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Alternative Child Care and Deinstitutionalisation

A case study of Nepal

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Acronyms

CBO Community-Based Organisation

CDO Chief District Officer

CRO Child Rights Officer

CWO Child Welfare Officer

DAG Disadvantaged Group (Mapping)

DCPC District Child Protection Committee

DDC District Development Committee

DCWB District Child Welfare Board

DDF District Development Fund

DWC Department of Women and Children

LDO Local Development Officer (Head of District Local Development Office)

LGCDP Local Government and Community Development Programme

MoWCSW Ministry of Women, Children and Social Welfare

VCPC Village Child Protection Committee

VDC Village Development Committee

WCO Women and Children Office

WCSC Women and Children Service Centres

Executive Summary

Introduction

The European Commission Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries across three continents to help inform the EU's future strategy for provision of support for children in countries outside Europe. This report is a case study of one of the six countries, Nepal. A companion report provides a summary of alternative child care across South East Asia. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Methodology

The methodology employed for this study included a literature review undertaken through a key word search in the database Web of Science and other web-based search engines. Literature was also provided by contacts in Nepal. One international consultant and one national expert consultant conducted interviews with key informants. The national consultant conducted interviews with children and young people.

The socio-economic and cultural context

Nepal is a landlocked country of Southern Asia situated between India to the east, south and west and the Tibet Autonomous Region of China to the north. In June 2016, the population was estimated to be 29,033,914.¹ Statistics published this year estimate children aged 0 to 14 years comprise almost 31% of the population with those aged 15 to 25 years being approximately 22%.²

In 2008, Nepal was identified as one of the least developed countries in Asia.³ In 2015, Gross Domestic Product per capita was estimated at \$2,500.⁴ It is understood a contributing reason was the decade of internal conflict that began in 1996. Impact on families included higher levels of poverty, displacement, and large-scale disruptions to education, health and other basic Government services across the country.⁵ A 2006 ceasefire agreement ended the armed conflict and in 2008, Nepal became a federal parliamentary republic following the abolition of the monarchy. A new constitution was promulgated in September 2015.

Why are children placed in formal alternative care?

The principal reason children are placed in formal alternative care in Nepal is the direct consequences of poverty and, most especially, the belief of parents and other family members that children will be the recipients of better living conditions within a residential

1 Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/np.html>

2 *ibid.*

3 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 6.

4 Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/np.html>

5 *ibid.*

facility. There is a particular draw for parents, especially those from remote rural areas, to relinquish their children due to a real or perceived understanding they will be provided access to better standards of education thus enhancing improved life opportunities. Very few children in residential facilities are orphans, or those that have been subject to abuse and exploitation. In this manner, the national child protection system is not functioning in a way that ensures children are not unnecessarily placed in alternative care for reasons of poverty alone, and is not protecting those children for whom safeguarding from serious harm is necessary.

What types of alternative care are available?

The most common form of care is informal care within extended families. This is mostly undocumented and unregulated. Lack of research means it is not possible to identify the benefits and challenges of this form of care offers children in Nepal. Use of residential facilities is the primary form of formal alternative care in Nepal, usually managed by non-state providers. Admission to a residential facility is by means of a recommendation letter from a mandated authority at the district level. Between 2008 and 2015, the number of residential facilities rose from 454 to 585. The number of children reported to be living in these facilities rose from 11,969 in 2008 to 16,400 in 2015.

In 2015 the Government of Nepal assessed 585 residential facilities.⁶ Conditions in these facilities were found to vary greatly. Through a process of regulation and inspection in the past few years, the Government has started to close some of those in the worst condition. One major concern is the manner in which families, especially from remote rural areas, are being persuaded to relinquish their children, often with a request for a financial donation. The children are then removed far away from their communities often to Kathmandu and other large urban areas where the promises made to parents are not necessarily fulfilled, documents are being falsified and, some children are being subjected to exploitation and abuse.

Very few children are being assisted with placement in family-based alternative care. Where this does occur, the projects to facilitate this are being implemented by non-governmental organisations (NGOs). This may be in extended family or with non-biological families. There is no systematic Government sponsored foster care programme.

There is very little being done to prevent children's separation from their family, and although legislation states that placement in alternative care should be a temporary measure, very few children are being reunified with their family. Indeed, very few children leave residential care until they have attained the age of 16 years upward, at which point they are expected to return to their families. In summary, there are no systematic safeguards that prevent the unnecessary placement of children in alternative care, and no practice to ensure that the most suitable forms of care are provided.

