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## **Gender Equality and Social Inclusion Analysis of the Social Protection System in Nepal**

### **Final Report**

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Rebecca Holmes, Suravi Bhandary and Chhaya Jha

## Preface / Acknowledgements

This paper responds to the Terms of Reference (ToR) issued by the UK-Department for International Development (DFID). The objective of this paper is to provide technical support for UK - Department for International Development (DFID) Nepal to inform the development of DFID Nepal's programme - Resilience and Inclusion for Nepal (RI4N). Specifically, the study provides a gender equality and social inclusion analysis of Nepal's existing social protection programmes and systems, with a focus on the Social Security Allowance Programme (and specifically, the child grant and the disability allowance), and provides recommendations for programme approaches and design to promote gender responsive and inclusive social protection.

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The Team Leader is Rebecca Holmes. The remaining team members are Suravi Bhandary and Chhaya Jha.

The contact point for the client is Audrey Jessiman, [Audrey.Jessiman@opml.co.uk](mailto:Audrey.Jessiman@opml.co.uk). The client reference number for the project is A3934.

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HEART

Clarendon House  
52 Cornmarket St  
Oxford OX1 3HJ  
United Kingdom

Tel +44 (0) 1865 207333  
Email [heartforpeaks@opml.co.uk](mailto:heartforpeaks@opml.co.uk)

## Executive summary

This report provides a gender equality and social inclusion (GESI) analysis of Nepal's Social Security Allowance (SSA) schemes (old age allowance, single women's allowance, disability allowance, endangered ethnicity allowance and the child grant). The study was commissioned by DFID-Nepal to inform the development of their business case, Resilience and Inclusion for Nepal (RI4N). This aims to transform Nepal's social protection system to be more effective, equitable, affordable, and resilient.

The study examines how inclusive and equitable the existing social protection system is from a gender equality and social inclusion lens. It draws on a review of existing literature, key informant interviews at the central level, and interviews with stakeholders and beneficiaries in Surkhet and Bardibas. The study has not used a rigorous or extensive research methodology; however, the findings are indicative and provide a basis for informing future policy and programme design. The report provides recommendations on how changes in social protection policy, design, implementation and systems can more effectively tackle social and economic exclusion and contribute to DFID's objectives of leaving no-one behind and Disability Inclusion Strategy; and support the Government of Nepal's (GON) objectives to deliver on its constitutional rights on social protection, and build a stronger and more equitable social protection system in the context of recent federalism.

## Summary of key findings

### Programme design and implementation

**Existing Social Security Allowance (SSA) schemes in Nepal have not been explicitly designed to meet the needs of women and girls, who often face multiple and intersecting risks, inequalities and discrimination.** In fact, the SSA programmes in general have not set out specific objectives (with the exception of the child grant which aims to improve children's nutrition) and this has hindered discussions on how the programmes might achieve better outcomes, especially for women and girls, beyond simply targeting "vulnerable" social groups.

**Despite this limitation, the SSA programmes do play an important role in supporting the vulnerable and excluded population to meet their basic and immediate needs, and there are indications that programme outcomes can have positive spill-over effects on women and girls.** For example, indirect benefits of receiving the transfers may include increases in women's mobility, exposure to public and private institutions, and improvements in financial inclusion and literacy. These effects can be particularly beneficial for women with disability and / or women from marginalised ethnic groups who face intersecting vulnerabilities and discrimination more acutely, which limits their mobility and access to services.

**It is also clear that women and girls require considerable support in accessing and benefiting from the schemes.** Whilst the move from manual payments to a national banking system for delivering the SSA payments can be beneficial for increasing women's financial inclusion, women's low levels of literacy and limited exposure to some public and private services means that they need to be taught how to use the banking system. This is especially the case for women with disability, and women from marginalised castes with lower levels of literacy and experience with financial institutions. This requires an investment in providing support, which is currently being carried out mainly by local civil society organizations (CSOs) (or in some cases, the banks). Moreover, there are indications that the move to the banking system has been problematic

for certain groups of people for other reasons. For example, people with disability and / or their carers, the elderly, and mothers with young children face challenges in getting to the bank. For some, this is because of physical mobility limitations, and for others (especially carers of people with disability and mothers) because of the constraint this puts on their time in addition to their domestic care and work responsibilities. In addition, SSA regulations around removing beneficiaries from the eligibility list in cases where bank accounts have been inactive for a year has been problematic for some mothers or people with disability who are unable to access their respective accounts regularly. These types of challenges need to be considered in the national roll out of the banking system for the effective delivery of SSA payments.

## **Exclusion rates and gender differences in coverage**

Low coverage rates of the SSA schemes are an ongoing concern of the Government and development partners supporting the SSA, and there has been considerable focus on improving awareness and enrolment to increase enrolment rates. Whilst exact figures on rates of exclusion are difficult to calculate, and there are often differences in data presented, our descriptive analysis of administrative programme data indicates that there are some differences in coverage between males and females.

**The most notable gender difference is in the number of male and female beneficiaries in the disability allowance.** The disability allowance shows a 20 percent difference between the number of male and female beneficiaries; followed by a small gender difference in the child grant (52 percent boys, 48 percent girls).

We need to be careful in interpreting this data because this is only a descriptive analysis of the number of beneficiaries, and factors such as reliability of data and population distribution are not controlled for. However, our interviews highlighted three key reasons women and girls may face higher levels of exclusion from the schemes. First, women face particular barriers in terms of their awareness of the schemes – this is more acute for women particularly from marginalised communities (because of structural discrimination whereby Dalits and other marginalised ethnic groups do not have access to the necessary information, may not speak Nepali, may not be allowed access to public spaces, or live in more remote areas) and women with disability (especially facing physical mobility constraints but also socio-cultural norms and stigma which restrict their mobility and access to services). Second, women and girls have lower birth registration rates and face challenges in obtaining correct citizenship or marriage documentation. The reasons for this include social norms which restrict women and girls' inheritance rights, early marriage and inter-caste marriages. And third, women and girls face more acute mobility constraints to enrol in the schemes.

## **Social protection system and monitoring, evaluation, and learning (MEL)**

The systems underpinning the SSA programme have been continually strengthened and invested in over the last few years. As such, there is a functioning management information system (MIS) which is being rolled-out nationally across most of the Local Governments (LGs).

**From a GESI perspective, however, there are significant gaps in the current system (MIS) and MEL approach.**

In terms of the MIS data, for example, data is collected on beneficiaries on their sex, age, and ethnicity. However, this information is not made publicly available, and is therefore not being analysed to inform and improve programme design and implementation from a GESI perspective.

In terms of monitoring, evaluation and learning, there is currently no systematic framework in place, including regular collection of data for relevant and important indicators on the programme beyond the number of beneficiaries. This is a key gap in terms of informing programme design and implementation, and understanding the challenges and bottlenecks faced by beneficiaries and the eligible population. There are significant opportunities to build a better knowledge base on gender and inclusion issues in social protection, both through programme monitoring, and through external evaluations.

## **Institutional and policy environment**

The SSA schemes have seen recent changes at both the national and the local levels in terms of policy and institutions, partly as a result of the recent transition to a federal system of governance.

**The SSA schemes in Nepal have evolved over the past three decades, seeing increased coverage rates and increased value of transfers. However, they have also evolved in the absence of a full strategy, with policy changes often times announced in budget speeches in an ad-hoc manner.** Nepal's social protection sector consists of numerous programmes that are fragmented across several ministries and departments within these ministries. In the last two years alone, two additional social protection programmes – an employment assistance programme and a social security programme – were announced.

In order to rein-in the issue of fragmentation and to strengthen weaknesses and gaps in policy formulation processes, planning, delivery, and MEL, the government has formulated a national steering committee on social protection, chaired by the Member-Secretary of the National Planning Commission. The aim is that this will then lead to a National Framework for Social Protection (NFSP) which will help to expand coverage and improve the impacts of social protection and move towards a more consolidated and coherent set of social protection policies (NPC, 2017a). It is still to be seen how the NFSP will evolve, however, as the development of such a framework has been under discussion over the last ten years.

**Currently, there is not a strong policy dialogue on GESI issues in social protection beyond targeting vulnerable groups and there is weak capacity and coordination in terms of integrating GESI considerations into social protection policy and programming.** At the national level, for example, the Ministry of Women, Children and Senior Citizens (MoWCSC) has a mandate to support the empowerment of women and socially disadvantaged groups by ensuring that GESI issues are mainstreamed in government institutions and programmes (through, for example, the GESI strategies and gender focal points). However, MoWCSC has not had a strong voice or visible presence in national policy discussions on social protection, nor is there a gender strategy for the Ministry of Home Affairs, responsible for SSA. As such, there is a gap in institutionalising GESI issues into the SSAs, and there is very limited coordination between the MoWCSC and other ministries involved in social protection (e.g. MOHA and NPC) as well as limited capacity in the Ministry to drive this agenda forward. There are, however, opportunities to strengthen MoWCSC capacity and visibility in these policy discussions, as it is part of the national steering committee on the NFSP.

**At the local level, there are also important changes happening in the context of federalism which have implications for the potential integration of GESI into SSA design and implementation.** For example, there is concern that despite decades of learning on GESI at the local level and in local programmes, this is not being adequately incorporated in to the new local government system. At the local level, mayors have significant influence over budgets and programming and therefore decision-making on whether programmes which focus on the

empowerment of women and girls are taken forward and invested in. Currently, there is little knowledge about who and where potential champions for gender equality and empowerment are, although some emerging programmes in different provinces focusing on girls' education and challenging early marriage show significant promise.

## Policy and programming recommendations

This GESI analysis has shown that there are currently gaps and challenges in terms of how inclusive and equitable the SSA schemes and systems are in Nepal. However, there are also several opportunities to strengthen attention to GESI in social protection, and to use the SSAs as a policy tool for improving outcomes for women and girls in a more equitable and inclusive way. Addressing these gaps and challenges would support the goals of DFID, and the GON and its other development partners, to tackle social and economic exclusion, to deliver the Government's constitutional rights on social protection, and build a stronger and more equitable social protection system. In this report, we focus on four key areas to prioritise:

### 1. Support the GON to develop and implement robust policies for a more inclusive and equitable social protection system

At the national level:

- Ensure GESI issues are systematically considered and incorporated into national discussions on social protection, including into the process for defining SSA objectives. There is an important window of opportunity here to ensure that GESI considerations are integrated into SSA objectives.
- DFID and development partners to provide technical support and capacity on GESI and social protection. This entails a two-pronged approach:
  - Target engagement, evidence, and build technical capacity skills around the importance of integrating GESI objectives into social protection policy with key relevant and influential ministries involved in social protection policy making – including the Ministry of Finance, the NPC (in the development of the Social Protection Framework), DONIDCR and MOHA
  - Support the technical capacity and skills of the Ministry of Women and Children and Senior Citizens and the GESI focal points (especially in MOHA and other ministries involved in social protection) to engage and coordinate on social protection policy and programming discussions at the national level, to support the empowerment of vulnerable groups through social protection programming
- DFID and development partners to provide a coordinated message on integrating GESI objectives and considerations in social protection policy and programming. This could be driven by the Social Protection Task Team (SPTT). The SPTT also needs to increase the visibility of GESI in their social protection work and increase the collective capacity and skills of the Team to integrate GESI and social protection. This could be achieved, for example, in ensuring that GESI objectives are in the SPTT Terms of References, that one member takes the lead in ensuring GESI objectives are met, that organisations (including local organisations) are invited to present their work and discuss possible synergies between social protection and gender / inclusion issues.
- The GON to improve policy coherence among social protection programmes. For example, consider enabling beneficiaries to receive the disability grant alongside another categorical grant to help beneficiaries address the multiple and intersecting vulnerabilities that people with disability face.

At the local level:

- Local Governments (LGs) to draw on (and build) the existing knowledge on GESI at the local level pre-federalism, and bring this into the new institutional structure and discussions on programme design and implementation at the LG level. This can be done through knowledge sharing activities initiated by ward representatives at the ward level, Mayors/Chairperson at the local level, or the Ministry of Social Development at the provincial level. These activities could include creating opportunities for information sharing through workshops, meetings etc; providing skills training on GESI to those implementing SSA.
- DFID and development partners should understand the political economy of GESI and social protection to identify key areas where there is political traction for integrating GESI into social protection. This is important at the national and local levels, but in the context of federalism, understanding current initiatives and opportunities to advance GESI objectives in social protection at the local level is highly relevant. This could be done, for example, by building on existing information of LG initiatives on GESI, and include identifying potential GESI champions to work with (e.g. working with Mayors/Chairperson).
- DFID and development partners to support grassroots / civil society organisations representing women and girls (across the diversity of groups representing disability, ethnicity etc.) to raise awareness of women and girls' rights to social protection, and to support organisations with the necessary skills, resources and space to engage in national policy dialogues on social protection.

## **2. Increase coverage and improve access to social protection for women and girls,**

- Given the high levels of exclusion from the schemes, and particularly for women with disability, LGs need to work more closely in partnership with the expertise of CSOs to reach the poorest and most marginalized. They need to put more investment (time and resources) into:
  - Supporting women in getting correct documentation, as well as in the enrolment and registration process – especially where women have lower levels of literacy, speak a different language, and may have mobility challenges to enrol.
  - Making the enrolment and registration process simpler, especially for the disability allowance
  - Ensuring that awareness and communications activities are more systematic and proactive in their outreach. Activities and materials need to be more accessible to women, particularly those from ethnic minorities and women with disability – this entails developing tailored communications and outreach materials based on the locality and ability of women to access information;
- DFID and development partners who are supporting the roll out of the banking system need to raise awareness to the banks of the challenges associated with using banks, some of which are gender specific, and work with the banks to provide solutions. For example:
  - The elderly and people with disability often face physical mobility constraints to get to the banks. Carers – most often women – and especially carers of people with disability and mothers with young children –face constraints on their time which can be exacerbated by the travel time to the bank. Banks (and LGs) need to consider how to minimize these time constraints – e.g. through providing more options of mobile banking, or agent delivery.
  - Banks should be providing accessible infrastructure for people with disability, for example, providing ramps or rails, offering brail services, and voice-enabled ATMS.

- o The GON and the banks to look into options for revising the current regulations which remove eligible beneficiaries from the SSA list if they don't collect their benefits in a year (in case of manual payments) or if there is inactivity in their bank accounts for a year, and to ensure that beneficiaries are aware of these types of procedures.

### **3. Build an evidence base on GESI and social protection to inform social protection policy and programming**

- Whilst this study has highlighted some indicative trends around gender equality and inclusion issues, and effects of the SSAs on women and girls, there is a need to establish a rigorous evidence base to better understand how exclusion and gender inequality might limit the extent to which women and girls benefit from SSA and affect the impact of the SSA schemes. Ideally, a mixed methods research study would assess the outcomes of the existing schemes on women and girls (disaggregated by sex, ethnicity, disability), and understand the extent of, and the processes of, exclusion from the schemes, and issues of implementation on women and girls throughout the whole SSA programme cycle and systems. Specific consideration needs to be given to intra-household effects of the transfer and decision-making processes.
- Moreover, in the move towards building a resilient social protection system in the context of shocks, it is important that programme design is informed by evidence on the impacts of shocks on women and girls (UN HCT, 2018; UN Women et al., 2017).
- The GON collects relevant disaggregated data from the SSA application form (sex, age and ethnicity of beneficiaries), which should be captured in the programmes' MIS. However, this information has not been made publicly available. If it is made available in a usable format, this data can be analysed to further inform programme design and support better implementation from a GESI perspective.
- DFID and development partners can also support the GON in developing GESI specific indicators to be integrated into routine monitoring / MIS to better inform the programme about beneficiaries' experiences of the programme.

### **4. Identify opportunities for social protection to support and maximise progress in gender equality, women and girls' empowerment and social inclusion**

Cash transfers offer important benefits for women and girls, but they cannot work alone. Maximising the benefits of cash transfers for more transformative and inclusive outcomes for women and girls can be achieved through a variety of ways. For example, the GON supported by development partners should consider the following:

- Establishing referral mechanisms or providing information on relevant services for existing social protection beneficiaries. This could be particularly beneficial for women who tend to have less mobility, knowledge and access to services (including facing historical discrimination in accessing services).
- Providing relevant services and programmes in addition to the cash transfers. In the short-term at least, this could involve collaboration and coordination with existing institutions and organisations providing relevant services and programmes that SSA beneficiaries can benefit from. This could include establishing MoUs between Municipalities and NGOs/CBOs. For example, promoting a "cash plus" intervention to maximise the benefits of cash transfers, and to promote empowerment and inclusion more broadly at the community level. A more thorough evidence-based strategy (e.g. the research suggested above) would be needed to ensure that



the additional programmes and services meet the needs of women and girls and promote social inclusion. Such programmes could include:

- o Addressing wider discriminatory social norms and practices by providing awareness raising sessions to men and women on social issues, e.g. to reduce early marriage, reduce gender-based violence, positive messaging around gender equality, women's rights, caste, and disability;
- o Skills and knowledge training on economic and income generating activities, literacy, health and nutrition, and women's rights;
- o Providing economic opportunities – this is deemed particularly important and urgent for women, and for people with disability;
- o Creating opportunities for networking and collaboration between women, and women's groups, including to support women's collective action;
- o In the context of building a resilient social protection system (to shocks) consideration should also be given to relevant complementary services and programmes which support women and men's resilience-building activities and recovery initiatives – for example, promoting resilient livelihood activities, climate-smart agriculture interventions, knowledge and skills on preparing for disasters (including e.g. keeping documents safe, information on food and nutrition etc.), and protection interventions for at risk populations (particularly women and girls).

