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### Response to Issue-Based Social Movements in Nepal: Analyzing Dr. Govinda KC's Satyagrah

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#### Abstract

Issue-based movements can generate strong responses in the social and political domain. Such movements, provided with an acknowledgement of impact and integrity, draw enough response from the civil society and the people in power. The main object of this paper is to know the social reality behind the issue based social movement of Dr. Govinda KC in Nepal. This is to answer a question why such reality exists and how the movement was addressed by the stakeholders. This qualitative analysis based on literature search, media monitoring and key informant interviews, finds that Dr. KC's satyagraha had a larger public response and was taken as a commitment to the truth and social-justice issue in Nepal. However the government response, at some points, was seen from only one side of the power struggle. The government response to the peaceful demands that was highly supported by civil society was with unwanted delay, attempt of diffusion, and even with efforts for branding the civil society campaigners with political tools and using that attack as a way to detract from the popular demands challenging government's democratic accountability.

*Keywords:* Democratic governance, civil society, social justice

#### Introduction

Social movements are non-institutionalized entities through networks (Saunders, 2007) and are collective actions by significant numbers of individuals for social change (Yadav, 2015). In social movements, as informal networks of interaction with shared beliefs, people are mobilized on the basis of communication around continuous themes through frequent use of various protests (Porta & Mattoni, 2016). Social movements work with reference to groups and organizations outside the mainstream

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political system (Yadav, 2015). Such non-political groupings, loosely understood as civil society expected not to shoulder the responsibilities of political class but with the role to make demands, provide inputs for policy making in the form of information and recommendations, and to protest when required, so that the state is structured and enabled to function according to the mandate given to it by its people (Panday, 2006). Such an environment is expected within a democratic governance and rule of law.

In democratic societies, issue-driven social movements create wider curiosity. They start at a certain point but turn into nationwide phenomena once supported by individuals or group(s) with shared ideas, rather to say, communicated ideas. In a social context, when such movements lack any single formal organization, distinct leadership and any known source of support to provide the movement with any resources, they interestingly achieve the attention and response of a larger audience. Samaratunge et al. (2008) when examined different factors' influence on public management and the state of public accountability in selected East Asian and South Asian countries, argued that the state of civil society was one of the most significant contextual factor besides the political history, the pattern of economic development, the nature of political leadership, the capability of the administrative system, the capacity of the existing institutions to influence the accountability practices in those countries. Similarly, in a case study of Morocco on the constraints of strengthening public sector accountability through civil society, Bergh (2009) conceptually presented, three common elements of accountability i) answerability as the obligation of public officials to inform and explain what they were doing, ii) enforcement which was the capacity of the accounting agencies to impose sanctions on the power holders who violated their public duties, and iii) receptiveness as the capacity of the government officials to take into account the knowledge and opinion of the citizens.

Efficiency and popularity of modern democratic governance depends on its transparency and accountability in public service delivery. Accountability of the public officials ensures good governance (World Bank, 2004). Transparency and accountability involves the government's relationship with society and need for a greater participation of citizens (Lyrio et al., 2018). Transparency is the unfettered access to timely and reliable information on decisions and performance, and accountability is the mechanism to report on the usage of public resources and the consequences for failing to meet the stated performance objectives. This makes transparency and accountability two interrelated and mutually reinforced concepts that are the prerequisites to effective, efficient and equitable management in public institutions (UN 2014). Transparency is often explained as a watchword and agenda of professed relationship between institutional openness and public trust of the twenty first century liberal democracy, that helps respond better to citizens' distinctive needs (Moore, 2017). Transparency

and accountability have emerged as key ways to address both developmental failure and democratic deficit (Gaventa & McGee, 2013). These authors further argued that after the wave for democratization in the twentieth century, the contemporary time is to 'deliver the goods' in terms of material outcomes. Such movements or initiatives demanding larger accountability and transparency can be variously termed as social accountability, citizens-led accountability or demand side accountability designed for the improvement of transparency and access to information with other ways of holding to account, the state and its agents or any service provider, including those in the private sector (Gaventa & McGee, 2013).

