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%.

<table>
<thead>
<tr>
<th>Respondents’ Educational Background</th>
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<tbody>
<tr>
<td>Pre-Literate</td>
<td>55%</td>
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<tr>
<td>Basic Literate</td>
<td>27%</td>
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<tr>
<td>Primary</td>
<td>7%</td>
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<tr>
<td>Secondary</td>
<td>6%</td>
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<tr>
<td>Higher Sec</td>
<td>3%</td>
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<tr>
<td>Bachelor and above</td>
<td>2%</td>
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</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Province</th>
<th>Food Crisis</th>
<th>Economic Crisis</th>
<th>Transport</th>
<th>Access to health</th>
<th>Mental tension</th>
<th>Access to information</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karnali</td>
<td>18%</td>
<td>20%</td>
<td>21%</td>
<td>3%</td>
<td>19%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Gandaki</td>
<td>16%</td>
<td>16%</td>
<td>15%</td>
<td>1%</td>
<td>21%</td>
<td>24%</td>
<td>2%</td>
</tr>
<tr>
<td>Province 1</td>
<td>21%</td>
<td>18%</td>
<td>19%</td>
<td>1%</td>
<td>19%</td>
<td>20%</td>
<td>11%</td>
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<td>Province 2</td>
<td>11%</td>
<td>15%</td>
<td>22%</td>
<td>3%</td>
<td>19%</td>
<td>20%</td>
<td>2%</td>
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<td>Province 5</td>
<td>14%</td>
<td>17%</td>
<td>11%</td>
<td>26%</td>
<td>30%</td>
<td>19%</td>
<td>11%</td>
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<tr>
<td>Bagmati</td>
<td>12%</td>
<td>19%</td>
<td>14%</td>
<td>1%</td>
<td>21%</td>
<td>23%</td>
<td>11%</td>
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<tr>
<td>Sudur Paschim</td>
<td>19%</td>
<td>22%</td>
<td>14%</td>
<td>3%</td>
<td>20%</td>
<td>15%</td>
<td>22%</td>
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<tr>
<td>Overall</td>
<td>16%</td>
<td>19%</td>
<td>16%</td>
<td>2%</td>
<td>21%</td>
<td>21%</td>
<td>11%</td>
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</table>
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**

<table>
<thead>
<tr>
<th>Province</th>
<th>Treatment to people coming from outside</th>
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<tbody>
<tr>
<td>Karnali</td>
<td>10% Prohibited entry 33% Normal 57%</td>
</tr>
<tr>
<td>Gandaki</td>
<td>32% Prohibited entry 27% Normal 41%</td>
</tr>
<tr>
<td>Province 1</td>
<td>22% Prohibited entry 34% Normal 44%</td>
</tr>
<tr>
<td>Province 2</td>
<td>22% Prohibited entry 58% Normal 20%</td>
</tr>
<tr>
<td>Province 5</td>
<td>25% Prohibited entry 42% Normal 33%</td>
</tr>
<tr>
<td>Bagmati</td>
<td>20% Prohibited entry 25% Normal 55%</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>47% Prohibited entry 32% Normal 30%</td>
</tr>
<tr>
<td>Overall</td>
<td>27% Prohibited entry 32% Normal 41%</td>
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</table>

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 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 practices 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.

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**Easy means of communication to receive messages on corona**

