Assessment Report

MIGRATION & SOCIO-ECONOMIC IMPACT OF COVID-19: ASSESSMENT OF RETURN COMMUNITIES IN NEPAL

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply expression of any opinion whatsoever on the part of IOM concerning legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

_____

Publisher:	International Organization for Migration
	Address: 768/12 Thirbam Sadak, Baluwatar-5, P.O. Box: 25503, Kathmandu, Nepal
	Tel.: +977 1 442 62 50
	Fax.: +977 1 443 42 23
	Email: iomnepal@iom.int
	Website: https://nepal.iom.int/

This publication was issued without formal editing by IOM.

This publication was issued without IOM Publications Unit (PUB) approval.

Cover photo:	© IOM 2021/Stories of Nepal
Required citation:	International Organization for Migration (IOM), 2021. *Migration & Socio-Economic Impact of COVID-19: Assessment of Return Communities in Nepal.* IOM. Nepal.

_____

Assessment Report

MIGRATION & SOCIO-ECONOMIC IMPACT OF COVID-19: ASSESSMENT OF RETURN COMMUNITIES IN NEPAL

CONTENTS

Figures

Tables

ACRONYMS

ADB	Asian Development Bank
COVID-19	Corona Virus Disease 2019
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
DoFE	Department of Foreign Employment
DoHS	Department of Health and Service
DoI	Department of Immigration
DQA	Data Quality Assurance
EU DG INTPA	European Union Director General for International Partnership
FAW	Fall Army Worm
FEB	Foreign Employment Board
FEWF	Foreign Employment Welfare Fund
G2G	Government to Government
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GoN	Government of Nepal
IFPRI	International Food Policy Research Institute
IIDS	Institute for Integrated Development Studies
ILO	International Labour Organization
I/NGOs	International/Non-governmental Organizations
IOM	International Organization for Migration
KII	Key Informant Interview
LDCs	Least Developed Countries
LMICs	Low- and Middle-Income Countries
MCH	Maternal and Child Health Care
MEDPA	Micro Enterprise Development Programme for Poverty Alleviation
MFA	Migrant Forum in Asia
MHD	Migration Health Department
MMICD	Mainstreaming Migration into International Cooperation and Development
MoHP	Ministry of Health and Population
MoLESS	Ministry of Labor Employment and Social Security
MoUs	Memorandum of Understandings
NHRIs	National Human Rights Institutions

NPC	National Planning Commission
NRNA	Non Resident Nepali Association
NRB	Nepal Rastra Bank
ODK	Open Data Kit
PMEP	Prime Minister Employment Programme
PPS	Probability Proportional to Size
RDS	Respondent Driven Sampling
Sq. m.	Square Meters
TOR	Terms of Reference
TOT	Training of Trainers
TVET	Technical and Vocational Education and Training
UAE	United Arab Emirates
UNSDG	United Nations Sustainable Development Group
UNSERF	United Nations Socio-Economic Recovery Framework
WB	World Bank
WHO	World Health Organization

DEFINITIONS

Migrant Community: Migrant community is defined as households, family members and other persons living in the same locality as return migrants.

Return Migrant: A return migrant is someone who has returned to Nepal from abroad before or after the onset of COVID pandemic.

Other destinations abroad (countries): All destination countries where Nepalese migrant workers seek employment other than India. This includes Malaysia, Israel, the Republic of Korea, and Japan.

GCC (Gulf countries): The Gulf or GCC countries include 6 countries in the middle east region—Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates.

Acceptability of healthcare services: Health services, facilities and workforce characteristics and ability (e.g. sex, language, culture, age, etc.) to treat all patients with dignity, create trust and promote demand for services (WHO, 2021a).

Accessibility of healthcare services: Physical accessibility - the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them (WHO, 2021b)

Affordability of healthcare services: Payment for health-care services must be based on the principle of equity and are affordable for all, including socially disadvantaged groups (WHO, 2021c).

Availability of healthcare services: The sufficient supply and appropriate stock of health services, health facilities and health workers who have the competencies and skill-mix to match the health needs of the population (WHO, 2021a).

Support services: This is defined by the study as cash transfers, financial aid, food and nutrition, legal aid, medical services, education services including distance/home-based learning, skills training, WASH, social insurance, psychological support, childcare services.

Stigmatisation: Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumours and myths[1].

Discrimination: Any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms (IOM glossary, 2019).

Xenophobia: Attitudes, prejudices and behaviour that reject, exclude and often vilify persons, based on the perception that they are outsiders or foreigners to the community, society or national identity (IOM Glossary, 2019).

Private Recruitment Agencies: Within this study, private recruitment agencies activities are defined as finding, organising and sending Nepalese migrant workers to destination countries for employment.

---

1   https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html

EXECUTIVE SUMMARY

Nepal entered a complete lockdown on 24th of March 2020 and mobility was restricted to contain the spread of the virus. The measures included the closing of Nepal's international borders and the suspension of all commercial flights. The COVID-19 lockdown and mobility restrictions in countries of destination and Nepal resulted in job losses and increased physical and mental health vulnerabilities for migrants, their families and communities. Furthermore, as restrictions eased, many migrants returning to Nepal also faced bleak prospects of securing employment and income opportunities. Job losses in Nepal have also increased the fear of many, especially vulnerable and marginalized groups, that they will pulled further into poverty.

This study – *Migration and the Socio-Economic Impact of COVID-19: Assessment of Return Communities in Nepal[2]* – is an endeavour to reflect the return migrant population in the relevant COVID-19 response and recovery plans in Nepal. This assessment report addresses protection issues, vulnerabilities and the needs of return migrants and their communities, and the impact of COVID-19 on the socio-economic recovery in Nepal.

The study uses both primary and secondary data to assess the socio-economic conditions experienced by return migrants and migrant communities, guided by the pillars of the UN Framework for the Immediate Socio-Economic Response to COVID 19 (UNSERF)[3]. Using a sample size of 800 respondents, the Snowball Sampling Technique was applied, and surveys were conducted remotely through mobile phones. This assessment was conducted in Mechinagar Municipality and Biratnagar Metropolitan in Province 1 and Simta and Panchapuri rural municipalities in Karnali Province. The survey divided the respondents into two categories: a) return migrants, and b) migrant family/community. In addition, interviews with key local and national stakeholder[4] were undertaken to complement the survey findings.

The report provides a brief situation analysis (Chapter 2), outlining Nepal's current migration profile and the socio-economic impact of the recent COVID-19 pandemic on return migrants and their communities. Following primary and secondary data analysis, the report presents the major findings from the household surveys and stakeholder interviews adhering to the five pillars of UNSERF[5] (Chapter 3). The conclusion of the assessment (Chapter 4) provides key recommendations to guide the development stakeholders and Government to integrate migration into the socio-economic response and recovery in Nepal (Chapter 5).

Key Takeaways

A.	Key findings of return migrant and communities' survey analysis
Contents	**Findings**
Employment in the destination country	More than two thirds of the return migrants were employed in the manufacturing and service sectors in destination countries.
Income of return migrants in destination countries	The median monthly income of migrants returning from India (male NPR 20,000 and female NPR 15,000) is significantly lower than the median monthly income of migrants returning from other overseas countries[6] (male NPR 45,000 and female NPR 37,500).

---

2 The International Organization for Migration (IOM), supported by the European Union Directorate General for International Partnership (DG INTPA), worked in close coordination with the European Union Delegation to Nepal, to provide dedicated technical support to integrate migration considerations into the COVID-19 socio-economic response and recovery in Nepal.
3 UNSDG (2020) UN Framework for the Immediate Socio Economic Response to COVID 19.
4 Officials from federal and provincial ministries, mayors of the municipalities, civil society stakeholders, private sector and international development partners (Refer to Annex V for the list of respondents).
5 A UN framework for the immediate socio-economic response to COVID-19.
6 This entails Gulf Cooperation Council (GCC) countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates) as well as Malaysia, the Republic of Korea, Israel and Japan.

Country of destination from which Nepalese migrants returned	The two primary geographical areas from which Nepalese migrants returned were India (59%) and the Gulf Cooperation Countries (34%). The remaining 7% primarily came from Malaysia, Israel, Japan, the Republic of Korea.
Reasons for migrants' return	Many female migrants (35%) reported primarily returning to support their family and to fulfil household and domestic duties.
	The most common reason male migrants reported returning to Nepal was being furloughed by their employers (25%).
Return arrangements	The majority of return migrants (81%) self-organised their return to Nepal at their own expense; 15% were financially supported by their employer and only 2% were financially supported by the recruitment agencies. Out of the 800 survey respondents interviewed, only one reported returning to Nepal with financial assistance from the Government of Nepal.
Challenges encountered by return migrants in destination countries	The three most prevalent challenges reported by return migrant respondents in countries of destination were: 1. being laid-off or furloughed by their employers (71%); 2. experiencing non-payment/ employers withholding wages (35%); 3. mental stress from job loss, impact of COVID on salary/remittances and fear of contracting COVID-19 (12%).
Access to healthcare in destination countries and social benefits	Few return migrants (12%) reported poor access to healthcare in destination countries. However, the majority of return migrants (89%) did not have access to social benefits in destination countries.
Quarantine in Nepal	Most return migrants (85%) reported isolation in quarantine facilities for 14-16 days on arrival in Nepal.
	More than half of return migrant respondents (61%) reported to be 'satisfied' with their access to health services within the quarantine facilities.

B. Key findings of thematic analysis	
1. Health services and system	
Impact of COVID-19 on the mental and physical health and well-being of return migrants and their communities	Almost all of the sample population (94%) reported to be in good mental and physical health at the time of the survey. Only 6% of respondents reported having either contracted COVID-19 or having experienced increased anxiety and stress due to the fear of becoming infected with COVID-19.
Availability of health services (before and during COVID-19)	When the availability of health services was compared before and during the COVID-19 pandemic, it was shown that both the vaccination services and the Maternal and Child Health (MCH) and nutrition programme decreased in availability by 37%. Moreover, the number of respondents reporting that no health services were available had increased by 6%. More details on the impact on the availability, affordability, acceptability of health services before and after COVID-19 is presented in a table in Annex III.
2. Social protection and basic services	
Return migrants' awareness of governmental reintegration assistance/relief package	Almost all return migrant respondents (99%) were not aware of any reintegration programme or relief package designed by the central/sub-national governments in Nepal to support return migrants' reintegration.

Return migrants receiving support during the COVID-19 pandemic	Most respondents (81%) have not received any support services[7] throughout the pandemic thus far.
Social protection and services	Over half of respondents (55%) stated that they were lacking social protection services at the time of the survey. Among those interviewed, 65% expressed their need for additional skills training programmes and 44% required financial aid.
Effect of COVID-19 on education of migrant communities	More than half of return migrant respondents (65%) reported that the education of family members attending school/college had been impacted due to COVID-19.
3. Economic response and recovery	
Main source of household income for return migrant households and communities	Whilst 38% of respondents reported remittances as their main source of income, a further 30% reported agriculture to be their main source of income.
Household income and expenditure of return migrant households and communities	The pandemic has exposed the vulnerability of poor and marginalized groups. The household income of respondents in the lowest quartile was NPR 18,000 before COVID-19. However, after the onset of the pandemic, many in the lowest percentile saw their household income drop to zero. Remittances are the main source of income for 38% of the respondents, followed by employment in the agricultural sector (30%), and employment in the service sector (13%).
Current employment status of return migrants	Most return migrant respondents (83%) were unemployed at the time of the survey but were seeking employment. This highlights the lack of employment opportunities in Nepal which has pushed many return migrants to consider remigration.
Effects of COVID-19 on employment of return migrants in destination countries and countries of origin	Just under half of return migrant respondents (47%) reported that their employment in countries of destination was impacted by COVID-19. The three major impacts on return migrants' employment in destination countries were; 　1.　　Being furloughed; 　2.　　Salary reduction, and; 　3.　　Employment without pay.
	Return migrant respondents stated that the top two impacts of COVID-19 on employment in Nepal were; 　1.　COVID-19 impaired the opportunity to find other employment (67%); and 　2.　It negatively impacted opportunities to find additional sources of income (39%).
	Many respondents (59%) reported that they, or their family members, were looking for additional sources of income.
Employment opportunities for return migrants, their households and communities	A total of 469 return migrant respondents reported that they are currently seeking employment. Almost half of whom (42%) stated that they have no knowledge of, or were unable to say, if there are job opportunities in their area. An additional 34% felt that there are currently fewer job opportunities in their locality than before COVID.

7　Cash transfers, financial aid, food and nutrition, legal aid, medical services, education services including distance/home-based learning, skills training, WASH, social insurance, psychological support, childcare services.

Up-/re-skilling opportunities	More than half of return migrant respondents (57%) reported inadequate up-/re-skilling vocational centres in Nepal to improve their employment prospects. A further 27% reported that there are no opportunities for them to improve their employment prospects, let alone vocational centres.
Employment of return migrants, their households and communities to mitigate labour shortages during COVID-19	Most of the respondents (83%) noted they were both unemployed and currently seeking employment. Almost no return migrant respondents (7%) reported that they had been employed to mitigate labour shortages during the COVID-19 pandemic.
Availability of Technical and Vocational Education Training for return migrants, their households and communities	The majority of female return migrants (84%) and male return migrant (85%) respondents reported that Technical and Vocational Education Training (TVET) was not available in their locality.
Formal training in TVET for return migrants upon return in Nepal	In addition, 85% of the return migrant respondents (84% of the female migrants and 93% of the male migrants) reported that they have not received formal training on TVET.
Availability of skills-matching programmes for return migrants	Almost no respondents (96%) could find vocational programmes upon their return to Nepal which matched the current labour market gaps in the context of the COVID-19 pandemic.
Availability of subsidized credit and soft loans facilities for return migrants, their households and communities	The majority of respondents (79%) reported that subsidized credit and soft loans as seed money to support the start-up of their own entrepreneurial venture were unavailable.
Relevant support services and assistance for return migrants, their households and communities	Return migrant respondents stated that they primarily required three forms of government support/assistance; 1. 42% expressed their need for employment opportunities within the country; 2. 36% wished to participate in an up-/re-skilling programme; 3. 19% sought seed money to start their own business.
4. Macroeconomic response and multilateral collaboration	
Communication gaps between stakeholders	There is a clear lack of coordination between all three tiers of government, as well as international organizations in terms of mitigating the negative effects of the pandemic on return migrants.
	Many return migrants reported to being unaware of the current local socio-economic context and the governmental COVID-19 response.
5. Social cohesion and community resilience	
Return migrants experiences of stigmatisation, discrimination and xenophobia	Almost all return migrants (99%) stated that they did not face stigmatization upon returning to Nepal in the COVID-19 context.
	Almost all respondents (98%) reported that they did not experience any discrimination. The remaining 2% reported to have experienced discrimination in the form of inequality and favouritism while accessing services.
	Out of which, 3% of return migrant respondents reported to have been victims of racial abuse, hate and xenophobia.
Social cohesion services	Almost all return migrant respondents (93%) stated that there are no social cohesion programmes/services available to them. The remaining 7% stated that they only know of a few such services that combat specific issues such as domestic violence, discrimination, stigma, and racism in the community.

INTRODUCTION

Background

The COVID-19 pandemic took a major toll on the lives and livelihoods of billions of people across the globe. International migrants are one of the hardest hit groups with increased health and income vulnerabilities, job losses and mobility restrictions.

Nepal entered a complete lockdown on 24th of March 2020 and mobility was restricted to contain the spread of the virus. The measures included the closure of Nepal's international borders and the suspension of commercial flights. Large public gatherings were banned, and restrictions were placed on internal movement and mandatory health checks at all entry points came into force. Businesses, non-essential shops, leisure centres, restaurants and hotels were closed, and public transport operations were reduced with educational institutions and certain spheres of employment moving online.

Most countries faced similar restrictions and, as a result, nepalese migrants in destination countries experienced job losses and increased physical and mental health vulnerabilities. As restrictions eased, many migrants returned to Nepal. However, unaware of and unable to access government reintegration and support programmes, many return migrants fell further into poverty. They face a bleak employment landscape in Nepal with labour shortages, a lack of up-/re-skilling programmes and no skills-matching opportunities. Many will inevitably have to re-migrate to support their families.

Migration — in all its forms — is greatly impacted by COVID-19 and, as such, it must be considered in response efforts. Developing successful responses to COVID-19 that both protect people on the move and their communities, and harness the power of migration for recovering better, depends on a solid understanding of the pandemic's impacts on migration and development at micro, meso, and macro level. A study conducted in 2020 by IOM Nepal in coordination with the National Planning Commission of Nepal suggests that poverty and unemployment were among the main deciding factors for Nepali out-migration, as migrants left in search of employment and income generation. On return to Nepal, return migrants were mostly employed in the service sector which was the least stable sector for migrant workers during the pandemic (IOM, 2020c).

Objective:

The objective of this assessment[8] is to outline the protection issues, vulnerabilities and needs of return migrants and their families/communities and the impact of COVID-19 on the socio-economic recovery in Nepal.

Study area and coverage

The study and surveys were conducted in two different provinces and in two different municipalities per province. Province 1 included Mechinagar and Biratnagar municipalities and is currently (2018/19) the main province of origin of Nepalese migrants abroad (accounts for 24% of the total number of Nepalese migrant workers abroad) (MoLESS, 2020). Province 1 is also among Nepal's better performing provinces, with a GDP per capita of USD 733. The poverty rate of 7.4%[9] is the lowest of all Nepali provinces. Some 46% of people have access to piped water, however malnourishment still stands at 42.6%. Although the province has made considerable improvements in health, its average life expectancy of 68.7 years is slightly below the national average of 68.8 years. With 43

---

8   The assessment has been conducted under the Mainstreaming Migration into International Cooperation and Development (MMICD) project, implemented by IOM and funded by the European Union Directorate General for International Partnerships (DG INTPA).
9   Measured using the international poverty line of USD 1.90 per day, 2011 PPP

primary health centres and 648 health posts, 56 percent of households are within 30 minutes' travel time to a health facility (UNDP, 2020).

Karnali Province includes Simta and Panchapuri municipalities. Most migrants from this Province migrate to India. As migration to India is undocumented and does not require registration, work permits or visas, the official migration figures from Karnali Province are lower compared to Province 1 as migrants from Nepal to India are not recorded. The 2011 census data shows that nearly two fifths (37.2%) of the Nepali migrants are in India, however such data has its limitations in the case of an open border where crossing can be short-term or seasonable and will be undocumented. There are also no records kept on how many Nepalis work in India or where they are (IOM, 2019). Karnali Province reports 40% of its inhabitants live below the poverty line with a per capita income of USD 475. Average life expectancy is 66 years, the lowest in the country. Just over a third (36%) of the total population do not have access to piped water. There are only 13 primary health centres and 339 health posts, which makes up 6% and 8% respectively of Nepal's total. The share of households within 30 minutes' travel time to a health facility stands at 46% (UNDP, 2020).

