

Youth Webinar Report

**Issues Faced By Senior Citizens in the Context
of COVID-19**

28 August 2020

**Prepared by:
Electoral Support Project, UNDP**

1. Executive Summary

A fifth youth webinar, which is part of a larger youth webinar series, took place on 28 August 2020 to discuss the issues that senior citizens are facing in context of COVID-19. Moreover, the webinar also sought to provide recommendations on the ways to address these issues.

The youth webinar was attended by over 60 participants, including youth volunteers, representatives from UNDP, government representatives among others. In the webinar, youth volunteers from all seven provinces in Nepal and 64 districts conducted surveys of the people in their community. A total of 110 youth volunteers surveyed a total of 536 respondents for the survey spread across Nepal.

The survey respondents were senior citizens. The volunteers asked the survey respondents questions relating to the availability of food stock, their economic transactions in the context of the pandemic and the associated challenges, health and psycho-social counselling, availability of clean drinking water, issues on gender-based violence and domestic violence, their access to information during the COVID-19 and their opinion on the social accountability and transparency in the relief distribution, along with their access to relief materials that were provided by the government and various other agencies to support the testing times.

The questionnaire included questions covering the personal status, changes in personal income before and during COVID -19, the employment situation, main challenges during COVID-19 for senior citizens, including on health and socio-economic issues, coping mechanisms and their main needs. The questionnaire was posted on the survey KOBO tools.

The webinar helped identify some trends that highlighted the problems that the respondents faced. They include: the majority of the senior citizens faced economic hardships because of the pandemic, wherein some even reported that their family members lost their jobs and income source in the current context. The respondents also felt that the health services being provided were not on par with the normal times, and some reported that even basic medicinal supplies were not available in their nearby health centre. The survey revealed that not all senior citizens were aware of the quarantine facilities in their communities. The reasons identified for this ranged from apathy to a lack of proper information. However, the survey also showed that local radio and television were popular means of accessing information for these particular respondents.

Therefore, the ensuing recommendation was to ensure that senior citizens are also included in the process of COVID-19 recovery, especially as they are the ones most susceptible to its consequences. The youth volunteers noted that it was important to seek their input on the way forward to ensure that everything including infrastructure to information was accessible to this lot.

The event also had the provision of a quiz on matters related to elections, to sensitize the youths of the importance of exercising their right to vote: the poll inquired if the participants of the webinar were aware of the age to contend for local elections, the age to vote, and whether or not they had registered in the voter roll. It was an effective way to engage the youth volunteers on the matter.

2. Introduction

2.1 Background & Rationale

The UNDP Electoral Support Project (ESP) and the Country Office (CO) collaborated to join forces in the fight against the COVID-19 pandemic. A joint analysis from the team concluded that a webinar conducted

by and for the youth from across the seven provinces in Nepal would play a key role in informing about the ground realities. These would then also inform the five pillars for socio-economic framework including putting health first, protecting people, economic response and recovery, macro-economic response and multilateral collaboration and social cohesion and community resilience.

The fifth webinar was on issues that senior citizens are facing in context of the COVID-19. The webinar saw participation from youth volunteers, local government, development actors, academia.

The event started with welcome remarks from Ms. Binita Karki, the Youth Officer at UNDP. Extending a warm welcome to the participants, she informed that the recommendations and findings of the event will inform the future programming for UNDP's work.

2.2 Objectives

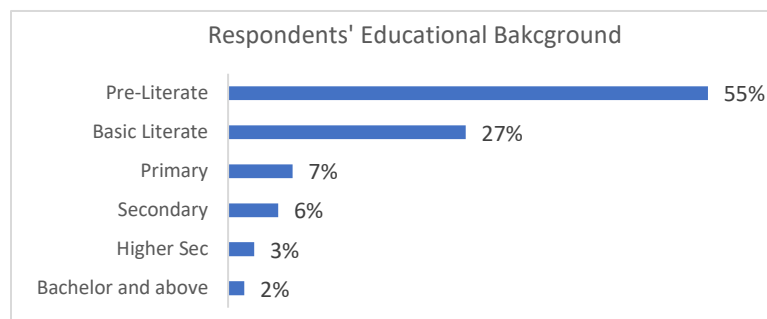
- To bring issues of inclusion to the forefront.
- To engage the youth and capacitate them to get important information in the fight against COVID-19.
- To use the learnings from the youth webinars to inform future UNDP programming.

3. Key Findings

The webinar then included a presentation from Mr. Tek Nath Sapkota, Electoral Regulations & Procedures Officer with UNDP's Electoral Support Project. In the presentation, he presented the key findings from the survey conducted across the seven provinces of Nepal, providing a general trend of the responses.

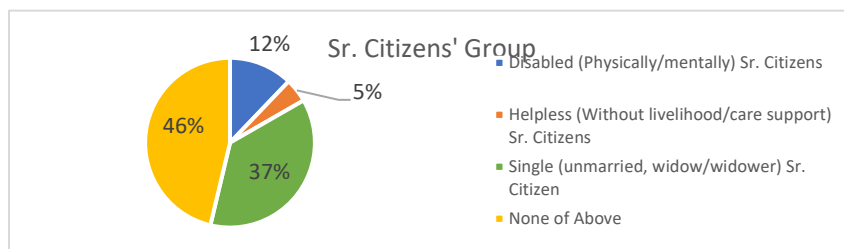
• Respondents Demography

There was a total of 536 respondents for the survey, with the participation of female respondents at 49%.



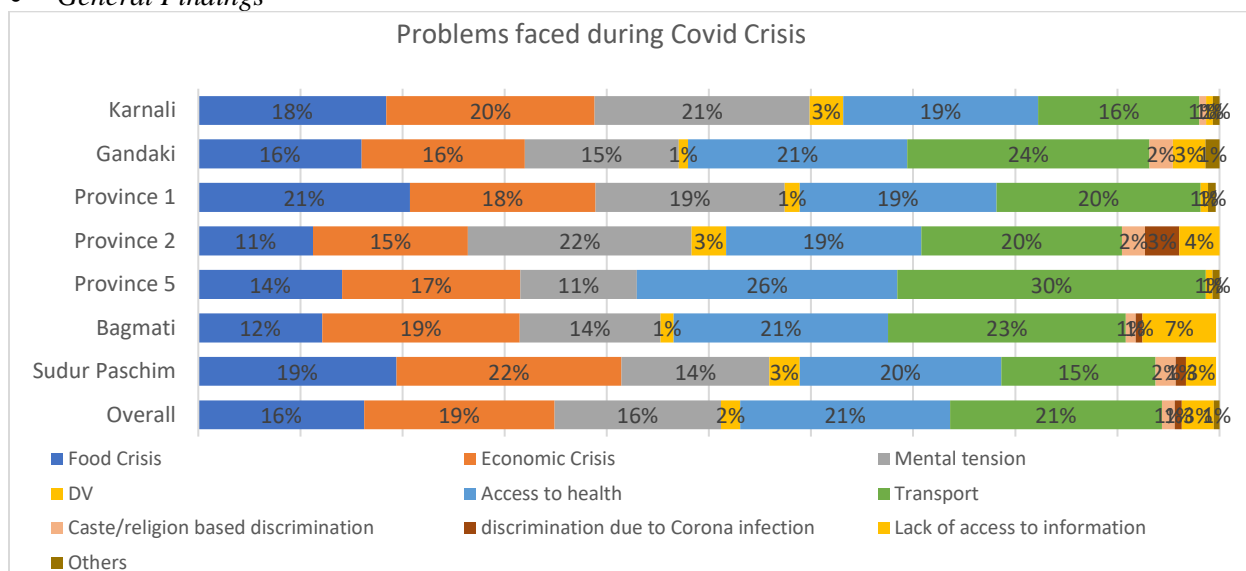
The educational background of the respondents of the survey varied. Overall, the participants ranged from those who were not literate (55%) to those with a Bachelor's Degree or higher (2%). Those who were not literate represented the majority of the respondents. The details in terms of educational background is presented in the adjacent graph.

