EXPLORING THE LANDSCAPE OF HEALTH RELATED INFORMATION OF MIGRANTS AND ITS MANAGEMENT IN NEPAL:

A SCOPING STUDY

Final Report
June 2022

IOM
UN MIGRATION

DISCLAIMER

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

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

This publication was made possible through support provided by IOM Development Fund, under the terms of the Nepal Migration Profile: Promoting Strategic and Evidence Based Policy Making. The opinions expressed herein are those of the author and do not necessarily reflect the views of IOM and Ministry of Labour, Employment and Social Security.

Publisher: International Organization for Migration
Baluwatar, Ward No. 4, Thirbam Marg, House No. 768/12
G.P.O. Box: 25503
Kathmandu, Nepal
Tel: +977-14426250, Fax: +977-1-4435223
Email: iomnepal@iom.int
Website: https://nepal.iom.int/

This report was issued without formal editing by IOM.

ISBN 978-92-9268-261-3

PUB2022/044/R

EXPLORING THE LANDSCAPE OF HEALTH RELATED INFORMATION OF MIGRANTS AND ITS MANAGEMENT IN NEPAL:

A SCOPING STUDY

IOM
UN MIGRATION

International Organization for Migration (IOM)
Thirbam Sadak, Baluwatar
Kathmandu, Nepal

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

ABBREVIATIONS

AIDS	:	Acquired Immunodeficiency Syndrome (AIDS)
CMC-Nepal	:	Centre for Mental Health and Counselling-Nepal
DoFE	:	Department of Foreign Employment
e-PHR	:	electronic Personal Health Record
ECDC	:	European Centre for Disease Prevention and Control
EEA	:	European Economic Area
EHR	:	Electronic Health Record
EMR	:	Electronic Medical Record
EU	:	European Union
FEB	:	Foreign Employment Board
FGD	:	Focus Group Discussion
GCC	:	Gulf Corporation Council
HIV	:	Human Immunodeficiency Virus
ILO	:	International Labour Organization
IOM	:	International Organization for Migration
KII	:	Key Informant Interview
MHMIS	:	Migration Health Management Information System
MHR	:	Migrant Health Record
MoFA	:	Ministry of Foreign Affairs
MoLESS	:	Ministry of Labour, Employment and Social Security
NCASC	:	National Centre for AIDS and STD Control
NHRC	:	National Human Rights Commission
NHSS	:	The National Health Sector Strategy
PHR	:	Personal Health Record
SaMi	:	Safe Migration Project
TB	:	Tuberculosis
UK	:	United Kingdom
UNHCR	:	United Nations High Commissioner for Refugees
WHO	:	World Health Organization

FOREWORD

The 72nd World Health Assembly acknowledged the health of migrants as a priority, and various countries are making effort to adhere to their acceptance of global health plans. The Sustainable Development Agenda envisions to uphold migrants and mobile populations' health through multi-sectoral responses and develop migration-sensitive health system that 'leave no one behind.'

The International Organization for Migration (IOM) in Nepal, in coordination with Ministry of Health and Population, and with the generous financial support of the IOM Development Fund, implemented the project entitled 'Migration Health Management Information System (MHMIS): Strengthening Capacity on Data-driven policy and Planning in Nepal'. The project aims to develop the Migration Health Management Information System as envisioned in the Government of Nepal's 15th Development Plan for Health and Nutrition 2019 – 2023 and the National Health Policy 2019.

Nepal's migration situation is characterized by out-migration for employment, with a significant proportion of the population being overseas for work at any one time. According to the Nepal Migration Profile 2019, over 50% of Nepalese households have at least one migrant family member currently in a foreign country or a returnee migrant, recently returned home from a migrant worker experience abroad.

Migrants and mobile populations face many obstacles in accessing essential health care services due to a number of factors including irregular immigration status, language barriers, a lack of migrant-inclusive health policies and inaccessibility of services.

The COVID-19 pandemic has further reflected the importance of information on the migrants, including their health as the pandemic overwhelmed the nations globally, and the spread of the virus was also related to human mobility.

I believe that this study complements the efforts of the Government of Nepal to develop evidence-based policy on recording and reporting the health status of Nepalis migrants. It will provide necessary findings in framing the Migration Health Management Information System (MHMIS) to build and strengthen a migrant-inclusive national health system of Nepal.

The study was only possible through hard work by the research team, with support and guidance from the Ministry of Health and Population of Nepal, the Nepal Health Research Council, and other agencies working in the field of migration. I would like to extend sincere gratitude to all.

Lorena Lando
Chief of Mission, International Organization for Migration (IOM) in Nepal

EXECUTIVE SUMMARY

Most migrants of Nepal are emigrants who depart for employment and study. According to 2011 Census of Nepal, a total of 76,886 males and 33, 678 females were abroad for the purpose of study; and approximately 1.8 per cent of the total population in Nepal were born in other countries, mainly in India. Nepal is a major labour sending country, with more than 4 million labour approvals issued since 2008/09.[1] The common destinations of Nepali labour migrants are India, Malaysia and the Gulf Corporation Council countries. The population and Housing Census 2011 shows that almost 50 per cent of Nepal's households had a member who was either working overseas or had returned; and of the total absentee population, 37.6 per cent were in India.

Migration can have both good and bad health outcomes to migrants, which mainly depends on the host environment after migration. Many migrants struggle to access health care and health-care providers face challenges in managing care for migrants. Labour migrants are vulnerable to poor health outcomes because they face various injuries, hazardous workplaces, and lack of access to health services and supporting environment in destination countries. In line with WHO global action plan to promote health of migrants, the National Health Policy 2019 of Nepal states the health vulnerabilities of migrants (both emigrants and immigrants) and aims to ensure easy access for specialized migrant health services and to develop a Migration Health Management Information System to keep migrant health records in all the three tiers of governments (federal, provincial and local) to strengthen the health monitoring and provision of health services to migrants.

It is necessary to understand health problems of migrants, process of recording migrant health information and associated stakeholders involved in migrant health issues to manage migrant health information in Nepal. This report presents the findings on health problems of Nepali migrants, management of migrant health information and associated stakeholders involved in migrant health issues in Nepal by means of scoping study based on both primary and secondary sources. Primary sources were the interviews with 17 key informants working in migrant health related issues and one focus group discussion with pre-medical health assessment centres. The secondary sources included the review of literature pertaining to health-related information of migrants and health records management of migrants of Nepal by relevant public and private stakeholders. The literature was reviewed using search terms in scientific and grey literature with extraction and synthesis of health-related information. Governmental and non-governmental stakeholders were interviewed, mostly through phones or virtually.

Out of 56 studies screened, 34 studies were reviewed in details to extract health related information of migrants. Except one, all of them were published after 2000, with most of them published after 2015. The literature showed that migrants of Nepal are at risk of various health problems and accessing health services is challenging. Tourists coming to Nepal are also at risk of health problems, mainly diarrhoea, typhoid, high altitude sickness, and frostbites. Labour migrants can incur several types of health problems while working in host countries including mental/psychological problems; accidents, injuries, and deaths; infectious diseases; and non-communicable diseases. Mental or psychological problems include depression, anxiety, or loneliness. Infectious diseases such as tuberculosis, malaria, dengue and HIV/AIDS are common to the returnee migrant workers from India. These problems are the results of lack of basic amenities in accommodation, work-related hazards such as lack of safety measures at work or safety training, long working hours, high workload, and reluctance of employers in prompt treatment of work-related accidents.

Injuries, accidents, and deaths are common in labour migrants who are employed in unskilled manual labour in higher risk sectors such as heavy industries, construction and agriculture mainly in Gulf Cooperation Council countries and Malaysia. Foreign Employment Board records the deaths and disability of labour migrants of Nepal when such events of approved labour permits are claimed for compensation. The description and categorisation of causes of deaths in Foreign Employment Board database (for example cardiac arrest, heart attack, natural cause and other or unidentified causes) are not scientific and do not explain the actual or underlying cause and the circumstances that resulted the deaths or fatal injuries.

Labour migrant health information has been recorded by Foreign Employment Board; pre-departure medical centres approved by Government; and few non-governmental organizations, mainly the International Organization for Migration (IOM), Save the Children, and the Safer Migration project. Labour migrants (except to India) are commonly assessed for health issues before departure. Ministry of Education, Science and Technology, the data source of student migration has no record of any

1 MoLESS (2020). *Nepal Labour Migration Report 2020.* MoLESS, Singhadurbar, Kathmandu.

health records of student migrants. Some travel clinics including CIWEC hospital and Travel and Mountain Medicine Centres are involved in tourist health services and collected health information while providing health treatment to tourists.

Migrant health information including pre-departure medical assessments, injuries, and deaths records are not integrated into health information management system of Department of Health Services of Ministry of Health. Nepali labour migrants are not systematically assessed for incurred health problems upon arrival except for the recording of physical disability and deaths by Foreign Employment Board of Nepal. Lack of technological know-how, human resources consumption, wide range of health issues to be covered, lack of interest and cost-ineffectiveness are some issues in interlinking the migrant health related data into a unified system. The data of migrant health are protected, considering the sensitivity. Based on the findings of this study, the recommendations for the management of migrant health information system are: (i) establishment of migrant health information management system with relevant data collection tools and indicators, (ii) linkage of migrant health information system to national health information management system, (iii) health assessment of returnee migrants on the infectious diseases, injuries and mental health. (iv) scientific classification and proper investigation of deaths and disabilities of labour migrants.

1. BACKGROUND

1.1 MIGRATION LANDSCAPES IN NEPAL

Historically, migration started in Nepal when Nepali youths were recruited into the British and Indian armies. In the early 20th century, many Indians migrated to 'Terai' region of Nepal from northern India. From mid-1950s, Tibetans, Burmese of Nepali origin and Bihari Muslims from Bangladesh came to Nepal due to political instability. Nepali people formally started emigrating to India following the 1950 Nepal and India Treaty of Peace and Friendship. Over 100,000 Nepali-speaking Bhutanese fled to Nepal in the early 1990s, most of whom have been resettled in the third countries.[2] From the mid of 1980s, Nepali youths started to migrate to the Gulf Cooperation Council countries and Malaysia for the purpose of employment.

The immigrant population in Nepal is much less, as indicated by the immigration rate of 0.46 per 1000 population compared to 10.77 per 1000 emigration rate calculated based on the 2011 Census data.[3] The majority of migrants of Nepal are emigrants who depart for employment and study. The Population and Housing Census 2011 revealed that almost 50 per cent of Nepal's households had a member who was either working overseas or had returned; and of the total absentee population, 37.6 per cent were in India.[4] There are frequent and extensive cross-border movements between Nepal and India.

Migration in Nepal is characterized mainly by internal migration, long term and seasonal migration, diaspora, student migration, refugees, travel for family reunion and visit. However, international migration for foreign employment has become a common livelihood option for millions of Nepali youths. The Department of Foreign Employment (DoFE) issued 4,792,209 labour permits for foreign employment that includes 2,36,688 women and 45,55,521 men — until FY 2019/20.[5] Since 2008/09, the Government issued 354,098, 236,208 and 190,453 new labour approvals in the FY 2017/18, 2018/19 and 2019/20, respectively.[6] The Government has officially issued institutional labour permits for foreign employment in 110 destination countries. The major countries of destination for Nepali migrant workers include Qatar (31.8%), United Arab Emirates (26.5%), Saudi Arabia (19.5%), and Kuwait (6.8%) (MoLESS, 2020). Migration from Nepal is predominantly young male, with more than 80 per cent of the total labour migrant population in 2017/18 and 2018/19 between the ages of 18 and 35 years.[7] However, there has been a significant rise in female labour migrants in Nepal for the past two decades.

The 2011 census of Nepal shows that a total of 76,886 males and 33,678 females went abroad for studies, with India as the destination for 21,670 males and 8,612 females. Figures from the Ministry of Education, Science and Technology (MOEST) show that in 2018/19, it issued 63,259 No Objection Certificates.[8] Likewise, the Ministry of Culture, Tourism and Civil Aviation data shows 1,173,072 tourist arrivals in Nepal in 2018, a 25 per cent increase from the previous year. In 2017, over 50 per cent of tourist arrivals were from five countries, namely India (17.1%), China (11.1%), the United States of America (8.4%), the United Kingdom (5.4%) and Sri Lanka (4.8%).[9]

Migration for employment to the countries other than India is popularly known as 'foreign employment' in Nepal. Migration from Nepal is predominantly young male, with more than 80 per cent of the total labour migrant population in 2017/18 and 2018/19 between the ages of 18 and 35 years.[10] **Figure 1** shows the labour outflow in the past 12 years.

2 IOM. Migration in Nepal: A Country Profile 2019. Kathmandu: International Organization for Migration (2019).

3 Central Bureau of Statistics. Population Monograph of Nepal Vol. I, CBS (2014). Available at https://cbs.gov.np/wpcontent/upLoads/2018/12/Population-Monograph-of-Nepal-2014-Volume-I-FinalPrintReady1.pdf.

4 Ibid.

5 Ministry of Finance (2020). Economic Survey 2019/20. Ministry of Finance, Singhadurbar, Kathmandu.

6 Database of Department of Foreign Employment. Accessed 16 March, 2021. This data is the total of new and re-entry categories.

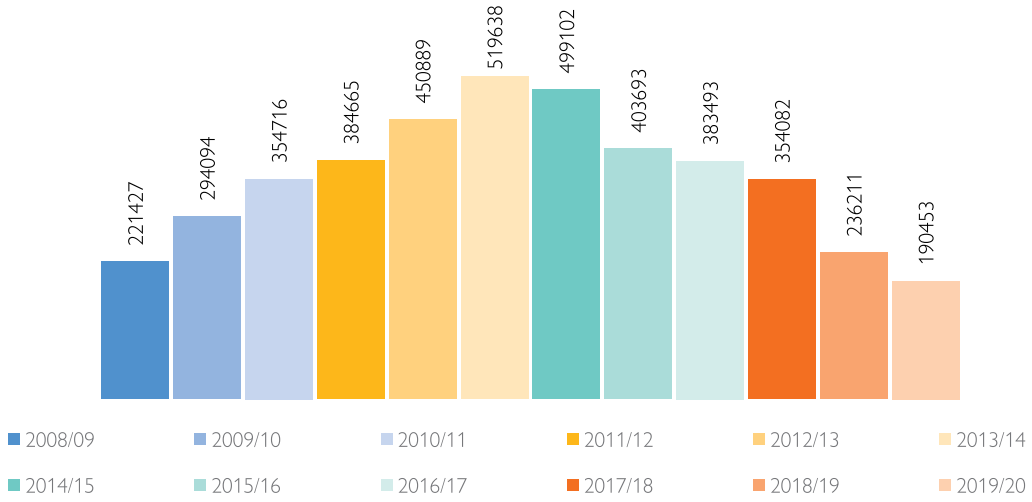
7 Ministry of Labour, Employment and Social Security (2020): Nepal Labour Migration Report 2020. Kathmandu, Nepal.

8 International Organization for Migration (2019). Migration in Nepal: A Country Profile 2019. IOM, Kathmandu.

9 Ministry of Culture, Tourism and Civil Aviation, Planning and Evaluation Division, Research and StatisticalSection. Nepal Tourism Statistics 2017, Kathmandu (2018).

10 Ministry of Labour, Employment and Social Security (2020): Nepal Labour Migration Report 2020. Kathmandu,Nepal.

Figure 1: Labour outflow from Nepal in the past 12 years



Source: Department of Foreign Employment

There was a steady increase from the fiscal year 2008/09 to 2013/014 and then again steady decrease until 2019/20.[3] The remittance generated by labour migrants contributes significantly for the national economy. For example, Nepali migrant workers sent home $8.1 billion in 2018, making Nepal the 19th biggest beneficiary of funds sent by migrants around the world and the top fifth recipient in terms of the share (28%) of the gross domestic product.[11]

1.2 MIGRANT HEALTH ISSUES AND POLICIES IN NEPAL

Migration can have both good and bad health outcomes to migrants, which mainly depend on the host environment after migration. Many migrants struggle to access health care and health-care providers face challenges in managing care for migrants.[12] Labour migrants are vulnerable to poor health outcomes because they face various injuries, hazardous workplaces, and lack of access to health services and supporting environment in destination countries.[13] Vulnerability increases among migrants who are less educated. The majority of the Nepali labour migrants have low level of education and skills. The risk of exploitation and abuse of women migrant workers is high, particularly in largely unregulated sectors such as domestic work. Female migrant workers are at risk of physical and sexual abuse.[14] Many Nepalese migrants suffer from several health issues, including sexual, mental, occupational and infectious diseases.[15,16,17] Social problems like discrimination, gender violence, sexual harassment and trafficking, inadequate working and housing conditions and lack of access to health services are some threats faced by migrant workers.[18,19] As there are very few studies regarding health care access of migrants, migration health tends to be an under-explored topic in most of the South Asian countries like Nepal.[20,21]

Further, health accessibility is also affected by the lack of linguistically or culturally appropriate health services in destination countries. Social and cultural barriers to integration, acculturation stress, exclusion and discrimination, changes in lifestyle and loss of family and friendship networks are examples of the factors impacting the health of migrants.[22]

11 World Bank Group. 2019. Migration and Remittances: Recent Developments and Outlook, Migration and Development Brief 31. Available at: https://www.knomad.org/sites/default/files/201904/Migrationand developmentbrief31.pdf (Accessed August 21, 2020)

12 IOM: World Migration Report 2020.

13 Moyce, S. C., Schenker, M. 2018. Migrant workers and their occupational health and safety. Annual Review of Public Health, 39, 351-365.

14 Ibid.

15 Paudyal P, et al. (2020). Health and well-being issues of Nepalese migrant workers in the Gulf Cooperation Council countries and Malaysia: a systematic review BMJ Open 2020;10:e038439. doi: 10.1136/bmjopen-2020-038439

16 Joshi, S., Simkhada, P. & Prescott, G.J. Health problems of Nepalese migrants working in three Gulf countries. BMC Int Health Hum Rights11, 3 (2011). https://doi.org/10.1186/1472-698X-11-3

17 Simkhada, P., van Teijlingen, E., Gurung, M. et al. A survey of health problems of Nepalese female migrant workers in the Middle-East and Malaysia. BMC Int Health Hum Rights 18, 4 (2018). https://doi.org/10.1186/s12914-018-0145-7

18 Padam P. Simkhada, PhD, Pramod R. Regmi, PhD, Edwin van Teijlingen, PhD, Nirmal Aryal, MSc, Identifying the gaps in Nepalese migrant workers' health and well-being: a review of the literature, Journal of Travel Medicine, Volume 24, Issue 4, July-August 2017, tax021.

19 Aryal N, Regmi PR, van Teijlingen E, Simkhada P, Adhikary P, Bhatta YK, Mann S. Injury and Mortality in Young Nepalese Migrant Workers: A Call for Public Health Action. Asia Pac J Public Health. 2016 Nov; 28 (8):703-705. doi: 10.1177/1010539516668628.

20 Migration health research and policy in south and Southeast Asia: mapping the gaps and advancing a collaborative agenda. https://apps.who.int/iris/bitstream/handle/10665/334193/seajph2020v9n2p107-eng.pdf?sequence=1&isAllowed =y

21 Adhikary, P., Aryal, N., Dhungana, R.R. et al. Accessing health services in India: experiences of seasonal migrants returning to Nepal. BMC Health Serv Res 20, 992 (2020). https://doi.org/10.1186/s12913-020-05846-7

22 WHO European Region, 2018. Health of refugees and migrants: Regional situation analysis, practices, experiences, lessons learned and ways forward.WHO.

Poor living and working conditions can also lead to the spread of infectious diseases. Consequently, a number of Nepali labour migrants are at risk of various morbidity and mortality.[23]

The major challenges are lack of public health policies to address the health rights of working migrants and insufficient collaboration between the health ministry and ministry of labour.[24]

The Nepal National HIV Strategic Plan 2016-2021 considers male labour migrants destined for India as one of the key risk groups for HIV. The 2018 Ministry of Labour's Country Progress Report states that many new infections in Nepal are occurring among 'low risk' women infected by their spouses who are male labour migrants and/or men who have sex with men. Nepal's "Rio+20" Status Paper confirms this claim, stating that women are vulnerable to HIV infections through their husbands who migrate seasonally to work in India. This shows how migration can affect the health of population at the origin country.

WHO has developed a global action plan (2019-2023) with six priorities to promote the health of refugees and migrants in collaboration with the International Organization for Migration (IOM), the Office of the United Nations High Commissioner for Refugees (UNHCR), other international organizations and relevant stakeholders.[25] Priority No. 3 includes advocating the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of refugee-sensitive and migrant-sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms.

Priority No. 5 of global action plan includes strengthening health monitoring and health information systems. Its main objectives is to ensure that information and disaggregated data at global, regional and country levels are generated and that adequate, standardized, comparable records on the health of refugees and migrants are available to support policy-makers and decision-makers to develop more evidence-based policies and interventions.

In Nepal, the National Health Sector Strategy 2015–2020 notes that the vulnerability of migrants to certain health risks poses additional challenges for the Government to address. The National HIV Strategic Plan 2016-2021 aims to end AIDS as a public threat by 2030, in line with the Sustainable Development Goals. It explicitly includes mobile, migrant and displaced populations for elimination of vertical transmission of HIV. Nepal Malaria Strategic Plan, 2014-2025 has specially focused migrants/mobile population, especially for advocacy related activities for cross-border migration as well as a surveillance mechanism for the prevention, coordination and concerted effort in tracking malaria in migrant workers.

National Planning Commission's 15th Plan has sought to minimize health vulnerabilities created due to migration process. It has recommended an implementation strategy to develop a Migration Health Management Information System (MHMIS) and ensure policy and organizational provisions for health assessments of the migrants and access to health facilities in these three stages of migration: pre-departure, during migration and after return.

The National Health Policy 2019 has recognized the health vulnerabilities of migrant workers and aims to ensure easy access for specialized migrant health services and to develop health information systems to keep Migrant Health Records (MHRs) in all the three tiers of governments: federal, provincial and local to strengthen the health monitoring and provision of health services to migrants. Such information system also helps to formulate evidence-based policies, plans and intervention to protect migrant's health.

There is a growing realization of need to understand the existing health status of migrants, management of migrant health information, and associated stakeholders involved in migrant health issues in Nepal. In this regard, this scoping review was carried out and it was substantiated by primary data from the field. This will help to identify the gaps in maintaining MHR, which aims to provide the health-related information of migrants and of the health system responses to design data driven policy and planning for improvement of migrant health in Nepal.