Structure

The report provides a brief situation analysis (Chapter 2), outlining Nepal's current migration profile and the socio-economic impact of the recent COVID-19 pandemic on return migrants and their communities. Analysing primary and secondary data, the report then presents the major findings from the household surveys and stakeholder interviews adhering to the five pillars of UNSERF[10] (Chapter 3). The report ends with conclusions from the assessment (Chapter 4) followed by key recommendations to development stakeholders and Government partners to integrate migration into the socio-economic response and recovery in Nepal (Chapter 5).

---

10   A UN framework for the immediate socio-economic response to COVID-19.

METHODOLOGY

The study uses both qualitative and quantitative approaches for the assessment. Both primary and secondary information were utilized to analyse the socio-economic conditions of return migrants and their communities, under the framework of the MMICD *Toolkit for Development Partners: Integrating Migration into COVID-19 Socio-economic Response*[11]. Desk review and Key Informant Interviews were carried out for gathering qualitative information. The Snowball sampling technique was adopted using a list provided by the municipality-managed quarantine centres to locate and interview return migrants. A total of 800 respondents (Table 1)[12] from the study clusters (return migrants and members of the return migrants 'families and communities) were interviewed by telephone.

Table 1. Breakdown of study sample by study clusters.

Province	District	Municipality	Return migrants	Members of return migrants' families and communities	Total Sample
Province 1	Jhapa	Mechinagar	100	100	200
	Morang	Biratnagar	100	100	200
Karnali	Surkhet	Simta	100	100	200
		Panchapuri	100	100	200
Total			400	400	800

Desk review

The study team collected, evaluated, and analysed secondary data such as reports, articles, and journals on the impact of COVID-19 and its subsequent lockdown on return migrants and their communities at national, provincial and municipal levels. This also included guidelines, strategies, policies, previous studies, project documents and intervention activities implemented for:

- Protecting health services and systems during crisis;
- Providing access to social protection and basic services, namely access to education, health and other basic services such as cash grants for daily life;
- Protecting income and jobs for migrants and their communities — especially for those working in the informal sector, disadvantaged groups, and women;
- Protecting small and medium-sized enterprises and the informal sector;
- Ensuring macroeconomic stability and multilateral collaboration;
- Preventing and addressing stigma, discrimination and xenophobia linked to COVID-19 and its aftermath.

The knowledge of local governments' operational framework (governance structure and powers) helped align the study's design with the broader national and international[13] level strategy, plan, and guidelines. The desk review paved the way to connect the research questions with the 5 pillars of the UNSERF and the MMICD COVID-19 toolkit.

---

11 The Toolkit has been adapted from products formulated under the MMICD project, which is funded by the EU and implemented by IOM and has been informed by the "UN Framework for the Immediate Socio Economic Response to COVID 19", https://eea.iom.int/publications/toolkit-development-partners-integrating-migration-COVID-19-socio-economic-response
12 See Annex I for the statistical formula used to calculate sample for the household survey.
13 A UN framework for the immediate socio-economic response to COVID-19.

Survey method

a) Quantitative survey

The Snowball Sampling or Respondent Driven Sampling (RDS) technique was used to interview the sample households. An initial sampling frame of return migrants was prepared based on the IOM Migration and Health Department (MHD) rapid assessment study at quarantine centres. The list of return migrants was used as seed samples. Each return migrant from the quarantine centres who participated in the assessment was requested to provide contact details for four additional families in their community.

The quantitative analysis is based on two categories of respondents - return migrants and migrant communities. Return migrants are those who were in destination countries for employment and have since returned to Nepal during the COVID-19 pandemic. Among the return migrants, there are two categories—return migrants from India and return migrants from other destinations abroad[14]. Nepali migrants to India do not require registration, a visa or work permit and thus are often not formally registered. However, these documents and registration are mandatory for other overseas destinations and more official figures are available for these migration destinations. Given the study's scope was to focus on return migration, migrants from both India and other destinations abroad were considered under the single category of 'return migrants'. However, the analysis of the two destinations of return migrants has been separated in cases where meaningful interpretation could be obtained.

Similarly, the definition of 'migrant community' includes the migrant and return migrant households as well as local community people.

b) Qualitative survey

Key Informant Interviews (KIIs) were used to conduct the qualitative survey. For this, officials of different federal and provincial ministries such as, mayors of the municipalities, civil society, private sector and international development partners related to the study were interviewed (Refer to Annex VI for the list of respondents).

Survey tools

The study used structured questionnaires for the quantitative survey and checklists for conducting the KIIs (Refer to Annexes IV and V). The final structured questionnaire was digitalised for online data collection in *KOBO ToolBOX*. Trained field researchers were mobilized for data collection.

The survey tools were pre-tested, and all digitalised and non-digitalised tools were tested before the field survey. Field researchers were provided with training on the tools which was followed by a day-long testing activity. Core team members and all field researchers were involved in this process. The necessary modifications were made to the survey tools after the test.

In addition, interviews with key stakeholders[15] were undertaken to complement the survey findings. For this, officials of different federal and provincial ministries, mayors of the municipalities, civil society, private sector and international development partners related to the study were interviewed (Refer to Annex VI for the list of respondents).

---

14   Primarily Malaysia, United Arab Emirates, Qatar, Saudi Arabia, Bahrain, Kuwait, Oman, Jordan, Israel, Republic of Korea, Japan.
15   Officials from federal and provincial ministries, mayors of the municipalities, civil society stakeholders, private sector and international development partners (Refer to Annex VI for the list of respondents).

Limitations

a) Online mode of survey

Due to the lockdown measures and restrictions introduced in Nepal to contain the outbreak of the first wave of COVID-19 infections, primary research was conducted via telephone and through online platforms (Zoom, Viber, etc.). This may impact interviewees response to questions compared to face-to-face interviews.

b) Snowball sampling method

The survey team had to adopt the snowball sampling method to reach out to the respondents from the list of return migrants recorded at quarantine centres by government agencies. The survey team were then referred on to other respondents by the initial interviewees. The respondents from the quarantine centres may have referred households or individuals who, they believed, would be best at answering the questions posed by the interviewer. Using the snowball sampling technique may increase sampling errors in comparison to Simple Random Sampling technique.

c) Generalization of the findings

The study was conducted in only four municipalities out of the 753 municipalities in the country. Accordingly, the findings should be cautiously interpreted and should not be generalized to represent the whole country.

SITUATIONAL ANALYSIS

International labour migrants were one of the hardest hit groups during the pandemic. They experienced increased health and income vulnerabilities, job losses, inconsistent access to shelter, disruption to remittance flows and mobility restrictions among other challenges. Remittances play a key role in the lives and livelihoods of migrants and their families, as well as in the development of their communities of origin. In 2019, there were 272 million international migrants globally (UNDESA, 2019), constituting 3.4% of the global population and contributing 10% to global Gross Domestic Product (GDP).[16] Migration has been a major factor in improving the lives and livelihood opportunities of those most in need in the Least Developed Countries (LDCs), as well as being intrinsic to achieving the Sustainable Development Goals (SDGs).[17]

International migration and remittance flows have been severely disrupted due to the emergency lockdowns introduced by governments to curb the transmission of COVID-19. According to The LDCs Report 2020, the total remittance flow to low- and middle-income countries (LMICs) is forecasted to fall by one fifth in 2020, with an even sharper contraction in South Asian and sub-Saharan African countries. A study carried out by IOM shows that the collected remittances data from 12 countries in the Asia Pacific region in 2020 did show a decline in remittances in some countries such as Cambodia and Myanmar (IOM, 2021). Nevertheless, on the whole, remittances have demonstrated incredible resilience. While the World Bank predicted a 22% decline in remittances to South Asia in April 2020, and a revised estimate decline of 4% in October 2020, Nepal's total remittance inflows only declined by 2.5% from the previous year. The LDCs are most vulnerable to plunging remittance flows as they provide a necessary inflow of foreign currency into the country.

COVID-19 introduces an unprecedented challenge to life, livelihoods, and economic systems in countries around the world, including Nepal. It has especially exposed the vulnerabilities of poor and marginalized communities. Despite the successful approval and administration of preventive vaccines in certain regions, it is still unsure when developing nations will receive vaccination services. By 16th of May 2021, 163.7 million people have been infected by COVID-19 worldwide and 3.39 million have died either directly from the virus or related complexities. As of June 25, in Nepal, 631,152 people have tested positive for the virus and 8,945 people have died (Worldometer, 2021).

Furthermore, the worldwide spread of the virus has led to an increase in mental health issues such as anxiety, depression, panic attacks, suicide, and a general decrease in overall mental well-being (Brooks et al., 2020). Additionally, individuals who test positive for COVID-19 can face stigma and discrimination from their communities and social circles, increasing their vulnerability to poor mental health. There have been numerous reports of discrimination against health workers and COVID-19 patients, including discrimination of return migrants in Nepal (Poudel, A., 2020, May 1). As schools and colleges have closed to curb the spread of COVID-19, in-person classes have been re-modelled to online classes. This has impacted the mental health and well-being of students, parents, and teachers. Return migrants are at risk of facing multiple socio-economic challenges such as social discrimination as a perceived carrier of COVID-19, unemployment and loss of earnings and a lack of employment opportunities.

Migration from Nepal for foreign employment has been rising and official data shows that the Department of Foreign Employment (DOFE) has issued over 4 million labour approvals to Nepali workers since 2008/09. A large number of Nepali have also migrated to India for employment, however work permits, visas and government approval are not required for Nepali workers in India, and their data is not recorded. In 2018/19, Nepal received a total of USD 8.79 billion in remittances accounting for roughly a fourth of Nepal's annual GDP. This shows the indispensable role of remittances and foreign employment on the country's economic growth.

---

16 Roughly 6.7 trillion USD to global GDP in 2015 – some $3 trillion more than they would have produced in their country of origin.
17 For more information, please see Migration and the 2030 Agenda: A Guide for Practitioners.

An IOM study highlighted key findings on the status of Nepali migrant workers, both in destination countries and for those who had returned to Nepal. Nepali migrant workers in destination countries faced a number of challenges following the COVID-19 pandemic outbreak and subsequent restrictions. Migrant workers with a lower educational background were found to remain employed at a lower rate as compared to those with a higher educational background. The service sector in destination countries was more vulnerable than the manufacturing sector, resulting in a large proportion of returning migrants that had been employed in the service sector. While agriculture and domestic work were the primary employment options for returning migrants, many faced challenges in finding employment within the sectors that they had interest and aspirations. Many migrant workers in destination countries that did not lose their employment due to COVID-19 instead faced reduced income, work hours, or both (IOM, 2020c).

The Sustainable Development Goals—Agenda 2030, as well as international development agreements and national and regional policy frameworks recognize migration as a significant contributor to socio-economic development and growth. It is widely accepted that migration and development have a bi-causal relationship, and that migration can foster development (IOM, 2020a). The 2030 Agenda has highlighted the need for development practitioners to harness the positive impacts of migration on development, and development on migration, and to mitigate some of the potential challenges. This is even more crucial given the current circumstances posed by the COVID-19 pandemic.

Migration and the Socio-Economic Impact of COVID-19: Assessment of Return Communities in Nepal –further acknowledges the impact of COVID-19 on migrants and their families/communities. The assessment highlights their needs and situation with regards to (i) health services and system, (ii) social protection and basic services, (iii) economic response and recovery, (iv) macroeconomic response and multilateral collaboration, and (v) social cohesion and community resilience. The findings from the study aim to support development partners to strengthen COVID-19 socio-economic response and recovery in Nepal by harnessing the positive contribution of migration to development.

SURVEY FINDINGS

4.1 Demographic information of respondents

A total of 800 respondents participated in the survey and were divided into two equal groups – return migrants and the migrants' families and communities. The primary factor causing the majority of migrants interviewed to return to Nepal was the SARs-CoV-2 virus (COVID-19). Out of 800 respondents, female respondents accounted for 30% of the total respondents and the remaining 70% were male respondents (Figure 1).

Figure 1: Gender of respondents
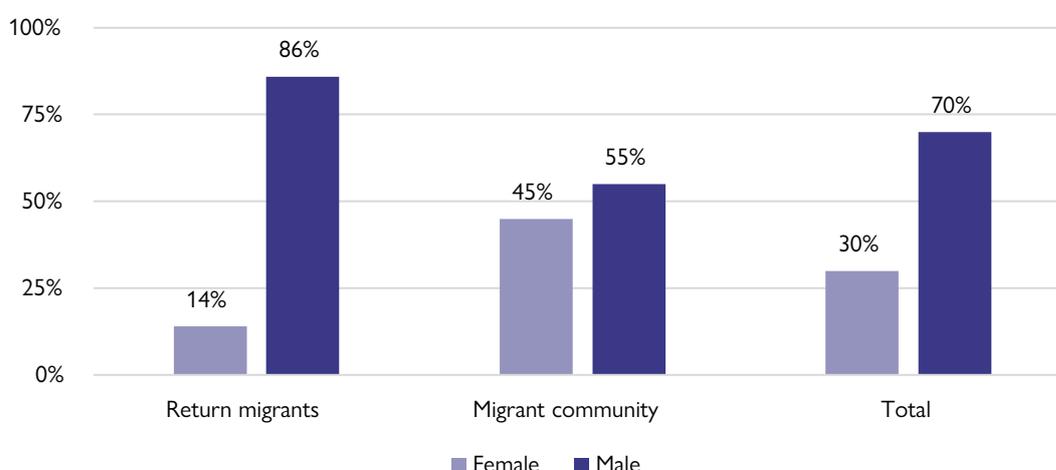
The majority of the respondents hold educational attainment between primary and high school education level (Figure 2). Among the respondents, 4% are completely illiterate and 6% were without any formal education but had basic reading and writing skills. However, most respondents (51%) have received formal secondary education and 11% have achieved undergraduate (Bachelors) degrees. Only 2% have acquired the post-graduate (Master's degree level) education.

Figure 2: Educational qualification of respondents
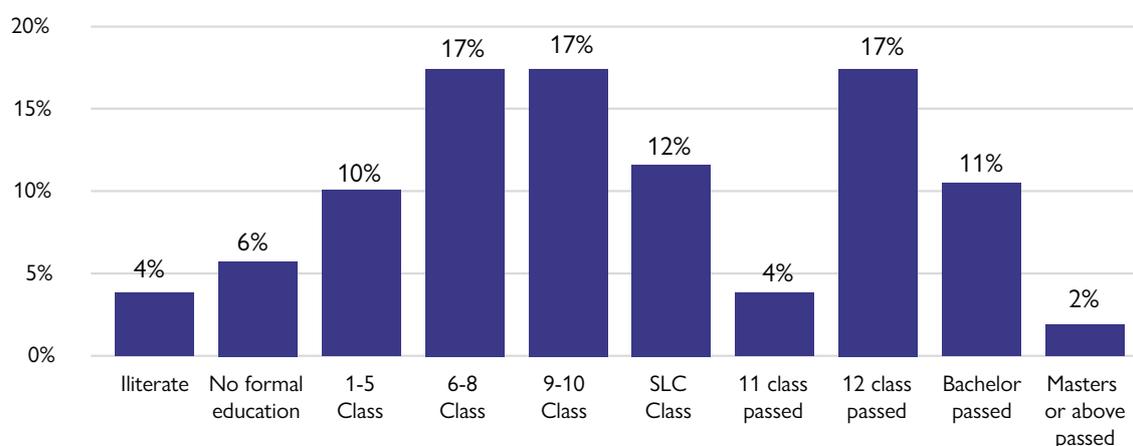
In terms of household demographics, the majority of respondents had a male (88%) or a female (92%) of working age (between 18-60) in the household.

The head of the household position is significantly dominated by a senior male member of the family (88%).

4.2 Return migrant situation analysis

a) Destination countries from which Nepali migrants return

Though official data is not available, it is believed that India is the single largest destination country of Nepalese migrant workers (World Bank, 2017). MoLESS (2020) shows Malaysia, Qatar, UAE, Saudi Arabia, and Kuwait as the top five overseas destinations of documented Nepalese migrant workers.

Survey results support these notions as 59% of return migrant respondents have returned from India. (Among them, 37% were female respondents and 63% were male respondents). The survey shows that 34% of the migrant respondents have returned from the Gulf Countries–UAE, Kuwait, Qatar and Saudi Arabia, and others (Among them, 54% were female respondents and 31% were male respondents). The remaining 7% have returned from countries other than India and the Gulf namely Malaysia, the Republic of Korea, Japan and Israel.

b) Duration of stay in the destination country

Over half of migrants (53%) did not stay longer than 12 months in countries of destination before returning to Nepal. The remaining 28% remained in destination countries between a period of one and two years, and 19% stayed more than two years.

The survey reported that 92% of migrants have returned to Nepal from their respective destination countries after the outbreak of the pandemic in March 2020.

---

c) Employment in destination countries

The survey shows that more than two thirds of return migrants were employed in the service and manufacturing sectors in their respective destination countries (Table 2). Among female return migrants, 31% were employed as domestic workers and 30% worked in the service sector without a fixed salary. Similarly, 33% of male return migrants worked in the service sectors without a fixed salary.

Table 2: Employment in destination countries.

| Occupation	Female	Male	Total
Service sector (hotel, restaurants, stores) with no fixed salary	30%	33%	33%
Cook/Waiter at hotel restaurant with fixed salary	9%	27%	24%
Factory worker	7%	17%	15%
Daily wage-on or off farm[18]	9%	7%	7%
Domestic worker	31%	3%	7%
Security Guard	0%	5%	4%
Transport (driver, conductor, loader)	2%	3%	3%
Garment sector worker	7%	1%	2%
Mason/Construction	0%	2%	2%
Agriculture related work	5%	1%	2%
Electrician/plumber	0%	1%	1%
Total	100%	100%	100%

---

18 Daily wage on/off-farm income entails income originating from any work or activity that individuals perform away from, or on, their employers farm – thus it includes agricultural work for pay. The daily wage element addresses the payment of individuals by the day.

d) Monthly Income of return migrants in the destination countries

The monthly income of return migrants in destination countries was surveyed within the bracket of zero to NPR 20,000 to NPR 100,000 or more (Figure 3). The findings show that the average income of female and male return migrants in the destination countries were NPR 32,954 and NPR 36,558, respectively. Similarly, the median monthly income of female and male return migrants was NPR 30,000 and NPR 25,000, respectively.

The median monthly income of return migrants, both male and female, is lowest in India, compared to other destination countries abroad. Female return migrants from India earned roughly NPR 15,000 per month, compared to NPR 37,500 from other overseas destinations. Similarly, male return migrants earned NPR 20,000 in India, but NPR 45,000 in other overseas countries, monthly.