Dahal (2004) argued that a major achievement of Nepal's democracy is the growth of critical mass in every social group, and new social movements; as the beacons of post-modern and post-industrial or post-capitalist society, have produced a critical mass of conscious people, inspired by the non-hierarchical, participatory form of democracy, human rights, social justice, environmental preservation and peace, outside the hegemonic class representing the state and the political parties in the country. This critical mass can also be termed as civil society. Upadhyay (2015) argued that public opinion, civic society, ideologies and social tendencies outside the formal institutions of political power remain decisive in post republican state structuring in Nepal.

Nepal has experienced several issue based movements. Panta and Baral (2019) observed that only in the year 2019, Nepal witnessed several social movements, with people taking to the street and on social media to make their voices heard including the Guthi Movement or the protest against the Guthi Bill, the movement of Freedom of Expression, the Pride Parade, movement for Occupy Tundikhel, movement for Medical Education and the Kalapani Discord and so on. But quite differently, with his primary demands for reforms in Nepal's health and education sectors, starting with his first satyagrah on 5 July 2012, Dr. Govinda KC had twenty sit-ins and hunger strikes in the last ten years. Govinda KC's movement was based on democratic accountability and governance transparency. Maskarinec et al. (2020) studied the non-violent social movement in Nepal initiated by the senior physician in the country, which turned into a nationwide movement with support of people of different age groups where the civil society members and youths voiced against the government to reform, systemize and improve medical education in the country. This group of authors argued if the nation's trend towards for-profit medical education was compatible with rule of law in the country or there was a risk for Nepal being a failure in addressing the nation's health needs. The right to quality health service and basic health service is a fundamental right constitutionally and full respect of these rights was the demand of the movement under the poster of Govinda KC nationwide. However, as Santillan (2020) observed,

public health care of ‘developing countries’ is inferior in quality and services, and Nepal is not an exception.

KC’s issue-driven social movement primarily focused on the government’s dealings with the medical education and delivery of public health service in Nepal. KC, an orthopedic surgeon in Nepal government owned teaching hospital for 26 years until he took his retirement due to age restriction in 2019, with the demand for ensuring ‘free medical education and health care for all’, in his Gandhi-style satyagraha (Yadav, 2023) started in 2012 continued as a social reform movement and earned millions of sympathizers by September 2020 when he sat for his twentieth hunger strike.

In the above context, the present paper with a focus on KC’s protest in 2012-22, examines how the governments, during that period responded, to the movement and whether and how those responses reflected accountability. This paper primarily focuses on two critical questions related to accountability and transparency in democratic governance systems i) what is the importance of accountability and transparency as key elements of democratic governance and ii) how was the issue based movement of KC addressed by the government. This paper explores the extent of transparency maintained by the government in addressing the larger voice of the people on the selected issue based social movements in the country. This is further to look into the gap between the demand and service delivery by the government in health education and health service nationwide under the poster of KC’s initiation. Thus, the main object of this paper is to know the social reality behind the selected issue based social movements in Nepal. This is to answer a question why such reality exists and how they are addressed by the stakeholders.

### **Methods and Procedures**

This paper followed a research design with qualitative description, analysis and interpretation based on both primary and secondary sources of information. Using mainly a desk study and archival study method at the national level, the secondary sources of data such as media monitoring including the social media and the news media; electronic, print and online, were widely used. The relevant policy reports, information disseminated on the internet in formats other than in academic publications were equally used for picking up the necessary information. Thus the author determined the research methodology including its direction and methods, and the research tools after reviewing the matrix of selected articles which were of identical nature to the present study. Further, the research objectives and research questions helped the author to develop the research method specially to determine the research tools and the interview questions and checklist. The primary information was collected from respondents selected using a snowball sampling method and through KII (Key

Informant Interview) with the lead campaigners of Dr. Govinda KC's movement in Kathmandu and in Biratnagar. Similarly, KC's associates, including the coordinator of 'Solidarity with Dr. KC', who were representing him during the series of dialogues with the government, were interviewed using open ended questions, checklists and interview schedules. Besides, some of the civil society members, in Kathmandu and Biratnagar, who were among the organizers of the campaign "I am with Dr. KC / Solidarity with Dr. KC" and demanded the government to listen to them while they supported Dr. Govinda KC. Selected independent respondents from the medical fraternity were also interviewed for their responses on Nepal government's accountability towards any agreement made to address and reform the sensitive issues like health and medical education. This was to understand the larger perspective on the issue based movement of Dr. Govinda KC and the government's address to the movement with reference to the agreements signed with him and implemented by different governments since 2012. The narratives of the discerned respondents and critics, who were aware about the movement, were also collected for a critical review. The narratives of the respondents were also collected through e-contacts and with due ethical considerations.