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## List of abbreviations

CBS	Central Bureau of Statistics
CODI	Core Diagnostic Instrument
CSSP	Child Sensitive Social Protection
DFID	Department for International Development
DONIDCR	Department of National Identity and Civil Registration
DHS	Demographic and Health Surveys
HEART	High-Quality Technical Assistance for Results
ICDP	International Child Development Programme
IDPG	International Development Partners Group
GBP	Great Britain Pound
GESI	Gender Equality and Social Inclusion
GON	Government of Nepal
KII	Key Informant Interview
LG	Local Government
LLMSC	Local Level Monitoring and Supervision Committee
MDGs	Millennium Development Goals
MEL	Monitoring, Evaluation, and Learning
MIS	Management Information System
MOFAGA	Ministry of Federal Affairs and General Administration
MOHA	Ministry of Home Affairs
MOSD	Ministry of Social Development
NDHS	Nepal Demographic Health Survey
NFSP	National Framework for Social Protection
NLSS	Nepal Living Standard Survey
NPC	National Planning Commission

NPR	Nepali Rupees
OBC	Other Backward Castes
OPM	Oxford Policy Management
PWD	Persons with Disability
SP	Social Protection
SPTT	Social Protection Task Team
SRH	Social Reproductive Health
SSA	Social Security Allowance
SSE	Social Security Entitlement
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene

# 1 Introduction

## 1.1 Background to the study

Social protection is an important policy tool to reduce poverty, inequality and vulnerability over the course of people's life time. Moreover, it is increasingly recognised that in order to achieve these goals, social protection systems must be equitable, effective, and inclusive. This means that social protection policies and programming must take into consideration – and explicitly address – gender inequalities and intersecting risks and vulnerability caused by, for example, disability, age, geographic location, or discrimination.

A gender-responsive and inclusive social protection system can have significant positive impacts on gender equality, and women's and girls' empowerment and opportunities, as well as strengthening state-citizen relations and promoting an inclusive and equitable society (Kabeer, 2010; Holmes and Jones, 2013; Cookson, 2018). For such gains to be realised, the way in which social protection programmes and systems are designed and implemented are crucial. For instance, social protection programmes which have explicit objectives to address gender inequality and support women and girls' empowerment – and which are matched by investment in implementation - have positive effects. –Examples include directly targeting cash transfers to women to increase their bargaining power and control over resources, providing alternative or flexible jobs and working hours for women to participate in public works programmes and carry out their other domestic and work responsibilities, promoting women's identification documentation, and equipping women with skills and community leadership opportunities (Holmes and Jones, 2013; Holmes et al., 2019). Conversely, social protection systems that do not consider gender inequalities risk exacerbating the multiple and intersecting forms of discrimination women and girls face (SPIAC-B, 2019), for example, gender-based violence, pulling girls out of school or increasing women's time poverty to meet programme requirements (Bastagli et al., 2016; Holmes and Jones, 2013).

## 1.2 Objectives of the study

The objective of this study is to provide a gender equality and social inclusion (GESI) analysis of Nepal's Social Security Allowance (SSA) schemes (old age allowance, single women's allowance, disability allowance, endangered ethnicity allowance and the child grant) to inform the development of DFID-Nepal's business plan, Resilience and Inclusion for Nepal (RI4N). It provides recommendations to DFID, as well as the Government of Nepal (GON) and its other development partners, on how social protection policy, design, implementation and systems can more effectively tackle social and economic exclusion, and how a stronger and more equitable social protection system can be built in the context of recent federalism.

## 1.3 Overview of the Social Security Allowances

The Social Security Allowance (SSA) programme began in 1994 with the introduction of the old age allowance for those 75 years and over for NPR 100/month (GBP 0.72 in today's value)<sup>1</sup>. Currently, the SSA is the largest cash transfer programme covering approximately 10 per cent of the population. The programme is managed by the Department of National ID and Civil Registration (DONIDCR) under the Ministry of Home Affairs (MOHA). Prior to November 2018, the

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<sup>1</sup>Exchange rate 1 GBP = NPR 138.80 in September 28, 2019 value.

programme was managed by the Ministry of Federal Affairs and General Administration (MOFAGA). The SSA includes five schemes:

1. Old Age Allowance: Allowance for all Dalits and Karnali residents aged 60 and over; and, all others aged 70 and over (NPR 2000/month or GBP 14.41 and an additional NPR 1000/month or GBP 7.20 as medical allowance for those 70 years and over);
2. Single Women Allowance: Allowance for unmarried and divorced women 60 years or older; and, widows of all age (NPR 2000/month or GBP 14.41);
3. Disability Allowance:
  - a. Full Disability Allowance: Allowance for those who cannot go about daily life even with help from others that have been classified under category 'A' and issued a 'Red' card (NPR 3000/month or GBP 21.61);
  - b. Partial Disability Allowance: Allowance for those who can go about daily life with help from others that have been classified under category 'B' and issued a 'Blue' card (NPR 1600/month or GBP 11.53);
4. Endangered Ethnicity Allowance: Allowance for individuals who belong to one of the 10 ethnicities considered endangered (NPR 3000/month or GBP 21.61 per person). The 10 endangered ethnicities include Kusunda, Bankariya, Raute, Surel, Hayu, Raji, Kisan, Lopcha, Meche, and Kushwadiya (Patharkatta, Silkat, Kushbadhiya, and Kuchbadhiya);
5. Child Grant (nutrition grant): Allowance for Dalit children under 5 across the whole country and for all children under 5 in 14 districts (Humla, Jumla, Mugu, Kalikot, Dolpa, Accham, Bajhang, Rautahat, Mahottari, Sarlahi, Siraha, Doti, Jajarkot, and Bajura (NPR 400 per child/month or GBP 2.88).<sup>2</sup>

The Government's commitment to the SSA programme has been slowly expanding over the years. The Government of Nepal fully finances the SSA system from the overall budget, increasing from NPR 8.9 billion (GBP 64 million) in 2010-11 to NPR 16.4 billion (GBP 118 million) in Fiscal Year (FY) 2015-16. Between FY 2015-16 and FY 2016-17, the SSA budget doubled and increased to NPR 32 billion (GBP 230 million). As of FY 2019-20, the SSA programme has been allocated a budget of NPR 64.5 billion (GBP 464 million) (Ministry of Finance, 2019).

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<sup>2</sup> Department of National ID and Civil Registration Website, Ministry of Home Affairs, The Government of Nepal. Available at: <https://docr.gov.np/Home/SocialSecurity>

## 2 Analytical framework and methodological approach

### 2.1 Analytical framework

In conducting this GESI analysis of social protection in Nepal, we adapt UNICEF Innocenti's (2020 forthcoming) analytical framework, also drawing on IDPG (2017), Holmes and Jones (2013) and the ISPA tool, CODI (Core Diagnostic Instrument). The analytical framework has been developed around the following six broad categories - each category is measured against a series of key indicators and associated sub-indicators presented in Annex 1:

- Gender and inclusion in the policy, legal framework, and institutions
- GESI considerations in financing
- Gendered risks and structural inequalities
- GESI integration in design and implementation
- GESI integration in governance; monitoring, evaluation and learning (MEL)
- Outcomes/impacts

Where data is available, we analyse each of these areas for the SSA schemes, particularly focusing in on the child grant and disability allowance.

We follow the Ministry of Health and Population of GoN's definition of GESI in the analysis, where GESI is *"a concept that addresses unequal power relations experienced by people on the grounds of gender, wealth, ability, location, caste/ethnicity, language and agency or a combination of these dimensions. It focuses on the need for action to re-balance these power relations, reduce disparities and ensure equal rights, opportunities and respect for all individuals regardless of their social identity"* (IDPG, 2017: 7).

### 2.2 Methodological approach

The methodology used for this study comprised of three main components. The first was a desk review of existing published and unpublished literature on GESI and social protection in Nepal and relevant international literature. The second was key informant interviews with relevant stakeholders in Kathmandu, and the third was interviews and consultations with local level stakeholders and beneficiaries of the child grant and disability allowance. It is important to note that the findings discussed in this study from the fieldwork offer indicative findings – a comprehensive and rigorous qualitative research approach was not carried out for this study.

#### 2.2.1 Desk based review

The **literature review** of relevant published and programme documents was undertaken on:

- Policies and legal frameworks related to social protection policies, GESI, and selected social protection programmes;
- Barriers faced by women and girls in Nepal, including accessing and benefiting from social protection programmes in Nepal;
- Effects of social protection on women's and girls' empowerment and outcomes;
- Coverage studies on the SSA programme in Nepal;



- Administrative data on coverage of the SSA programme;
- Business process flows and mapping on the implementation of the SSA.

### 2.2.2 National and local level interviews

The study team conducted **national-level** Key Informant Interviews (KII) with stakeholders from Government institutions, donor agencies, and national/international organizations working with Dalit groups as well as those organizations working in the areas of disability, child grant, and social protection. These included:

- The National Planning Commission (NPC), Department of National ID and Civil Registration (DONIDCR) under Ministry of Home Affairs (MOHA); and, Department of Women and Children under Ministry of Women, Children, and Senior Citizen (MOWCSC);
- UN Women, UN Children’s Fund (UNICEF), and the World Bank; and,
- Save the Children, Feminist Dalit Organization (FEDO), National Disabled Women’s Association (NDWA), and, National Federation of the Disabled – Nepal (NFDN).

**Community level consultations** were carried out in Surkhet (covering the hill region) and Bardibas/Mahottari (covering the plains/Terai region of Nepal). Consultations were held with:

- Government representatives (e.g. Secretary, Ministry of Social Development, Karnali Province; Head of Social Development Section; Women Development Officers; Social Development Section Officers; Mayor and Deputy Mayor, Birendranagar Municipality; Ward Members, Mahottari);
- Civil society organizations (Chair, Codet (NGO for Dalit Rights); Chair, Feminist Dalit Organisation, Surkhet Chapter; Secretary, National Federation of Disabled in Nepal, Surkhet Office; Save the Children local implementing partners; social mobilisers);
- Beneficiaries and their families (mothers of Dalit children receiving child grants; and beneficiaries of disability allowance and their families).

### 3 Overview of gender equality and social inclusion issues in Nepal

Nepal is a diverse country, both topographically and demographically. The country comprises the mountainous Himalayan region, the middle hills, and the Terai in the southern region (grass lands, savannahs and forest). The population of Nepal is also diverse. Dalits live all over the country as do Brahman/Chhetris. Certain ethnic minorities are dominant in certain areas, for example Adibasi Janajati groups in mountain areas and Tharus in western Terai; Madhesi OBCs are in eastern Terai, Muslims in the Terai.

Nepal has seen improvements in reducing poverty, and improving indicators relating to gender inequality and exclusion over recent years. However, there is recognition that much still needs to be done. Gender, geography, ethnicity, and caste membership are key factors determining the likelihood of being poor. As the National Planning Commission (NPC) (2015) states:

*“Nepal is marred by gender, social and geographical exclusion and inequality...and so needs to better target the delivery of development to the hardest to reach segments of society, those who have been excluded from development and those who have been overlooked” (NPC, 2015 : 5 cited in IDPG, 2017).*

In this section, we provide a brief overview of key population and demographic trends before moving on to summarise indicators highlighting the multidimensional nature of poverty and vulnerability across the life course, and show how intersecting inequalities and exclusion affect poverty, vulnerability and human development outcomes for women and girls in Nepal.

#### 3.1 Population and demographic trends

An overview of the distribution of the population in 2016/7 shows that the sex ratio of the country as a whole is 94 – showing that there are more women than men across the total population (48.4 percent males and 51.6 percent females) (NPC, 2017).

However, there are some important patterns when looking at the proportion of males and females by age (see Figure 1 and Table 1 below), which have implications for discussions on the coverage of the SSA schemes discussed in Section 4 below.

- For year groups 0-19 there are more males than females. The highest difference can be seen in the youngest year group 0-4 (4.7 percent of the population are boys, compared to 4.1 percent girls) (Annual Household survey 2016/7 - NPC, 2017). Explanations for this difference include rates of female infanticide (Frost et al., 2013) and higher rates of under 5 mortality among girls (DHS, 2016).
- For age groups 20 – 49, there are more women than men in the population – this is largely due to labour migration of men (NPC, 2017; DHS, 2016);
- For age group 60 years and over, the Annual Household Survey 2016/7 shows an equal proportion of women and men (NPC, 2017). However, the distribution is slightly more unequal when disaggregating by urban and rural areas (with the sex ratio at 102 in rural areas for this age group, meaning there are more men than women) (NPC, 2017).

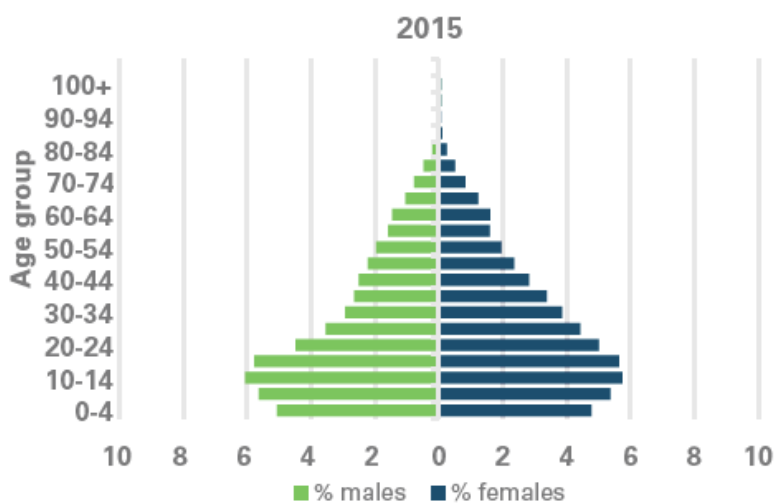
Important demographic trends have also been playing out in Nepal over the last three decades. Nepal has seen a striking decline in total fertility rate, as well as declines in crude death rates and

population growth (including births, deaths and net migrants), and significant improvements in life expectancy (NPC and UNICEF, 2017: 4).

Looking forward, these rapid demographic changes will also change the population structure of Nepal in the future – predictions show that by 2050 Nepal will have transitioned to an ageing population with large proportions in older age groups – particularly years between 45-54 – with slightly higher proportion of women than men in the older age groups (NPC and UNICEF, 2017: 6).

Ensuring that there is a demographic dividend from this transition requires investments in policies which enable a healthy and educated population – for both women and girls, and men and boys. Education, health and social protection policies are therefore needed which improve maternal and child health and nutrition to reduce child mortality, expand education and prevent early school dropout of girls and which delay marriage, and work opportunities for young people, especially women (NPC and UNICEF, 2017).

**Figure 1: Population distribution by sex and age, 2015**



Source: NPC and UNICEF 2017: 6

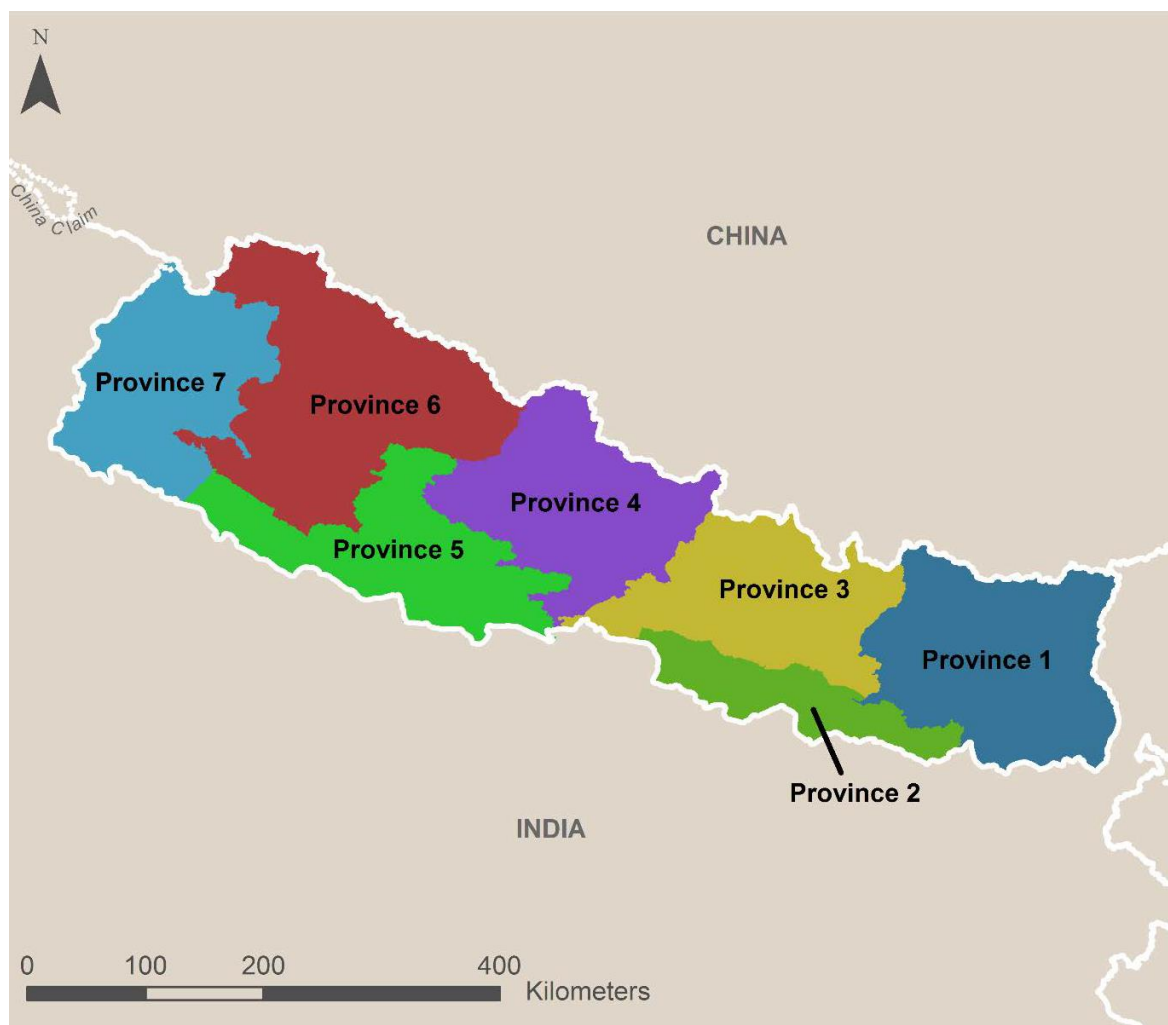
**Table 1: Sex ratio by age and urban-rural in 2016/7**

Age group	Urban	Rural	Total
00-04 years	118	112	115
05-09 years	119	113	115
10-14 years	101	112	107
15-19 years	95	100	98
20-24 years	71	74	73
25-29 years	75	72	73
30-34 years	90	68	77
35-39 years	67	86	77
40-44 years	90	76	82
45-49 years	96	92	94
50-54 years	104	106	105
55-59 years	123	104	111
60 years & over	100	102	101
<b>Nepal</b>	<b>93</b>	<b>94</b>	<b>94</b>

Source: NPC, 2017

### 3.2 Multidimensional poverty and intersecting inequalities across the life course

Poverty levels in Nepal have been declining, but disparities by social identity and location remain (IDPG, 2017). Whilst the proportion of people living below the poverty line in Nepal decreased from 31 percent in 2003-04 to 25 percent in 2010-11 (NLSS, 2011 in IDPG, 2017), the 2010–11 survey found a higher proportion of poverty among Dalits than non-Dalits (42 percent compared to non-Dalits at 23 percent) (IDPG, 2017). The 2018 multi-dimensional poverty index identified that 28.6 percent of Nepal’s population is poor – seven percent of the urban population compared to 33 percent of the rural population (NPC and OPHI, 2018). Provinces 2 and 6 have the highest rate of multidimensional poverty – with every second person being poor (50 percent) – followed by Provinces 5 and 7 (approximately 30 percent).

