



# WHEN THE SAFETY OF NEPALI MIGRANT WORKERS FAILS

A review of data on the numbers and causes  
of the death of Nepali migrant workers



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# Foreword

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Rarely a week goes by without news reports and columns on the tragic life and death of Nepali workers as they toil in adverse foreign conditions. The rate at which dead bodies arrive at the international airport from destination countries horrifies the public and media and evokes public sympathy for the deceased and their families and ire towards the government for failing to safeguard the well-being of Nepalis when working abroad.

Until now there has been no objective and comprehensive review of the numbers and reasons for the death of Nepali migrants when working abroad and how this compares with the death rates of the general population in Nepal. Nor has there been any attempt to take a critical look at the limitations of the data and how the reporting on fatalities among migrant workers can be improved.

Recognizing this information gap, this short report set out to do two things: first, to provide a comprehensive and detailed analysis of the available data linked to the number of migrant workers who die during employment abroad; and second, to analyse how the data on migrant workers' deaths are collected and presented and then propose recommendations on how those processes could be improved so that a more accurate picture could be presented.

I am grateful to my colleagues Anna Engblom and Niyama Rai who conceptualized and oversaw this analysis, as well as Ishan Ghimire, the principal author of the report.

**Jose Assalino,**

Country Director, ILO Nepal

# Abbreviations and acronyms

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ASMR	age-specific mortality rate
FEPB	Foreign Employment Promotion Board
FY	fiscal year
GCC	Gulf Cooperation Council
GEFONT	General Federation of Nepalese Trade Unions
MOLE	Ministry of Labour and Employment

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# I Introduction

The number of deaths among Nepali citizens during their employment abroad is a serious concern to all those involved in any way for the safety and well-being of migrant workers. It is an emerging issue affiliated with the surge in the outflow of migrant workers, particularly to the Gulf Cooperation Council (GCC) countries and Malaysia.

The incidence of migrant workers' deaths captured international attention when investigative reports on Nepali citizens working in Qatar were published in the international media. The reports revealed a large number of deaths and often appalling living and working conditions.<sup>1</sup> Various reports that sourced information from Nepali government institutions and the Nepali Embassy in Qatar disclosed that the deaths were occurring at the rate of one every two days in just one country.<sup>2</sup> One newspaper deemed the situation "modern day slavery".<sup>3</sup> Although those reports were excellent in exposing the situation in one country, there is no comprehensive review of the situation among all destination countries. Nor has there been any attempt to take a critical look at the limitations of the data and how the reporting on death among migrant workers can be improved.

This report thus has two objectives: First, to provide a more comprehensive and detailed analysis of the available data linked to the number of migrant workers who die during employment abroad. And second, to analyse how the data on migrant workers' deaths are currently collected and presented and then propose recommendations on how those processes could be improved so that a more comprehensive and accurate picture can be presented.

## Methodology

The research involved a review of publicly available as well as non-public literature and data sets that contain information on the deaths of Nepali migrant workers during their employment in other countries. These reports and data sets include those available from the Ministry of Labour and Employment (MOLE), the Ministry of Foreign Affairs (MOFA), the Foreign Employment Promotion Board (FEPB), the Central Bureau of Statistics, Nepali embassies and missions abroad and trade unions. Patterns in the data emerged through the review, as did gaps in the information and data limitations. The data were comparatively analysed to assess the nature of the situation.

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<sup>1</sup> International Trade Union Conference: The case against Qatar, 2014, [www.ituc-csi.org/ituc-special-report-the-case](http://www.ituc-csi.org/ituc-special-report-the-case).

<sup>2</sup> O. Gibson and P. Pattison: "Death toll among Qatar's 2022 World Cup workers revealed", The Guardian (23 December 2014), [www.theguardian.com/world/2014/dec/23/qatar-nepal-workers-world-cup-2022-death-toll-doha](http://www.theguardian.com/world/2014/dec/23/qatar-nepal-workers-world-cup-2022-death-toll-doha); and "Qatar migrant workers die by hundreds", Al Jazeera America, 18 February 2014, <http://america.aljazeera.com/articles/2014/2/17/hundreds-of-migrantworkersfacedeathinqatar.html>.

<sup>3</sup> P. Pattison: "Revealed: Qatar's World Cup slaves", The Guardian, 25 September 2013, [www.theguardian.com/world/2013/sep/25/revealed-qatars-world-cup-slaves](http://www.theguardian.com/world/2013/sep/25/revealed-qatars-world-cup-slaves).

Consultations were also carried out with nine key informants, including government officials from MOLE and MOFA and representatives of trade unions, private recruitment agencies and associations of medical service providers, to discuss how data are collected and interpreted and the challenges and limitations related to the collection, handling and processing of data on the deaths of migrant workers, causes of death among migrant workers, compensatory mechanisms and challenges in ensuring the safety of migrant workers.

## **Structure of the report**

The report consists of three chapters:

**Chapter 2.** Data availability, quality and use: an overview of how data on the deaths of Nepali migrants in foreign employment is collected and presented and the challenges, gaps and limitations.

**Chapter 3.** The numbers: an overview of the available statistics related to the deaths of Nepali migrant workers abroad. It looks, for example, at the magnitude of deaths of migrant workers, deaths by destination countries and cause of death among migrant workers.

**Chapter 4.** Conclusions and recommendations: the main conclusions from the study and recommendations for improving data collection and management.



## Data availability and collection

To obtain a comprehensive overview on the number of deaths of migrant workers, the main source of information was the Foreign Employment Promotion Board. There are, however, a few other actors that collect some information on migrant worker fatalities.

### Foreign Employment Promotion Board

The data on deaths of migrant workers during their employment abroad is scattered across government and non-government agencies; however, none of the sources has precise numbers. The most accessible and comprehensive data are maintained at the Foreign Employment Promotion Board,<sup>4</sup> where it is digitally stored using a software program that can retrieve information on the number of deaths in destination countries, demographic information on deceased migrant workers and causes of death.

The FEPB data derive solely from the documents submitted by a relative or designated beneficiary of a deceased migrant worker when making a request for compensation (see Annex I for the sample compensation request form). The total count of deceased migrants is based on these request forms and is disaggregated by cause of death, sex, origin district and destination country as well as the modality through which the migrant worker had gone for foreign employment (through a recruitment agency or independently).

The cause of death of a migrant worker is retrieved from the death certificate, which is issued by a medical or legal institution, depending on the case, in the destination country where the death occurred. The death certificate must also be attested by the Nepali embassy in the destination country (see below for more on the role of a Nepali embassy). A death certificate and accompanying letter from the Nepali embassy are essential for repatriating a body and claiming compensation. These documents are then used by kin of the deceased to obtain a death certificate and letter of reference from the relevant village development committee or municipality. The death certificate and letter of reference obtained through the local bodies thus become mandatory for filing for compensation at the FEPB.