In terms of age, most of the respondents were above 70 years of age, at 52%. The remaining 48% were between 60-70 years of age.



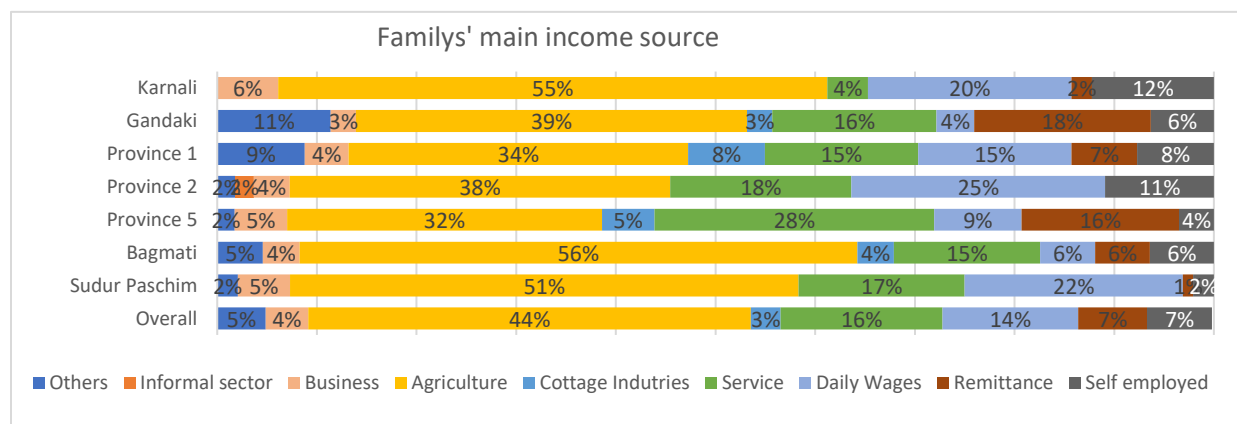
The survey showed that 12% of the respondents identified as persons with disabilities; 37% as single, including unmarried, widow/widower. More details are presented in the graph:

• General Findings

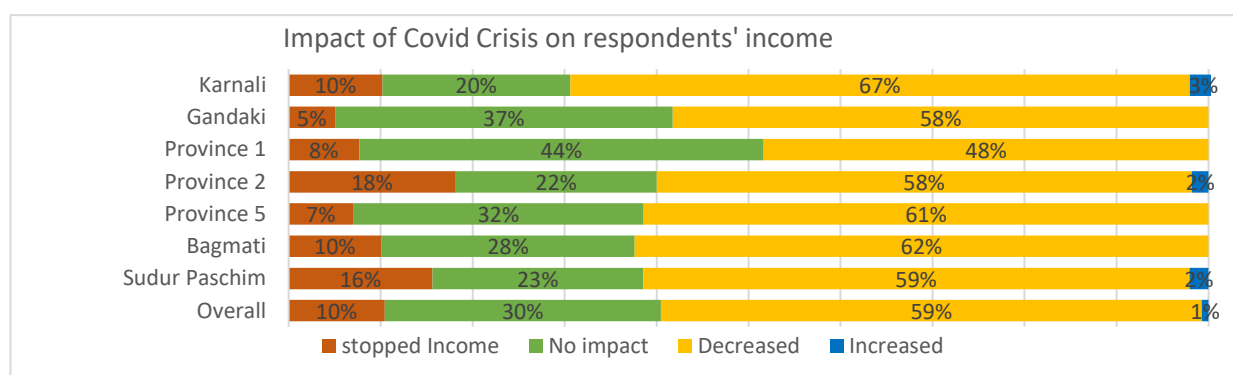


The respondents were asked what kinds of problems they encountered in the current context. From their responses, majority of them faced problems in access to health care and transportation, both at 21% each. This was followed by economic crisis. Only 1% respondents reported facing any sort of discrimination because of COVID-19. Forty-five percent stated that they needed care support and in most of the cases (90%) care takers were their own family members. As they had to take support, 45% said that they had problems to maintain social distancing.

• Economic Activities

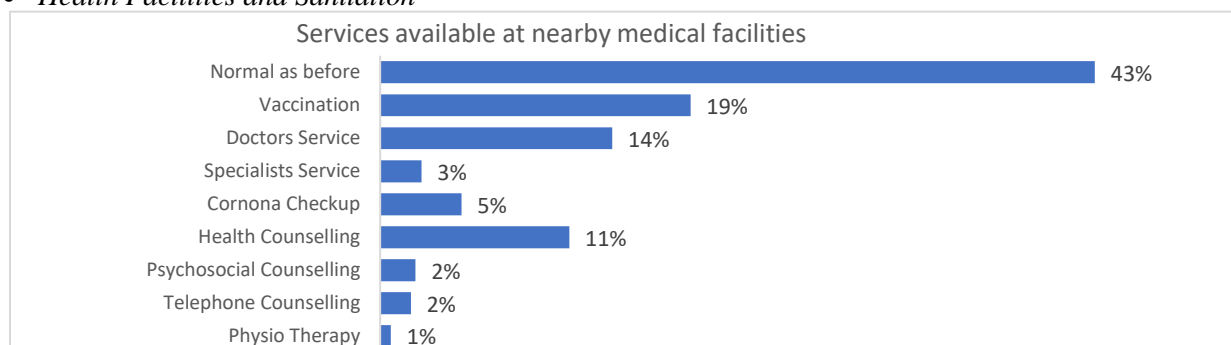


Of the respondents, 66% did not engage in any income generation activities (mostly women: 56%) : 22% relied on their pension. However, when asked what the main source of income for their family was, 44% reported it was agriculture. This was followed by 16% who were engaged in service.



When the respondents were asked about the impact of COVID-19 on their and their family's income source, more than half of them stated that their family's income had decreased (71%) as well as their own income had also decreased (59%). Whereas, 12% reported that source of their family's income had stopped and 10% reported that their own income had also stopped. On the contrary, 30% reported no impact on their livelihood. Moreover, 24% of the respondents said that someone in their family lost their job because of the pandemic.

• *Health Facilities and Sanitation*



The respondents were also asked about the kind of facilities that were available at the nearest health post. They were asked if the services were available as before, and if they had vaccination services, doctor

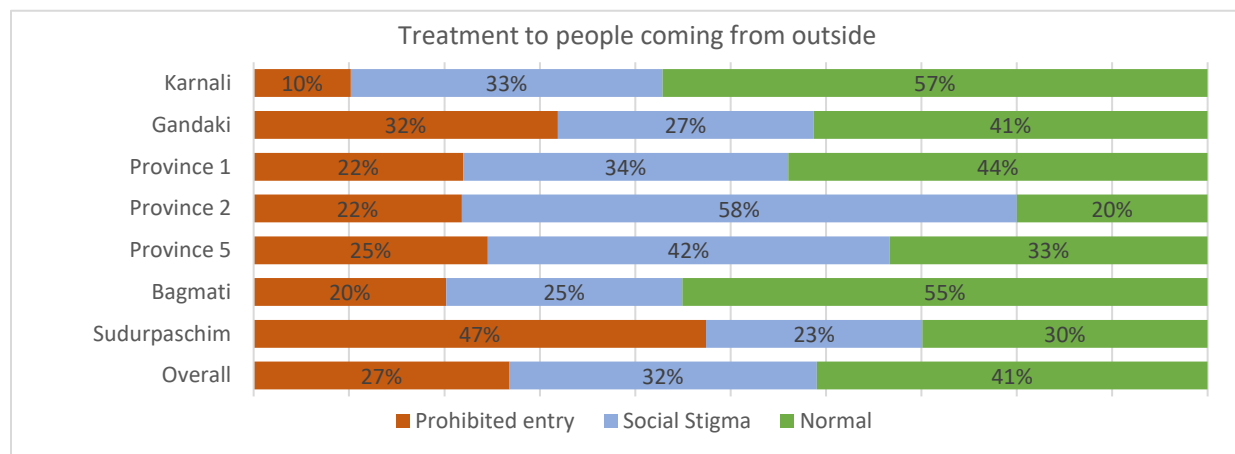
services, specialist services, COVID-19 testing, health, psycho-social and telephone counselling, physiotherapy were available. From the respondents, 43% said the services were as before. However, the services such as psycho-social and telephone counselling, physiotherapy were not available to a large degree.