**Figure 2: Map of Nepal**

Source: DHS, 2016

### *Multi-dimensional poverty and intersecting inequalities amongst children and youth*

Key concerns around children's wellbeing are highlighted by the prevalence of stunting (approximately 36 percent), malnutrition (11 percent) and wasting (10 percent) among children under 5 years of age (DHS, 2016). However, whilst there are no significant gender differences reported in these indicators, they do vary by other factors, including caste and location. For example, disadvantaged ethnic groups (such as Kumal, Sunuwar, Majhi, Chepang) have the highest stunting and severe stunting rate, along with the Dalits and Other Backward Class. Only four percent of hill Brahmin children and six percent of Newar children are severely stunted.

Wasting rates are higher for children in the Tarai across all caste and ethnic groups compared with children in the hills. Thirty-two percent of Madhesi Dalit children are wasted and about 6 percent are severely wasted. Among Tarai caste children, 23 percent are wasted, and 6 percent are severely wasted. Among indigenous peoples, the wasting rate is the highest in Tharu children (25 percent). This means that one in every four Tharu children is wasted.

There are, however, some differences in the under 5 mortality rate<sup>3</sup>, with higher rates among females (41) than males (36) (DHS, 2016); whereas the neonatal mortality rate<sup>3</sup> shows the opposite trend with higher rates among males (24) than females (17) (DHS, 2016).

The gender gap in school enrolment has narrowed over the years. However, poor quality education and high levels of school dropouts amongst girls – especially due to the prevalence of early marriage - remain key challenges in Nepal (NPC and UNICEF, 2017). Children with disability face particular challenges with regards to schooling – they are less likely to be enrolled in the formal education system and drop-out earlier (Eide et al., 2016). For girls with disability, these challenges are more acute. Girls with disability have significantly lower school attendance than boys with disability (Ibid.).

High adolescent birth rates and early marriage amongst girls have negative consequences for teenage mothers and their children, as well as reducing girls' education and employment opportunities (WHO, 2017). Almost a quarter of women in Nepal give birth before the age of 18, and nearly half before they are 20 years old (NDHS, 2011 cited in WHO, 2017). Almost 40 percent of girls are married before the age of 18 (DHS, 2016), the third highest rate in Asia after Bangladesh and India (HRW, 2016). Girl trafficking and social abuses are also prevalent (NPC, 2015).

There are also gender discrepancies in birth registration rates, with the proportion of boys under 5 years of age whose births have been registered with a civil authority slightly higher than that of girls (57 percent compared to 55 percent nationally) (DHS, 2016).

#### *Multi-dimensional poverty and intersecting inequalities amongst economically active women*

Maternal mortality ratios have seen improvements in the past years, decreasing from 539 maternal deaths per 100,000 live births to 239 maternal deaths per 100,000 live births between 1996 and 2016 (DHS, 2016). Women living in urban areas however, are almost twice more likely to get skilled birth attendance compared to women living in rural areas; women with secondary education are almost twice more likely to access that service compared to women with no education. Whilst 58 percent of women had skilled birth attendant assisted deliveries, only 40 percent Madhesi Dalit women had so when 85 percent hill Brahmins and Newars did. Disaggregated data of health outcomes of men of different social groups and of persons with disability is unfortunately not available (NDHS 2011 reanalysis of data, MOHP, 2013; NDHS 2016 data has not been re-analysed from a caste/ethnic perspective).

Adult female literacy rates have also significantly increased, tripling from 1990 to 2011 (NPC, 2015). However, in 2011, 40 percent of women in Nepal were still illiterate, in comparison to only 14 percent of men, and 60 percent of Tarai women have no education, compared to 32 percent of women in the Hills and Mountains (IDPG, 2017). Moreover, people with disability have lower levels of literacy, with women with disability facing lower levels of literacy than men with disability (Eide et al., 2016).

Women also face particular challenges with regards to income earning opportunities (NPC and UNICEF, 2017). This is due to a variety of factors. For instance, the majority of the agricultural labour force are women, who are usually paid only in kind when working as wage labour during the farming season. The land holdings of Dalits are small, and landlessness is high among Dalits (LAHURNIP and IWGIA, 2014). Women's time poverty also impacts their workload and income generating opportunities. Women spend an hour less than men on income-generating work in an

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<sup>3</sup> Expressed in terms of deaths per 1,000 live births for the 5-year period preceding the survey

average day, but spend three times more than men on unpaid work (6 hours spent by women compared to 1.5 hours spent by men) (IDPG, 2017). Moreover, this is exacerbated for women who care for people with disability and / or young children. In Surkhet, for example, mothers of girls with disability felt further burdened about looking after their daughters and protecting them from potential abuse and discrimination as well as carrying out household chores and earning a living (Fieldwork, Surkhet, Mahottari). Where women care for husbands with disability, they are also anxious about making a living and managing care and domestic work (Fieldwork, Surkhet, Mahottari).

High rates of male labour out-migration also have an effect here with women taking on more work—including work previously done by men, but also increasing their share of domestic work (often shared with girl children) as well as some taking on social/community responsibilities previously made by men (Sijapati et al., 2017; Adhikari and Hobley, 2011). Young women with children often face the greatest challenge (Sijapati et al., 2017).

Unemployment is also higher among people with disability, with few opportunities for paid work and lower levels of skill and training. This results in lower levels of income and higher levels of dependence on others in their household (Eide et al. 2016). Again, these challenges are further exacerbated for women with disability, who have even lower work rates (Ibid).

Women face mobility constraints and often have less access to public spaces and services, although this is gradually changing as a result of migration as well as broader socio-political developments (Sijapati et al., 2017). However, people with disability still face substantial gaps in accessing basic services (between 70-90 percent), including vocational rehabilitation services (Eide et al., 2016). Women with disability in particular face higher levels of social stigma and reduced mobility because of gendered social norms. Both men and women face the challenges of non-accessible infrastructure in work places or social services (e.g. lack of wheelchair access, Braille or an assistant for the blind, sign language) (Fieldwork, Surkhet).

Whilst caste-based discrimination has also reduced at service delivery facilities, it often takes different forms at the community level. For example, non-Dalits still do not have food cooked by Dalits in meetings etc. In social functions, non-Dalits do not welcome Dalits. In schools there is discrimination in the treatment of children from these communities (Fieldwork, Surkhet). Accommodation is difficult to get if the landlords get to know it is for a Dalit. Inter-caste marriages are not widely accepted. Discrimination within Dalit sub-groups also still exists – marriage within sub-groups is not encouraged (Fieldwork, Surkhet).

There are also gender gaps in the use of technology. Fewer women than men own a mobile phone<sup>4</sup> (approximately 90 percent of men and 70 percent of women), and use the internet<sup>5</sup> (approximately 47 percent for men and 23 percent for women), although the proportion of adults (over 15) with an account at financial institutions including banks or with a mobile-money-service provider<sup>4</sup> is about the same between men and women (at approximately 40 percent) (DHS, 2016).

Autonomous decision-making is also more limited for women, although it is increasing. In general, women earn less than men, and do not always earn cash for work. For those women that do earn their own money, the DHS (2016) finds that approximately half of women decide independently how their earnings are used<sup>6</sup>, while 35 percent decide jointly with their husbands, and 11 percent of women state that it is their husband who decides how to use her earnings (DHS, 2016: 303).

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<sup>4</sup> Data are available for women and men age 15-49 only.

<sup>5</sup> Data are available for women and men age 15-49 only. Refers to internet use in the 12 months preceding the survey

<sup>6</sup> Up from 31 percent in 2006 (DHS, 2016)

Obviously, there are also various factors which influence women's decision making. The DHS (2016: 303) finds that younger women (age 15-19), women with more children, women living in the mountainous zone, and those with no education are least likely to have independent control over their own earnings. Other factors include migration, which may increase responsibility and autonomy in decision-making for some women, but not for all. Changes are more evident in nuclear households without other older women or other adult men to challenge their authority (Sijapati et al., 2017). Major decisions however, tend to be made by men, through mobile conversations (Ibid.). And only approximately 20 percent of women aged 15-49 years make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care<sup>1</sup> (DHS, 2016).

Women and girls continue to face discrimination and violence, despite improvements over the years. The NDHS and a recent Asia Foundation survey find that between 20 percent and 50 percent of Nepali women have experienced violence in their lifetime (IDPG, 2017). In particular, whilst 44 percent of Terai Dalit women shared that they experience physical violence, only 10% of hill Brahmin women did so (NDHS, 2016). Vulnerability to sexual violence and abuse is also worse for women and girls with disability (Holmes et al., 2018; Fieldwork, Surkhet).

Finally, Nepal is a country highly vulnerable to natural hazards, and faces numerous shocks (such as floods, earthquakes etc). Vulnerability to shocks is influenced by factors such as age, ethnicity, gender and location. Women, children, the elderly, Dalit persons and people with disability face heightened vulnerability at these times, such as increased exposure to protection risks (UN HCT, 2018), and women (especially single women and female-headed households) face additional workloads due to increased care responsibilities which affects mental and physical wellbeing, and reduces their time for income generation and accessing relief and recovery support (UN Women et al., 2017).

#### *Multi-dimensional poverty and intersecting inequalities in old age*

For older women and men, the patterns of poverty, vulnerability and inequalities faced throughout their lives accumulate. For women, in particular, the exposure to gender related inequalities and discrimination across the life-course – including lower levels of education, wage differentials and income opportunities; reproductive and care roles; mobility constraints and a lack of voice and agency – result in lower incomes and fewer assets to help women maintain an adequate standard of living in older age (HelpAge International, 2019).

Whilst a high proportion of older people continue working above the age of 60 in Nepal (approximately 66 percent and most often in the informal sector and in agricultural employment, typically associated with high levels of vulnerability and low wages), employment is higher for older men than women (by about 20 percentage points) (Knox-Vydmanov, 2016). Moreover, women begin withdrawing from work at an earlier age (Knox-Vydmanov, 2016). For both men and women, health issues are the main driver of not working, and for women, family responsibilities are an additional reason. Indeed, older people face increased rates of disability and chronic illness (Ibid.).

The rates of widowhood are also higher for women than men in Nepal, reducing women's source of income from spouses. In Nepal, 19 percent of men 60 years and older are widowed, compared to 48 percent of women, because women live longer and are more likely to marry men who are older than them (Knox-Vydmanov, 2016).



## 4 Key findings from the gender equality and social inclusion (GESI) analysis of social protection in Nepal

### 4.1 Policy and legal framework

This section explores the linkages and gaps of national policy and legal frameworks on social protection, and GESI, by providing: (i) an overview of legal provisions on social protection and GESI; (ii) a brief discussion on the policy framings of social protection and GESI including relevant ministries' gender strategies; (iii) an understanding of relevant policy changes over the last few years; and, (iv) an overview of the institutional issues – including the transition to a federal system of governance and its subsequent implication on the implementation of GESI and social protection.

#### 4.1.1 The Constitution of Nepal, 2072<sup>7</sup> - Equality, inclusion and social security

The 2015 Constitution of Nepal is a significant milestone for GESI and enshrines equal rights for women, the poor, the vulnerable and people from different social groups. Positive provisions include affirmative action to address historical disadvantage and a ban on sex or caste/ethnicity-based discrimination. The Article on the *Rights of Women* establishes for women the right to equal lineage; right to safe motherhood and reproductive health; right to participate in all bodies of the State; right to property and family affairs; and positive discrimination in education, health, employment and social security. It also makes any act of violence against women a crime. The *Right to Equality* further elaborates the special provisions by law for the protection, empowerment or development of citizens, including those described by the constitution as “socially or culturally backward.” The *Right to Social Justice* establishes the people’s right to participate in state bodies on the basis of principles of inclusion and proportional representation” (IDPG, 2017).

Further, the 2015 Constitution also makes provisions for social security. It defines social security as a fundamental right, appearing in various articles of the Constitution. In particular, the *Right to Equality* and the rights of particular groups, such as women, Dalits, senior citizens and other vulnerable groups to social security are enshrined in law.

#### 4.1.2 Social Security Act, 2075 and Social Security Programme Guideline, 2075

The current day social security allowance programme began in 1994 where the GON announced a new scheme for senior citizens over the age of 75 for a monthly allowance of NPR 100. However, it was only in 2018 that the *Social Security Act, 2075* was approved in the Parliament providing the legal basis for the SSA programme.

In accordance to the right to social security enshrined in the Constitution, the *Social Security Act, 2075* ('Act') makes provisions for receiving social security related allowance to the following groups of people: (i) senior citizens; (ii) those whose income is below the minimum guaranteed by the Government of Nepal<sup>8</sup>; (iii) those unable to work due to physical and/or intellectual disability and without any support to go about their daily activities; (iv) single women aged 60 and above that

<sup>7</sup> Nepali calendar year

<sup>8</sup> According to MoLESS this is currently being discussed in the Cabinet. The Government is expected to make an official announcement on this in the near future.

includes unmarried women, widows, divorced women, and legally separated women; (v) people with disability to include those with complete disability; (vi) children under the age of five that belong to vulnerable groups, endangered ethnicities, or those determined by the Government of Nepal; (vi) endangered ethnicity; and, (vii) those unable to take care of themselves<sup>9</sup>.

Additionally, the *Social Security Programme Guideline, 2075* ('Guideline') was also updated from 2072 to reflect the change in the system of governance following the transition to federalism. The Guideline maps in detail the process of outreach, application submission, enrolment, management information system (MIS) entry and use, fund-flow, and allowance distribution under the new federal system of governance.

While the Act provides the legal basis for the SSA programme, there is some misalignment between the Act and its implementation / Guideline. For example, the SSA include benefits to people with severe disability (Blue Card holders) as well as for widows of all ages. In the latter case, whilst the Act specifies 60 years and above for single women or widows, according to the Guideline widows of all ages receive the allowance. It appears that implementation of the SSA is currently following the Guideline. Key informants interviewed for this study, however, suggest that they are trying to re-align the age criteria with the Act.

Both the 2075 (2018 A.D.) Social Security Programme Guideline and the 2075 (2018 A.D.) Social Security Act states that a person cannot receive more than one benefit across the schemes.

- According to the Act, the seven categories eligible for receiving social security related allowances are only eligible to receive allowance from one category.
- According to the Guideline, those working for the GON or other institutions related to the Government and receiving monthly income, those receiving pension, and/or any type of allowance/transfer is not eligible for SSA. Further those eligible to receive SSA under one scheme become ineligible to receive SSA under another scheme.

In sum, in the legal framework, gender and social inclusion issues are directly addressed through the targeting of specific categorical groups, namely single women and endangered ethnicities. Indirectly, women and girl children also benefit from social protection schemes targeted at older people, people with disability and children. However, there are no GESI provisions in the Act e.g. there are no provisions to address discriminatory gender and social norms or practices constraining women and other marginalized beneficiaries to have greater control over the benefits from the SSA. The SSA Guideline does specify that the child grant should be delivered to mothers, however there is currently no evidence as to whether this is beneficial for women.

### **4.1.3 Recent changes in SSA policy**

Recent changes have been made in the SSA policy: the expansion of the child grant, and increases in the value of the benefits.