<table>
<thead>
<tr>
<th>Karnali</th>
<th>12%</th>
<th>TV</th>
<th>3%</th>
<th>Newspapers</th>
<th>19%</th>
<th>Social media</th>
<th>25%</th>
<th>Mobile ringtone</th>
<th>1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gandaki</td>
<td>25%</td>
<td>TV</td>
<td>5%</td>
<td>Newspapers</td>
<td>6%</td>
<td>Social media</td>
<td>14%</td>
<td>Mobile ringtone</td>
<td>2%</td>
</tr>
<tr>
<td>Province 1</td>
<td>17%</td>
<td>TV</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
<td>Social media</td>
<td>16%</td>
<td>Mobile ringtone</td>
<td>1%</td>
</tr>
<tr>
<td>Province 2</td>
<td>22%</td>
<td>TV</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td>Social media</td>
<td>11%</td>
<td>Mobile ringtone</td>
<td>1%</td>
</tr>
<tr>
<td>Province 5</td>
<td>26%</td>
<td>TV</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
<td>Social media</td>
<td>13%</td>
<td>Mobile ringtone</td>
<td>1%</td>
</tr>
<tr>
<td>Bagmati</td>
<td>25%</td>
<td>TV</td>
<td>7%</td>
<td>5%</td>
<td>2%</td>
<td>Social media</td>
<td>12%</td>
<td>Mobile ringtone</td>
<td>1%</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>16%</td>
<td>TV</td>
<td>3%</td>
<td>8%</td>
<td>4%</td>
<td>Social media</td>
<td>9%</td>
<td>Mobile ringtone</td>
<td>1%</td>
</tr>
<tr>
<td>Overall</td>
<td>21%</td>
<td>TV</td>
<td>4%</td>
<td>7%</td>
<td>3%</td>
<td>Social media</td>
<td>12%</td>
<td>Mobile ringtone</td>
<td>1%</td>
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</tbody>
</table>
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 be 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 *pottes*, 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, miccing 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:

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Name of the volunteers</th>
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<tbody>
<tr>
<td>1</td>
<td>Jhapa</td>
<td>Barsha Raut</td>
</tr>
<tr>
<td>2</td>
<td>Saptari</td>
<td>Subodh K. Chaudhary</td>
</tr>
<tr>
<td>Province</td>
<td>District</td>
<td>Name</td>
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<tr>
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<td>Bhaktapur</td>
<td>Sona Tachamo</td>
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<td>Gandaki</td>
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<td>Sujita Thakali</td>
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<td>Province 5</td>
<td>Arghakhanchi</td>
<td>Asmita Jnawali</td>
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<td>Karnali</td>
<td>Surkhet</td>
<td>Shanti BK</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>Kanchanpur</td>
<td>Tikeshwori Bhandari</td>
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</tbody>
</table>
Annex

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

कोविड-१९ सम्बन्धमा ज्येष्ठ नागरिकहरुको समस्याहरु संरचनाको नतिजा

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

कृष्णहरि बाँस्कोटा
कार्यकारी सदस्य, राष्ट्रिय ज्येष्ठ नागरिक महासंघ

२०७७ मा द्वि १२ गते, २६ अगस्त २०२०, काठमाडौं
## सर्वेक्षणमाथिको टिप्पणी

## सेम्पल साईजः प्रदेश २ र सुदूरपश्चिम

### सन् २०११ को जनगणना र जनसङ्ख्या तथा अध्ययनको सेम्पल

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सेम्पल साईजः उमेर समूह

सन् २०११ को जनगणना र जनसङ्ख्या तथा अध्ययनको सेम्पल
• ६० देखि ७० वर्ष समूहका ४२ प्रतिशत कूल जनसङ्ख्या १२ देखि २० लाख
• ७० वर्ष माध्यमिक ४८ प्रतिशत कूल जनसङ्ख्या १२ देखि १५ लाख
• असक्त
• असहाय
• एकल
• उत्कृष्ट

सेम्पल साईजः शैक्षिक स्थिति

• निरक्षर र सामान्य लेखपढ ८२ प्रतिशत
• प्रा., मा., उच्च, स्नातक १६ प्रतिशत
• अंगिने पृथवा
• उत्कृष्ट
संवेदन नतिजा