All of the respondents reported that they didn't have any health facilities at home and 34% said that they had to visit health facilities during the COVID-19 crisis. Out of them 65% had to walk to the nearby health facilities. Sixty-one percent expressed that the health facilities are not Sr. citizen friendly. 62% said that the health they didn't have stock of regular essential medicines and health appliances during lockdown and 14% had to stay on scare and remaining managed to get it from nearby pharmacies and friends. Again 41% reported that there wasn't sufficient availability of essential medicines at nearby health facilities.

The majority of the respondents were also not aware of the health services provided to senior citizens under the Senior Citizen Health Services Programme Implementation Direction, 2061 B.S. at 84%.

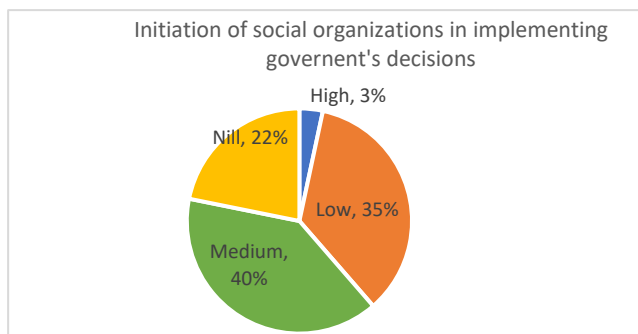
The respondents said that 49% of them drank boiled water, 16% filtered water and 33% did not use any of the precautionary measures. What is interesting to note is that 59% of the respondents said that they did not have a senior citizen friendly toilet in their homes.

- *Social Protection*

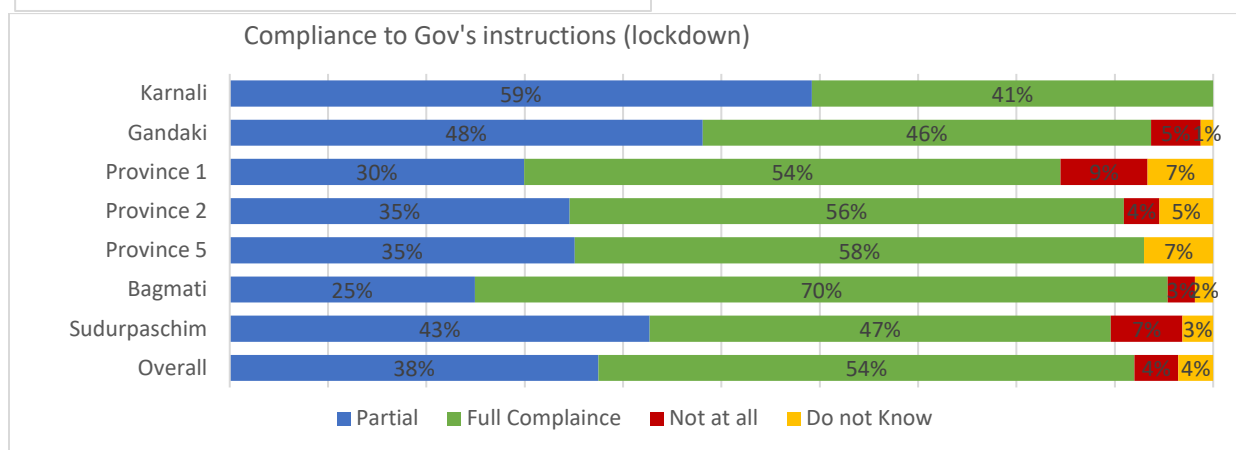


When asked if there were how the returnees were being treated, 32% reported the existence of some form of social stigma at the community level.

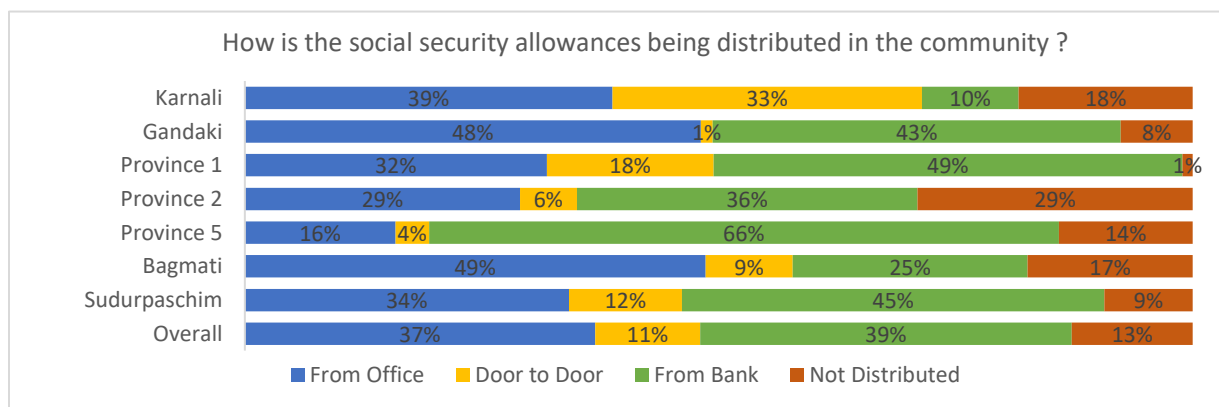
- *Relief Distribution*



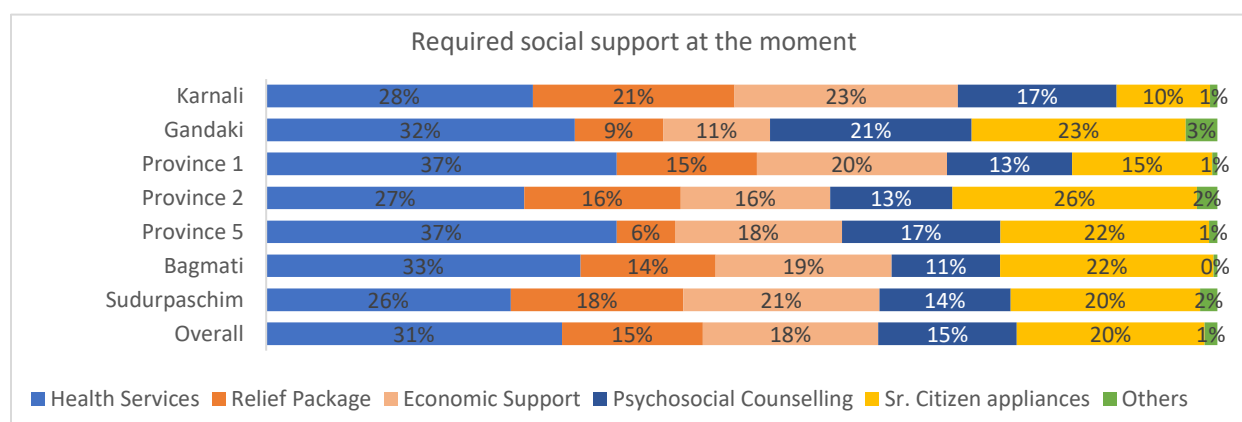
The respondents were asked how effective civil society organizations were in implementing the government's decision: 40% reported they were somewhat effective. More details are available in the graph.