Very few children are placed into adoption; when this does occur it is an administrative and not a legal procedure. Previous practices of intercountry adoption were highly criticised due to the concerns of trafficking. As a safeguard, the Government recently

⁶ Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal.

suspended all national and intercountry adoption following the earthquake in Nepal in 2015. It has subsequently been recommenced.

What are the structures and processes governing alternative care?

Nepal does not have a fully functioning child protection system. There is no formal social work system and no accredited profession for social workers. The Ministry of Women, Children and Social Welfare is the principal ministry with responsibility for child protection and the practical role of oversight and administration is provided by the Central Child Welfare Board. At district and community level there are several different government bodies each with responsibilities for child welfare, but none of whom provide specific children's social work services. Major concerns are the overlapping responsibilities of these bodies, confusing reporting lines to different ministry departments, and poor capacity to respond to protection cases.

There is a complete lack of Government endorsed gatekeeping procedures and case management tools including those that would facilitate comprehensive assessments, case monitoring, and review procedures. As a result, all that is required to place a child in a residential facility is a letter from a local authority body. No systematic assessments are undertaken with children and families to ensure that a placement in alternative care is truly necessary and in the child's best interest. Neither are checks made to ensure the child is placed in the most suitable form of care to meet their individual needs. A small number of national NGOs, supported by international NGOs, have been piloting such tools and applying them in communities where they are supporting families at risk of separation or reunifying children from residential facilities.

It is good to note that the Government of Nepal have recently undertaken a number of child protection and alternative care assessments across the country. The findings have highlighted many of the concerns noted above. It is understood the Government is now working with NGOs to further develop elements of a national child protection system that will include gatekeeping procedures and other mechanisms. The Government has also increased its vigilance and monitoring of residential facilities.

How is the workforce trained and supported?

There is a noted lack of professional social work and other skills within all those holding responsibility for child protection and alternative care in Nepal. In particular, there is a recognised gap in the knowledge and abilities of those working local authority positions. In addition, many residential care workers do not possess the skills and understanding that ensures children receive the individual and personal care they need. NGOs have particularly identified the issues related to lack of knowledge and skills and, with the support of international partners, have recently developed short but intensive training courses accredited by a national college.

What is working and what is not working?

There are passionate, knowledgeable, and experienced people working in the alternative child care sector in Nepal, especially in NGOs. There is also evidence of the implementation of high quality work and innovative pioneering programmes by NGOs. However, at the same time, there are also reports of the poor quality of child protection services, and the manner in which children are so easily placed in residential facilities.

There has been a significant increase in the number of residential facilities opening up across the country, particularly in the past ten years. These facilities vary in size and quality, and despite Government-issued standards and guidance, there are still reports of children being 'trafficked' into terrible circumstances. Furthermore, facilities that are of a high quality, act as magnets to families who believe relinquishing their children will offer them the opportunity to live in better circumstances than in their own home. There is little if any understanding of the impact on children who are separated from their parents and other family to spend their childhood in residential care especially on their psychosocial wellbeing.

A number of NGOs have invested in the development of programmes that to prevent families from relinquishing their children, and project that facilitate the reunification of children that were sent to live in residential facilities. There are no Government services that systematically undertaken such processes.

In summary, investment is urgently needed in every aspect of a national child protection and alternative care system. Investment is needed for the following:

- A comprehensive and appropriate legal and regulatory framework
- Well-managed oversight and coordination of child protection policy and services
- Adequate structures and mechanisms and gatekeeping processes for delivery of child protection services
- A sufficient and capable work-force
- Service provision and access to alternative family-type care
 - Services that aid prevention of family separation
 - Provision of alternative forms of family-type care
 - Support for reunification of children from alternative care back with parents
- Adoption as an alternative permanent solution
- Data management and accountability mechanisms
- Advocacy and awareness towards ensuring positive social attitudes and practices that provide a protective environment for all children

Recommendations

1. The Government of Nepal should work closely with a range of non-state organisations, children and families, to develop a costed and time bound strategic plan for the comprehensive development of a national child protection system and deinstitutionalisation.
2. Increasing efforts should be made by all professionals and para-professionals in Nepal to consult and involve children, parents and caregivers in decisions affecting them, and ensure decision making in the best interests of the child.

