GOVERNANCE AT A GLANCE

An Overview of the Current Status
of Health, Education, and Migration
Governance Systems in Nepal

December 2020

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?

The pages enclosed in this report represent a concise summary of the current status of governance within these three areas – explored through an assortment of key indicators, historical trend analyses, must-know constitutional declarations, and brief discussions of likely challenges that will be faced by relevant stakeholders in each of the 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:

NHP	National Health Policy
Covid-19	Novel Corona Virus Disease, Discovered in 2019
HDI	Human Development Index
WDI	World Bank – World Development Indicators Dataset
(N)DHS	(Nepal) Demographic Health Surveys Dataset
UNICEF	United Nations Children's Fund
MDG	UN Millennium Development Goals Project
SDG	UN Sustainable Development Goals Project
MoHP	Ministry of Health and Population
TB	Tuberculosis
NHSS	Nepal Health Sector Strategy 2016-21
NPC	National Planning Commission
NLC	National Law Commission
UHC	Universal Health Coverage System
HMIS	Health Management Information System
GBD	Global Burden of Diseases
NCD	Non-Communicable Diseases
MoEST	Ministry of Education, Science and Technology
ECD	Early Childhood Development
GDP	Gross Domestic Product
NRIT	National Institute for Research and Training
AIR	American Institute of Research
CLAs	Central Level Agencies
REDs	Regional Education Doctorates
DEOs	District Education Offices
RCs	Resource Centres
UGC	University Grants Commission
CTVET	Council for Technical Education and Vocational Training
GCC	Gulf Co-operation Council
UNDP	United Nations Development Programme
IOM	International Organization for Migration
ILO	International Labour Organization
UAE	United Arab Emirates
MoLESS	Ministry of Labour, Employment and Social Security
MoFA	Ministry of Foreign Affairs
MoHA	Ministry of Home Affairs

Health Governance
An Overview

The 2072/15 Constitution and various National Health Policy documents throughout recent history jointly declare access to means of good health as a fundamental right of the citizens of Nepal. Public Health indicators, including but not limited to healthcare access, quality, disease/infection control, affordability and medical measures are often used to gauge a country's overall development and human rights quotients. In the past few decades, Nepal's health governance has made significant strides in achieving remarkable progress in the delivery of effective healthcare despite numerous systemic obstacles.

As is the case across the globe, the national public health discourse and governmental efforts on the health sector has primarily revolved around the awareness, prevention, and treatment of COVID-19since early-2020. Given the crucial need for a strong, unified, and effective front required on Public Health management, especially in the context of the ongoing pandemic, there is a larger microscope on the many actors involved in the health governance in Nepal than perhaps ever before.

Progress in Public Health

Despite longstanding issues of persistent poverty, inequality of access, resource scarcity, geographical difficulties, and corruption in both public & private health institutions, there has been remarkably consistent progress made in the last half century.

Indicator	1950's Average	1990's Average	2010's Average	Data Source
Life Expectancy (in years)	34.81	53.24	68.74	Nepal Human Development Index Report, 2014 World Bank World Development Indicators, 2020
Fertility Rate (in # of children)	7.0	5.8	2.7	Nepal Health and Demographic Survey, 2011 Demographic Health Surveys (DHS-Nepal), 2016
Infant Mortality Rate (per 1k live births)	200	107	30.9	Nepal Health and Demographic Survey, 2011 UNICEF Indicators Cluster Report, 2019
Maternal Mortality Rate (per 100k live births)	1800	850	210	Millennium Development Goal Progress Report, 2011 World Bank World Development Indicators, 2020

Additional sources used: National Health Policy Compilation; Various MoHP Reports (as credited above) 2017-20

This gradual improvement in the development of the public health sector has been achieved via multiple approaches over the decades, both issues specific & structural in nature. The system of long-term goal setting processes formally began with the *1956 (2013 BS) 15-year Health Plan* and was saw successive increases in ambition and scope in the *1975 (2032 BS) and 1995 (2052 BS) 20-year Health Plans.* Over the years, a number of health drives, service delivery programs, and awareness campaigns have proven successful and been appreciated in the international area, such as Vitamin A for Children, Polio Elimination media campaigns, TB control programs, and Leprosy prevention drives. In the last two decades, a growing emphasis on the mobilization of female volunteer programs targeting issues of contraceptives use for unplanned pregnancies, community family planning programs, and maternal health measures have also been largely successful. The government officially called for the involvement and promotion of private health services since the *National Health Policy of 1991 (2048 BS)* and onwards, which has also greatly improved rural health service access and quality through private sector partnerships.