Figure 3: Monthly income of return migrants in destination countries.
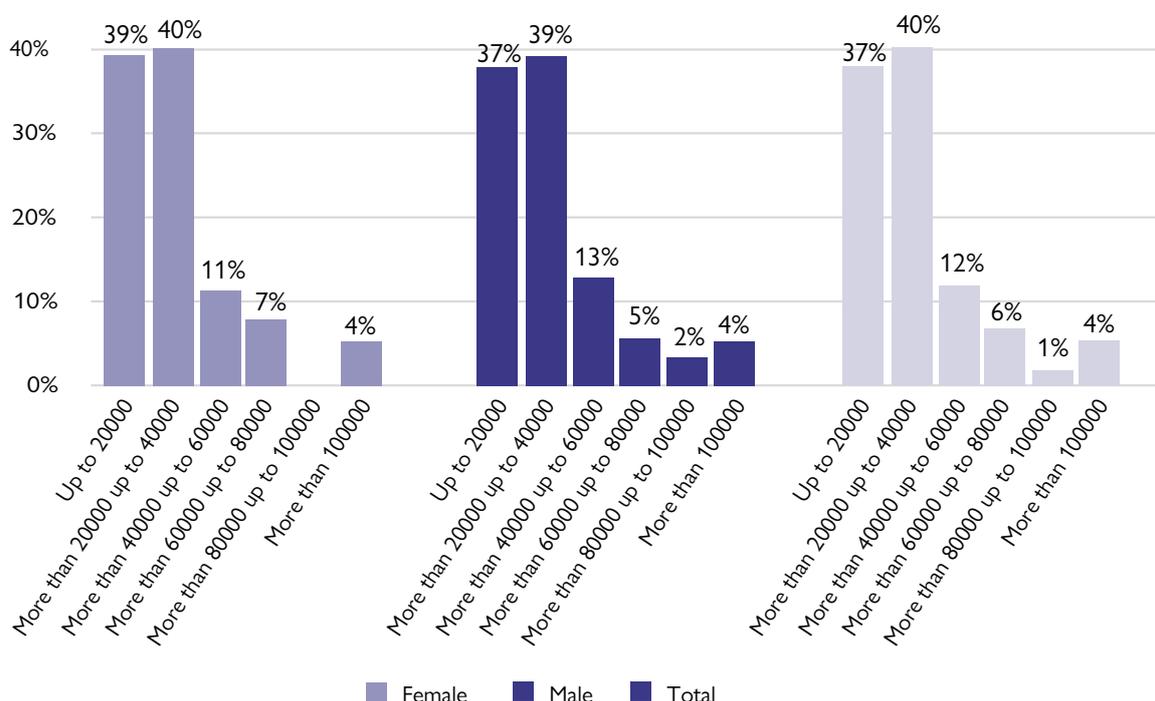
e) Reasons for returning to Nepal

Due to the COVID-19 pandemic, Nepal witnessed a mass return of Nepali migrants from their destination countries. Over a third of female migrant respondents (35%) returned to support their family and to perform household or domestic duties. Similarly, 25% of male return migrants returned as they were furloughed by their employers and 8% returned due to expiration of their visas.

f) Return arrangements

Nepali migrant workers travelling for overseas employment need to contribute into the Foreign Employment Welfare Fund (FEWF) managed by the Foreign Employment Board Secretariat under the Government of Nepal. This is to ensure migrants and their families are supported in the case of death, injury, or any other serious ailment which occurs during employment abroad. Despite the availability of the FEWF, the return migrant respondents received little to no support from the Nepali government or its missions in destination countries.

Most respondents (81%) organised, and paid for, their return on their own. Some return migrants (17%) reported to have received external help from their employers for their return, whereas only 2% of the respondents were supported by their recruitment agencies.

g) Challenges encountered in destination countries

Most return migrants (82%) reported that government efforts to mitigate and prevent the spread of COVID-19 had begun in destination countries prior to migrants return to Nepal. According to most return migrants (76%), before they returned to Nepal, the respective governments had already introduced lockdown measures.

Return migrants encountered additional challenges in destination countries due to the COVID-19 pandemic. The three most prevalent challenges were i.) being laid-off or furloughed by employers (71%), ii.) non-payment/employers withholding wages (35%), and iii.) mental stress as a result of job losses or the fear of contracting COVID-19 (12%). However, 21% of respondents reported that they did not face any additional challenges.

h) Access to basic services and social benefits in destination countries

The survey results highlight that 53% of return migrants had access to adequate primary healthcare in their destination countries. Access to healthcare[19] was described as 'good' by 11% of return migrants, while 12% described access as 'bad'. The remaining 17% of return migrant respondents would not describe their access to health care in their destination country as either 'good' or 'bad'.

The majority of return migrants (89%) stated that they did not have access to social benefits in destination countries. Among the female and male return migrant respondents, 82% and 90% respectively did not have access to social benefits in their destination country.

The survey results noted that female return migrants who returned from India had the highest poverty rates and the least access to social benefits out of all return migrant groups.

Access to information on how to access health services may have also been hindered by the language barrier in the countries of destination, excluding them from many information campaigns on how to protect themselves from COVID-19 (Aljazeera, 2020). The access to social benefits particularly impacts irregular migrants, as they are less likely to seek health services due to fear of detention, deportation or other penalties, and are not eligible for benefits due to lack of documentation (ACAPS, 2020).

Among the 11% of return migrants who reported that social benefits were accessible to them in destination countries, 52% had access to a pension scheme, 50% to medical insurance, and 28% to free medical services (Figure 4). A total of 41 respondents reported access to social benefits from other overseas destinations, whereas only 5 (all male return migrants) reported access to social benefits in India.

Figure 4: Types of access to social benefits in destination countries.

---
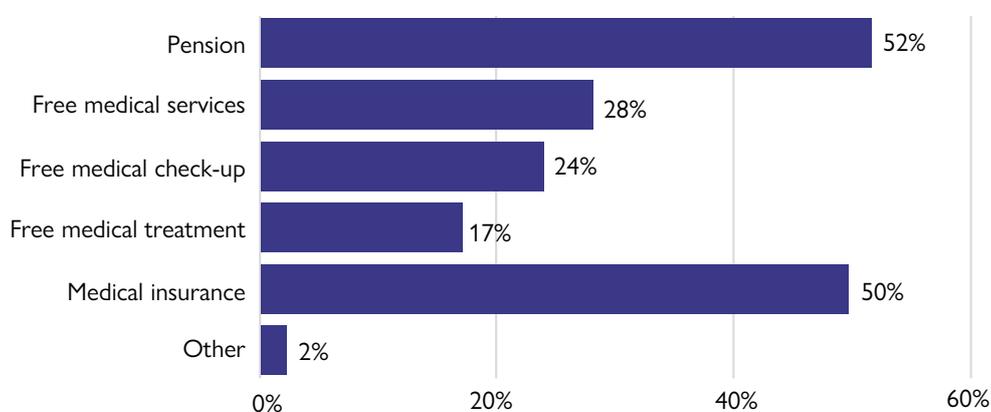
19   Within this study, accessibility is understood as physical accessibility i.e. the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them (WHO, 2021b)

i) Quarantine in Nepal

After arriving in Nepal, 85% of return migrant respondents were isolated in quarantine facilities. On average, return migrant respondents stayed in quarantine facilities for 14 to 16 days.

Return migrant respondents were primarily quarantined in facilities owned either by the Local Government (66%) or by the Federal Government (17%). Furthermore, 79% of return migrant respondents were isolated in schools that were turned into quarantine facilities and the remaining 15% self-isolated at home (Figure 5).

Within the quarantine facilities, 61% of return migrant respondents were 'satisfied' with the access to health services. A total of 28% of migrant respondents described the access to health services as 'good'; 8% found access 'acceptable' and the remaining 3% described it as 'bad'.

Almost none of the migrants (99%) faced incidents of violence, discrimination, or stigmatization at the isolation facilities. Of the 62 return migrant respondents who self-isolated, 94% did not encounter any social stigma.

**Figure 5: Forms of quarantine of return migrants.**
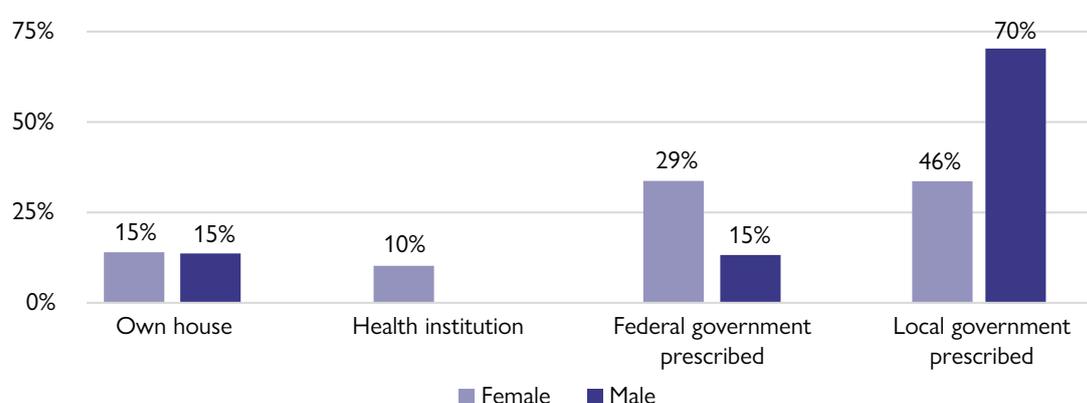
j) Willingness to re-migrate

Among the return migrant respondents, 64% wanted to re-migrate to various destination countries for employment opportunities. Among female and male return migrants, 51% and 66% respectively, wanted to re-migrate.

The desired destination country for these respondents was India at 59%, the Gulf countries at 32% and other countries at 4%. Only 5% of respondents did not have a preferred destination country in mind (Figure 6). Gender disaggregation shows that male return migrants have a greater preference than female return migrants to re-migrate to India. While 63% of male return migrants wished to re-migrate to India, only 31% of female return migrants felt the same.

Similarly, 31% of return migrants expressed their desire to re-migrate to the GCC countries. The top choices of GCC destination countries for remigration are the UAE and Qatar.

Figure 6: Desired destination countries for labour.

Legend: ■ No preference ■ Other countries ■ Gulf countries ■ India
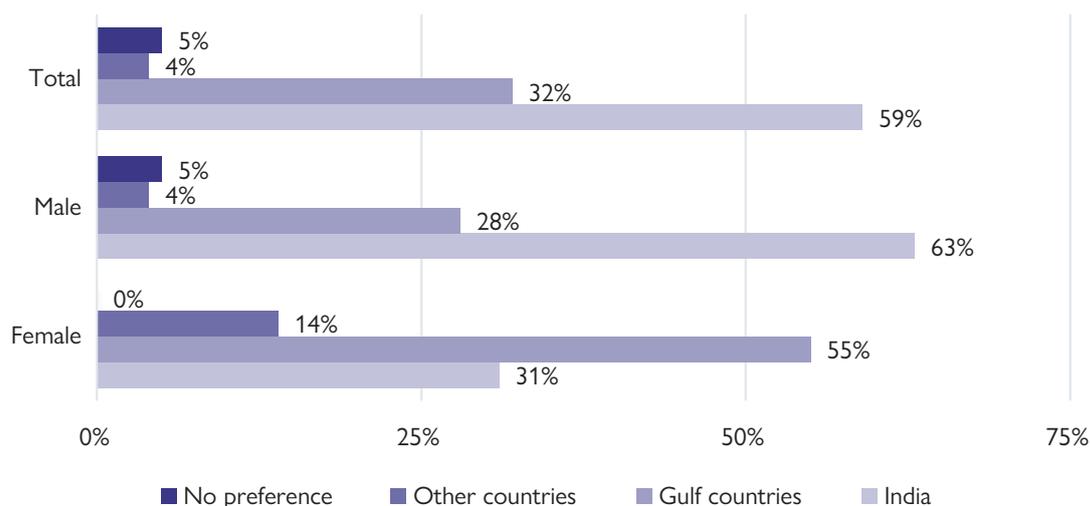
Among those who are contemplating re-migration for employment, 40% stated that they want to work in the destination country, and 17% need to migrate due to poverty. Similarly, 13% cited that they want to re-migrate due to a lack of employment opportunities in Nepal, and 11% stated that there are better job/income opportunities in the destination countries (Figure 7). The desk review also highlighted unemployment in Nepal as a major contributor to foreign migration for employment (Jha,H.B., 2020).

Figure 7: Reasons for remigration desire among return migrants.
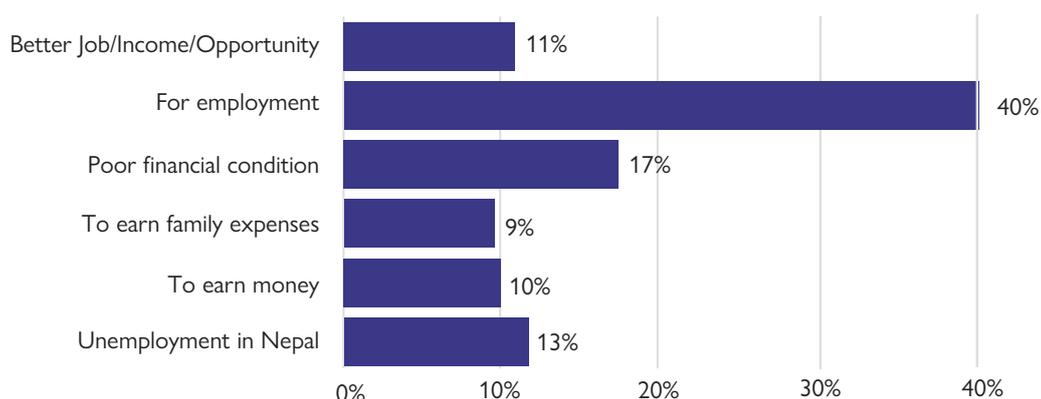
4.3 Targeted findings related to the UNSERF pillars

Health services and system (UNSERF Pillar 1)

a) Impact on health due to COVID-19

Fortunately, COVID-19 has had little impact on the health of return migrant respondents and migrant community members as 94% reported being physically and mentally well despite the pandemic. The remaining 6% of respondents reported an increase in anxiety and mental stress stemming from fear of being infected by the virus.

The survey also assessed adverse behavioural change[20] in school/college attending-children and youth in the context of the COVID-19 pandemic. The majority of respondents (95%) did not observe behavioural changes in their school/college attending family members.

....
20 Fear of COVID-19 infection; have become irritated/ill-tempered; appear sad all the time (depressed); engaging in fights at home or in the locality; bullies people/friends; bullies female family members/girls in the community.

The key stakeholders interviewed involved in the rehabilitation and support of return migrants and local communities note that physical health complications have not been observed amongst return migrant populations and communities. However, they highlighted that there has been an adverse impact on the mental wellbeing of local communities and return migrant populations. This has increased the cases of poor mental health in the respondents' communities. The awareness of both mental health, and the consequences of its deterioration, is very low among the local population and is often hampered by stigmatization and taboo. It is therefore difficult to address and to convince local community members and return migrants to seek support.

b) Availability of Health Services[21]

An IOM assessment on the impact of COVID-19 and the response of municipalities highlights that in the municipalities, 99% of regular health services had been available since the pandemic began (IOM, 2020c). The Ministry of Health and Population (2021) guidelines ensure that health services are provided with regularity even during the pandemic. As such, most municipalities did not interrupt their services despite the influx of return migrants and rise in infection rates. Only a few municipalities had to interrupt their regular services for short periods—this included three municipalities in Province 5, and two municipalities in Karnali and Provinces 1 and 2.

Nevertheless, on comparing the available health services before and during COVID-19 shows that the perceived availability amongst respondents of both the vaccination service and MCH & nutrition programme have dropped by 37%. Moreover, the number of respondents stating that none of the health services were available has increased by 6% (Figure 8).

Out of the 598 respondents who commented on affordability[22] of healthcare services, 62% reported that health services were beyond their financial capacity. Health services, except physical healthcare, were unaffordable to most respondents.

Figure 8: Availability of health service before and during COVID-19.

Before COVID-19 ■ After COVID-19
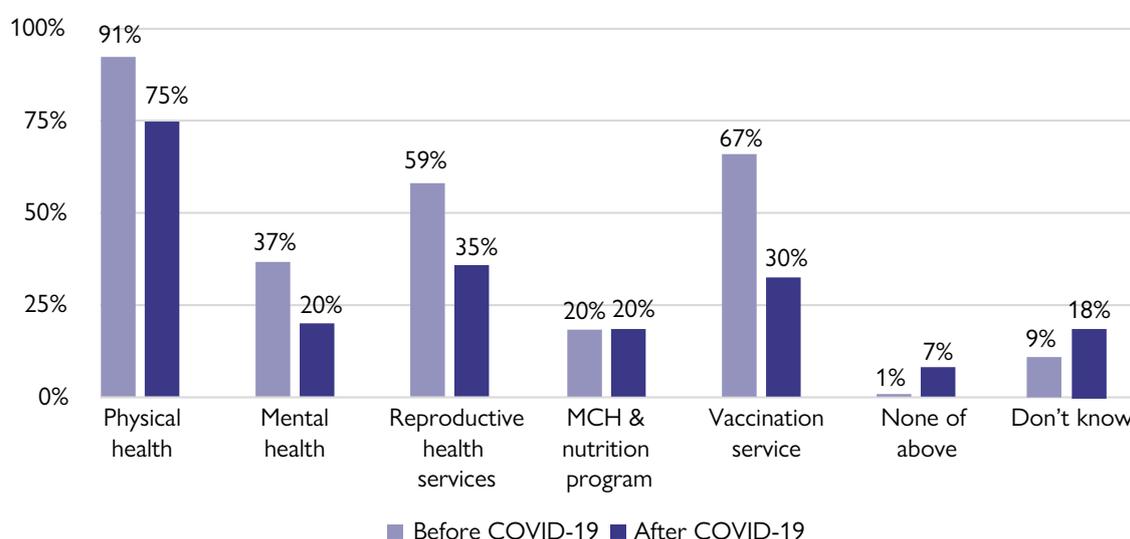
In terms of the respondents' perceived acceptability[23] of the health services, physical health services were acceptable to 63% of the respondents. A total of 35% of respondents reported no health services to be acceptable, and reproductive health services (89%), mental health services (88%) and MCHN services (86%) were all deemed by

---

21 This report's definition of availability is the sufficient supply and appropriate stock of health services, health facilities and health workers who have the competencies and skill-mix to match the health needs of the population.
22 This report's definition of affordability is payment for health-care services must be based on the principle of equity and are affordable for all, including socially disadvantaged groups
23 This report's definition of acceptability is health services, facilities and workforce characteristics and ability (e.g. sex, language, culture, age, etc.) to treat all patients with dignity, create trust and promote demand for services.

the majority of respondents to be unacceptable. (Figure 9) This shows that health services are either not up to standard from the supply side or the respondents have high expectation of the services from the demand side.

