
While the report shows a marked reduction in multi-dimensional poverty, still 4.9 million people are multi-dimensionally poor, which is 17.4% of Nepal's population. MPI Report 2021 is based on the Nepal Multiple Indicator Cluster Survey Report (NMICS) 2019. The MPI covers a subset of priorities articulated in the current 15th Plan, Sustainable Development Goals: Status and Roadmap 2016-2030 Report and Constitution of Nepal 2015.

Learn more about the study here.
Accessibility for PwDs in Nepal's Hotels

The Society of Economic Journalists—Nepal, in collaboration with the National Federation of the Disabled—Nepal, with financial and technical assistance from Internal Finance Corporation (IFC) of the World Bank Group conducted a survey on accessibility on Persons with Disabilities (PwDs) in Nepal's Hotels. Covering 90-star hotels in major cities of the country, the study found that while most hoteliers were aware of the concept of accessible tourism, they had not invested in disability friendly infrastructure. The reasons for this were varied—some hotels had old structures, some cited geographical difficulties, and some said they simply did not receive many guests with disabilities.

Many of the surveyed hotels said extra costs were a key factor in their failure to build ramps, purchase wheelchairs, or provide other accessible infrastructure and services. Readiness was poor on the human resources side, with no staff employed or assigned to assist guests with disabilities. Another major issue identified by the study was the lack of clarity and understanding about universal accessibility and inclusive tourism practices, even in the concerned government departments, and an absence of relevant policy and legal provisions.

Read more of the report here.

GESI Priorities in Nepal's Budgets

Nepal Administrative Staff College (NASC) has come up with an analysis of Gender Equality and Social Inclusion (GESI) priorities for the recent budget 2078/79 (FY 2021/22). In terms of directly responsive gender budgeting there is slight increase in allocation, compared to the last three fiscal years.

Likewise, in terms of the budget allocations for various commissions, there is a substantial increase in the budget estimates for the National Dalit Commission and Muslim Commission; slight increase in the allocations for Madhesi Commission and a downtrend in the budget allocation for National Women Commission, National Inclusion Commission, Indigenous National Commission and Tharu Commission. Read more about the study here.
**Impact of COVID-19 on Households**

The Ministry of Agriculture and Livestock Development (MoALD) with the support of World Food Programme (WFP) and Australian Aid conducted the second round of the mVAM Household Livelihoods, Food Security and Vulnerability Survey. The survey found 20.2 percent of households had inadequate food consumption and 4.7 percent of households had poor dietary diversity. Overall, 11.8 percent of households adopted at least one negative coping strategy to address food shortages and about 6.7 percent of households reported that stockpiled food was insufficient to meet their needs. Minimum recommended dietary diversity was not met by about 43.1 percent of children between 6 and 23 months of age. Sudurpaschim and Karnali provinces have the highest proportion of food insecure households, with 23.8 and 23.3 percent of households consuming inadequate diet respectively.

Inadequate food consumption was also relatively high in Province 2 (22.1%). Two thirds of respondents reported to have food stocks, of which nearly 50 percent had more than one-month worth of food stock. Meanwhile, about 54 percent of households acquired food through market purchase and 46 percent relied on their own production for household consumption. Eleven percent of households reported job loss and 31.2 percent a reduction in income. Income reduction was the highest in Province 1 (40.5%), followed by Sudurpaschim (38.8%) and Province 2 (38.3%), with loss of livelihood reported in Sudurpaschim province (19.3%), Province 1 (18.6%) and Province 2 (14.1%).

More than 20 percent of respondents reported that increases in food price were their major concern during the COVID-19 crisis, followed by shortage of food (16.3%), reduction in income (15.5%) and lack of work opportunities (14.8%). In total, 12.7 percent of respondents received assistance to mitigate the impacts of the COVID-19 crisis, either from government or non-government organizations. The most common form of assistance was food. Additionally, 11 percent of households interviewed in this survey are recipients of social benefits, mainly senior citizen support, followed by support for single women.

The survey findings confirm continued pressure on food security, livelihoods and incomes of Nepalese households. Given that food insecurity was more common among households who reported job loss and income reduction, and more than half of the interviewed households rely on market purchase, the overall vulnerability of households can be further exacerbated.

Read more about the report [here](#).
What has motivated you to conducting research in the health sector?

After graduating from the medical college in the year 2009, I was posted in a remote primary health center in Nawalparasi district. I had just begun my career and knew very little about the health system of Nepal. Being the only doctor at the health center, I had myriad of responsibilities that ranged from administrative duties to attending the patients. I came across several patients who were suffering from various chronic diseases. A lot of them were so poor that they could not afford treatment even for minor conditions. I could see there were disparities in burden as well as access to health services in Nepal, but these were not documented, and the national policies did not specifically address these disparities. This was how I became interested in non-communicable diseases epidemiology with special focus on disadvantaged population in low middle-income countries. This was also the primary focus of my research projects in Nepal where I investigated burden of NCDs and its risk factors, their determinants and access to health care services.

What are the specific areas you are interested in writing/publishing?

I have three main research areas of interest and expertise: advanced epidemiology methods and techniques, non-communicable disease epidemiology and systematic reviews. I am working on some advanced epidemiological methods such as structural equation modelling and prediction modelling these days, and this would be my area of focus in immediate future. In my research projects in Nepal, I have primarily investigated the disparities in NCDs burden among various population subgroups, like high burden of NCDs in urban poor and high burden of tobacco consumption among adolescents in Nepal. Similarly, with regards to systematic reviews, I have been investigating the burden of NCDs in Nepal and South Asia. Additionally, I have also been investigating interventions that might be effective in addressing the burden of NCDs in low and middle-income countries and globally. I am interested in using recent approaches in systematic reviews like network meta-analysis and individual participant data meta-analysis.

You have been conducting and publishing systematic reviews consistently. What have been your major lessons and achievements?

I joined Master’s in Public Health at University of Eastern Finland in 2012. During my studies, I got an opportunity for an internship at Cochrane Work. I had little knowledge of research and had heard very little about systematic reviews. I worked hard during this internship, read lots of paper on research methodology and it won’t be an exaggeration to say that it kickstarted my career in research. After this internship, I was able to publish a Cochrane systematic review titled “Workplace interventions for reducing sitting at work” which was also my Master’s thesis. This paper generated a huge interest among the researchers and general public evident by Altmetric score of 1023 and 443 citations till date. This success motivated me to work harder, and I was able to publish many more systematic reviews which includes three more Cochrane reviews and also reviews published in high impact journals like British Journal of Sports Medicine.

Any recommendations or tips to share to those interested to conduct and publish systematic research?

Researchers have shown burgeoning interest in publishing systematic reviews these days and presume that this is an easy accomplishment compared to other research designs. The number of published systematic reviews have gone up exponentially with each passing year. However most studies are poorly conducted or just a duplication of previously published systematic reviews. This is a research waste and people should refrain from wasting resources. People should strive to produce research that adds something meaningful and novel. So, if one really wants to learn systematic reviews then s/he should work with a team of experienced researchers publishing systematic reviews initially to gain some experience. Systematic reviews team should comprise of research topic experts, methodology experts as well as statistical experts and in the case of complex reviews, a multidisciplinary team of experts may be needed. One should read latest methodology papers on systematic reviews and consult with the experts in case of any confusion or clarification.

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