In relation to the expansion of the child grant - the child grant was introduced in 2009/2010 and included provision of benefit for all children under 5 (two per mother) with the following two stipulations: (i) children living in five districts in Karnali: Jumla, Humla, Kalikot, Dolpa, and Mugu; and, (ii) children from Dalit households across the nation. In 2016/17, the GON "made a commitment in its 2016/17 budget speech to enhance and initiate expansion" of the child grant

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<sup>9</sup> Defined as those with Alzheimer's, Parkinson's, Spinal Cord Injury, Brain Haemorrhage, Sickle Cell Anaemia, Mental Health Problems, Autism, and Paralysis.

(UNICEF, 2016). In 2017/2018, the child grant was expanded to cover all children under the age of five in all households in three additional districts - Rautahat, Bajhang, and Accham. Further to that, recognizing the potential of the child grant “the government is now considering accelerating its expansion to reach every family with children of the age of five in just three years.”(Franco Garcia and Dhakal, 2019). From April-May 2019 the child grant was extended to all children under 5 in six additional districts - Doti, Bajura, Jajarkot, Siraha, Sarlahi and Mahottari. Currently the child grant includes all children under 5 (two per mother) in 14 districts and all children from Dalit households in the rest of the country.

In terms of the changes to the value of the transfer, the FY 2019/20 Budget Speech announced an increase in the allowance for senior citizens and people with disability for an additional NPR 1000/month (GBP 7.20/month).<sup>10</sup> However, the benefit amount for all schemes other than the child was recently increased as follows:

- Senior citizens – NPR 2000/month (GBP 14.41/month) (previously NPR 1000/month, or, GBP 7.20/month) and an additional NPR 1000/month for those 70 years and over.
- Single women (single, divorced, unmarried) – NPR 2000/month (previously NPR 1000/month)
- Disability allowance:
  - Red card – 3000/month (GBP 21.61/month) (previously NPR 2000/month, or, GBP 14.41/month)
  - Blue card – 1600/month (GBP 11.53/month) (previously NPR 600/month, or, GBP 4.32/month)
- Endangered Ethnicity Allowance – NPR 3000/month (previously NPR 2000/month)
- Child Grant – NPR 400/month (GBP 2.88/month) per child (no change but this could be because of the expansion)

#### **4.1.4 Institutional change**

The recent move to a federal state has changed many policy and institutional issues relating to both GESI and social protection. The SSA has moved institutional home, now situated MOHA, having moved from the Ministry of Federal Affairs and General Administration (MOFAGA) in 2018. However, there is a disconnect between the mandate of MOHA and SSA policy at the national level and policy changes to the SSA tend to come out of the budget speech in the absence of a longer-term strategy. Discussions with key informants suggest that SSA policy is not a priority for the Ministry, whose mandate is around home security.

#### **National level and vertical linkages with local level**

At the national level, the DONIDCR situated in MOHA currently manages the SSA. DONIDCR appears to have more of a coordination and management role, rather than a transformative vision for social protection. For example, in addition to providing a coordination function for the Local Governments (LGs) implementing the programme, they are focused on establishing a robust MIS, improving outreach (especially around awareness of legal provisions of the social security and eligibility), and ensuring grievance mechanisms are in place.

Following federalism and devolution of power to the LGs, coordination with LGs appears to have been a challenge. The new governance structure gives responsibility of SSA programme implementation to the LGs, with no vertical structures, directives or accountability mechanisms

<sup>10</sup> Exchange rate 1 GBP = NPR 138.80 in September 28, 2019 value.

between MOHA and the LGs (National KIIIs). The linkages between MOHA and LGs on SSA therefore, are purely financial. One of the implications of a lack of a clear horizontal reporting structure has been limited oversight and monitoring control over implementation processes including outreach, beneficiary enrolment and payment, and subsequent verification mechanisms.

However, as per the Guideline, each local level has a Local Level Monitoring and Supervision Committee (LLMSC) to ensure oversight and accountability in the enrolment and payment processes of the SSA. In sites visited during the field work, the municipality had a committee on social protection chaired by the Deputy Mayor and staff who managed the registration and the distribution (Fieldwork, Surkhet, Mahottari).

#### 4.1.5 GESI policy and guidelines

The inclusion of GESI-related policies in programmatic and institutional settings has gained significant momentum in Nepal.” The Preamble of the 2015 Constitution of Nepal states:

- “Ending all forms of discrimination and oppression created by the feudalistic, autocratic, centralized, [and] unitary system of governance;
- Protecting and promoting social and cultural solidarity, tolerance and harmony, and unity in diversity by recognizing the multi-ethnic, multi-lingual, multi-religious, multi-cultural and diverse regional characteristics, resolving to build an egalitarian society founded on the proportional inclusive and participatory principles in order to ensure economic equality, prosperity and social justice, by eliminating discrimination based on class, caste, region, language, religion and gender and all forms of caste based untouchability” (GON, 2015-6).

Further, the GON in the 14<sup>th</sup> Three Year Plan (2016/17-2018/19) “recognizes that improving gender equality and addressing issues of “backward” regions, classes and communities and excluded groups requires conscious efforts, such as targeted programmes, equitable distribution of resources, and social security for poverty reduction.” The Plan recognizes that groups who have been economically and socially left behind includes “Dalits, Adibasi/Janajatis, Madhesis, Tharus, Muslims, Other Backward Classes (OBC), 13 minorities, the marginalized, persons with disabilities, gender and sexual minorities, farmers, laborers, people of backward regions and poor Khas Aryas.”(IDPG, 2017).

At the national level, the Ministry of Women, Children and Senior Citizens (MoWCSC) is mandated to support the empowerment of women and socially disadvantaged groups – including women, children and senior citizens - by ensuring that GESI issues are mainstreamed in government institutions and programmes (through, for example, the gender equality strategies and gender focal points). Eight sectoral Ministries<sup>11</sup> have their own GESI guidelines. It is noteworthy, however, that MoHA – now responsible for the SSAs - is not one of these ministries. This has implications for mainstreaming gender issues as we discuss below.

A review of existing sectoral GESI guidelines show that:

- There is a need to update GESI Guidelines within the changed political context of Nepal. All Guidelines date back prior to federalism. Although the GESI Operational Guidelines of the

<sup>11</sup> The eight Ministries include: (i) the Ministry of Federal Affairs and General Administration (MoFAGA), GESI Policy, 2010; (ii) Ministry of Urban Development GESI Operational Guidelines, 2013 (iii) Ministry of Forest and Soil Conservation GESI Strategy, 2010; (iv) The Ministry of Education Consolidated Equity Strategy, 2014; (v) Health GESI Operational Guidelines, 2012; (vi) Ministry of Agriculture GESI strategy; (vii) Ministry of Irrigation GESI Guidelines; and, (viii) Ministry of Physical Infrastructure and Transport GESI Operational Guidelines, 2017.

Ministry of Physical Infrastructure and Transport is from 2017, it was drafted and finalized before the restructuring.

- Most Guidelines' GESI mainstreaming strategy includes integration of gender in institutional systems and processes and less on programmatic results other than the Consolidated Equity Strategy developed by the education sector. Additionally, the GESI Guideline by the Ministry of Local Development focuses on ensuring 33 percent of beneficiaries in programmes implemented by the Ministry of Local Development (now MOFAGA) and its associated departments are women.
- Guidelines provide clear instructions on incorporating GESI Section/Unit/Focal Person in its institutional arrangement across the various levels: centre, district (prior to federalism), and local level as well as across regional and programme offices of various projects under different ministries and/or departments.
- GESI mainstreaming appears to be the most developed in the health sector. According to the Health Sector Operational Guideline, there are several GESI-positive policy mandates in reproductive health, child health, violence against women and HIV/AIDS.
- All these guidelines have established a common understanding of GESI concepts and have a conceptual framework to empower women and marginalised communities and shift discriminatory policies and mindsets. They have followed an operational framework of mainstreaming GESI in policy, institutions, programming/budgeting and monitoring and reporting.

#### 4.1.6 Framing of SSA within GESI policies

As mentioned above, the SSA programme moved to MOHA in 2018 from MOFAGA (previously Ministry of Federal Affairs and Local Development (MOFALD)). While the 2010 GESI Policy was more contextually relevant to the unitary system of governance, its review, nevertheless, allows an understanding of *if* and *how* GESI-positive policy mandates have been introduced in social protection programmes. Currently, however, there is no GESI policy or strategy for the MOHA, where the SSAs are now situated.

Further, MOFAGA had been the line ministry mandated with management and coordination function of the local level and the SSA was implemented at the local level by the Village Development Committee (VDC) with District Development Committee overseeing a group of VDCs under its jurisdiction. Now, with the move to federalism, the LGs implement the SSA (with no line management from a ministry).

Based on review of MOFAGA's 2010 GESI Policy, the SSA programme is not explicitly mentioned, however, it can be argued that implementation of SSA is supported by the GESI policy with references to GESI principles and empowerment. This is done mainly by creating various provisions for mainstreaming GESI in institutional settings and programmatic implementation. The policy's seven key strategies are discussed below:

- Bringing about key changes in institutional arrangements, system of representation, and conditions around work-areas to ensure representative participation of social groups in local level governance processes. These include representative participation of women, and representation among Dalits, children, indigenous ethnicities, Muslims, Madhesis, and so forth in various inclusive forums such as the Ward- and Village- Citizen Forum, Integrated Planning Formulation Committee (IPFC), and Monitoring and Supervision Committees. Prior to federalism, Ward Citizen Forum were responsible for monitoring and verification during enrolment of and payment to SSA beneficiaries.

- Reducing existing gender and social inequality through public awareness, mobilization, and empowerment related activities, targeted, specifically to community-based organizations such as women and disadvantaged groups, paralegal, federations, children clubs, and citizen groups. To further institutionalize participatory development process by increasing capacity of disadvantaged groups.
- Improving and ensuring gender sensitive budgeting as per the VDC Grant Operation Guideline 2064 that include allocating 20 percent of budget per VDC to targeted programmes as per the following categorization:
  - 5 percent to programmes targeting/benefitting poor women;
  - 5 percent to programmes targeting/benefitting poor children; and,
  - 10 percent to programmes targeting/benefitting those that are financially and socially disadvantaged (senior citizens, Dalits, Janjatis, people with disability, Madhesi, Muslim, and other groups that have been left behind).
- Recognizing areas for capacity development for both institutional and individuals in GESI and implement them;
- Ensuring service delivery at the local level are GESI friendly;
- Reviewing various policies related to local level governance from a GESI lens;
- Increasing capacity of the central and national-level bodies to ensure provision of necessary support at the local level.

#### **4.1.7 Coordination and intersections between SSA and GESI policies**

In the short-term, there are two key implications related to the fact that MoHA does not have a GESI strategy nor an active gender focal point. The first is that coordination at the national level with MoWCSC becomes important, given their mandate on institutionalising GESI through government programming, with a specific focus on programmes which target the same groups as the SSAs – senior citizens, women and children. However, currently there are no strong or formal coordination mechanisms between MoHA and MoWCSC on social protection issues. The development of the national social protection framework led by NPC does provide an opportunity here, as MoWCSC are also part of the national steering committee, and therefore have an opportunity to influence the framework from a GESI perspective. However, an additional challenge is that there appears to be little capacity within MoWCSC to strategically bring GESI issues on social protection to these policy discussions, in part due to the lack of knowledge and evidence on the SSAs and gender equality and social inclusion issues.

The second is that at the local level too, the institutional structures between GESI and the SSA are disconnected. Interviews for this study also pointed towards broader challenges for GESI in terms of the move to federalism, including limited attempts to incorporate past learnings on GESI into new institutional posts and structures, and a focus on mayors and deputy mayors to promote GESI programming, rather than through institutional structures (although there is a potential role for the Ministry of Social Development to take these issues up at provincial level, the role of Provincial Governments in the implementation of SSA is not yet clearly defined) (National KIIs).

## **4.2 Objectives, targeting and programme design**

In this section, we ask to what extent existing social protection programmes meet the needs of women and girls.

### 4.2.1 Programme objectives, targeting and design

The five SSA schemes are targeted at categorical groups recognised as socially deprived.

Whilst they target “vulnerable” groups, the direct aims and objectives of the schemes are not specified. Looking at the SSA Guideline, it includes detailed descriptions of the SSA implementation process (e.g. registration, enrolment, and payment distribution) but no articulation of what the SSA schemes aim to achieve. Indirectly, the Guideline indicates that the SSA programme support the alleviation of poverty<sup>12</sup>, however, the lack of specific objectives has important implications not only for programme design (it is problematic designing a programme without knowing what it is trying to achieve), but also for monitoring (what indicators do you put in place to measure for programme impacts?). Indeed, the value of the transfer and the frequency of payments have not been calculated on the basis of meeting the needs of the target population. Instead, the transfers have been announced and decided in budget speeches. The lack of objectives was reported in our interviews as one of the key reasons why the SSA schemes have not been able to integrate a gender perspective into their design (National KIIs).

The exception is the child grant, which does have an objective to reduce malnutrition amongst children under 5. However, there is still no explicit objective in the Act or the Guideline. For example, the Act defines “Child (Nutrition) Grant” as a grant for those that are extremely poor, endangered, or those under 5 years old defined by the GON, and the Guideline defines the child grant in terms of eligibility. As such, despite the implicit objective, the programme has been unable to adequately link programme objectives to concrete outcomes (National KIIs).

However, the fact that single women, children, the elderly and people with disability are the direct target groups of the SSA do reflect and acknowledge that these groups face specific risks and vulnerabilities which need to be addressed. Moreover, women do disproportionately benefit from the SSA schemes on the whole in terms of receiving cash allowances because of the single women’s allowance, although there are variations in coverage across the schemes (discussed more below). The extent to which the programmes meet the multiple needs of the target groups, and their experiences in accessing and benefiting from the schemes, however, are under-researched, especially from a gender and inclusion lens.

Beyond the SSA schemes there are also some recent innovative initiatives which specifically aim to tackle discrimination against girls, by promoting girls’ education and reducing early marriage. An example of this is the “Beti Bachau-Beti Padhau” (Save the daughter, Educate the daughter) scheme implemented by the Government of Province 2 since January 2019. According to the Kathmandu Post (2019), the aim of the scheme is to stop child marriage and dowry systems, to educate girls and support the empowerment of women. The scheme aims to insure 5,000 new born girls in 2019, with each girl receiving Rs 125,000 for their education. Parents are required to submit the birth registration certificate of their new born girl, a recommendation letter from the ward office, a letter from a health institution, along with the citizenship certificates of themselves. The girls receive this insurance amount in a lump sum after they get their citizenship certificates. Another scheme, implemented in Surkhet in Karnali Province (7), is providing new born girls with Rs 500 until they are 20, to promote the lives of the girl child and also to ensure the legal age of marriage (Fieldwork, Surkhet).

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<sup>12</sup> The Guideline also has a heading titled “preface” that states that based on the right to social security enshrined in the constitution and the exclusive power of the federal government regarding poverty alleviation, as well as, the concurrent powers of the three levels of the government, to provide social security to groups that are socially disadvantaged (backwards), to establish MIS, and to bring about positive changes to the programme, the Guideline was approved by the GoN on 2075/04/23 (date in Nepali calendar year) .

#### 4.2.2 Do the SSA meet women's and girls' needs?

Despite the relative low value of allowances, even small-value transfers are appreciated and provide support to poor households. A qualitative study by Roelen and Chhetri (2016) found that social protection programmes in Nepal can have a positive effect on child poverty and vulnerability indicators. Discussions with women receiving the child grant for this study also stated that they appreciate receiving cash to meeting their children's and family's immediate needs (Fieldwork, Surkhet). Some households save the allowance money, but for those struggling for day-to-day survival, they use it for immediate household expenses (Fieldwork, Surkhet). Similar findings from the disability allowance also emerge – the allowance supports medical care expenses and is seen as useful, even if the amount is minimal, especially for blue card holders (Fieldwork, Surkhet; also see Holmes et al. 2018). However, a study conducted by Adhikari et al. (2014) on the child grant, showed that whilst households were able to purchase more food, overall consumption levels of beneficiary households had not changed.

Looking into more detail on gender equality and inclusion outcomes, whilst existing evidence is limited, some emerging findings from existing studies and our own discussions with community stakeholders and beneficiaries indicate the grants may have broader positive effects for women beyond meeting immediate needs. For example, consultations with beneficiaries for this study highlighted that the child grant gives women and their families a *feeling of security* that a certain amount of money is being provided to them (Fieldwork, Surkhet)

*A wife shared that she puts the Rs 8000 in the hands of her husband who is a red card holder but has full cognitive abilities. He feels very good about receiving the money and believes government is looking after him. It makes him feel secure. He decides how that money is to be spent (Fieldwork, Surkhet).*

Another important effect for women is *increased mobility and exposure to public and private institutions*. Women in Surkhet noted that restrictions on their mobility reduced a little as they are permitted to go to ward offices and banks to prepare documentation for the child grant and collect grant money (Fieldwork, Surkhet; Kanel, 2019). This process also offers women exposure to a number of offices and interactions with different public officials (Fieldwork, Bardibas). The reading of the list of names in ward offices and participation in public hearings also enabled women to learn more about how information should be shared with the public by the government (Fieldwork, Bardibas).

Some informants also reported that *financial inclusion and literacy* has also improved for some women as a result of going to the bank and learning how to make financial transactions (Fieldwork, Bardibas). However, interviews also strongly suggest that there is a need for investment in support and mobilization for using the banking system, especially for women with poor literacy, Dalit women who may face or perceive discrimination in using such services, and that it is important that the move to a banking system does not add to women's time burden.