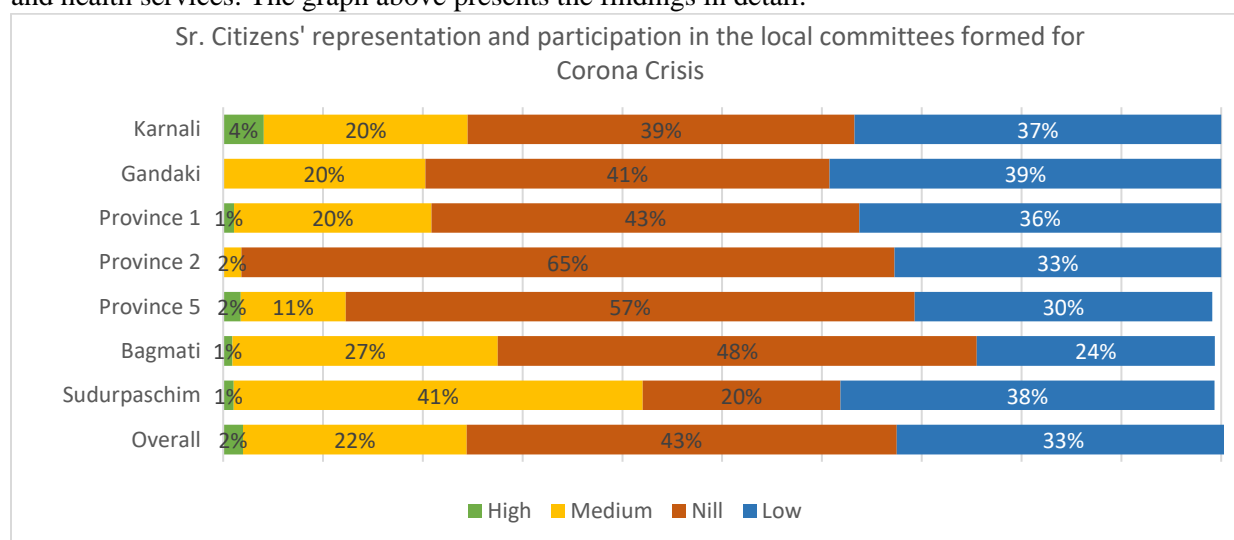
In terms of their own compliance of the government-imposed lockdown and other related decisions, only 54% reported full compliance.



The respondents were also asked how the social security was being distributed in their communities: 39% reported it was through banks while 11% reported it was door to door.



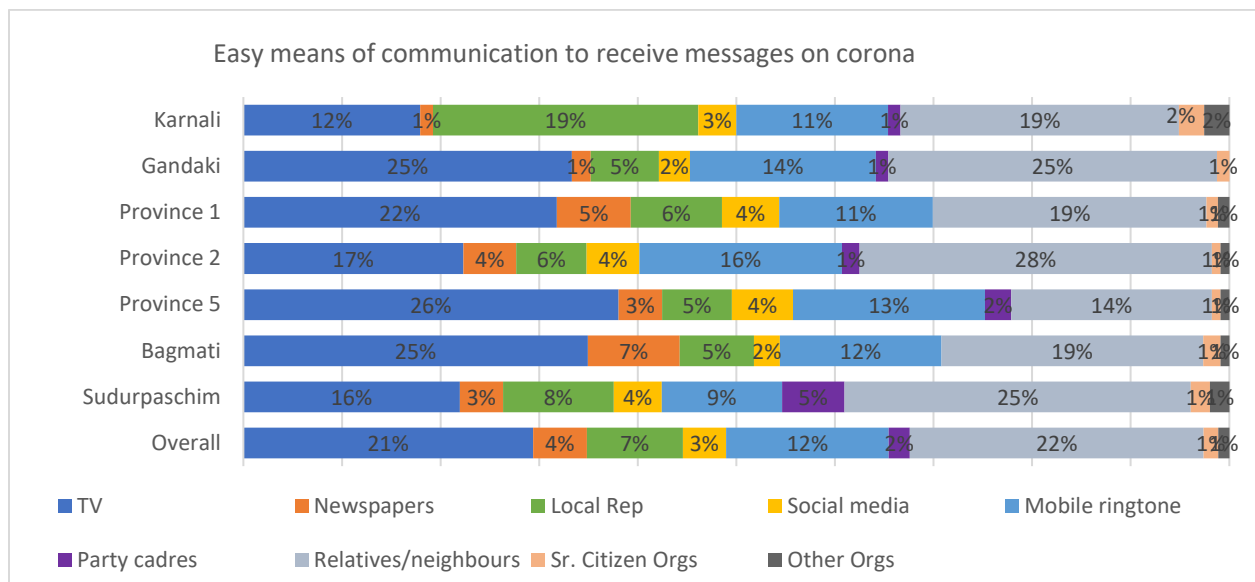
They further noted needing support on matters such as senior citizen appliances, psychosocial counselling, and health services. The graph above presents the findings in detail.



When the respondents were asked if senior citizens were part of any of the local committees formed to tackle the impact of COVID-19, 43% reported no such representation, 33% reported low representation, 22% reported an okay representation whereas 2% reported high representation. Likewise, 92% reported that there weren't any programmes targeting senior citizens being implemented in local level.

- *Access to information*

The respondents were also asked what an easy means for them to receive COVID-19 messages were. To this, the majority (22%) said the neighbours or relatives. Other popular choices included the television (21%), mobile ringtones (12%). More details are presented on the graph in below. 71% of the respondents do not know how to access basic facilities in the wake of Corona and most of them were women (54%).



4. Observations from the field

- The senior citizens are barely included at the local level – it is important to include them at these levels so that they are part of the decision-making process.
- Some of the respondents also felt that the civil society bodies were not doing enough to support the needs of the senior citizens.
- The process of obtaining identity cards and other necessary documentation for senior citizens should be made easier so that they can access the welfare that comes with being a senior citizen.
- Since senior citizens may not be familiar with digital technologies, it is important to design messages catered to them.
- Both access to information and accessible infrastructures should be prioritized while considering the needs of the senior citizens.

5. Best Practices/Lessons Learned

Province 1:

- In order to better support senior citizens with health services, it is imperative that they have proper identity cards that identify them so as to access their welfare support.
- Many of the respondents from Province 1 were struggling with accessing these cards which then meant that they could not access proper health care, provided by the state.
- There is also a need to advocate in non-digital ways, with the realization that not all senior citizens are able to use and benefit from these platforms.
- Senior citizens can be engaged in practises such as yoga, which is something a municipality in this province was leading.
- There is also a need to focus on the mental health of the senior citizens, who are often times at home alone.