Major Policies and Reforms

Historically, it is often cited that the first sectoral policy-step in Health governance in Nepal was taken with the endorsement of the National Health Policy (1991), focusing primarily on primary health services delivery to rural villages. A number of specific, goal oriented, and delivery design-focused plans, objectives, and health government entities have since been introduced. The most prominent departure from the original NHP came in the form of the (interim) National Health Policy (2014), which has since been replaced by the amended 2019 version. The organizational structure and operational agendas in the making of these policy acts were highlighted in the Nepal Health Sector Strategy 2016-21.
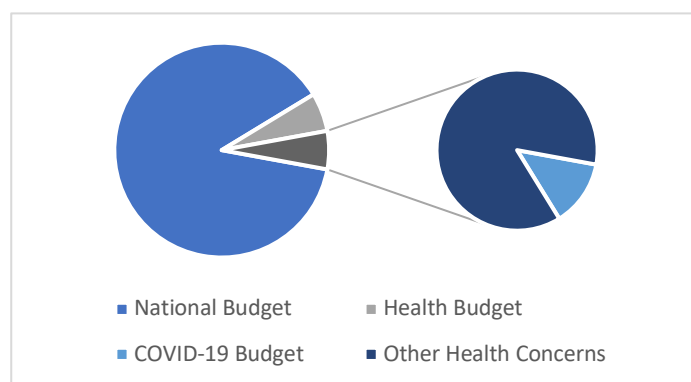
A Collection of MoHP's Most Prominent National Level Policies Introduced post-2000:	
Disability Management Policy	2017
National Blood Transfusion Policy	2014
National Population Policy	2014
Urban Health Policy	2014
National Health Insurance Policy	2014
National Oral Health Policy	2013
National Health Laboratory Policy	2013
National Health Communication Policy	2012
National Policy on HIV and STI	2010
National Health Research Policy	2010
Policy on Quality Assurance in Health Care Services	2007
National Skilled Birth Attendant Policy	2006
Healthcare Technology Policy	2004
National Nutrition Policy	2004
National Safe Abortion Policy	2003
National Medicine Policy	2001
National Vaccination Policy on Safe Injection	2000
Policy on Multi-dose Vaccine Vial	2000

(Source: MoHP; National Planning Commission; National Law Commission)

As the NHP has evolved over the years, its singular focus on service delivery to rural areas has as well. The newer NHPs call for multi-prong measures, including issues surrounding the delivery, quality, equity, and the need for a unified multi-sector joint effort in establishing the first steps towards an eventual University Health Coverage system. The newest NHP calls for involvement of government bodies at the local and provincial level, even though implementation has remained a challenge till date.

Health Governance Budget Allocation

Throughout history, health and public-health adjacent portions of the national annual budgets have been consistently substantial. Even then, the sharp increase for this year is noted as one of the more dramatic instances recorded. The National Health Budget was raised for fiscal year 2020/21 from last year's NRs. 68.8 billion to NRs. 90.7 billion – an unprecedented increase reflecting the urgency of the currently unfolding pandemic context.

- ■ National Budget
- ■ Health Budget
- ■ COVID-19 Budget
- ■ Other Health Concerns

About ~7% of this budget, amounting to NRs. 6.1 billion, has been allocated to prevent the shortage of medication, testing kits, equipment, and service-expansion plans for COVID-19 patients. This includes securing necessary arrangements such as quarantine centres & treatment services. Priority is also emphasized on infrastructure development and rapid health personnel skills expansion in the fight against the pandemic.

Source: Public Health Perspective Nepal;MoHP press releases, 2020

Key Health Indicators

The table below summarizes the provincial breakdown of assorted health & immunization indicators (Fiscal Year 2018/19), illustrating geographical differences in key health measures.