Evidence is particularly thin on the effect of SSAs on *gendered intra-household dynamics*. International evidence on cash transfers is mixed when it comes to women's decision-making, showing that context-specificity is vital. For instance, Bastagli et al.'s (2016) review of cash transfers found that only a small number of studies showed significant and positive results for female decision-making power – the vast majority of the results showed no significant impact. In Molyneux's (2007) work on cash transfers in Latin America, she also argues that directly transferring cash to women as children's carers, in addition to requiring them to meet conditions relating to children's health and education, reinforces women's time and care burdens, rather than



increasing their empowerment and realising women's equal right to social protection from the state. As such, the link between targeting women with cash transfers and increased autonomy over expenditure (including on children's wellbeing) cannot be assumed. A recent qualitative study on the child grant, and also our consultations with beneficiaries for this study, indicated that women did not have much of a voice in the use of the allowance money, although since the child grant allowance amount is small, husbands tended to agree about how the money was to be spent (Fieldwork, Surkhet; Kanel, 2019).

For the disability allowance, beneficiaries consulted for this study also suggested that the disability allowance money is managed by the male decision maker of the household – if the person with disability is able to make decisions then they do so, otherwise it is usually the men as is prevalent for other decisions in the family and community (Fieldwork, Surkhet). These indicative findings suggest that intra-household relations and decisions may influence the outcomes of the SSA and how the transfers are spent. This is an area which warrants further research.

Our national and local level interviews for this study also expressed concern that the way in which the allowances are currently designed do not adequately recognise the *multiple and intersecting vulnerabilities and inequalities that women face*, as discussed in Section 3. This was particularly noted in the context of the additional vulnerabilities that people with disability face on account of their disability and the additional expenses they face, yet they are only entitled to receive one allowance. It is also important to note that cash transfers alone cannot address all the multiple needs a person faces, although the fungibility of cash does allow people to choose how the income can best meet their needs. As such, to maximise the benefits of cash transfers, there needs to be functioning services and complementary interventions (such as addressing discriminatory norms) in place.

### **4.2.3 Emerging experiences with “cash-plus”**

While the SSA programmes do not have the mandate to adopt an integrated approach or provide linkages to other programmes to address issues around multiple vulnerabilities and structural inequalities, a few INGOs are introducing a “cash plus” concept. International evidence on the use of complementary interventions demonstrate that these can strengthen the intended impacts of cash transfer programmes, improving outcomes across areas such as savings, investment and production, health and nutrition (Bastagli et al., 2016).

Save the Children, for instance, are implementing projects such as the “Child Sensitive Social Protection” (CSSP) that is based on the approach that “cash or social protection benefits flowing to households is not enough to enhance children's wellbeing” (de Wit, 2018). This aims to improve parenting skills and maximize outcomes for children of the Child Grant. A parenting pilot programme was introduced in 2017 in Kavre and Mahottari whereby caregivers of children receiving the child grant were given training sessions developed around the International Child Development Programme (ICDP) that introduced a parenting package to support and enhance positive child-raising capacities of caregivers.

Save the Children Nepal note that the cost of providing the parenting programme is \$594 (\$45.69 per session, a total of 13 sessions) (Authors' personal communication, September 2019). The cost per child is Rs.2723 (\$24.75), on the assumption that there are 2 children per care giver. The cost of the facilitator included in the cost per child is Rs.1500 (\$13.60) per session per facilitator. Two facilitators are required per ward to deliver the parenting programme. Save the Children Nepal estimate that it will take one year to cover all child grant beneficiaries in the non-universal child

grant areas, but it will take three years to cover all child grant beneficiaries in the universal child grant area (Ibid).

Some national KIIs also discussed positive experiences of providing people with disability programmes and services, such as small cash grants, awareness raising and training. This aimed to help people with disability participate in events outside of the house and provide economic opportunities through receiving additional small grants.

Emerging evidence from the CSSP programmes, and discussions with beneficiaries for this study, indicate some interesting emerging findings around the cash plus model:

- *Improved knowledge and caring practices:* de Wit (2018) shows that the ICDP programme had positive effects by helping parents to support their children in their development, having been made aware of children's developmental stages and how to respond to these. Similarly, from our discussions with communities in Bardibas, the mothers of child grant beneficiaries expressed that the parenting classes that they took really taught them how to best use the allowance, how to take care of the child, how to behave with children, how to spend quality time with them, how to talk with them and how to budget for food so that the best nutrition could be had within the available funds (Fieldwork, Bardibas).
- *Increased solidarity and social networks among women:* Women beneficiaries in Bardibas noted that coming together for such classes increased the solidarity within the group taking the classes together (Fieldwork, Bardibas). This was also found in the study by de Wit (2018).
- *Improved co-parenting practices:* Studies by de Wit (2018) and Save the Children (2018) note that there were challenges to women's involvement in the additional interventions at first, with socio-cultural norms restricting their participation, as well as that of the fathers. However, de Wit (2018: 20) notes that when these challenges were overcome, in some cases, fathers actually participated in some of the sessions and parents became better at negotiating their ideas on parenting.

## 4.3 Enrolment and registration: Coverage rates and gaps

### 4.3.1 Trends in coverage over time

The number of beneficiaries receiving the SSA has been increasing over time (see Table 2). The most recent data from 2018-19 shows that the coverage of the SSA schemes combined reaches 3 million direct beneficiaries.

Table 2 shows some notable changes over this time period. The disability grant for example, has increased its coverage significantly. The number of beneficiaries of the full disability allowance has doubled, and the partial disability allowance beneficiaries has increased from almost 7,000 beneficiaries in 2012-13 to over 75,000 in 2018-19. The number of child grant beneficiaries has also increased by almost 100,000 beneficiaries.

**Table 2: Number of beneficiaries over time, by categories**

	2012-2013	2013-14	2014-15	2015-2016	2016-2017	2017-18	2018-2019
Senior Citizens	864,144	929,180	951,419	1,049,819	1,102,446	1,231,586	1,505,337
Widows	219,933	313,613	417,201	487,286	509,849	569,005	616,554
Single women	361,350	341,106	231,352	172,842	110,503	105,480	92,724
Full disability	22,138	25,492	27,203	30,912	32,174	39,508	44,250
Partial disability	6,774	6,853	6,375	32,174	40,774	65,292	78,573
Endangered ethnicity	18,825	19,223	20,308	23,346	23,228	24,761	24,144
Children 0-5	551,916	537,118	506,718	469,922	470,471	521,507	647,479
<b>Total</b>	<b>2,045,080</b>	<b>2,172,585</b>	<b>2,160,576</b>	<b>2,265,535</b>	<b>2,289,445</b>	<b>2,557,139</b>	<b>3,009,061</b>

Source: DONIDCR Administrative Data

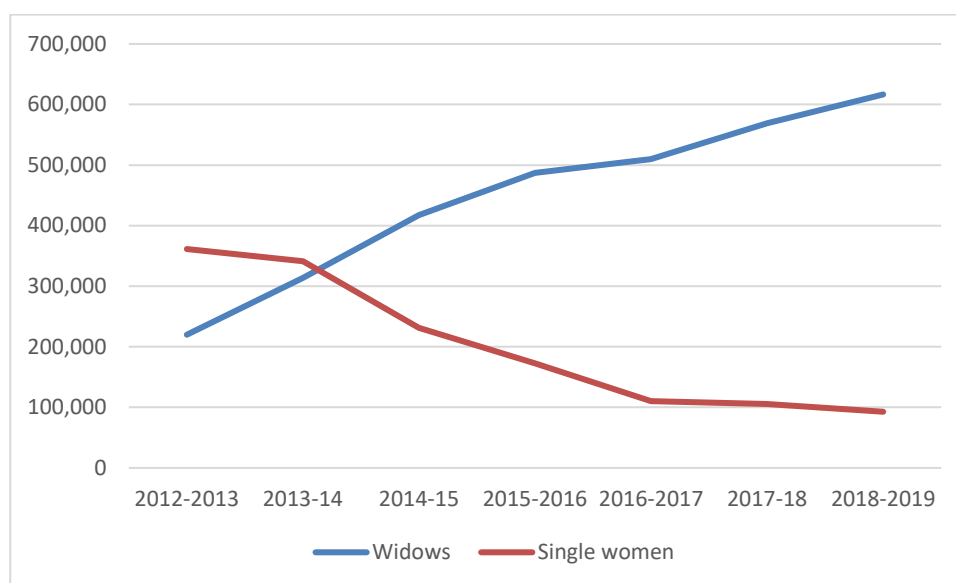
The reasons for the increase in the partial disability (holders of Blue Card) beneficiaries in 2015-16, appear to relate to the decision of removing the quota previously enforced at district level. National level KILs with disability-related organizations also suggest that there is ongoing advocacy around expanding the disability grant to cover all four cards, however, it does not appear in any policy or existing literature (National KILs).

Under the progressive realization of expanding coverage for the child grant, the number of payments for children under the child grant has been increasing for the last two years which is in line with the move to cover all children under five in 9 additional districts as discussed above.

However, there are also some surprising changes over time in terms of the number of beneficiaries of the single women's allowance. Eligibility for the single women's allowance include those women that are 60 years or older and are either unmarried or divorced; and, widows of all age. Whilst the number of widows benefiting from the scheme has increased significantly, the number of single women beneficiaries has decreased rapidly, with the largest decrease in 2014-15 (see Figure 3). The increase in the number of widows benefiting from the scheme could be a result of a 2011 supreme court's verdict determining that all widows irrespective of their age are eligible to get the widows allowance (Palacios, 2016). Previously the distinction between single women and widows was not accurately made and the Supreme Court's decision put forward a process towards a

gradual correction of the data with more accurate distinction between the two categories (UNICEF and OPM, 2018-9).

**Figure 3: Number of beneficiaries of the single women's allowance over time**



Source: DONIDCR Administrative Data<sup>13</sup>

However, it is more difficult to explain the declining trend in the number of single women beneficiaries. A public expenditure tracking report by New Era (2016) cautions that “sudden increases and decreases in the number of beneficiaries in certain SSE [Social Security Entitlement] categories” create concern around the reliability of data. Where online registration has been completed and updated, the number of beneficiaries reduce significantly (Ministry of Finance (2016) Economic Survey 2015/16, Kathmandu cited in New Era, 2016). (Indeed, OPM also note that the number of beneficiaries who are single women appear to be much higher than what would be expected based on the 2011 Census data).

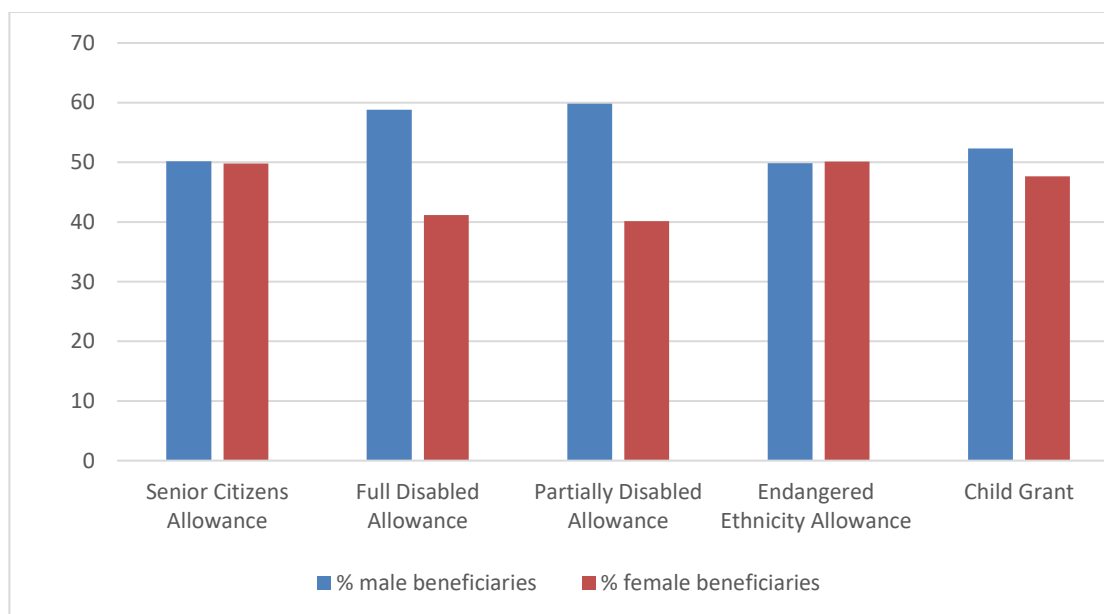
#### 4.3.2 Gender differences in coverage of the SSA schemes

Calculating rates of exclusion from the schemes are difficult to quantify for a variety of reasons: (i) while several studies have discussed the issue around coverage and exclusion rates, it continues to remain a debated issue (see Box 3); (ii) the lack of data on the population size for each of the categories, disaggregated by sex, age and ethnicity; and, (iii) the lack of recent data, the last census was undertaken in 2011 and therefore ascertaining the population size for the relevant schemes is challenging.

As such, in this section we provide an overview of the differences in the number of beneficiaries between males and females. Some notable findings emerge (see Figure 4), but we also need to be careful in interpreting this data because this is only a descriptive analysis of the number of beneficiaries, and factors such as the reliability of data and population distribution are not controlled for.

<sup>13</sup> Note, “third gender” has been removed; data collected from 730 (out of 753) LGs  
HEART (High-Quality Technical Assistance for Results)

**Figure 4: Percentage of male and female beneficiaries of SSA schemes (excluding the single women’s allowance) (2018/19 data)**



Source: DONIDCR Administrative Data<sup>14</sup>

First, the **disability allowance** shows the largest difference amongst the schemes between the number of male beneficiaries and number of women beneficiaries. There is a higher percentage of male beneficiaries (approximately 60 percent) than female beneficiaries (approximately 40 percent) for both the full and partial disability allowance. This gender gap is relatively consistent across provinces (see Table in Annex D).

Whilst the disability categorization in the 2011 Census does not align with the disability grant for full and partial disability under SSA, according to the census, “about 2 percent (513,321) of the total population is found with some kind of disability – in the Census this is disaggregated as higher rates of disability among men (4.6 percent) than women (3 percent). Lord et al. (2016) explains that this difference may reflect gender discrimination that reduces the survival chances of girls and women with disabilities, and an under-identification of those disabilities among these groups. We discuss this further below.

<sup>14</sup> Note, “third gender” has been removed; data collected from 730 (out of 753) LGs  
HEART (High-Quality Technical Assistance for Results)

## Box 1: Exclusion rates from SSA schemes

**Disability allowance:** Various studies have tried to calculate the rate of exclusion from the disability allowance, and whilst the rates vary, they all suggest high rates of exclusion. For example, Eide et al., (2016), suggests that 83 percent of individuals with disabilities do not hold any disability identity card (which enables an individual to be eligible for a disability allowance. Holmes et al. (2018) find that, depending on the data used, between 30 percent to 60 percent of beneficiaries holding disability cards and eligible for the allowance are not receiving it. Budhathoki (2017) also reports that low coverage is particularly high among blue-card holders). These studies, however, have not specifically looked at the gender gaps in coverage.

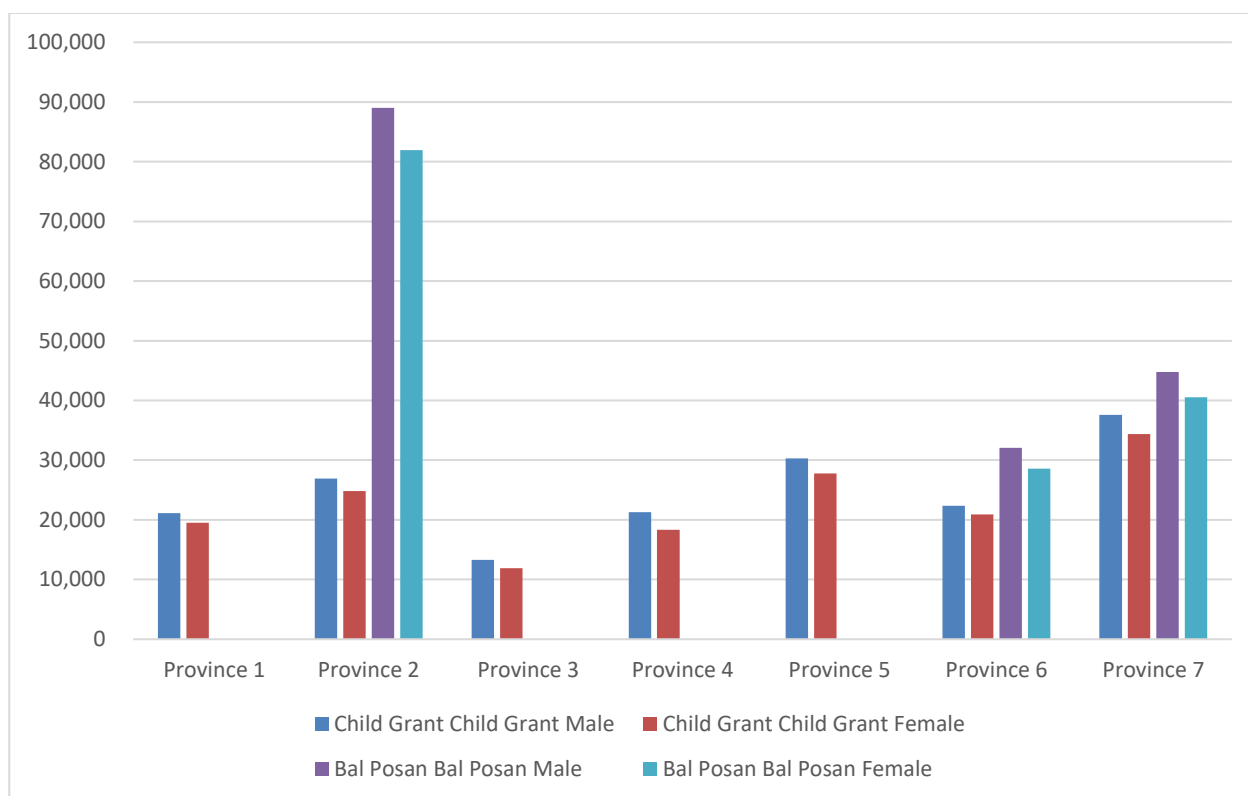
The barriers to accessing the disability allowance exist at many points of the application process, and include lack of knowledge of its existence, how and where to apply for the disability card, lack of appropriate documentation, challenges during the assessment phase, and the administrative process required between receiving the identity card and the allowance (Holmes et al., 2018: pp) and high transactions costs of receiving the allowance. Budhathoki (2017) also reports that blue card holders decide not to receive the transfers citing low benefit amount (NPR 600/month, or, GBP 4.32/month) and high transaction cost for receiving the allowance (including application process, opening bank accounts, travelling to collect the allowance).