Province 2:

- The presenters noted that not all health facilities and services available for senior citizens are accessible to them – they are not senior citizen friendly. In such a case, we need to have mechanisms to prioritize their access to health care and treat them with dignity at all times. There is scope for development actors to support this.
- In this current context of the pandemic, there aren't programmes that take into account the voice of the senior citizens. There is therefore a need for such inclusive programmes.
- Some programmes tailored to the senior citizens include: free of cost medicines for hyper-tension, free ambulance services, confidential health check-ups.
- There is scope to create a food bank for the senior citizens and all citizens who may not have access to relief and may be in need of it in the wake of COVID-19.
- There is a need for awareness raising activities that encourage the senior citizens at the community level to drink purified drinking water. The popular means for reaching this bracket of people include local radio, television or even social media campaigns. These same means can also be used as a platform to design campaigns against stigmatization of returnee migrants at the community level.

Bagmati Province:

- The issue of mental stress is something that warrants immediate attention in the current context of the pandemic – senior citizens too are facing a lot of mental stress.
- The senior citizens are facing additional problems with mental stress coupled with pre-existing health problems like hyper-tension among others.
- The local wards used to provide minimal health facilities to senior citizens, but this has stopped in the current context.

Gandaki Province:

- In Gandaki Province, a lot of respondents noted that the toilets were not senior-citizen friendly. A major concern is also senior citizens slipping or falling in bathrooms. Therefore, there is a need to address the issue of accessible infrastructures at the community level. In order to do so, the local government may consider introducing and enforcing building codes.

Province 5:

- There is less involvement of senior citizens in local activities – this is either because they are not interested to participate in them to begin with, or because the local government has not been able to mobilize them fully to use their knowledge to its advantage.
- During the current context, a lot of senior citizens reported losing their jobs – the majority of them were engaged in the agricultural sector. To address their job loss, we can harness their skills and link it with digital platforms to ensure that the senior citizens are not deprived of a market. Income generating opportunities could derive from skills such as sewing, knitting, designing *potes*, terrace farming among others.

Karnali Province:

- In order to ensure that senior citizens as well as the general public do not have to walk for hours in order to access basic health care, the local and provincial governments can coordinate to have

hotlines to facilitate senior citizens access to health care.

- There is a need to prioritize the welfare of the senior citizens, especially as they stand vulnerable to COVID-19.

Sudurpaschim Province:

- The respondents of Sudurpaschim noted the need for advocacy and campaign on water purifying techniques and its importance.
- The respondents felt that the relief distribution was not transparent. They stated that the relief materials they received did not last very long. Moreover, they felt that the civil society organizations were also not doing much to support them in this regard.
- In many families in the province, the only family member who was earning also lost their job leading to serious economic and financial repercussions.
- There is a need to strengthen the legal awareness of the people on their rights.

6. Recommendations:

- There is a need to ensure accessible information (in local language) and accessible infrastructure.
- In many of the provinces, local radios and local televisions were seen as effective means to disseminate information. Specific information targeted to senior citizens is required as they are among the most vulnerable to the virus. Radios and TVs can keep them informed, engaged and entertained. Since they cannot go out for socialisation, this could be a good means.
- The senior citizens need to be represented in decision making bodies, at least at the local level, so they programmes can be designed that cater to them. Senior citizens can play an advisory role at the local level structures.
- The youth can play an important role to ensure that senior citizens are accounted for in this process by working on awareness raising activities and campaigns, familiarizing senior citizens with digital technology by spend more time with them, advocating for the mental welfare of the senior citizens.
- In the context of COVID-19, the government, civil society and the United Nations should work for the welfare of the senior citizens. As they are not tech- savvy, programmes should be designed to get them connected digitally. Temporary subsidies and other types of social relief, organising temporary caretakers and supporting elderly care institutions can also be arranged.
- Senior citizens need to be provided with sanitizers, soap water, masks, hotline facilities, dedicated programmes through ward members.
- There should be awareness raising activities to ensure that senior citizens are aware of the services allowed to them as part of the state welfare. Older citizens and people with underlying health conditions are at a higher risk of developing severe forms of COVID-19 and hence it is necessary to take extra care for them during this pandemic. There needs to be an emergency care plan for the senior citizens. A care plan is a form that summarizes a person's health conditions and current treatment. It can also include a summary of your health conditions, medications, healthcare providers, emergency contacts. Moreover, facilities that offer health services at home should be encouraged and transportation facilities for such home services should be arranged.
- The provisions under the Senior citizens Act 2063 (2006) should be widely and well informed to senior citizens.

7. Conclusion

The event was filled with enriching insights from the presenters of the seven provinces as well as the experts for the webinar. All those present lauded the effort of the volunteers who led the webinar. The experts also shared how they were working to address the myriad issues caused by the pandemic. The presentations underscored that the voices of the senior citizens need to be accounted for. There is also a need to improve infrastructures; enhance access to information; strengthen health care and facilities particularly for the senior citizens. Moreover, various kinds of programmes can be formulated focusing on the senior citizens, and activities like yoga can also be introduced at the community level. The youth can play an important role to support this. For example: the youth can work on awareness raising, spend more time with senior citizens to ensure they are not lonely, advocate for the mental welfare of the senior citizens, support senior citizens be familiar with digital technology.

A. ANNEX

Annex 1: List of Experts and Presenters

Experts: The following experts provide their input in the webinar:

- Geeta Satyal, Deputy Mayor, Lalitpur

The Deputy Mayor of Lalitpur shared that Lalitpur Metropolitan City is working hard to tackle the effects of COVID-19. Ms. Satyal emphasized that they have placed hand sanitizers and hand washing facilities, are disinfecting the wards, micing and spreading awareness among the senior citizens and other community members to avoid crowded spaces. The metropolis is also mobilized local health workers to ensure proper healthcare cases. Moreover, the Deputy Mayor shared that an ambulance service and a hotline number (3111) exists for the community members to call in case of emergencies: she notified that Lalitpur has two ambulances – one specifically for COVID-19 patients and the other for non-COVID-19 patients.

- Krishnahari Baskota, Executive Board Member, National Senior Citizens Federation

Mr. Baskota congratulated the youth volunteers for the effective presentation. He also suggested that the youth webinar sample size can be made representative, to reflect the context of Nepal. He noted that senior citizens need to be aware of the right complaint mechanisms they can access, should they need it. He noted this based on the fact that most respondents noted a lack of accessible infrastructure (particularly bathrooms) and accessible information as well as a lack of accessible health care at their communities. He iterated that Nepal is gradually heading towards an aging society, with statistics showing that the population of senior citizens will be 12% by 2025. Mr. Baskota also took the opportunity to share that the National Senior Citizens Federation has been advocating for the welfare of the senior citizens: better accommodation facilities, nutritious food and vitamins, provisions for exercise in the room, access to radio so that they can receive information as well as serve entertainment purposes, as well as added financial support. He also asked for support not just from the government and civil society, but also the United Nations to be able to cater to the welfare of the senior citizens.