23 Simkhada P.P, Regmi P.R, Van Teijlingen E. &Aryal N. Identifying the gaps in Nepalese migrant workers' health and well-being: A review of the literature. Journal of Travel Medicine. 2017 Jul 1, 24(4).
Regmi P. R., Van Teijlingen, E., Mahato, P., Aryal, N., Jadhav, N., Simkhada, P., Syed Zahiruddin Q. &Gaidhane, A. The health of Nepali migrants in India: A qualitative study of lifestyles and risks. International Journal of Environmental Research and Public Health. 2019 Jan;16(19); pp. 36-55.

24 https://www.who.int/migrants/publications/SEARO-Practices.pdf?ua=1

25 WHO. Promoting the health of refugees and migrants: Draft global action plan, 2019-2023.

1.3 MIGRANT HEALTH INFORMATION

1.3.1 Tools to collect migrant health information

Migrant health information/data can be kept as a record and termed migrant health records (MHRs). There are mainly three types of tools for MHRs: Personal Health Records, Medical Records and Health Records. They can be either paper-based or electronic and are defined below. A Systematic review reports that there are 20 different versions of MHRs within these three categories.[26] The Personal Health Record is the most common tool used for MHRs. Currently, they are mostly used in European Union and USA to keep health information of immigrants and refugees.[27]

- **The electronic medical record (EMR)** is a real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision-making. The EMR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EMR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting. It can be understood as a digital version of the paper records in health care institutions.

- **The electronic health record (EHR)** is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, lab data, and radiology reports. The EHR automates and streamlines the clinician's workflow. It has the ability to generate a complete record of a clinical patient encounter – as well as supporting other care-related activities directly or indirectly via an interface – including evidence-based decision support, quality management, and outcomes reporting.

- **The personal health record (PHR)** is controlled and managed by the citizen. It is a universally accessible, layperson comprehensible, lifelong tool for managing relevant health information, promoting health maintenance and assisting with chronic disease management via an interactive, common data set of electronic health information and eHealth tools. The PHR is owned, managed, and shared by the individual or his or her legal proxy(s) and must be secure to protect the privacy and confidentiality of the health information it contains. It is not a legal record unless so defined and is subject to various legal limitations.

  The PHR includes the same type of information as the EHR (diagnoses, medications, immunizations, family medical histories, and provider contact information), but is designed to be set up, accessed, and managed by patients. It is a personal document that migrants and refugees should keep with them and that contains the individual's health data and information (i.e. patient help personal health record). It can be in electronic form or paper form. The tool will also help health professionals get a comprehensive view of the person's health status and needs during clinical encounters and/or treatment

1.3.2 Sources of migrant health information

Migrant health information either comes from institutions or from general population. Most of the health records of migrants are collected in institutions in routine activities: reception or registration centres, hospitals and primary care centres. Migrant health information can be collected from following sources:

1. Routine Data
   i. Population-based records: Census, civil registration
   ii. Disease notification and surveillance system records: National disease surveillance system such as infectious disease programs (HIV programme, Malaria/TB programme, NCD programme), public health laboratory registry
   iii. Population health monitoring surveys: Demographic Health Survey, Labour Force Survey, Occupational Health Survey, Living Standard Survey
   iv. Health service records: Hospital based medical records (outpatient care and records of health insurance), Health insurance and claims data, Labour migration and claims registry data, Pre-departure health assessment, passenger screening/point-of-entry health surveys/immigration health assessment

26 Chiesa V, Chiarenza A, Mosca D, Rechel B. Health records for migrants and refugees: A systematic review. Health policy. 2019 Sep 1;123(9); pp. 888-900.

27 WHO Global Observatory for eHealth. Management of patient information: trends and challenges in Member States: based on the findingsof the second global survey on eHealth. World Health Organization.

2. Specific/Project based data

    i. Disease registries and health service records at displaced camps, migrant reception centres, detention facilities, tailored health surveys

    ii. Ad-hoc data sources: research studies, sentinel health surveillance sites

1.3.3 Indicators for migrant health information

Health indicators denote general mortality, morbidity, mental health, disability, nutritional, and behavioural factors: medical history, clinical examination, vaccinations, communicable diseases, non-communicable diseases, allergies, clinical measurements, sexual health, child and obstetric care, oral health, medications, tests, follow-up, daily living activities, substance abuse, working conditions and occupational health problems. The MHRs used by various organizations and countries contain most of these indicators. International Organization for Migration (IOM) with support from European Union has developed a personal health record booklet.[28]

1.4 USE OF MIGRANT HEALTH RECORDS

Health assessments form an integral part of immigrations and labour migration programs worldwide. Migration health assessments consists of a medical examination to assess a migrant's health status and to provide medical clearance for work or residency based on conditions defined by the destination country and/or employer.[29] IOM has attempted to incorporate global public health values and approaches into the provision of migration health assessments through a variety of means including pre-departure health assessments.

The IOM, with funding from the European Commission, implemented in several strategic European Union (EU) spots, in 2015, a PHR as part of the Re-Health action aimed at improving the capacity of EU member states under particular migratory pressure.[30] The PHR includes in a single document health data and information to help health professionals get a comprehensive view of their patients. Within this project, an electronic Personal Health Record (e-PHR) and an electronic platform were developed and piloted in four EU member states: Greece, Italy, Croatia and Slovenia. In 2016, after the initial piloting phase within the Re-Health project, the Re-Health action (Implementation of the Personal Health Record as a tool for integration of refugees in EU health systems) was launched, covering three additional countries (Cyprus, Romania and Serbia). In 2018, the e-PHR tool was reported on the IOM website to have proved its efficiency.[31] This e-PHR was also used in Australia for the 4000 Kosovar refugees.

The 'Migrant Health: Key infectious diseases affecting migrant populations in the EU/EEA' project was launched by the European Centre for Disease Prevention and Control (ECDC) and the National Health Institute Doutor Ricardo Jorge (INSA) in 2012 to produce a comprehensive overview of the key infectious diseases affecting migrant populations in the EU. The project aimed to estimate the burden of infectious diseases, provide public health recommendations, identify best practices and interventions, and determine the comparability of data from across Europe on surveillance, prevention, treatment and care. The Common Approach for Refugees and other Migrants' health project with the support from EU developed a user manual for the health tracking system for migrants in Europe.[32]

Refugee Health Passport in Canada is a portable medical history tool for newly arrived refugees in Canada. It is a held booklet that contains a streamlined medical history relevant to acute care situations; space for medical professionals to add new information; and a basic medical translation tool, for the language of the passport holder.[33] The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) started in 2009 to develop a computer-based electronic health records system (e-Health) in order to provide primary health care for 5 million Palestine refugees in Jordan, Syria, Lebanon, the West Bank and Gaza through its 143 health centres. The UNRWA e-health system is a locally developed web based, patient-centred system to support UNRWA's health services for common illnesses, maternal and child health, non-communicable diseases, laboratory and pharmacy.[34t]

28 European Union. 2015. Personal Health Record. https://ec.europa.eu/health/sites/health/files/migrants/docs/handbook_healthprofessionals_en.pdf. (Accessed on 15 July 2020).

29 Wickramage K, Mosca D. Can migration health assessments become a mechanism for global public health good?. Int J Environ Res Public Health. 2014;11(10):9954-9963. Published 2014 Sep 26.doi:10.3390/ijerph111009954

30 International Organization for Migration (IOM). Re Health 2. Contributing to theintegration of newly-arrived migrants and refugees in the EU Member States'health systems.

31 International Organization for Migration (IOM). Re Health 2. Contributing to theintegration of newly-arrived migrants and refugees in the EU Member States'health systems.

32 CARE project, Health tracking and monitoring system user manual.Available: at http://careformigrants.eu/wp-content/uploads/2017/08/CARE-HTMS-User-manual.pdf, accessed July 20, 2020).

33 Martel N, Franco-Lopez HD, Snyder E, Cheskey S, Fruchter L, Ahrari A, et al.The refugee health passport: A portable medical history tool that facilitatescommunication for newly arrived refugees in interpretation-limited, acute caresettings. Annals of Global Health 2015;81(1):115.

34 Ballout G, Al-Shorbaji N, Abu-Kishk N, et al UNRWA's innovative e-Health for 5 million Palestine refugees in the Near East. BMJ innovations 2018;4:128-134.

1.5 OBJECTIVES OF THIS STUDY

The objective of this study is to identify and analyze the studies pertaining to health-related information of migrants of Nepal and to explore the management of migrant health information and associated stakeholders in Nepal. The specific objectives are as follows:

i. to identify and analyse health related information of 'migrants of Nepal'

ii. to explore management of health records of 'migrants of Nepal' and associated stakeholders

iii. to identify challenges in maintaining migrant health information system in Nepal.

1.6 DEFINITIONS OF KEY TERMS[35]

Migrant

Any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. This definition includes a number of well-defined migrant categories such as immigrant, labour migrant/migrant worker, refugee, undocumented migrants and international students. As an operational definition for this study, the term 'migrants of Nepal' has been used to refer to migrants originating from Nepal and migrants/mobile population, including tourists, coming to Nepal.

Immigrant

From the perspective of the country of arrival, an immigrant is a person who moves into a country other than that of his or her nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence.

Labour migrant/migrant worker

A person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national.

Refugee

A person who meets the eligibility criteria under the applicable refugee definition, as provided for in international or regional refugee instruments, under the mandate of the Office of the United Nations High Commissioner for Refugees (UNHCR), and/or in national legislation.

International student

A person who has moved across an international border away from his or her habitual place of residence for the purpose of undertaking a programme of study.

Undocumented migrant

A person who moves or has moved across an international border and is not authorized to enter or to stay in a State pursuant to the law of that State and to international agreements to which that State is a party.[36]

Tourist

A person who does not reside in the country of arrival and is admitted to that country temporarily (under tourist visas if required) for purposes of leisure, recreation, holiday, visits to friends or relatives, health or medical treatment, or religious pilgrimage. A tourist must spend at least a night in a collective or private accommodation in the receiving country and the duration of his or her stay must not surpass 12 months.

35 IOM: Glossary on Migration.

36 For the purpose of this study, the term undocumented migrant is used to refer to the migrant whose migration is not recorded in the authority.

2. METHODOLOGY

2.1 STUDY DESIGN

The scoping review was carried out as per the six-stage methodological framework developed by Arksey and O'Malley (2005): (1) identifying the research question, (2) identifying relevant literatures, national organizations and sources of data (3) selection of literature and data, (4) charting the data, (5) collating, summarizing and reporting the results, and (6) a consultation exercise.[37] We reviewed literature pertaining to health related information of migrants of Nepal and carried out a stakeholder consultation to explore the process of health records management and to identify challenges in maintaining migrant health information. The stakeholder consultation included key informant interviews and a focus group discussion. The migrant population covered in this study were as follows: international labour migrants, international students, foreign tourists, refugees, internal migrants and other emigrants from Nepal.

2.2 IDENTIFYING THE RESEARCH QUESTIONS

Research questions for this review were:

- What is the status of the health related information of migrants of Nepal?
- How are the Migrant Health Records (MHRs) maintained and analysed in Nepal?
- Who keeps the MHRs in Nepal and why?
- What are the challenges for maintaining MHRs in Nepal?

2.3 IDENTIFYING LITERATURE AND SOURCES OF DATA

As per the research questions, the relevant scientific and grey literature were searched in Google, PubMed and EMBASE databases to identify studies carried out to assess health related information of migrants of Nepal. Literature was also identified through snowballing searching and during the expert review process to identify more sources. The websites of the following organizations were consulted to find grey literature and current statistics: International Organization for Migration, International Labour Organization, World Health Organization, Migration data portal, Ministry of Labour, Employment and Social Security, Government of Nepal, and The United Nations High Commission for Refugees.

All the documents and scholarly papers related to health-related information of migrants of Nepal were included. The documents and scholarly articles that assessed and explained any health-related information of migrants of Nepal since 2000 were included. Key words were used in the following three concepts:

- Population: student migrants, labour migrants, immigrants, refugees, emigrants, internal migrants, international migrants
- Health Information: health, death, mortality, morbidity, mental health, mental problems, diseases, injuries, illnesses, health services, health care access, health care delivery, occupational hazards,
- Geographic area: Nepal

37 Arksey, H. & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. International Journal of Social Research Methodology: Theory and Practice,8(1),19-32. DOI: 10.1080/1364557032000119616.

2.4 DATA EXTRACTION AND SYNTHESIS

Health related information along with study characteristics was extracted in a tabular format from the selected studies and documents. The information was mainly categorised with types of health problems assessed, destination country of migrants and main findings of the study. The information was analysed to find out the status of health-related information of migrants of Nepal. First, two team members searched and extracted the relevant information which was cross-checked by other two senior team members.

2.5 COLLATING AND REPORTING THE RESULTS

The information collected from literature review and stakeholders' consultation were collated. While analysing the data and reporting the results, team members discussed among themselves and consulted the IOM Nepal team for information presentation.

2.6 STAKEHOLDERS MAPPING AND CONSULTATION

Relevant governmental and non-governmental stakeholders who are directly or indirectly involved in assessing health or maintaining health records of migrants were first mapped, physically or virtually visited and relevant documents or information collected. As an essential component, the consultation[38] included key informant interviews and a focus group discussion. A total of 17 key contact persons of various governmental and non-governmental stakeholders involved in migrant health issues were interviewed as key informants. Although 22 key informants were proposed, data saturation made the researchers limit the interviews to 17 informants (See Annex 18). A focus group discussion was conducted with representatives from pre-departure medical centres. The focus group discussion had nine participants. Among the participants were the chairperson, the vice-chairperson and the general secretary of Nepal Health Professional Federation. The interview and focus group discussion guides were developed. The focus group discussion focused primarily on migrant health data management procedure, data protection and priority and challenges of migrant health information management. Tools of both key informant information and focus group discussion were pre-tested before their implementation. Necessary corrections were made in the tools on the basis of the learning from the pre-testing. Prior to the pre-testing, a one-day training was organized for the interviewers and facilitators where they were also trained to maintain ethical standards. The key informant interview solicited following information:

- Type of organisation involved to collect migration health information
- Types of MHRs (personal health records; electronic medical records, electronic health records)
- Sources of data
- Types of data (indicators) in MHRs
- Time of collection (pre-departure, transit, destination; returnee)
- Health beneficiary (to whom the health records is intended)
- Linkage of migrant health records (MHR) with stakeholders (local, national or international level) and databases.

Due to ongoing COVID-19 pandemic, most of the interviews were conducted through phones. The focus group discussion was conducted virtually through a Zoom software. The qualitative data generated from the key informant interviews and the focus group discussion were analyzed by inductive thematic analysis for the challenges and concerns to manage migrant health information. The transcripts were read and important information, views and sayings were coded. The codes were charted and searched for pattern to generate categories and themes, with selection of important quotes, to address the objectives. The interviews and analysis were conducted in Nepali language and the final findings were translated into English.

Ethical clearance was obtained from Nepal Health Research Council for key informant interviews and focus group discussion. Informed consent was obtained from the respondents, including for audio-recording and publication of their views in the report. A verbal consent was taken for phone interviews and virtual discussion. Some informants allowed note-taking, but not recording. The researchers respected it. The consents in the phone and virtual discussion were recorded. The purpose of the study and utilisation of the findings were explained to the respondents.

38 Levac, D., Colquhoun, H. & O 'Brien, K. K. Scoping studies: advancing the methodology. Implementation Science 5, 69 (2010). https://doi.org/10.1186/1748-5908-5-69

3. FINDINGS

3.1 HEALTH RELATED INFORMATION OF MIGRANTS OF NEPAL

Out of the 56 publications screened, 34 were found relevant by full-text review (Table 1). The reviewed publications were either journal articles (n=30) or research reports (n=4). Except one study (Shilm et al., 1991), all other studies reviewed were published after 2000, with most of them published after 2015. The studies discussed various health issues of different categories of migrants. The studies reviewed were related to labour migration (n=20), student migration (n=2), tourists (n=4), refugees (n=3), internal migration (n=1) and other emigrants from Nepal[39] (n=4). The following sections describe health related information categorized by types of migrants, methodologies and key findings of the studies.

Table 1: Literature related to health of migrants of Nepal

Labour Migrants:

S.N.	Authors, Published Year, Journal Name/Publisher/ Institutions	Health Issues Assessed	Study Design	Sample Size, Study Population	Exposed Host country	Key Findings
	National Human Rights Commission. 2020	Impact of COVID-19 on the employment, health and right to life	Review and analysis of the primary and auxiliary sources.	Consultation with Migrant workers affected by COVID at foreign country, returnee migrants, families of the migrants who died due to COVID-19 and concerned stakeholder	India, United Arab Emirates, Kuwait, Saudi Arab, Qatar, Bahrain, Malaysia and Others	Death count of Nepali migrant workers due to COVID-19 is 25 in United Arab Emirates, 10 in Saudi Arabia and 89 in others. About 1364 Nepali migrant workers residing in Saudi Arabia have COVID-19 which is the highest in number.
	Dhungana R.R., et al. 2019	Psychological morbidity and its associated factors	Community Cross-sectional Study	751 returnee migrants from India		The prevalence rate of psychological morbidity was 13.5 per cent. Participants aged ≥ 45 years, from the Terai, a religious minority, who received no sick leave, with existing health problems and having difficulty in accessing health care were more likely to have a psychological morbidity.
	Poudel, et al. 2019	Psychological distress, depression, anxiety and stress	Cross-sectional Study	39 migrant workers during the pre-departure phase	-	Prevalence of psychological distress, depression, anxiety and stress were 28.21 per cent, 35.9 per cent, 41.03 per cent and 20.51 per cent respectively.

39 For the purpose of this study, 'other emigrants from Nepal' refers to those migrants from Nepal whose purpose of migration was not explicitly specified in the studies.

	Smith, et al. 2019	Health problems of high-risk mobile and migrants populations,	Mixed Study	Retrospective analysis of passive surveillance data, a quantitative health facility-based survey	India	The study showed that 54.1 per cent of malaria cases between 2013 and 2016 were presented as imported malaria cases from India and is helping to drive local transmission in border areas of far and mid-western Nepal.
	Adhikary, et al. 2019	Health and mental well-being	Cross-sectional Study	403 returnee migrants	Malaysia, Qatar and Saudi Arabia	13 per cent reported having poor or very poor health and nearly a quarter reported mental health problems.
	Adhikary, et al. 2019	Health vulnerabilities of cross-border migrants from Nepal.	Mixed (Qualitative and Quantitative Study)	Quantitative participants: 735 Qualitative participants: 6 FGDs, 12 in-depth interviews and 12 KIIs with concerned stakeholders	India	Major communicable diseases reported were Malaria, dengue and Tuberculosis. Only 41 per cent used condoms with spouses. Work-related injuries from falls (2.5%), hypertension (1.5%), and diabetes (1.5%) were key non communicable diseases. Psychological distress was reported by 13.4 per cent of participants. More than one-quarter faced difficulties accessing health services in India.
	Simkhada, et.al. 2018	Health problems	Observational Study (Secondary Data Review)	1010 female migrants	Middle East and Malaysia	24 per cent of the respondent reported health problems mainly: fever, severe illness and accidents
	Adhikary, et al. 2018	Unintentional injuries.	Qualitative Study	In-depth, face-to-face interviews (n = 20) with male Nepali migrant workers	Middle East and Malaysia	Almost half reported of experiencing work-related accident in abroad.
	Adhikary, et al. 2017	Accidents	Cross-sectional Study	403 returnee migrants	Malaysia, Qatar and Saudi Arabia	17 per cent of the respondents experienced accidents
	International Labour Organization 2016	Mortality	Quantitative and Qualitative study (Secondary data review and key informant interview)	Labour Migrants. Consultation with nine stakeholders working in labour migrants	Labour Migrants Countries declared by GON	The death rate was 1.6 deaths per 1,000 migrant workers. The death rate for male migrant workers was higher than for female migrant workers. Cardiac arrest (21.8%) was the major cause of death
	International Organization for Migration Nepal, HERD Nepal. 2015	Health vulnerabilities	Quantitative Study	411 Nepali migrants (2 01 departing and 210 returnees	Qatar, Saudi, United Arab Emirates, Oman, Bahrain, Iraq, Kuwait, Lebnon, Malaysia, Afghanistan, Japan, Denmark, Russia and South Africa	On average, 67 per cent of all migrants completed a mandatory health examination prior to departure; 93 per cent of returnees and 40 per cent of departing migrants.

	Bam, et al. 2013	To explore sexual behavior, HIV risk	Qualitative Study	10 in-depth interview and 4 FGDs among Dalit male migrant laborers	India	Unmarried status, peer influence, alcohol use, low-priced sex with FSWs and unwillingness to use condoms were major risk factors
	Adhikary, et al. 2011	Health issues	Review	-	Middle Eastern countries	Health problems reported were anxiety, depression, tuberculosis and eye injury, work-related accidents and injury, headache, suicide attempts, cardiac arrests, mental illness and high death rates
	Joshi, et al. 2011	Health problems and accidents	Cross-sectional Study	408 Nepalese migrants	Qatar, Saudi Arabia and United Arab Emirates	More than half suffered from some type of health problem and one quarter reported of experiencing injuries or accidents
	Adhikary, et al. 2008	Health and lifestyle	Cross-sectional Study	327 Nepalese migrants	United Kingdom	The self-reported health status and lifestyle was good
	Pradhan, et al. 2019	Heat Stress Impacts on Cardiac Mortality	Mixed Study	Secondary data collection; Labor Migrants	Qatar	The study findings showed that Cardiovascular mortality among labor migrants during hot periods in Qatar was most likely due to severe heat stress. Out of 571 deaths from 2009-2017, 200 of them could have been prevented if effective heat protection had been implemented.
	Bhandari, et al. 2016	Health-promoting lifestyle behaviors, and perceived health status	Cross-sectional study	169 Nepalese migrants working in South Korea	South Korea	Physical activity was the least practices behavior among participants, whereas spiritual activity was reported as the highest health promoting behaviour. The only significant predictor of health promoting behaviour was self efficacy
	Al-Thani, et al. 2015	Occupational health	Retrospective chart review of trauma registry data on occupational related injuries	2015 patients who had occupational injury admitted to Trauma centre of Qatar from 2010-2013	Qatar	Out of 2015 patients, 563 workers experiencing occupational injuries were from Nepal. 19 per cent of the Nepali labour migrants were found have fatal occupational injuries.
	Poudel, et al. 2003	HIV Infection and Syphilis	Mixed Study	97 male labor migrant-returnees	India	10 male migrants were HIV positive and 24 of them were Syphilis positive. Most of them were involved in risky behaviours such as pre- or extramarital sex and sex with multiple partners
	Chan, et al. 2008	Toxoplasmosis	Serological Study	501 foreign migrant workers in Malaysia	Malaysia	The highest toxoplasmosis prevalence rate (46.2%) was seen among Nepalese workers

Student Migrants

S.N.	Authors, Published Year, Journal Name/Publisher/ Institutions	Health Problem Assessed	Study Design	Sample Size, Study Population	Exposed Host country	Key Findings
	Bhandari. 2012	Stress and health related quality of life of Nepalese students studying in South Korea	Cross-sectional Study	130 Students studying in South Korea	South Korea	The study showed that Nepalese students studying in South Korea had experienced a considerable amount of perceived and acculturative stress, which was negatively related with their health related quality of life
	Shakya. 2020	Factors associated with access to HIV testing among international students in language schools in Tokyo	Cross-sectional Study	769 Chinese, Vietnamese, and Nepalese students (158 Nepali Students)	Japan	Nepalese students were less likely to know where to get HIV testing in Japan as compared with Chinese students. The reason behind may be the differences in Japanese language proficiency between Nepalese and Chinese students.