The respondents reported large declines in the availability and affordability of health services post COVID-19. However, the largest issue after the onset of the pandemic was the acceptability of the health services. Reproductive health services were the most unacceptable for the respondents. Pre and post COVID-19, there was an 87% decline in the acceptability of the reproductive health services quality. For more details on the status of health services before and post the pandemic, refer to Annex III.

Figure 9: Affordability and acceptability of health services.
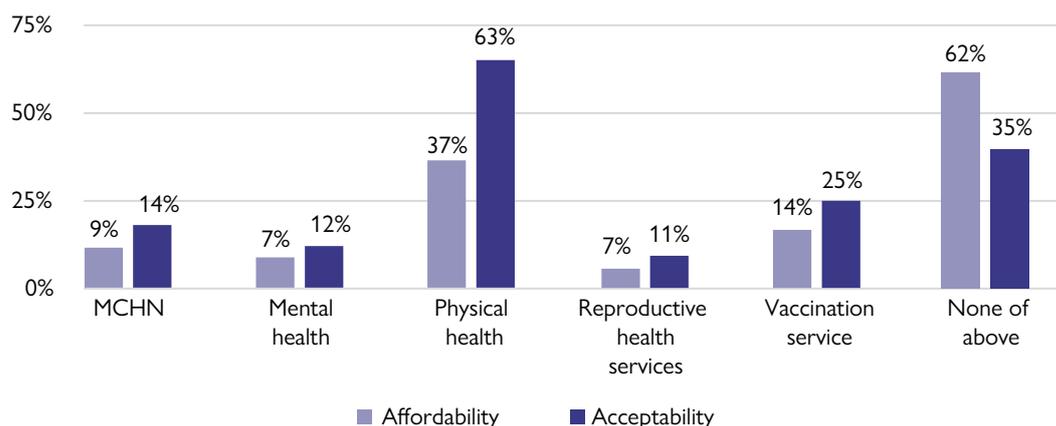
c) Involvement of return migrant respondents in the health service sector

Many healthcare centres around the country hired short-term health service providers or volunteers to properly manage the quarantine centres and provide uninterrupted regular health services. Due to the shortage of human resources, many health service providers worked overtime (IOM, 2020d). However, despite this pressure on the healthcare system, almost 95% respondents were not employed in sectors with labour shortages due to COVID-19. Only 37 (5%) respondents (9 return migrants and 28 migrant community members) were employed in the healthcare sector.

Social protection and basic services (UNSERF Pillar 2)

a) Access to Social protection and basic services and needs

The majority of return migrants (89%) stated that they did not have access to social benefits in destination countries (82% of female return migrants and 90% of male return migrants).

Among the 11% of return migrants who stated that such support was available, 52% have access to pension schemes, 50% to medical insurance, and 28% to free medical services. The 11% comprised 5 male return migrants from India, and 41 return migrants (10 female and 31 male) from other destinations abroad. This highlights that many Nepali migrant workers, particularly females in India, are working in vulnerable environments where social protection schemes are not accessible. However, in addition, only 55% of the respondents stated that they needed social protection services (49% among female respondents and 57% among male respondents).

More than half (65%) of respondents expressed the need for additional skill training programmes and 44% required financial aid. (Figure 10).

Figure 10: Need of social protection services.
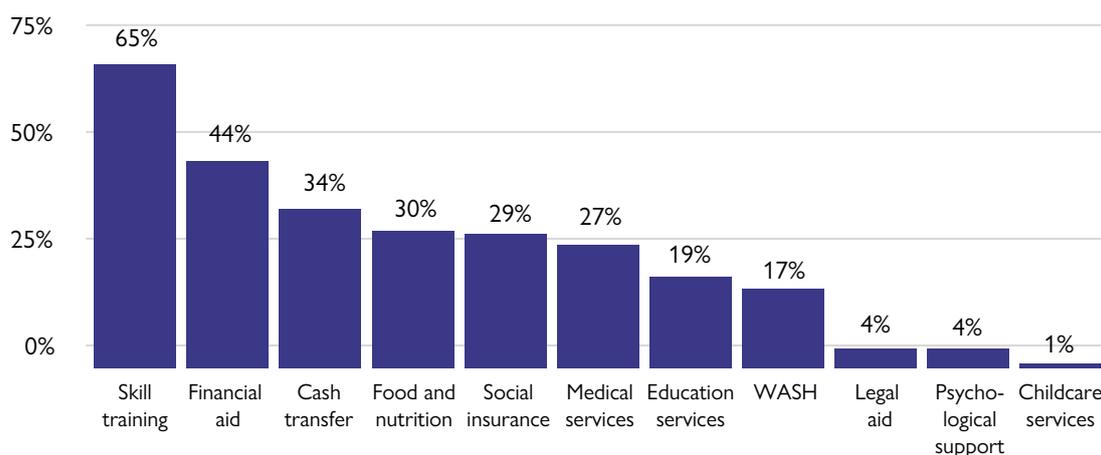
b) Effect of COVID-19 on access to education

To prevent the spread of COVID-19, the Government of Nepal introduced national lockdowns. These had an adverse effect on the education of school/college students as many were forced to study from home due to school closures. Out of the respondents with school/college-aged family members, 65% stated that their family member's education was negatively impacted due to COVID-19.

The top reasons selected by respondents for why students' education was negatively impacted by COVID are i.) the closure of schools and colleges, ii.) classes have not resumed, iii.) students do not have access to cable/internet/devices to join online classes, iv.) students do not know what to study.

The above survey results have also been supported by the consultation with the Ministry of Education, Science and Technology. They note that as the educational institutions have not been able to operate normally, and regular educational activities are hampered, all students including the children of migrants, their families and communities have been impacted. Based on the Ministry's directives on learning facilitation, the public has been advised to utilise different models of learning including face-to-face, and remotely through mediums such as the radio, television, and computer. However, the lack of internet facilities in most communities has impacted the effectiveness of this approach. Given the difficulties in students completing the curriculum this calendar year, a possible extension of the educational calendar by a few additional months is foreseen.

c) Receiving National Government support during the COVID-19 pandemic

Alongside the Government of Nepal's effort to mitigate the economic shock of COVID-19 they also: distribute food to those in need; implement a mandate for employers to pay their employees' salaries during the lockdown (can use welfare funds); implement a mandate for tourism enterprises to pay wages for the month of Chaitra (mid-March to mid-April); provide short-term loans for tourism and aviation enterprises; extend tax deadlines; and contribute to the social security scheme. These efforts do not cover all affected sectors (e.g. manufacturing), including informal businesses and people working in the informal sector (agriculture or non-agriculture). The government has also diverted NPR 136 billion away from land acquisition and vehicle procurement towards disease control (UNDP, 2020).

Nevertheless, out of the total 800 respondents, 81% stated that they did not receive any support[24] during the COVID-19 pandemic (77% of female respondents and 82% of male respondents, respectively). The 19% of respondents who did receive support were provided with food and nutrition support and medical services but, notably, not financial aid. An information gap existed between the return migrants, migrants' family/community and the government, further compounding the confusion regarding the COVID-19 support plan. Among the total respondents who received supports, 63% stated that they had easy access to support services.

Out of the total 800 respondents, 99% stated that they were not aware of the above-mentioned reintegration programme and relief package designed for return migrants and their communities by the Government of Nepal.

Economic response and recovery (UNSERF Pillar 3)

a) Household income

When disaggregating between respondents, the survey results show that remittances are the main source of income for return migrants (59% compared to 18% of respondents from the migrants' community). On the other hand, employment in agriculture remains the main source of income for 40% of migrant community members compared to 21% of return migrants. This is because the average landholding is higher among migrant community members than return migrants.

Before the pandemic, out of the total 800 respondents, 38% earned within the lower income bracket between NPR 20,000 - 40,000 per month, followed by 30% of the respondents earning within the lowest income bracket at NPR 20,000 or less per month. A total of 19% of respondents earn in the middle-income bracket, between NPR 40,001 – 60,000 per month, and only 13% of the respondents earned a high income at more than NPR 60,000 per month.

Figure 11: Comparison of monthly income before and during COVID-19 (NPR).
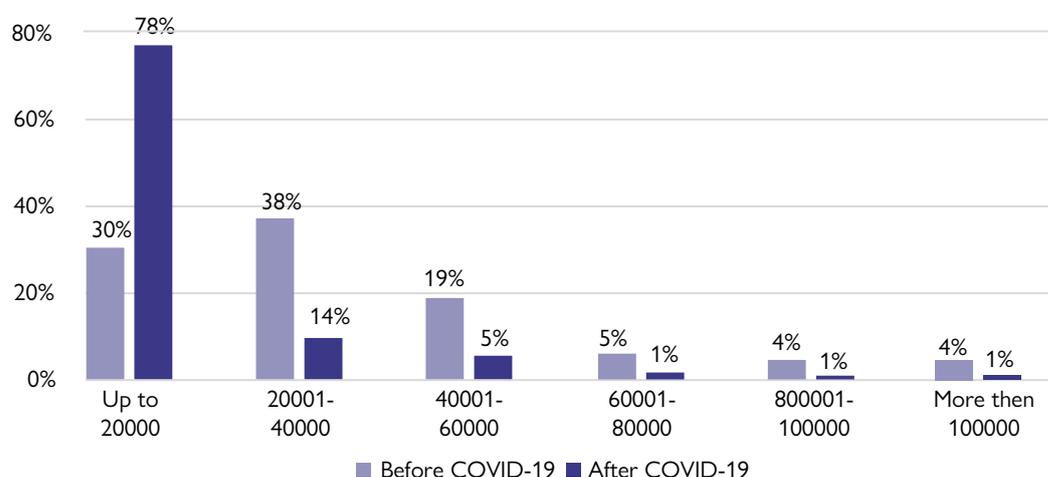
During the COVID-19 pandemic, however, the monthly household income brackets changed (Figure 11). After the onset of the pandemic, 78% of the respondents were in the lowest income bracket (less than NPR 20,000). The percentage of respondents earning NPR 20,000 or less had increased by 133.3%. The percentage of those earning more than NPR 20,000 per month (higher income brackets) has decreased.

An impact of the COVID-19 pandemic has therefore been the reduction in monthly income as the results show that most respondents have moved down to the lower ranges of monthly income. It is clear the pandemic has further exposed the vulnerability of poor and marginalized groups.

However, in terms of unpaid labour, 93% of the female respondents and 96% of the male respondents report that women's workload has not increased during the pandemic. Only 7% (39 respondents) reported an increase in women's workload – 22 noting it had increased 'to some extent', 14 noting change to a 'significant extent' and only 3 reporting the workload had increased to a 'little extent'.

b) Current employment status

In the context of the COVID-19 pandemic, out of the total 800 respondents, 83% were currently unemployed (Figure 12). Among the two categories of respondents, only 11% of return migrants and 24% of migrants' community members were employed. The working respondents were primarily employed in the business sector (23%) and the agricultural sector (20%) (Figure 13).

Figure 12: Current employment status by respondent category.
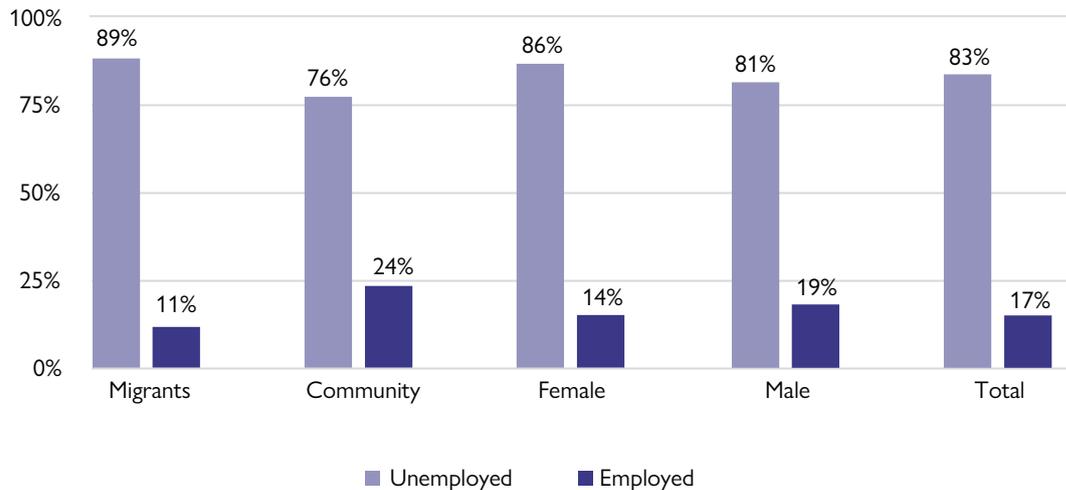
There has been lesser impact on the employment of local community members than return migrants. This further supports the respondents' survey results stating that a lack of employment opportunities in Nepal is the main factor for return migrants to contemplate remigration.

Figure 13: Current profession of the respondents.
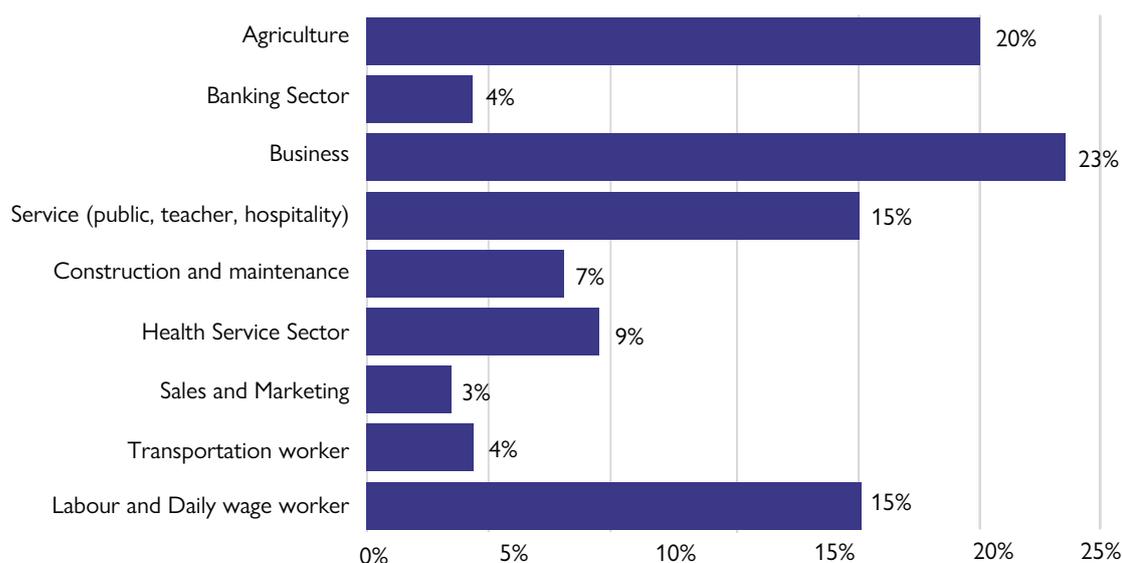
c) Impacts of the COVID-19 pandemic on employment

Out of the total 800 respondents, 47% of respondents reported that their employment was adversely impacted by the COVID-19 pandemic. The three major impacts on the respondents' employment were i.) being furloughed, ii.) reduced pay and iii.) employment without pay (Figure 14). Among the return migrant respondents who reported an adverse impact on their employment, 91% lost their jobs, 3% experienced reduced pay and 2% are working without any salary.

Figure 14: Effects of COVID-19 on jobs by respondent category.
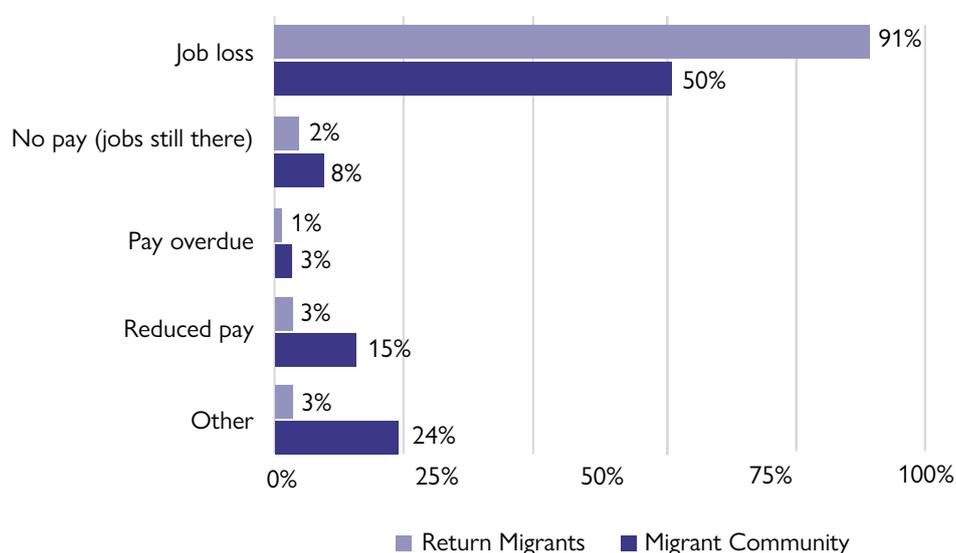
Similarly, among the migrant community respondents, 50% have lost their jobs, 15% are employed with reduced pay and 8% are working without a salary.

According to the respondents, further impacts of the COVID-19 pandemic have been an inability to repay their loans (22%), while others have suffered mental health deterioration (11%). Most respondents further describe an inability to find other employment opportunities (67%) and a lack of alternative source of income (39%). Roughly 469 (59%) respondents are searching for other sources of income, with 53%preferring to be self-employed in agricultural work, and 45% seeking employment in the business and trade sector.

d) Job opportunities and access

Out of the 469 respondents who reported seeking employment, 42% stated that they have no knowledge of, or were unable to say, if there were any job opportunities in the area. Migrants' community members were better informed and aware of employment opportunities in the locality than the return migrants, but all respondents reported there being fewer job opportunities (34%) or no job opportunities (10%) as a result of the COVID-19 pandemic.

Despite extra pressure being placed on specific sectors during the COVID-19 pandemic, 57% of respondents noted inadequate up-/re-skilling vocational centres in Nepal to increase their employment prospects (Figure 15). Almost a third (27%) of respondents highlighted that there are no such opportunities.