**Child Grant:** The 2011 Census data provides information on the number of children by single year of age; however, based on the Guideline, only 2 children per household are eligible for the grant and as such determining the population size for this category is difficult. Furthermore, children from Dalit households across the nation are also eligible to receive this grant, however, the Census data only has information on the total population size of Dalits.

According to CBS (2011), the coverage of child grant for children under five was only 20 percent, highlighting a significant rate of exclusion.

In terms of understanding exclusion rates from the **single women's allowance**, estimates from the 2011 NLSS-III shows coverage of only 54 percent for widows, and according to a World Bank (2014) study, 35 percent of eligible women were not beneficiaries of single women allowance.

**The child grant** shows a small difference in the number of boys and girls receiving the grant – 52 percent of beneficiaries are boys, compared to 48 percent girls (note that the population for children under 5, the population size for boys is slightly higher than girls). This gender difference appears quite consistent across all the provinces, although provinces 3, 4 and 7 have the largest difference (52.7 percent boys; 53.6 percent boys; and 52.2 percent boys respectively). The roll out of the child grant (or, nutrition grant, also called the Bal Posan) however, appears uneven in provinces 2, 6 and 7 where it is operating (Figure 5).

**Figure 5: Number of beneficiaries receiving the child grant and Bal Posan**

Source: DONIDCR Administrative Data<sup>15</sup>

**Both the senior citizen's allowance, and the endangered ethnicity allowance have relatively equal number of male and female beneficiaries<sup>16</sup>.** However, when looking at the male/female beneficiary ratio by province of the senior citizen allowance, there are some variations:

- Provinces 1 and 5 have more male beneficiaries (approximately 13,000 and 9,000 respectively)
- Provinces 3 and 7 have more female beneficiaries (approximately 9,000 in both)
- Provinces 2, 4 and 6 have a more even distribution among men and women.

It is difficult to understand why these differences occur (we do not currently have the data to calculate this), and would be useful to look at the disaggregation of the male/female population by age per province to help understand these variations if the data is available.

#### 4.3.3 Explaining the gender gaps – challenges in registration and enrolment

KIIs and consultations conducted for this study generally agreed that exclusion from the SSA is a key challenge. However, there appears to be limited acknowledgement from some government departments of the extent of the problem of exclusion (noting that government policy focus at the national level is on communications about eligible beneficiaries' rights to the scheme). Indeed, given the data challenges identified above, it is difficult to pin down exact figures.

<sup>15</sup> Note, "third gender" has been removed; data collected from 730 (out of 753) LGs

<sup>16</sup> However, when the medical allowance is added in to the citizen's allowance, there are more female beneficiaries than male

However, KIIs and consultations with communities and stakeholders at the local level cited numerous reasons why eligible beneficiaries may not be accessing schemes, despite the significant effort which is made at the local level to support enrolment and registration (see Box 4). Specifically looking at gender and inclusion issues, these reasons include:

**Lack of awareness of schemes:** Recent studies suggest that awareness about the SSA schemes varies by factors such as which scheme, age, gender, and ethnicity. There is more awareness of the senior citizens' allowance and the single women's allowance than of the other schemes, and men are more aware of the schemes than women (Hagen-Zanker et al., 2015; Schjødt, 2017; Holmes et al., 2018).

In this study too, social mobilisers identified that many potential child grant and disability allowance beneficiaries were not aware that there was this provision available to them (Fieldworks, Bardibas).

Issues around information and awareness may be worse for marginalised groups for a number of reasons. For example, due to structural discrimination in society against Dalits and people of OBC groups, such groups lack information and access to services and benefits such as social protection (Fieldwork, Bardibas). Madhesi Dalits are one of the poorest groups in Nepal and are busy with survival requirements and hence unable to be informed about different provisions of the government (Fieldwork, Bardibas). Moreover, the settlements of Dalits are often separate from the other houses and hence they experience further neglect in accessing information and services (Fieldwork, Bardibas).

Limited access to information is also exacerbated for women. For instance, OBCs also experience language barriers too since many, especially women, do not speak Nepali. Women also experience strict mobility restrictions and are allowed to access public spaces only under male escort. All this restricts their ability to be better informed (and to move freely to public spaces like banks) (Fieldwork, Bardibas).

## Box 2: Support in enrolment and registration processes

Awareness, registration and enrolment processes at the local level are supported by civil society organisations in many places. CSOs and social mobilisers play a critical role in helping eligible beneficiaries to prepare their correct documentation, particularly the disability allowance and child grant (e.g. citizenship papers of mothers, birth registration papers of children) (Fieldwork, Bardibas; Holmes et al., 2018).

In the CSSP intervention areas visited for this study, the project staff and Save the Children Regional Coordinator had regular meetings with the local government representatives. The Deputy Mayor was the chair of the committee on Social Protection, so the project met her regularly. The ward members were consulted on which families had children and persons with disability. They worked together with the project staff to ensure that the registration process was done and that allowances were received by the eligible persons

**Lack of birth registration / citizenship documentation:** Lack of correct documentation is another key barrier from the schemes, and again, there are specific gender dimensions at play. In relation to birth registration whilst there has been increasing rates of registering births (with now 56 percent of children under age 5 are registered with the civil authorities, and 52 percent have a birth certificate – DHS, 2016), there is a small gender gap in the proportion of children under 5 years of



age whose births have been registered with a civil authority (DHS, 2016). Moreover, geographic differences exist: birth registration is higher in mountain areas (71 per cent) than in the Terai (51 per cent%).

We do not have further breakdowns of birth registration or citizenship documents by province or ethnicity, but KIIs and consultations suggest several reasons why there is a gender gap here, which is also compounded by ethnicity, disability. Social norms, for instance, play a part in preventing girls and women in the household from getting the correct documentation therefore restricting their access to property rights. There can also be hesitation to go to government offices (especially Dalit women) because of experiences of discrimination. Stigma also prevents people with disability for registering disabled - especially for girls – who face worse discrimination and are more vulnerable (this can also explain the gender difference recorded in the Census, for example) (National KIIs; Lord et al., 2016).

Widespread child and early marriage, especially in the Dalit community, also results in no marriage certificate and no birth registration certificate. Consultations in Surkhet suggested that children from these marriages do not receive grants (fieldwork, Surkhet). Despite ongoing advocacy against child marriage, it has not significantly reduced. Now teenage girls and boys themselves are also marrying without waiting for the legal age, and without parental permission (fieldwork, Surkhet).

Children of female headed households due to broken marriages, for example children of inter-caste marriages also experience challenges when the mother is left behind by the father (fieldwork, Surkhet, National KIIs).

**Limited mobility:** Restricted mobility of women and girls to enrol and register for schemes was identified by national KIIs a reason for their lower access to schemes, particularly with regards to the disability allowance (National KIIs).

Dalit experiences and perceptions of poor services also prevents them accessing services such as allowances. Adibasi Janajati groups usually live in settlements which are higher in the hills with difficult geographic access to government offices. They also have their own languages with many, especially women, not speaking or understanding the Nepali language Dalit women, in particular, are unable to voice their concerns.

## 4.4 Payment processes

The distribution of the SSA is undertaken through two payment modalities: either by cash handout directly to the eligible person/guardian or into the bank account of the beneficiary. Cash payments can be made either at the ward offices of the respective LGs or through 'payments-camps' at the ward level. According to the Social Security Programme Guideline, 2075 B.S. (2018 A.D.) when payments are made they must be organised in the presence of the Ward Committee and prepare documents certifying the distribution of the allowances: payment summary and payment receipts (with thumb prints/signatures of beneficiaries). Payments must be made three times a year: the last week of September, last week of January and the last week of May, and according to the Guideline each time within a two-week window. When payments are made via the banking method, the benefit amount is directly deposited into the beneficiaries' bank account. There has been a significant push to switch to banking modality in the past few years. However, concerns exist on the appropriateness of transferring allowances through banks considering limited access in rural areas.

As part of the national roll out of the banking system, there is also an e-payment strategy in place. This states that there are three models of e-payments that can be considered: (i) payments through banks; (ii) an agent model; (iii) and mobile camps (National KIs). In addition, there are a number of principles which guide the implementation of e-payments and considers beneficiaries' access to banks. The principles include that the bank should be less than 2 hours walking distance to a pay point or the bank has to look into agent model or mobile camps, and payments should be delivered at the doorstep of those over 90 or with a red card (disability grant) (Ibid.). The implementation of the strategy, however, is seen to vary (Ibid).

Our discussions in Surkhet showed that the municipality has organized the responsibilities of banks in the area and given them a certain number of households in specific wards. According to the Deputy Mayor in Surkhet, this was to enable the Banks to be more efficient and for beneficiaries to have easy access to specific branches (Fieldwork, Surkhet). In both Surkhet and Bardibas, support has been given to beneficiaries to open bank accounts and start using the banking system. In Surkhet, bank officials supported the opening of bank accounts, coming to households with forms and helping them fill them in if needed (Fieldwork, Surkhet). In Bardibas, banks were approached, and requests made for their services by Save the Children project staff so that the families could access the services easily (Fieldwork, Bardibas). Once the family members were shown the process they were able to access and collect the grants quarterly (Fieldwork, Bardibas). In both Surkhet and Bardibas / Mahottari, KIs informed us that banks distributed allowances to people without any mobility.

Recent reports suggest that payments for the schemes tend to be regular (fieldwork, Surkhet; Holmes et al., 2018), with beneficiaries receiving grant money every 4 months in bank accounts (where the banking system is functioning). Anecdotal evidence from Surkhet also suggests that the banking modality has improved governance over time, whereby, the full benefit amount is usually deposited on time. Prior to the banking method of payments when transfers were distributed manually, payments were sometimes delayed, and the amount received was lower e.g. when it should have been 2400, people usually used to get only 1600. The VDC secretary used to explain that the rest was divided amongst grantees of other schemes. These kinds of issues have improved (Fieldwork, Surkhet).

The banking system also has other benefits. Interviews at the national and local levels for this study suggest that the introduction of the banking system may have increased women's financial inclusion and skills – given that bank accounts – especially for the child grant – are accessed by women. The support provided to use the banking system has also improved women's financial literacy, and increased some women's mobility. However, interviews also highlighted three major concerns:

*People with disability (and their carers) face challenges in accessing and using the bank.* Getting to the banks is problematic if they are far away - it was noted that for persons with disability, it is better to have cash distribution at household level as it is difficult for them to come to banks (Fieldwork, Bardibas; Fieldwork, Surkhet). Moreover, people with disability experience challenges in using banks – banks do not tend to have appropriate infrastructure for people with disability (Fieldwork, Surkhet; Holmes et al., 2019).

Problems have also emerged in the collection of the disability allowance where care givers have been asked to bring the beneficiary (the person with disability) to the bank. This has created many challenges since those with severe disability are unable to be carried and vehicle transport is too expensive (Fieldwork, Surkhet; Budhathoki, 2017).

*A blind couple were asked to bring a person who could see to sign the bank papers. For some families this is not possible – a participant shared where both her brother and his wife were blind, and she was also blind, so they had a problem of whom to bring to the bank. This kind of policy excluded blind people who should be allowed to sign. Arrangements in braille are required.*

*Banking regulations relating to the collection of transfers can be problematic, especially for women with no documentation, and people with disability. If the payments are not collected regularly, and if the bank account has had no activity for a year, the account is frozen (see Box 5). For the child grant, the bank account is in the name of the child and is usually collected by mothers<sup>17</sup> as per the policy directive. Only in the event the mother isn't there (or she does not have the required documents), the child's guardian/care-taker should receive the grant or open the bank account (DoNIDCR KII and SSA Guideline, p. 13). If women cannot access the bank, the issue of accessing the money on time is problematic if the father is the guarantor and is a migrant, so that the money is not collected regularly. Discussions in Surkhet also indicated that persons with disability also face problems in collecting the money regularly (them or their carers) and some indicated a preference to plan to save the money in the account if a larger amount is needed at times (Fieldwork, Surkhet).*

### **Box 3: SSA regulations and banking regulations on account activity**

**SSA Regulations:** According to the SSA Guideline, beneficiaries are removed from the SSA list in the event where bank accounts have been inactive for a year (p. 8). Banks have to inform the Department twice a year (July/August – beginning of Nepali FY and January/February) on the status of inactive accounts.

**Banking Regulations:** Re-activating inactive accounts in Nepal require bank clients to visit the bank, after which, people can access their cash in the bank. However, the SSA Guideline also indicate that the Department can request banks to “stop” or “return” allowances in some cases.

Finally, the *time (and money) taken by carers – especially women – to collect the allowances* can be a burden. Women noted that it is difficult to find the time to go to the banks due to their domestic responsibilities and work (Fieldwork, Surkhet). Mothers of children receiving grants also expressed that for some it was expensive to reach the banks and they had to spend more than the amount they would receive (Fieldwork, Surkhet).

## **4.5 Grievance mechanisms**

There is a grievance mechanism in place where citizens can raise queries about the scheme. The system goes to the Prime Minister's office, and then the queries are relayed to the DONIDCR. Interviews reported that they receive approximately 2-3 grievances a month, usually from beneficiaries around issues of not receiving the benefit or the timeliness of the benefit, or questions around whether a person can receive a grant or not (e.g. if not they are not yet enrolled) (National KIIs).

However, grievance and accountability actually tend to be more locally-bounded (Ayliffe et al., 2017), and processed through informal mechanisms in the context of weak formal accountability

<sup>17</sup> When the child turns 5, s/he is automatically removed from the eligibility list after which the transfers will stop being deposited into the bank account.

structures. The routes by which citizens tend to hold local officials to account is through influential local political party leaders (Ayliffe et al., 2017). Recent changes in federalism has also changed some of the ways in which grievances are handled at the local level. Prior to federalisation, the ward citizen forum and citizen awareness centre in the community were points of contact if people had problems accessing their benefits. With the new federal system, local elected representatives are supposed to be taking over this work but in many places these bodies have not yet been formally recognised in the federal system and do not yet perform their expected functions (Holmes et al., 2019).

## 4.6 MIS and registry

The SSA programme has a management information system that is currently rolled out to most of the LGs, except a few, that are currently still offline (National KIIs). Data entry into the system takes place either at the LG offices, or, if the ward offices have connectivity, at the ward offices. The MIS is an online system and data entered at the local level is available for viewing at real time at the central level.

The system is able to produce disaggregated beneficiary data by type of SSA, beneficiary's name, districts, urban/rural municipalities, and ward number that is publicly available at <https://docr.gov.np/SSData/Index>. However, disaggregated data by sex is not available for public viewing. Furthermore, it is also unclear what type of disaggregated data the system could provide, for example, SSA type by age distribution for single women or by religion or caste/ethnicity, although the SSA registration form does ask for these details.

In 2016, a World Bank financing of USD 150 million was approved for a project on *Strengthening Systems for Social Protection and Civil Registration (SSSPCR)* that aims to improve the coverage of social security allowance and civil registration, and the delivery of social security allowance. Based on the SSSPCR's Project Appraisal Document (PAD), progress towards key indicators would be based on administrative data with the DONIDCR's MIS being one of the primary sources for information. Furthermore, the project also places a strong emphasis on gender equity. According to the PAD, "there are more women than men beneficiaries of the SSA because one of the five schemes is particularly focused on women (single women and widows). However, gender-based social exclusion is a concern that also affects efforts to expand coverage of CR [civil registration] and SSA. The data on CR and SSA beneficiaries will therefore be disaggregated in the MIS, allowing the [DONIDCR] to better understand possible exclusion of men or women... The gender constraints linked to the registration of vital events, which may exist for women in particular, will also be addressed within the mandate of the [DONIDCR], through training, awareness raising for registrars, and the mobilization of community organizations, which could include women's groups." (World Bank, 2016: 21)

The World Bank project is currently undergoing restructuring to reflect that change in the system of governance from unitary to a federal system in 2017.

## 4.7 Monitoring, evaluation and learning (MEL)

Whilst the MIS captures data on the number of beneficiaries, there is no monitoring system in place beyond this. The Department currently does not have a GESI expert in its evaluation team. However, one of the components of the World Bank's SSSPCR Project includes Project Management, Monitoring and Evaluation. While the monitoring and evaluation is specific to the project, it includes supporting activities to: (i) enhance the project management unit's (located

within the DONIDCR) M&E capacity; (ii) analyse data in the MIS developed under the project and update the project outcome indicators with disaggregation; and, (iii) carry out periodic evaluation studies, including spot checks (World Bank, 2016: 9). Furthermore, the PAD also specifies that the DONIDCR, the implementing agency for the project, will include adequate number of staff/consultants including an M&E Expert who will also take on safeguarding responsibilities (World Bank, 2016: 54).