Tourists

S.N.	Authors, Published Year, Journal Name/Publisher/ Institutions	Health Problem Assessed	Study Design	Sample Size, Study Population	Exposed Host country	Key Findings
1.	Lurchachaiwon, et al. 2019	Azithromycin hetero-resistant Campylobacter jejuni in traveler's diarrhoea	Quantitative Study	105 travelers with acute diarrhoeal illness seeking healthcare at the CIWEC Hospital	Nepal	Of 105 Campylobacter isolates, one C. jejuni was found to be hetero-resistant to AZM. This acute diarrhoeal stool sample came from a traveler who presented to the clinic with fever, abdominal pain, nausea, vomiting, diarrhoea and fatigue.
2.	Pandey, et al. 2018	Severe Frostbite in Extreme Altitude Climbers	Case Report	5 consecutive climbers with severe frostbite	Nepal	5 consecutive climbers with severe frostbite in whom iloprost was used, 4 of whom received treatment between 48 and 72 h from injury, 2 had excellent results with minimal tissue loss, and 2 had good results with tissue loss less than expected. The 1 patient with a poor outcome likely experienced a freeze-thaw-refreeze injury.

	Serichantalergs, et al. 2017	Campylobacter concisus and C. ureolyticus in traveler'sdiarrhoea cases	Case-control Study	158 pathogen-negative stool samples after laboratory examination for common enteric pathogens to include C. jejuni and C. coli by culture from two case–control traveler'sdiarrhoea (TD) (cases = 83; controls = 75)	Nepal	The findings suggested that C. concisus potentially was a pathogen associated with TD in Nepal. This was the first report of C. concisus and C. ureolyticusdetected from traveler'sdiarrhoea cases from travelers to Nepal
	Shilm, et al. 1991	Rabies immunoprophylaxis strategy in travelers	Quantitative Study	95000 foreign tourists and residents who visited Nepal	Nepal	Among 395 000 foreign tourists and residents who visited Nepal during the study period, 62 required post-exposure rabies immunoprophylaxis. Dog bites accounted for 76 per cent of the exposures, while 20 per cent were due to monkey bites.

Refugees

S.N.	Authors, Published Year, Journal Name/Publisher/ Institutions	Health Problem Assessed	Study Design	Sample Size, Study Population	Exposed Host country	Key Findings
1.	Centre for Research on the Epidemiology of Disasters (CRED). 2008	Public Health Profile	-	-	-	The health and nutrition indicators of Bhutanese refugees was satisfactory. The indicator showed a circumstance that is better than that of the average Nepal residents and the services available in the refugees camps surpass the national guidelines. Death Rates were altogether beneath emergency thresholds.
2.	Mills, et al. 2008	mental disorders and torture	Systematic Review	Six studies were selected regarding the prevalence of mental disorders and torture amongst Bhutanese refugees in Nepal	Refuges	The reviewed studies indicated high incidence of mental illness including depression, anxiety, post traumatic stress disorder. The findings showed that the prevalence of serious mental health disorders among tortured and non- tortured participants was elevated
3.	Khatoon, et al. 2018	HIV testing and counselling service	Cross-sectional Study	323 Bhutanese refugee residing in eastern Nepal		29 per cent of the key population utilized HIV testing and counselling service. Self-perceived stigma about HIV, the fear of being discriminated and lack of knowledge were the common barriers for the utilization.

S.N.	Authors, Published Year, Journal Name/Publisher/ Institutions	Health Problem Assessed	Study Design	Sample Size, Study Population	Exposed Host country	Key Findings
Internal Migrants						
1.	Thapa, et al. 2019	Reproductive health and maternal health	Secondary data analysis (An analysis of the Nepal Demographic and Health Survey 2016)	7,876 internal migrants women and 3,791 non-migrants women of age 15-49	Nepal ; Internal migrants	Use of modern contraceptive, attending at least four ANC visits and delivery in health facility are significantly higher among the women who moved to urban areas, as compared with the women who moved to rural areas,
Other Emigrants from Nepal						
1.	Shakya, et al. 2018	Factors associated with access to healthcare among Nepalese migrants in Japan.	Cross-sectional Study	642 Nepalese migrants residing in 10 prefectures of Japan	Japan	The finding showed poor accessibility of health care for Nepalese migrants in Japan and their access to health care were associated with the length of stay, Japanese language skill and health insurance and self-rated health status.
2.	Bhandari, et al. 2020	Cancer information seeking and scanning behaviour among Nepalese migrants in Japan	Cross-sectional Study	200 Nepalese migrants residing in Tokyo for more than six months	Japan	In this study, the proportion of Nepalese migrants who deliberately undertook cancer information seeking was low, and the practice of cancer information scanning was high
3.	Poudel, et al. 2019	Knowledge of Risk Factors of Cancer Among Nepali Immigrants in Japan	Descriptive cross-sectional study	100 Nepali immigrants	Japan	87 per cent of immigrants showed a strong need for cancer education/awareness. Lack of knowledge on risk factors of cancer among Nepali immigrants
4.	Shah, et al. 2018	Reproductive health	Cross-sectional study	89 married Nepalese female migrants	Japan	Migrants who had higher knowledge of modern contraceptive methods were more likely to use them. This study highlights the importance of the knowledge of modern contraceptive methods to increase their use. Also, the use of modern contraceptive methods improves the psychological Quality of Life domain scores of the migrants using them.

3.1.1 LABOUR MIGRANTS

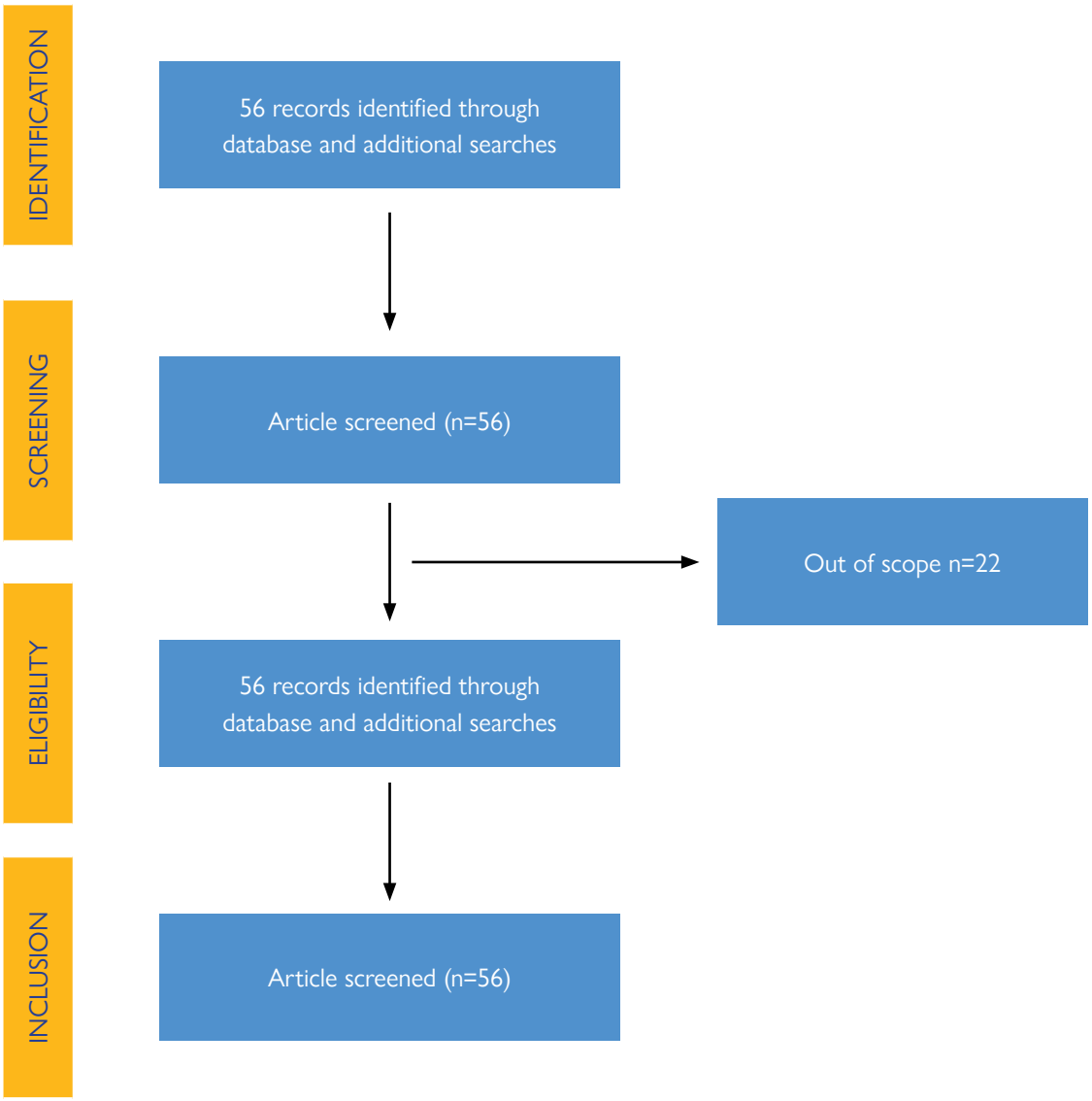
Mental health

Focusing on mental health, Dhungana et al. (2019) evaluated the prevalence of and factors associated with psychological morbidity in Nepali cross-border migrants to India. The prevalence of psychological morbidity was altogether higher among migrants with an existing health condition, the individuals who had issues getting access to medical services, and those whose employments had no arrangement for sick leave. The findings showed the burden of psychological morbidity was significantly high among vulnerable groups such as women, the elderly, marginalized groups and minorities. This study, however, neglected to connect some key factors that could influence the emotional wellness status in migrant workers, for example, social support, attachment and cultural conflict in the host nation.

Similarly, in another study about mental health by Poudel et al. (2019), prevalence of psychological distress, depression, anxiety and stress were identified as 28.21 per cent, 35.9 per cent, 41.03 per cent and 20.51 per cent, respectively, at the pre-departure phase. It shows that migrant workers not only face challenges at the workplace, they undergo many challenges during pre-departure phase too. This clearly indicates that various factors related to labour migration can exacerbate the symptoms of anxiety and depression during the pre-departure phase.

Adhikary et al. (2018) explored the health and well-being of male migrants abroad. Over 13 per cent reported poor or very poor health and nearly a quarter reported mental health issues. Whilst age and exercise were significantly associated with health status, poor work environments and perceived health risks at work were associated with both mental health issues and health status.

Figure 2: Reviewed literature related to health-related information of migrants of Nepal



Accidents, injuries and deaths

Another major issue seen in the literature review of migrant health is accidents in the workplace. A cross-sectional study was done by Adhikari et al. (2017) to find out the extent of workplace accidents among Nepali migrant workers in Malaysia, Qatar and Saudi Arabia accidents. Among 403 returnee migrants,17 per cent of the respondents experienced accidents at work in their host country. Age, country of work, doctor registration and perceived standard of work environment and accommodation were significantly associated with accidents at work.[40] Similarly, a study by Adhikary, Keen and Van Teijlingen (2019) that focused on workplace accidents among Nepali male workers in the Middle East and Malaysia showed that almost half of the study participants reported that they were experiencing work-related accidents. Health and safety at work, poor communication, taking risks by workers themselves, and perceived work pressure was reported to be the major cause of work-related accidents.[41]

From 2008/2009 to 2013/2014, the Government of Nepal recorded the deaths of 3,272 migrant workers. The major causes of deaths were recorded as heart related problems (26.2%), natural causes (18.3%), traffic accidents (13.6%), suicides (10.1%), work-place accidents (7.8%) and murder (1.4%). In a quarter of deaths, the cause was unknown.[42]In numerous destination countries, post-mortem of migrant workers is not done except if the deaths are connected with a criminal case, and authority records of the destination countries generally record these deaths as normal causes. Information on underlying causes, for example, heat wave on building sites is frequently not accessible. Another cross sectional study by Joshi, Simkhada and Prescott (2011) found that more than half of (56.6%) the respondents suffered from health problems during their last 12 months of stay abroad. One quarter of the respondents reported of experiencing injuries or accidents at work place.[43]

Similarly, another study on occupational injuries by nationality in Qatar showed that out of 6,555 trauma admissions, 2015 (30.7%) patients had occupational injuries. The admitted Case Fatality Rate was 4.3 per 100 occupational injury related trauma admissions. Overall non-fatal occupational injury rate was 37.34 per 100,000 workers, whereas fatal injury rate was 1.58 per 100,000 workers. Most of the workers experiencing occupational injuries were from Nepal (28%), India (20%) and Bangladesh (9%). Fatal occupational injuries were predominately among Indians (20%), Nepalis (19%), and Filipinos/Bangladeshis (both 8%). During the timeline of this study, there were less incidence of severe occupational injuries even though other literature suggested occupational injuries were very common in the workplace. The incidence of severe occupational injuries decreased despite a simultaneous increase in the worker population within Qatar. Almost one in four occupational injuries was a major trauma. Nepali and Indian workers represented 29 per cent and 18 per cent of all major trauma cases, respectively.[44]

A review carried out by International Labour Organization showed that the proportion of deaths to the number of migrant workers abroad was 0.16 per cent (4,322 deaths out of total 2,723,587 labour permits) in the seven years period from 2008/09 to 2014/15. The causes of deaths as per the Foreign Employment Board (FEB) databases were categorised into eight groups: cardiac arrest, heart attack, traffic accident, workplace accident, suicide, murder, natural cause, and other/unidentified causes. Among the deaths, 941 deaths were caused by cardiac arrest (21.8%), 847 by natural causes (19.6% and 795 by other or unidentified causes (18.4%). A significant number of deaths by traffic accident (571 cases, or 13.2%) and suicide (451 cases, or 10.4%) were also recorded, whereas the number of deaths caused by workplace accidents was low (8.6%). A majority (97%) of deaths occurred in GCC countries and Malaysia: highest in Malaysia followed by Saudi Arabia, Qatar, and United Arab Emirates. The most deaths attributed to an "other or unidentified cause" occurred in Malaysia (546 cases) and Qatar (140 cases).[45]

Qatar is a major destination country for Nepali migrant workers in the construction sector. The labour migrant workers are exposed to various occupational hazards. In a study by Pradhan et al. (2019), in Qatar alone, 1,354 Nepali migrant workers died in the period 2009-2017, out of which 571 (42%) deaths were due to cardiac arrest and heart attack.[46] There was a strong correlation between average monthly afternoon heat levels and these deaths. The most likely underlying cause of these deaths was heat stroke and more appropriate causes were cardiovascular disease. The majority of labour migrants in Qatar were reported working in more than 31 degrees Celsius each working day during summer seasons.

40 Adhikary P., Sheppard ZA, Keen S, Van Teijlingen E. Risky work: Accidents among Nepalese migrant workers in Malaysia, Qatar and Saudi Arabia. Health Prospect. 2017 Nov 24;16(2):3-10.

41 Adhikary, P., Keen S, Van Teijlingen E. Workplace accidents among Nepali male workers in the Middle East and Malaysia: A qualitative study. Journal of immigrant and minority health. 2019 Oct 1;21(5):1115-22.

42 Ministry of Labor and Employment, Government of Nepal. Labor migration for employment: a status report for Nepal: 2013/2014.

43 Joshi, S., Simkhada, P., Prescott GJ. Health problems of Nepalese migrants working in three Gulf countries. BMC International Health and human rights. 2011 Dec 1;11(1):3.

44 Al-Thani H., El-Menyar A, Consunji R., et al. Epidemiology of occupational injuries by nationality in Qatar: Evidence for focused occupational safety programmes. Injury. 2015;46(9):1806-1813

45 International Labour Organization. WHEN THE SAFETY OF NEPALI MIGRANT WORKERS FAILS. A review of data on the numbers and causes of the death of Nepali migrant workers. ILO. 2016

46 Pradhan B., Kjellstrom,T., Atar D, Sharma, P., Kayastha, B., Bhandari, G., Pradhan, PK. Heat stress impacts on cardiac mortality in Nepali migrant workers in Qatar. Cardiology. 2019;143(1):37-48.

Communicable and non-communicable diseases

In a secondary analysis of information collected from 1,010 returned female migrants registered with an emergency shelter in the period from July 2009 to July 2014 with Pourakhi, an NGO in Nepal, a quarter of respondents (24%) reported having experienced health problems while in the host countries. About a fourth of female migrants had encountered medical issues, for example, fevers, serious ailments and truly horrendous 'mishaps', which seemed, by all accounts, to be basic medical issues experienced during their work abroad. There is a high likelihood of developing health problems in the migrants who: (1) worked long hours (over 12 hours a day); (2) belonged to the unskilled service sector; (3) experienced physical and sexual abuse; (4) exposed torment; and (5) denied wages.[47]

A study about health status of migrant workers in the Middle Eastern countries carried out by Adhikary et al. (2011) revealed migrants workers suffered from minor problems like headache to chronic pulmonary inflammatory diseases such as tuberculosis, cardiac arrests, work-related accidents, eye injuries, mental health issues such as anxiety and depression, with some cases of suicide attempts.[48] This was supported by a similar study by Joshi, et al.(2011) to explore the health problems and accidents faced by Nepali migrants in the Gulf countries. In this cross-sectional study conducted among 408 Nepali migrant workers in Qatar, Saudi Arabia and United Arab Emirates, it was found that more than half of the Nepali migrants suffered from some type of health problems and one quarter reported of experiencing injuries or accidents. In a study by Bhandari and Kim (2016), it was seen among 169 Nepali migrants working in South Korea that physical activity was the least practiced behaviour among participants, whereas spiritual activity was reported as the highest health promoting behaviour. The only significant predictor of health promoting behaviour was self-efficacy.[49]

On the contrary, a study by Adhikari et al. (2008) examined the health and lifestyle of migrant workers in the United Kingdom. The self-reported health status and lifestyle, health seeking behaviour of Nepali people who are living in the United Kingdom was good. The only matter of concern was regular exercise and dental check-ups.[50]A study among 201departing and 210 returnee migrants was carried out to understand the health vulnerabilities of departing and returnee migrants in Nepal in order to inform policy and programme development regarding health of migrants in South Asia. On average, 67 per cent of migrants surveyed had completed a mandatory health examination prior to departure, with 93 per cent of returnees and 40 per cent of departing migrants. Private providers were the most popular venues for the mandatory health examination, followed by employers/ agencies (31%) and NGOs (17%). About 70 per cent of migrants reported that health providers asked for consent prior to conducting a medical test mandatory during health check-ups.[51]

A study carried out by Poudel et al. (2003) among 97 male returnee migrants and 40 non- migrants found that 11 of 137 men (8%) were positive for HIV infection and 30 men (22%) for syphilis. The respondents, especially the returnees from Mumbai, were engaging in risky behaviours such as pre- or extramarital sex, and sex with multiple partners, including with sex workers. This study revealed high HIV and syphilis prevalence among the male migrant-returnees and non-migrants in far-western Nepal where migration to Mumbai is common. The prevalent behaviours, particularly among returnees, imply urgent needs of the behavioural modification programmes to prevent the spread of HIV infection to general population.[52] Similarly in another qualitative study by Bam et al. (2013) that included 10 in-depth interviews and 4 FGDs among Dalit male migrant labourers working in India found that unmarried status, peer influence, alcohol use, low-priced sex with female sex workers and unwillingness to use condoms were major risk factors.[53]

Similarly, a serologic study by Chan et al. (2008) on Toxoplasma antibodies among 501 foreign migrant workers in Malaysia was conducted in a plantation and detention camp. The highest prevalence rate of 46.2 per cent was among Nepali workers. Statistical analysis indicated the IgG positivity rate among local residents was significantly higher than the migrants studied ($p<0.05$). The IgM positivity rate showed no significant difference between the two groups ($p>0.05$). No significant difference in the prevalence rate was noted between the migrants and the local workers when grouped by agricultural and non-agricultural occupations ($p>0.05$). The continuous introduction of these infections may influence the epidemiology and further compromise efforts in control and prevention. It is therefore important to monitor of non-notifiable diseases.[54]A retrospective analysis of passive surveillance data, a quantitative health facility-based survey by Smith-Estelle et al. (2003),

47 Simkhada, P., Van Teijlingen, E., Gurung, M., Wasti, SP. A survey of health problems of Nepalese female migrant workers in the Middle-East and Malaysia. BMC international health and human rights. 2018 Dec;18(1):1-7.

48 Adhikary, P., Keen, S., Van Teijlingen, E. Health Issues among Nepalese migrant workers in the Middle East. Health Science Journal. 2011;5(3):169-75.

49 Bhandari, P., Kim, M. Predictors of the Health-Promoting Behaviors of Nepalese Migrant Workers. J Nurs Res. 2016 Sep;24(3):232-9.

50 Adhikary, P., Simkhada, P.P., Van Teijlingen, E.R., Raja, A.E. Health and lifestyle of Nepalese migrants in the UK. BMC International Health and Human Rights. 2008 Dec 1;8(1):6.