उत्कृष्ट, राम्रो, हो, सहि कुरा, साहि खुसीको कुरा

• सामान्य जानकारी : ७५ प्रतिशतले विदेशबाट संरक्षण आएको भनेको : उत्कृष्ट
• खाय सुरक्षा : एक महिनाको खामान्न स्टार्क हुने ८७ प्रतिशत : उत्कृष्ट
• ७७ प्रतिशतमा महामारीमा स्वास्थ्य सम्बन्ध शीलता जानकारी भएको : उत्कृष्ट
• सूचना प्रवाहलाई ५७ प्रतिशतले सन्नियाजनक ठानेको : राम्रो
• ७२ प्रतिशतले राहत पाए भनेको : राम्रो
• खानेपानी : ८० प्रतिशतमा पहाड भएको : हो
• ५९ प्रतिशतले ज्ञेय नागरिक मैत्री शौचालय नभएको भताएको : सहि कुरा
• ९१ प्रतिशतले सारुन पानीले हात धोएको : साहि खुसीको कुरा
सर्वेक्षणका नतिजा

ढीक, प्रश्न उठेको?

• आर्थिक कारोबार : ३४ प्रतिशत आफै कमाउने, ढीक, तर, ३३ महिला आफै कमाउने ?
• ४७ प्रतिशतले नगदमा कारोबार गरेको?
• ६६ प्रतिशत परिवारको कृषि उद्योगी लगाउतमा प्रभाव परेको : ढीक?
• ४८ प्रतिशतलाई उज्जवल गरेको विषयमा जानकारी भएको?:

सर्वेक्षणका नतिजा

विचारणीय, सम्बेदनशील, सरकारको ध्यान जानुपर्ने विषयहरू:

• ६१ प्रतिशतले स्वास्थ्य सेवा ज्येष्ठ नागरिक मैत्री नभएको भनेको : विचारणीय कुरा
• ६२ प्रतिशतले बीमिसिको अभाव बताएको : विचारणीय कुरा
• ६४ प्रतिशतले ज्येष्ठ नागरिक समाजको स्वास्थ्य निर्देशनको जानकारी नभएको बताएको : अति सम्बेदनशील विषय
• ६९ प्रतिशतले ज्येष्ठ नागरिक मैत्री शौचालय नभएको बताएको : सह्य कुरा, तर सम्बेदनशील
• ७१ प्रतिशतले महामारी कसरी आधारभूत सेवा हासिल गरेको भन्ने बाहां नपाएको : अति सम्बेदनशील
• ९४ प्रतिशतले ज्येष्ठ नागरिकको प्रकाश स्वास्थ्य सरकारको कृषि नगररी श्वेतसु नगररीको : अति सम्बेदनशील
• ४५ प्रतिशतलाई सामाजिक दूरी कायम गर्न असहाज भएको : सम्बेदनशील
• ९, प्रतिशतले परिवारिक हिंसा भोगेको : सम्बेदनशील
Habit comes from habit.
विश्व र नेपालको पृष्ठभूमि

• ज्येष्ठ नागरिकहरूको विश्व जनसङ्ख्या वार्षिक ३.५% ले बढीहुनेको र सन् २०५० सम्मको करिब २९% हुने अनुमान छ।
• सन् २०५० मा ज्येष्ठ नागरिकहरूको कुल संख्या १० वर्ष मुनिका कुल वालवालिकामत्ता बढी हुनेछ।
• नेपाली समाज सन् २०३० देखि Aging Society मा प्रवेश गर्नेछ, भने सन् २०५६ देखि Aged Society मा प्रवेश गर्ने अनुमान रहेको छ।

यी देशहरूमा ज्येष्ठ नागरिकहरूको अनुमानित वृद्धिदर

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नेपालको प्रयास

कोरोना भाइरस संक्रमणको कारण उत्पन्न संकटमा ज्येष्ठ नागरिकलाई सहयोग र सहायता प्रदान गर्न सरोकारबाला सहभूमि लागि नेपाल सरकारबाट महासंघको सहकार्यमा तयार गरिएको संक्षिप्त मार्गदर्शन, २०७७