UNICEF have also recently commissioned a mixed methods baseline study and evaluation on the child grant, which will provide disaggregated data for girls and boys, and also asks questions around intra-household issues and control over the child grant income, as well as questions to understand the barriers to access for marginalised and vulnerable groups.

At the local level, there has been little engagement from the LG in understanding the use of the allowances, or the experiences of beneficiaries. In Surkhet, for example, the LG has not followed up to enquire about the use of the allowance and have never asked the beneficiaries about how it can be improved (Fieldwork, Surkhet). The interviews in Bardibas suggested that the ward members have become more engaged in following up with beneficiaries as a result of the project staff meeting with them regularly and informing them about the project (Fieldwork, Bardibas).

## 5 Conclusions and policy recommendations

### 5.1 Summary of key findings

This analysis of the SSA schemes from a gender and social inclusion perspective has highlighted a number of challenges which women and girls face in terms of accessing and benefiting from social protection in Nepal. There are also large gaps in evidence and knowledge around GESI and social protection.

However, there are also opportunities – some already underway – to address these challenges and to strengthen the social protection system to make it more equitable and inclusive.

First, we find that the SSA schemes in Nepal have not been explicitly designed to meet the needs of women and girls, who often face multiple and intersecting risks, inequalities and discrimination. In fact, the SSA programmes in general have not set out specific objectives (with the exception of the child grant which aims to improve children’s nutrition) and this has hindered discussions on how the programmes might achieve better outcomes, especially for women and girls, beyond simply targeting “vulnerable” social groups.

There is, however, emerging evidence and anecdotal reports that programmes help households to meet their basic and immediate needs, and that the programmes may also have positive spill-over effects on women and girls. For example, indirect benefits of receiving the transfers include increases in women’s mobility, exposure to public and private institutions, and improvements in financial inclusion and literacy. These effects can be particularly beneficial for women with disability and / or women from marginalised ethnic groups who face intersecting vulnerabilities and discrimination more acutely, which limits their mobility and access to services.

There is little evidence, however, on how intra-household resource allocation and women’s decision-making power affect expenditure of the allowances, and whether targeting the allowances at women in the case of the child grant, increases women’s empowerment.

Second, our findings show that women require considerable support in accessing and benefiting from the schemes. Women’s low levels of literacy and more limited exposure to some public and private services can make using the banking system challenging at first. Moreover, there are indications that the move to the banking system has been problematic for certain groups of people, both in terms of access and use, especially women with disability, and carers of people with disability and young children – mostly women. In addition, banking regulations around the timing of collection has been problematic for some women whose accounts have been frozen if they cannot access the bank account regularly.

Third, our descriptive analysis of administrative programme data indicates that there are some gender gaps in coverage, particularly in the disability allowance, but less so in the other schemes. Whilst care is needed in interpreting this data, our interviews also highlighted a number of reasons why women and girls may face higher levels of exclusion. These include: i) women face particular constraints in terms of their awareness of the schemes – this is more acute for women particularly from marginalised castes and women with disability; ii) women and girls face challenges in registering births and obtaining correct citizenship / marriage documentation, including due to social norms around inheritance rights, early marriage and inter-caste marriages; and iii) women

tend to have lower mobility and limited access to services, which is exacerbated for Dalit women and women and girls with disability.

Fourth, despite investment in the systems underpinning the SSA schemes, the fact that there are no specified objectives of the schemes (with the exception of the child grant) makes monitoring and evaluation challenging. Indeed, there are gaps in the current system and MEL approach from a GESI perspective. Disaggregated data on the beneficiaries is not readily available and not used to inform programme design, monitoring indicators are not developed, and there are no high quality rigorous studies which specifically look at the gender and inclusion dimensions of the schemes.

Finally, the policy and institutional environment relating to the SSA schemes is changing. Whilst policy relating to the SSA schemes have been announced in budget speeches, these have been in an ad-hoc manner in the absence of a national strategy. Nepal's social protection sector consists of numerous programmes that are fragmented across several ministries and departments within these ministries, and Nepal's institutions (and development partners) focusing on gender equality and inclusion have not yet sufficiently engaged in social protection policy debates and discussions.

At the local level, there have also been important recent changes in the context of federalism which have implications for the potential integration of GESI into SSA design and implementation. For example, there is concern that despite decades of learning on GESI at the local level and in local programmes, this is not being adequately incorporated into or learnt from by the LGs. At the local level, Mayors/Chairperson have significant influence over budgets and programming and therefore decision-making on whether programmes focus on the empowerment of women and girls are taken forward and invested in. Currently, there is little knowledge about who and where potential champions for gender equality and empowerment are.

## **5.2 Policy and programming recommendations**

The above GESI analysis of the SSA schemes and system in Nepal shows that there are several opportunities to strengthen attention to GESI in social protection and to use the SSA as a policy tool for improving outcomes for women and girls in a more equitable and inclusive way. Addressing these gaps and challenges would support the goals of DFID, and the Government of Nepal and other development partners, to tackle social and economic exclusion, to deliver the Government's constitutional rights on social protection, and build a stronger and more equitable social protection system. In this report, we focus on four key areas to prioritise:

### **1. Support the GON to develop and implement robust policies for a more inclusive and equitable social protection system**

This study has highlighted a need to strengthen attention to GESI issues in social protection in national discussions and national policy arenas, and to strengthen LGs' capacity and skills on GESI in the implementation of social protection. Key policy implications include:

At the national level:

- Ensure GESI issues are systematically considered and incorporated into national discussions on social protection, including into the process for defining SSA objectives. There is an important window of opportunity here to ensure that GESI considerations are integrated into SSA objectives.

- DFID and development partners to provide technical support and capacity on GESI and social protection. This entails a two-pronged approach:
  - Target engagement, evidence, and build technical capacity skills around the importance of integrating GESI objectives into social protection policy with key relevant and influential ministries involved in social protection policy making – including the Ministry of Finance, the NPC (in the development of the Social Protection Framework), DONIDCR and MOHA
  - Support the technical capacity and skills of the Ministry of Women and Children and Senior Citizens and the GESI focal points (especially in MOHA and other ministries involved in social protection) to engage and coordinate on social protection policy and programming discussions at the national level
- DFID and development partners to provide a coordinated message on integrating GESI objectives and considerations in social protection policy and programming. This could be driven by the Social Protection Task Team (SPTT). The SPTT also needs to increase the visibility of GESI in their social protection work and increase capacity and skills regarding the implications and objectives of GESI and social protection. This could be achieved, for example, in ensuring that GESI objectives are in the SPTT Terms of Reference, that one member takes the lead in ensuring GESI objectives are met, that organisations (including local organizations) are invited to present their work and discuss possible synergies between social protection and gender / inclusion issues.
- The GON to improve policy coherence among social protection programmes. For example, consider enabling beneficiaries to receive the disability grant alongside another categorical grant to help beneficiaries address the multiple and intersecting vulnerabilities that people with disability face.

At the local level:

- LGs to draw on (and build) the existing knowledge on GESI at the local level pre-federalism, and bring this into the new institutional structure and discussions on programme design and implementation at the local level. This can be done through practical activities initiated by Mayors, wards or the Ministry of Social Development at provincial level, for example: create opportunities for information sharing and sharing knowledge through workshops, meetings etc; provide skills training on GESI to those implementing SSA.
- DFID and development partners should understand the political economy of GESI and social protection to identify key areas where there is political traction for integrating GESI into social protection. This is important at the national and local levels, but in the context of federalism, understanding current initiatives and opportunities to advance GESI objectives in social protection at the local level is highly relevant. This could be done, for example, by establishing a network with the IDPG GESI Working Group and building on existing information and knowledge of LG initiatives on GESI, include identifying potential GESI champions to work with (e.g. working with mayors).
- DFID and development partners to support grassroots / civil society organisations representing women and girls (across the diversity of groups representing disability, ethnicity etc) to raise awareness of women and girls' rights to social protection, to support women's participation in programme governance and accountability mechanisms, and to support organisations with the necessary skills, resources and space to engage in national policy dialogues on social protection.



## 2. Increase coverage and improve access to social protection for women and girls

This study has indicated several specific barriers that women and girls face to accessing and benefiting from the SSA schemes. There are a number of policy implications for the LG, the banks involved in the payment of the SSA, and development partners:

- Given the high levels of exclusion from the schemes, and particularly for women with disability, LGs need to work more closely in partnership with the expertise of civil society organisations to reach the poorest and most marginalized. They need to put more investment (time and resources) into:
  - supporting women to get their correct documentation, and support women in the enrolment and registration process – especially where women have lower levels of literacy, speak a different language, and may have mobility challenges to enrol
  - making the enrolment and registration process simpler, especially for the disability allowance. For example, improving the disability assessment process (through, for example, providing regular training for assessment committee members, organizing more assessment camps); and providing automatic enrolment in the disability allowance once a red or blue card is issued
  - ensuring that awareness and communications activities are more systematic and proactive in their outreach. Activities and materials need to be more accessible to women, particularly those from ethnic minorities and women with disability – this entails developing tailored communications and outreach materials based on the locality and ability of women to access communications activities;
- DFID and development partners who are supporting the roll out of the banking system need to raise awareness to the banks of the gender-specific challenges associated with using banks, and work with the banks to provide solutions. For example:
  - The elderly and people with disability often face physical mobility constraints to get to the bank. Carers – most often women – and especially carers of people with disability and mothers with young children – often face significant constraints on their time which can be exacerbated by the travel time to the bank. Banks (and LG) need to consider how to minimize these time constraints – e.g. through providing more options of mobile banking, of agent delivery.
  - Banks should be providing accessible infrastructure for people with disability, for example, providing ramps or rails, and offering brail services.
  - The GON and the banks to look into options for revising the current regulations which remove eligible beneficiaries from the SSA list if they don't collect their benefits in a year (in case of manual payments) or if there is inactivity in their bank accounts for a year, and to ensure that beneficiaries are aware of these types of procedures.

## 3. Build an evidence base on GESI and social protection to inform social protection policy and programming

- Whilst this study has highlighted some indicative trends around GESI, and effects of the SSA on women and girls, there is a need to build the evidence base more rigorously to better understand how exclusion and gender inequality might limit the extent to which women and girls benefit from SSA and affect the impact of the SSA schemes. Ideally, a mixed methods research study would assess the outcomes of the existing schemes on women and girls (disaggregated by sex, ethnicity, disability and analysed through a GESI analytical framework), and understand the extent of, and the processes of, exclusion from the schemes, and issues of

implementation on women and girls throughout the whole SSA programme cycle and systems. Specific consideration needs to be given to intra-household effects of the transfer and decision-making processes.

- In the move towards building a resilient social protection system in the context of shocks, it is important that programme design is informed by evidence on the impacts of shocks on women and girls.
- The GON to make publicly available the relevant programme budget data and disaggregated data on beneficiaries (sex, age, ethnicity, disability by province), to be analysed to further inform programme design and support better implementation from a GESI perspective.
- DFID and development partners can also support the Government of Nepal in developing GESI specific GESI indicators to be integrated into routine monitoring / MIS to better inform the programme about beneficiaries' experiences of the programme.

#### **4. Identify opportunities for social protection to support progress in gender equality, women and girls' empowerment and social inclusion**

Cash transfers offer important benefits for women and girls, but they cannot work alone. However, if they are linked to other programmes and services, they can potentially transform underlying gendered social norms that limit women and girls' opportunities and contribute to broader empowerment objectives brought about through positive changes in attitudes and behaviour, and opportunities for women and girls. Maximising the benefits of cash transfers for more transformative and inclusive outcomes for women and girls can be achieved through a variety of ways. For example, the Government of Nepal supported by development partners should consider the following:

- Establishing referral mechanisms or providing information on relevant services for existing social protection beneficiaries. This could be particularly beneficial for women who tend to have less mobility, knowledge and access to services (including facing historical discrimination in accessing services)
- Providing relevant services and programmes in addition to the cash transfers. In the short-term at least, this could involve collaboration and coordination with existing institutions and organisations (including establishing MoUs between Municipalities and NGOs/CBOs) providing relevant services and programmes that SSA beneficiaries can benefit from. For example, promoting a "cash plus" intervention to maximise the benefits of cash transfers, and to promote empowerment and inclusion more broadly at the community level. A more thorough evidence-based strategy (e.g. the research suggested above) would be needed to ensure that the additional programmes and services meet the needs of women and promote social inclusion. Such programmes could include:
  - Addressing wider discriminatory social norms and practices by providing awareness raising sessions to men and women on social issues, e.g. to reduce early marriage, reduce gender-based violence, positive messaging around gender equality, women's rights, caste, disability
  - Skills and knowledge training on economic and income generating activities, literacy, health and nutrition
  - Providing economic opportunities – this is deemed particularly important and urgent for women, and for people with disability
  - Creating opportunities for networking and collaboration between women, and women's groups, including to support women's collective action

- o In the context of building a resilient social protection system (to shocks) consideration should also be given to relevant complementary services and programmes which support women and men's resilience-building activities and recovery initiatives – for example, promoting resilient livelihood activities, climate-smart agriculture interventions, knowledge and skills on preparing for disasters (including e.g. keeping documents safe, information on food and nutrition etc.), and protection interventions for at risk populations (particularly women and girls).

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## Annex A Analytical framework

Key Indicators / key questions	Sub-indicators / questions
<b>Policy and legal framework</b>	
1. The policy/programme uses human rights and other <b>international</b> frameworks as an overarching framework	1.1 Social protection international commitments are referenced
	1.2 Gender-specific international commitments are referenced
2. The policy/programme is enshrined in <b>national</b> legal frameworks	2.1 The policy/programme is enshrined in national legal frameworks
	2.2 The policy/programme is supported by national strategies with references to GESI principles and empowerment <i>at their core</i>
	2.3 The policy/programme is supported by national action plan with references to GESI principles and empowerment at their core
	2.4 The policy / programme is supported by ministry policy / strategies with references to GESI principles and empowerment
3. If the policy/programme is not universal, the policy/programme commits to the progressive realization of the extension of social protection coverage to reach universalism	
4. Gender equality and/or women's empowerment is stated as an objective of the social protection policy / programme	
5. Child rights and empowerment of girls is stated as an objective	
6. Family diversity is acknowledged	
7. Policy / programme put together on evidence-base informed by GESI mapping and analysis	
8. The policy/programme was put together in a consultative process	8.1 The national gender equality mechanism was involved in this process
	8.2 Civil society organizations including women's groups (and beneficiaries / women) were consulted as part of this process
	8.3 Relevant ministries and autonomous institutions were involved in this process
9. Policy / programme is responsive to shocks in GESI-appropriate way	
<b>Financing</b>	
10. The budget provides specifically for gender mainstreaming in design, implementation, and M&E	10.1 Allocation / proportion of budget towards GESI mainstreaming – design, implementation, M&E
	10.2 Gender budget analysis carried out?
<b>Gendered risks and structural inequalities</b>	

11. Risks covered	11.1 What types of risks covered (general)
12. Gendered risks and vulnerabilities are addressed in objectives	12.1 Gendered risks and vulnerabilities covered – (note if main objectives or not) E.g. Child/early marriage Nutritional needs Adolescent pregnancy Barriers to education / gender gaps in enrolment or attendance Maternity related health risks Maternity related income risks Single motherhood Widowhood Old age Others
13. Structural inequalities are recognized	13.1 E.g. Violence against women and girls (broadly defined) Unpaid care and domestic work Less access to resources (e.g. economic resources, land or property rights) Women's voice and agency (community forums, political)
<b>Design and implementation</b>	
14. The policy/programme specifically targets (all) women and girls	14.1 Targeting women and girls, e.g.: Women and/or girls in poverty Women and/or girls with disabilities Women and/or girls from minority communities/religion/race/caste groups Single women or widows Other contextual vulnerabilities (conflict settings, refugee status, natural disasters etc.)
15. Coverage	15.1 What are the coverage gaps between men and women, girls and boys? And what are the reasons for the coverage gaps
	15.2 Programme aims to close the social protection coverage gaps between women/girls and men/boys?
16. The policy/programme puts forth specific actions to address gender equality / women and girls' specific needs	16.1 Programme addresses: - violence against women and girls - unpaid care work done by women and girls - aims to increase women's income earning capacity - aims to extend social protection to informal workers - aims to address poor educational and skill development outcomes for adolescent girls - Health and reproductive needs?
	16.2 The value / timing / frequency of the transfer is appropriate to address its aims and objectives?
	16.3 In case of public works, the assets created benefit women and girls
17. Relevant and appropriate service provision	
18. Where conditionalities exist, they are gender-sensitive and/or non-compliance does not lead to punitive measures	



19. Identification, registration and enrolment processes are accessible to women and girls	
20. Communication and outreach for awareness / eligibility reach women and girls	
21. Benefits' or services' transfer modalities and mechanisms consider gender constraints	
22. Adequate institutional and staff capacity (general, and related to GESI)	
23. A capacity building toolkit or operation manuals or rules or regulations on the gendered dimensions of the social protection programme/policy have been developed	
24. Capacity building of implementers on GESI dimensions of the social protection programme/policy is conducted	
25. Established MIS (integrated with other programmes)	
26. The policy/programme is embedded in a system of referral to other benefits or services	
<b>Governance; monitoring, evaluation and learning (MEL)</b>	
27. The policy/programme includes grievance, feedback and complaint mechanisms that inform policy assessment and reform	27.1 Grievance, feedback and complaints mechanisms in place and inform policy assessment and reform
	27.2 Grievance, feedback and complaints mechanisms are accessible to women and marginalized groups
28. Women participate in programme governance structures	
29. The policy/programme M&E framework embeds GESI (sex, age-disaggregated, ethnicity, disability) data collection using appropriate quantitative and qualitative research strategies	
30. The M&E framework includes GESI-specific indicators and analysis	
31. The M&E framework includes participation of women in monitoring and governance	
<b>Outcomes / impacts</b>	
32. Individual outcomes / impacts on women and / or girls	<ul style="list-style-type: none"> <li>- Empowerment (decision-making, confidence,)</li> <li>- Care economy (time spent on domestic / care work)</li> <li>- Skills and knowledge (economic, nutrition, rights)</li> <li>- Education</li> <li>- Health (sexual and reproductive health)</li> <li>- Work and income generating activities</li> <li>- Credit and savings</li> </ul>
33. Household and intra-level outcomes / impacts	<ul style="list-style-type: none"> <li>- Poverty and wellbeing (income and other aspects)</li> <li>- Household relations (bargaining power in household, relations with family)</li> <li>- Violence</li> <li>- Gender-division of labour in the household</li> <li>- Other relevant attitude and behavioural changes</li> </ul>
34. Community level outcomes / impacts	<ul style="list-style-type: none"> <li>- Community relations</li> <li>- Social networks</li> </ul>

	<ul style="list-style-type: none"><li>- Participation in community activities / meetings</li><li>- Mobility</li><li>- Perceptions / attitudes / behaviour around GESI social norms</li></ul>
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Sources: Adapted from UNICEF Innocenti (forthcoming, 2020), IDPG (2017), Holmes and Jones (2013) and the ISPA tool, CODI (Core Diagnostic Instrument).