3. The Government of Nepal, in partnership with non-state providers should re-orientate funding away from residential facilities whilst increasing investment in high quality family-based alternative care, prevention of family separation and reintegration services.
4. The Government of Nepal should reorganise and clarify the specific mandate, roles, and accountabilities of the many different inter-sectoral Government structures at a central, local, and community level, streamlining them into one body with responsibility for child protection oversight, coordination, implementation, and monitoring.
5. The Government of Nepal should invest in developing a professional social work system, and in all professionals from different sectors responsible for child protection and child care, aiming to increase their numbers and improve skills, qualifications, knowledge, and attitudes.
6. The Government of Nepal should develop and systematise the use of inter-sectoral case management tools and mechanisms that safeguard gatekeeping processes including those of referral, assessment, and care planning, monitoring and review.
7. The Government of Nepal should increase the rigour and range of qualitative data collected to inform evidence-based policy and planning and the measurement of outcomes for children. This should include efforts to ensure that the actions of regulation and inspection include qualitative aspects of child care.

Introduction

Many millions of children around the world live in residential institutions where they lack individual care and a suitable environment in which to fulfil their potential. Increased awareness of the considerable risks these children face in terms of negative social, cognitive and physical development has prompted ongoing international debate and guidance on deinstitutionalisation and development of policy and practice that gradually eliminates the use of such harmful alternative care practices.

Investing for children's 'best interests' is a priority for the EU and protecting and promoting child rights is at the heart of EU external action. The EU considers that deinstitutionalisation of children through prevention of family separation and encouragement of suitable family-type alternative care solutions is a case of social investment for the best interests of the child. It has therefore invested in deinstitutionalisation in specific geographical areas.

On the basis of its commitment to the comprehensive promotion and protection of the rights of the child, the European Commission intends to increase its knowledge of progress in deinstitutionalisation and alternative child care reforms in countries across the world, and its understanding of how current challenges might be addressed.

For these reasons, the European Commission's Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries in three continents, to help inform the EU's future strategy for provision of support for children in countries outside Europe.

The countries selected for study were: Chile and Ecuador in South America; Nepal and Indonesia in Asia; Nigeria and Uganda in Africa. SOS Children's Villages International engaged the services of researchers from CELCIS, based at the University of Strathclyde, Glasgow to assist in compiling the case studies.

This report, a case study of Nepal, was compiled by a combination of a desk exercise that involved reviewing documents sourced by both a literature search and received from contacts in Nepal, and by conducting interviews with key informants during a field visit that took place in September 2016.

The report should be read alongside a separate report of a desk study of deinstitutionalisation in South East Asia and the synthesis report, *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim and scope

In order to understand what can be actively undertaken to promote and implement policy and practice for deinstitutionalisation, it is important to understand the situation of children who are at risk of losing, or have already lost, parental care as well as the alternative care options available. It is also important to know about the elements of the child protection system that function to prevent unnecessary placements into care, and if alternative care is needed, provision of suitable placements other than institutionalisation. To this end, this study has considered a body of literature that

documents these factors, taking into account both regional and individual country perspectives.

In this respect, the aim of the research undertaken in Nepal was to gain deep understanding of the following:

- What are the socio-economic and cultural contexts in which child care reforms are taking place?
- Why are children placed in alternative care?
- What types of alternative care are available?
- What are the structures and processes governing alternative care, including the legal and policy framework, funding, Government and non-governmental structures, and services for child protection/child care delivery?
- How is the workforce (e.g. social workers and caregivers) organised, trained, and supported?
- What is working and what is not working in terms of child care reforms?
- What are the main challenges and opportunities?

Glossary of terms

Alternative care: This includes formal and informal care of `children without parental care'⁷. Alternative care includes kinship care, foster-care, other forms of family-based or family-like care placements, supervised independent living arrangements for children, and residential care facilities.

Children: Defined as girls and boys under the age of 18 years⁸

Children without parental care: `All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.'⁹

Formal care: All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures¹⁰

Foster-care: `Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved, and supervised for providing such care.'¹¹

7 UN General Assembly (2009) *Guidelines for the Alternative Care of Children*.

8 based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989).

9 UN General Assembly (2009) *Guidelines for the Alternative Care of Children* Article III, 29a.

10 *ibid.* Article III, 29b.ii.