## **Results and Discussion**

As stated earlier, this qualitative research uses the lenses of democratic governance, transparency and accountability. In global and regional perspectives, accountability and transparency are understood with different perceptions, and are determined through different indicators. Civil society movements and volunteer contribution to such movements also urge for good governance, and democratic transparency and accountability. Volunteerism is a marker of any 'free society' and the very foundation of citizenship (Aditya, 2011, p.6). Dr. Govinda KC, as a responsible Nepali citizen, besides being a senior orthopedic surgeon in the country, voluntarily turned into a medical reform campaigner in 2012 in Nepal. South Asia Check, an organization that claims to prompt accuracy and accountability in public debate, published a story on KC's campaign and with his agenda on 10 August 2020, that by the time Dr. KC declared his 19th hunger strike, who demanded a larger reform in public healthcare and medical education in his country, was also calling for a free and impartial probe into the major corruption allegation against the existing government. However, the indifference of the government promoted public solidarity for Dr. KC alliance where a loose grouping of activists with medical students and public took to the street (Ghimire, 2020a). Neupane (2020) argued that the 'modest demands' which Dr. KC set forward throughout his 19 times of hunger strikes; 10 times to the government led by the communist party(s) and 7 times to Nepali congress government and 2 times to the government under Khilaraj Regmi, of more than 227 days in 8 year's time from 2012 to 2020, and with six different governments ruling the country had

either ignored, were reluctant or were slow at their best to implement those demands which most of these governments agreed to execute by signing different agreements with Dr. KC in their efforts every time to end his hunger strikes.

KC's peaceful movement could draw the attention and engagement of a large community irrespective of their social affiliations in the country. Number of the young social activists in Kathmandu, most of whom were the attaché of Dr. KC, replied to this author next to the research interview questions that the government's response and accountability towards most of the agreements made, regarding health and education was pathetic. Series of protests and campaigns were launched to get the government to fulfill the bare minimum and even after reaching an agreement, the consistency slowly vanished. Citing KC's movement as an instance to represent issue-driven movements in the country, the interviewees argued that agreements were made and signed by the government but Dr. KC had to come to the road time and again because they were barely met. The government(s) did not show accountability and the sensitive issues got marginalized. The governments in the eight years' time were often criticized for their insensitivity as they risked the life of the agitating doctor. Ghimire (2020) observed that the administration had adopted a "nonchalant attitude" towards Dr. KC's demands and was disdained from him till 21 days of the 19th hunger strike of the 63 years old medical doctor.

Transparency International, on 4 August 2017, had a press release with a call to the government of Nepal to approve education reforms and to bring into an end of the integrity award winner's hunger strikes as that the goal of Dr. KC to ensure that medical education in Nepal was free from nepotism and cronyism, and to assure that medical professionals achieved the highest standards in a context when some institutions were accepting fee and payments to circumvent sub-standards student marks. On the other hand, such indifference of the government towards the demands of the 'social crusader', promoted the *Solidarity for Dr KC Alliance* formed impulsively as a loose grouping of activists including medical students and the general public that took into the street and dozens of people gathered in support of the at the places of his hunger strike (Ghimire, 2020a). Civil society institutions promote the value of transparency and accountability in a democratic state and support development (Panday, 2020). Panday further explained that at a 'macro level' civil society institutions are often focused on their advocacy and watchdog roles to improve the performance of the state institution and the market (pp. 120-21).

The key respondents interviewed for this research were found lively while explaining the importance of accountability and transparency as key elements of democratic governance in any part of the world. They argued that accountability and transparency should be at the heart of democratic governance. For the respondents, the whole democratic setup with checks and balances was meant to ensure governance

transparency and accountability. A young medical doctor was of the opinion, “worldwide, there is a direct correlation between these two attributes of accountability and transparency and the vibrancy of democracy as a system. In the same vein, countries like Nepal with poor accountability and very limited transparency are beset by a political system that tends to limit the democratic system to periodic elections”. The grievances expressed by the respondents were, “as patronage, nepotism and favoritism thrive, people start questioning the very democratic system for the failure of actors within it”. This category of respondents believed that the government bodes ill for the societal as well as economic wellbeing when sectors like education and health are also mired in “unaccountable and opaque governance”; the futures of entire generations of people are ruined.