	Fully Immunized Children %	Prevalence of Stunting among Children (<5 yrs)	Prevalence of Overweight among Children (<5 yrs)	Under-5 mortality rate (/1k)	Neo-natal mortality rate (/1k)	Total fertility rate
National	~ 70%	35.8%	1.2%	39	29	2.3
Province 1	~ 80%	32.6%	0.7%	36	22	2.3
Province 2	~ 66%	37.1%	0.0%	52	30	3.0
Bagmati	~ 57%	29.4%	1.9%	36	17	1.8
Gandaki	~ 66%	28.9%	3.7%	27	15	2.0
Lumbini	~ 74%	38.5%	1.8%	45	30	2.4
Karnali	~ 88%	54.5%	1.5%	58	29	2.8
Sudurpashchim	~ 76%	35.9%	1.1%	69	41	2.2

Source: MoHP, 2019/20; HMIS 2017/18; NDHS 2016

While the indicators are proportioned quite predictably, there are a few notable aberrations worth noting here. Karnali province, often cited as having some of the most rural areas where health service delivery challenges are persistent, is reported as having the highest percentage of immunized children. However, while comparing to the other indicators, such as stuntedness (a common measure of malnutrition) and fertility rate (which generally decreases with development & upward mobility), it could be the case that Karnali's lower population and lack of formal institutions (as evidenced in the table below) could have led to an under-reporting of unimmunized cases. Similarly, Gandaki's curiously high prevalence of overweight children also presents an opportunity for further investigation.

Key Health System Indicators

	Public Hospitals Count	Public Health Community Centres Count	Non-Public Health Facilities Count
Province 1	18	40	133
Province 2	13	32	169
Bagmati	33	43	1163
Gandaki	15	24	100
Lumbini	20	30	168
Karnali	12	13	46
Sudurpashchim	14	16	43
National	125	198	1822

0.0598%
National Patient - Physician Ratio

0.1811%
National Patient - Nurse/Midwife Ratio

0.0014%
National Patient –Pharmaceutical Technician Ratio

Source: MoHP, 2019; World Bank Development Indicators, 2020

The table above illustrates the long-standing problem of Nepal's centralized development. While being relatively under-populated, provinces further away from the capital do tend to receive less infrastructure attention. The pointed focus on rural service delivery in the new NHP is thus a step in the right direction for the future. Additionally, considering that a higher number of medical professionals tend to work in urban areas with rapidly growing populations, the low national patient-professional ratios also need to be addressed by making investments in academic & training institutions in rural areas.

Key Diseases & Disability Indicators

The Global Burden of Diseases study (by the Institute of Health Metrics and Evaluations, University of Washington) produce health measures and key estimates on a number of different health, disease, infections, and death measures. Combining these estimates with local data (MoHP), we are able to take a closer look at mechanisms behind disease & death patterns observed in Nepal.

73.3 years
is the life expectancy for the average female citizen, increased from 59 since 1990.

68.7 years
is the life expectancy for the average male citizen, increased from 58 since 1990

However, it is worth noting that not all of the additional years gained will be healthy ones. Considering the disease susceptibility profiles, trends in common diseases, and likelihood of illnesses and/or disability, it is concluded that:

62 years
of the average female citizen's life is estimated to be spent in good health.

60 years
of the average male citizen's life is estimated to be in good health.

Source: GBD Nepal Study, University of Washington, 2017; MoHP, 2017

It is estimated that a substantial majority, as much as 66%, of the total deaths that occur in Nepal are caused by **non-communicable diseases**. The four leading NCDs. are shown in the graph below.
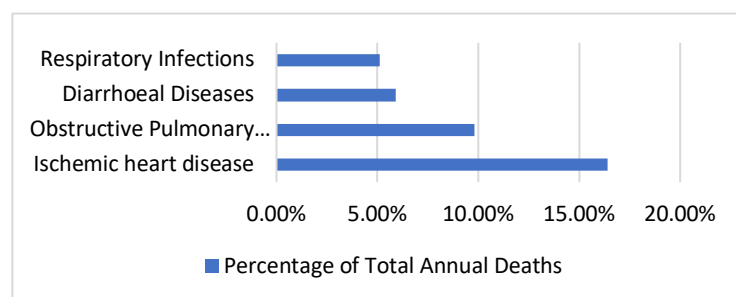
Source: GBD Nepal Study, University of Washington, 2017

There are a number of different reasons for this rise. Firstly, the altered age structure of the average citizen leads to a potentially more vulnerable old-age period. Lifestyle choices are also large drivers of NCDs – such as increasingly sedentary behavior, tobacco use, unhealthy eating habits, and harmful use of alcohol.