Figure 15: Up/reskilling opportunities to increase access to decent work.
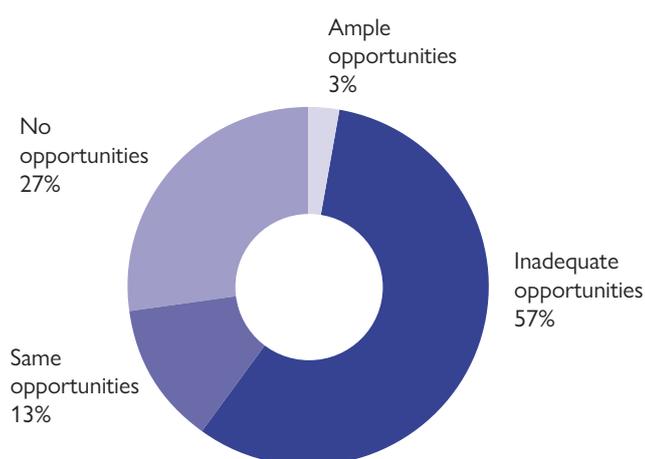
The majority of respondents (93%) reported that they were not employed to mitigate labour shortages during the lockdown period. This indicates that there is a large labour force but the demand for labour is limited, supporting the conclusion that employment opportunities are scarce.

e) Availability of Technical and Vocational Education Training (TVET) and skilll matching programmes

Over half of respondents (57%) reported inadequate up-/re-skilling vocational centres in Nepal to increase employment prospects. Of this group, the majority of the respondents (96%) could not find vocational programmes suitable for the employment options they sought. There is also a gender discrepancy, as 11 male respondents reported access to TVET, but only 4 female respondents. Almost one third (27%) reported no up-/re-skilling opportunities available.

Out of the total respondents, the majority of female (84%) and male (85%) respondents reported that Technical and Vocational Education Training (TVET) was not available. A mere 120 respondents (37 female respondents and 83 male respondents) reported TVET was available for them or their family. Among them, 71% (25 females, 60 males) reported that TVET is available to them 'only to some extent', and 23% (10 females and 17 males) had 'complete access' to TVET. 85% (84% of female respondents and 93% of male respondents) have not received formal training on TVET.[25]

If given the opportunity, the majority of the respondents expressed the desire to receive training on specific professions. Of the total 563 respondents, 63% (362) have expressed desire for the training on any specific profession but the remaining 37% (201) did not show any interest in receiving such training.

25 Refer to Annex II for details on skills training received by migrants.

The survey results are further supported by the stakeholder interviews where it was noted that the training services available to return migrants and migrants' community members were not advanced or sophisticated. As the training opportunities available are substandard, it was recognized that return migrants and migrant community members lacked the necessary skills to access the labour market and/or add value to their labour capital.

Aimed at facilitating reintegration programmes, MoLESS has developed a form that can help record the skills of migrant workers. These forms are distributed to the migrant workers through the diplomatic missions in countries of destination (ILO, 2020). In light of the need to reintegrate return migrants in the context of COVID-19, the Government of Nepal announced in its annual budget of FY 2020/21 to create 700,000 jobs. Likewise, the Government has allocated NPR 4.34 billion to provide trainings to support return migrants, those employed in the informal sector who have become unemployed and the new labour force entering the job market (IOM, 2020c).

f) Availability of support and assistance

Out of the total 800 respondents, 79% (81% of female respondents, and 79% of male respondents) reported that subsidized credit and soft loans were not available as seed money to start their own businesses.

Foreign Employment Board (FEB) and Nepal Rastra Bank (NRB) provide a soft loan programme for return migrants. This entails roughly NPR 1 million for eligible applicants to start a business directly related to the migrant's work experience abroad. The return loan program is one of multiple soft loan schemes that the NRB provides which includes commercial agriculture, Dalit Community Business Loan, youth self-employment, and women entrepreneurship (Khadka, U., 2020).

Respondents stated that, given the current COVID-19 pandemic, they primarily require three forms of assistance – 42% required assistance finding gainful employment in Nepal, 36% expressed their need for up-/re-skilling programmes; and 19% required seed money to start their own business (Figure 16).

Figure 16: Type of helpful assistance requested by respondent category.
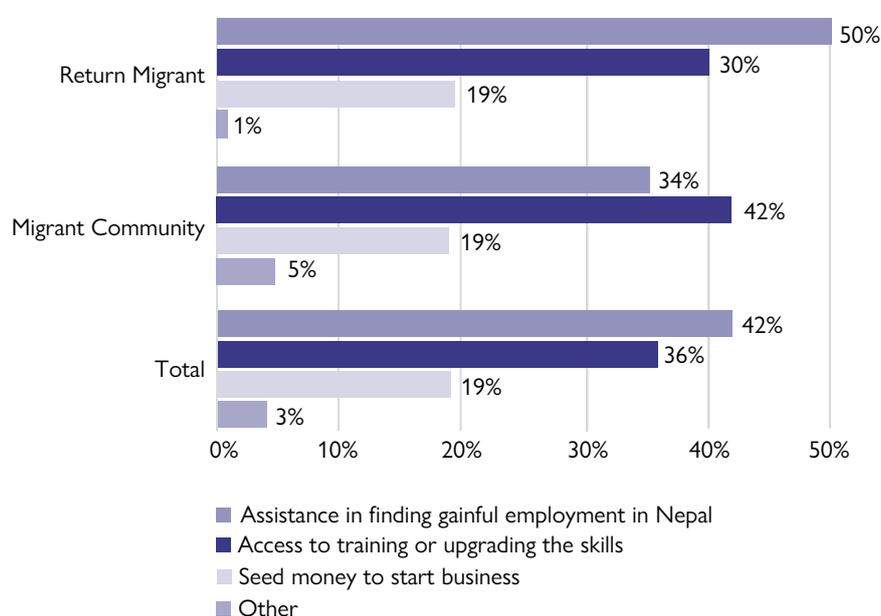
The Prime Minister Employment Programme (PMEP) is one of the Nepal Government's efforts to provide assistance to the population in the context of COVID-19. In 2020, over 500 local units have received a new budget allocation from the federal government to implement the Prime Minister Employment Programme (PMEP), which ensures a minimum 100 days of wage employment to registered unemployed citizens (Mandal C. K.MAn). MoLESS (2020) stated that the programme has generated employment opportunities for 60,060 persons in Nepal from the onset of the pandemic until July 2020.

The Government's action plan on relief includes workers who had obtained work permits for foreign employment but were unable leave due to COVID-19 in the Prime Minister Employment Project (PMEP) (ILO, 2020). MoLESS has allocated and transferred USD 16,596,576 of the Prime Minister Employment Programme (PMEP) to the local level governments. Although PMEP primarily targets the those who are already unemployed, discussions are underway to also incorporate all who have become unemployed due to COVID-19 under this flagship employment generation programme (The Himalayan Times, 2020).

In addition, the Government's repatriation policy, the Foreign Employment Welfare Fund, focuses on providing financial support to stranded Nepali workers abroad. As per the guidelines, workers who have not received air tickets to return home and other expenses from their host country, employer or recruiting agency shall be entitled to receive financial support (IOM, 2020c).

Macroeconomic response and multilateral collaboration (UNSERF Pillar 4)

Remittances comprise an important share of Nepal's GDP and play a crucial role in supporting poverty reduction and sustaining the livelihoods of millions of families. Due to the economic impacts of COVID-19, remittances in 2020 are expected to fall by 14% in Nepal (World Bank, 2020). However, the official records from the Nepal Rastra Bank for 2020 shows that the remittance inflow volume has not declined as much as was expected. Remittances are often used to meet short-term food, health, and shelter needs and to overcome crisis periods. They play an important role in resilience to disasters. Damage caused during the monsoon season will be felt more acutely in the absence of remittances to support home repairs and relocations (ACAPS, 2020).

Secondary data analysis supported the notion that Nepal's GDP has already shrunk. According to the World Bank's recent projections, Nepal's GDP growth rate for 2020 was 0.2% and is expected to be 0.6% in 2021. Globally, countries continue to reel under the economic slowdown caused by the pandemic. This has adversely impacted the tax revenue of the government. The current spike in inward remittance transfer has been key in keeping the economy afloat, however, these are expected to decrease as people have become unemployed in destination countries. The Government of Nepal has been collaborating with various countries and agencies to respond to the COVID-19 challenges. Furthermore, the government has identified various new destination countries for Nepali labour migration and initiated the process of signing Government to Government (G2G) agreements with many countries to facilitate safe and fair migration of Nepalese migrant workers.

Interviews with the major stakeholders revealed that relentless efforts by the government, development partners, community-based organizations, both non-government organization (NGO) and international non-government organization (INGO) have been made to minimize the health and economic effects of the pandemic. However, the interviews of return migrants, their households and communities through the household survey shows that people have little knowledge about the availability of such services. Many return migrants are unaware of the current local socio-economic context and there is a large communication gap between the government, organizations and the respondents. Various organizations, development partners and the government are not working in close coordination with each other for response, relief, and recovery efforts. The intervention plans, and provisions are not adequately trickling down to the intended beneficiaries at the lowest strata of the social hierarchy.

The Non Resident Nepali Association (NRNA), comprised of 70,000 non-resident Nepalis and 82 national committees, has been in partnership with the Government of Nepal and the private sector to address the impacts of COVID-19 on the Nepalese diaspora. IOM Nepal also partnered with the NRNA to support vulnerable migrants with return assistance. Through partnership with the Nepal Policy Institute, NRNA produced 13 policy recommendations for protecting the diaspora. These included ensuring return of Nepali migrant workers and special relief packages for daily wage earners; stimulus for medium- and small - enterprises; prevention and control of domestic violence; social discrimination; physical and psychological abuses; and sexual assault during the lockdown (UNDP, 2020).

Social cohesion and community resilience (UNSERF Pillar 5)

a) Experience of stigma, discrimination, xenophobia and social exclusion

Out of the total 800 respondents, 99% stated that they had not faced stigmatization in the context of the COVID-19 pandemic. The remaining 1% of respondents reported experiencing social humiliation in the context of COVID-19. Out of the 800 respondents, 3% of respondents also reported experiences of xenophobia including racial abuse and hate in the context of COVID-19. Almost all respondents (98%) did not experience any discrimination. The remaining 2% experienced discrimination in the form of inequality (8 people) and perceived favouritism of others while accessing services (4 people).

A further 2% of the respondents reported that they were victims of verbal abuse (3 female respondents and 3 male respondents) and physical distancing and exclusion stemming from the fear that COVID-19 could be transmitted through physical touch (6 female respondents and 6 male respondents). In the context of violence, 98% of respondents did not encounter any form of violence.

Similarly, 88% of respondents reported that they did not experience increased inequality due to COVID-19 pandemic. This was supported by the key stakeholders interviewed who reported that, excluding a few cases, incidents of violence and inequality during the pandemic were not prominent. Among the respondents who reported experiencing increased inequality (12% of respondents), stated it was pervasive while engaging in relief programmes, employment opportunities, and in education.

b) Social Cohesion Services

Out of the total 800 respondents, 93% of respondents stated that there are no social cohesion programmes/services. The remaining 7% reported only knowing of a few services which combatted domestic violence, discrimination, stigma, and racism. Only 7% (57 respondents, 18 female respondents and 39 male respondents) were represented/included in these programmes. The survey results show that 78% of respondents (77% among female and 78% among male) participated in social dialogue platforms such as mothers' clubs, consumers' groups, and cooperatives, hence, signifying social cohesion at the community levels.

c) Perception of migration

More than half of respondents (54%) reported perceiving migration as 'normal' (Figure 17). This includes 60% of female respondents and 51% of male respondents. In addition, 19% of respondents reported perceiving migration as a symbol of higher socio-economic status. Only 17% of respondents reported viewing migration negatively or as a symbol of disgrace or criticism. This highlights that migration is well accepted by respondents.

d) Presence of community-based organizations (CBOs)

Out of the total 800 respondents, 75% (including 72% of female respondents and 76% of male respondents) stated that there is no presence of community-based organizations which support the social cohesion of migrants, their families, and affected communities. An additional 20% of respondents did not know about the existence of such organizations at all.

The few respondents who knew about the presence of such organizations, mentioned being aware of the following types of organizations:

• Community based organizations in fragile and conflict-affected countries;
• Community-based organizations providing livelihoods support and basic services delivery;
• National human rights institutions (NHRIs);
• Women's organizations;
• Youth organizations;
• Federation of slum dwellers.

Female community health volunteers (FCHVs) play a key role in the Nepalese health sector, and have been engaged in many preventative, awareness raising and data collection programmes with local communities. During the COVID-19 pandemic, FCHVs have been essential to the daily activities of quarantine centres alongside awareness raising and healthcare within communities (IOM, 2020d).

Figure 17: Respondents' perception on migration.
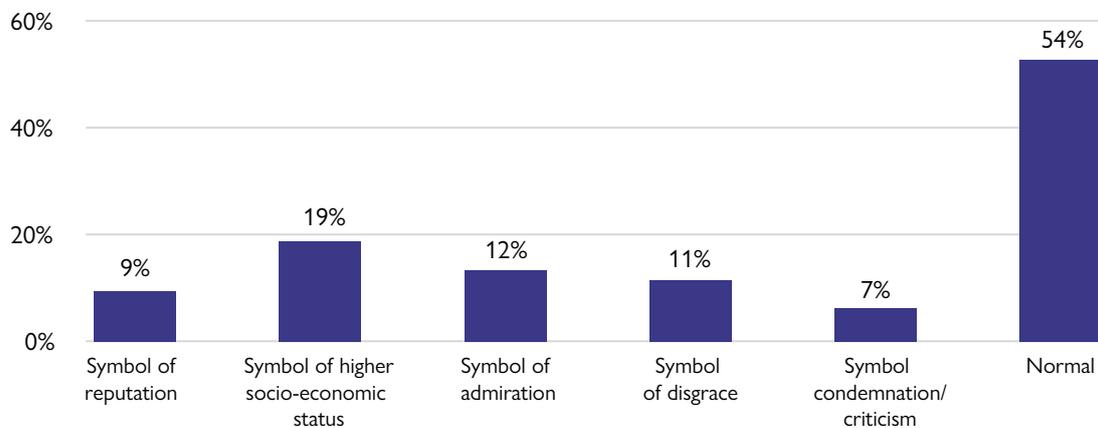
CONCLUSION

Return migration situation analysis

The survey shows that out of the 400 return migrant respondents, 59% of them returned from India, followed by 34% returning from the Gulf Countries– United Arab Emirates, Kuwait, Qatar and Saudi Arabia. More than two thirds of the return migrants were employed in the service and manufacturing sectors in their respective destination countries.

Government measures in destination countries and in Nepal, such as lockdowns, which were enforced to curb the spread of the virus severely hampered the livelihoods of migrants. Return migrants encountered additional challenges in destination countries as a result of the COVID-19 pandemic. The survey reports that 71% of return migrant respondents reported job losses, 35% reported non-payment/ employers withholding wages, and the remaining 12% reported mental stress. In addition, the survey results highlight that only 53% of return migrants had access to adequate primary healthcare services and a mere 11% of the return migrants had access to social benefits, such as pension schemes and medical insurance, in their countries of destination.

Upon arrival in Nepal, 85% of return migrant respondents were isolated in quarantine facilities. Return migrant respondents were primarily quarantined in facilities owned either by the Local Government (66%) or by the Federal Government (17%).

Among the return migrant respondents, 64% wanted to re-migrate to various destination countries for employment opportunities. The desk review highlights the lack of employment opportunities and rehabilitation mechanisms created by the government for the return migrant population of Nepal. Hence, to mitigate these risks, they are forced into re-migration.

Health services and system (UNSERF Pillar 1)

The assessment focused on the impacts of COVID-19 on return migrants and migrants' community during the pandemic. It primarily assess the mental and physical health impacts of COVID-19 on return migrants and their communities, as well as the return country's health system and services.

The survey results show that COVID-19 has had little impact on the health of return migrant respondents and migrant community members as 94% of them reported being physically and mentally well despite the pandemic.

Nevertheless, the report highlights a clear impact of COVID-19 on the availability of health services before and after the onset of the pandemic. The availability of vaccination services decreased by 37% after the onset of COVID-19, followed by a decrease in maternal and child health (MCH) and nutrition programme services (-36%), and reproductive services (-24%). Availability of mental health services equally decreased by 18% and availability of physical health services decreased by 16%. While availability of services was still high, the affordability of the health services was beyond respondents' financial capacity and did not match up to quality for the price.

The study also showed a limited involvement of the return migrant respondents and community members to mitigate labour shortages in the health sector.

Social protection and basic services (UNSERF Pillar 2)

The Nepali migrant population lacked information on health services and other COVID-19 mitigation measures provided by the government. The government's shortfall to reintegrate and rehabilitate the migrant population was also evident. No concrete plan was outlined to protect the Nepali migrant workers and to minimize both health and economic crisis.

There was a major information gap between the return migrants and migrants' community and the government which further compounded the confusion surrounding the COVID-19 support plan. The government also could not deliver a financial stimulus package for the respondents.

There was little to no awareness among the respondents regarding the employment opportunities in Nepal. This could be for two reasons: first, the respondents were unaware of employment drives in Nepal as they have been based in their destination countries for long periods of time resulting in a lack of networks and awareness of opportunities. Second, the absence of governmentally produced awareness raising initiatives regarding job opportunities coincided with the government's lack of a concrete plan for their unemployed population.

Economic response and recovery (UNSERF Pillar 3)

Seeking employment options in India and in other over-seas destinations has become a necessity for many Nepalese households owing to the lack of job opportunities in Nepal. Furthermore, even if jobs are available, salaries are very low and not enough to maintain daily life.

As the impacts of COVID-19 hit the economy, the incomes of survey respondents also decreased. Compared to median incomes of respondents before COVID-19, all respondents' incomes have fallen after the onset of COVID-19. The higher income group' salaries were also impacted, dropping many to lower income groups. Subsequently, the purchasing power of respondents also experienced a steady decline. COVID-19 has, therefore, decreased the income level leading to expenditure being exclusively on essential items.

Unemployment is common and the respondents lacked alternative sources of income due to COVID-19. This is concretised by a general lack of knowledge about job opportunities specifically in the sectors in which migrants are interested.

The minimal up- and re-skilling opportunities and training programmes were also notably absent. Technical and Vocational Education Training (TVET) was unavailable and very few were able to receive formal training in TVET. However, the respondents were keen to participate in skills training and vocational programmes that suited their current work experience. Availability of skills training programmes that matched the respondents' interests and areas of work was absent. Also, the government was unable to provide soft loans and subsidized credits to the respondents. From this it can be concluded that unemployment and low income in the country are the major factors that drove the Nepali migrants to seek employment in countries other than Nepal.