Nepali (2020) observed that in the 19th indefinite hunger strike Dr. KC put such demands which no one could declare ill-intentional, irrational and impossible to implement and those included de-mafia-ise and democratization of medical education for at least middle class people, the commencement of academic sessions at Geta Medical College, Kailali, Dhangadi, and at Rapti Academy of Health Sciences, Dang, initiate the establishment of government medical college and hospitals at Doti, Dadeldhura, Udaypur, Illam and Panchathar district. Nepali further mentioned that Dr. KC’s asked for the amendment of the existing Medical Education Act as per his previous agreement with the government and to make appointments at Tribhuvan University Teaching Hospital on seniority basis. However, a considerable number of the key respondents from the medical fraternity were found keeping critical perspectives while rationalizing Dr. KC’s eight years long movement from 2012-2020. The respondents highlighted Dr. KC’s demands in three categories namely - the rightful demands, the demands needing experts’ opinion or adequate homework to be agreed, and the implemented, and impractical demands.

Following the researcher’s question on how the issue based movement of KC was addressed by the government, the primary respondents including an aide of the agitating doctor, replied, more or less in the same tune, that the perennial attitude of various governments in Nepal to Dr KC’s movement had been to avoid doing anything until the public pressure was unbearable. Once the latter happened, they signed a document and then avoided implementing them as much as possible. That was because implementing those agreements would hurt the cronies of politicians in some way or the other; sometimes massively so with income of some medical colleges nearly halving after implementation of the Mathema report that brought down the education fees and fixed number of seats for MBBS studies.

Adding to what agreement was made and how the government showed its accountability in their implementation, though it was relatively a vague subject, the

respondents realized that some other agreements had also been implemented. In a telephone interview with this author in Jan 2020, a medical doctor working in the private sector in Kathmandu realized that the responses from the different governments were not sincere. They were rather forced due to the circumstances, and they mostly, directly or indirectly, worked to make the agreements signed with Dr KC null or ineffective.

The arguments of the respondents that explained about partial responses on the government side to KC's demands also included that, without any doubt, merit-based admission had become norms even for the private colleges. The easy mushrooming of medical colleges had gone to a halt. The powerful people like the former CIAA (Commission for Investigation of Abuse of Authority) chief and former Chief Justice had been held accountable, nevertheless much of the institutional reforms like ending political interference in public bodies were to be made till date. Majority of the respondents among KC's associates argued that the major agreements related to the medical field made by the government with Dr. KC included establishing one medical college in each province and providing no more affiliation to new medical colleges for at least ten years in Kathmandu valley to guarantee quality in medical education. Extension of medical education and hospital services in remote areas and the formation of Medical Education Commission (*Nep.Chikitsa ShikshaAayog*) to control the seat limits, affiliation and all the processes in the existing medical colleges in the country. One university was meant to provide affiliation to no more than only five medical colleges. Increase in the number of government medical colleges and hospitals and the number of seats with determination of fee for medical education. No extra charges for medical education were to be claimed. No political appointment in the universities, health institute and medical offices. Seniority and working capacity were to be given priority until and unless the effective law was made to control these posts.

The respondents argued that even after having an agreement, the government didn't show any positive way in implementing the agreement due to which Dr. KC had to be on hunger strike from time to time. Dr. KC had forwarded demands and started a hunger strike in 2012. He had almost placed the demands to all the government after that till 2019. This category of research respondents further stressed that the trend of the governments was that they just agreed to fulfill the demand when KC's hunger strikes were marked for more than 20 days. Still they used to make bargaining demands during the time of negotiation. Due to KC's protests and campaigns from time to time, the government becomes bound to fulfill the demand. The main achievement from the hunger strike was the formation of the Medical Education Commission as per the provision of National Medical Education Act 2019. This medical education bill had not become a priority to any government. But with the continuous pressure of Dr. KC's



hunger strike, the government passes it from the parliament. This law had been first released as an ordinance. The successive government played a negative role and even removed several points from the Act. However, due to KC's next hunger strike, the then government agreed to pass the bill as provisioned in the ordinance issues earlier. This was not expected by Dr. KC that even after having an agreement, some of the points would be changed.