The following volunteers presented the major issues from their provinces:

Province	District	Name of the volunteers
1	Jhapa	Barsha Raut
2	Saptari	Subodh K. Chaudhary

Bagmati	Bhaktapur	Sona Tachamo
Gandaki	Mustang	Sujita Thakali
Province 5	Arghakhanchi	Asmita Jnawali
Karnali	Surkhet	Shanti BK
Sudurpashchim	Kanchanpur	Tikeshwori Bhandari

Annex

Presentation of Mr. Krishnahari Baskota, Executive Board Member, National Senior Citizens Federation

कोविड-१९ सम्बद्ध ज्येष्ठ नागरिकहरुको समस्याहरु
सर्वेक्षणको नतिजा

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कोभिड १९ ले ज्येष्ठ नागरिकको
स्वास्थ्य, सामाजिक र आर्थिक क्षेत्रमा पारेको प्रभावको विश्लेषण

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कृष्णहरि बाँस्कोटा

कार्यकारी सदस्य, राष्ट्रिय ज्येष्ठ नागरिक महासंघ

२०७७ भदौ १२ गते, २८ अगष्ट २०२०, काठमाण्डौ

सर्वेक्षणमाथिको टिप्पणी

सेम्पल साईज : प्रदेश २ र सुदूरपश्चिम

सन् २०११ को जनगणना र जनसंख्या तथा अध्ययनको सेम्पल

• प्रदेश १	४५ लाख(३)	(३)सेम्पल संख्या	९१जना
• प्रदेश २	५४ लाख(२)	(६)सेम्पल संख्या	५५जना
• वागमती प्रदेश	५५ लाख(१)	(१)सेम्पल संख्या	१०९जना
• गण्डकी प्रदेश	२४ लाख(६)	(४)सेम्पल संख्या	७९जना
• प्रदेश ५	४४ लाख(४)	(५)सेम्पल संख्या	५७जना
• कर्णाली प्रदेश	१५ लाख(७)	(७)सेम्पल संख्या	४९जना
• सुदूरपश्चिम प्रदेश	२५ लाख(५)	(२)सेम्पल संख्या	९६जना

सेम्पल साईज : उमेर समूह

सन् २०११ को जनगणना र जनसंख्या तथा अध्ययनको सेम्पल

- ६० देखि ७० वर्ष समूहका ५२ प्रतिशत कूल जनसंख्या १५देखि २० लाख
- ७० वर्ष माथिका ४८ प्रतिशत कूल जनसंख्या १२ देखि १५ लाख
- असक्त
- असहाय
- एकल
- उत्कृष्ट

सेम्पल साईज : शैक्षिक स्थिति

- निरक्षर र सामान्य लेखपढ ८२ प्रतिशत
- प्रा.,मा.,उच्च, स्नातक १८ प्रतिशत
- अधिल्लो पुस्ता
- उत्कृष्ट

सेम्पल साईज : महिला पुरुष

- महिला ४९ प्रतिशत
- पुरुष ५१ प्रतिशत
- ठीक उल्टो गर्नुपर्ने ।

सर्वेक्षणका नतिजा

उत्कृष्ट, राम्रो, हो, सहि कुरा, साहै खुसीको कुरा

- सामान्य जानकारी : ७५ प्रतिशतले विदेशबाट संक्रमण आएको भनेको : उत्कृष्ट
- खाद्य सुरक्षा : एक महिनाको खाद्यान्न स्टक हुने ८७ प्रतिशत : उत्कृष्ट
- ७७ प्रतिशतमा महामारीमा स्वास्थ्य सम्बेदनशीलता जानकारी भएको : उत्कृष्ट
- सूचना प्रवाहलाई ५७ प्रतिशतले सन्तोषजनक ठानेको : राम्रो
- ७२ प्रतिशतले राहत पाए भनेको : राम्रो
- खानेपानी : ८० प्रतिशतमा पहुँच भएको : हो
- ५९ प्रतिशतले ज्येष्ठ नागरिक मैत्री शौचालय नभएको बताएको : सहि कुरा
- ९१ प्रतिशतले साबुन पानीले हात धोएको : साहै खुसीको कुरा

सर्वेक्षणका नतिजा

ठीक, प्रश्न उठेको ?

- आर्थिक कारोवार : ३४ प्रतिशत आफै कमाउने, ठीक, तर, ३३ महिला आफै कमाउने ?,
- ४७ प्रतिशतले नगदमा कारोवार गर्ने ?
- ६६ प्रतिशत परिवारको कृषि उब्जनी लगायतमा प्रभाव परेको : ठीक
- ४८ प्रतिशतलाई उजूरी गर्ने विषयमा जानकारी भएको : ?

सर्वेक्षणका नतिजा

बिचारणीय, सम्बेदनशील, सरकारको ध्यान जानुपर्ने विषयहरू

- ६१ प्रतिशतले स्वास्थ्य सेवा ज्येष्ठ नागरिक मैत्री नभएको भनेको : विचारणीय कुरा
- ६२ प्रतिशतले औषधिको अभाव बताएको : विचारणीय कुरा
- ८४ प्रतिशतले ज्येष्ठ नागरिकसम्बन्धी स्वास्थ्य निर्देशिकाको जानकारी नभएको बताएको : अति सम्बेदनशील विषय
- ५९ प्रतिशतले ज्येष्ठ नागरिक मैत्री शौचालय नभएको बताएको : सहि कुरा, तर सम्बेदनशील
- ७१ प्रतिशतले महाहारीमा कसरी आधारभूत सेवा हासिल गर्ने भन्ने थाहा नपाएको : अति सम्बेदनशील
- ९४ प्रतिशतले ज्येष्ठ नागरिकको पक्षमा स्थानीय सरकारले केहि नगरेको महशुस नगरेको : अति सम्बेदनशील
- ४५ प्रतिशतलाई सामाजिक दूरी कायम गर्न असहज भएको : सम्बेदनशील
- ९ प्रतिशतले पारिवारिक हिंसा भोगेको : सम्बेदनशील

युवालाई सलाम

पढेको कुरा बिसिन्छ,

देखेको कुरा संझिन्छ,

गरेको कुरा जानिन्छ,

गर्दै गरे बानी पर्छ ।

Habit comes from habit.

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विश्व परियेशमा नेपाल

विश्व र नेपालको पृष्ठभूमि

- ज्येष्ठ नागरिकको विश्व जनसंख्या वार्षिक ३.५% ले बढीरहेको र सन् २०५० सम्ममा करिब २१% हुने अनुमान छ ।
- सन् २०५० मा ज्येष्ठ नागरिकको कूल संख्या १० वर्ष मुनिका कूल बालबालिकाभन्दा बढी हुनेछ ।
- नेपाली समाज सन् २०३० देखि Aging Society मा प्रवेश गर्नेछ भने सन् २०५६ देखि Aged Society मा प्रवेश गर्ने अनुमान रहेको छ ।

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यी देशहरुमा ज्येष्ठ नागरिकहरुको अनुमानित वृद्धिदर

देश	सन् २००२	सन् २०२५
इटाली	२४.५	३४.० %
जापान	२४.३ %	३४.० %
जर्मनी	२४.० %	३३.२ %
फ्रान्स	२०.५ %	२८.७ %
यू.के.	२०.८ %	२९.४ %
स्पेन	२२.१ %	३१.४ %
चीन	१३.१ %	२८.६ %
भारत	७.६ %	१३.१ %
नेपाल	६.५%	१२ %

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नेपालको प्रयास

कोरोना भाईरस संक्रमणको कारण उत्पन्न संकटमा ज्येष्ठ नागरिकलाई सहयोग र सहायता प्रदान गर्न सरोकारवाला सबैको लागि नेपाल सरकारबाट महासंघको सहकार्यमा तयार गरिएको संक्षिप्त मार्गदर्शन, २०७७

१. उद्देश्य ।
२. कोभिड १९ बाट ज्येष्ठ नागरिक कसरी प्रभावित हुन्छन् ।
३. पूर्व सतर्कता अपनाउने सम्बन्धमा ।
४. परीक्षण वा उपचार सेवा आवश्यक पर्ने अवस्थामा ।
५. सचेत नागरिक एवं सामाजिक संघ संस्थाको भूमिका ।
६. घरपरिवारको भूमिका ।
७. वृद्धाश्रम तथा दिवा सेवा केन्द्र संचालकको भूमिका ।
८. स्थानीय तह तथा प्रदेश सरकारको जिम्मेवारी ।
९. राष्ट्रिय ज्येष्ठ नागरिक महासंघको भूमिका ।
१०. मन्त्रालयको जिम्मेवारी ।