### The Ministry of Foreign Affairs

Although the MOFA receives regular reporting from Nepali embassies, the only traces of information on the deaths of migrant workers are found in the Financial Administrative Section. But these are only filed financial records and have not been inputted into a database, such as the FEPB database. The Financial Administrative Section maintains these records because the compensation and financial obligations (such as unpaid wages and gratuities) that a deceased migrant worker's beneficiary is entitled to and that are provided by the employer and

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<sup>4</sup> FEPB is an autonomous body chaired by the minister of MOLE. The FEPB has 25 members who are senior officials from government, recruitment agencies, trade unions and national NGOs. Its main function is to promote foreign employment and to ensure the social protection and welfare of Nepali migrant workers and their families.

insurance company in the destination country are channelled through the Nepali embassy to the MOFA, which then transfers the information to the respective district administration office for disbursement.<sup>5</sup>

### **Nepali embassies and consulates in countries of destination**

As noted, the embassies in the destination countries attest each death certificate. Yet, this review did not find any indication that the embassies collect statistics on deaths of workers in a systematic way; nor are they reporting the numbers back to any institution (such as MOFA or FEPB) in Nepal. The Nepali embassy in Saudi Arabia is perhaps the only exception: Annex II provides a sample of what the Nepali embassy in Saudi Arabia communicates to the Financial Administrative Section of MOFA.<sup>6</sup> It contains details on the cause of death along with the financial obligation owed to a deceased migrant worker.

The sample is unique in the degree of detail it contains, however; no similar documents from other embassies' e-sources or the Financial Administrative Section were found. The documents from other embassies reviewed at the Financial Administrative Section had information only on the total number of deceased and the total amount of wages transferred but no disaggregated details. It is unfortunate that these documents have not yet been converted into a database because their content, with proper tabulation and summary, could provide a cross-verification of data. There are no known links between MOFA records and the FEPB database.

### **Other actors, including trade unions and NGOs**

Other actors, such as trade unions and non-government agencies, also collect some data on the deaths of migrant workers. This data, however, are patchy and just based on a few cases that, for various reasons, are brought to their attention.

The General Federation of Nepalese Trade Unions (GEFONT), one of the biggest groupings of trade unions in Nepal, incorporates a Migrant Desk that maintains records on the death of workers. But their database only contains details on those who seek help from GEFONT and thus reflects less quantitative information than the government resources. Even so, the data were inaccessible for this analysis and unavailable in any GEFONT publication. GEFONT staff explained that the cases they typically handle are those that require additional support for some difficulty—financial or procedural—that emerges after the death of a migrant worker, such as lack of money to repatriate the body or needed assistance in claiming insurance or other compensation. They also handle cases of undocumented migrants, but because no concrete data or evidence could be retrieved, nothing additional is known about these cases.

It is presumed that the data available across various non-government agencies are related mostly to cases that they specifically handle and thus are neither as quantitatively comprehensive as the FEPB database nor easily accessible. Nevertheless, non-government organizations have more detailed information on the individual cases that they handle.

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<sup>5</sup> All the financial transactions from destination countries, except for Malaysia, funnel through this channel. The Department of Consular Services within the MOFA receives the financial transactions from Malaysia, although the reason for this exception was not clarified during the consultations for this study.

<sup>6</sup> The sample was downloaded from the official website of Nepali embassy in Saudi Arabia where other such documents are also available, see [www.neska.org](http://www.neska.org).

## Data utilization and limitations

As noted, the FEPB database maintains statistics only on deceased migrant workers whose kin seek out compensation. It does not tally or reflect any other data from outside its system. Hence, there is no way to determine the actual number of deaths occurring in destination countries as some may be left out of the database.

The FEPB database is also limited because the agency does not provide compensation for undocumented deceased migrant workers (migrants who had not obtained a labour permit from the Department of Foreign Employment or had overstayed the contract period). According to FEPB staff, however, the database indeed records some (albeit minimal) information on deceased undocumented migrants (typically those undocumented because of overstay). But this occurs only when a relative of an undocumented dead migrant worker contacts the FEPB to apply for what they believe (erroneously) is forthcoming compensation. Although no compensation is given, the FEPB provides a travelling allowance and thus records the information presented regarding the deceased migrant—but the database does not distinguish them as undocumented.

Another limitation is that the FEPB database does not contain any information about migrant workers who die when working in India. This is due to the open-border policy that allows Nepalis and Indians to work and live in any of the two countries without a visa or work permit.

A grave limitation with the FEPB database is the classifications used to report on causes of death. The database uses eight categories:

- cardiac arrest
- heart attack
- natural cause
- suicide
- traffic accident
- workplace accident
- murder and
- other or unidentified causes.

These categories were not created in consultation with medical or public health experts but reportedly emerged based on the frequency they appeared on death certificates at the time the database was created (in 2008). The key informant interviews conducted for this study and the review of the literature suggest that the poor selection of the classifications is due to the lack of knowledge and consultation during the creation of the database and when information is entered into the system.

These classifications are impractical because they fail to explain the cause of mortality and thus raise more questions than answers. Table 6 reflects that more than 70 per cent of all cases of death among migrant workers fall into one of four categories: cardiac arrest, heart attack, natural cause and other or unidentified causes. These categories are not always the actual “cause” of death.

Categories such as cardiac arrest, other or unidentified cause and natural cause are too ambiguous to provide any useful information for developing interventions to ensure the well-being of migrant workers. As well, it is not known at this point how the different destination countries categorize mortality and morbidity.

A manual published by the World Health Organization—**International Statistical Classification of Diseases and Related Health Problem**, or ICD-10—provides an international diagnostic classification for all general epidemiological and many health management purposes.<sup>7</sup> This instruction manual defines the causes of death to be entered on a medical certificate as “all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries” and further states that the cause of death for primary tabulation should be designated the underlying cause of death, which is defined as “(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury”.<sup>8</sup>

The reviewed literature suggests that there needs to be a clear distinction between the mode (manner) of dying and the underlying cause of dying.

The mechanism of death signifies the pathological alteration resulting from one or many causes of death, whereas the manner of death means, at least for violent deaths, the distinction between an accident, suicide, homicide or an undetermined death.<sup>9</sup> For example, cardiac arrest is a mode of dying that can be triggered by different causes, such as haemorrhage, infection or a stabbing. Thus, the mode of dying, such as cardiac or respiratory arrest, merely attests to the fact of death and is not specifically related to the disease process.<sup>10</sup> In other words, cardiac arrest is a description of being dead and not a cause of death.

The mode of death explains how the cause of death arose; for instance, natural cause is a manner of death “due solely or nearly totally to disease and/or the aging process”.<sup>11</sup> Thus, the category of natural cause does not indicate the cause of death specifically and is epidemiologically unhelpful. The American Centers for Disease Control and Prevention has suggested that “for statistical and research purposes, it is important that the causes of death and, in particular, the underlying cause, be reported as specifically and as precisely as possible”.<sup>12</sup> Unidentified or pending cases result when there are multiple and competing modes or causes of death.

The major causes of death as classified by the FEPB offer no epidemiological value other than indicating mode (manner) of death. Even a classification such as “other or unidentified cause” has not been properly maintained (see section 3 on the quality and utilization of data). In reality, no cause of death has actually been identified—it merely informs how a migrant worker died rather than what caused the death.

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<sup>7</sup> World Health Organization: International statistical classification of diseases and related health problems (ICD-10), vol. 2 instruction manual, 10th Revision (Geneva, 2011), [www.who.int/classifications/icd/ICD10Volume2\\_en\\_2010.pdf](http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf).

<sup>8</sup> *ibid.*, p. 31.