Looking forward, it seems likely that a large amount of post-pandemic governance effort will be spent to prevent, combat, and spread awareness about these lifestyle choices leading to rises in NCDs.

Current Major Challenges

1. Accurate, up-to-date monitoring of the COVID-19 cases and effective contact-tracing measures.
2. Dissemination of COVID-19 related awareness, preventative, & treatment information.
3. Expansion of health service delivery systems across provinces, strata, class, and communities.
4. Establishment of healthcare service quality determination & monitoring systems.
5. Management of health problems caused by climate, disasters, & food insecurity issues.
6. Long-term policymaking & enforcement power balance between local and central governments.
7. Unclear role of local government bodies in pandemic context, leading to ad-hoc delineations.
8. Reorganization and establishment of public transparency in policymaking &goal-setting systems.

Political reforms accompanying the 2015 Constitution have brought about substantial changes in the country's educational planning, monitoring, and execution strategies. Article 31 of the charter ensures equal access to quality education as a fundamental right of all Nepalese and for the first time advocates free and compulsory basic education (grades 0-8) and free secondary education (grades 9-12).

Despite numerous present-day challenges, particularly in the context of the COVID-19 pandemic, significant improvement has been recorded across key educational attainment indicators in the last few decades. With the conversation growing around the localization of educational governance, experts, advocates, and activists are optimistic about structural changes in the horizon.

Progress in Education

Nepal has come a long way in emphasizing the significance of quality education in its path of development. By improving teaching& learning experiences across provinces and communities, the government has made tremendous efforts in installing educational opportunities in the past few decades. A growing emphasis on addressing equity goals within Nepal's diverse population, boosted by the expansion of advocacy and activism in the space, is also a step in ensuring continued growth for the coming years. This progress can be witnessed in the following growth indicators:

8.28%
increase in literacy rate among population aged 15 yrs& above from 2001 (59.63%) to 2018 (67.91%)

97%
net enrolment rate in primary schools, with an estimated 47% growth since 1999

73%
of the population have access to Early Childhood Development Ed., boosted by the establishment of over 11,000 new ECD centers since the 1990's.

88.4%
increase in the no. of households who can reach a primary school within 30 minutes from their homes since 1998 to 2011 (94.7% households last recorded)

Sources: MoEST,2017 ; UNESCO, 2020

Federalism Adoption Issues

Although the Ministry of Education, Science and Technology (MoEST) is the federal body that is responsible for national policymaking, localized agency falls under the jurisdiction of municipal governments after recent political reforms. Under the Nepali federal system, provincial and the 753 local governments are accountable for basic education in their respective regions.

This autonomy of local governments is expected to encourage effectiveness through involvement of local communities. Their responsibilities, however, are challenged by lack of supervision, expertise, resources and such issues pertaining to the decentralized state model that Nepal is still adapting to. Given the ongoing global education disruption due to the COVID-19 pandemic, instances of national & area-specific lockdowns as well as sudden (in many cases unaffordable & unreliable) switch to online learning portals have sparked national debates on the challenges, effectiveness and necessary reforms needed in education governance.

Education Governance Budget Allocation

The National Campaign for Education Nepal reports that the central government has made official commitments in multiple national and international forums to allocate no less than 6% of its annual GDP to the public education sector,

In the past few decades, there has been a sustained monetary focus on maintaining and expanding educational institutions, especially in rural areas.