महासंघबाट जारी भएको १० बूदे सार्वजनिक आह्वान

१. घरमै सुरक्षित रहने, बाहिर ननिस्कने ।
२. छुट्टैकोठामा सफाई, खानपिन, औषधि, स्याहार सुसार सहितको विशेष संरक्षण गर्ने ।
३. वृद्धाश्रममा आश्रित ज्येष्ठ नागरिकलाई संक्रमण हुन नदिन सामाजिक दुरी कायम सहित स्वास्थ्यका सबै उपाय अवलम्बन गर्ने ।
४. सामूहिक भेला हुने काम स्थगित गर्ने ।
५. स्वास्थ्य केन्द्रले घरमै सेवा दिने ।
६. घरेलु खानपिन, अदुवा बेसार पानी पिउने ।
७. सामान्य रुघाखोजीमा आतिशय अस्पताल नजाने ।
८. संक्रमित ज्येष्ठ नागरिकको विशेष उपचार हुनुपर्ने ।
९. सरकारी सूचनामा भर पर्ने, हल्लाको पछि नलाग्ने ।
१०. सबै दिवा सेवा केन्द्रका नियमित सेवा स्थगित गर्ने ।

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ज्येष्ठ नागरिकलाई चाहिने अत्यावश्यक सामग्री

१. कोठा र शौचालयको सफाईका लागि तन्ना, सिरक, रुमाल, रुम स्प्रे, लोरो, टर्च लाईट ।
२. तागत दिने खानपिन, नियमित सेवन गर्ने औषधि, मल्टिभिटामिन, सिटामोल ।
३. सर्जिकल मास्क, स्यानिटाईजर, पंजा, साबुन, बाल्टिन, मख, बाटा ह्याण्ड टावल ।
४. कोठाभित्र व्यायाम गर्ने सामग्री ।
५. प्राथमिक उपचार बक्स ।
६. अदुवा बेसार पानी उमाल्ने बिद्युतीय किल्ली, थर्मर, कप, बिस्कुट, हर्लक्स ।
७. रुघाखोकीबाट बच्न कागती, भिक्स, साईनेक्स, राईनेक्स जस्ता चक्की औषधि, खोकीको औषधि ।
८. संक्रमित ज्येष्ठ नागरिकको उपचारको छुट्टै कक्ष र विशेष कोषको व्यवस्था ।
९. सरकारी सूचना हासिल गर्न रेडियोको व्यवस्था, व्याट्री, ईन्टरनेट सुबिधा ।
१०. घरभित्रै मनोरन्जनका आवश्यक सामग्री ।

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कोभिड १९ मा ज्येष्ठ नागरिकको पक्षमा

- ज्येष्ठ नागरिक भत्ता पालिकाले घरमै ल्याई दिनुपर्छ ।
- ज्येष्ठ नागरिकको पेन्सन पनि घरमै उपलब्ध हुने घुम्ती बैंकिंग सेवा संचालित हुनुपर्छ ।
- ज्येष्ठ नागरिकको बैंक खाताको रकम सजिलै भिक्न सकिने प्रबन्ध गर्नुपर्छ ।
- ज्येष्ठ नागरिकको हकमा बैंक ट्रान्सफर सेवा, मोवाईलको रिचार्ज सेवा, धारा, बत्ती, टेलिफोनको महशुल तिर्ने व्यवस्थालाई सरल तुल्याउनु पर्छ ।
- ज्येष्ठ नागरिकलाई घर बहाल कर छुट दिने र भाडामा बस्नेलाई सो रकम राहतमा दिनुपर्छ ।
- पालिकाले बितरण गरेको राहतमा आवश्यक पर्ने ज्येष्ठ नागरिकको सहज पहुँच हुनुपर्छ ।

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आज २८ अगष्टको स्थिति

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|---|-------------|
| • कूल संक्रमितको संख्या | ३५, ५२९ जना |
| • ८० वर्ष माथिका महिला ३१ र पुरुष ५९ जना गरी कूल | ९० जना |
| • ७१ देखि ८० वर्षका महिला १६२ र पुरुष २०१ जना गरी कूल | ३६३ जना |
| • ६१ देखि ७० वर्षका महिला २५९ र पुरुष ५९२ जना गरी कूल | ८५१ जना |
| • कूल संक्रमित ज्येष्ठ नागरिक | १३०४ जना |
| • ४ प्रतिशत भन्दा कम । | |

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महासंघको मांग

तत्कालका लागि महासंघले सरकारसंग गरेको आग्रह

- नियमित मासिक भत्ता पाईरहेकालाई एकमहिनाको भत्ता बोनस दिउ ।
- ६० देखि ५९ वर्ष समूहका ज्येष्ठ नागरिकलाई एकमुष्ठ रु ५ हजार दिउ ।
- बृद्धाश्रममा रहेका करिब २ हजार ज्येष्ठ नागरिकलाई एकमुष्ठ रु १५ हजार दिउ ।

कोभिड १९ का सन्दर्भमा केहि मुलुकले ज्येष्ठ नागरिकलाई दिएको सुबिधा

- संयुक्त राज्य अमेरिका १२ सय अमेरिकी ।
- जापान १ लाख येन ।
- भारतमा भारु १ हजार ।
- अर्जेन्टिना ४७ अमेरिकी डलर ।
- अष्ट्रेलिया ७५० डलर ।
- कोलम्बियाले २४० डलर ।
- सिंगापुरले ६८.५ डलर ।
- ट्यूनिशियाले ६८ डलर ।
- टर्कीले २३० डलर ।
- यूक्रेनले ३५ डलर ।
- मोनटेंगो ५० यूरो ।

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कोभिड १९ का सन्दर्भमा केहि मुलुकले ज्येष्ठ नागरिकलाई दिएको सुबिधा

- मासिक भत्ता र पेन्सन एडभान्समा दिनेमा : कोष्टारिका, मेक्सिको, पेरु, दक्षिण अफ्रिका ।
- मासिक भत्ता बढाउने : ब्राजिल, उज्बेकिस्तान ।
- भत्ता दिने कार्यलाई खुकुलो तुल्याउने : बेलायत, ईटाली ।
- भविष्यका लागि भत्ता बृद्धि गर्नेहरु : कोलम्बिया, इन्डोनेशिया ।
- अतिरिक्त सुबिधाको घोषणा गर्नेहरु : अर्जेन्टिना, अर्मेनिया, टर्की ।

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कोभिड १९ का सन्दर्भमा केहि मुलुकले ज्येष्ठ नागरिकलाई दिएको सुबिधा

- वालबच्चालाई सुबिधा बढाउनेहरु : पोल्याण्ड र साउथ कोरिया ।
- घरबिहिनलाई सुबिधा, धाराबत्तीको शुल्क छुट र ज्येष्ठ नागरिकलाई ऋणमाफी गर्नेहरु : स्पेन, एलसाल्भाडोर र बोलिभिया ।
- स्वरोजगारलाई सघाउने : आयरल्याण्ड, पोर्चुगल, न्यूजिल्याण्डले ।
- बेरोजगारलाई सघाउने : स्वीट्जरल्याण्ड ।
- कार्यसमय कटौति गर्ने : न्यूजिल्याण्ड ।
- घोषित सुबिधा पाउने सरल व्यवस्था लागू गर्ने : स्वीडेन
- २ महिनालाई पुराने खाद्य सामाग्री उपलब्ध गराउने : अर्मेनिया ।
- ज्येष्ठ नागरिकलाई औषधि र खाद्यान्न उपलब्ध गराउने : रसिया ।
- ज्येष्ठ नागरिकको बीमा गरिदिने : ट्रिनिडी एण्ड टोबागोल

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युवालाई सन्देश

जो उ आफू जान्दैन र जान्दिन भन्ने पनि जान्दैन
उ मुख हो, त्यसलाई छुट्याउ ।

जो उ आफू जान्दैन, तर जान्दिन भन्ने जान्दछ
उ साधारण हो, त्यसलाई सिकाउ ।

जो उ आफू जान्दछ तर जान्दछु भन्ने जान्दैन
उ सुषुप्त हो, त्यसलाई ब्युभाउ ।

जो उ आफू जान्दछ र जान्दछु भन्ने जान्दछ
उ ज्ञानी हो, त्यसलाई पछ्याउ ।

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नेपालमा के गर्नुपर्छ ?