51 International Organization for Migration Nepal. Health Vulnerabilities of Migrants from Nepal: Baseline Assessment. IOM Nepal. 2015.

52 Poudel KC, Okumura J, Sherchand JB, Jimba M, Murakasmi I, Wakai S. Mumbai disease in far western Nepal: HIV infection and syphilis among male migrant-returnees and non-migrants. Trop Med Int Health. 2003;8(10):933-939

53 Bam K, Thapa R, Newman MS, Bhatt LP, Bhatta SK. Sexual behavior and condom use among seasonal Dalit migrant laborers to India from Far West, Nepal: a qualitative study. PLoS One. 2013 Sep 5;8(9):e74903

54 Chan BT, Amal RN, Noor Hayati MI, Kino H, Anisah N, Norhayati M, Sulaiman O, Mohammed Abdullah M, Fatmah MS, Roslida AR, Ismail G. Seroprevalence of toxoplasmosis among migrant workers from different Asian countries working in Malaysia. Southeast Asian Journal of Tropical Medicine and Public Health. 2008 Jan;39(1):9.

showed 54.1 per cent of malaria cases as imported cases from India and which were helping to drive local transmission in border areas of far and mid-western Nepal.[55] Similarly, Adhikary et al. (2019) found major communicable diseases reported were malaria, dengue and tuberculosis. The study found that only 41 per cent used condoms with spouses. Work-related injuries from falls (2.5%), hypertension (1.5%), and diabetes (1.5%) were key non communicable diseases.[56] Psychological distress was reported by 13.4 per cent of participants. More than one-quarter of respondents reported to have faced difficulties accessing health services in India.

At a time when COVID-19 was gripping the world with terror, National Human Rights Commission has reported that 25 Nepali migrants have died in United Arab Emirates, 10 in Saudi Arabia and 89 in other countries due to the global pandemic. About 1,364 Nepali migrant workers in Saudi Arabia have been infected by COVID-19, the highest infected case among the Nepali migrant workers abroad until that day.[57]

3.1.2 STUDENT MIGRANTS

In recent years there has been a growing trend among students to travel for educational purposes to other countries where there is the possibility of experiencing considerable amounts of stress affecting their physical and mental functioning. Bhandari (2012) carried out a cross sectional study among 130 Nepali students studying in Republic of Korea showed that Nepali students experienced a considerable level of perceived and acculturative stress, which is negatively related with their health-related quality of life. Provision of culture specific counselling and orientation programmes may benefit the students. The determinants of health related quality of life identified in this study were perceived stress, acculturative stress, relationship with advisers, and marital status.[58] Similarly, a study conducted by Shakya et al. (2020) among international students in Japan found that Nepali students were less likely to know where to receive HIV testing in Japan than Chinese students. Students who did not need Japanese language interpreters during visits to health facilities were more likely to know where to receive HIV testing. Students who did not have knowledge of free and anonymous HIV testing in Japan were also less likely to know where to receive HIV testing in Japan. Students who did not have knowledge of free and anonymous HIV testing and who had not utilized HIV testing in their home country were less likely to utilize HIV testing in Japan.[59]

3.1.3 TOURISTS

The CIWEC-clinic has carried out several researches on travel medicine including traveler's diarrhoea, high altitude sickness, frostbites among trekkers, rabies among travelers, typhoid fever and others. Some of them are discussed below:

A hetero-resistant Campylobacter jejuni (C. jejuni) isolate, identified by microbiological methods and characterized with molecular techniques, was obtained from a traveller in Nepal suffering traveler's diarrhoea. Antimicrobial susceptibility testing (AST) and population analysis profiling (PAP) demonstrated hetero-resistance to azithromycin (AZM), a first-line antibiotic treatment for Campylobacter infections. Of 105 Campylobacter isolates, one C. jejuni was found to be hetero-resistant to AZM. This acute diarrhoeal stool sample came from a traveller who presented to the clinic with fever, abdominal pain, nausea, vomiting, diarrhoea and fatigue. The sample was negative for enteric viruses, gastrointestinal parasites, and enteric bacterial pathogens including diarrhoeagenic E. coli; however, colonies identified as C. jejuni were detected.[60]

In a series of five consecutive climbers with severe frostbite in whom iloprost was used, four of whom received treatment between 48 and 72 hour from injury, two had excellent results with minimal tissue loss, and two had good results with tissue loss less than expected. One patient with a poor outcome experienced a freeze-thaw-refreeze injury. This small series suggests that iloprost can be beneficial for severe frostbite, even after the standard 48-hour window and perhaps for up to 72 hours.[61]

55 Smith-Estelle A, Gruskin S. Vulnerability to HIV/STIs among rural women from migrant communities in Nepal: a health and human rights framework. Reproductive Health Matters. 2003 Nov;11(22):142-151.

56 Adhikary P, Aryal N, Dhungana RR, Migrant Workers' Health Research Consortium. Health Vulnerabilities of Cross-border Migrants from Nepal. Kathmandu. International Organization for Migration. 2019. Study report available at: https://nepal.iom.int/sites/default/files/publication/Research_on_The_Health_Vulnerabilities_of_The_Cross_Border_Migrants_from_Nepal_0.pdf

57 National Human Right Commission (2020). COVID-19 MahamarikoChapetama Nepali Aapravasi Sramikharuko Adhikar Adhyayan Pratibedan, 2077 [Rights of Nepalese Migrant Workers amid COVID-19 Pandemic]. Kathmandu: National Human Rights Commission.

58 Bhandari P. Stress and health related quality of life of Nepalese students studying in South Korea: a cross sectional study. Health Qual Life Outcomes. 2012;10:26. Published 2012 Mar 13

59 Shakya P, Sawada T, Zhang H, Kitajima T (2020) Factors associated with access to HIV testing among international students in Japanese language schools in Tokyo. PLoS ONE 15(7): e0235659. https://doi.org/10.1371/journal. pone.0235659

60 Lurchachaiwong W, Ruksasiri S, Wassanarungroj P, et al. Determination of azithromycin hetero-resistant Campylobacter jejuni in traveller's diarrhoea. Gut Pathogens. 2019 ;11:19. DOI: 10.1186/s13099-019-0301-1.

61 Pandey P, Vadlamudi R, Pradhan R, Pandey KR, Kumar A, Hackett P. Case Report: Severe Frostbite in Extreme Altitude Climbers-The Kathmandu Iloprost Experience. Wilderness Environ Med. 2018 Jun 7 pii: S1080-6032(18)30057-7.

In a study, 214 pathogen-negative stool samples after laboratory examination for common enteric pathogens to include C. jejuni and C. coli by culture from two case-control travellers› diarrhoea (TD) studies conducted in Thailand (cases= 26; controls = 30) and Nepal (cases = 83; controls = 75), respectively were assayed by PCR for the detection of Campylobacter 16S rRNA and two specific heat shock protein genes specific for C. concisus (cpn60) and C. ureolyticus (Hsp60), respectively. These findings suggest that C. concisus potentially is a pathogen associated with TD in Nepal. This is the first report of C. concisus and C. ureolyticus detected from traveller's diarrhoea cases from travellers to Nepal and Thailand.[62]Among 395,000 foreign tourists and residents who visited Nepal during the study period, 62 required post-exposure rabies immunoprophylaxis. Dog bites accounted for 76 per cent of the exposures, while 20 per cent were due to monkey bites. Sixty-three per cent of wounds involved the lower extremity. Seventy-eight per cent of wounds were 2 cm or less in length. The mean length of time between exposure and treatment was three days, and 90 per cent received consultation or treatment within nine days.[63]

3.1.4 REFUGEES

Nepal is home to 19,600 refugees officially recognized by the United Nations High Commissioner for Refugees (UNHCR). Tibetan (64%) and Bhutanese (32%) refugees account for a large majority of Nepal's refugee population. There are refugees from Pakistan and Somalia too. Over 600 refugees have lived in urban settings.[64] A study by Mills et al. (2008) indicated high incidence of mental illness including depression, anxiety, post-traumatic stress disorder among Bhutanese refugees in Nepal. The findings showed that the prevalence of serious mental health disorders among tortured and non-tortured participants was elevated.[65] Surprisingly, in the public health profile by Centre for Research on the Epidemiology on Disasters (2008), the health and nutrition indicators of Bhutanese refugees was satisfactory. The indicator showed a circumstance that is better than that of the average Nepal residents and the services available in the refugee camps surpass the national guidelines. Death rates are altogether beneath emergency thresholds, surprisingly better than what one would expect in a steady setting.[66]

A cross-sectional study related to HIV testing and counselling was conducted among 20,051 Bhutanese refugees in Beldangi and Sanischare camps located at eastern Nepal. Altogether, 323 respondents were identified as key populations at risk of HIV infection. The findings revealed that 29 per cent of the key population was utilizing HIV testing and counselling service. Self-perceived stigma about HIV, the fear of being discriminated and lack of knowledge were the common barriers for the utilization.[67]

3.1.5 INTERNAL MIGRANTS

In a study on reproductive health and maternal health of internal migrants of Nepal, Thapa et al. (2019) found that the use of modern contraceptive, attending at least four ANC visits and delivery in health facilities were significantly higher among the women who moved to urban areas, as compared to the women who moved to rural areas. The study, based on data collected for Nepal Demographic and Health Survey 2016, took the sample of 7,876 internal migrant women and 3,791 non-migrant women of 15-19 years of age.

3.1.6 OTHER EMIGRANTS FROM NEPAL

A descriptive, cross-sectional study by Poudel et al.(2019) was conducted in Hokkaido prefecture, Japan, among 100 Nepali immigrants aged 20-45 years. Almost 21 per cent did not have health insurance in Japan. The smoking rate was low (12%) while the alcohol rate was high (65%) among the immigrants. Internet was reported to be the most common source of information. A total of 87 per cent of immigrants showed a strong need for cancer education. There was limited knowledge on risk factors of cancer among Nepali immigrants. This study showed a strong need for awareness about cancer and screening tests to ameliorate the increased risk of cancer.[68]

62 Serichantalergs O, Ruekit S, Pandey P, Anuras S, Mason C, BodhidattaL,Swierczewski B. Incidence of Campylobacter concisus and C. ureolyticus in traveler'sdiarrhea cases and asymptomatic controls in Nepal and Thailand. Gut Pathog. 2017 Aug 17;9:47 Amatya, B., Lakhey, P., & Pandey, P. (2018). Perforation Peritonitis at High Altitude. Journal of Nepal Medical Association, 56(210), 625-628.

63 Shilm, DR, Schwartz E. Houston R. Rabies immunoprophylaxis strategy in travellers. Journal of Wilderness Medicine 1991;2:15-21.

64 The UN Refugee Agency. Nepal 2020. https://reporting.unhcr.org/node/10316

65 Mills E, Singh S, Roach B, Chong S. Prevalence of mental disorders and torture among Bhutanese refugees in Nepal: a systemic review and its policy implications. Medicine, conflict and survival. 2008 Jan 1;24(1):5-15.

66 Centre for Research on the Epidemiology of Disasters (CRED). A brief analysis of 1) Bhutanese Refugees in Nepal 2) Tibetan Refugees in India 3) Sri Lankan Refugees in India 4) Sri Lankan IDPs. CRED. 2008 Mar 7.

67 Khatoon S, Budhathoki SS, Bam K, Thapa R, Bhatt LP, Basnet B, Jha N. Socio-demographic characteristics and the utilization of HIV testing and counselling services among the key populations at the Bhutanese Refugees Camps in Eastern Nepal. BMC Res Notes. 2018 Jul 31;11(1):535. doi: 10.1186/s13104-018-3657-2. PMID: 30064508; PMCID: PMC6069810.

68 Poudel, K., Noguchi, M., & Sumi, N. (2019). Knowledge of Risk Factors of Cancer Among Nepali Immigrants in Japan. KnE Life Sciences, 4(10), 429–436.

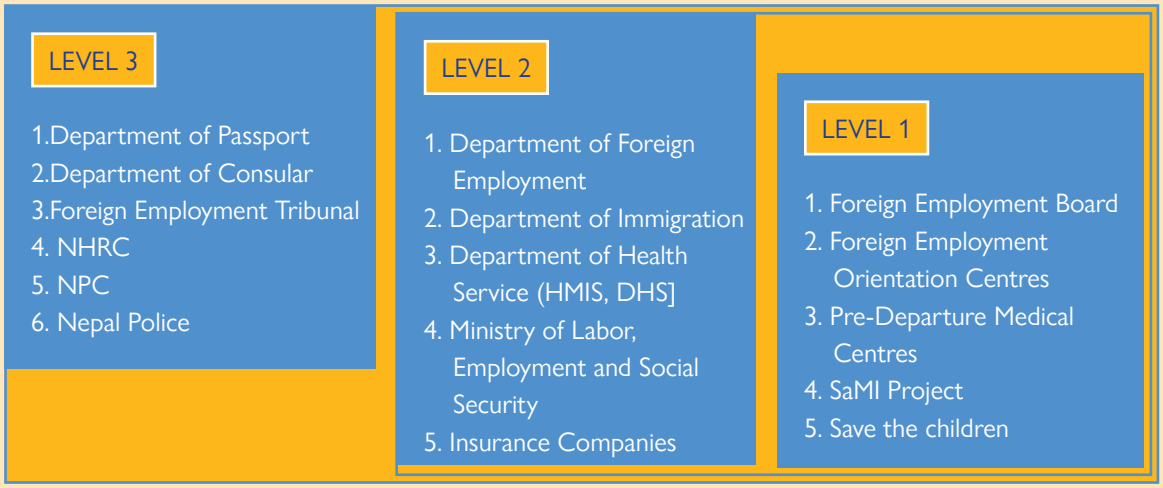
Similarly, in another study by Shakya et al. (2018), it was seen the migrants who had stayed in Japan longer were more likely to perceive better access to a doctor/health worker. The migrants were more likely to perceive better access to a doctor/health worker when they did not need Japanese language interpreters during visit to health facilities. They were also less likely not to see a doctor/health worker when needed. The migrants were less likely to perceive better access to a doctor/health worker when they had not paid the health insurance premium regularly. Their low perception of better access to a doctor/health worker was also associated with self-rated health status as poor or fair.[69] This finding was supported by another study conducted by Bhandari et al. (2020) among 200 participants in Japan. Internet was the most common information source. High education level and Japanese language skills were positively associated with both cancer information seeking and cancer information scanning. Migrants with low perceived health status were more likely to perform scans, while those who had been ill last year and who perceived proper access to doctors were more likely to seek information. In this study, the proportion of Nepali migrants who deliberately sought information regarding cancer was low, while the practice of scanning for cancer was relatively common. Given that the cancer information seeking was associated with cancer-prevention behaviour, proper strategies should be implemented to alleviate barriers for information and improve its impact on providing reliable evidence about cancer to migrants in Japan.[70] Another study (Shah et al., 2018) conducted among 189 Nepali female migrants residing in five prefectures of Japan showed migrants who had higher knowledge of modern contraceptive methods were more likely to use them. This study highlights the importance of the knowledge of modern contraceptive methods to increase their use. Also, the use of modern contraceptive methods improves the psychological quality of life domain scores of the migrants using them. [71]

3.2 STAKEHOLDERS AND MIGRANT HEALTH INFORMATION MANAGEMENT

3.2.1 Stakeholders engaged in labour migrant health information

There are a number of stakeholders who keep information on Nepali migrant health information. A total of sixteen stakeholders were identified by the field exploration. These stakeholders were differentiated into three levels on the basis of their involvement and importance in collecting migrant health information (Figure 3).

Figure 3: Stakeholders of migrant health information in Nepal



69 Shakya P, Tanaka M, Shibanuma A, Jimba M (2018) Nepalese migrants in Japan: What is holding them back in getting access to healthcare? PLoS ONE 13(9): e0203645. https://doi.org/10.1371/journal.pone.0203645

70 Bhandari D, Ozaki A, Kobashi Y, Higuchi A, Shakya P, Tanimoto T (2020) Cancer information seeking and scanning behavior among Nepalese migrants in Japan and its association with preventive behavior. PLoS ONE 15(6): e0235275.

71 Shah, R., Kiriya, J., Shibanuma A, Jimba M. Use of modern contraceptive methods and its association with QOL among Nepalese female migrants living in Japan. Plos one. 2018 ;13(5):e0197243. DOI: 10.1371/journal.pone.0197243.

A. Level 1 stakeholders:

These are directly involved in keeping migration health records by means of health check-ups and assessments including infectious diseases (HIV/AIDS, TB) and mental health. These include:

Foreign Employment Board:

Foreign Employment Board (FEB) conducts welfare related activities for migrant workers and their families, provides compensations for death and injuries during employment as per the labour contract and keeps these records a web-based software. It reports to the Ministry of Labour, Employment and Social Security.

Key informant interviews and focus group discussion revealed that migrant health related information are also uploaded in Foreign Employment Information Management System (FEIMS) for recording purpose. A separate migrant health information management system (MHIMS) could help in awareness of many health issues the migrants face pre-departure and after returning from abroad. The health issues that are seen repeatedly should not be ignored and the cause of it should be investigated. A participant of the interview opined, "This MHIMS is as important as FEIMS and this management system could support the government as well."

Foreign Employment Orientation Centres

Labour migrants before going to foreign employment must take orientation training as per the curriculum approved by the foreign employment board before departure. There are currently 150 orientation centres in Nepal. The orientation centres charge NPR 700 for the training, which is refunded if the trainee is a woman. This is a mandatory training of two days (12 hours per day for women and 11 hours per day for men). It consists of following health related information:

1. Labour law, immigration laws and traffic rules of the foreign country going for employment,
2. HIV / AIDS, communicable diseases, sexual and reproductive health,
3. Occupational safety and health,
4. Conduct, behaviour and safety of the worker

The vice-chairperson of Federation of Foreign Employment Orientation Nepal Agency (FEONA) suggested when a country demands workers from Nepal it should be made public via that company and openly announced. It should then be announced in our embassies representing here in Nepal, and then in manpower companies. At the click of a button these three platforms should be connected and accessed. The fees for processing should be paid via bank and the voucher uploaded on the website. This could minimize the migrant workers from being deceived by middlemen. It is reported, for example, that there is a demand for 5 workers from a certain country but the manpower companies add one extra 0 and turn the demand to 50 workers for which they will lure people into applying for this job and charge the processing fees and extra charges. Finally, only 5 people will be selected as per the demand and the rest 45 will be notified they were rejected but the truth is they were scammed. Lastly, he added, "If the government is able to create this system where they can collaborate all stakeholders of migrant health and record the data of migrant workers it could possibly solve a lot of issues in my opinion."

Pre-Departure Medical Centres

Government of Nepal has listed about 226 pre-departure medical centres in Nepal who conducts health assessment for the migrants going abroad, mainly Gulf countries (See Annex 7), out of which 134 are based on International Criteria and 91 on the Government criteria. Almost all of them are located in Kathmandu. Out of 226, 150 medical centres are working under Nepal Foreign Employment Association; and recruitment agencies recommend the migrants to have medical tests in these centres after passing the interview exam. All workers must be tested for blood, faeces, urine and chest X-rays. If there are spots indicative of tuberculosis, pneumonia in the chest, leprosy, filarial, diseases like diabetes, jaundice, HIV / AIDS, they become unfit. There are about 35-36 tests that have to be done.

The health assessment data is first filled in a paper-based form (See Annex 6), and then in an electronic system to be stored by the Department of Foreign Employment. The paper-filled assessed forms are submitted to the District Health Office every month. District health offices then report the data to the Department of Health Services. If a migrant tests positive in an infectious disease, he/she is counselled by these centres, and referred to hospitals and other non-governmental organizations. Some non-governmental organizations manage migrants suffering from HIV and TB; and report such cases to the Department of Health Services.

Key informants informed the researchers that the main challenge they faced was that even though they are involved in medical

check-up of the migrants and perform health related work they are kept under MoLESS, not under Ministry of Health. This creates a difficult working environment for them as they are seen as agents of manpower companies and not as a medical service provider. Due to this perception, they are often treated unfairly and have not good relation with the government. A participant said, "We fall under grade C in the healthcare ladder, which is not right. The pre departure clinics should be under different authority and the guidelines should be clear for us. The Ministry of Health should have a system, which facilitates pre-departure medical centres under them." The informant said that they were pressurized by MoLESS to follow certain rules and regulations time and again.

International Organization for Migration, Nepal Mission

IOM is supporting the Government of Nepal in various aspects related to migration and health:

i. Migration Health Assessment Services and Travel Health Assistance: IOM runs health assessment services in Kathmandu and Damak to evaluate the health status of refugees and out-bound migrants prior to their departure. As of December 2017, IOM Nepal has conducted health assessment of more than 134, 605 refugees and 70, 746 immigrants. The assessment is guided by the technical instructions provided by the intended destination countries. IOM also has established a well-equipped laboratory at Damak and evaluates infectious diseases of public health importance including Tuberculosis, HIV/AIDS and Sexually Transmitted Infections.

ii. Health Promotion and Assistance for Migrants: TB REACH and Support to the Government of Nepal on Migration Health related activities: A rapid assessment was conducted on Migration Health Screening Services in Nepal to recommend a national guideline on Migration Health Assessment Services. Similarly, IOM has implemented a project entitled "Strengthening Government Capacity in the Development and Implementation of the national Strategic Action Plan on Migration Health in Nepal".

iii. Migration Health Assistance for Crisis Affected Population: After 2015 Nepal earthquake, IOM provided its technical support to National TB Programme for rapid needs assessment. IOM implemented Post Disaster TB project in 56 displacement sites of earthquake affected districts of Nepal.

In September 2019, IOM launched an online medical appointment system called My Medical through which migrants in Nepal can schedule their pre-departure health assessment online and contact information for IOM Migration Health Assessment Centres worldwide. It also helps to know destination country-specific health assessment requirements and procedures.

Save the Children

Save the Children monitors and support HIV programme in Nepal in coordination with NCASC of Department of Health Services. Recently, it has launched HIV/TB programme (February 2020 to March 2021) for migrants and their spouses, mainly focussed to labour migrants who have returned from India. The programme is implemented by several local level NGOs with data to be managed electronically. The programme promotes HIV prevention, HIV testing, TB screening and safer migration among labour migrants and their spouses by means of behaviour change communication, condom distribution, health education, video materials, stigma reduction, and treatment.