11 *ibid.* Article III, 29c.ii.

Informal care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ('informal kinship care'), or by others in their individual capacity. The arrangement is at the initiative of the child, his/her parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.¹²

Institutional care: 'Large residential care facilities,¹³ where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity.¹⁴

Kinship care: 'Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.¹⁵ Kinship care can be both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care. Informal kinship care is: 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ... at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.'¹⁶ Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial authority or duly accredited body.¹⁷ This may in some settings include guardianship or foster-care.

Residential care: 'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.¹⁸

Small group homes: Where children are cared for in smaller groups, with usually with one or two consistent carers responsible for their care. This care is different from foster-care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children.¹⁹

Terminology

During the review of literature undertaken for this study, the issue of terminology became very important. This was in part due to the different terminology used to denote the same forms of child care as for instance 'foster care' which is a term used for informal, and formal care. For example, in some instances this embraced care in which a child was placed within kinship care, placed within another family, or placed within a

12 UN General Assembly (2009) *Guidelines for the Alternative Care of Children* Article 29b.i.

13 UN (2009) *Guidelines for the Alternative Care of Children*.

14 NGO Working Group on Children Without Parental Care (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper*

15 UN General Assembly (2009) *Guidelines for the Alternative Care of Children* Article III, 29c.i.

16 *ibid.* Article 29b.i.

17 *ibid.* Article 29b.i.

18 *ibid.* Article III, 29c.iv.

19 NGO Working Group on Children Without Parental Care (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper*

setting with up to 10 other children cared for by a 'house mother' and 'aunt'. In others, it denotes forms of care in large and small residential settings.

As there is still no internationally agreed definition for children's residential 'institutions', the international researcher for this study has chosen to use the term 'residential facilities' to denote the wide range of provision including those that are small and large, offering different standards of personal care and differing living conditions.

Consideration of boarding schools of which there are many in Nepal, has not been included in this study.

Methodology

Desk exercise

A literature search was carried out using the search engine Web of Science. Less systematic searches were made using other web sites including UNICEF, Better Care Network and Save the Children as well as other web based search engines. In addition, source documents were provided by key informants during the field visit or discovered by colleagues while searching for sources for other aspects of the project.

The literature was reviewed by assessing the relevance of articles to the seven key questions listed in the aim and scope above.

Field visit

The main fieldwork took place between 3rd and 14th September 2016, with a total of eleven days being allocated to visits to residential facilities and the offices of key informants. The arrangements for visits and interviews were made by the staff of SOS Children's Villages, Nepal. The visits were predominantly carried out in Kathmandu and Pokhara. Clearly, these visits could only provide a snapshot of the lives of children in alternative care in a country as large and diverse as Nepal; on the other hand, the key informants provided detailed and rich insight into the alternative child care context and current issues.

The following interviews were conducted:

49 Key informants

39 Children and young people

Table 1 provides details of the individual and group interviews conducted.

Table 1: Details of interviews conducted in Nepal

Informant(s)	Location	Date
Director of SOS Children's Village Gandaki and 5 members of staff of SOS Children's Village Gandaki	SOS Children's Village, Gandaki	Monday 5 th September
Director of SOS Children's Village Pokhara	SOS Children's Village, Pokhara	Monday 5 th September
Manager of Child Care Home at Pokhara	Office of the Child Care Home in Pokhara	Tuesday 6 th September
Child Rights Resource Person, Kaski	Hired room in Pokhara, Kaski	Tuesday 6 th September
Executive Director	Central Child Welfare Board	Wednesday 7 th September
Social Worker	Khokana, Bhaishapati Chowk	Thursday 8 th September
Visit to 3 staff members of Child Helpline Service in Kathmandu	Child Helpline Service in Kathmandu	Thursday 8 th September
Under-Secretary	Ministry of Women Children and Social Welfare	Thursday 8 th September
Country Director	ADARA	Friday 9 th September
Manager	Tathali Bal Griha, bhaktapur	Friday 9 th September
Coordinator	Amici dei bambini (Aibi)	Friday 9 th September
Meeting with the 9 Executive Members of Child Care Home Network Nepal representing nine non-governmental organisations	Hired room in Kathmandu	Sunday 11 th September
Team Member of the Child Protection Mapping in 2012	Hired room in Kathmandu	Sunday 11 th September
Director	The Himalayan Innovative Society	Sunday 11 th September
Director	The Umbrella Foundation	Sunday 11 th September
Director	Asha Nepal	Sunday 11 th September