१. उद्देश्य।
२. कोरोना १९ वाट ज्येष्ठ नागरिक कसरी प्रभावित हुनेछन्।
३. पूर्व सतर्कता अपनाउने सम्भन्धमा।
४. परीक्षण वा उपचार सेवा आवश्यक पर्ने अवस्थामा।
५. सचेत नागरिक एवं सामाजिक संघ संस्थाको भूमिका।
६. घरपरिवारको भूमिका।
७. बुद्धापात्र तथा दिवा सेवा केन्द्र संचालकको भूमिका।
८. स्वास्थ्य तथा प्रदेश सरकारको जिम्मेदारी।
९. राष्ट्रिय ज्येष्ठ नागरिक महासंघको भूमिका।
१०.मन्त्रालयको जिम्मेदारी।
महासंघबाट जारी भएको १० बूदे सार्बजनिक आवाहन

1. घरमै सुलभित रहने, वाहिर निरनिर्मितने ।
2. छुट्टिको ठामा सफाई, खानपिन, औपचार, स्वागत सुसार सहितको विशेष संरक्षण गन्ने ।
3. बुढाथबाट आधित्य ज्येष्ठ नागरिकलै संक्रमण हुन, नैनि सामाजिक दृष्टीको सहित स्वास्थ्यका सबै उपाय अवलम्बन गन्ने ।
4. सामूहिक भेला हुने काम स्थगित गन्ने ।
5. स्वास्थ्य केन्द्रले घरमै सेवा दिने ।
6. घरेलु खानपीन, अदवा बेसर पानी पिउने ।
7. सामान्य रूपाङ्को आस्तिएर अस्पताल नजाने ।
8. संक्रमित ज्येष्ठ नागरिकको विशेष उपचार हुनुपने ।
9. सरकारी सूचनामा भर पन्ने, हल्दाको पत्ता नलाने ।
10. सबै दिना सेवा केन्द्रला नियमित सेवा स्थगित गन्ने ।

ज्येष्ठ नागरिकलै सहित अत्यावश्यक सामाप्री

1. कोशा र शैक्षालयको सफाईका लागि तन्ना, इंजन, स्नान, रूम खेल, लाइट, टर्च लाइट ।
2. ताराले खानपीन, नियमित सेवन गन्ने औपचार, मिल्टिनाउरिन, सिटामोल ।
3. सर्जिकल मास्क, स्क्रनटाइजर, पज्जास, साइबुन, बालट्न, मख, बाटा हायफार टावल ।
4. कोभिड व्यायाम गन्ने सामान्य ।
5. प्रावधानक उपचार बक्स ।
6. अदवा बेसर पानी उपयोग विद्युतीय किल्ली, धंधा, कप, विस्कूट, हेलिक्स ।
7. रूपाङ्को बच्चन कराएर, मिखाल, साइडेन्स, एर्डाईक्स जस्ता चक्की औपचार, खोकीको औपचार ।
8. संक्रमित ज्येष्ठ नागरिकको उपचारको छटै कक्ष र विशेष कोषको व्यवस्था ।
9. सरकारी सूचना हाइसेल गन्ने रेडियोको व्यवस्था, व्याट्री, इंटरनेट सुविधा ।
10. घरमै नानांतरस्त्रका आवश्यक सामान्य ।
कोभिड १९ मा ज्येष्ठ नागरिकको पक्षमा

- ज्येष्ठ नागरिक भत्ता पालिकाले घरमै त्याहाँ दिनु पर्दछौँ।
- ज्येष्ठ नागरिकहरू पनि घरमै उपलब्ध घुंसौ युगल वैक्सिन सेवा संचालन हुनु पर्दछौँ।
- ज्येष्ठ नागरिकहरू बैक खाताको रकम सभितै भिक्न सकिने प्रयत्न गर्नु पर्दछौँ।
- ज्येष्ठ नागरिकहरूको हक्मा बैक ट्रान्सफर सेवा, मोबाइलको रिचार्ज सेवा, धारा, वाती, टेलिफोनको महशुल तिरुणे व्यवस्थालाई सरल तुल्याउनु पर्छ।
- ज्येष्ठ नागरिकलाई घर बढाले कर छुट दिने र भाडामा बस्नेलाई सो रकम राहतमा दिनु पर्दछौँ।
- पालिकाले वितरण गरेको राहतमा आवश्यक पनि ज्येष्ठ नागरिकहरूको सहज पहुँच हुनु पर्दछौँ।