National Budget % Allocated to Education

Year	%
2020/21	11.64%
2019/20	10.68%
2018/19	10.20%
2017/18	9.91%
2016/17	11.04%
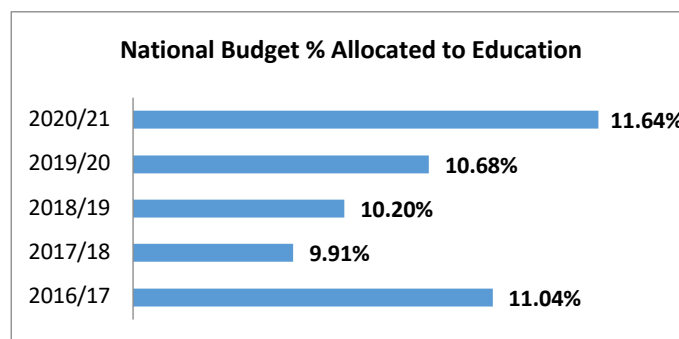
Source: MoF: Budget & Systems; Nepal Economic Forum; Nepal Education Sector Analysis

Administration and Policies

Since the adoption of the 2015 Constitution, much of Nepal's sectoral political landscape, including the administration of Education, has progressively shifted to the seven states and local governments, even though, as mentioned above, implementation has been affected by various conflicts and delays. Currently, not all local bodies are fully operational, and a majority portion of education administration continues to run under the framework of the old centralized system.

The key administrative bodies in the sector are:

Administrative body	Responsibilities
Ministry of Education (MoEST)	Policies, directives, curriculum development. Teacher training and recruitment. National level examinations administration.
University Grants Commission (UGC)	University grants disbursement. Set policies and higher education standards. Advise and assist in establishment of new universities.
Council for Technical Education and Vocational Training (CTVET)	Set curricula, requirements and standards in technical and vocational training schools.

Source: MoEST

Some prominent policies/reforms in the last few decades are listed below:

Policies	Year
National Education Policy	2019
School Sector Development Plan (2016-2023)	2016
Information and Communication Technology (ICT) in Education (2013-2017)	2013
School Sector Reform Plan (2009-2015)	2009
Education for All (2001-2009)	2003
Basic and Primary Education Program Master Plan	1991
The National Education System Plan (1971-1976)	1976
The Five-Year Plan for Education in Nepal	1956

Source: MoEST; National Planning Commission

Key Education Indicators

The table below summarizes the provincial breakdown of numbers of students, teachers, schools (Grades 1-12)& Students-per-teacher counts, illustrating internal differences in educational delivery.

	% Share of No. of Schools	% Share of No. of Students	% Share of No. of Teachers	Students-per-teacher Count
Province 1	18.87%	15.89%	16.53%	21.83
Province 2	10.82%	16.99%	8.05%	47.92
Bagmati	20.75%	19.46%	26.47%	15.57
Gandaki	12.94%	9.67%	14.10%	16.70
Lumbini	16.19%	17.90%	18.75%	21.68
Karnali	8.98%	8.01%	6.33%	28.93
SudurPashchim	11.45%	12.08%	9.77%	27.93
National	35,601	73,91,524	3,25,519	22.71

Source: Education in Figures (MoEST, 2017)

The table above shows a re-arrangement of MoEST data, presented in a tabulated form as an attempt to critically assess the current status of schooling in Nepal, and is useful to identify areas of further investigation into governmental efforts within the educational sector.

Predictably, Bagmati province – the national urban leader in population (and the leader in many developmental measures, partly owing to Nepal's centralization problem given its former unitary government state) holds the largest numbers of schools, students, and teachers across provinces. Proportional differences are particularly useful in illuminating this centralization, as seen in each of the columns. On the other hand, Bagmati province has the lowest students-per-teacher count (trailed by another province with urban center/s – Gandaki), perhaps a reflection of the availability of schools and teachers. Province 2 holds the highest count in this sector, suggesting a nation-wide lowest teacher availability status. Of course, issues of affordability, service quality, and effective delivery mechanisms cannot be addressed with this data, and a deeper qualitative investigation is required.