Informant(s)	Location	Date
Director	Maiti Nepal	Monday 12 th September
Meeting with 7 members of Working Group of INGOs for the Alternative Care for Children in Nepal	Hired meeting room in Kathmandu	Monday 12 th September
Regional Representative	Terre des Hommes	Monday 12 th September
Director and 5 staff	SOS Children's Village	Monday 12 th September
Team Director	Save the Children	Tuesday 13 th September
Child Protection Project Officer	UNICEF	Tuesday 13 th September
Chief Women Development Officer, Kavrepalanchok	SOS Children's Village, Sanothimi	Tuesday 13 th September

Interviews with key informants

Interviews were conducted using a standard 'research interview guide' prepared for all six country case studies comprising the overall report to be delivered to the European Commission. The guide was varied appropriately to suit the responsibilities and knowledge of particular informants. Interviews took between 30 and 60 minutes and most were at the upper end of that range.

Access to informants was negotiated in advance by the relevant SOS Children's Villages Ecuador office and the national research consultant. The contact was by a letter of introduction signed by a representative of SOS Children's Villages in Nepal. This information was emailed or hand-delivered, as appropriate for the location. Interview arrangements were typically confirmed by telephone. The research instruments are provided at Appendix 1.

Informants were invited to review the information sheet immediately prior to the interview, and to request clarification if required. Consent forms were completed.

Informants could elect to be interviewed 'on the record', i.e. indicating they were happy to be quoted in the report, or 'off the record.' We also asked for permission to record the interview. Most informants elected to be 'on the record' and to be recorded. Where informants declined to be recorded, we made hand-written notes.

Most interviews were with individuals, though in some case colleagues were present, and were sometimes invited to contribute. All interviews were conducted by the international consultant and the national consultant together.

A standard 'wish list' the key informant interviews in all countries, comprised:

- A representative of the European Commission office;

- Representatives of relevant government departments (particularly Ministry/Department of social services/child protection or equivalent);
- Representatives of national NGOs/charities working on child care/organisations running institutions;
- Representatives of international agencies, e.g. UNICEF, Save the Children;
- Representatives of regional agencies if present in the country;
- Social workers or equivalent;
- Other child care workers, e.g. staff and/or managers in institutions or foster care services;
- Foster and kinship carers and parents.

We were able to conduct interviews in all categories of key informants.

Interviews with children and young people

Work to gather the views of children and young people was conducted through group activities and individual interviews as laid out in Table 2. The national consultant undertook the work with the children and young people. We used a standard set of questions, varied according to age and time available. Although the questions were asked through group discussion, each session also included a confidential activity in which children and young people were invited to write things they were happy about and things that made them worried and place them in either a 'happy bag' or a 'worry bag'. We gave them small individual pieces of paper to write on. We also asked children if they would like to write a letter to another child, (who might be in the same situation as themselves in future), and what advice would they offer.

The interviews with children detailed in Table 2 were arranged in a similar way to those with the key informants. An information sheet for children and young people was prepared. A member of staff from SOS Children's Villages Nepal and the national consultant provided information to the representatives of organisations responsible for the care of the children and young people to be interviewed, the goal of working with children and young people, and a request for this information be shared with possible participants. Each organisation selected children and young people who were to be part of focus groups and interviews. Before the focus group or interview with children and young people, the national consultant explained the objectives of the work, and requested permission to continue. We also gave children written consent sheets to sign. Appendix 2 shows the research instruments used with children.

Table 2: Group work with children

Informant(s)	Location	Date
6 females aged 16 to 20 years old living in independent house (1) supported by SOS Children's villages	SOS House in the community of Pokhara	Monday 5th September
7 females aged 16 to 20 years old living in independent house (2) supported by SOS Children's villages	SOS House in the community of Pokhara	Monday 5 th September
2 females and 7 males aged 10 to 18 years	Forum for Welfare of Himalayan Children	Monday 5 th September
10 females aged 13 to 16 years old living	SOS House in the community of Kavre	Saturday 10 th September
One female and 3 males aged 6-12 years old living with families supported by SOS Children's Villages	SOS House in the community of Kavre	Saturday 10 th September
One female of 15 years old reunited with her family	Office of Umbrella Foundation	Sunday 11 th September

Analysis

We made verbatim transcripts from each interview and group discussion with key informants; then we used Nvivo 10 to code and identify emerging themes, thus enabling a systematic analysis.