<sup>9</sup> J. Pinheiro: “Introduction to forensic medicine and pathology”, in A. Schmitt, E. Cunha and J. Pinheiro (eds): *Forensic anthropology and medicine: Complementary sciences from recovery to cause of death* (Totowa, NJ: Human Press Inc., 2010), p. 19.

<sup>10</sup> Centers for Disease Control and Prevention: *Medical examiners' and coroners' handbook on death registration and fetal death reporting* (Atlanta, GA, 2003), [www.cdc.gov/nchs/data/misc/hb\\_me.pdf](http://www.cdc.gov/nchs/data/misc/hb_me.pdf).

<sup>11</sup> *ibid.*, p. 21.

<sup>12</sup> *ibid.*, p. 13.

A review of a few death certificates and other documents available at MOFA as part of this study also indicated that the cause of death is not usually a two-word category. For instance, one document showed that the cause of death of the deceased migrant was “cardiac pulmonary arrest due to natural causes”.

With no standard rule to follow, where a death is recorded (which FEPB category) is dependent upon the person who inputs the data and their grasp of the medical information provided on the death certificate. For instance, one death certificate reported the cause of death as: “Severe hypoxemia severe metabolic acidosis and pulmonary edema aspiration pneumonia acute kidney injury on top crg. intrac. Rinal haemorrhage hypertension”. Because no expert is consulted to determine the actual cause in this type of information, it is recorded in the “other or unidentified” category. The same goes for cases of drowning or electrocution or where the cause of death is medically esoteric. There are cases in which the cause of death is still under investigation in the destination country at the time a relative claims compensation at the FEPB. Such cases are also recorded under the “other or unidentified” category.

These issues can be partly explained by the fact that the objective of the FEPB database is more to track dispersed compensation than to actually monitor the deaths of migrant workers while abroad. Per Rule 28 of the Foreign Employment Rules, the amount of compensation from the FEPB is not dependent upon the data (such as cause of death); the nominated beneficiary receives NPR300,000<sup>13</sup> rupees, equivalent to approximately US\$2,808,<sup>14</sup> for any cause of death. Although the database is also used by MOFA and journalists to present trends and statistics, there is no indication of the data ever used for planning or policy.<sup>15</sup>

Even though the FEPB database is linked with the Government’s compensation mechanism, it lacks information on whether any employment compensation or insurance payment was provided in the name of the deceased in a destination country. The information exists within the MOFA records but has yet to be inputted into the FEPB database. As to whether the data on causes of death are wrongly classified in the FEPB, it is likely more a problem of poor classification than wrong classification. Because the compensatory mechanism of the FEPB does not depend on the nature of death or demographics of migrant workers,<sup>16</sup> there is little reason to suspect that a wrong classification takes place.

But the cause of death is linked with the compensatory or insurance mechanism in the destination countries. The review of available documents (such as the one provided in Annex I) revealed different compensation amounts for the same cause of death or among all causes. There were suggestions during the key informant interviews that a wrong or inaccurate classification may have been practised in the destination countries as a way to avoid insurance or other compensation obligations, to hasten the process or to hide a weakness of an employer. Although the reasons highlighted are plausible and considering that the number of reported deaths by workplace accident is low, evidence rather than speculation is required for definitive conclusions.

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<sup>13</sup> Until 2014, the compensation ceiling was NPR100,000.

<sup>14</sup> Using the exchange rate US\$1= NPR106.83.

<sup>15</sup> For example, none of the data were cited during the preparatory consultation on the National Migration Health Strategy Plan that was conducted in September 2015 by the International Organization for Migration.

<sup>16</sup> Foreign Employment Rules, 2008, Rule 28.

On the positive side, the FEPB database is quantitative and stores enough information to present disaggregated data in terms of the modality for obtaining labour permits, sex, origin address, destination and cause of death. It does not, however, provide any other details, such as age, ethnic identity, occupation sector, skill or qualitative information on individual cases or the period of employment before death.

## **Role of the Nepali embassy and health institutions**

The key informant interview with an official at the Department of Consular Services who previously served in the Nepali embassy in Saudi Arabia was helpful in understanding the role of diplomats in attesting the causes of death, although he does not speak for all embassies. As he recalled, some form of a death audit was carried out when a migrant worker died in Saudi Arabia. The embassy usually intervened when there were disputes or dissatisfaction with different “causes”—mode or manner of death—and the issue was raised by an acquaintance or family member of a deceased migrant worker. In such cases, the embassy followed up on the process with the respective employer or insurance company and with the legal and medical institutions involved.

The embassy staff also helped in initiating a post-mortem of bodies if the family members requested further investigation (not all cases are referred for a post-mortem). If a post-mortem is not required, then a preliminary death certificate issued by a doctor is considered valid. While cases of murder and suicide require post-mortem reports, no such process is needed for natural causes or cardiac arrest.

In Saudi Arabia, the cause of death links to the amount of compensation to be paid, as evident from the different amounts and causes listed in Annex I. It could be possible that a wrong classification may have been applied to reduce the economic burden and hasten the process; however, without evidence, this suggestion is merely speculation.

Health institutions in Nepal that issue the certificate of good health required for obtaining a labour permit are not legally liable for the death of a migrant worker that occurs in a destination country. They are only liable if the migrant worker fails a health test in the destination country and is returned on grounds they are medically unfit to work.

### 3 Death of migrant workers, in numbers<sup>17</sup>

According to the FEPB data, from FY 2008–09 to FY 2014–15, a total of 4,322 migrant workers died across 24 destination countries, of which 4,235 were male and 85 were female<sup>18</sup> (see the complete table A1 in Annex III).

The total proportion of deaths to the number of migrant workers abroad (based on the number of labour permits issued by the Department of Foreign Employment from FY 2008–09 to FY 2014–15) amounts to 0.16 per cent (4,322 of 2,723,587 labour permits), as shown in Table 1. The death rate for male migrant workers (at 1.62 deaths per 1,000 migrant workers) is higher than for female migrant workers (at 0.64 deaths per 1,000 migrant workers).

Table 1 also reflects the number of deaths per 1,000 migrant workers per year. However, because the migrants who are reported as dying while abroad in a specific year may or may not have received their work permit that same year, it is difficult to make any conclusions regarding the trends based on the available data.

#### The death rate among migrant workers compared with the death rate of the general population

To gauge if the rate of deaths among migrant workers is particularly high, it is useful to compare that rate with the rate for the Nepali population in general. The annual death rate of migrant

**Table 1. Crude death rate, FY 2008–09 to FY 2014–15**

Year	Sex		Total deaths	Labour permits issued			Annual death rate per 1,000 population		
	Male	Female		M	F	Total	M	F	Overall
FY 2008–09	87	3	90	211 371	8 594	219 965	0.41	0.34	0.40
FY 2009–10	399	19	418	284 038	10 056	294 094	1.40	1.88	1.42
FY 2010–11	541	8	549	344 300	10 416	354 716	1.57	0.76	1.54
FY 2011–12	632	14	646	361 707	22 958	384 665	1.74	0.60	1.67
FY 2012–13	716	11	727	423 092	27 742	450 834	1.69	0.39	1.61
FY 2013–14	864	24	888	492 724	29 154	521 878	1.75	0.82	1.70
FY 2014–15	996	6	1004*	478 199	21 421	499 620	2.08	0.28	2.00
<b>Total</b>	<b>4 235</b>	<b>85</b>	<b>4 322</b>	<b>2 595 431</b>	<b>130 341</b>	<b>2 725 772</b>	<b>1.62</b>	<b>0.64</b>	<b>1.59</b>

Note: \*—The sex of two deceased migrant worker was not specified in the data.