Current Major Challenges

1. Delineation and delegation, in terms of both policy & enforcement, of the federal system in education governance, especially in the context of the localized public education jurisdiction.
2. Implementation and availability (devices, internet access, technical know-how) of digital learning to cope with the COVID-19 education disruption.
3. Acknowledgement and addressing of the gender inequality observed in educational attainment indicators. Example – Literacy rates of men (78.59%) and women (59.72%) are reflective of the relative lack of effort & support towards women's formal education.
4. The under-representation of children from disadvantageous social positions including, but not limited to poverty, rural residence, caste, disability status, etc.
5. Low quality of public schools' teacher training, curriculum enforcement, and quality education delivery, especially in remote areas difficult to centrally monitor.
6. Failure to recognize and promote local languages, traditions, and cultures, and the top-down approach observed in curricula presuming geographical/ethnic homogeneity in social studies.
7. Unmonitored growth of private schools, particularly in urban areas.
8. Politicization of school administrations & human resources.

There has been a massive surge in both domestic and international migration volumes among Nepali citizens in the last five decades. The boost in annual numbers of workers migrating from Nepal to other countries, particularly to Malaysia and Gulf Co-operation Council members countries, has been extra-ordinary and has prompted many academics, advocates, and activists to look further into the problems faced by Nepali migrants abroad.
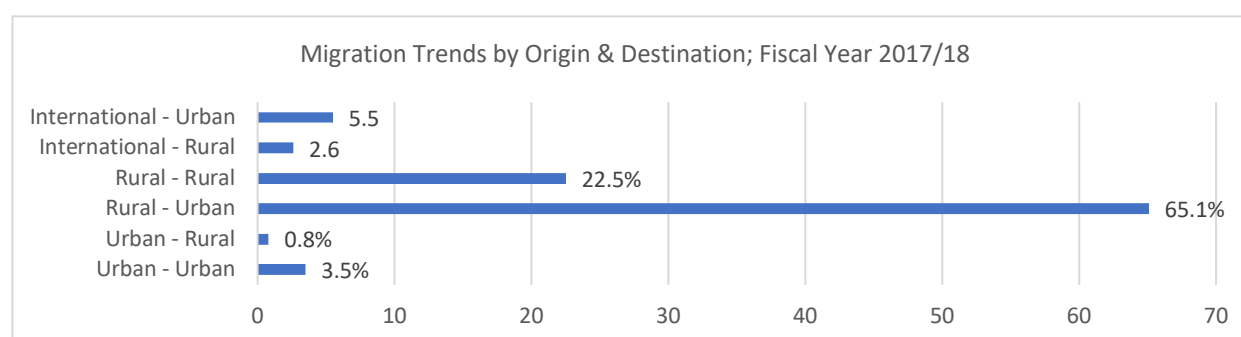
With the growing role of remittance in our national economy, instances of human rights issues faced by migrant workers & students abroad, and disruptions caused by the COVID-19 pandemic, Migration Governance has emerged to become one of the Nepali government's key priorities. Much of the political discourse in the mainstream media has thus revolved around problems faced by migrant workers despite large contingencies of other purpose-patterns emerging in the last few decades, particularly education.

Migration Growth

The aforementioned boost in migration has prompted bi/multi-lateral labour agreements & the creation of legal instruments designed to address problems faced by migrant populations. Continuous advocacy by various civic organizations, media, and migrant-workers interest groups has contributed towards a steady growth in governing tools. The indicators presented below capture this growth phenomenon.

Legal Instrument Reforms 1985-2019	Year
First Foreign Employment Act	1985
The National Labour Policy	1999
The Foreign Employment Act	2007
Foreign Employment Policy	2012
The National Population Policy	2014
The Land Use Policy	2015
The National Youth Policy	2015
The National Employment Policy	2016
The National Land Policy	2018
The National Health Policy	2019

Indicator	Fiscal Year 1993/93	Fiscal Year 2018/19
Human Development Index (UNDP)	0.4	0.6
Total Destination Countries Approved for Labour Migration	GCC outside South Asia	110
Ratio: Remittance Flows to GDP	Below 2%	25.4%
Unemployment Rate	Substantial Unemployment	11.4%
Bilateral Labour Agreements	N/A	9 Countries

Migration Trends by Origin & Destination; Fiscal Year 2017/18

Category	Value
International - Urban	5.5
International - Rural	2.6
Rural - Rural	22.5%
Rural - Urban	65.1%
Urban - Rural	0.8%
Urban - Urban	3.5%

Sources: Migration in Nepal: A Country Profile, IOM, 2019

The latest IOM data cited in the previous page shows that internal migration patterns in Nepal is still dominated by rural to urban migration, accounting to a total of 65.1% in fiscal year 2017/18. Marriage, socio-economic mobility, lifestyle, and opportunities (for work, education, training programs, etc.) are the main pushing factors driving urban migration in Nepal.