Safe Migration Project (SaMi)

Save the Children monitors and support HIV programme in Nepal in coordination with NCASC of Department of Health Services. Recently, it has launched HIV/TB programme (February 2020 to March 2021) for migrants and their spouses, mainly focussed to labour migrants who have returned from India. The programme is implemented by several local level NGOs with data to be managed electronically. The programme promotes HIV prevention, HIV testing, TB screening and safer migration among labour migrants and their spouses by means of behaviour change communication, condom distribution, health education, video materials, stigma reduction, and treatment.

B. Level 2 stakeholders

These are not directly involved in providing or assessing health but interlinked through other institutions and organizations.

Department of Foreign Employment

The Department of Foreign Employment works under Ministry of Labour, Employment and Social Security. It is responsible for management and regulatory activities that incorporates oversight and monitoring of private sectors players involved in issuance of labour endorsements, migrant grievance handling, and coordination of repatriation. Regarding migration health, it keeps the record of all the medical tests that has been conducted by the approved medical centres among people who go for foreign employment.

On the importance of a migrant health information management system, the data manager in the department shared those records of migrant health recorded in a system that can be accessed and the health records tallied from foreign countries help in understanding if the migrant had any issues before leaving or how certain migrants had complications in health after arriving on the destination country. Even the families of deceased migrants go through a hard time trying to get compensation due to lack of a systematic process. If a system that provides the health status of a migrant through a username and password, it'll be easier for consultations and even recording. He adds there is no section in FEIMS where they can upload the death or cause of death in the system. FEIMS is linked with Ministry of Foreign Affairs and Department of Foreign Employment. Recruitment agencies, orientation centres and medical centres are interlinked with the FEMIS. Similarly, banks, e-payment, insurance and embassies are also integrated.

Regarding migrant health information management system, he suggested there should be a track record of every migrant that leaves Nepal. His history of illness along with his present symptoms should be checked so that any disease that was not seen in Nepal is diagnosed in the destination country. He further added that migrant health information system should be user friendly as all migrant health stakeholders have to use it, then only it can be enforced. He warned that there might be middlemen who will go against such system as it brings transparency for the process and it might bring an end of their income generation. Finally, there should be awareness about the system, training and orientation on how to use the system should be regularly held for capable handling of the system.

Department of Immigration:

Established under the Ministry of Home Affairs (Government of Nepal), it is assigned with the responsibility of monitoring, controlling and regulating entry, exit and stay of foreign nationals in Nepal. Furthermore, it shoulders the obligation of managing entry and exit (Arrival and Departure) of Nepali citizens to and from Nepal. There are no documented records or a separate system/section for migrants' health in department of immigration. However, the key informant representing the Department of Immigration suggested that the health indicators could be added in its record keeping system.

Foreign Employment Insurance Companies

Insurance has become mandatory to go for foreign employment as per Foreign Employment Act 2007. There are currently 14 insurance companies, which provide single premium plan designed to cover life risk for 1 to 6 years term. There is only one time premium to be paid: NPR 3,924 for less than 40 years old and NPR 5,330 for over 40 years old. The insurance package covers NPR 500,000 payable if death of the insured and also covers specified disability risk and body transportation cost not exceeding NPR 100,000.

National Centre for AIDS and STD Control

This centre with provincial offices aims to provide high quality services related to HIV and STIs to general population including migrants who go abroad for employment and their families. The activities of this centre focus on examining the HIV/AIDS of migrants who returned to Nepal, mainly from India and also to protect their family members from getting infected with HIV. It also collaborates with other government and non-governmental organisations in the HIV sector.

Health Management Information System

Department of Health services has the Health Management Information System to keep and report health information of general population via its health service delivery networks. A number of forms exist to keep data on mortality and morbidity. The information flows and reported from lower health facilities starting from health posts and volunteers to the district health offices and to the Health Management Information System at the central level. The health information recorded has not been disaggregated into migrant and non-migrant and there is no system to identify or extract migrant health information. However, migrants' health is linked with some of the vertical health programs such as disease control, health desk, family planning and immunisation.

The suggestions for migrant health information management system were, it should not only include the pre departure health status but also the health status of the migrant in the destination country. If a migrant gets treatment during his stay that should also be uploaded in the system so it will give us information about the health status of migrants and the common health issues they have. The informant added, "This system is very significant as it will provide us a glimpse of the health status of migrants, but it is more important from a migrant's side too. If a migrant need to get a health check-up, he/she may not know where to get it or what services are available for him/her. Sometimes, the migrant worker might have to show the health reports or hard copy of the reports, so he/she can access it from this system." Lastly, he added the health information of migrants should be dependent on which country they ae going for work. For example, the seasonal migrants that leave for

India face different health issues than the migrant workers who leave for Macau, China. So, based on their destination country, the variables of the migrant health information management system should be finalized. This could be the information portal of migrant health.

Department of Health Services

The health post (from an institutional perspective) is the first point of contact for basic health services, according to the DoHS and MoHP's institutional structure. In fact, the HP serves as a referral centre for TBA and FCHV volunteer cadres, as well as a location for community-based activities such as PHC outreach clinics and EPI clinics. Each level above the HP serves as a referral point in a network that runs from the HP to the PHCC, then to district zonal and regional hospitals, and finally to Kathmandu's specialty tertiary care centres. This referral hierarchy was created to ensure that the majority of the population receives public health and minor care in locations that are convenient for them and at a reasonable cost. Inversely, the system works as a supporting mechanism for lower levels by providing logistical, financial, supervisory, and technical support from the centre to the periphery. They do not have any program or sections for migrant health but when a migrant returns home they do suggest HIV testing and also if they have any health issues the migrant is advised to get health examinations.

On the topic of migrant health information system, a participant suggested that instead of creating a new management system, it would be better to have a different section in the already existing HMIS. This MHMIS could help track health status and we could learn about the health issues of migrant workers. This system could be very effective if managed well.

C: Level 3 Stakeholders:

They involve in health sector, monitor for migrant health but not connected to migration health data generation. They include:

National Human Rights Commission

Though it is the prime body to protect and promote human rights in Nepal, there are no data recorded by it for the possible human rights violation issues against migrant of Nepal. There is plan to document human issues violation of migrants, especially human trafficking.

In the key informant interview, it was shared that only migrant who were victims of human trafficking or under criminal offense had come under this institute. Regarding the migrant health information management system, the participant representing NHRC suggested that there should be a single system for the management of migrants' records and it should be linked to HMIS. He emphasized that during physical check-up of migrants, their mental health should not be overlooked.

National Planning Commission

The National Planning Commission (NPC) is the specialised and apex advisory body of the Government of Nepal for formulating a national vision, development policy, periodic plans and sectoral policies for overall development of the nation. But, there is no mechanism to collect migrant health information and analysis. The key informant representing the Commission shared that since it has no direct contact with migrants, it does not have any records related to health of migrants, but it is a planning body.

Department of Consular Services

The Department of Consular Services coordinates and facilitates search and rescue of migrants, mainly repatriation of dead bodies, compensation of death and disability, grievance handling and handling of insurance-specific issues of Nepali citizens working abroad.

Department of Passport

The Department of Passport (DoP) under Ministry of Foreign Affairs of the Government of Nepal issues passports to Nepali citizens and travel documents to legally eligible persons. As the demand for passports began to soar rapidly along with the increase in migration and need of machine-readable passports, DoP was established to effectively deliver passport services to the public. Even though migrant workers are required to own a passport to leave the country for work, their health status or any health documents are not recorded during the process of applying for a passport.[72]

72 Citizen charter. Nepal Passport. https://nepalpassport.gov.np/wp-content/uploads/2016/02/Citizen-Charter.pdf

Corona Crisis Management Centre (CCMC)

As per the decision of the Council of Ministers of the Government of Nepal dated 2076/12/16, the Covid-19 Crisis Management Centre - Operation (CCMC) has been under the auspices of the HighLevel Coordination Committee for the response against COVID-19. Ops) was established. The Centre coordinates response against the corona virus through civil, security agencies and all concerned agencies up to central, provincial and local levels. CCMC records the data of all population that enter Nepal through a form that is attached in the official website. This recording helps in the registration of corona cases. A key informant representing the CCMC suggested that the recording of health status of migrant before departure from Nepal and after arrival could help exceptionally.

3.2.2 Stakeholders related to student migrants' health

The Ministry of Education, Science and Technology (MoEST) is responsible for formulating educational policies and plans with regard to the student migration and managing and implementing them across the country through the institutions under it. The centre level agencies under MoEST are responsible for design and implementation of programmes and monitoring. Every year, thousands of students go to various countries for higher education from Nepal. MoEST verifies documents and papers of the destination universities, fee structures, courses, syllabus and the universities' credentials. It provides a No Objection Certificates to the students once all the documents and papers are verified.[73] Figures from MoEST show that in 2018/19, it issued 63,259 No Objection Certificates. However, health component is not included in the criteria for No Objection Letter.[74]

3.2.3 Stakeholders involved in tourists' health

Travel Clinics

There are several travel clinics in Nepal. Two of them are CIWEC Hospital, and Travel and Mountain Medicine Centres. CIWEC Hospital was established to meet the need for a western standard clinic to treat foreign diplomats and aid workers in Nepal. In September 2014, CIWEC opened a fully-functional hospital in Pokhara as well.

The clinic's focus on health problems in travellers and expatriates in Nepal has led to the discovery of a new cause of diarrhoea, publication of over 35 original research papers and research in travel and wilderness medicines. The CIWEC Clinic Travel Medicine Centre has carried on an active research programme regarding the health risks of tourists and long-term foreign residents of Nepal.[75]The main aim of Travel and Mountain Medicine Centre is to provide ambulatory care in the field of travel and mountain medicine. The centre has treated an enormous number of travellers, ex-taps and the local population. The centre provides following services: visa health screening, general and internal Medicine, dermatology, gynaecology, radiology, orthopaedics, health orientation, lab, radiological images, vaccinations and pharmacy.[76]

The key informant representing the travel medicine centre shared that the health records are uploaded in Geo-sentinel which is is a worldwide communication and data collection network for the surveillance of travel-related morbidity. The hospital's website has a form which is also a part of CDC (Centre for Disease Control and Prevention). Every traveler or tourist that visits the hospital for treatment or any service is recorded in this system. It can be linked to the HMIS to develop the MHMIS.

Expedition Operator's Association

This organization promotes and advertises peaks present in the Nepali Himalayas, and cooperate with tourism related organizations for information exchangee. It identifies hazardous scenarios with people operating expeditions and related mountain tourism activities in the Nepali Himalayas and mitigate such scenarios. They offer expeditions for 15 mountain peaks of Nepal. It was found that Expedition Operator's Association did not ask for any health checkups or health reports prior to the expedition. They did check their blood pressure but it was not recorded anywhere in the system. They did not record any form of health records or data of the participants.

Ministry of Home Affairs

One of the main functions of the ministry is to work on the regulation, presence, activity and departure of foreign citizens, regulation, control and recording. However, there is no recording of migrants' health.

73 Ministry of Education, Science and Technology. NO objection Letter. Availableat: https://moe.gov.np/content/ no-objection-letter.html

74 https://moe.gov.np/content/no-objection-letter.html

75 CIWEC Clinic Official Page. https://ciwec-clinic.com

76 Travel And Mountain Medicine Centre. TMMC. Official Page. https://www.tmmcnepal.com

3.2.4 Management of health records of labour migrants

Foreign Employment Board and pre-departure orientation centres are the government bodies involved in labour migrant health information coverage. FEB has a form to fill in to record the death and injuries (Annexes 8 and 9). The pre-departure medical centres assess the migrant health for the purpose of visa eligibility or employer interests. Apart from this, organizations namely Save the Children and SaMi projects focus on infectious diseases and mental health of migrants. Source of migrant health information is mainly the routine collection during the pre-departure assessment in medical centres and mortality data kept by FEB. The migrant health information data has not been derived from any survey or other research for the purpose of health information management.

Table 2: Characteristics of migrant health information management in Nepal

Stakeholders	Purpose	Recording procedure	Sources of data	Main health indicators	Collection time	Linkage to other stakeholders/ databases
Foreign Employment Board	Mandatory; to record death and injury of labour migrant and provide compensation	Data are entered in web-based software	Routine Health Information	Death and injuries/ disease	During employment or after return	Linked with MOLESS
Pre- departure Medical Centres	Mandatory; to assess health eligibility of visa	Both electronic and paper: filled-up papers are sent to District Health Offices and electronic forms are stored in DoFE	Routine Health Information Systems	Pre-departure health check-up focussed on infectious diseases	Pre-departure	Linked with District Health Office and Department of Foreign Employment
Save the Children	Mandatory; to test HIV/AIDS and TB of migrants who have returned from India	Electronic	Projects based data	HIV/TB	Returnee from India	National Centre for AIDS and STD control
SaMI	Mandatory; to assess mental health and psychosocial counselling	Data are stored electronically in computer	Projects based data	Psychosocial counselling	Returnees	None
Department of Foreign Employment	Mandatory	Electronic in Foreign Employment Information System software	Routine health information system	Records of medical tests, life insurance of migrants	Pre-departure	Linked with department of Foreign Affairs, pre-departure medical centres, Insurance companies
Department of Immigration	No migrant health data is being recorded	In computer; linked to FEMIS				
Health Management Information System, Department of Health Services	No migrant health data is being recorded					
National Centre for AIDS and STD Control	to test HIV/AIDS and TB of migrants					
Ministry of Labour, Employment and Security						
Foreign Employment Insurance Companies	To provide health insurance to foreign employment seekers	Electronically recorded			Pre-departure	Nepal BimaSamiti and Department of Foreign Employment

Before departure to the destination countries and after return to Nepal, labour migrants need to fill up an exit form and an entry form. These forms do not ask any health-related information. Some of the recruiting companies submit the pre-departure medical assessment reports to District Public Health Office (DPHO), which sends this data to Health Information Management System (HMIS) of Department of Health Services. However, HMIS office currently does not include this information in their system. Similarly, the migrant health related data captured by DoFE and FEB is not integrated in the HMIS either. Though Nepal has a well-developed HMIS under the Department of Health Services for the routine health services, this system has not integrated migrant health information. Therefore, HMIS currently does not identify any records related to migrant health.

3.2.5 Management of non-labour migrants' health information

MoEST does not seek health information or any documents of the students for the application of the No Objection Certificate. It was found that universities abroad demand a full body check-up or a health certificate of students. This usually depends on the universities and the health reports are prepared in private hospitals in Kathmandu. The records are not linked to the MoEST or MoHP databases.

There are several travel clinics, which provide health services and facilities to travellers visiting Nepal. The travel clinics offer multiple levels of healthcare such as ambulance service, health screening packages, immunization services, inpatient services and so on. Following vaccinations for travellers or tourists visiting Nepal are recommended by the Centre for Disease Control and Prevention and WHO: hepatitis A, hepatitis B, typhoid, cholera, yellow fever, Japanese encephalitis, rabies, meningitis, polio, measles, mumps and rubella, tetanus, diphtheria, pertussis, chickenpox, shingles, pneumonia and influenza.[77,78] CIWEC clinic provides services covered by many international insurance companies except for dental and cosmetic services. The doctors at the clinic attend the tourists as per the need. It can be seen in the Emergency form the patients are examined in a certain manner that includes if they were rescued or not, trekking single or in a group, vitals, highest altitude reached, symptoms (headache, nausea, difficulty in sleeping, difficulty in breathing and so on) medications used and history of medications. However, there is no any systematic health record keeping or linkage with government agencies.

3.2.6 Issues and challenges in recording migrant health records

The participants in key informant interviews and focus group discussion raised various issues and concerns for keeping the migrant health information systematically. They all agreed on the need and importance of a system in Nepal for tracking health records of migrants, especially the labour migrants. Following are the concerns raised by the participants:

Technology and human resources:

The development and running of health information system of migrants need trained and adequate human resources. Since such a system should be online, it needs to be user friendly. Further, there is also requirement of hardware and computers at all levels where the migrant's data are generated. Similarly, the recording and assessment of health issues of migrants before going abroad need to be accredited and reliable internationally. A key informant (P3) said, *"We need digitalised software and trained human resources which might be challenging in our case." Another key informant (P1) shared, "We need to make user friendly software so that all stakeholders can run it." With regard to the difficulty in working with the technology, another informant (P11) shared, "We need more information technology-friendly human resources. Our system, sometimes, depends on one person. Sometimes, old staff members resist the new system because they are not trained and do not want to learn either."*

Breadth of health issues:

Migrants have diverse health problems and need a variety of health indicators to be included in such system, for example immunisation status, chronic diseases, insurance etc. Besides, data need to be kept for all migrants and at all stages. Presently, the health data are recorded before going abroad but not adequately on return. Therefore, decision of types of variables, migrants, stages and depth of health information pose challenges and demand careful planning. Health data of migrants are sensitive and need to be treated confidentially, which may be the problem while setting up health information management system and its accessibility. Regarding the sensitivity of health data, a key informant (P11) opined, *"Migrants can have diverse health issues. We need to include mental health issues. Only pre-departure health check-up is not enough, health check-up on arrival during return is also equally important." Another respondent (P4) said, "Migrant data need to be categorized based on type of migrant, their destination country and purpose." Showing dissatisfaction over the data keeping system, next key informant (P12) opined, "Medical information needs to be in detail, not only in yes or no format."*

77 Centers for Disease Control and Prevention. Nepal clinical view. https://wwwnc.cdc.gov/travel/destinations/clinician/none/nepal#vaccines-and-medicines

78 Passport Health. Travel Vaccines and Advice for Nepal. https://www.passporthealthusa.com/destination-advice/nepal/#vaccines

Lack of interest:

Many stakeholders on migration, including government stakeholders, are often not conscious on health matters, but only pay attention on remittance aspect of migration. A key informant (P1) said, *"We pay attention on financial aspect of work, but not on health consequences and health rights of migrants. The government is also not able to ensure the work and health rights of migrant workers."*

It is unfortunate to learn from the key informant that the migrant related stakeholders themselves are not interested in recording and storing of migrant health information data. An informant (P12) shared, "They may have varied interests. Some of them want to avoid the online system because it can prevent them from taking unnecessary personal benefits and their regular income can be lost."

Unified system:

Since there are many stakeholders, both public and private, and migrants have various health issues and stages of migration, participants have stressed for a unified digital portal for assessment of migrant information including health. Currently, there are two systems of data collection related to health and migrant health: one HMIS of the Ministry of Health and Population, and another FEMIS of MoLESS. Some participants pointed that health information can be included in the existing FEMIS, which includes migrant demographic and other social characteristics and identifiable by passport number. Further, linkage of migrant health data system in the health management information system can provide the opportunity to set up health services targeted to them. Focusing on the need of a unified system, a key informant (P4) shared, *"There is a huge challenge to bring all stakeholders into one platform and co-ordinate because of multiple and varied interests among them." Another informant (P11) added, "The government needs to develop one unified portal or software for collecting migrant health data. It will make the process easy. The existing FEMIS can be modified to include health data and linked to HMIS of the Ministry of Health."*

Focus group discussion participants showed their concerns over dual reporting provision. They shared that they have to send their data both to the entities under the Ministry of Health and to FEMIS in the country. They also fill in the health related data of the migrants going to Malaysia in Foreign Workers Centralized Management System, an online software. They have suggested that there should be a unified system for migrant health data management so that they can upload it once and others are interlined.

One of the focus group discussion participants shared, *"We want one information system, either in the health ministry or in the labour ministry. It will be better if it is based on the centralized system. This system must be linked with all the departments and ministries related to migrant health. We appreciate any effort for establishing a system like MHMIS."*

Cost-ineffectiveness:

The focus group discussion participants shared that the multiple reporting provision has consumed more human resources and it is costly. They have also shared that the internet connectivity issue is very grave in the online data uploading. They have suggested that the strong internet connectivity should be ensured to make the MHMIS work effective once it is established.

4. DISCUSSIONS

4.1 HEALTH STATUS OF MIGRANTS

In this scoping study, the literature related to health status of migrants and health information management of migrants was reviewed. The literature showed that students and labour migrants abroad are at risk of various health problems and accessing health services is challenging. Tourists coming to Nepal are also at risk of health problems, mainly of diarrhoea, typhoid, high altitude sickness, and frostbites.

Labour migrants, in particular, can incur several types of health problems while working in host countries including mental/psychological problems; accidents, injuries, and deaths; infectious diseases; and non-communicable diseases as has been identified by another review study to identify the gaps in Nepali migrant workers' health and well-being.[79] These problems are the results of lack of basic amenities in accommodation, work-related hazards such as lack of safety measures at work or safety training, long working hours, high workload, and reluctance of employers in prompt treatment of work-related accidents.[80]

Mental or psychological problems including depression, anxiety or loneliness are common for migrant workers worldwide and are due to the new environment, new work pressure, human rights violations, abuse and family separation. Such psychological problems can arise due to unfair treatment at work, poor arrangement of accommodation, high expectations from families, loneliness and poor social life.[81] Social support and circles of friends are difficult to find in new countries for the first time.

Since many labour migrants are employed in unskilled manual labourers in higher risk sectors such as heavy industries, construction and agriculture; the injury, accidents and deaths are common as found out by another review study.[82]Such health outcomes are due to low level of work skill of migrants, illiteracy, language or cultural barriers, poor access to health information and care, and hazardous occupational environment.[83] These types of injuries were reported more by migrant labourers who were employed in the Malaysia and GCC countries.

The Foreign Employment Board (FEB) records the deaths and disabilities of the labour migrants who have taken labour permits. Since FEB records the death when death compensation is claimed for approved labour permits, it is likely that the database excludes the ones who have not obtained labour permits from the Government or have overstayed in the countries of destination. The description and categorization of causes of deaths in FEB database, for example cardiac arrest, heart attack, natural cause and other or unidentified causes, are not scientific as per classifications of deaths by the International Classification of Diseases and do not explain the actual or underlying cause and the circumstances that resulted the death or fatal injury. The natural cause is manner of dying "due solely or nearly totally to disease and/or the aging process." Thus, it is not clear what this means. Cardiac arrest or heart attack is also a manner of dying and is inevitably what happens when a person dies. Most cardiac arrest or heart attack related deaths, as categorised by FEB of Nepal, in Qatar were related to heat stroke-related cardiovascular diseases. The geographical features and climatic conditions of Nepal is quite different from those in Qatar and other GCC countries. Lack of underlying causes of death hinders the key epidemiological information for preventive strategies.