नेपालमा ज्येष्ठ नागरिक भत्ता

- कूल ग्राहस्थ उत्पादनको ईटालीमा १६ प्रतिशत, फ्रान्समा १४ प्रतिशत तथा भारतमा ४ प्रतिशत बजेट सामाजिक सुरक्षामा छुट्टाईन्छ । नेपालमा कूल ग्राहस्थ उत्पादनको कम्तिमा ५ प्रतिशत बजेट विनियोजन गर्नु पर्छ ।
- ज्येष्ठ नागरिकलाई आफ्नै खुट्टामा उभिन सक्षम तुल्याउने रोजगारीका योजना ल्याउनु पर्छ ।
- ज्येष्ठ नागरिकको हालको रु १ लाखको वीमलाई रु १० लाख तुल्याउनु पर्छ ।
- आर्थिकरूपमा विपन्न र असहायलाई निशुल्क वृद्धाश्रममा राख्नुपर्छ ।
- वर्तमान सरकारको प्रतिबद्धता अनुसार ज्येष्ठ नागरिक भत्ता रु ५ हजार हुनुपर्छ ।

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नेपालमा ज्येष्ठ नागरिक भत्ता सम्बन्धी सुझाव

- ७० देखि ७९ वर्षका लाई मासिक रु ५ हजार भत्ता दिने । (करिब १० लाख)
- ८० देखि ८९ वर्षका लाई मासिक रु १० हजार दिने । (करिब १,८१,३१४ जना)
- ९० देखि ९९ वर्षका लागि मासिक रु २५ हजार दिने । (करिब २६,७२९ जना)
- १०० वर्ष सो माथिका लाई मासिक रु ५० हजार दिने । (करिब ३,५६६ जना)
- यसबाट सरकारलाई ठूलो आर्थिक भार पर्दैन ।

सामाजिक चेतनाको विकास

- स्कूल र कलेजको पाठ्य सामाग्रीमा बुढेसकाल जीउने कला समावेश गर्नुपर्छ ।
- छोरा छोरीको मासिक कमाईको आमा बुवाले १० देखि २५ प्रतिशत पाउनु पर्छ ।
- ज्येष्ठ नागरिकका परिवारलाई स्याहार सुसारको तालीम दिनुपर्छ ।
- ज्येष्ठ नागरिकको सम्पत्तीमा उहांहरूकै मनखुसी गर्न दिनुपर्छ ।
- ज्येष्ठ नागरिकसम्बन्धी तत्कालीन, मध्यकालीन र दीर्घकालीन रणनीति तय गर्नुपर्छ ।
- ज्येष्ठ नागरिक सम्बन्धी स्रोत केन्द्रको स्थापना र प्रोफाईल तयार गरी उनीहरूको क्षमता राष्ट्र निर्माणमा उपयोग गर्नुपर्छ
- यस क्षेत्रमा संघीय सरकार, प्रदेश सरकार, स्थानीय तह, संयुक्त राष्ट्रसंघ, गैरसरकारी संघ संस्था र निजी क्षेत्रले आआफ्नो स्थानबाट सक्रिय भूमिका निर्वाह गर्नुपर्छ ।

ज्येष्ठ नागरिकका पक्षमा काम गर्न यी गुणहरुको ख्याल गरौं

- असल मानिसको गुण : बिनम्रता
उपकारी गुणी व्यक्ति निहुरिन्छ निरन्तर
फलले भरिएको हागों नभुकेको कहां छ र ?
- असल मानिसको गुण : घमण्ड नगर
लोकमा हुदैन कसैको एकैनाश समुन्नति,
अरुको के कुरा हेर सँध्यामा सूर्यको गति ।
- असल मानिसको गुण : शान्त रहने :
खहरे गडगटाहट सहित बग्छ,
नदी सुसाउदै बग्छ,
समुन्द्र शान्त हुन्छ ।

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अन्त्यमा, जादाजादै.....

ज्येष्ठ नागरिक : राष्ट्रका निधि : सामाजिक मूल्य र मान्यता

सकारात्मक पक्ष :

- आगो ताप्नु मुढाको, कुरा सुन्नु बुढाको (बुढाबुढीको) ।
- सेवा हि परमो धर्म ।
- मातृ देवो भव पितृ देवो भव ।
- ज्येष्ठ नागरिक जीउदो देवता हुन् ।

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ज्येष्ठ नागरिक : राष्ट्रका निधि : सामाजिक मूल्य र मान्यता

नकारात्मक पक्ष :

- बाह्र छोरा तेह्र नाति बुढाको (बुढाबुढी) धोको कांधमाथि ।
- उहिलेका कुरा खुईलिए, अहिलेका कुरा फैलिए ।
- घर न घाटको ।

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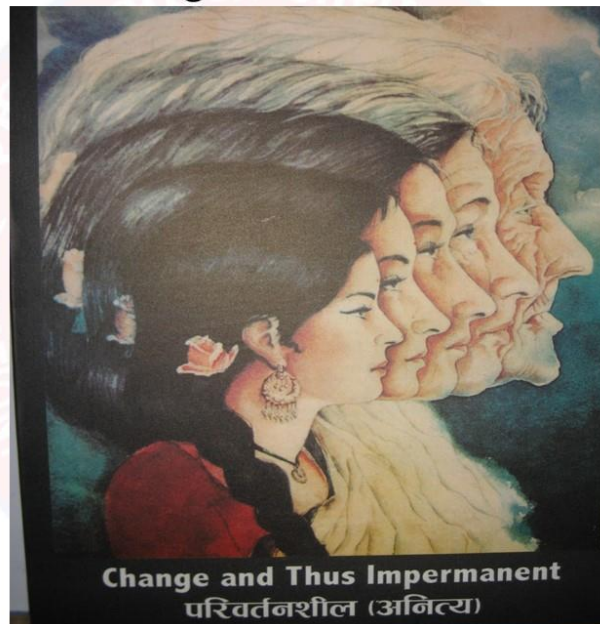
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जन जिब्रोमा भुण्डिएको : डा. गौरी शंकर लाल दास

नकारात्मक सोच :

- जब पुग्यो साठी, हातमा लाठी ।
- जब पुग्यो सत्तरी, अलपत्तरी ।
- जब पुग्यो अस्सी, कुनामा बसी ।
- जबपुग्यो नव्वे, हब्बे न कब्बे ।
- जब पुग्यो सय, कालको भय ।

Change is inevitable



जन जिब्रोमा भुण्डिएको : डा. गौरी शंकर लाल दास

रूपान्तरण । सकारात्मक सोच :

- जब पुग्यो साठी, अनुभवपूर्ण साथी ।
- जब पुग्यो सत्तरी, सीपमा बढोत्तरी ।
- जब पुग्यो अस्सी, जीवनमा हांसीखुसी ।
- जबपुग्यो नव्वे, मनोबल गजब्बे ।
- जब पुग्यो सय, जीवन देवमय ।

फेरी भेटौंला , बाई , नमस्कार ।

कृष्णहरि बास्कोटा, ९८४९३५०२८०, khbaskota1@gmail.com