Key Migration Indicators

There are a number of insights and learnings that can be drawn at a socio-economic demographic level given the growth of various migration patterns that have emerged in the last few decades. An assortment of statistical explorations based on migration flow data from fiscal year 2018/19 are presented below, that help to better understand the current status of the country's various migrating community-populations today.
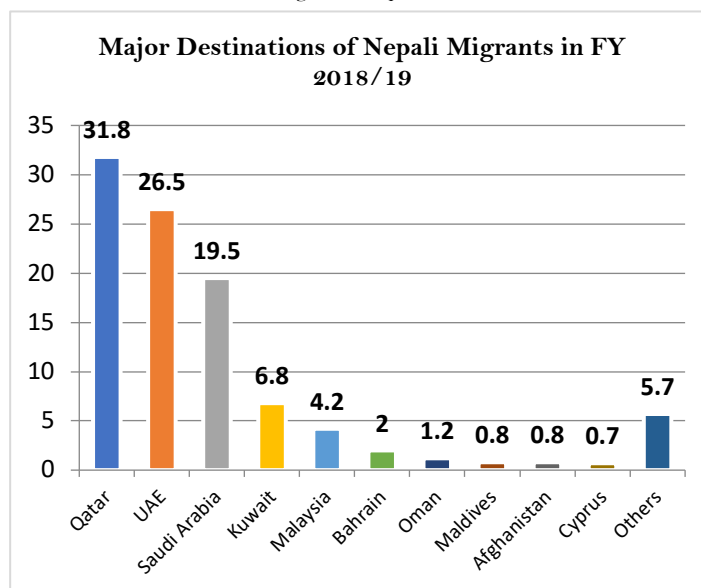
2.6 Million
Total Nepali Internal Migrants
Source: Covid-19 & Migrant Workers Report, ILO, 2020
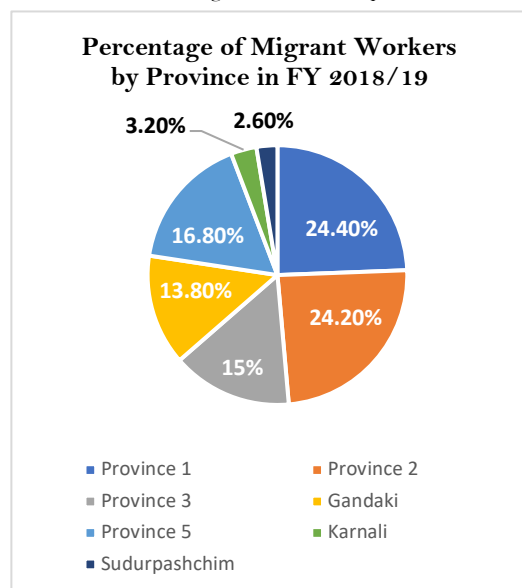
0.49 Million
Total Nepali International Migrants
Source: World Migration Report, IOM, 2020

Percentage of Migrant Workers by Province in FY 2018/19

- 3.20%
- 2.60%
- 16.80%
- 24.40%
- 13.80%
- 24.20%
- 15%

Legend:
- Province 1
- Province 2
- Province 3
- Gandaki
- Province 5
- Karnali
- Sudurpashchim

Major Destinations of Nepali Migrants in FY 2018/19

- Qatar: 31.8
- UAE: 26.5
- Saudi Arabia: 19.5
- Kuwait: 6.8
- Malaysia: 4.2
- Bahrain: 2
- Oman: 1.2
- Maldives: 0.8
- Afghanistan: 0.8
- Cyprus: 0.7
- Others: 5.7

Source: Nepal Labour Migration Report, MoLESS, 2020

In fiscal year 2018/19, as shown above, Province 1 holds the highest percentage flow of labour migration at 24.40%, followed closely by Province 2 at 24.20% of total migrants. A recent *Kathmandu Post* article (Mandal, 2018) posits that social networking among migrants' families & friends facilitates higher labour migration in these provinces despite longstanding poverty and high unemployment.