The key respondents from the medical fraternity who preferred to introduce themselves as '*independent reviewers on Dr. KC's movement*' were of the opinion that initially KC's series of satyagrah could draw the attention of the public and the government in the country. Dr. KC had wider integrity supporters in the country and abroad as well. This was possible because he was selfless to start the movement with a prediction of larger social impact. The specific issues like determination of medical education fee, opening of medical colleges beyond the set standards, provision for a centralized entrance system for selection of medical students in the country were significant for the health sector reform in the country. To quote Subedi (2020:110), there came some '*silver lines in the dark clouds*' due to Dr. Govinda KC's repeated satyagrah, peaceful pressure from the civil society, and with the support of the media. Some important milestone achievements after KC's satyagrah were the Rashtriya Chikishya Ain (National Health Act) 2019, establishment of Medical Education Council, provision of government scholarship up to 75% in public medical education and so on (Subedi, 2020).

However, some sort of 'agenda deviation' was noticed in the long struggle to create democratic pressure on the existing governments. Irrespective of his ideological faith, the demands to pull back the CIAA chief, the then chief justice and so on were viewed as political agenda and were against the establishment. The demand of impeachment against the then chief of CIAA, the issue of transitional justice, resignation of the then chief justice of the Supreme Court, demand for probing corruption cases against incumbent and former commissioners of CIAA into their properties were of political nature (Ghimire, 2020). The larger public opinion was divided on the ground that KC's agenda got '*political colour*'. At some points, the decent campaigner expressed his anxiety through his words and actions, and he was observed as being in a hurry. In practice, issues needed a considerable time frame to change with due process.

The independent observers of the movement further commented that *Dr. KC* might have developed the psychology that any issue raised by him could draw larger attention and would be addressed by the state apparatus. Nevertheless, irrespective of one's individual ideology, every national citizen keeps the rights in questioning governance accountability and can appeal to public sentiments to gain support for any peaceful movement and campaign.

As Lyrio et al. (2018) argued there is a need for greater participation of citizens in controlling the public actors' action that helps to strengthen public sector governance. Despite being medical personnel, Dr. KC was a privileged citizen to question any government decision that had or could limit public interest or go against the welfare of the common people. But the social issues sometimes overlapped with the political and legal issues and the governments' response to the latter category created further complexities. The legal and political issues often needed different advocacy in a greater forum and even demanded legal amendments or formation of new laws. A respondent even provided a blunt calculation that around twenty-five percent of Dr. KC's demands were political in nature.

Critically reviewing Dr. KC's movement and government's response to the movement in terms democratic accountability and transparency, the respondents from the medical fraternity, every movement shall have its scope and limitations which was not realised at some points when Dr. KC decided to continue his satyagrah with additional demands in a series. No doubt, any social movement creates public awareness on specific issue(s) and KC was successful in generating public opinion and creating mass awareness on the several aspects of medical education in the country. People realised that there were mal-practices in medical education in Nepal and many suffered from such irregularities. Medical education was ultra-commercialized (Nepali, 2020) in *constitutionally socialism oriented* and *politically socialism propagated* in Nepal.

The term 'medical mafia'-a term used by Dr. KC (Gautam 2016) and popularized through his movement, came to the forefront of public discourse in the country. Similarly, the movement succeeded in sacking a few individuals from their positions. However, the need was to establish a reformed system in the specific area in question. For instance, the Mathema Commission was formed and a report came. Nevertheless, there were efforts to derail the commission's recommendations.

A Higher Education Commission (HEC) was formed as per the Mathema Commission Report but some individuals recruited for the HEC had not been above criticism. 'It was to welcome that the fee for medical education had been determined but there in spite of irregularities and favouritism in the selection process and this will ultimately discourage the meritorious and bright students who will ultimately fly abroad for higher education and spend a lot' the respondent pointed out. There was an appeal from the respondents that the country realizes the change but revolution for each and every change could never be expected. "Change shall come through evolution for its sustainability" the respondent commented.