Source: FEPB database, FY 2008–09 to FY 2014–15.

<sup>17</sup> Unless otherwise specified, the figures presented in this chapter are all based on the FEPB statistics.

<sup>18</sup> The sex of two migrant workers in the data was unknown.

workers during foreign employment for FY 2014–15, at 1.59 per 1,000 population, was significantly less than the crude death rate for the overall population of Nepal, at 7.3 per 1,000 population. However, national estimates include all age groups, while the majority of migrant workers from Nepal are youths. The data available on the absent population reveal that 82 per cent of the absent population in Middle Eastern countries were of the 15–34 age groups.<sup>19</sup> Therefore, the annual death rate (calculated for this study) for migrant workers can stand as a proxy for the age-specific mortality rate (ASMR) of that population. Thus comparatively, there is no significant difference, with the ASMR for age groups 15–19 years, 20–24 years, 25–29 years and 30–34 years at 1.02, 1.46, 1.60 and 1.77, respectively. The ASMR for these age groups by sex indicate a pattern of mortality variation. The ASMR for the age groups of 15–19 years, 20–24 years, 25–29 years and 30–34 years for men in FY 2014–15 was 1.11, 1.90, 2.20 and 2.51, respectively, while for women it was 0.94, 1.11, 1.12 and 1.18, respectively.<sup>20</sup> The national estimates reflect that mortality rates for men were higher than corresponding figures for women in all age groups. This is further reflected in the difference of death rates among male and female migrant workers.

Although the death rates among the migrant workers in comparison with that of the Nepali population for the same age is more or less similar and consequently does not call for special attention, it should be highlighted that all migrant workers need to undergo a medical test before their employment permits are approved. An indication of receiving a labour permit is that the migrant workers are of good medical health and physically fit for the work they are going to undertake. Given that, migrant workers should generally be healthier and fitter than the average population.

## The countries of destination where most death occurs

The vast majority of all deaths occurred in GCC countries and Malaysia, at 97 per cent (4,211 deaths of 4,322).<sup>21</sup> These countries also receive the bulk of labour migrants from Nepal, at almost 98 per cent of all labour permits issued (Table A2 in Annex 3).

Unfortunately, a proportional analysis of deaths to the number of labour migrants from different destination countries was hampered by the quality of data. A particular problem in arriving at the estimations was determining the migrant worker stock in a particular destination country. The only estimates available in the national data on migrant worker stock in particular countries<sup>22</sup> are through the labour permits. Although the United Nations Department of Economic and Social Affairs maintains a database on migrants as an estimated total migrant stock at mid-year by origin and country of destination, the information pertinent to Nepal was lacking. Although there are many inconsistencies in the available data, Table 2 provides some comparative indication on the proportion of deaths in countries, which have the largest number of deaths.

<sup>19</sup> A total 62 per cent (at 1,199,239 of 1,921,434 persons) were in destinations other than India, of which 60 per cent (721,791 persons) were in Middle Eastern countries. Central Bureau of Statistics: Population Monograph of Nepal (2014, vol. 1), p. 128.

<sup>20</sup> *ibid.*, p. 223.

<sup>21</sup> See the complete table in Annex III.

<sup>22</sup> The *Population Monograph of Nepal* provides estimates on a regional basis only.



**Table 2. Estimated death rate, by destination country, FY 2008–09 to FY 2014–15**

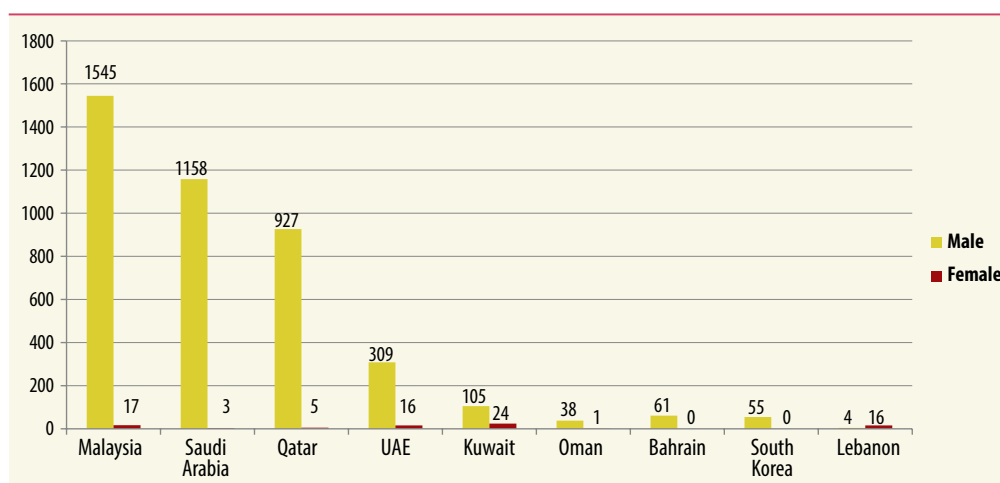
Country	Total deaths	Estimated total number of migrant workers in the destination country (total labour permits issued in 7 years)	Death rate per 1,000 of estimated population
Malaysia	1 562	908 156	1.72
Saudi Arabia	1 162	514 588	2.26
Qatar	932	517 643	1.80
United Arab Emirates	326	267 491	1.22
Kuwait	129	67 048	1.92
Bahrain	61	23 442	2.60
Oman	39	16 222	2.40
Rep. of Korea	55	33 960	1.61
Lebanon	20	6 993	2.86

Source: FEPB database, FY 2008–09 to FY 2014–15.

Although Malaysia accounted for the most number of deaths during the seven-year period reviewed, the proportion of total deaths to estimated total migrant workers in destination countries was largest in Lebanon, at 2.9 per 1,000 migrant workers, followed by Bahrain (at 2.6) and Oman (2.4). Malaysia and the United Arab Emirates have the smallest proportion of deaths to total migrant population, at 1.7 and 1.2, respectively.

The data on death when disaggregated by sex shows that deceased men and women in GCC countries and Malaysia accounted for 97 per cent and 75 per cent, respectively, of the total deaths of men (4,235) and women (87) migrant workers. A large number of deaths among men in these countries is coherent with the fact that they are the top destinations for migrant workers. Similarly, the largest number of deaths among female labour migrants appears in Kuwait (24), followed by Malaysia (17) and then the United Arab Emirates (16) and Lebanon (16).

**Figure 1. Total number of deaths in GCC countries and Malaysia, by sex, FY 2008–09 to FY 2014–15**



Source: FEPB database, FY 2008–09 to FY 2014–15.

## Causes of death

As discussed in chapter 2, there are many limitations in the classifications that FEPB uses as a basis for their reporting of the death cases. Because it was not possible to investigate the individual death cases within the scope of this assessment, this section uses the data as presented for the eight classifications.

Table 6 illustrates that the major causes of death among labour migrants while abroad for the period of FY 2008–09 to FY 2014–15 were cardiac arrest (941 cases, or 21.8 per cent), natural cause (847 cases, or 19.6 per cent) and other or unidentified causes (795 cases, or 18.4 per cent). A significant number of deaths by traffic accident (571 cases, or 13.2 per cent) and suicide (451 cases, or 10.4 per cent) were also recorded, whereas the number of deaths because of workplace accidents was low (8.6 per cent of total incidents).