Other infectious diseases which are prevalent in host countries are likely to be acquired and brought back to the home country. Infectious diseases such as tuberculosis, malaria, and dengue are common to the returnee migrant workers from India. HIV/AIDS is another common infectious disease recognized among migrant workers. There are sociocultural contexts (cultural norms, family separation, and low social support), health and mental health (substance abuse, mental health problems, needle use) and sexual practices (limited condom use, multiple partnering, clients of sex workers, low HIV knowledge, and

79 Simkhada PP, Regmi PR, Van Teijlingen E, Aryal N. Identifying the gaps in Nepalese migrant workers' health and well-being: a review of the literature. Journal of travel medicine. 2017 Jul 1;24(4).

80 Regmi PR, Van Teijlingen E, Mahato P, Aryal N, Jadhav N, Simkhada P, Syed Zahiruddin Q, Gaidhane A. The health of Nepali migrants in India: A qualitative study of lifestyles and risks. International Journal of Environmental Research and Public Health. 2019 Jan;16(19):3655.

81 Regmi PR, Aryal N, Van Teijlingen E, Simkhada P, Adhikary P. Nepali migrant workers and the need for pre-departure training on mental health: a qualitative study. Journal of Immigrant and Minority Health. 2019 Dec 18:1-9.

82 Hargreaves, S.;Rustage, K.;Nellums, L.B.; McAlpine, A.; Pocock, N.;Devakumar, D.; Aldridge, R.W.; Abubakar, I.; Kristensen, K.L.;Himmels, J.W.; Friedland, J. S. Occupational health outcomes among international migrant workers: a systematic review and meta-analysis. The Lancet Global Health. 2019 Jul 1;7(7), 872-82.

83 Moyce, S.C., Schenker M. Migrant workers and their occupational health and safety. Annual review of public health. 2018 Apr 1;39:351-65.

low perceived HIV risk) as the HIV risk factors for migrant workers.[84] Nepali migrant workers are likely to visit commercial sex workers and not using condoms.

4.2 MIGRANT HEALTH INFORMATION MANAGEMENT

Globally, high income countries have started to maintain health records of immigrants. The high-income countries have electronic health record system for general population[85] and have started to keep electronic health records of immigrants and refugees, mainly by Electronic Personal Health Records. In Nepal, there is no publication or study on how migrant health data is being maintained and co-ordinated at the national level. Most importantly, the HMIS of the Ministry of Health and Population has not incorporated migrant health information. There is still no mechanism to record health data or status of migrants and international students of Nepal at local, provincial and central level as well as other immigrants to Nepal.

Data collections, mainly the pre-departure medical assessment of labour migrants, usually end up with the collectors, with limited public accessibility, dissemination or integration. Migrant health information has been recorded only by two public organizations: pre-departure health assessment centres and foreign employment board; and few non-governmental organizations, mainly the IOM, Save the Children, and the SaMi project. Health status check-up of returnee migrant workers helps to maintain the health of family and communities, and to assess health hazards while working abroad. It is feasible to maintain electronic record for labour migrant, which might make the data accessibility easier across different stakeholders. Further, patient-held health records are important and useful in the context where migrants cross the same or different borders multiple times.

This review included only those studies which assessed any aspect of health of migrants. The qualities of included studies were not assessed, and inclusion and exclusion criteria were developed post hoc. The quantitative assessment of the included studies was not done. This study included only health related information and its management for other categories of migrants needs further investigation.

84 Weine SM, Kashuba AB. Labor migration and HIV risk: a systematic review of the literature. AIDS andBehaviour. 2012 Aug 1;16(6):1605-21.

85 World Health Organisation. Global Observatory for e-Health.Global diffusion of e-Health: making universal health coverageachievable: report of the third global survey on e-Health.Geneva: WHO, 2016. ISBN: 978-92-4-151178-0. Sponsoredby the Global Observatory for eHealth.

5. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Nepali migrants including immigrants to Nepal are vulnerable to health problems because of new often hazardous environment and lack of proper health access. Labour migrants of Nepal are at risk of incurring various health problems, mainly psychological problems, infectious diseases, injuries, accidents and deaths while working abroad. Labour migrants (except to India) are commonly assessed for health issues before departure but Nepali students going abroad are not assessed for health issues. Pre-departure medical assessments records are not integrated into health information management system of Department of Health Services of Ministry of Health and Population.

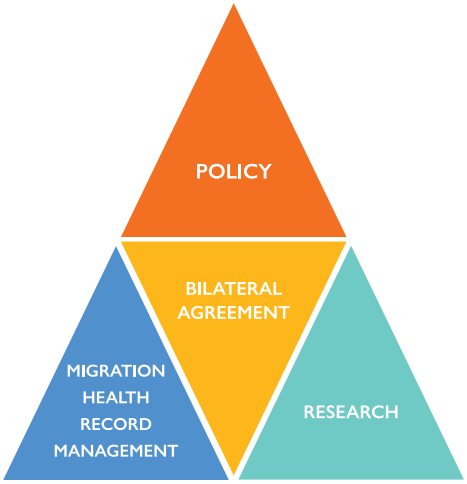
Nepali labour migrants are not systematically assessed for incurred health problems upon arrival except for the recording of physical disability and deaths when claims are filled for the compensation in FEB of Nepal. The FEB classification of causes of deaths are not scientific and do not provide the underlying causes of deaths. The present classification informs how a migrant worker died, and not what caused the death. Overall, health records of Nepali labour migrants and students abroad are not integrated into health information management system of Health Ministry of Nepal. Similarly, health records of returnee migrants have not been systematically maintained. The assessment of migrant health related record upon their return can help all concerned stakeholders in their efforts towards reducing the health related vulnerability of migrants.

RECOMMENDATIONS

Based on the findings and conclusions, following recommendations are offered:

A. Policy and guidelines

- The Ministry of Health and Population, in coordination with the Ministry of Labour, Employment and Social Security, and the Ministry of Foreign Affairs, needs to monitor and regulate the quality and coverage of pre-departure health assessment guidelines and health components of pre-departure orientation training package targeted for labour migrants based on major health vulnerabilities such as mental health, injuries, and accessibility of health services in host countries.
- The government of Nepal should examine the health related issues encountered by undocumented migrants and incorporate them under the policy.
- Given that pre-departure health check-up for India-bound Nepali migrants is not mandatory, , insurance and orientation, the Ministry of Health and Population, in collaboration with the Ministry of Labour, Employment, and Social Security, should include the India-bound migrants in the pre-departure health check-up, insurance and orientation programmes.



- Health check-up of returnee migrants should be a mandatory provision upon their arrival at the Kathmandu Airport.
- All migrant workers must undergo pre-departure medical examinations. Additional medical testing must be added based on the findings of the frequent health issues faced by migrants in the destination country.

B. Migrant health record management

- A standard data collection tool with relevant health indicators for migrants needs to be developed for Nepal. Electronic data keeping system should be promoted for effective coordination, data retrieval and analysis. Creation of personal health records of individual migrants to inform health status facilitate health service accessibility in destination countries. This can be better achieved through the development of a migrant health information system.
- Health electronic record facilities should be available for out-bound student migrants and in-bound migrants such as tourists and refugees. The health records can be linked to the Health Information Management System of the Ministry of Health and Population.
- The local governments should be encouraged to keep the health records of migrants. The federal, provincial and local levels can work in collaboration to develop a standard framework with identified migrant health variables to ensure uniformity in the data collected. Ministry of Health and Population, Ministry of Social Development, and Employment Service Centre can be entrusted with the task of collecting and/or storing migrant health records. This would allow for cross-local government comparisons as well as the collection of data at the local level to create provincial and national migration health profiles.

C. Bilateral Agreement

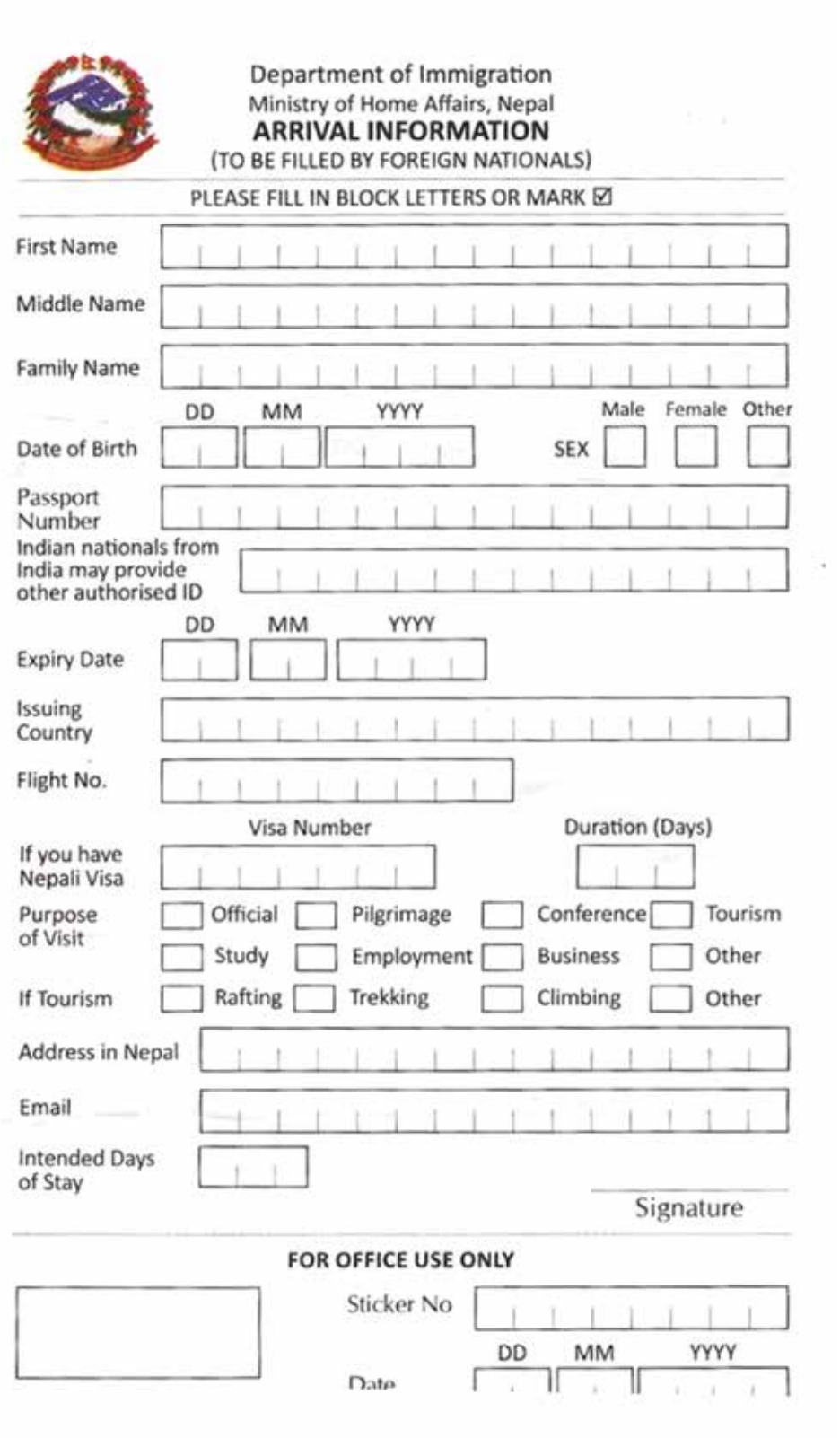
- Labour migrants' health issues and their consequences should be a part of labour agreements between host countries and Nepal. Health insurance in case of injuries, compensation for families in case of deaths and further full investigations (autopsies) in the host countries should be mentioned in the agreement.
- To protect the health rights of migrants and their families, the government of Nepal should develop effective labor diplomacy with host countries.
- Previous efforts to determine the causes of mortality among migrant workers have shown no measurable outcomes. For this, the government can jointly collaborate with destination countries for further investigation. Post-mortem of dead bodies of migrants in host countries should be a mandatory provision.
- Collaboration with the destination countries must be prioritized on pre-departure and post-arrival medical examinations.

D. Research

- There should be a comprehensive research on the causes of deaths of labor migrants in the destination countries. Given that a significant number of deaths are still classified as "unknown" in the database of Foreign Employment Board, the classification should be revised based on the research and updated in consultation with public health experts. The Government units under the Department of Health Services should lead this task.
- An exploratory research on occupational hazard among labour migrants should be carried out.
- An operational research on the use of personal electronic health records and its contents should be carried out to identify the ways for effective electronic health record keeping system.

ANNEXES

1. ARRIVAL INFORMATION



Department of Immigration
Ministry of Home Affairs, Nepal
ARRIVAL INFORMATION
(TO BE FILLED BY FOREIGN NATIONALS)

PLEASE FILL IN BLOCK LETTERS OR MARK ☑

First Name

Middle Name

Family Name

Date of Birth DD MM YYYY

SEX Male Female Other

Passport Number

Indian nationals from India may provide other authorised ID

Expiry Date DD MM YYYY

Issuing Country

Flight No.

If you have Nepali Visa — Visa Number — Duration (Days)

Purpose of Visit: Official, Pilgrimage, Conference, Tourism, Study, Employment, Business, Other

If Tourism: Rafting, Trekking, Climbing, Other

Address in Nepal

Email

Intended Days of Stay

Signature

FOR OFFICE USE ONLY

Sticker No

Date DD MM YYYY

2. DEPARTURE INFORMATION

Ministry of Home Affairs
Department of Immigration

DEPARTURE INFORMATION

(TO BE FILLED BY FOREIGN NATIONALS)

PLEASE FILL IN BLOCK LETTERS OR MARK ☑

First Name

Middle Name

Family Name

Date of Birth DD MM YYYY

SEX Male Female Other

Passport Number

Indian nationals to India may provide other authorised ID

Issuing Country

Destination Country

First Transit Port

Flight No.

Signature

3. PRE-DEPARTURE MEDICAL TESTS

PEACE MEDICAL CENTER PVT. LTD.

Samakhusi-03 Kathmandu, ph:+977-4384552
E-mail: peace.medical@yahoo.com

S.No. 1804

MEDICAL EXAMINATION REPORT

Name: Raju Suna
Passport No.:
Place & Date of Issue:
Marital Status: M
Age/Sex: 36/M
Applied Country: Qatar
Medical Examination Date: 2020/03/022
Agency Name: Vacancytraba

GENERAL EXAMINATION

9808980457

1. Past history of Medical Illness and significant psychiatric problem including (Epilepsy and Depression):
2. Past history of allergy:

Height: 170	Cm			Weight: 71	kg		
Pulse: 72	/ min			Temperature: 97	°F		
BP: 100/60	mmhg			Jaundice:	Absent		Present
Pallor:	Absent		Present	Cyanosis:	Absent		Present
Clubbing:	Absent		Present	Oedema:	Absent		Present
Ascites:	Absent		Present	Lymph Node:	Absent		Present

SYSTEMIC EXAMINATION

Type of Medical Examination		Result
Cardiovascular		
Pulmonary		
Gastroenterology		
Neurology		
Musculoskeletal		
Genitourinary		
Oro - Dental		
Extremities / Deformities		
Varicose Veins		
Hernia		
Hydrocele		
Eye Vision	R.Eye	
	L.Eye	
Ear	R.Ear	
	L. Ear	
Gynecological Examination		
Radiological (Chest X-Ray):		
ECG		
CLINICAL IMPRESSION:		

LABORATORY EXAMINATION

	Blood Examination	Result	Reference Ranges
HEMATOLOGY	Total WBC Count	8,500	4000 - 11000
	Differential Count		
	Neutrophils	48	45 - 74 %
	Lymphocytes	36	25 - 45 %
	Eosinophils	5	1 - 6 %
	Monocytes	6.3	0 - 8 %
	Basophils	0.6	0 - 3 %
	ESR	5	M: < 10, F: < 20
	Hemoglobin	14.2	M : 14±2 gm% F: 14±2 gm%
	Malaria Parasite		
	Micro Filaria		
BIOCHEMISTRY	Random Blood Sugar	140	80 - 120 mg%
	Urea	28	20 - 45 mg%
	Creatinine	0.9	0.4 - 1.4 mg%
	Bilirubin (Total/Direct)	0.9/0.3	0.4 - 1.2 mg% (< 1.2 / < 0.4)
	SGPT	30	Up to 40 U/L
	SGOT	28	Up to 40 U/L
SEROLOGY	Anti-HIV (1&2):		
	HBs-Ag:		
	Anti-HCV:	Nef	
	VDRL/RPR:		
	TPHA:		
	ABO Blood Group & Rh type:	A R+ve.	
URINE	Albumin/Sugar:	Nil	
	Pus Cells:	0-1	
	RBC:	Nil	
	Epithelial cells:	0-1	
OTHER	Opiates:		
	Cannabis:	Nil	
	Mantoux Test:		
	Pregnancy Test (If female)		

Physician signature & Stamp

Radiologist/Radiographer Signature & Stamp

Pathologist/lab.MLT signature & Stamp

4. **MONTHLY REPORT FROM A PRE-DEPARTURE MEDICAL CENTRE TO DISTRICT PUBLIC HEALTH OFFICE**

Regd.No.69847/066/67
PAN No. 303975001

Nippon Medical Center (P).Ltd.

निप्पोन मेडिकल सेन्टर प्रा.लि.

Sherchan Plaza, Balaju-16,P.O. Box No.1160 Kathmandu, Nepal.
Tel. 977-1-4-358923,Email nippony10@hotmail.com

Date: 2019-08-21

श्रीमान कार्यालय प्रमुख ज्यू
जिल्ला जन स्वास्थ्य
कार्यालय टेकु, काठमाडौं

2068/218

विषय : मासिक प्रतिवेदन सम्बन्धमा ।

महोदय,

प्रस्तुत सम्बन्धमा आर्थिक वर्ष २०७५/७६ को श्रावण महिनामा मेडिकल परीक्षण यस कम्पनी बाट गराइएको मासिक प्रतिवेदन साथ संलग्न गरी पठाएको छौं । संलग्न साथ संलग्न गराई पाऊँ हजुरको जानकारी गरिन्छ ।

फाइल नं 62

निर्देशक
निप्पोन मेडिकल
सेन्टर प्रा. लि.
बालाजु -16 काठमाडौं

5. HMIS FORM FILLED UP BY A PRE DEPARTURE MEDICAL CENTRE

Health Management Information System

Hospital Monthly Reporting Form

Nippon Medical Centre Hospital

OWNERSHIP TYPE	Pvt. Ltd
FACILITY TYPE	Medical
VAT/PAN No	603973007
Health Facility Code	
Dispatched Date	04 / 03 / 2076
Received Date:	/ / 207..
Number of Beds — Sanctioned	
Number of Beds — Operational	

Fiscal Year: 207.. / 207..

Reference No:

To DPHO Kathmandu

Subject: Submission of Monthly Report on Hospital Services Shrawan Month, 2076 Year

Age Group	Hospital Services: New Clients Served – Female	New Clients Served – Male	Total Clients Served – Female	Total Clients Served – Male	Emergency Services: Total Clients Served – Female	Total Clients Served – Male
0 - 9 Years	–	–				
10 - 19 Years	3	20	3	20		
20 - 59 Years	17	253	17	253		
60 Years						

Free Service Received by Impoverished Citizen	Female	Male
Heart		
Kidney		
Cancer		
Head Injury		
Spinal Injury		
Alzheimer		
Parkinson		
Sickle Cell Anaemia		

ORC Clinic/FCHV	Planned / Total No.	Conducted/ Report Received	No. of Clients Served
PHC Outreach Clinic			
Immunization Clinic			
Immunization Session			
FCHV			

Referrals	Referral In	Referred Out – Outpatient	Referred Out – In-patient	Referred Out – Emergency
Female				
Male				

Total Patients Admitted	
Total Inpatient Service Days	

Diagnostic/Other Services	Unit	Number
X-ray	Number	273
Ultrasonogram (USG)	Number	
Echocardiogram (Echo)	Number	
Electro Encephalo Gram (EEG)	Number	
Electrocardiogram (ECG)	Number	
Trademill	Number	
Computed Tomography (CT) Scan	Number	
Magnetic Resonance Imaging (MRI)	Number	
Endoscopy	Persons	
Colonoscopy	Persons	
Nuclear Medicine	Persons	
Total Preventive service Provided	Persons	
Total Laboratory service Provided	Persons	
Other Service Provided (if any)	Persons	273

Prepared By

Signature [signature]

Name of Medical Recorder

Approved by

Signature [signature]

Name of Hospital Superintendent / Director

HMIS 1.7: 2072/73

16. Laboratory Services

TLC – Hb	TLC – RBC	TLC – WBC	TLC – Platelets	DLC	ESR	PCV	MCV	MCH/MCHC	RDW	BT	CT	Retics	PBS	Parasites	Special Stain – MPO	Special Stain – PAS	Sickling Test	Urine for Hemosiderin
273	273	273	–	273	273	–	–	–	–	–	–	–	–	–	–	–	–	–

APTT	PT INR	Blood Group	Rh Type	BM	CSF	Schizo/Hod	Aldehyde	MP Total	MP Pos – PF	MP Pos – PV	MP Pos – P MIX	MF Total	MF Pos	HbA1c	Hb Electrophoresis	LE	ALC/AEC	FDP/D-dimer	Fac VIII	Fac IX	Others
–	–	–	–	–	–	–	–	273	–	–	–	273	–	–	–	–	–	–	–	–	–

Pregnancy Test	ASO	CRP	RA Factor	TPHA Total	TPHA +Ve	ANA Total	ANA +Ve	DNA-ELISA	RPR/VDRL Total	RPR/VDRL +Ve	CEA	CA-125	Ca 19-9	Ca 15-3	TORCH IgG/M	MEASLES IGG	RUBELLA IGG	Echinococcus
20	–	–	–	273	–	273	–	–	–	–	–	–	–	–	–	–	–	–

Amoebiasis	PSA	Ferritine	Cysticercosis	Brucella	Thyroglobulin	Protein Electrophoresis	β-HCG	RK-39 Total	RK-39 +Ve	JE Total	JE +Ve	Dengue Total	Dengue +Ve	Rapid MP test Total	Rapid MP test +Ve PV	Rapid MP test +Ve PF	Mantoux	Others
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Sugar-F	Sugar-PP	Sugar-R	Blood urea	Creatinine	Uric acid	S.Protein	Albumin	Total choles	HDL	TG	LDL	Calcium	Phosphorus	Amylase	Gamma GT	SGOT
–	–	273	273	273	–	–	–	–	–	–	–	–	–	–	–	–