Macroeconomic response and multilateral collaboration (UNSERF Pillar 4)

The study finds that job losses will have major impacts on the daily income of return migrants and their communities. Currently, the return migrants and migrants' communities are managing their daily expenditure through savings from destination countries or remittances sent by migrant family member who have remained in destination countries. However, if the current situation prevails many Nepalese households will become increasingly vulnerable without multiple streams of income. Similarly, the Government of Nepal was unable to support its citizens abroad as most return migrants did not receive any support from host countries and were left to find an independent solution.

Social cohesion and community resilience (UNSERF Pillar 5)

The study has revealed that stigma, discrimination and xenophobia against the respondents was not exponential. However, there were incidents of verbal abuse and social discrimination against the respondents when they returned back to Nepal. The study shows that many respondents are part of different social dialogue forums such as Mothers' Club, Consumers' Group, and Cooperatives etc.

RECOMMENDATIONS

This study finds that – (1) improvement in health care services is essential; (2) effective reintegration programmes need to be prioritized; (3) the creation of new job opportunities is imperative; (4) credit support/seed money and skills training are vital to support self-employment; and (5) better coordination among development partners and the government is needed for effective utilization of resources and outcomes. Accordingly, the study puts forward the following recommendations:

Improvement of healthcare services [Health Services and System (UNSERF Pillar 1)]

- Migrants (both domestic and international) should be entitled to effective access to quality and affordable health services (Universal Health Coverage) to ensure that all migrants have access to necessary health services (including prevention, promotion, treatment, rehabilitation, and palliation) of acceptable quality and that the use of these services does not pose a financial burden to the users, especially poor and marginalized migrants.
- Nepal Health Infrastructure Development Standards and Minimum Service Standards should be effectively implemented to improve the quality of the health service being provided by government, non-government, community, and private health institutions.
- Primary health services at the grassroots level can be provided through the local and provincial government.
- Enhanced coordination is required among all three-tiers of government in responding to the health emergency and disaster management to ensure effective response to crisis.
- An awareness drive/campaign should be initiated by the government along with UN, various NGOs and INGOs to de-stigmatize and normalize mental health and well-being. Local government and NGOs can collaborate and establish a 24/7 helpline service for patients who have issues of anxiety, depression, and loneliness.

Reintegration programmes [(Social Protection and Basic Services (UNSERF Pillar 2)]

- The COVID-19 crisis made return migration a priority for the Government of Nepal. The Government should establish recovery and reintegration programmes that specifically target the vulnerable migrant community.
- The contributory Foreign Employment Welfare Fund should be used to compensate and reintegrate return migrant workers. The use of the fund should be made more transparent and also address the needs of undocumented migrant workers.
- Local governments require resources to provide social service benefits to migrant populations, including undocumented migrant populations, and vulnerable women migrants. It is easier for migrants to approach, and seek help from, local governments due to proximity and approachability.
- Coordination should be enhanced between the Foreign Employment Board (FEB) and local governments for the sustainability of the reintegration programme. FEB should establish the policy, procedure and programmes, and local governments should be authorized to implement
- As a regional state mechanism, SAARC is committed to foreign safe migration with adoption of a Plan of Action on Labor Migration. It has recently also established a SAARC Corona Fund.
- The local government should be made resourceful through budget allocation to implement the reintegration programmes. This will alleviate local governments' budgetary constraints in implementing these programmes.

Creation of new job opportunities [Economic Response and Recovery (UNSERF Pillar 3)]

- The local governments should collect data of return migrants including their knowledge, skills, and expertise in specific employment sectors. The donor communities should assist the local governments in this endeavour if they are constrained in terms of resources and lack capacity in data collection and analysis.
- The Prime Minister Employment Programme (PMEP) should include return migrants who are unemployed due to COVID-19 through local governments with clear and simple processes for registration. The job allocation should be impartial without political interference to protect it from misuse by political leaders to support their own interests.
- The Government should evaluate the current status of the Nepali labour market as COVID-19 will reduce job opportunities in destination countries.
- The Government should re-assess alternative/new corridors identified for foreign employment in the post-pandemic context and explore MoUs with these countries to facilitate employment for Nepalese migrants in these destinations.

Creation of self-employment opportunities through seed money and skills training supports [Economic Response and Recovery (UNSERF Pillar 3)]

- The government should promote the banking sector through initiatives to provide easy term subsidized loans (low interest loan without any collateral) to return migrants in economic/commercial sectors where Nepal has comparative advantages. Such sectors could be commercial agriculture including vegetable farming, livestock, poultry, fisheries, apiculture; classified micro and cottage industry of essential and exportable goods; and forest products and medicinal herbs. The subsidized loans should be tied-up with the government/private sector guaranteed buy-back of the products, marketing support and e-commerce.
- Arrangements should be made with the private sector to impart skill development training programmes targeting return migrants. These training and upskilling programmes should resonate with the larger migrant population's demand for a specified training to complement the niche in which they work.
- A basic financial stimulus package should be provided which is overviewed by the government, in case of the misuse of the financial stimulus.
- Without GESI consideration, any efforts to mitigate the economic fallout of COVID-19 will be inefficient. Government should have a GESI-sensitive response to the pandemic.

Better coordination among development partners and the government [Macroeconomic response and multilateral collaboration (UNSERF Pillar 4)]

- Enhanced coordination among development partners and the Government is necessary to avoid overlapping work and channel resources efficiently.
- The Government should continue dialogues with destination countries to ensure access to support services and justice, assistance and help from diplomatic mission based in the destination countries.

REFERENCES

ACAPS (2020). Migrant vulnerability in Bangladesh, India, and Nepal. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/20201012_acaps_thematic_series_on_migrant_vulnerability_in_south_asia_0.pdf

Brooks et al (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet Rapid Review Vol 395* (10227), 912-22. https://doi.org/10.1016/S0140-6736(20)30460-8.

Centre for Disease Control and Prevention (2020). Reducing stigma. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html

Centre for the Study of Labour and Mobility (2020). *COVID-19 and Nepali labour migrants impacts and responses.* Retrieved from https://www.ceslam.org/uploads/backup/research-paper-x-covid-19.pdf.

International Bank for Reconstruction and Development/The World Bank. 2020. *Beaten or broken? informality and COVID-19.* South Asia Economic Focus Fall 2020. Washington DC, USA: The World Bank

International Labour Organization (2020). *Impact of COVID-19 on Nepali migrant workers: Protecting Nepali migrant workers during the health and economic crisis challenges and the way forward.* Retrieved from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/briefingnote/wcms_748917.pdf.

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

International Organization for Migration (2020a). *Integrating migration into COVID-19 socio-economic response: A toolkit for developing partners.* Retrieved from https://eea.iom.int/publications/toolkit-development-partners-integrating-migration-COVID-19-socio-economic-response.

International Organization for Migration (2020b). *Rapid assessment: Need and vulnerabilities of internal and international return migrants in Bangladesh.* Dhaka, Bangladesh: Regional Office for Asia and the Pacific.

International Organization for Migration (2020c). *Status of Nepali Migrant Workers in Relation to COVID-19.* Kathmandu, Nepal: International Organization for Migration.

International Organization for Migration (2020d). Rapid assessment on impacts of COVID-19 on returnee migrants and responses of the local governments of Nepal. Kathmandu, Nepal: International Organization for Migration

Jha, H. B. (2020). Unemployment remains the biggest challenge for Nepal. Retrieved from https://www.orfonline.org/expert-speak/unemployment-remains-biggest-challenge-nepal/

Khadka, U. (2020, May 17). Where have we heard that one before? Nepal. *Nepali Times.* Retrieved from https://www.nepalitimes.com/latest/where-have-we-heard-that-one-before/#:~:text=The%20soft%20loan%20program%20for,to%20borrow%20Rs%201%20million.&text=Only%20a%20little%20over%20100%20loans%20were%20approved

Mandal, C.K. (2020, November 19). 569 local units receive Rs6.89 billion for Prime Minister Employment Programme. Nepal. *The Kathmandu Post.* Retrieved from https://kathmandupost.com/national/2020/11/19/569-local-units-receive-rs6-89-billion-for-prime-minister-employment-programme

Ministry of Health and Population (2021). Nepal COVID-19 emergency response and health systems preparedness project. Retrieved from https://mohp.gov.np/attachments/article/699/ACFrOgCV3tn.pdf

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

Poudel, A. (2020, May 1). Stigma against health workers, patients and area locals continues in COVID-19 hotspots. *The Kathmandu Post,* National. Retrieved from https://kathmandupost.com/national/2020/05/01/stigma-against-health-workers-patients-and-area-locals-continues-in-covid-19-hotspots.

The Himalayan Times (2020, 26 May). PMEP to be promoted as major source of employment next fiscal. Nepal. Retrieved from https://thehimalayantimes.com/business/pmep-to-be-promoted-as-major-source-of-employment-next-fiscal

United Nations Department of Economic and Social Affairs (2019). International Migration 2019. New York, USA: United Nations, Department of Economic and Social Affairs, Population Division

United Nations Development Programme (2020). *Rapid assessment of socio-economic impact of COVID-19 in Nepal.* Lalitpur, Nepal: UNDP

United Nations Entity for Gender and the Empowerment of Women (2018). *Returning home: Challenges and opportunities for women migrant workers in the Nepali labour market.* Kathmandu, Nepal: UN Women Nepal Country Office.

United Nations Sustainable Development Group (2020). *A UN framework for the immediate socio-economic response to COVID-19.* Retrieved from https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf

World Bank (2017). Push and pull: A study of international migration from Nepal. Retrieved from http://documents1.worldbank.org/curated/en/318581486560991532/pdf/WPS7965.pdf

World Health Organization (2021a). What do we mean by availability, accessibility, acceptability and quality (AAAQ) of the health workforce? Retrieved from https://www.who.int/workforcealliance/media/qa/04/en/

World Health Organization (2021b) Accessibility. Retrieved from https://www.who.int/gender-equity-rights/understanding/accessibility-definition/en/

World Health Organization (2021c). Affordability. Retrieved from https://www.who.int/gender-equity-rights/understanding/affordability-definition/en/

Worldometer (2021). COVID-19 Coronavirus Pandemic. Retrieved from https://www.worldometers.info/coronavirus/

ANNEXES

Annex I: Statistical formula used to calculate sample for the household survey

Annex II Subjects in which migrants have received training.

Annex III: Comparative Analysis of Availability, easy accessibility, affordability, and acceptability of health services

Annex IV: Household survey questionnaire

Annex V: KII questionnaire

Annex VI: List of key stakeholders consulted

Annex-I: Statistical formula used to calculate sample for the household survey.

$$n \geq D \times \frac{Z2 \quad pq}{d^2}$$

where,

n=required sample size;

Z=signigicant value of Z= 1.96 at 95 percent level of confidence;

d=maximum allowable (marginal) error (=5 percent);

p=proporion in the target population estimated to have a particular probability; i.e.,p=0.5,q=1-p

D(=2)=the design effect

Annex- II: Subjects in which migrants have received training.

	Female	Male	Total
Accounting and Training	1	1	2
Assistant Health Worker	1	0	1
Auxiliary Nurse Midwife	1	0	1
Beautician and Cosmetic Training	3	0	3
Civil Sub Engineer	0	1	1
Community Medicine Assistant	0	1	1
Computer and Hardware	0	1	1
Driving	0	4	4
Farming/Poultry/Animal Husbandry	4	4	8
Hotel Management/Cook	1	3	4
House Wiring	0	4	4
Lab Assistant	0	1	1
Plastic Operator Training	0	1	1
Plumbing	0	1	1
Security guard	0	1	1
Sewing and Stitching	2	2	4
Training for trainers (TOT)	1	2	3
TV and Mobile Repairing	0	1	1
Veterinary	0	1	1
Water Purification	0	1	1
Total	14	30	44

Annex-III: Comparative Analysis of Availability, easy accessibility, affordability, and acceptability of health services.

Health Services	Respondents				% Change		
	Available	Easily Accessible	Affordable	Acceptable	Available and Easily Accessible	Available and Affordable	Available and Acceptable
Physical health	597	576	223	208	-3.52	-62.65	-65.16
Mental health	158	90	40	40	-43.04	-74.68	-74.68
Reproductive health services	276	171	42	36	-38.04	-84.78	-86.96
MCH & nutrition programme	242	180	51	47	-25.62	-78.93	-80.58
Vaccination service	363	286	86	83	-21.21	-76.31	-77.13

Annex- IV: Household survey questionnaire.

S. No.	Questionnaire	Options	Comments
1. Basic Details for tracing, monitoring calls and identifying respondent. (Pre-filled in the tool)			
1.1	Date of Interview		
1.2	Start Time		
1.3	Interviewer Name and Code	Name: Code:	
1.4	Response to phone call (Select one)	1. Answered the phone, correct respondent 2. Answered, but incorrect respondent & household 3. Answered, correct household but respondent's family member/friend answered the call 4. No answer (phone rang/ network issues) but number appears to be correct 5. Number does not work (wrong number/temporarily not in operation)	

Namaste. My name is ……………………………………………………………. I am from Institute of Integrated Development Study (IIDS) conducting this study in the context of a project on Mainstreaming Migration into International Cooperation and Development (MMICD) which is funded by the European Union and implemented by IOM. The project aims to strengthen the process of migration into international cooperation and development policy, and this interview will feed into an assessment that is being conducted under the project to ensure that migration – in all its forms – is integrated into relevant COVID-19 response and recovery plans and programmes in Nepal, with a focus on rural development and education.

This assessment is implemented in coordination with the European Delegation to Nepal and will map vulnerabilities and risks faced by migrant workers and their communities and impacts of socio-economic recovery on migrants and their communities in the context of COVID-19.

The findings and recommendations of the assessment will be published and disseminated amongst the wider stakeholders including donor community in Nepal. Your opinion and perception will help us to know the present socio-economic situation of the migrant workers and their families under the COVID 2019 circumstances. Information provided by you will be strictly confidential and your identity will not be disclosed. Adhering to the Nepal's Statistics Act 2015, the information you have given will remain confidential and the use of the information given will be limited to statistical use only. I will be much obliged if you could take part in this survey.

Do you give your consent to be interviewed?

1. Can complete the survey now
2. Will complete the survey, but not now
3. Refuses to participate

S. No.	Questionnaire	Options	Comments
1.5	Did the respondent give their consent to be surveyed?	1. Yes 2. No	Immediately stop the survey if the respondent does not provide his/her consent. Thank him/her for their time.
1.6	Respondent ID		

1.7	Name of the Respondent		
1.8	Age of respondent (completed year)	years	
1.9	Category of the respondent	1. Returnee migrant 2. Household member of migrant 3. Migrant community (not family)	
1.10	Sex of Respondent	1. Male 2. Female 3. Other	
1.11	Ethnicity of respondent?	1. Dalit 2. Janajati 3. Khas/Arya (Brahmin/Chhetri) 4. Madhesi 5. Tharu 97. Others (specify)……………………………...	
1.12	Address	Province: District: Municipality/Gaunpalika: Ward: Village:	
1.13	Marital status of respondent?	1. Unmarried 2. Married 3. Widow/Widower 4. Divorced 5. Separated 97. Other (explain)…………….	
1.14	Highest level of education completed by the respondent	1. Cannot read/write (illiterate) 2. Can read/write but no formal education 3. Primary level (1-5 Class) 4. Lower Secondary Level (6-8 Class) 5. Secondary Level (9-10 Class) 6. SLC/SEE passed 7. 11 class passed 8. 12 class passed 9. Bachelor pass 10. Masters or above passed	
1.15	What is the type of your household?	1. Separated (Nuclear) 2. Joint/Extended	
1.16	Number of male members in your household of age 18-60 years	………………………..	
1.17	Number of female members in your household of age 18-60 years	………………………..	
1.18	Number of people in your household older than 60 years	………………………..	
1.19	Number of children in your household less than 18 years	………………………..	
1.20	Gender of household head	1. Male 2. Female 97. Others ……………………………...	

2. Migration related			
2.1	Have you been abroad in the last year for employment and /or other purposes?	1. Yes 2. No (Go to Section 3)	
2.2	How long did you stay in the country of destination? (in months)	………………………….. months	
2.3	What was your occupation in the destination country? (Select One)	1. Agriculture related work 2. Daily wage-on or off farm 3. Service sector (hotel, restaurants, stores) with no fixed salary 4. Domestic worker 5. Garment sector worker 6. Transport (driver, conductor, loader) 7. Factory worker 8. Mason/Construction 9. Electrician/plumber 10. Carpenter 11. Security Guard 12. Cook/Waiter at hotel restaurant with fixed salary 97. Others (specify)…………	
2.4	What was your monthly income in the country of destination?	NPR ………………………………	
2.5	Where was your entry point in Nepal?	1. Tribhuban International Airport 2. Kakadvitta Border 3. Biratnagar (Jogbani Border) 4. Birgunj (Raxaul Border) 5. Bhairahawa (Sunauli Border) 6. Dhangadhi (Gauriphanta Border) 7. Mahendranagar (Gaddachauki Border) 8. Nepalgunj (Jamunah Border) 97. Other (specify) ……………………………	
2.6	What mode of transport did you use to enter the country? (Select Appropriate Ones)	1. Aeroplane 2. Train 3. Bus 4. Private vehicle 97. Others (specify)…………………………	
2.7	Which country did you just return from?		
2.8	Why did you return to Nepal? (Select One)	1. Visa expired 2. The contract expired 3. Employer told me to go home 4. Government in country of destination asked foreign workers to return 5. I left on my own/had to do housework 6. Fear of the Corona epidemic 97. Others (Specify)…………………..	