आज २८ अगस्तको स्थिति

- कुल संक्रमितको संख्या ३५,५२९ जना
- ८० वर्ष माध्यमिक महिला ३९ र पुरुष ५९ जना गरी कुल ९० जना
- ६१ देखि ८० वर्षका महिला १६२ र पुरुष २०१ जना गरी कुल ३६३ जना
- ६१ देखि ७० वर्षका महिला २५९ र पुरुष ५९२ जना गरी कुल ८५१ जना
- कुल संक्रमित ज्येष्ठ नागरिक १३०४ जना
- ४ प्रतिशत भन्दा कम।
महासंघको मांग

तत्कालका लागि महासंघले सरकारसंग गरेको आग्रह

• नियमित मासिक भत्ता पाईरहेकालाई एकमहिनाको भत्ता बोनस दिउ।
• ६० देखि ५९ वर्ष समूहका ज्येष्ठ नागरिकलाई एकमुख रु ५ हजार दिउ।
• वृद्धाश्रममा रहेका करिब २ हजार ज्येष्ठ नागरिकलाई एकमुख रु १५ हजार दिउ।
कोभिड १९ का सन्दर्भमा केही मुलुकले ज्येष्ठ नागरिकलाई दिएको सुविधा

• संयुक्त राज्य अमेरिका १२ सय अमेरिकी ।
• जापान १ लाख येन ।
• भारतमा भार १ हजार ।
• अरेजिन्या ४७ अमेरिकी डलर ।
• अन्ट्रिया ७५ डलर ।
• कोलम्बियाले २४० डलर ।
• सिंगापुरले ६५.४ डलर ।
• तुर्कीसिसियाले ६८ डलर ।
• टर्कीले २३० डलर ।
• यूक्रेनले ५५ डलर ।
• मोनेम्वायो ५० यूरो ।

कोभिड १९ का सन्दर्भमा केही मुलुकले ज्येष्ठ नागरिकलाई दिएको सुविधा

• मासिक भत्ता र पेन्सन एडब्यून्स दिनेमा : कोस्टारिका, मेकसिको, पेरू, दक्षिण अफ्रिका ।
• मासिक भत्ता बढाउने : ब्राजील, उज्बेकिस्तान ।
• भत्ता बिने कार्यलाई खुल्लो तुल्याउने : बेलायत, इटाली ।
• भविष्यका लागि भत्ता बढ्दी गर्नेहुर : कोलम्बिया, इन्दोनेशिया ।
• अतिरिक्त सुविधाको घोषणा गर्नेहुर : अरेजिन्या, अर्मेनिया, टर्की ।
कोभिड १९ का सन्दर्भमा कोहिले मुलुकले ज्येष्ठ नागरिकलाई दिएको सुविधा

• बालवच्चालाई सुविधा चढाउनेहरू: पोल्याण्ड र साउथ कोरिया।
• घराविहिनलाई सुविधा, धाराको शुल्क छुट्ट र ज्येष्ठ नागरिकलाई व्यक्तिमा गर्नेहरू: स्पेन, एलसाल्माडोर र बोरिनॉभ्या।
• स्वरोजगारलाई सघानु: आयरल्याण्ड, पोर्चुगल, न्यूजिल्याण्डले।
• बेरोजगारलाई सघानु: स्कोटल्याण्ड।
• कार्यसमय कटौटिन गर्न: न्यूजिल्याण्ड।
• घोषित सुविधा पाउने सरल व्यवस्था लागू गरेछ: स्कोटल्याण्ड।
• २ महिनालाई पुनी खाली सामार्थ उपलब्ध गराउने: अमेलिया।
• ज्येष्ठ नागरिकलाई धौँधाल र खासी उपलब्ध गराउने: रस्सिया।
• ज्येष्ठ नागरिकलाई शीमा गर्दिने: ट्रिनिडाड र तोबागोल।