One important ground on which Dr. KC's social movement received criticism as his emphasis demanded that all his proposals should be addressed in the same

form as he put the demands. For instance, his agenda of recruitment of the medical Deans on the basis of seniority occupied much space of the movement. However those so called seniors could not exhibit any remarkable change as expected. Seniority does not necessarily mean leadership quality and administrative skills. 'To conclude, one should be aware of the scope of every movement' my respondent suggested the limitations of social movement.

Undoubtedly, as Mathema (2007) argued, higher investment of the government in higher education promotes nation-building through increased social cohesion, democratic participation, appreciation of socio-economic diversity, and thereby increases the trust in social institutions. Even the primary respondents from the medical fraternity employed in private sector health care service also commented that Dr. KC's movement highlighted the issue of mismanagement of medical education, lost opportunities, waste of resources, extractive and unjust practices of private medical colleges regarding fees, the overall corrupt influences those practices were having in the education of some doctors and healthcare workers, and in healthcare service delivery in the country. However, often the demands were overambitious, too rigid and sometimes not the right demands to ask for, even though no one can question his integrity or intentions (KII, Jan 2021).

A respondents from a public health service even preferred to highlighted all the agendas into 3 categories as i) *Green demands*- the valid, relevant and well justified agendas, ii) *Yellow demands* – the justified but needs proper homework, decided by group of unbiased committee/members who are expert in the field and policy making, and iii) the *Red demands*- somehow irrelevant demands with a justification that those were deviated from the interest of medical field, which might be the cause decision makers distracted fulfilling even implementable demands(KII Jan 2021). This respondent meant to say that, as an independent, conscious citizen of the nation, those red marked demands were not completely invalid/could be raised but they defocused other genuine agendas. There were scores of other such agendas which needed adequate efforts from all sectors.

Respondents more or less agreed that the willpower, commitment and the foresightedness of the political leaders and the bureaucrats as well, and of the conscious /educated citizens from individual, family, community level were always important in democracy. As we all tend to talk about big issues, hypothetically but do not implement ourselves even which are possible. Such matters, culture and habits take time to change but having said that it should be initiated by someone/us all at our level. The justification that the research respondents had was during first and second satyagraha, KC's demand to sack responsible executives should have the process.

First, one should understand how they got appointed. Those who appointed them and the motive of their appointment would also be equally important and should be accountable. Regarding third the satyagraha, the demands such as for taking action to unqualified and corrupt executives appointment, straight off cancellation or sacking or taking action might sound a bit blunt. Rather an independent experts' committee could be formed based on its reliability, and as decided.

Regarding the issue of giving affiliation to other colleges, rather than canceling straight off or not giving to anyone, feasibility/requirement in terms of health services and adequacy of faculty and infrastructures etc. should be worked up. The institutes which probably had been running hospital services even before KC's first satyagraha started with permission and it was unjustified to speak against them by an individual citizen. Though, agendas in the fifth satyagraha were generic, not specific, the subsequent satyagrah agendas, though almost all his agendas were valid. However at times the timing of satyagraha looked like favoring some political parties or political influences as well. Many times his demands looked, understandably, authoritative rather than showing ways to resolve the problem or addressing his demands/agendas. Every problem, generally, has a solution but it should be done in a proper/evidence based way. Blaming someone could have been often easy.

Another point, Dr. KC was unilaterally demanding to sack some executives in the university whom he interpreted as corrupt and unqualified. Importantly, in his initial agendas, he used to demand that some qualified and seniors be appointed in executives without political influence/divisions but in later satyagrahas, he asked only to be appointed as seniority basis. Seniority basis may not always work! Seniors may not always be interested or qualified, two of my respondents from the medical fraternity replied.

Civil society, both as organized and unorganized citizens acting independently from the government, any political ideology or profit motive and also beyond any religious or professional organizations, labour unions, grassroots organizations, or NGOs, can include the participation of citizens (World Bank, 2004). A functioning civil society is considered a necessary component of liberal democracy (Panday, 2020). Civil society initiatives explained as 'new social movements' are in quite different forms and with different interests than the 'classical social class governments' that carry radical democratic aspirations (Kabiraj & Khilnani, 2001, p.2). For Panday (2020), citizens become powerful agents in their own rights and have wider influence when they learn to organise effectively, form associations, build opinions on issues to influence community groups, professions, the academia, the media and so on.