2.9	How did you pay for your return to Nepal? (Select One)	1. Returned on own expenses 2. Returned with the help of social support organizations 3. Returned with the help of manpower company (recruitment agency) 4. Returned with the help of friends 5. Returned with the help of employer 6. Returned with the help of the Government of the country of destination 7. Returned with the help of the Government of Nepal 97.Others (Specify)…………………..	
2.10	How long has it been since you returned to Nepal from the country of destination?	……………………………………Months	
2.11	By the time you returned home from the country of destination, had the COVID-19 infection started in that country of destination?	1. Yes 2. No	
2.12	By the time you returned home from the country of destination, had the country begun lockdown due to COVID-19?	1. Yes 2. No	
2.13	What were the challenges you encountered in the destination country in relation to COVID-19? (Read each one out and chose as many as relevant)	1. Job loss 2. Non-payment/withholding of wages 3. No access to information's on COVID19 4. Mental stress 5. Compensation with Food/Shelter for work 6. Worked without Personal protective equipment (PPEs) 7. Challenges for food/accommodation 8. Overstay due to expiry of visa/contracts etc. 9. None/ can't say 97. Others (Specify) ………	
2.14	How was your access to healthcare in the destination country when the Corona infection spread? (Select One)	1. It was very comfortable 2. Was good 3. That was fine 4. Was bad 5. It was very difficult/embarrassing	Access means ease of receiving health services including seeing a doctor or receiving medication.
2.15	Did you have to quarantine after returning to Nepal?	1. Yes 2. No (If no, go to Q 2.22)	
2.16	How many days did you have to quarantine?	…………..…….. Days	

2.17	What form of quarantine did you partake in? (Select One)	1. Quarantine at own house 2. Quarantine prescribed by the federal government 3. Quarantine prescribed by the local government 4. Quarantine arranged by a health institution or other organization 97. Others (specify)………………………………	
2.18	If not quarantined at home, what is the name/location of the quarantine facility? (Select One)	1. School 2. Hotel 3. Health Post 4. Government Building 97.Others (specify)……………………	
2.19	How was your access to health services during the quarantine? (Select One)	1. It was very comfortable 2. Was good 3. It was fine 4. It was bad 5. It was horrible/very difficult	
2.20	Did you experience any kind of discrimination due to your gender/ caste/ religion/ethnicity/social level at the quarantine facility in Nepal?	1. Yes 2. No IF YES, specify What type of: ……………………………………….. Which place: ………………………………………..	
2.21	Did you experience any kind of violence due to your gender/caste/ religion/ethnicity/ social level at quarantine facility in Nepal?	1. Yes 2. No IF YES, specify What type of: ……………………………………….. Which place: ………………………………………..	
2.22	If not in quarantine, where did you go after entering Nepal? (Select One)	1. Own house 2. Temporary residence (rented house) 3. Relatives 97.Other place (specify)……………	
2.23	Were you easily socially accepted in that place?	1. Yes 2. No	
2.24	If no, what were their main objections?	1 ……………………………………….. 2 ……………………………………… 3 ………………………………………..	
2.25	Do you want to migrate again for foreign employment?	1. Yes 2. No	
2.26	IF YES, which country do you want to go to?		
2.27	IF YES, why do you want to go to?		

	3. Health services and system (UNSERF Pillar 1)		
3.1	Is there any impact on your health due to the current COVID-19 situation?	1. Yes 2. No (go to Q3.3)	
3.2	IF YES, how were you impacted?	1. Infected with COVID-19 2. Fear of COVID-19 infection 3. Depression 4. Anxiety 5. Higher level of stress 97. Others (Specify) ………………	
3.3	Do any of your family members have any health impact in the current COVID-19 situation?	1. Yes 2. No (go to Q3.5)	
3.4	IF YES, how were they impacted?	1. Infected with COVID-19 2. Fear of COVID infection 3. Depression 4. Anxiety 5. Higher level of stress 6. 97. Others (Specify) ………………	
3.5	Has your household member's physical/mental stress level increased during the prevailing COVID-19?	1. Yes 2. No 99. Don't know/cannot say	
3.6	IF YES, what may be the reasons? (Select Appropriates Ones)	1. Due to additional household works 2. Due to extra time required to care the children because of closure of schools 3. Due to financial hardships 4. Because of lack or decreased remittances 5. Because of the fear of being infected by COVID-19 6. Due to the disruption of children's education 7. Family member is infected with COVID-19 8. Restriction in movement 9. Delusion by fake news on social media 97. Others (Specify) …………………………..	
3.7	Are there any observed behavioural (mental health) changes in the family members who had been going to school/college?	1. Yes 2. No (Go to Q3.9)	
3.8	IF YES, what kind of changes do you observe? (Select Appropriates Ones)	1. Fear of COVID-19 infection 2. Have become irritating/ill-tempered 3. Seems sad all the time (depressed) 4. Fights at home or in the locality 5. Bullies people/friends 6. Bullies women family members/girls in the community 97. Other (Specify)……………………….. 99. No change	

3.9	Have the female members in your household been affected due to current COVID-19?	1. Yes 2. No (Go to Q3.11)	
3.10	IF YES, what effect do you see in them? (Select Appropriates Ones)	1. Fear of COVID-19 infection 2. Have become irritating/ill-tempered 3. Seems sad all the time (depressed) 4. Fights at home or in the locality 5. Problem in physical check-up, especially for pregnant women 97. Other (Specify)………………………..	
3.11	What kinds of health services were available in your community before COVID-19? (Select Appropriates Ones)	1. Physical health 2. Mental health 3. Reproductive health services 4. Maternal and child health and nutrition programme 5. Vaccination service 6. None of above 7. Do not know	
3.12	What kinds of health services are available to you during COVID-19? (Select Appropriates Ones)	1. Physical health 2. Mental health 3. Reproductive health services 4. Maternal and child health and nutrition programme 5. Vaccination service 6. None of above 7. Don't know (Go to Q3.16)	
3.13	What kind of health services are easily accessible to you during COVID-19? (Select Appropriates Ones)	1. Physical health 2. Mental health 3. Reproductive health services 4. Maternal and child health and nutrition programme 5. Vaccination service 6. None of above 7. Don't know	
3.14	What kinds of health services are affordable to you during COVID-19? (Select Appropriates Ones)	1. Physical health 2. Mental health 3. Reproductive health services 4. Maternal and child health and nutrition programme 5. Vaccination service 6. None of above 7. Don't know	
3.15	What kinds of health services are acceptable to you during COVID-19? (Select Appropriates Ones)	1. Physical health 2. Mental health 3. Reproductive health services 4. Maternal and child health and nutrition programme 5. Vaccination service 6. None of above 7. Don't know	
3.16	Are you or your household member filling-in shortages in the health and care sector?	1. Yes 2. No (Go to Q3.18)	

3.17	IF YES, how many of them are employed?	……………………….. (give number)	
3.18	Among the employed, how many are female?	……………………… (give number)	

4. Social protection and basic services (UNSERF Pillar 2)			
4.1	Did you have any access to social benefits (in the destination country) such as pensions and health benefits?	1. Yes 2. No (Go to Q4.3)	
4.2	If yes, what type of access did you have?	1. Pension 2. Free medical services 3. Medical insurance 4. Free medical check-up 5. Free medical treatment 97. Others (specify)	
4.3	Are you aware of any reintegration assistance/relief package on economic recovery /reintegration programs being introduced by local government in your municipality/ district targeting returnee/ migrants?	1. Yes 2. No (Go to Q4.5)	
4.4	IF YES, what programs do you know about?	1. ………………………………….. 2. ………………………………….. 3. ………………………………….. 4. …………………………………..	
4.5	Did you receive any of the above support services from these programs?	1. Cash transfers 2. Financial aid 3. Food and nutrition 4. Legal aid 5. Medical services 6. Education services including distance/ home-based learning 7. Skills training 8. WASH 9. Social insurance 10. Psychological support 11. Childcare services 97. Others (specify)…………………………..	
4.6	If you received financial aid, for what purpose did you receive it? (Select Appropriates Ones)	1. To maintain the livelihood 2. For health care services 3. For children's education 4. To repay the loan 5. Credit for self-employment 97. Others (Specify) ………………………..	
4.7	What was your experience in accessing support services you received?	1. Easy 2. Somewhat difficult 3. Difficult	

4.8	Are you in need of any social protection services?	1. Yes 2. No (Go to Q4.10)	
4.9	IF YES, what type of support do you need? (Select Appropriates Ones)	1. Cash transfers 2. Financial aid 3. Food and nutrition 4. Legal aid 5. Medical services 6. Education services including distance/ home-based learning 7. Skills training 8. WASH 9. Social insurance 10.Psychological support 11.Childcare services 97. Others (specify)……………………………..	
4.10	Have you or your family member experienced any kind of violence during the prevailing COVID-19?	1. Yes 2. No (If no, go to Q4.12) 99. Don't know/cannot say	
4.11	IF YES, what type of violence? (Select Appropriates Ones)	1. Verbal abuse (coercion, threats and blames) 2. Physical assault 3. Sexual abuse 97. Others (Specify) ……………………..	
4.12	In which areas did you or your family members experienced inequality? 1. Access to education 2. Access to health care services 3. Access to sanitation facilities 4. Access to relief programs 5. Access to employment	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	
4.13	Do you or your family members experience any kind of discrimination due to your gender/ caste/ religion/ethnicity/social status while accessing services?	1. Yes 2. No (If no, go to Q4.15)	During the lockdown
4.14	IF YES, what types of discriminatory practices? (Select Appropriates Ones)	1. Untouchability 2. Harassment 3. Insults 97. Others (Specify) …………………	During the lockdown
4.15	Do you or your family members experience any kind of violence due to your gender/caste/religion/ ethnicity/social status while accessing services?	1. Yes 2. No (If no, go to Q4.17)	During the lockdown
4.16	IF YES, what type of violence? (Select Appropriates Ones)	1. Verbal abuse (coercion, threats and blames) 2. Physical assault 3. Sexual abuse 97. Others (Specify) ……………………..	During the lockdown

4.17	Have you been forced to relocate?	1. Yes 2. No (Go to Q4.19)	During the lockdown
4.18	IF YES, what is the reason?	1. ………………………………………….. 2. ………………………………………… 3. …………………………………………	During the lockdown
4.19	Has the education of those family members going to school/college been affected due to COVID-19	1. Yes 2. No (Go to Section 5)	During the lockdown
4.20	If affected, how? (Select Appropriates Ones)	1. School/college is closed 2. Classes have not resumed 3. Distance/home based learning (online classes/multimedia classes) is ongoing but do not have access to cable connection/ internet/devices (For e.g. TV, computer, mobile, tablets, etc.) 4. Do not know what to study 97. Others (Specify) ……………………..	During the lockdown

5. Economic response and recovery (UNSERF Pillar 3)			
5.1	What is your total land holding? (Unit)	…………………….. (Bigha/Kattha/Dhur) …………………….. (Ropani/Aana/Paisa)	
5.2	What is the main income source of your householdduring foreign employment? (Select One)	1. Income from abroad (Remittance) 2. Agriculture 3. Industry/Business 4. Service 5. Wage through daily labor 6. Gratuity/Pension 97. Other (explain)	
5.3	If income from abroad, why did you opt for foreign employment? (Select Appropriate Ones)	1. Could not get a job in Nepal 2. No work was available according to skills 3. Low income 4. Poor social status 5. Lack of basic facilities such as education, health services, drinking water, transportation, social security, etc. 6. 5.4Political threat 7. Pressure of the family and friends 8. Social discrimination 9. Gender-based violence 10.Domestic violence 97. Others (specify) …………………	
5.4	How many months of consumption could be supported by your own agriculture production	1. Less than three months 2. Three to six months 3. Six to nine months 4. More than nine months	
5.5	What is your household monthly income	Before COVID-19: NPR ………………………….. After COVID-19: NPR ……………………………	

5.6	Monthly expenditure of respondent' household	Before COVID-19: NPR …………………………….. After COVID-19: NPR ……………………………	
5.7	Are you currently employment?	1. Yes 2. No (If no, go to Q 5.8)	
5.8	IF YES, in which profession?		
5.9	Did COVID-19 affect your job?	1. Yes 2. No (If no, go to Q 5.10)	
5.10	IF YES, how did COVID-19 affect your job?	1. Job loss 2. No pay (jobs still there) 3. Reduced pay 4. Pay overdue 97. Others (Specify) ……………….	
5.11	How has COVID-19 affected you and your household? (Select Appropriates Ones)	1. Cannot find another job 2. Cannot purchase food and essential items 3. Cannot pay rent 4. Cannot pay school tuition for children 5. Cannot pay for health services 6. Cannot repay loan 7. Cannot find alternative source of income 8. Cannot travel back to permanent home 9. Physical illness 10. Psychological problems (stress/depression/substance abuse etc.) 97. Others …………………………..	
5.12	Are you in search of other sources of income?	1. Yes 2. No (If no, go to Q5.15)	
5.13	IF YES, in which area are you searching job for other sources of income?	1. Self-employed in own agriculture 2. Agriculture related work for other 3. Daily wage-on or off farm 4. Industry and commerce 5. Domestic worker 6. Transport (driver, conductor, loader) 7. Masonry 8. Electrician/plumber 9. Carpenter 10. Security Guard 97. Others (specify) …………………….	

5.14	How are the employment opportunities in the areas you are seeking job?	1. There are ample opportunities 2. There are some opportunities 3. There are less opportunities 4. There is no opportunity	Areas of employment means agriculture sector (farming, animal husbandry, vegetable farming, etc.), manufacturing sector, business and commerce, construction, transportation, etc.
5.15	How accessible are the job opportunities?	1. Easily accessible 2. Somewhat accessible 3. Difficult to access	Opportunities in the areas you are interested/ searching for jobs
5.16	How are the opportunities to up-skill and re-skill to increase access to decent work?	1. There are ample opportunities 2. There are some opportunities 3. There are less opportunities 4. There is no opportunity	Accessibility means potential of opportunities.
5.17	Have you/your family been employed to mitigate labour shortages?	1. Yes 2. No (If no, go toQ5.18)	
5.18	IF YES, to what extent is your household employed?	1. To a large extent 2. To some extent 3. To the less extent	
5.19	Is there any Technical and Vocational Education Training (TVET) available?	1. Yes 2. No (If no, go to Q5.18)	Availability means the skills training opportunities
5.20	IF YES, to what extent is it available?	1. To a large extent 2. To some extent 3. To the less extent	
5.21	Do you already have formal training in TVET	1. Yes 2. No (Go to Q5.22)	
5.22	IF YES, provide the following details of the training.	Name of training: Level of training: Name of training provider: Address of training provider:	
5.23	If given an opportunity, is there a specific profession in which you would like to receive training?		
5.24	Are there any skills-matching programmes in place?	1. Yes 2. No (If no, go to Q 5.26)	
5.25	IF YES, provide the names of such programs.	1. 2. 3.	

5.26	Do you have access to such programs?	1. Yes 2. No	
5.27	Are there any facilities available to your household for subsidized credit and soft loans as seed money to start self-employment combined with skills training?	1. Yes 2. No (Go to Q5.29)	Self-employment means earning through own en-trepreneurship. Subsidized/soft credit means loans that are collateral free, low cost and/or have longer re-payment period.
5.28	IF YES, provide the names of agencies providing such facilities?	1. 2.	
5.29	To what extent your household have access to such facilities?	1. To a large extent 2. To some extent 3. To the less extent 4. No access	
5.30	If you aim to become self-employed, which kind of training would like to receive?		
5.31	What type of assistance would be most helpful to you in your current situation?	1. Assistance in finding gainful employment in Nepal 2. Access to training or upgrading the skills 3. Seed money to start business 4. Other (Please specify) ……………………..	
5.31	Has the workload (including domestic work) of women increased due to COVID-19?	1. Yes 2. No (Go to Section 6)	
5.32	IF YES, to what extent?	1. To a great extent 2. To some extent 3. To a little extent	

6. Social cohesion and community resilience (UNSERF Pillar 5)			
6.1	Have you/your family and community faced any increased stigma?	1. Yes 2. No (If no, go to Q6.3)	Stigma means public blaming and denouncing.
6.2	IF YES, of what type is it?	1. Social embarrassment 2. Social humiliation 3. Social dishonour 97. Others (specify) ……………….....	
6.3	Haveyou/your family and community faced any increased discrimination?	1. Yes 2. No (If no, go to Q6.5)	

6.4	IF YES, of what type of discrimination?	1. Favouritism 2. Prejudice 3. Inequality 4. Intolerance 97. Others (specify) ……………..	
6.5	Have you/your family and community faced any increased xenophobia?	1. Yes 2. No (If no, go to Q6.7)	
6.6	IF YES, of what type is it?	1. Racial intolerance 2. Narrow mindedness 3. Unfairness 4. Dislike 97. Others (specify) ……………………	
6.7	Have you/your family and community faced any increased social exclusion?	1. Yes 2. No (If no, go to Q6.9)	
6.8	IF YES, based on what?	1. Gender 2. Ethnicity 3. Migration status 4. Economic status 97. Others (specify) ………………	
6.9	Are there any social cohesion programs/services available in your community?	1. Yes 2. No (If no, go to Q6.12)	Social cohesion means tolerance and fraternity in the society
6.10	IF YES, what types of programs/services are there?	1. Domestic violence related 2. Racism related 3. Xenophobia related 4. Stigma related 5. Discrimination related 6. Others (Specify) …………………	
6.11	Are women and children represented/included in such programs/services?	1. Yes 2. No	
6.12	Are you or your family members included in different social dialogue platforms? (Eg.Aaama Samuha, Upabhokta Samuha, Sahakari, etc)	1. Yes 2. No	Only for returnee migrants
6.13	How do you perceive migration?	1. As a symbol of higher socio-economic status 2. As a symbol of admiration 3. As a symbol of reputation 4. As a symbol of disgrace 5. As a symbol condemnation 6. As a symbol of criticism 7. None of the above	Question for all

6.14	Are there any community-based organisations which specifically target the needs of migrants, their families, and the community with social cohesion services?	1. Yes 2. No 3. Don't know	
6.15	IF YES, of what type?	1. Women's organizations 2. Youth organizations 3. Federations of slum dwellers 4. National human rights institutions (NHRIs) 5. Religious community organizations 6. Indigenous community 7. Community based organisations in fragile and conflict-affected countries 8. Community organization representing other at-risk population 9. Community-based organisations providing livelihoods support and basic services delivery	

I request you to provide names and contact details of four people from different families of your community to participate in this survey. Can you provide the details? I hope this is fine with you.

Details of one female
Name:
Contact Number:

Details of one person from Dalit community
Name:
Contact Number:

Details of one person from Janajati community
Name:
Contact Number:

Thank you very much for your valuable time. Have a good day.

Note to interviewer:

Please provide your remarks/comments, if any, below:

Annex-V: KII questionnaire.