युबकलाई सन्देश

जो उ आफू जान्दैन र जानिन भने पनि जान्दैन
उ मुख्त हो, ल्यासलाई छुट्टाउ।

जो उ आफू जान्दैन, तर जानिन भने जान्दौँ
उ साधारण हो, ल्यासलाई सिकाउ।

जो उ आफू जान्दौँ तर जान्दौँ भने जान्दैन
उ सुपुर्ण हो, ल्यासलाई व्यभाल।

जो उ आफू जान्दौँ र जान्दौँ भने जान्दौँ
उ जानी हो, ल्यासलाई पछ्याउ।
नेपालमा के गर्नुपर्छ?

नेपालमा जेष्ठ नागरिक भत्ता

• कूल ग्राहकाई उत्पादनको इटालीमा ⁹६ प्रतिशत, फ्रान्समा ⁹४ प्रतिशत तथा भारतमा ⁴ प्रतिशत बजेट सामाजिक सुरक्षा छूटाईन्। नेपालमा कूल ग्राहकाई उत्पादनको कम्युनिटि ⁵ प्रतिशत बजेट विनियोजन गर्नु पर्छ।

• जेष्ठ नागरिकलाई आफ्नै खुद्रामा उभिन सभम तुल्याउने रोजगारीका योजना ल्याउनु पर्छ।

• जेष्ठ नागरिकको हालको रु १ लाखको बीमलाई रु १० लाख तुल्याउनु पर्छ।

• आर्थिकसम्पत्ति विपन्न र असहयोगलाई निश्चित वृद्धार्थमा राख्नु पर्छ।

• वर्तमान सरकारको प्रतिबद्धता अनुसार जेष्ठ नागरिक भत्ता र ५ हजार हुनु पर्छ।
नेपालमा जेष्ठ नागरिक भत्ता सम्बन्धी सुभाष

• ७० देखि ७९ वर्षका लाई मासिक रु ५ हजार भत्ता दिने। (करिब ९० लाख)
• ८० देखि ८९ वर्षका लाई मासिक रु १० हजार दिने। (करिब १,४९,१६४ जना)
• ९० देखि ९९ वर्षका लागि मासिक रु २५ हजार दिने। (करिब २६,७२९ जना)
• १०० वर्ष तक माथिका लाई मासिक रु ५० हजार दिने। (करिब ३५,६६ जना)
• यसवाट सरकारलाई त्हुलो आर्थिक भार पदैँ।

सामाजिक चेतनाको विकास

• स्कूल र कलेजको पाठ्य सामाप्रीमा वुद्धसकाल जीउने कला समावेश गर्नुपर्छ।
• छोरा छाँरीको मासिक कमाईको आमा बुवाले १० देखि २५ प्रतिशत पाउनु पर्छ।
• जेष्ठ नागरिकका परिवारलाई स्थायी सुसारको तालीम दिनुपर्छ।
• जेष्ठ नागरिकको सम्पत्तीमा उदाहरणको मनुवुसी गर्न दिनुपर्छ।
• जेष्ठ नागरिकसम्बन्धि तत्कालीन, मध्यकालीन र दीर्घकालीन रणनीति तय गर्नुपर्छ।
• जेष्ठ नागरिक सम्बन्धि स्रोत केन्द्रको स्थापना र फोर्माैल तयार गरी उनीहरुको क्षमता राष्ट्र निर्माणमा उपयोग गर्नुपर्छ।
• यस क्षेत्रमा संघीय सरकार, प्रदेश सरकार, स्थानीय तह, संयुक्त राष्ट्रसंघ, गैरसरकारी संघ संस्था र निजी क्षेत्रले आफ्नो स्थानवाट सक्रिय भूमिका निर्माण गर्नुपर्छ।
ज्येष्ठ नागरिकका पक्षमा काम गर्न यी गुणहरूको ख्याल गर्नुहोस्