SGPT	Alk Phos	Bili-T	Bili-D	Sodium (Na)	Potasium (K)	24hr protein	24hr urine U/A	Creatinine Clearance	Iron Profile	Others	[illegible]	ER	PR	G-FAP	s-100	Vimentin	Cytokeratin	Others
–	–	–	–	–	–	–	–	–	–	–		–	–	–	–	–	–	–

Gm stain	Culture – Blood	Culture – Urine	Culture – Body Fluid	Culture – Swab	Culture – Stool	Culture – Water	Culture – Pus	Culture – Sputum	Culture – ENT	Culture – CSF	Body fluid AFB	Sputum AFB Total	Sputum AFB +Ve	Leprosy smear	Widal	Fungus	Leptospira	others
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

HIV Total	HIV +Ve	HAV Total	HAV +Ve	HBsAg Total	HBsAg +Ve	HCV Total	HCV +Ve	HEV Total	HEV +Ve	Western blot	CD4 count	Viral load	Others	[illegible]	Smear – Pap	Smear – Sputum	Smear – Body Fluid	FNAC	[illegible]	Bio-psy
273	–	–	–	273	–	273	–	–	–	–	–	–	–		–	–	–	–		–

Stool R/E	Occult blood	Reducing sugar	Urine Alb	Bile salts	Bile pigments	Urobilinogen	Porphobilinogen	Acetone	Chyle	Semen analysis	Bence-jones prot	Sp. Gravity	Micro albumin	Others	[illegible]	CPK-MB	CPK-NAC	LDH	Iso Trop-I	Others
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		–	–	–	–	–

[illegible]	T3	T4	TSH	Cortisol	α foeto protein	LH	FSH	Prolactine	Oestrogen	Progesterone	Testosterone	Vit.D	[illegible]	Carbamazepine	Cyclosporine	Valporic acid	Phenytoin	Digoxine	Tacrolimus	Others
	–	–	–	–	–	–	–	–	–	–	–	–		–	–	–	–	–	–	–

6. LIST OF PRE-DEPARTURE MEDICAL CENTRES IN NEPAL

श्रम, रोजगार तथा सामाजिक सुरक्षा मन्त्रालयको

सार्वजनिक सूचना

सूचना प्रकाशित मिति: २०७६।०३।२०

यस मन्त्रालयको मिति २०७५।१२।१८ को गोरखापत्र राष्ट्रिय दैनिकमा प्रकाशित सार्वजनिक सूचना बमोजिम वैदेशिक रोजगारीमा मोबिलाइजेशन जाने कामदारको स्वास्थ्य परीक्षण गर्ने प्रयोजनको लागि २१० वटा स्वास्थ्य संस्थाहरुले आवेदन पेश गरेकोमा यस मन्त्रालयबाट खटिएका प्रतिनिधिहरु सहितको टोलीबाट भएको स्थलगत अनुगमन/निरीक्षण प्रतिवेदनको आधारमा विशेषज्ञ समितिबाट भएको सिफारिस बमोजिम देहायमा उल्लेखित ९९ वटा स्वास्थ्य संस्थाहरुले मोबिलाइजेशन सरकारबाट प्राप्त भए बमोजिमको मापदण्ड पूरा गरेको देखिएको हुँदा सम्बन्धित सबैको जानकारीको लागि यस मन्त्रालयको मिति २०७६।०३।१९ को (मन्त्रिस्तरीय) निर्णयानुसार यो सूचना प्रकाशित गरिएको छ ।

मापदण्ड पूरा गरेको स्वास्थ्य संस्थाहरुको विवरण

क्र.सं.	दर्ता नं.	संस्थाको नाम	ठेगाना	कैफियत
१.	१	राम पोलिक्लिनिक एण्ड मेडिकल सेन्टर प्रा.लि.	पुतलीचोक, पोखरा	
२.	३	इन्टरनेशनल हेल्थ केयर एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	बनेश्वर, काठमाडौं	
३.	४	बुद्ध डायग्नोस्टिक एण्ड मेडिकों सर्भिसेज प्रा.लि.	[illegible], झापा	
४.	११	शान्ति बुद्ध मेडिकल सेन्टर प्रा.लि.	बिर्तामोड-१, झापा	
५.	१३	ग्लोब केयर क्लिनिक डाइग्नोस्टिक सेन्टर प्रा.लि.	कमलादी, काठमाडौं	
६.	१४	सेवा अस्पताल प्रा.लि.	नयाँ बानेश्वर,काठमाडौं	
७.	१६	सुधा मेडिकल एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	मिनभवन-९, काठमाडौं	
८.	१८	[illegible] मेडिकल सेन्टर प्रा.लि.	पुल्चोक, ललितपुर	
९.	२७	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
१०.	२८	[illegible] मेडिकल सेन्टर प्रा.लि.	चाबहिल, काठमाडौं	
११.	३०	[illegible] डायग्नोस्टिक सर्भिस प्रा.लि.	[illegible], काठमाडौं	
१२.	३३	[illegible] डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible], धनुषा	

१३.	८४	[illegible] मेडिकल कलेज एण्ड [illegible]	[illegible], ललितपुर	
१४.	८७	[illegible] हेल्थ केयर सेन्टर	[illegible], काठमाडौं	
१५.	७०	[illegible] काठमाडौं अस्पताल प्रा.लि.	[illegible], काठमाडौं	
१६.	७६	[illegible] मेडिकल कलेज एण्ड टिचिङ हस्पिटल	[illegible], काठमाडौं	
१७.	८६	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
१८.	८७	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
१९.	९६	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
२०.	१००	[illegible] हेल्थ केयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
२१.	१०४	[illegible] डायग्नोस्टिक सेन्टर प्रा.लि.	नयाँ बानेश्वर, काठमाडौं	
२२.	१११	[illegible] पोलिक्लिनिक प्रा.लि.	[illegible], ललितपुर	
२३.	११०	[illegible] डायग्नोस्टिक प्रा.लि.	[illegible], काठमाडौं	
२४.	११७	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], सुनसरी	
२५.	११०	[illegible] हेल्थकेयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
२६.	१२१	[illegible] पोलिक्लिनिक एण्ड मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
२७.	१२६	[illegible] डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], झापा	
२८.	१३०	[illegible] पोलिक्लिनिक एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि	[illegible]-१३, काठमाडौं	
२९.	१३८	[illegible] मेडिकल सेन्टर	[illegible], काठमाडौं	
३०.	१३९	[illegible] डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
३१.	१४०	[illegible] पोलिक्लिनिक एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
३२.	१४१	[illegible] पोलिक्लिनिक एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], बाँके	
३३.	१४६	[illegible] हेल्थ पोलिक्लिनिक प्रा.लि.	[illegible], काठमाडौं	
३४.	१४९	[illegible] डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
३५.	१४६	[illegible] पोलिक्लिनिक एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], धनुषा	
३६.	१४९	[illegible] हेल्थकेयर एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible]-९, काठमाडौं	
३७.	१६०	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible]-३, काठमाडौं	

३८.	१६३	[illegible] इन्टरनेशनल मेडिकल सेन्टर प्रा.लि.	[illegible]-८, धनुषा	
३९.	१६४	[illegible] पोलिक्लिनिक एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible]-१०, काठमाडौं	
४०.	१६६	[illegible] डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
४१.	१६७	[illegible] हेल्थ केयर सेन्टर प्रा.लि.	[illegible]-४, काठमाडौं	
४२.	१७३	[illegible] पोलिक्लिनिक एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
४३.	१७६	[illegible] मेडिकल सेन्टर प्रा.लि.	नयाँ [illegible], काठमाडौं	
४४.	१७७	[illegible] मेडिकल एण्ड पोलिक्लिनिक प्रा.लि.	[illegible], दाङ	
४५.	१७८	[illegible] पोलिक्लिनिक एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	नयाँ बानेश्वर, काठमाडौं	
४६.	१८०	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
४७.	१८१	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
४८.	१८६	[illegible] मेडिकल एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
४९.	१९१	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible]-२६, काठमाडौं	
५०.	१९२	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
५१.	१९४	[illegible] हेल्थ केयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
५२.	१९६	[illegible] पोलिक्लिनिक प्रा.लि.	[illegible], काठमाडौं	
५३.	२०१	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
५४.	२०२	[illegible] क्लिनिक प्रा.लि.	[illegible]-३२, काठमाडौं	
५५.	२०३	[illegible] हेल्थकेयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
५६.	२०४	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
५७.	२०५	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
५८.	२०८	[illegible] मेडिकल सेन्टर प्रा.लि.	नयाँ बानेश्वर, काठमाडौं	
५९.	२०९	[illegible] पोलिक्लिनिक प्रा.लि.	[illegible]-१०, काठमाडौं	
६०.	२१०	[illegible] हेल्थ [illegible] सर्भिस प्रा.लि.	[illegible], काठमाडौं	
६१.	२११	[illegible] डाइग्नोस्टिक क्लिनिक प्रा.लि.	[illegible], काठमाडौं	
६२.	२१२	[illegible] मेडिकल सेन्टर	[illegible], काठमाडौं	

६३.	२१३	[illegible] हेल्थ केयर सेन्टर प्रा.लि.	[illegible]-४, काठमाडौं	
६४.	२१४	[illegible] हेल्थ केयर एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible]-९, काठमाडौं	
६५.	२१५	[illegible] हेल्थकेयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
६६.	२१६	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
६७.	२१७	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible]-३, काठमाडौं	
६८.	२१८	[illegible] पोलिक्लिनिक प्रा.लि.	[illegible]-१४, काठमाडौं	
६९.	२१९	[illegible] एण्ड [illegible] सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७०.	२२०	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७१.	२२१	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७२.	२२२	[illegible] हेल्थकेयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७३.	२२३	[illegible] हेल्थकेयर प्रा.लि.	[illegible]-८, काठमाडौं	
७४.	२२४	[illegible] पोलिक्लिनिक एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७५.	२२५	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७६.	२२६	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible]-१६, काठमाडौं	
७७.	२२७	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
७८.	२२८	[illegible] हेल्थ सेन्टर प्रा.लि.	नयाँ बानेश्वर, काठमाडौं	
७९.	२२९	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
८०.	२३०	[illegible] पोलिक्लिनिक एण्ड डायग्नोस्टिक सेन्टर प्रा.लि.	नयाँ बानेश्वर, काठमाडौं	
८१.	२३१	[illegible] हेल्थकेयर सेन्टर प्रा.लि.	[illegible], काठमाडौं	
८२.	२३२	[illegible] हेल्थकेयर सेन्टर प्रा.लि.	[illegible], ललितपुर	
८३.	२३३	[illegible] सेवा केन्द्र प्रा.लि.	[illegible], काठमाडौं	
८४.	२३४	[illegible] हेल्थ केयर प्रा.लि.	[illegible], काठमाडौं	
८५.	२३५	[illegible] मेडिकेयर एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible], काठमाडौं	
८६.	२३६	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
८७.	२३७	[illegible] एण्ड क्लिनिक प्रा.लि.	[illegible], ललितपुर	
८८.	२३८	[illegible] एण्ड क्लिनिक प्रा.लि	[illegible]-१०, ललितपुर	

८९.	२३९	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible]-२२,काठमाडौं	
९०.	२४०	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
९१.	२४१	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
९२.	२४३	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], चितवन	
९३.	२४४	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
९४.	२४९	[illegible] इन्टरनेशनल मेडिकल सर्भिस प्रा.लि.	[illegible]-११, काठमाडौं	
९५.	२६०	[illegible] मेडिकल एण्ड डाइग्नोस्टिक सेन्टर प्रा.लि.	[illegible]-७, काठमाडौं	
९६.	२६२	[illegible] स्वास्थ्य सेवा केन्द्र प्रा.लि.	[illegible]-९, काठमाडौं	
९७.	२०१	[illegible] मेडिकल सेन्टर प्रा.लि.	[illegible], काठमाडौं	
९८.	२७४	[illegible] हेल्थ केयर प्रा.लि.	[illegible], बाँके	
९९.	२८८	[illegible] अस्पताल प्रा.लि.	[illegible], कैलाली	

7. APPLICATION FORM FOR FINANCIAL SUPPORT BY WORKERS WHO HAVE BEEN MAIMED IN AN ACCIDENT DURING FOREIGN EMPLOYMENT

अनुसूची- ४
(निर्देशिकाको दफा ५ संग सम्बन्धित)

(वैदेशिक रोजगारको शिलशिलामा विदेशमा दुर्घटनामा परी अंगभंग भएका कामदारले आर्थिक सहायताका लागि दिने निवेदन)

श्रीमान कार्यकारी निर्देशकज्यू
वैदेशिक रोजगार प्रवर्द्धन बोर्डको सचिवालय,
नयाँबानेश्वर, काठमाण्डौ ।

म .....वैदेशिक रोजगारको लागि इजाजतपत्रवाला श्री .....
.....मार्फत..... (मुलुक) गएकोमा मिति..... का दिन सोहि मुलुकको .....भन्ने स्थानमा दुर्घटनामा परी अंगभंग भएको हुँदा वैदेशिक रोजगार निमावली, २०६४ को नियम २८ (४) बमोजिम आर्थिक सहायता पाउन निम्न कागजात र विवरण यसै साथ राखी सोहि नियमावलीको नियम २८ (३) को म्याद भित्र निवेदन दिन आएको छु। नियमानुसार आर्थिक सहायता पाउन अनुरोध गर्दछु।

१) निवेदकको :

(क) नाम र थर .....

(ख) राहदानीको नं..... (प्रतिलिपि छ / छैन)

(ग) नागरिकता नं..... (प्रतिलिपि छ / छैन) :

(घ) दुर्घटना सम्बन्धि विवरण :-

२) बाबुको नाम : .....

३) पति / पत्निको नाम :.....

४) काम गर्न गएको मिति :.....

५) फर्केएको मिति .....

६) श्रम स्वीकृतिको पत्र र मिति :.....

७) करारपत्र र करार अवधि :..... (करारपत्र छ / छैन) :

अङ्गभङ्ग/उपचार खर्चको लागि निवेदन दिदा पेश गर्नुपर्ने कागजातहरु र विवरण ।		
१	श्रम स्वीकृतिको पत्र र मिति श्रमले टाँसएको स्टिगर	
२	करार संझौता पत्र :	
३	अङ्गभङ्ग/उपचार गरेको प्रमाण पत्र कम्पनी वा दुतावास/अस्पतालको कागजातहरु	
४	कामदारको नागरिता /राहादानी	
५	नेपाल फर्किएको टिकट/पासपोटमा टाँसेको एराइवल टिकट	
६	नेपालको सरकारी अस्पतालमा उपचार गराएको प्रमाण पत्र	
७	घाउँचोटपटक स्पष्ट देखिने फोटो	
८	निवेदकको १ (एक) प्रति पासपोट साइजको फोटो	

८) दुर्घटना सम्बन्धी प्रमाणपत्र (कम्पनी / दुतावास/अस्पताल) :- छ / छैन :
यो निवेदन साथ पेश गरेका कगजातहरु ठिक दुरुस्त छन् पछि फरक पर्न गएमा कानुन बमोजिम सहुला बुझाउला

सहिछाप

दायाँ	बायाँ

निवेदक

हस्ताक्षर :

नाम थर :
सम्पर्क नं.:

मिति : २०७४।..।..... ..... जिल्ला ..... गा. वि. स./ नगरपालीका, वार्ड नं .

8. APPLICATION FORM FOR FINANCIAL SUPPORT TO BE FILLED IN BY RELATIVES OF A WORKER WHO DIED ABROAD DURING FOREIGN EMPLOYMENT

अनुसूची- ३
(निर्देशिकाको दफा ४ संग सम्बन्धित)

(वैदेशिक रोजगारको शिलशिलामा विदेशमा मृत्यु भएका कामदारको नजिकको हकदारले आर्थिक सहायताका लागि दिने निवेदनको ढाँचा

श्री कार्यकारी निर्देशकज्यू
वैदेशिक रोजगार प्रवर्द्धन बोर्ड ,
नया बानेश्वर, काठमाण्डौ ।

मेरो श्री वैदेशिक रोजगारको लागि इजाजतपत्रवाला श्री .....
मार्फत (मुलुक) गएकोमा मिति का दिन सोही मुलुकको .....
भन्ने स्थानमा मृत्यू भएको हुँदा निजको लाश प्राप्त भै आफ्नो परम्परा अनुसार दाह संस्कारको कार्य सम्पन्न भएकोले वैदेशिक रोजगार निमावली, २०६४ को नियम २८ (२) बमोजिम आर्थिक सहायता पाउन निम्न कागजात र विवरण यसै साथ राखी सोहि नियमावलीको नियम २८ (१) को म्याद भित्र निवेदन दिन आएको छु । नियमानुसार आर्थिक सहायता पाउन अनुरोध गर्दछु ।

१) मृतकको :
(क) नाम र थर
(ख) राहदानी नं (प्रतिलिपि छ छैन) :
(ग) नागरिकता नं (प्रतिलिपि छ छैन) :

२) बाबुको नाम :

३) नजिकको हकवालाको नाम :

४) पति / पत्नीको नाम :

५) मृतकसँग निवेदकको नाता :

६) काम गर्न गएको मिति :

७) श्रम स्वीकृति पत्र :

८) करारपत्र र अवधि : (करार पत्र छ छैन) :

९) मृत्युको प्रमाणपत्र (गन्तव्यमुलुकको स्वास्थ्य संस्था/कम्पनी/ दुतावास/अस्पतालको) :- छ छैन:

१०) मृत्यू दर्ताको प्रमाणपत्र (नगरपालीका गा वि स) : छ छैन :

११) गा वि स नगरपालिकाले दिएको नाता प्रमाणपत्र : छ छैन

१२) निवेदकको नागरिकता नं जारी मिति

	हकवालाहरुले आर्थिक सहायताको लागि निवेदन दिदा पेश गर्नुपर्ने कागजातहरु र विवरण ।	
	श्रम स्वीकृतिको पत्र श्रमले लगाएको स्टिकर	
	करार संझौता पत्र :	
	मृत्यु दर्ता प्रमाण पत्र गा.वि.स/नं.पा.:	
	मृत्युको प्रमाण। कम्पनी वा दुतावास/अन्य र भन्सारको पत्र)	
	कामदारको नागरिकता, राहादानी :	
	हकवालको नागरिकता र नाता प्रमाणित र अविवाहित भए गा.वि.सं.बाट अविवाहितको सिफारिस समेत	
	मृत्यूको कारण :	
	पठाउने मेनपावरको नाम :	

निम्नानुसार हेरी रुजु गरियो ।
कामदारको नाम :-
राहदानी नं.
दस्तखत :-
मिति :-

माथी पेश गरेका कागजातहरु ठिक र दुरुस्त छन् पछि फरक पर्न गएमा कानुन बमोजिम सहुला बुझाउला

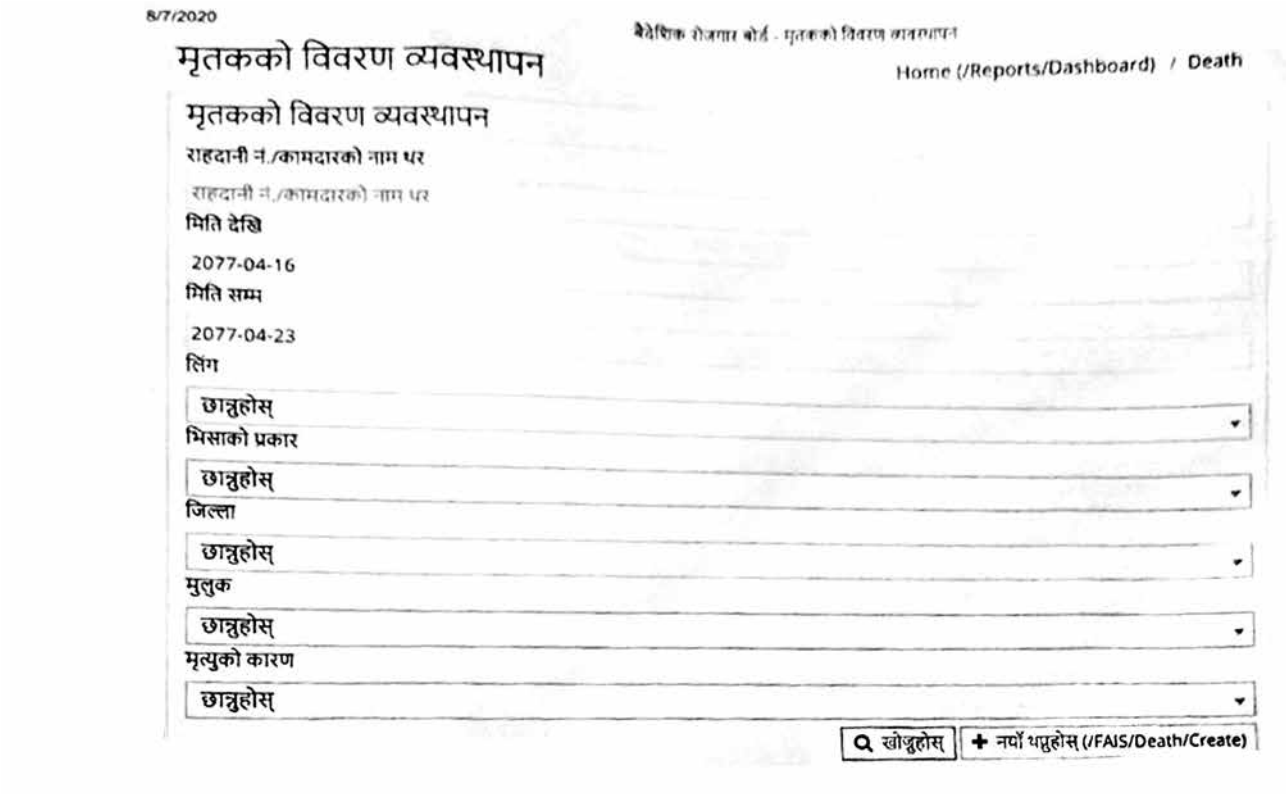
सहिछाप

दायाँ	बायाँ

निवेदक :
हस्ताक्षर :
नाम थर :
सम्पर्क नं. :

मिति : २०७४। । जिल्ला ..... गा वि स नगरपालिका वडा नं

9. DATA SHEET OF MIGRANTS WHO HAVE DIED ABROAD DURING FOREIGN EMPLOYMENT FROM FOREIGN EMPLOYMENT BOARD



8/7/2020 वैदेशिक रोजगार बोर्ड - मृतकको विवरण व्यवस्थापन

मृतकको विवरण व्यवस्थापन

Home (/Reports/Dashboard) / Death

मृतकको विवरण व्यवस्थापन

राहदानी नं./कामदारको नाम थर

राहदानी नं./कामदारको नाम थर

मिति देखि

2077-04-16

मिति सम्म

2077-04-23

लिंग

छान्नुहोस्

भिसाको प्रकार

छान्नुहोस्

जिल्ला

छान्नुहोस्

मुलुक

छान्नुहोस्

मृत्युको कारण

छान्नुहोस्

खोज्नुहोस् | + नयाँ थप्नुहोस् (/FAIS/Death/Create)

10. FOREIGN EMPLOYMENT INSURANCE DETAIL FROM A INSURANCE COMPANY

नेशनल लाईफ इन्स्योरेन्स कम्पनी लिमिटेड

NATIONAL LIFE INSURANCE COMPANY LIMITED

(माविक नाम: नेशनल लाइफ एण्ड जनरल इन्स्योरेन्स कम्पनी लिमिटेड)

प्रधान कार्यालय
पो.ब.नं. ४११२, नारायण चौर
काठमाण्डौं, नेपाल
email: nlgilife@mail.com.np

वैदेशिक रोजगार स्वादी जीवन बीमालेख विवरण

Batch Number: 2,433

Receipt Date: 28/08/2019
Receipt Number: MPR111002474

S.No.	Policy #	Assured Name	Address	Passport No.	Employer Country	Date of Birth	Age	Term	Prm Amt
1	MP1111392898	SAGAR THAPA MAGAR	KASKI	10442415	ROMANIA	11/03/1999	20	3 0 Year(s)	3,924.00
2	MP1111392899	DHANBDR RAMJALI	MYAGDI	05506472	ROMANIA	08/11/1989	30	3 0 Year(s)	3,924.00
3	MP1111392900	JIVAN KUNWAR	LAMJUNG	06165351	ROMANIA	04/05/1993	26	3 0 Year(s)	3,924.00
4	MP1111392901	SURAT BHANDARI	MYAGDI	08054964	ROMANIA	24/02/1997	23	3 0 Year(s)	3,924.00
								Total Premium	15,696.00

Agent's Code No.: 01006855

Foreign Employer: AL SAHELI MANPOWER P. LTD

* The Sum Assured for above mentioned, Employees who are leaving for Foreign Employment has been determined for Rs. 1,000,000.00 each

* Rider Coverage: The Critical illness for Rs 5,00,000.00

Authorised Signature

Name: Bibek Aryal

Designation: Sr. Office Assl.