1. Federal Government

Institutions	Guiding Questions	Likely Respondents
Pillar 1: Health: protecting health services and systems during the crisis		
Ministry of Health and Population	• To what extent do health sector policies and programmes include (return) migrants, their families and communities?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
	• What are the impacts of COVID-19 on national health systems?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
	• What are the long-term impacts of COVID-19 on health and wellbeing in Nepali communities? (e.g. health awareness, maternal health, non-communicable diseases)	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
	• What are the long-term impacts of COVID-19 on the health of the (return) migrants and their families and communities?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
	• To what extent are (return) migrants, their families and communities included in health information systems for disease surveillance and response?	Joint Secretary/Under Secretary Information Technology Section of Quality Standard and Regulation Division
	• How have health programmes and measures been adapted to support the COVID-19 response and recovery? To what extent do these adaptations reflect the inclusion of (return) migrants, their families and their communities in health programmes and measures?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
	• To what extent have migrant health workers been employed to mitigate labour shortages in the health and care sector at national level?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
	• Is the country's health system now supported by more health workers from (returning) migrant communities? What is the percentage of women among these front-line workers?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division
Pillar 2: Protecting people: Social protection and basic services		
Ministry of Labor, Employment and Social Security	• Do social protection schemes and services related to the COVID-19 pandemic include (return) migrants and their families (e.g. in cash transfers, food assistance programmes, social insurance programmes, psychosocial support programmes and child benefits to support families, among others)? How are they implemented?	Joint Secretary/Under Secretary, Labor Relation and Social Security Division.
Department of Health Services	• Does the government have specific programmes to support quarantine centres for returnee migrants and their families? Are there specific governmental programmes to safeguard camps and densely populated urban areas where social distancing and other preventive measures are not possible?	Joint Secretary/Under Secretary Epidemiology and Epidemic Management Section of Epidemiology and Disease Control Division

Ministry of Education, Science and Technology	• What are the impacts of COVID-19 on the education system in Nepal? How has COVID-19 impacted the education service delivery across Nepal for migrant children, their families and communities?	Joint Secretary/Under Secretary, Planning and Evaluation Division,
Ministry of Labor, Employment and Social Security	• What is the COVID-19 impact on the social protection governance system in the country? How has COVID-19 impacted service delivery across Nepal for (return) migrants, their families and communities?	Joint Secretary/Under Secretary, Labor Relation and Social Security Division.
Pillar 3: Economic response & recovery: protecting jobs, small and medium sized enterprises, and the informal workers		
Ministry of Labor, Employment and Social Security (for labor market) Ministry of Finance (for economy)	• What are the impacts of COVID-19 on the Nepali labour market and economy?	Joint Secretary/Under Secretary, Labor Relation and Social Security Division. Joint Secretary/Under Secretary, Planning, Monitoring and Evaluation Division
National Planning Commission	• What has been the impact of return migration and immigration on sustainable economic growth, plans and programmes for sustainable reintegration, full and productive employment, and decent work?	Joint Secretary/Under Secretary, Economic Management Division
National Planning Commission **Ministry of Labor, Employment and Social Security**	• What plans and programmes have been put in place for the economic reintegration of returnee migrants and their families?	Joint Secretary/Under Secretary, Economic Management Division Joint Secretary/Under Secretary, Policy, Planning, Monitoring and Evaluation Section of Administration Division
Ministry of Labor, Employment and Social Security	• To what extent have (return) migrant workers been employed to mitigate labour shortages? To what extent is TVET available to returnees and their families? Are there skills-matching programmes for (return) migration, their families and communities in place at national level?	Joint Secretary/Under Secretary, Labor Relation and Social Security Division.
Ministry of Finance	• What has been the impact of remittances on the national economy and labour market? What are the impacts of COVID-19 on the cost and flow of remittances?	Joint Secretary/Under Secretary, Planning, Monitoring and Evaluation Division
Pillar 4: Macroeconomic response and multilateral collaboration		
National Planning Commission **Ministry of Labor, Employment and Social Security**	• To what extent have migration policies and plans been aligned with the COVID-19 response and recovery programs?	Joint Secretary/Under Secretary, Economic Management Division Joint Secretary/Under Secretary, Policy, Planning, Monitoring and Evaluation Section of Administration Division
Ministry of Labor, Employment and Social Security	• How can safe, orderly, and regular migration contribute to the country's socio-economic response and recovery?	Joint Secretary/Under Secretary, Policy, Planning, Monitoring and Evaluation Section of Administration Division

Ministry of Finance	• How have mobility restrictions impacted Nepal's macroeconomic status?	Joint Secretary/Under Secretary, Planning, Monitoring and Evaluation Division
Ministry of Women, Children and Social Welfare	• What are the impacts of COVID-19 on socio-economic inequalities in the context of migration?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Section of Administration Division

Ministry of Finance
 	
Ministry of Health and Population
	• Has a COVID-19 socio-economic impact assessment been conducted? To what extent have (return) migrants, their families and communities been included in these socio-economic impact assessments? Particularly:
	  - What have been the impacts of COVID on remittance flows at national level? What has been the impact of COVID on transnational financial flows and investments?
	  - Has cross-border collaboration been impacted? For example, in the areas of border health surveillance and exchange of information?
		Joint Secretary/Under Secretary, Planning, Monitoring and Evaluation Division
		
		Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division

Ministry of General Administration and Federal Affairs	• Are there coordination mechanisms at local and national levels?	Joint Secretary/Under Secretary, Local Level Coordination Section of Federal Affairs Division
Ministry of Labor and Employment	• Does the country have a coordinated approach with development stakeholders, including Diaspora organizations and migrants to support COVID-19 response and recovery? Are there existing initiatives?	Joint Secretary/Under Secretary, Policy, Planning, Monitoring and Evaluation Section of Administration Division
Ministry of Foreign Affairs	• Is Nepal part of a regional coordination mechanism to ensure safe return migration?	Joint Secretary/Under Secretary, Regional Organization Division
National Planning Commission	• To what extend has COVID-19 impacted the achievement of SDG 10.7 and other migration-related targets?	Joint Secretary/Director/ Planning Officer, Economic Management Division
Pillar 5: Social cohesion and community resilience		
Ministry of Women, Children and Social Welfare	• To what extent has COVID-19 influenced the policy and governance response to discrimination of marginalized groups and Gender-Based Violence (GBV)?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Section of Administration Division
Ministry of Women, Children and Social Welfare	• What measures have been put in place to address discrimination against women, children and other marginalized groups within (return) migrant communities?	Joint Secretary/Under Secretary, Women Empowerment Division
Ministry of Home Affairs	• What are the long-term impacts of the COVID-19 mobility dimensions on peaceful and inclusive societies? How mobility restrictions impact returned migrants, their families and communities?	Joint Secretary/Under Secretary, Security and Coordination Division
Ministry of General Administration and Federal Affairs	• How are (return) migrants, their families and communities included in responsive, participatory, and representative decision-making in the context of COVID-19?	Joint Secretary/Under Secretary, Social Inclusion and Social Security Section of the Federal Affairs Division

Ministry of General Administration and Federal Affairs	• How is COVID-19 impacting the achievement of inclusive, safe, resilient and sustainable communities?	Joint Secretary/Under Secretary, Social Inclusion and Social Security Section of the Federal Affairs Division
Ministry of Forest and Environment	• How are (return) migrants, their families and communities facing environment related vulnerabilities? To what extent have the socio-economic impacts of COVID-19 affected national and community resilience to natural hazards and environmental degradation? Are there any national mechanisms to address this and do they reflect (return) migrants, their families and communities?	Joint Secretary/Under Secretary, Environment and Bio-Diversity Division
Cross-cutting for all stakeholders		
Ministries of Health, and Labor and Employment	• What are national government stakeholders' understanding of, and policies towards, (return) migration and how is this impacting the effectiveness of COVID-19 response and recovery programmes?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division (Health) Joint Secretary/Under Secretary, Policy, Planning, Monitoring and Evaluation Section of Administration Division (Labor)
Ministries of Health, Education and Labor and Employment	• Has the result of 'mainstreaming migration' interventions also affected the extent to which health, education, labour and other relevant sector policies consider migration issues?	Joint Secretary/Under Secretary, Policy, Planning and Monitoring Division (Health) Joint Secretary/Under Secretary, Policy, Planning, Monitoring and Evaluation Section of Administration Division (Labor) Joint Secretary/Under Secretary, Planning and Evaluation Division (Education).
Ministries of Health, Education and Labor and Employment	• Do health, education, and labour interventions that affect migration engage with the governments of migrants' and refugees' countries of origin, transit, and destination?	Same as above

2. Provincial/Local Government

Institutions	Guiding Questions	Likely Respondents
Pillar 1: Health: protecting health services and systems during the crisis		
Ministry of Social Development Municipality	• What are the impacts of COVID-19 on community health systems in your province?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor

Ministry of Social Development Municipality	• In your province, what are the impacts of COVID-19 on (returnee) migrants', their families' and communities' health and wellbeing? (e.g. health awareness, maternal health, non-communicable diseases)	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Ministry of Social Development Municipality	• In your province, are (returnee) migrants included in health information systems for disease surveillance and response? How is this coordinated with the national level?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Ministry of Social Development Municipality	• In your province, to what extent have (returnee) migrant health workers been employed to mitigate labour shortages in the health and care sectors?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Pillar 2: Protecting people: Social protection and basic services		
Ministry of Social Development Municipality	• Do social protection schemes and services related to the COVID-19 pandemic (e.g. in cash transfers, food assistance programmes, social insurance programmes, psychosocial support programmes and child benefits to support families, among others)include (returnee) migrants and their families at the local level)?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Ministry of Social Development Municipality	• What are the impacts of COVID-19 on the education systems in Province 1, Province Karnali and in their subsequent local municipalities? How has COVID-19impacted the education service delivery in local municipalities for migrant children, their families and communities?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Ministry of Social Development Municipality	• What are the impacts of COVID-19 on the social protection services delivery in Province 1, Province Karnali and in their subsequent local municipalities? How has COVID-19 impacted the education service delivery in local municipalities for migrant children, their families and communities?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor

Ministry of Social Development **Municipality**	• In your province, have any relief programmes been introduced targeting (returnee) migrants, their families and communities at local level?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Pillar 3: Economic response & recovery: protecting jobs, small and medium sized enterprises, and the informal workers		
Ministry of Economic Affairs and Planning **Municipality**	• In your province, to what extent do (returnee) migrants, their families and communities' have access to employment services and opportunities to upskill and re-skill in order to increase access to decent work?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali) Mayor
Ministry of Economic Affairs and Planning **Municipality**	• In your province, to what extent have (returnee) migrant workers been employed to mitigate labour shortages? To what extent is TVET available to (returnee) migrants? Are there skills-matching programmes in place available to (returnee) migrants?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali) Mayor
Ministry of Economic Affairs and Planning **Municipality**	• In your province, to what extent do (returnee) migrant women, their families and communities have access to seed funding (e.g. subsidized credit and soft loans) to establish self-employed businesses combined with skills training?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali) Mayor
Municipality	• At the local level, have labour policies and programs been impacted by COVID-19? If so, how, and what has been the impact on (returnee) migrants, their families and communities'?	Mayor
Municipality	• What has been the role of municipalities in the reintegration of returning migrants and their families into local communities? What has been the role of municipalities in securing employment opportunities for returnee migrants and their families? Are there coordination mechanisms at the provincial/local and national levels to facilitate these processes?	Mayor
Pillar 4: Macroeconomic response and multilateral collaboration		
Ministry of Economic Affairs and Planning; **Municipality**	• Have COVID-19 socio-economic impact assessments been conducted at the local level? To what extent have (returnee) migrants in vulnerable situations been included in these socio-economic impact assessments?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali) Mayor

Ministry of Economic Affairs and Planning;	• In your province, are there any coordination mechanisms at the local level to facilitate the COVID-19 socio-economic response and recovery? Are (returnee) migrants, their families, and communities sufficiently reflected in these coordination mechanisms?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali)
Municipality		Mayor
Pillar 5: Social cohesion and community resilience		
Ministry of Social Development **Municipality**	• In your province, do (returnee) migrants, their families and communities have access to social cohesion programmes/ services which address domestic violence, racism, xenophobia, stigma, and other forms of discrimination? Are (returnee) migrant women and children equally able to access these programmes and services?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Ministry of Social Development **Municipality**	• What role do sub-national governments play in the integration of (returnee) migrants and their families into communities?	9/10th Level Officer, Hospital Development and Medical Services Division (Province 1) 9/10th Level Officer, Health Services Division (Karnali) Mayor
Municipality	• In local municipalities, do local mechanisms exist which include (returnee) migrants, their families and communities in social dialogue forums?	Mayor
Municipality	• In local municipalities, do local mechanisms exist which include (returnee) migrants, their families and communities in social dialogue forums?	Mayor
Municipality	• To what extent are there community-based organisations which specifically target social cohesion services to the needs of migrants, their families, and their communities?	Mayor
Municipality	• At the local level, are migrants included in responsive, participatory, and representative decision-making in the context of COVID-19?	Mayor
Cross-cutting for all stakeholders		
Ministry of Economic Affairs and Planning; **Municipality**	• How are sub-national government's implementers, beneficiaries, or key enablers to COVID-19 response and recovery programmes?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali) Mayor
Ministry of Economic Affairs and Planning; **Municipality**	• What is local government stakeholders' understanding of, and policies towards, migration, and how does this affect the extent to which programmes can benefit (returnee) migrants of all genders and ages, their families and communities?	Under Secretary, Budget, Planning and Program Division (Province 1) Under Secretary (Karnali) Mayor

3. Civil Society

Institutions	Guiding Questions	Likely Respondents
Pillar 1: Health: protecting health services and systems during the crisis		
I/NGOs	• To what extent is civil society supporting (return) migrants, their families and communities to access health and other basic services to mitigate the socio-economic impacts of COVID-19?	Related I/NGOs working at the local level.
I/NGOs	• Are migrant and diaspora associations – representing all genders and ages – engaged as a means of ensuring that (return) migrants, their families and communities are included as beneficiaries and/or implementers, especially for health communications (in the latter case)?	Related I/NGOs working at the local level.
Pillar 2: Protecting people: Social protection and basic services		
I/NGOs and CBOs	• Are NGOs, faith-based organizations, and religious and traditional leaders, particularly in low-income countries, playing a critical role in providing services to (return) migrants in vulnerable situations, their families and communities?	Related I/NGOs and CBOs working at the local level.
Pillar 3: Economic response & recovery: protecting jobs, small and medium sized enterprises, and the informal workers		
Training Institutions	• In what capacity are training institutions addressing skills and employment needs of (returnee) migrants, their families, communities and migrant women?	Province/District level training institutions
Training Institutions	• Are training institutions reflecting job market needs when developing and imparting skill development training programmes to (returnee) migrants, their families and communities?	Province/District level training institutions
Training Institutions	• How effective have training institutions been in creating job opportunities for (returnee) migrants, their families and communities?	Province/District level training institutions
Pillar 5: Social cohesion and community resilience		
I/NGOs and CBOs	• How has civil society supported the socio-economic response and recovery? What specific services have the NGOs been providing to (returnee) migrants, their families and communities?	Related I/NGOs and CBOs working at the local level.
I/NGOs and CBOs	• How is civil society tackling COVID-19 related socio-economic inequalities in the context of (return) migration?	Related I/NGOs and CBOs working at the local level.
Academic/ research institutions	• How are academic and other research institutions mobilized to provide data and evidence on (returnee) migrants and migration?	Purbanchal University, Mid-western University, College etc,
Academic/ research institutions, NGOs and Media	• What ways are civil society organizations being engaged to support migration-related research and advocacy?	University, College etc, local level related NGOs and local media (radio and print media)
Media	• What role have media stakeholders played in influencing public perceptions on migration and returnee migrants?	Local media (radio and print media)

Academic/ research institutions, NGOs and Media	• To what extent has COVID-19 impacted the achievement of SDG 10.7 and other migration-related targets?	Academic institutions (University, College etc), local level related NGOs and local media (radio and print media)

4. Private Sector

Institutions	Guiding Questions	Likely Respondents
Pillar 3: Economic response & recovery: protecting jobs, small and medium sized enterprises, and the informal workers		
Industry and commerce associations	• What efforts are being made with employers to promote (return) migrant integration and migrant contributions to economic development, as well as resolving challenges related to (return) migrants and their families' rights, such as working conditions for labour migrants?	District FNCCI
Industry and commerce associations	• What efforts are being made to address employment obstacles for returnee migrants (such as providing employment opportunities and safe working conditions, etc.)?	District FNCCI
Industry and commerce associations	• As many Indian labourers have left, do you believe the private sector can accommodate returnee migrants into the local job market? What efforts are being made by the employers and other stakeholders to support returnee migrants' reintegration?	District FNCCI
Industry and commerce associations	• Do the skills of (return) migrants fulfill the specific needs of employers?	District FNCCI
Industry and commerce associations	• How are (return) migrants, their families and communities working in, and contributing to the private sector development and how are these benefits being utilized?	District FNCCI
Pillar 4: Macroeconomic response and multilateral collaboration		
Industry and commerce associations	• What is the impact of remittances on the private sector and labor market?	National FNCCI
	• What is the long-term impact of COVID-19 on the private sector development and overall on the local and national level economic growth?	National FNCCI

5. International Development Partners

Institutions	Guiding Questions	Likely Respondents
Cross-cutting for all sectors		
Development Partners	• Are international organizations, particularly the EU Delegation to Nepal, IOM and other UN organizations active on migration, being engaged as technical partners or implementing agencies?	EU Delegation, IoM, ILO
	• How can international organizations be mobilized as sources of data and expertise with respect to the linkages between migration and their area of expertise in the country specific context?	IoM and ILO
	• What type of role are regional organizations such as South Asian Association for Regional Cooperation (SAARC) playing in migration governance and regional freedom of movement?	SAARC Secretariat
	• Do development cooperation agencies have past, ongoing, or upcoming interventions of relevance on migration and development?	UNDP, USAID, UK Aid, JICA, GIZ, KOIKA, SDC, SNV etc
	• How are the above agencies sharing migration related data, experiences, and other resources of use?	UNDP, USAID, UK Aid, JICA, GIZ, KOIKA, SDC, SNV etc

Annex-VI: List of key stakeholders consulted*

Sector	Organization	Respondent Name
INGO/NGO	Nepal Medical Association, Biratnagar	Abishek Bhattarai
INGO/NGO	Leo Club Biratnagar	
INGO/NGO	Rotract Club Biratnagar	
INGO/NGO	Sundar Nepal Sanstha	
International Development Partners	Red Cross Sociaty Nepal	Shivaram Gautam
International Development Partners	ILO	Ms. Sandhya Sitaula
Private Sector	FNCCI Biratnagar	Shyam bhandari
Private Sector	FNCCI Surkhet	Mr. Dhan Bahadur Rawat
Federal	Foreign Employment Board	Dambar Bahudur Sunuwar
Federal	National Planning Commission	Laxmi Ghimire
Federal	Ministry of Finance	Mr. Rameshwor Dangal
Federal	Ministry of General Administration	Mr. Dila Ram Panthi
Federal	Foreign Affairs	Mr. Harishchandra Ghimire
Provincial	Simta Municipality	Mr. Upendra Bahadur Thapa
Provincial	Panchapuri Municipality	Mr. Kakindra Buwar KC
Provincial	Mechinagar Municipality	Mr. Ashok Bhetwal
Provincial	Biratnagar Municipality	Mr. Bhim Parajuli
International Development Partners	World Bank	Mr. Jasmine Rajbhandari
		Mr. Soyesh Lakhey
International Development Partners	Safer Migration Project SaMi Helvetas	Ms. Sita Ghimire
Federal	Ministry of Education, Science and Technology	Mr. Boud Raj Niraula

*Blank in respondent name denotes that the respondent did not want to be named.