• असल मानिसको गुण : विनम्रता
  उपकारी गुणी व्यक्ति निहुरिर्न्त्र, निरपराध
  फलेको भरिएको हागो नभुकेको कहाँ छ, र?

• असल मानिसको गुण : घमण्ड नगर
  लोकमा हुँदैन कसैको एकैनाश समृद्धित,
  अरुको के कुरा हेर संध्यामा सूर्यको गति।

• असल मानिसको गुण : शान्त रहने:
  खहरे गडगटाहट सहित बर्च, वर्षै सुसाउदै बर्च, समुद्र शान्त हुन्छ।

अन्त्यमा, जादाजादै......
ಜೆಷ್ಟ ನಾಗರಿಕ : ರಾಷ್ಟ್ರಕೃತ ನಿಧಿ : ಸಾಮಾಜಿಕ ಮೂಲ್ಯ ರೂ ಮಾನ್ಯತೆ

ಸಾಕಾರಾತ್ಮಕ ಪಖ್ಷ :
• ಆಗೇ ತಾಂತ್ರು ಸುದ್ದಾಕೋ, ಕುರಾ ಸುಂಧ್ರು ಬುದ್ದಾಕೋ ಬುದ್ದುವಡೀಕೋ
• ಸೇವೆ ಹಿ ಪರಮೋ ಧರ್ಮ
• ಮಾನ್ತ್ರಂದೇವರು ಭವ ಪಿತ್ರದೇವರು ಭವ
• ಜೆಷ್ಟ ನಾಗರಿಕ ಜಿಉದಾರು ದೇವತಾ ಹಿನ್

ಜೆಷ್ಟ ನಾಗರಿಕ : ರಾಷ್ಟ್ರಕೃತ ನಿಧಿ : ಸಾಮಾಜಿಕ ಮೂಲ್ಯ ರೂ ಮಾನ್ಯತೆ

ನಕಾರಾತ್ಮಕ ಪಖ್ಷ :
• ವಾಳು ಜೇಳಾ ತೆಂದ ನಾತಿ ಬುದ್ದಾಕೋ ಬುದ್ದರು ಬುದ್ದುವಡೀ
• ಉಹಿಲೆಕಾ ಕುರಾ ಕುರಾಬಿಲ್ಲೆ, ಉಹಿಲೆಕಾ ಕುರಾ ಫೆಲಿಲೆ
• ಘಟ ನಾದ ಘಟಕೋ
जन जिन्रोमा भुगण्डिएको : डा. गौरी शंकर लाल दास

नकारात्मक सोच :
• जब पुर्यो साठी, हातमा नाठी।
• जब पुर्यो सतरी, अलपतरी।
• जब पुर्यो अस्ती, कुनामा वस्ती।
• जब पुर्यो नव्वे, हव्वे न कम्ब्बे।
• जब पुर्यो सय, कालको भय।

Change is inevitable
जन जिब्रोमा भुणिडएको : डा. गौरी शांकर लाल दास

रुपान्तरण। सरकारत्मक सोच:

• जब पुष्यो साठी, अनुभवपूर्ण साठी।
• जब पुष्यो सत्तरी, सीमा बढोत्तरी।
• जब पुष्यो अस्सी, जीवनमा हांसीखुसी।
• जब पुष्यो नय्ये, मनोबल गजङ्गे।
• जब पुष्यो सय, जीवन देवसय।

फेरी भेटौला, बाई, नमस्कार।
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