Limitations

Due to time and budget restrictions, field work was only possible in Kathmandu, Pokhara and Kavrepalanchok. These visits could only offer a snapshot of the lives of children in alternative care, and the efforts towards child care reforms that are underway in Nepal. However, significant efforts were made to meet with the most relevant stakeholders during the field work, and each informant provided detailed and rich insights into the alternative child care context and current issues.

What are the socio-economic and cultural contexts in which alternative child care reforms are taking place?

Geography

Nepal is a landlocked country of Southern Asia situated between India to the east, south and west and the Tibet Autonomous Region of China to the north.²⁰ The capital is Kāthmāndu. Nepal has a total area of 147,181 square kilometers. Almost 75% of the country is covered by mountains, and it has some of the most difficult and rugged terrain in the world.²¹ The great Himalayan range rises to more than 29,000 feet and contains many of the world's highest peaks including Mount Everest.²²

Nepal is divided into 5 Development Regions, 14 zones as illustrated in Figure 1 and 75 districts.



20 Source: <https://www.britannica.com/place/Nepal>

21 ibid

22 ibid.

Population

In June 2016, the population was estimated to be 29,033,914.²⁴ Nepal has a diverse population and the national census of 2011 revealed there to be 125 caste/ethnic groups and 123 languages spoken as mother tongue in Nepal.²⁵ Nepali is the official language spoken by 44% of the population.²⁶

In 2016, it was estimated children aged 0 to 14 years comprised almost 31% of the population and those aged 15 to 25 years made up approximately 22%.²⁷ There was an almost equal ratio of females to males.²⁸ As of June 2016, population growth was estimated as 1.24% and infant mortality rate was 29.9 deaths per 1,000 live births.²⁹ Life expectancy is 70 years for women and 68 years for men.³⁰ Statistics published by the World Health Organisation (WHO) indicate birth registration is only 42%.³¹

The population living in urban conurbations has increased from 4% in 1971 to 17% in 2011.³² The average household size in the country is 4.9.³³ A significant number of the population migrate for work purposes, most particularly adult males, with approximately two thirds of this group having been away from home, half to urban areas in Nepal, and the remainder to other countries including India, countries of the Middle East, Malaysia, and South Korea.³⁴

Political and economic context

A report published by Terre des Hommes (TdH) in 2008 identified Nepal as being one of the least developed countries in Asia, referring particularly to the impact that over a decade of internal conflict has had on Nepal's economy, and the increase in families living in poverty.³⁵

Nepal was governed by a series of royal dynasties until the early 1990s when several political parties launched a popular pro-democracy movement resulting in a period of unrest and street protests before multi-party democracy was restored in May 1991.³⁶ In March 1995, the newly named Communist Party of Nepal (CPN) (Maoist), submitted demands to the Government to address a wide range of social, economic, and political issues warning that militant struggle would follow if the demands were not met. On the

²³ Source: <http://www.mapsofworld.com/nepal/nepal-political-map.html>

²⁴ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/np.html>

²⁵ *ibid.*

²⁶ *ibid.*

²⁷ *ibid.*

²⁸ *ibid.*

²⁹ *ibid.*

³⁰ Source: <http://www.bbc.co.uk/news/world-south-asia-12511455>

³¹ Source: <http://www.who.int/gho/countries/npl.pdf?ua=1>

³² Government of Nepal and UNESCO (2015) *Education for All: National Review Report 2001 – 2015*. Government of Nepal and UNESCO. Kathmandu: Nepal.

³³ *ibid.*

³⁴ *ibid.*

³⁵ Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal page 6

³⁶ OHCHR (2012) *OHCHR Nepal Conflict Report Executive Summary: An analysis of conflict-related violations of international human rights law and international humanitarian law between February 1996 and 21 November 2006*. United Nations Office of the High Commissioner for Human Rights, Geneva: Switzerland.

13th February 1996, the CPN (Maoist) began an armed uprising against the Government. This eventually affected the entire country. Violations and abuses were committed by Government Security Forces, and by the CPN (Maoist) 'including unlawful killing, torture, enforced disappearance, sexual violence and long-term arbitrary arrest'.³⁷ Impact on families included displacement as well as large-scale disruptions to education, health, and other basic Government services across the country.³⁸ A 2006 ceasefire agreement ended the civil war.