Because most deaths of migrant workers occurred in GCC countries and Malaysia, Table 7 looks at the death cases by cause in those countries. The data reveal that the most deaths attributed to an “other or unidentified cause” occurred in Malaysia (546 cases) and Qatar (140 cases). The largest number of cases of cardiac arrest was reported from Qatar (462) while the largest number of deaths by natural cause was found in Saudi Arabia. Death by traffic accident was also high in Saudi Arabia; nearly 60 per cent of all traffic accident-related deaths were from Saudi Arabia. A large number of suicides occurred in Malaysia (144), Saudi Arabia (60) and Qatar (54), whereas more murders also occurred in Malaysia and Qatar. In Malaysia, the 19 cases of murder occurred in a single year out of the total 40 in FY 2010–11. That same year there were 18 cases of murder in Qatar. No further information on these murders was available.

Some patterns and useful information emerged from the available data. In particular, the large number of traffic accidents and suicides are worrisome. Death by traffic accident accounted for

**Table 3. Cause of death among labour migrants while abroad, FY 2008–09 to FY 2014–15**

FY	Cause of death																Total
	Cardiac arrest		Heart attack		Murder		Natural cause		Suicide		Traffic accident		Workplace accident		Other or unidentified causes		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
2008–09	25	1	2	-	1	-	24	-	8	1	8	-	6	-	13	1	
2009–10	104	2	10	-	1	-	110	8	21	4	65	2	41	3	47	-	
2010–11	100	-	48	-	40	-	114	4	60	2	60	-	59	2	60	-	
2011–12	134	-	37	-	2	-	102	-	61	5	97	4	39	2	160	3	
2012–13	115	1	31	1	2	-	105	1	76	5	104	-	27	-	256	3	
2013–14	190	-	73	6	1	-	137	1	87	9	110	2	78	1	189	4	
2014–15	269	-	87	2	-	-	241	-	109	3	118	1	113	-	59	-	
<b>Total</b>	<b>937</b>	<b>4</b>	<b>288</b>	<b>9</b>	<b>47</b>	<b>0</b>	<b>833</b>	<b>14</b>	<b>422</b>	<b>29</b>	<b>562</b>	<b>9</b>	<b>363</b>	<b>8</b>	<b>783</b>	<b>12</b>	<b>4 320 (+2)*</b>

Note: Numbers are presented for all categories in the FEPB database. The MOLE in its 2014 report merged the two categories of cardiac arrest and heart failure and presented an accumulated figure. \* =sex of two deceased in the database was not disclosed.

Source: FEPB database, FY 2008–09 to FY 2014–15.

**Table 4. Number of deaths, by cause and by country, FY 2008–09 to 2014–15**

Country	Total number of deaths in 7 years			Incidents of death by cause							
	M	F	T	Cardiac arrest	Heart attack	Natural cause	Other or unidentified cause	Traffic accident	Suicide	Workplace accident	Murder
Malaysia	1 545	17	1 562	291	132	166	546	83	144	136	19
Saudi Arabia	1 158	3	1 161 (+1 sex unknown)	61	28	485	34	340	60	118	1
Qatar	927	5	932	462	45	65	140	49	54	81	22
United Arab Emirates	309	16	326 (+1 sex unknown)	98	35	62	29	46	26	18	3
Kuwait	105	24	129	6	43	7	16	24	18	2	2
Oman	38	1	39	4	2	12	7	7	4	3	0
Bahrain	61	0	61	5	1	32	3	12	3	6	0
<b>Total</b>	<b>4 143</b>	<b>66</b>	<b>4 211</b>	<b>927</b>	<b>286</b>	<b>829</b>	<b>775</b>	<b>561</b>	<b>309</b>	<b>364</b>	<b>47</b>

Source: FEPP database, FY 2008–09 to FY 2014–15.

13 per cent of all deaths in the destination countries. Furthermore, 60 per cent of deaths by traffic accident among the GCC countries and Malaysia occurred in Saudi Arabia. Lack of road safety seems to be a major problem among Nepali citizens internationally. The issue is probably linked with inadequate pre-departure orientation on road traffic safety. Although the pre-departure orientation curriculum includes the topic of road traffic safety in the session on information about destination countries,<sup>23</sup> it seems insufficient because the session is allocated only two hours to cover many subjects, thus leaving little time for road traffic accident discussion.

**Table 5. Number of deaths by traffic accident, by country, FY 2008–09 to FY 2014–15**

Country	Traffic accident														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Saudi Arabia	4		42	1	40		59		71		66		57		340
Malaysia			14		2		13	2	11		17		24		83
Qatar			1	1	9		13		5		6		14		49
United Arab Emirates	2		7		6		4	2	6		9	1	8	1	46
Kuwait					1		3		5		4		11		24
Bahrain	1		1		1		3		3		2		1		12
Rep. of Korea					1				1		4		3		9
Oman	1						2		1		2	1			7
Japan									1						1
<b>Total</b>	<b>8</b>	<b>0</b>	<b>65</b>	<b>2</b>	<b>60</b>	<b>0</b>	<b>97</b>	<b>4</b>	<b>104</b>	<b>0</b>	<b>110</b>	<b>2</b>	<b>118</b>	<b>1</b>	<b>571</b>

Source: FEPP database, FY 2008–09 to FY 2014–15.

<sup>23</sup> Foreign Employment Promotion Board: Foreign employment education: Orientation training curriculum (Kathmandu, Ministry of Labour and Employment, Government of Nepal, 2012).

**Table 6. Number of deaths by suicide, by country, FY 2008–09 to FY 2014–15**

Country	Suicide												Total		
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14			FY 2014–15	
	M	F	M	F	M	F	M	F	M	F	M	F		M	F
Malaysia	2		4		37		25	2	34		41		43	1	189
Saudi Arabia	1		3	1	8		14		17		18		33		95
Qatar	2		11		8		7		15		13		12		68
United Arab Emirates	3		1	2		1	8		3		6	3	6	1	34
Kuwait					2	1	2	1		3	4	5	9	1	28
Rep. of Korea					3		3		3		3		5		17
Lebanon		1	1	1	1		2		1		1				8
Oman				1			2		1						4
Bahrain					1				1		1		1		4
Israel									1						1
Japan									1						1
Russia									1						1
Papua New Guinea											1				1
<b>Total</b>	<b>8</b>	<b>1</b>	<b>21</b>	<b>4</b>	<b>60</b>	<b>2</b>	<b>61</b>	<b>5</b>	<b>76</b>	<b>5</b>	<b>87</b>	<b>9</b>	<b>109</b>	<b>3</b>	<b>451</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.

The data also show that 10 per cent of all deaths in the seven-year period were attributed to suicide, of which 68 per cent occurred in GCC countries and Malaysia. A large number of suicides among male migrant workers occurred in Malaysia (at 186 of the total 422 cases among men), whereas Kuwait and Lebanon had a large number of death by suicide among female Nepalis. Suicide was the major cause of death among female labour migrants, at 33 per cent of all female migrant worker deaths; Kuwait and Lebanon accounted for 62 per cent of those deaths. Suicide among women is a major public health problem in Nepal, according to a government study in 2011<sup>24</sup> that revealed that suicide was the leading individual cause of death for women of reproductive age, at 28 per 100,000 population in 2008–09.