On the international side, labour approval records show that Qatar was the most popular destination among workers from Province 1,2, and Karnali, whereas UAE was the first choice of migrant workers from Province 3, Gandaki and Sudurpashchim. Even though Malaysia is one of the top preferred destinations for migrant-workers, the flow was observed to be a relatively modest 4.2% during fiscal year 2018/19 due to the Nepal government's May 2018 initiation to reduce the cost burden faced by migrant-workers in the recruitment phase, leading to a temporarily approval ban. Eventually, this process led to the historic signing of the October 2018 Memorandum of Understanding, and Malaysia has since become a top migration destination for Nepali aspirants.

Notable Institutions

The list below shows the names & key responsibilities of some of the major institutions & specific departments that serve important functions in migration-activities. While the 2015 Constitution instituted a Federal governance framework, provincial & local jurisdiction on these activities are department specific in most cases. Thus, no such directly declarative delegations have been made on the migration front, and implementations have been occurring on an ad-hoc basis.

1. *The Ministry of Labour Employment and Social Security (MoLESS)*

The Department of Foreign Employment	Admin activities – labour approvals, visas, complaints, etc.
The Foreign Employment Board	Migrant workers concerns – Skill development, trainings, licenses, insurance, etc.
The Foreign Employment Tribunal	Judicial needs - fraudulent contracts, rights violations, etc.
Labour and Employment Offices	Legal concerns, renewals of labour contracts, etc.
Vocational & Skill Dev. Training Academy	Provides skill development tools & programs.

2. *The Ministry of Foreign Affairs*

The Department of Immigration	Nepali migrants Exit/Arrival recordkeeping.
The Department of Passports	Issuance & renewals of passport travel documents to citizens.
The Department of Consular Support	Grievance handling, insurance issues, co-ordination & facilitation of rescue/dead body transport, compensations, etc.
Embassies & Diplomatic Missions	Provide shelter & support to migrant workers at destination areas, and legal assistant in foreign employment cases.

3. *The Ministry of Home Affairs*

District Administration Offices	Management of registrations (citizenships, etc.); facilitation & safeguard provisions for rescued victims of trafficking & human rights violations.

4. *The Ministry of Finance* – budget allocation for migration & reintegration programs; loans & financial assistance
5. *The Ministry of Women, Children & Senior Citizens* – monitoring & rescue against trafficking & exploitation
6. *The National Human Rights Commission* – promotion & protection of human rights, rescue missions
7. *Nepal Rastra Bank* – management & regulation of remittance and the foreign employment savings bond scheme
8. Private Sector, Civil Society, & International Organizations – various mission-based responsibilities

Current Major Challenges

1. Implementation and monitoring of existing laws designed to protect migrant workers.
2. Development and expansion of data-keeping & tracking systems to manage migration cycles both at home and abroad.
3. Strengthen local bodies to provide migration related services, vital information, and potential programs/policies related beneficiaries opportunities.
4. Strengthen local economies to create and provide rural area migrants with economic and social mobility opportunities that can serve as alternatives to migration.
5. Maximize the potential contribution of returned migrant workers.
6. Enhance and promote state-level, regional, multi-level and intragovernmental engagement to advocate for, rase the position of and support migrant rights issues.
7. Increase emergency preparedness and set up systemic plans of action to protect migrant workers at times of unexpected crises.

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.

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

Health Governance:

5. Ministry of Health and Population;
6. World Bank Development Indicators;
7. Nepal Economic Forum
8. Demographic Health Surveys (DHS Nepal 2016);
9. UK-AID & Nepal Health Sector Support Programme
10. International Health Organization
11. Public Health Perspective Nepal (PHP-Nepal)
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Credits & 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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Governance Monitoring Centre Nepal is a research initiative by Kathmandu-based NGO Centre for Social Change, supported by The Asia Foundation.

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