## Annex B List of interviews

Key informant interviews: Kathmandu	
1.	National Planning Commission
2.	Department of National ID and Civil Registration, Ministry of Home Affairs
3.	Department of Women and Children, Ministry of Women, Children, and Senior Citizen
4.	UN Women
5.	UNICEF
6.	World Bank
7.	Save the Children
8.	Feminist Disability Organization
9.	National Disabled Women's Association (NDWA)
10.	National Federation of the Disabled – Nepal

Key informant interview and community discussions	
<b>Local Government, Surkhet</b>	
1.	Secretary, Ministry of Social Development, Karnali Province
2.	Head of Social Development Section, Women Development Officers, Social Development Section, Officers
3.	Mayor, Birendranagar Municipality
4.	Deputy Mayor, Birendranagar Municipality
<b>Civil Society, Beneficiaries and their Families, Surkhet</b>	
5.	Chair, Codet (NGO for Dalit Rights)
6.	Chair, Feminist Dalit Organisation, Surkhet Chapter
7.	FEDO women's group members
8.	Secretary, National Federation of Disabled in Nepal, Surkhet Office
9.	NFDN contacts
<b>Local Government, Bardibas, Mahottari</b>	
10.	Head, Social Development Section Bardibas Municipality, Mahottari
11.	Ward member, Belgadi, Mahottari
12.	Regional Coordinator, Save the Children, Bardibas
13.	Chair, Community Family Welfare Association, Bardibas
14.	Project Coordinator, Bardibas
15.	Project Officer, Bardibas
16.	Social Mobilisers, Bardibas
<b>Bank, Bardibas, Mahottari</b>	
17.	Chief, Credit, Machapuchare Bank
18.	Officer, Credit, Machapuchare Bank

	<b><i>Beneficiaries and their Families, Bardibas, Mahottari</i></b>
19.	Child grant beneficiary family members
20.	Adolescent Girl with disability and her mother
21.	Elderly man without vision and his family
22.	Infant child with disability and his family
23.	Social mobiliser, CSSP

## Annex C History of the SSA and administrative process

### History of the SSA

The social security allowance programme began in 1994 when the government announced a new scheme for senior citizens over the age of 75 to a monthly allowance of NPR 100. The programme was initially piloted in five districts, and eventually rolled out nationwide during FY 1995-96 by the Ministry of Home Affairs (ILO 2016). Two additional schemes – widows' allowance and disability allowance – were added to the programme in the following fiscal year (Ibid.).

Major changes to the programme were introduced in 2008 that included modifying existing schemes and introducing new ones (ILO 2016):

- Eligibility for senior citizen allowance was adjusted to 60 years and over for all Dalits and citizens in the five Karnali districts – Jumla, Humla, Kalikot, Dolpa, Mugu.
- Benefit amount for both senior citizen and widow allowances was increased to NPR 500 per month;
- Endangered ethnicity allowance (NPR 1000/month) for those belong to one of the ten ethnicities was introduced;
- The disability allowance was split into the fully disabled and partially disabled allowances and a quota system for partially disabled beneficiaries per district was introduced.

In 2009/10 the child protection grant or nutrition grant was introduced. The Government also expanded the category of widow allowance to include all single women (unmarried and divorced) of 60 years (ILO 2016). Further, in March 2010, the Supreme Court ruled that widows of any age should be eligible for the benefit and this further expanded the coverage of widow allowance (Ibid.). In FY 2014-15, the quota for partial disability was removed and in FY 2015-16 the SSA allowance was doubled for all categories.

In 2018, a number of key policies were introduced in regard to the SSA programme.

- A Social Security Act 2075 was approved in the Parliament providing the legal basis for the SSA programme.
- The Social Security Programme Guideline was updated.
- The child grant was expanded to cover all children under the age of five in all households in three additional districts. Further to that, recognizing the potential of the child grant the government has committed to initiate the expansion of the programme to reach every family with children of the age of five in just three years.<sup>18</sup> From April-May 2019 the child grant was extended to all children under 5 in Doti, Bajura, Jajarkot, Siraha, Sarlahi and Mahottari.

Recently and as discussed above, in FY 2019-20, changes to benefits by an additional NPR 1000/month under all schemes, other than the child grant and the medical allowance, was introduced.

- The introduction of the SSA and their subsequent changes/expansions have been introduced in an ad-hoc manner and tended to be announced as part of the Government's annual budget speeches. While the increases in the benefit levels have been in the right direction from

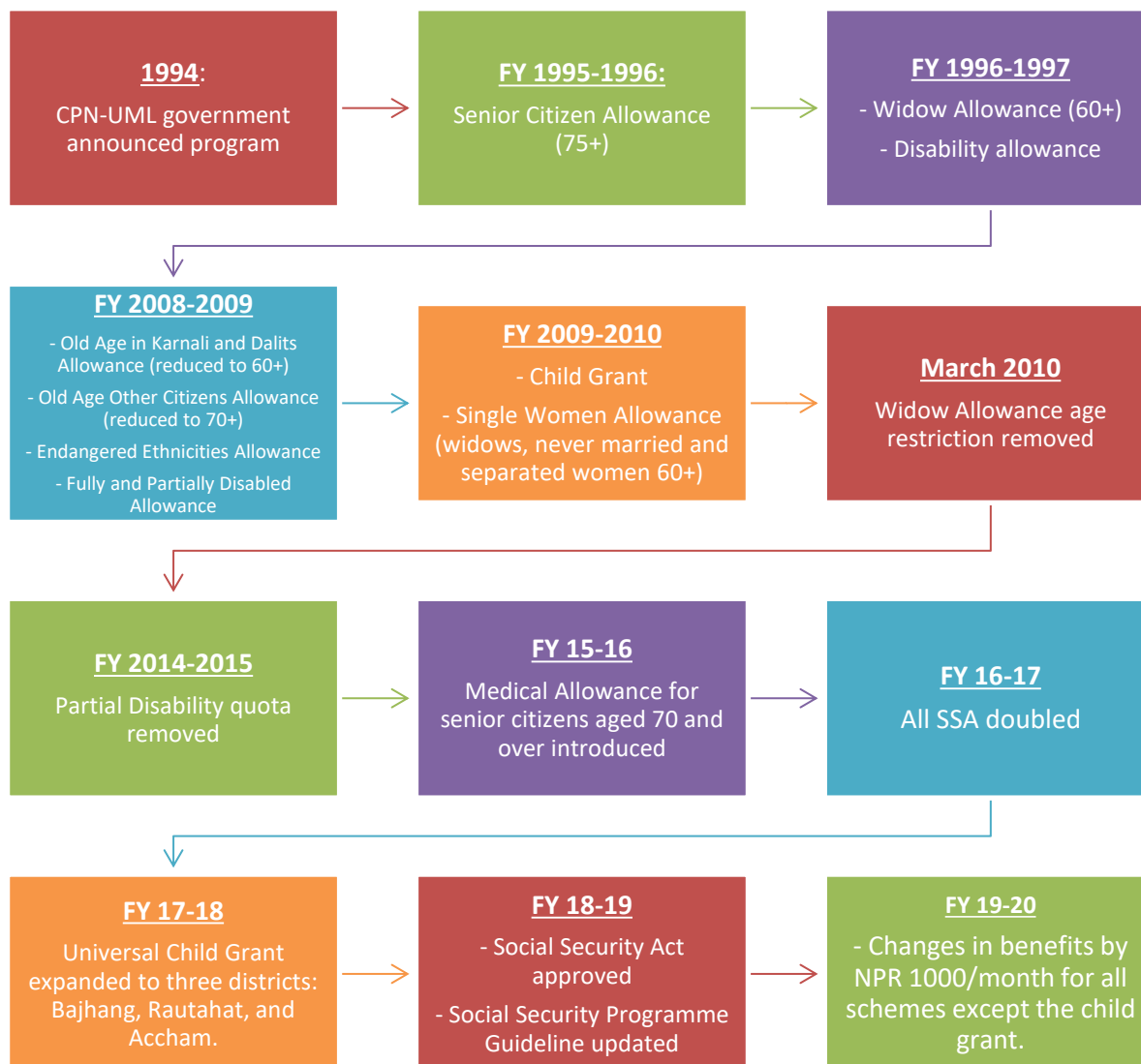
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<sup>18</sup> Antonio Franco Garcia and Thakur Dhakal, "Paying it forward: Expanding universal child grants in Nepal," UNICEF, February 6, 2019. <https://blogs.unicef.org/blog/paying-forward-expanding-universal-child-grants-nepal/>

the social protection perspective, these decisions tended to follow political considerations and have never been based on evidence-based considerations of their effectiveness (ILO 2016).

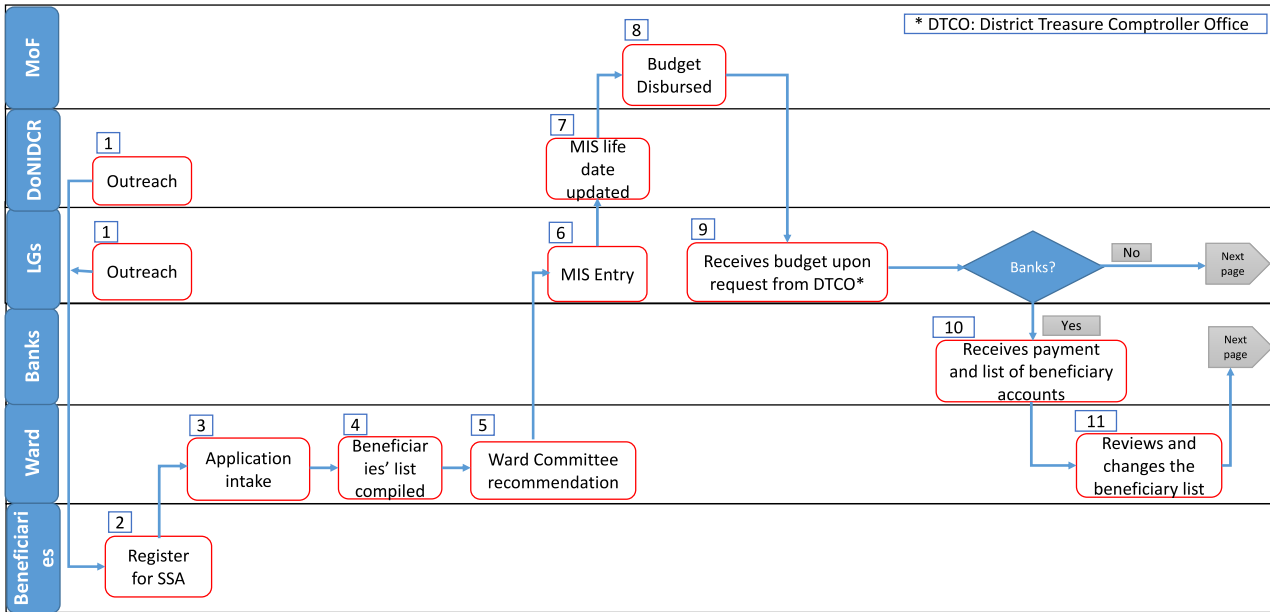
The figure below summarizes key policy changes to the SSA Programme. And Figure A1 shows the institutional processes of the SSA

**Figure 6: Timeline on how key policies for social security allowance has been achieved**



**Figure 7: SSA institutional process**

What does the process look like?

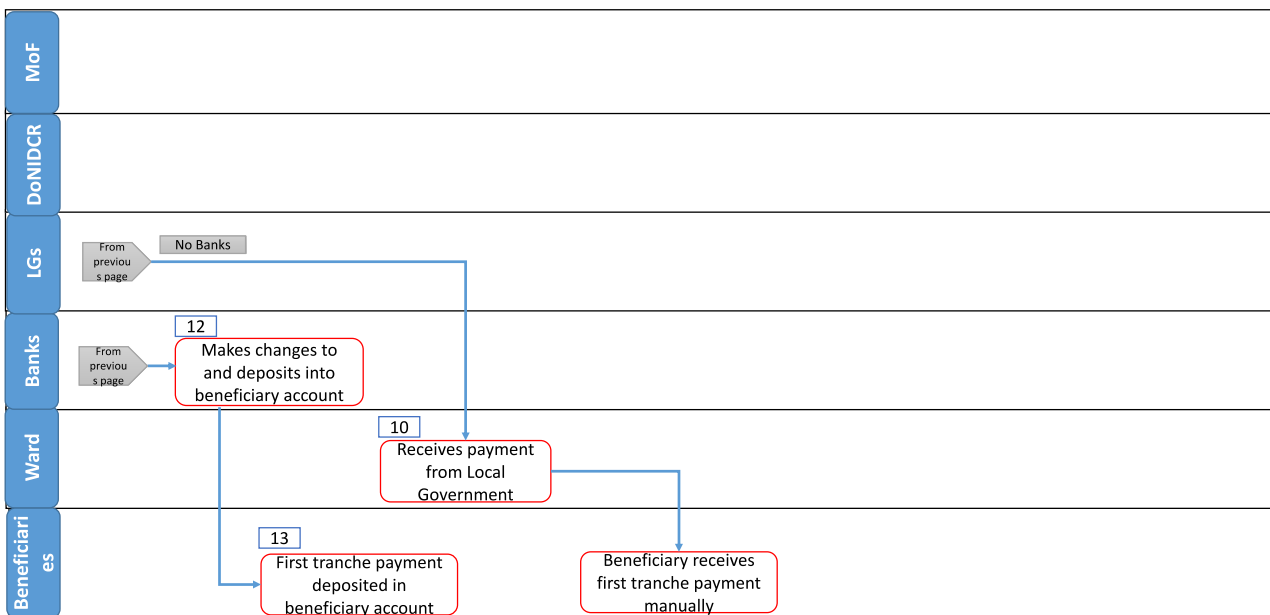


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What does the process look like?



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## Annex D Relevant GESI / SP initiatives in study areas

### Other relevant GESI and SP initiatives in Province / Municipality (Fieldwork, Surkhet)

#### *Province level:*

- The provincial government has a number of schemes for girls and women, persons with disability, Dalits and the marginalised:
  - in the next annual plan: as soon as a girl's birth is registered a bank account in her name will be opened and the government will deposit Rs500 till she is of age 20- this will address girl child abortion and also promote educations of girls till the legal marriage age; scholarship for daughters and daughters-in-law; skill development of women
  - a Disability village will be constructed which will have all infrastructure needed for different disabilities
  - A budget of Rs 16 lakhs is provided to NFDN to implement different activities for persons with disability
  - Similarly schemes for Dalits and ethnic minorities is also included in each year's plans.
- Municipality level has a number of targeted schemes also as social development is their priority:
  - Rs 1000 to be given on registration of births of girl children. Implementation guidelines is being prepared
  - Agreement with hospitals has been done for Safe Motherhood – pregnant women will be provided free x-ray services (not sex determination test)
  - Free ambulance services too have been arranged
  - One family one skill scheme for self-employment – skill testing facilities to be at ward level, market linkages will be established
  - Women being trained as auto-rickshaw drivers and will be provided Rs 1 lakh as grant and 1 lakh as a loan without interest to be returned in three years
  - Schemes for elderly – medical care, meeting space
  - Safe home for GBV survivors – jointly with Provincial government

### Other relevant GESI and SP initiatives in Province / Municipality (Fieldwork, Bardibas)

- Municipality level has a number of targeted schemes also
- The municipality has a committee on social protection chaired by the Deputy Mayor and staff who manage the registration and the distribution.
- Rs 8 crore has been allocated for social protection in the FY 75-76
- Staff have not been trained on GESI specifically, they have had exposure over the years and are experienced
- There are a number of activities/programmes for women, children and excluded in the municipality e.g. nutrition programme for poor children; child development centres in densely populated settlements; nutrition programme for pregnant women; tax incentive for women managed enterprises; programmes for reduction of GBV and social practices like dowry; integrated settlement for extreme poor Dalits; one product for one Dalit settlement for economic empowerment; programmes for ending caste based discrimination