Causes of suicide vary but typically are linked with extreme stress and/or feelings of hopelessness. While there is little research on why Nepali women inflict self-harm in destination countries, there is evidence that Nepali women face workplace violence while abroad.<sup>25</sup> Stress management is a topic in the pre-departure orientation curriculum, but the issue is also related to access to protection mechanisms in the destination countries.

During the interviews for this study, many other reasons for death were cited, such as homemade alcohol consumption, work overload, stress caused by fraud committed by recruitment agencies and maladaptive personal and social behaviour in destination countries. However, there is lack of research on the matter to confirm the varied reasons mentioned and, as already explained, the FEPB database does not illuminate on such issues.

<sup>24</sup> A. Pradhan et al.: A review of the evidence: Suicide among women in Nepal, 2011 (Kathmandu, Ministry of Health and Population, Government of Nepal, 2011).

<sup>25</sup> C. Bhadra: The impact of foreign labour migration to enhance economic security and address VAW among Nepali women migrant workers and responsiveness of local governance to ensure safe migration (Kathmandu, Ministry of Women, Children and Social Welfare, Government of Nepal, 2013).

## Conclusions

This comprehensive analysis of the available data on the deaths of labour migrants during their employment abroad led to the following conclusions.

### Data availability, collection, use and limitations

- The data on the deaths of Nepali migrant workers during their employment is limited and accessible from only one source, the Foreign Employment Promotion Board. That database is the best source for estimating the scale of deaths among migrant workers abroad. However, it is not linked or tallied with any other sources that may have less data but are nevertheless useful for cross-verification and enriching analysis. Additionally, no data are available on the deaths of Nepali migrant workers in India due to the open border policy.
- The FEPB database is comprehensive in providing disaggregated data, but vital information, such as age, ethnic identity, period of employment before death and occupation sector, is missing. The database is also limited to quantitative data, with no qualitative information that can be useful in breaking out the issues of mortality contextually.
- There are clear indications of records pertaining to the deaths of migrant workers at MOFA and the Nepali embassies (missions) in destination countries, but these have not been converted into data or useful information.
- The quality of data on causes of death in the FEPB database suffers from lack of knowledge and poor classification. Although some categories are self-explanatory, classification such as cardiac arrest, natural cause and other or unidentified cause (which account for more than 60 per cent of the data) are ambiguous. This is the result of having no expert consultations in developing a database that is primarily linked with public health or when inputting new information. The interpretation of existing data is impeded by lack of critical information, such as age, ethnic identity and period of employment before death.
- The amount of compensation provided by FEPB is not dependent upon the cause of death, although it is in destination countries where causes are directly linked with the system of indemnity and where it could thus have some influence on what is recorded as cause of death. There is inadequate information on the types of insurance that migrant workers acquire in the destination countries.
- There are indications that some form of a death audit is conducted by Nepali embassies upon the death of a migrant worker, but whether the process is institutionalized across all destination countries is not known.
- Health institutions in Nepal are responsible to certify the good health of migrant workers before departure through screenings. Regular monitoring of these institutions, resulting in the revoking of licence when services are found not meeting the accepted standards, should be institutionalized in a transparent manner.
- The deaths of Nepali migrant workers in destination countries is an emerging public health problem that spans international borders but has not yet been reflected in government policies. This might be because the problem is new and seems quantitatively low in numbers—although not negligible.

## The size of the problem

- As per the FEPB data, the proportion of deaths to the number of migrant workers abroad amounts to 0.16 per cent, or 1.6 deaths per 1,000 migrant workers. The death rate for male migrant workers (at 1.62 deaths per 1,000 migrant workers) is higher than for female migrant workers (at 0.64 deaths per 1,000 migrant workers).
- The number of deaths is increasing with the surge in outflow of labour migrants, but the annual death rate is not severe when compared with national estimates for similar age groups in Nepal. Statistics indicate that the majority of migrant workers from Nepal are aged 18–34 years. The age-specific mortality rate in Nepal for age groups of 15–19 years, 20–24 years, 25–29 years and 30–34 years in FY 2014–15 was 1.02, 1.46, 1.60 and 1.77, respectively.
- The national age-specific mortality rate in FY 2014-15 for the age groups of 15–19 years, 20–24 years, 25–29 years and 30–34 years by sex show a pattern of mortality variation. For men, it was 1.11, 1.90, 2.20 and 2.51, respectively, while for women it was 0.94, 1.11, 1.12 and 1.18, respectively. The national estimates reflect that mortality rates for males are higher than corresponding figures for females in all age groups. This is further reflected in the difference of death rates among male and female migrant workers.
- Although the death rates among the migrant workers in comparison with that of the Nepali population for the same age is more or less similar and consequently does not call for special attention, it should be highlighted that all migrant workers need to undergo a medical test before their employment permits are approved. An indication of receiving a labour permit is that migrant workers are of good medical health and physically fit for the work they are going to undertake. Given that, migrant workers should generally be healthier and fitter than the average population.
- As per the FEPB classification, cardiac arrest, at 21.8 per cent, was the major cause of death among migrant workers in destination countries in the past seven years (2008–15), followed by natural cause (at 19.6 per cent), then other or unidentified causes (18.4 per cent), traffic accidents (13.2 per cent), suicide (10.4 per cent) workplace accidents (8.6 per cent), heart attack (6.9 per cent) and murder (1.1 per cent).
- The majority of known deaths, at 97 per cent, occurred in a GCC country or Malaysia, which is not surprising, given that 98 per cent of all migrants work in these countries. A proportionate comparison of data among these countries revealed higher death rates (as a proportion of the number of migrants going to that particular country) in Bahrain, Lebanon and Oman than in Malaysia and Saudi Arabia, where the most number of deaths actually occurred. The largest proportion of female migrant deaths occurred in Kuwait, at 28.2 per cent of all deaths in seven years.
- The death rate for female labour migrants is lower than for the male counterparts. But while the yearly death rates for men, both in terms of the actual number of deaths and the annual death rate as a percentage of migrant population, show a steady increase, there is much fluctuation in the death rates for women. A speculation at this point can be made that many deaths of female migrant workers are not reported in the government system but no definite conclusions can be reached on the matter with the available data, however.
- The data revealed that causes of death are particularly linked with some countries. For instance, the most deaths by cardiac arrest, other or unidentified cause and traffic accident were specific to Malaysia, Qatar and Saudi Arabia.

- The number of deaths by suicide is worrisome among both male and female migrant workers. While Malaysia accounts for most suicides among male migrants from Nepal (44.1 per cent of the total cases among men), the problem appeared more in Kuwait and Lebanon for female migrant workers. A total of 62 per cent of all deaths among women in Kuwait and Lebanon were by suicide. There was no reliable information on why suicide occurs in these countries more than in others.

## Recommendations

The analysis points towards the following course of action for further understanding and addressing the emerging public health problem of migrant worker deaths while working abroad.