Chhetri (2017) elaborated a few instances to explain that the then CIAA's leadership stood against the principle of Rule of Law negatively influencing the medical education system in the country. Chhetri further argued that this was also against the spirit of the agreement signed by the government on 24 Jan 2014 to end KC's third satyagraha. Any bonafide citizen as a civil society member has every right to protest against government office bearers for any misconduct. However, primary respondents (KII, Jan 2021) argued that regarding taking action/asking to sack CIAA Chief, Chief Justice, Oil Corporation Chief, culprit of Nirmala Pant murder case etc. though valid, there should be some process for this. If every individual stayed fast unto death with such agendas and wanted to be authoritative and asked whatever one said should be done immediately, the democratic system might be in challenge.

The critics, during the telephone interviews, expressed that Dr. KC's demand for free education in master's programs in all private medical institutions was not applicable. In such conditions, how would the private institutions sustain? Some other reactions were that Dr. KC's agendas also included Maoist insurgency related justice issues, and employment/ education and road access issues to Darchula (many districts are in need of roads there), Baluwatar land issues, wide-body air-craft procurement scandal, security press issue, Rajya Laxmi Golcha bribery issue and immediate return of the Indian encroached territory of Nepal. There are thousands of such issues which are not going to be resolved overnight though we all wish the process would begin soon.

Dixit (2003) commented on mushrooming of medical education in post 1990 Nepal with establishment of ten medical colleges in ten years' time in the length and breadth of the country but, sadly, without any such school/college in the far west. There are twelve medical colleges from the public and private sectors in the country and some others are waiting for their operation, but the distribution of medical colleges is not balanced and lacks decentralization (Subedi, 2020). The civil society in Biratnagar was found supportive of Dr. KC's movement and voiced for social justice. A former president of a 'leading group of intellectuals' in the city that showed public integrity to KC's satyagraha expressed that decentralization in medical education, and appointment in the higher bodies of medical education and institutions should always be based on seniority and competence. 'Seniority does not necessarily mean someone with white hair', further defining the term, 'seniority', the respondent said. 'Equal access to health and education for all and freeing the health sector from the hold of the rich were the two demands of Dr. KC and he was able to advocate these issues' a supporter of the movement justified. Additional provisions for government scholarship quotas for the deserving students from the low economic status families would obviously enlarge the medical education access.

On the government's response to KC's satyagraha, these civilians were of the opinion that the then governments were compelled to meet in some agreements just to save his life and found less-accountable through their implementation and agreements are only partially implemented. A respondent from the civil society specified that merit based selection of students and centralized entrance examination for the selection is done by the National Medical Commission.

Responding to researcher's follow-up questions, the civil society members expressed consensus that KC's social movement was relevant to the extent it was associated with issues of health service and medical education, though civil society movements have limitations in the country and have been under criticism since 1990 for possessing some sort of political biases though Dr. Govind KC, as an individual, could be recognized for his non-political identity. And to this extent, his demands for administrative reforms received wider support from the civil society. One more aspect lacking in the process, as the respondents in the civil society pointed out was that there is inadequate regulation and monitoring for the assurance in imparting quality and competitive education in the country. Irregularities in medical studies are noticed to some extent and reforms are sought, although quality control is required even from the school level especially in grade twelve that supplies students for medical education. The risk will be much higher if there is lack of enough regulatory provision and monitoring from the concerned authority in public and private education in the country.

The research interviews supported that accountability and transparency shall come with the plans and visions of education with a practical assurance of their implementation. "There shall be a state projection of the state on sustainable provision of human resources. There shall be vision and action on balancing quality and quantity" a respondent suggested the state authority. As a campaigner, Dr. KC should enjoy the right to question any contemporary issue. To ask questions on governance is a basic right of any citizen. The respondent further stressed that whatever rumors came against Dr. KC were propagated by the private medical sector. Of course, there was a weakness on the government's side that even after approving the Letters of Intention (LoI), some proposed medical colleges in the private sector were not provided permission to operate. The government should have not issued the LoIs if they could not qualify. For any investment from the private sector, as per the government regulation, the aggrieved party(s) shall be compensated.