Company Seal

Date: 28/08/2019

11. FORM FROM CONSULAR DEPARTMENT

To:
Embassy of Nepal/ Consulate General/Consulate
……

Please send the human remains by air cargo to Kathmandu Airport as of the following details provided.

Name of the deceased	**Late: ……**
Passport No.	**……**
Address.	**……**
Company' Name &	**……**
Address	**……**
Phone No.	**……**
Country	**……**
Name of the contact person in Kathmandu.	**……**
Telephone No. &	**……**
Mobile No.	**……**

Applicant's Signature: ……

Name: ……

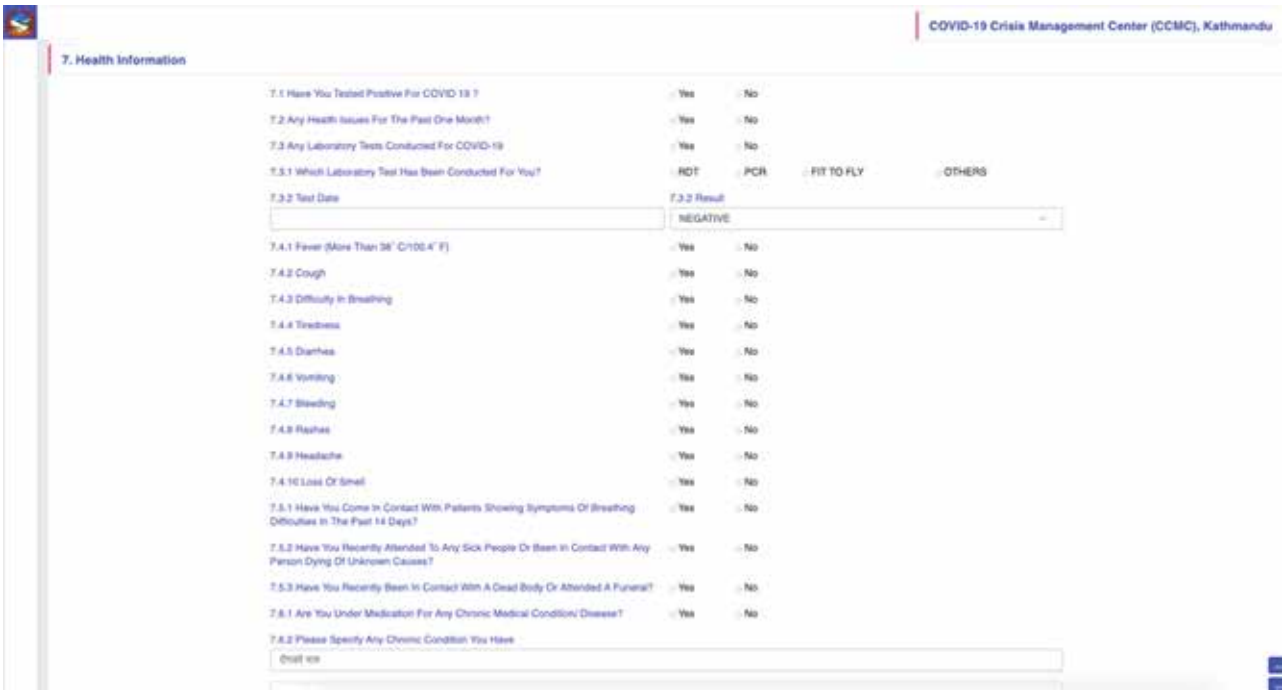
Relationship: ……

Contact No. : ……

P.S.:
Once documents are finalized and NOC (No Objection Certificate) is issued from the Embassy of Nepal……The Cargo Agent will contact the family members in the Kathmandu to fill up the body receiving acceptance form. So, unless the family members of the deceased go to the concerned airlines office in Kathmandu, it will be delayed to send the dead-body.

Date: ……/……/ 20…..

12. CCMC FORM TO BE FILLED BY MIGRANTS



COVID-19 Crisis Management Center (CCMC), Kathmandu

7. Health Information

7.1 Have You Tested Positive For COVID 19 ?	Yes	No		
7.2 Any Health Issues For The Past One Month?	Yes	No		
7.3 Any Laboratory Tests Conducted For COVID-19	Yes	No		
7.3.1 Which Laboratory Test Has Been Conducted For You?	RDT	PCR	FIT TO FLY	OTHERS
7.3.2 Test Date	7.3.2 Result			
	NEGATIVE			
7.4.1 Fever (More Than 38° C/100.4° F)	Yes	No		
7.4.2 Cough	Yes	No		
7.4.3 Difficulty In Breathing	Yes	No		
7.4.4 Tiredness	Yes	No		
7.4.5 Diarrhea	Yes	No		
7.4.6 Vomiting	Yes	No		
7.4.7 Bleeding	Yes	No		
7.4.8 Rashes	Yes	No		
7.4.9 Headache	Yes	No		
7.4.10 Loss Of Smell	Yes	No		
7.5.1 Have You Come In Contact With Patients Showing Symptoms Of Breathing Difficulties In The Past 14 Days?	Yes	No		
7.5.2 Have You Recently Attended To Any Sick People Or Been In Contact With Any Person Dying Of Unknown Causes?	Yes	No		
7.5.3 Have You Recently Been In Contact With A Dead Body Or Attended A Funeral?	Yes	No		
7.6.1 Are You Under Medication For Any Chronic Medical Condition/ Disease?	Yes	No		
7.6.2 Please Specify Any Chronic Condition You Have				

13. DOCUMENTS REQUIRED FOR NOC FOR STUDENT VISA

No Objection Letter

अध्ययन स्वीकृति (No Objection Letter) तथा विदेशी मुद्रा सटही सुविधा सिफारिस पत्र प्राप्त गर्न निम्नअनुसारका कागजातहरुको सक्कल (Original) सहित एक एक प्रति प्रतिलिपि (Photocopy) पेस गर्नुपर्नेछ । सक्कल (Original) गएको अवस्थामा नोटरी पब्लिक (Notary Public) बाट दोहोरपूर्वक प्रमाणित (Notarized) गरिएका कागजातहरु पेस गर्न सकिनेछ ।

आवश्यक कागजातहरु:

- विद्यार्थीको नेपाली नागरिकताको प्रमाणपत्रको सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि,
- जुन तह (Level) अध्ययन गर्न जाने हो, सोभन्दा एक तह मुनिको ट्रान्सक्रिप्ट (Transcript) वा उत्तीर्ण प्रमाणपत्र (Pass Certificate) वा उपाधिको प्रमाणपत्र (Degree awarded Certificate) को सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि, (विदेशी अध्ययन संस्थाबाट उत्तीर्ण हुँदा हुनका Transcript वा अतिरिक्त Pass Certificate, Degree awarded Certificate, Provisional Certificate, Migration Certificate को सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि),
- MBBS/BDS वा सो सरहको तह / विषय अध्ययन गर्न जानका लागि नेपाल मेडिकल काउन्सिलको Eligibility Certificate को सक्कल प्रति (Original) सगेत पेस गर्नुपर्नेछ ।
- MD/MS/MDS वा सो सरहको प्रवेश परीक्षा (Entrance Examination) का लागि Internship Completion Certificate र Medical Council Registration Certificate को सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि सगेत पेस गर्नुपर्नेछ ।
- MD/MS/MDS वा सो सरहको तह / विषय अध्ययन गर्न जानका लागि नेपाल मेडिकल काउन्सिलको Eligibility Certificate, Medical Council Registration Certificate र Internship Completion Certificate को सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि सगेत पेस गर्नुपर्नेछ ।
- अभिभावकले निवेदन दिने भएमा अभिभावकको नागरिकताको प्रमाणपत्रको सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि सगेत पेस गर्नुपर्नेछ । अभिभावक भन्नाले एका परिवारका हजुरबा, हजुरआमा, बाबुआमा, चाची चनी, दाजुभाइ, दिदीबहिनीलाई जनाउँछ ।
- शैक्षिक प्रमाणपत्र र नागरिकताको प्रमाणपत्रमा नाम, थर फरक भएमा नागरिकता प्रदान गर्ने जिल्ला प्रशासन कार्यालयले निज एउटै व्यक्ति हो भनी प्रमाणित गरिदिएको सिफारिस पत्रको सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपि सगेत पेस गर्नुपर्नेछ ।
- विवाहका कारण थर फरक भएमा विवाह दर्ता प्रमाणपत्रको सक्कल तथा एक प्रति प्रमाणित (Notarized) प्रतिलिपिसगेत पेस गर्नुपर्नेछ ।

पत्र प्राप्त गर्ने प्रक्रिया

एकभन्दा बढी विषय (Subject), तह (Level) र अध्ययन संस्था (Institute/College/University) का लागि अध्ययन स्वीकृतिपत्र बनाउन चाहने विद्यार्थीहरुले प्रत्येक विषय, तह, अध्ययन संस्थाका लागि छुट्टाछुट्टै आवेदन फारम भरी राजस्व सगेत छुट्टाछुट्टै बुझाउनुपर्नेछ ।

आवेदन फारम (Application Form) भर्ने क्रममा साथ भर्ने शैक्षिक प्रमाणपत्रका आधारमा, जेनेता र बाबु वा आमाको नाम भर्ने नागरिकताको प्रमाणपत्रका आधारमा, अध्ययन गर्ने स्वीकृति पत्र मागेको विषय (Required Subject) भर्ने एक तह मुनिको योग्यताका आधारमा, अध्ययन गर्ने तह (Required Level of Study) भर्ने एक तह मुनिको उपाधिका आधारमा, अध्ययन गर्ने संस्था (College/Institute/University) भर्ने Offer letter/Acceptance Letter/ I-20 का आधारमा आवेदन फारम भर्नुहोला ।

१) आवेदन फारम वितरण (Application Form Distribution)	१(१) दे. इमान
२) फारम कलु गराउने (Application Form+ Document Verification)	१(२) दे. इमान
३) राजस्व बापत रु.२००।- बुझाउने (Revenue Deposit)	१ दे. इमान
४) आवेदन फारम दर्ता गराउने (Application Registration)	३ दे. इमान
५) पत्र वितरण/बुझिलिने (No Objection Letter Distribution)	६ दे. इमान

कृपया आफ्नो पत्र (No Objection Letter) आफूले भरेको आवेदन फारम (Application Form) अनुसार छ कि हेर्न माथ बुझिलिनु होला र उक्त पत्रमा रहेको व्यहोरा सच्याउनुपर्ने भए पत्र बुझिलिएको दिनमा माथ सच्याउन पाइनेछ ।

भुक्तानीका लागी प्राप्त बिलहरुको सार्वजनिकरण

Document Archieve
Click here to search documents

No Objection Letter
Download No Objection Letter

Press Release
View more press releases

Feedback
Give us your suggestion

Act and Regulation

Reports

Policies and Directives

Curriculums

Check Email

Most Visited Links

- विद्यार्थी सिकाइ सहजीकरण निर्देशिका, २०७७
- विद्यार्थी सिकाइ सहजीकरण निर्देशिका, २०७७ कार्यान्वयन सम्बन्धी सूचना

14. RESCUED PATIENT FORM FROM CIWEC HOSPITAL

RESCUED PATIENT FORM

DATE: -

NAME:

AGE/SEX: - NATIONALITY:

HELI - RESCUE: YES NO TREKKING IN: Single Group

DATE OF RESCUE: TIME: PLACE:

VITALS:

T: - P: - RR: - BP: - SPO_2:-

TREKKING STARTED ON (DATE & PLACE):

HIGHEST ALTITUTE REACHED:

SYMPTOMS: (TICK)

- HEADACHE
- NAUSEA / VOMITING
- DIARRHEA
- ANOREXIA
- FATIGUE
- DIFFICULTY IN SLEEPING
- DIFFICULTY IN BREATHING
- RESPIRATORY PROBLEMS:
- DISORIENTATION: CONFUSION / DROWSINESS
- WOBBLY GAIT /ATAXIA
- CHEST PAIN
- OTHERS:

MEDICTION USED:

- TAB.DIAMOX
- OTHERS :

PAST MEDICAL HISTORY:

CURRENT SYMPTOMS:

15. KEY INFORMANT INTERVIEW (KII)

15.1. KII Guidelines

Most of the information will be generated from literature available on migrant health. The information generated from KII and FGD will substantiate the secondary source information. The participants will be focal points for migrants' health or the relevant field within the agencies working on migration.

Objectives:

i. To describe the health-related information/ data and research on migrants from, and migrants in, Nepal;

ii. To map and describe the relevant stakeholders and/or institutions/agencies and the databases and/or information systems that capture/collect health-related data on migrants from, and migrants in, Nepal, and

iii. To identify gaps, needs and priorities for developing MHMIS for Nepal.

Good Morning/Afternoon! My name is …….. . We are conducting a scoping study on behalf of International Organization for Migration on migrant health information. I am taking an interview with you and the information you provide will help us identify the migrant health related information. The interview may take about _____minutes to complete. Agreeing to participate in the interview means that you have given us your consent to take this interview and its recording.

Thank you for agreeing to be a part of this project. Your identity will remain highly confidential and the information you provide won't be used for any other purpose than to achieve the objectives of this study mentioned above. [Take permission to start the interview]. For your information, MHMIS is a tool to manage migrant health-related information through a predefined process and procedure. It can provide base for planning, monitoring and evaluation of health services provided to migrants. The information you provide us will be analyzed thematically. Skip logic will be used while implementing the questions. Before we begin our interview, I would like to briefly collect some information about you and your role.

Participant General Information

Participant Identification Code	
Participant	
Name of the Organization	
District	
Year of work in current position	
Work experience in years	
Sex	
Education	
Contact Details	
Date of Interview	
Interview Start Time	
Interview End Time	

15.2. KII Guiding Questions

A. Health-related information of migrants and its management

1. To begin with, I would like to know about the functions of your office related to migrants. What types of health services are available for migrants?
2. Which stage of migration is your office/agency primarily engaged in (pre-migration, migration or post-migration)? Please, explain it in details.
3. Types of migrants your office deals with:

☐ Refugees ☐ Internal migrants ☐ Tourists

☐ Foreign labour migrants ☐ Student migrants ☐ Others (Specify_____)

4. How does your office keep/manage the data of migrants? In the collected overall data of migrants, does it include health-related data of migrants? (If the answer is 'No', use skip logic)
5. What migrant health data is collected by your office/institution?
6. How does it keep the health-related records?
7. What health status indicators are used?
8. How are the migrant-related data protected? How is the data protection protocol managed? How can these data be better protected?
9. How can the public institutions and public access the migrant-related data?
10. How disaggregated are these data?
11. What are the challenges in managing migrant health records (collecting, storing and protecting)? How can we overcome them?
12. What are your key suggestions to improve the current health services and implement it effectively?
13. How are the migrant health-related data disseminated? In your opinion, what can be the better way of dissemination?
14. How are these data used?
15. In your opinion, what are the main health issues of the migrants that have come in contact with your office? Do you think these health issues have been properly addressed?

B. Gaps, needs and priorities for developing MHMIS for Nepal

16. How do you see the current health service provision for migrants in your level? And, how is central level influencing (supporting or undermining) migrant health system management at various levels of governance: central provincial and local level?
17. Are the migrant health related information your office generate/collect linked to the data sets of other government ministries and departments? Do you think these data can be linked to the government information management system? How?
18. In your opinion, how important is an MHMIS? How can it help in the better management of migrant health related data?
19. How has the government contributed to driving the migrant health management information system?

    P1: How effective do you think the leadership has been in driving the federal intentions for the migrant health system?

    P2: Where do you see the gaps? What the federal government could do to fulfil them, what others could do?
20. What components can we include in the MHMIS?
21. In your view, how challenging is it to create MHMIS? How can these challenges be overcome?
22. Thank you very much for your time. Do you think there are important issues that we have missed to cover? Is there anything else you would like to add or ask us questions? Is there any question that you thought was important, but did not come in the discussion?

16. FOCUS GROUP DISCUSSION (FGD)

16.1. FGD Guidelines

Objectives:

i. To describe the health-related information/ data and research on migrants from, and migrants in, Nepal;

ii. To map and describe the relevant stakeholders and/or institutions/agencies and the databases and/or information systems that capture/collect health-related data on migrants from, and migrants in, Nepal, and

iii. To identify gaps, needs and priorities for developing MHMIS for Nepal.

Good Morning/Afternoon! My name is _____. We are conducting a scoping study on behalf of International Organization for Migration on migrant health information. I am conducting this Focus Group Discussion with you and the

information you provide will help us identify the migrant health related information. The discussion may take about _____ minutes to complete. Agreeing to participate in the discussion means that you have given us your consent to take your opinions and their recording.

Thank you for agreeing to be a part of this project. Your identity will remain highly confidential and the information you provide won't be used for any other purpose than to achieve the objectives of this study mentioned above. [Take permission to start the interview]. For your information, MHMIS is a tool to manage migrant health related information through a predefined process and procedure. It can provide base for planning, monitoring and evaluation of health services provided to migrants. Skip logic will be used while implementing the questions. The information you provide us will be analyzed thematically.

Before we begin our discussion, I would like to briefly collect some information about you. Kindly, fill in the blanks below.

Date of Discussion: ..... Start Time: ..... End Time: .....

Participant Identification Code	Designation	Name of the Organization	Work Experience in Years	Sex	Education	Email	Contact No.

16.2. FGD guiding questions

A. Health-related information of migrants and its management

1. Which stage of migration is your office/agency primarily engaged in (pre-migration, migration or post-migration)? Please, explain it in details.
2. How important is it to keep the health-related records of migrants?
3. In your opinion, what are the major health issues of migrants? To what extent do you think the Nepal government has been able to address the health needs of migrants?
4. Where (which ministries/departments) can we find the health-related data of migrants? What health indicators are used to collect these data?
5. How are these data stored? How do you think they should be stored?
6. How protected are these data? In your opinion, how can these data be better protected?
7. What are the challenges in managing migrant health records (collecting, storing and protecting)? How can we overcome them? What are your key suggestions to improve the current health services and implement it effectively?

B. Gaps, needs and priorities for developing MHMIS for Nepal

1. How scattered/uniform are the health-related data of migrants?
2. In your opinion, can we link the migrant health related data sets of different ministries and departments? Do you think these data can be linked to the government information management system? How?
3. How important is it to create an MHMIS for the better management of migrant health related data?
4. How challenging is it to create MHMIS? How can these challenges be overcome?
5. Thank you very much for your time. Do you think there are important issues that we have missed to cover? Is there anything else you would like to add or ask us questions? Is there any question that you thought was important, but did not come in the discussion?

17. PARTICIPANTS FOR KEY INFORMANT INTERVIEWS

Participant	Institution	Position
P1	Department of Foreign Employment	IT officer
P2	Foreign Employment Board	Spokesperson
P3	Foreign Employment Orientation Centres	General secretary
P4	Pre-Departure Medical Centre	Managing Director
P5	Department of Immigration	Staff Member
P6	Department of Health Service	Chief
P7	National Health Training Centre	Focal Person
P8	An insurance company	Assistant Manager
P9	Department of Passport	IT officer
P10	Department of Consular Support	IT officer
P11	COVID-19 Crisis Management Committee	Medical Doctor
P12	National Planning Commission	IT Officer
P13	National Human Rights Commission	Focal Person
P14	Nepali diplomatic mission in UAE	Labour Counsellor
P15	Ministry of Education No Objection Certificate Unit	Information Officer
P16	CIWEC hospital	Senior Consultant
P17	Health unit of Dhankuta Municipality	Health Coordinator

International Organization for Migration (IOM)
768/12 Thirbam Sadak, Baluwatar-5, P.O Box 25503, Kathmandu, Nepal
Tel.: +977 1-442650
Email: iomnepal@iom.int ◆ Website: https://nepal.iom.int