- A robust database system must be developed that links various sources so that missing data can be found and the magnitude of the problem can be determined. Particularly, MOFA records and information must be reflected in the FEPB database.
- The FEPB database should be upgraded, in consultation with public health experts who can provide better classification and interpretation of data, particularly on the causes of death. Demographic information on migrant workers must be reflected in the database.
- The findings associated with the deaths of migrant workers must be included in pre-departure orientation classes so that migrant workers can anticipate the kinds of problems that they may encounter in destination countries and take caution for better adaptation.
- An in-depth field-based study should be conducted to obtain contextual information on the events of death among migrant workers in destination countries. This includes understanding the living and working conditions in destination countries, behavioural features of migrant workers and access to health facilities and protection mechanisms.
- All Nepali embassies must be urged to institutionalize the process of a death audit so that there is no discrepancy in compensation to be received by family members of a deceased migrant worker.

# Annex I. Compensation request form

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 प्रबर्द्धन बोर्ड,  
बानेश्वर, काठमाण्डौ ।

मेरो.....श्री.....वैदेशिक रोजगारको लागि इजाजतपत्रवालाश्री .....  
.....माफत.....(मुलुक) गएकोमा मिति..... का दिन सोहि मुलुकको .....  
भन्ने स्थानमा मृत्यु 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 अत्रोद्य गर्दछु ।

१) मृतकको :

- (क) नाम र थर .....  
(ख) राहदानीको नं..... (प्रतिलिपि छ / छैन) :  
(ग) नागरिकता नं..... (प्रतिलिपि छ / छैन) :

हकवालाहरुले आर्थिक सहायताको लागि निवेदन दिदा पेश गर्नुपर्ने कागजातहरु र विवरण ।	
श्रम स्वीकृतिको पत्र र मिति श्रमले टाँसेको स्टम्प करार सम्झौता पत्र :	
मृत्यु दर्ता गा.वि.स./नं.पा.:	
मृत्युको प्रमाण कम्पनी वा बुलावास/अन्य र भन्सारको पत्र :	
कामदारको नागरिता, राहदानी :	
हकवालको नागरिता र नाता प्रमाणित र अविवाहित भए गा.वि.सं.बाट अविवाहितको सिफारिस मृत्युको कारण :	
पठाउने मेनपावरको नाम :	

२) बाबुको नाम : .....

३) नजीकको हकवालाको नाम : .....

४) पति / पत्निको नाम : .....

५) मृतकसँग निवेदकको नाता : .....

६) काम गर्न गएको मिति : .....

७) श्रम स्वीकृतिको पत्र र मिति : .....

८) करारपत्र र करार अवधि : .....

(करार पत्र छ / छैन) :

९) मृत्युको प्रमाणपत्र (कम्पनी दुतावास) :- छ / छैन :

१०) मृत्यु दर्ताको प्रमाणपत्र (नगरपालीका / गा. वि. स.) : छ / छैन :

११) गा. वि. स. / नगरपालिकाबाट गरीदिएको नाता प्रमाणपत्र : छ / छैन :

१२) निवेदकको नागरिकता नं ..... मिति .....

**निम्नानुसार हेरी रूजू गरियो ।**

कामदारको नाम :-

राहदानी नं.

दस्तखत :-

मिति :-

सहिल्लप

दायाँ	बायाँ
-------	-------

निवेदक :

हस्ताक्षर :

नाम थर :

सम्पर्क नं. :

मिति : २०७२.....। .. L.....


..... जिल्ला ..... गा. वि. स./ नगरपालीका वार्ड नं .....





## Annex II. Sample of embassy document

### LEGITIMATE DUES TO BE PAID TO THE NEXT OF KIN OR LEGAL HEIRS OF THE DECEASED (EMBASSY OF NEPAL, RIYADH, 9 February 2015)

S.N.	File no.	Name of Deceased	Address	Passport No.	Date of Death	Amount (Saudi Riyal)	Cause of Death
1	3959				12.07.2014	760.00	Traffic Accident
2	4033				04.12.2014	10,393.00	Traffic Accident
3	3918				30.06.2014	7,900.00	Traffic Accident
4	3960				18.08.2014	1,780.00	Natural
5	3992				18.10.2014	10,187.00	Natural
6	4006				29.10.2014	1,700.00	Natural
7	3984				01.10.2014	3,094.00	Natural
8	3971				12.4.2014	5,421.49	suicide
9	4003				29.07.2014	13,750.00	suicide
10	3749				12.11.2013	4,055.00	Severe Failure of Blood Circulation
11	4001				04.09.2014	1,926.00	Natural
12	3036				02.09.2014	2,385.00	Murder
13	3999				26.10.2014	10,000.00	Natural
14	4010				19.03.2014	827.00	suicide
15	3968				08.09.2014	3,541.00	Natural
16	4044				12.11.2015	2,921.00	Traffic Accident
17	4045				12.11.2015	5,321.00	Traffic Accident
18	4022				04.11.2015	14,356.00	Natural
19	3916				08.05.2014	8,494.00	Natural
20	4016				20.11.2014	3,000.00	Traffic Accident
21	3990				15.10.2014	9,481.00	Natural
22	3982				23.09.2014	2,724.00	Natural
23	3868				25.04.2014	4,298.00	Natural
24	3856				18.03.2014	2,112.00	Work Accident
25	3861				29.03.2014	4,151.00	Natural
26	3973				13.08.2014	3,324.00	Natural
27	Jeddah					15,174.59	
28	Jeddah					1,338.00	
29	Jeddah					4,198.00	
30	Jeddah					6,000.00	
					Total	164,612.08	

Prepared by:   
Name : Surya Prasad Aryal  
Post : Third Secretary  
Date : 09.02.2015

Submitted By:   
Name Harischandra Ghimire  
Post : Deputy Chief of Mission  
Date : 09.02.2015

Approved By:   
Name : Udaya Raj Pandey  
Post : Ambassador  
Date : 09.02.2015

<sup>१</sup> प्राकृतिक मृत्यू (Natural Death) भएकाहरूको हकमा कुनै पनि किसिमको कामजातहरू मृतकका कानूनी हकदारहरूले राजदूतावासमा नपठाउनु हुन अनुरोध छ ।

<sup>२</sup> काममा दुर्घटना (work Accident) र सबक दुर्घटना (Traffic Accident) मा मृत्यू भएकाहरूको हकमा मृतकको अन्तिम संस्कार सम्पन्न भैसकेपछि आवश्यक कानूनी कामजातहरू (नाता प्रमाणपत्रको अंग्रेजी अनुवाद एवं नेपाली राजदूतावासलाई अधिकार प्रत्यायोजन गरेको पत्र (Power of Attorney as designed and Attested by Ministry of Foreign Affairs of Nepal) अविलम्ब यस राजदूतावासमा मृतकका कानूनी हकदारले पठाई दिनुन अनुरोध छ ।

## Annex III. Data sets

### A1. Migrant worker deaths abroad, by year, sex and visa type

Year	Sex		Total	Visa type	
	Male	Female		Individual	Recruiting agencies
FY 2008–09	87	3	90	13	77
FY 2009–10	399	19	418	69	349
FY 2010–11	541	8	549	106	443
FY 2011–12	632	14	646	179	467
FY 2012–13	716	11	727	230	497
FY 2013–14	864	24	888	274	614
FY 2014–15	996	6	1 002 (+2 sex unknown)	300	704
<b>Total</b>	<b>4 235</b>	<b>87</b>	<b>4 322</b>	<b>1 171</b>	<b>3 151</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.

