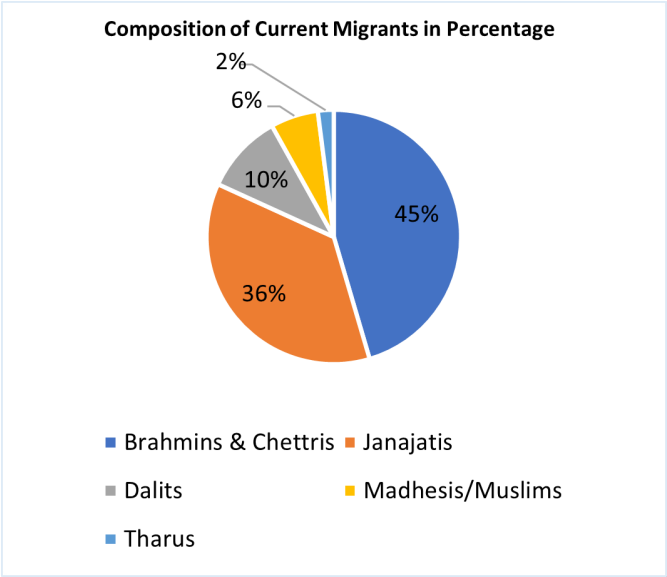
Figure 9: Ethnic Composition of Current Migrants
Source: IOM, 2021
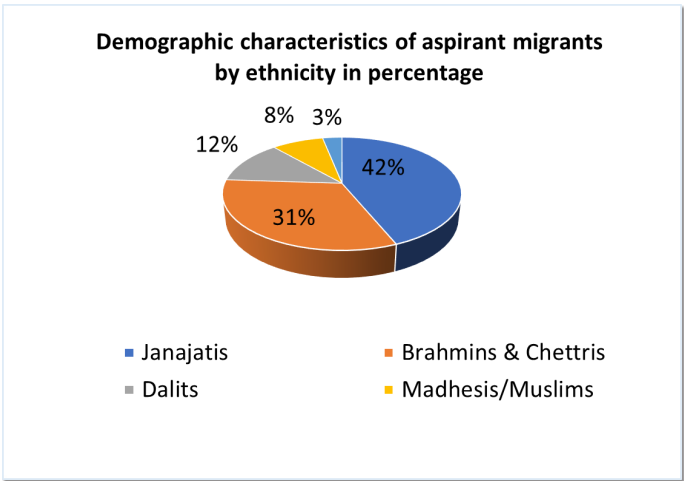
Figure 10: Ethnic Composition of Aspiring Migrants
Source: IOM, 2021

On the other hand, the IOM survey also showed that Janajatis represent the highest participation among migration aspirants with 42% among other ethnic categories. However, there is no sufficient research studies and disaggregated data to explore their number in origin and country of destination, nature of occupation, deployment, and unique vulnerabilities. Several studies have already highlighted that the ethnic minorities including indigenous people were being disproportionately threatened in numerous ways at the time of displacement due to climatic, global economic shocks, Covid-19 pandemic, and other such migration cycle shocks.

Another social dimension through which the marginalization of one group against another in the migration space is observed is gender. According to the most recent data of DOFE, there are about 1,66,698 migration aspirants who have applied for or taken labour approval permits and are awaiting the finalization of travel arrangements. Among these are thousands of Nepali women, for whom the opportunity to travel abroad for work not only represents a chance at becoming self-sufficient, but also a chance at finding freedom from gender-based violence and discrimination they may be facing at home while still being able to care for their families. Since international travel has opened, many scholars have pointed posited that international labour migration has been a tool for the empowerment and self-esteem boost for several Nepali women seeking social and economic independence.

In the DOFE data from FR 2077/78, however, it is found that female participation rates and re-entries into the foreign labour market upon visiting or returning home has been declining significantly, showing more gender inequalities by exposing the inadequacies of social and labour policies to accommodate the changing needs of Nepali women migrant workers in both origin and destination countries during crisis periods. Rural, uneducated, and unskilled migrant women, who have traditionally been among the most socially and economically vulnerable groups, continue to face the brunt of pandemic-era labour market shocks and ad-hoc humanitarian interventions during this health crisis.
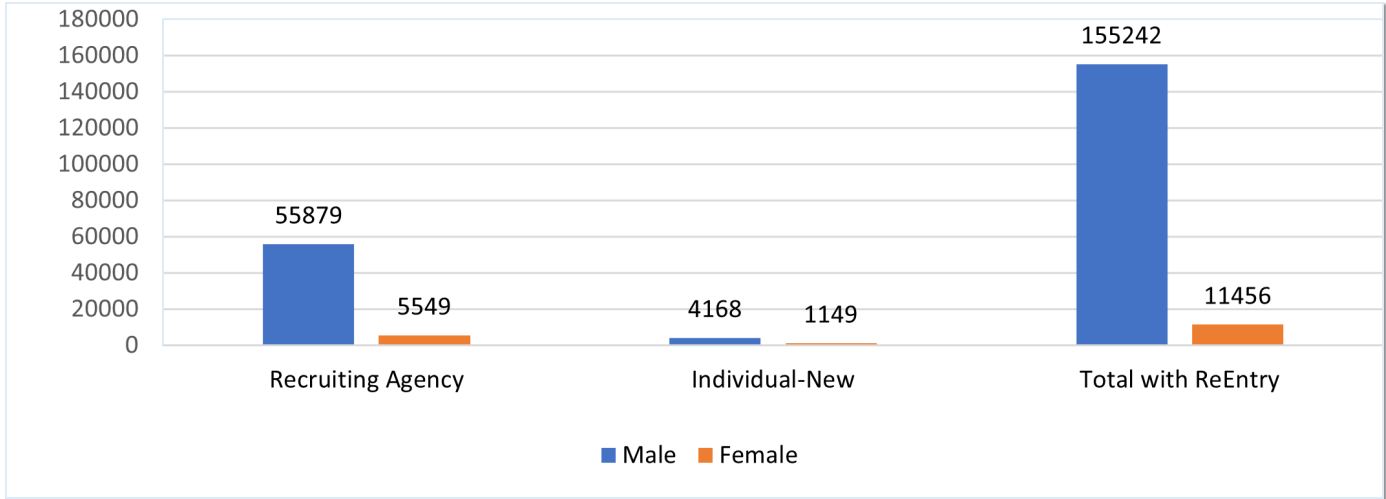

Figure 11: Labour Approvals Received for FY 2077/78
Source: DOFE

Key Current Challenges

1. Lack of holistic approach in the humanitarian interventions carried out by the government, employers, and destination countries during the Covid-19 migration crisis period.

2. Lack of adequate monitoring and research on the changing demographic dynamics related to determinants of migration aspirations and labour market opportunities.

3. Lack of inclusive labour policy reform, intersectional efforts, and sensitization.

4. Limited infrastructure development at the grassroots level, further causing social divisions.

5. Poor coordination between government bodies, diplomatic facilitation bodies, and activist groups to address the problems of the marginalized communities.

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.

GMC Nepal is grateful to the following organizations for making datasets, analyses, reports, and information available for use for this publication.

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Credits and Acknowledgements

This document is the product of work done by a number of members of the Centre for Social Change (CSC) team in various capacities. The facts, graphs/charts, statistical information and data presented in this report were sourced and compiled by various members of the Governance Monitoring Centre Nepal team. Organizations and specific reports from which secondary data has been sourced have been credited accordingly throughout the pages of this document. GMC Nepal would like to extend gratitude towards all individuals and organizations who, formally and informally, have contributed to the compilation and distribution of this report.

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