Civil society, as an important precondition with its "independent eyes" for the existence of democracy, finds the means to check on the state power and hold the state accountable (Chandhoke, 1995:108). Besides the educated elites, students, civil society, political leaders, the solidarity of the youth gave height to Dr. Govinda KC's social movement (Chhetry, 2019). The youth volunteerism and mobilization of youths in the movement were high through social media campaigns (Kafle & Karki, 2020).

This researcher studied the activities of a Civil Society Organization (CSO) of the youths working for governance accountability and transparency that supported Dr. KC's movement from Biratnagar. In an interview in Jan 2021, the leader of the CSO responded that as it is the role of the Government to be accountable towards its citizens because they are there to serve the interest of the taxpayers not only to serve their vested interest or the interest of their cronies. The respondents, more or less, believed that the private and public sectors both should have an opportunity to provide its service in health sectors. But people could see a lot of mismanagement and malpractices in both sectors. Most government health institutions were reported to lose their credibility due to the uncontrolled corruption. For the research respondents, the issue raised by Dr. KC on government accountability to the health sector was highly appreciable. Each time Dr. KC raised the issues; the government made an agreement due to public pressure, but did not take it seriously. This forced Dr. KC to go for the hunger strike several times, which showed the lack of government accountability and commitment.

### **Conclusion**

Issue-based social movements significantly draw social and political response. In fact, the question of how relevant any social movement in Nepal is and what determines the public integrity and government responses towards such movements was found important. Dr. KC had wide support from civil society. Whereas the different Governments, from 2012 to 2022, neither wanted to accept KC's satyagraha in time nor could they deny his demands. The data analysis showed that, at times, there were political attempts to detract Dr. KC's satyagrah and undermine the social justice cause. The social activists, interviewed for this research, unanimously appraised that the government's response to KC's movement was insufficient. They said that they were disheartened by the fact that Dr. Govinda KC had to protest repeatedly despite being clear regarding his stances. The violation of state policy by the state itself, having minimal to zero concern for its citizens, the existing wide medical scam, and the government's blind eye turns to those issues, showed that either the state did not feel obligated to have concerns about the issues raised. Nepali (2020) argued that a person like Dr. Govinda KC who could have risked his own life for public cause instinctively without seeking promotion of his personal cause and, thus, his movement should have never been declared irrational by the state authority or any community as his demands were pragmatically possible to be addressed within a short timeframe.

The pursuit for an affordable and well-governed medical education and to push the government, its subordinate organizations, and the political parties for social justice in health and education could be questioned by no means. However, as Nepali argued further, the government appeared to have adopted a tactic to let the social activists

wane mentally and physically to get rid of him instead of timely addressing his rational demands. The leading political parties in the government could formalize their political commitments if they had been honest in their democratic faith (Nepali, 2020).

It was equally realized, from this study, that contemporary issues can draw attention in the present day political climate with people of higher level socio-political information and consciousness. There are several issues to be addressed, through social movements and led by civil society in Nepal rather than being projectized by any non-governmental agencies. Transparency and accountability in health service and education do largely fall in this category.

There were some concluding observations that Dr. Govinda KC's campaigning, as an issue based movement, was of significance against the nonstandard notions and practices within democratic governance in Nepal's socialism oriented welfare state apparatus. Wide public integrity in support of the movement, signing of agreements by the government with the activists, and realization of positive changes by the common people due to such movements helped re-establish their relevance in democracy.

However, there were interpretations on shortcomings of KC and his movement. His language and communication skills could not be ruled out, he was at times impulsive and his rigid method of indefinite fasting was a violence and torture against himself (Nepali, 2020). At times Dr. KC's movement was polarised and he had both supporters and detractors (Gautam, 2016). A few primary responses revealed that Dr. KC's movement was not always limited in demanding common people's access to affordable medical education and access to public health services but there were other aspects, like the demand for removal of an individual from one's public position through fast or public protest, which he took into account as were supposed to be against the core principles of democratic governance. Finally, this study creates a scope to advance further scholarly discourse on such issue-based and justice-driven social movements in the country.

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