### A2. Migrant worker deaths abroad, by destination country, FY 2008–9 to FY 2014–15

Country	FY 2008–09	FY 2009–10	FY 2010–11	FY 2011–12	FY 2012–13	FY 2013–14	FY 2014–15	Total
Malaysia	15	105	219	237	253	306	427	1 562
Saudi Arabia	27	124	133	179	206	220	273	1 162
Qatar	26	114	125	130	151	208	178	932
United Arab Emirates	13	53	37	50	47	69	57	326
Kuwait		3	10	22	22	39	33	129
Bahrain	2	5	12	8	14	8	12	61
Rep. of Korea	1	1	6	6	14	15	12	55
Oman	4	4	1	6	7	14	3	39
Lebanon	2	6	4	3	3	2		20
Israel		1		3	3			7
Japan				2	2	2	1	7
Afghanistan			2		1	1	3	7
Russia					2		1	3
Sri Lanka		1			1			2
Germany						1		1
Maldives						1		1
Papua New Guinea						1		1
USA						1		1
Libya		1						1
Italy					1			1
Canada							1	1
Mauritius							1	1
Poland							1	1
Uganda							1	1
<b>Total</b>	<b>90</b>	<b>418</b>	<b>549</b>	<b>646</b>	<b>727</b>	<b>888</b>	<b>1 004</b>	<b>4 322</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.

### A3. Migrant worker deaths abroad, by other or unidentified causes, FY 2008–9 to FY 2014–15

Country	Other or unidentified causes														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Malaysia	7		18		51		124	1	174	2	124	1	44		546
Qatar	4		22		1		20		40		45		8		140
Saudi Arabia	1		3		3		3		14		7		3		34
UAE	1		3		2		8		12		2		1		29
Kuwait							3	2	6	1	1	3			16
Rep. of Korea					1		2		6		5				14
Oman									1		5		1		7
Afghanistan					2				1				1		4
Bahrain			1						1				1		3
Lebanon		1													1
Russia									1						1
Israel															0
Japan															0
Papua New Guinea															0
<b>Total</b>	<b>13</b>	<b>1</b>	<b>47</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>160</b>	<b>3</b>	<b>256</b>	<b>3</b>	<b>189</b>	<b>4</b>	<b>59</b>	<b>0</b>	<b>795</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.

### A4. Migrant worker deaths abroad, by natural cause, FY 2008–9 to FY 2014–15

Country	Natural cause														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Saudi Arabia	16		51	1	58		75		80		93		111		485
Malaysia	1		31	3	26	2	10		4		7		82		166
Qatar			4	1	9		2				18		31		65
UAE	3		14		10		5		7		11		12		62
Bahrain	1		5		8		5		7		3		3		32
Oman	3		1		1		1		4		2				12
Kuwait			1		2		1				2		1		7
Lebanon				3		2				1					6
Rep. of Korea			1				1		1				1		4
Israel			1				1		1						3
Libya			1												1
Sri Lanka			1												1
Japan							1								1
Italy									1						1
Germany											1				1
USA											1				1
Mauritius													1		1
<b>Total</b>	<b>24</b>	<b>0</b>	<b>110</b>	<b>8</b>	<b>114</b>	<b>4</b>	<b>102</b>	<b>0</b>	<b>105</b>	<b>1</b>	<b>137</b>	<b>1</b>	<b>242</b>	<b>0</b>	<b>849</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.

**A5. Migrant worker deaths abroad, by workplace accident, FY 2008–9 to FY 2014–15**

Country	Workplace accident														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Malaysia	2		11		37	1	9		2		24		50		136
Saudi Arabia	3		14		14		21		17				28		118
Qatar			12	1	2		3		4		29		30		81
UAE	1		3	1	3		2		2		1	1	4		18
Bahrain					2				2		1		1		6
Lebanon				1		1		1							3
Oman			1				1				1				3
Kuwait					1		1								2
Japan							1								2
Rep. of Korea											1				1
Israel							1	1							1
<b>Total</b>	<b>6</b>	<b>0</b>	<b>41</b>	<b>3</b>	<b>59</b>	<b>2</b>	<b>39</b>	<b>2</b>	<b>27</b>	<b>0</b>	<b>78</b>	<b>1</b>	<b>113</b>	<b>0</b>	<b>371</b>

Source: FEPA database, FY 2008–09 to FY 2014–15.

**A6. Migrant worker deaths abroad, by cardiac arrest, FY 2008–9 to FY 2014–15**

Country	Cardiac arrest														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15* (1 sex unknown)		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Qatar	18	1	57	1	69		83		81		84		68		462
Malaysia	3		22		14		31		14		63		144		291
UAE	2		18	1	9		16		12	1	25		14		98
Saudi Arabia	2		7		7		4		4		9		28		61
Kuwait					1						3		2		6
Bahrain											1		4		5
Rep. of Korea									2		1		2		5
Oman											2		2		4
Lebanon									1		1				2
Sri Lanka									1						2
Poland													1		1
Afghanistan													2		1
Japan													1		1
Maldives											1				1
Canada													1		1
<b>Total</b>	<b>25</b>	<b>1</b>	<b>104</b>	<b>2</b>	<b>100</b>	<b>0</b>	<b>134</b>	<b>0</b>	<b>115</b>	<b>1</b>	<b>190</b>	<b>0</b>	<b>269</b>	<b>0</b>	<b>941</b>

Source: FEPA database, FY 2008–09 to FY 2014–15.

### A7. Migrant worker deaths abroad, by heart attack, FY 2008–9 to FY 2014–15

Country	Heart attack														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Malaysia			2		30		20		12		29				132
Qatar	1		3		9		1		4		12		15		45
Kuwait					1		9		6	1			9		43
UAE			3		4		5		4		10		9		35
Saudi Arabia			1		3		2		3		6		13		28
Rep. of Korea	1				1				1		1		1		5
Oman			1								1				2
Japan											2				2
Afghanistan											1				1
Bahrain													1		1
Israel									1						1
Russia													1		1
Uganda													1		1
<b>Total</b>	<b>2</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>48</b>	<b>0</b>	<b>37</b>	<b>0</b>	<b>31</b>	<b>1</b>	<b>73</b>	<b>6</b>	<b>87</b>	<b>2</b>	<b>297</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.

### A8. Migrant worker deaths abroad, by murder, FY 2008–9 to FY 2014–15

Country	Murder														Total
	FY 2008–09		FY 2009–10		FY 2010–11		FY 2011–12		FY 2012–13		FY 2013–14		FY 2014–15		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Qatar					18		1		2		1				22
Malaysia					19										19
UAE	1				2										3
Kuwait			1		1										2
Saudi Arabia							1								1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>40</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>47</b>

Source: FEPB database, FY 2008–09 to FY 2014–15.





## **When the safety of Nepali migrant workers fails: A review of data on the numbers and causes of the death of Nepali migrant workers**

While labour migration generates substantial benefits for Nepal in terms of jobs and remittances and human resources for countries of destination, challenges such as abuses during recruitment and employment are quite common and have been well documented. The high incidence of reported deaths among Nepali citizens during their employment abroad is a serious concern to all those involved in any way for the safety and well-being of migrant workers. This report presents a comprehensive and detailed analysis of the available data linked to the number of migrant workers who die during employment abroad while proposing recommendations on how those processes could be improved so that a more comprehensive and accurate picture can be presented.



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