Nepal became a federal parliamentary republic in 2008 following the abolition of the monarchy. The President is Chief of State elected by the Constituency Assembly. The Assembly also elects the Prime Minister. The Prime Minister appoints the cabinet, known as the Council of Ministers. Ms Bidhya Devi Bhandari was elected as Nepal's first woman president in a parliamentary vote in October 2015. A new constitution was recently promulgated in September 2015.

Nepal is classified by the World Bank as a low income country.³⁹ In 2015, Gross Domestic Product per capita was estimated at \$2,500.⁴⁰ Unemployment rates are high having risen from 42% in 2004 to 46% in 2008.⁴¹ In 2010 UNICEF reported that more than one third of the child population (12.6 million) were living below the a poverty line set at 7,696 Nepal Rupees per capita per year.⁴² The study also related how 2 in 5 children experienced severe deprivation of at least two basic human needs which, the authors concluded, meant they could 'be considered to be living in absolute poverty.'⁴³ Nepal is categorised by UNDP as being among low human development countries and ranked at 157 of 187 countries in the global ranking.⁴⁴

Religion

Nepal is a secular State. According to the 2001 census, 80.62% of the population were Hindu, 10.74% Buddhist, 4.2% Muslim, 3.6% Kirant, 0.45% Christian, and 0.4% were classified as other.⁴⁵

Education

Between 2008 and 2010, a total 4.7% of GDP was spent on public education services.⁴⁶ Statistics published by the Government of Nepal in 2015 indicated the literacy rate of children aged 5 to 14 years old was 65.94%.⁴⁷

The gross enrolment rate in Early Childhood Development and Pre-primary Education rose significantly from 12.8 in 2001 to 73.7 in 2012.⁴⁸ Enrolment rate in primary schools

37 *ibid.* Pages 3-4.

38 *ibid.*

39 <http://data.worldbank.org/country/nepal>

40 Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/np.html>

41 *ibid.*

42 UNICEF (2010) *Child Poverty and Disparities in Nepal: Nepal Report 2010 Overview*. UNICEF, New Era, Government of Nepal National Planning Commission. Kathmandu: Nepal.

43 *ibid.* Page 1.

44 Government of Nepal and UNESCO (2015) *Education for All: National Review Report 2001 – 2015*. Government of Nepal and UNESCO. Kathmandu: Nepal.

45 https://en.wikipedia.org/wiki/Religion_in_Nepal

46 Source: https://www.unicef.org/infobycountry/nepal_nepal_statistics.html

47 Government of Nepal, Ministry of Education (2015) *Nepal Education in Figures: At a Glance*. Ministry of Education Monitoring and Evaluation Division. Kathmandu: Nepal.

rose from 81 to 95 in the same years.⁴⁹ The percentage of teachers considered by the Ministry of Education to have the required qualifications and experience has increased from 15% in 2001 to 98.4% in 2012.⁵⁰ In 2012, the average pupil to teacher ratio was 26.9 per teacher.⁵¹ In 2015, the Government of Nepal reported that children living in urban areas were more likely to attend early childhood education than those living in rural areas.⁵²

Health

Between 2007 and 2011, 1.9% of GDP was spent on public health services.⁵³ A UNICEF study published in 2010 identified lack of nutrition as a major concern with the result that 50% of children under the age of 5 years old were stunted.⁵⁴ The authors also noted that more girls than boys suffered from malnutrition. In a report issued by Terre des Homme (TdH) in 2011, it was estimated that approximately 11% of Nepal's population had a disability.⁵⁵

In 2010, cardiovascular diseases, diabetes, and chronic respiratory diseases were among the main causes of death.⁵⁶ In 2012, it was estimated that 49,000 adults and, no children, in Nepal were living with HIV/AIDS.⁵⁷

What are the reasons that children enter formal alternative in Nepal?

Those children whom the Government of Nepal define as 'children in need of special care and protection'⁵⁸ include the following:

- A child whose father, mother, or both parents are absent, and they have no-one to take care of them
- A child who has been abandoned by father and mother
- A child who has run away from home and whose father or mother cannot not be traced
- Victims of abuse and / or without appropriate nurture from father and mother or guardians
- A child whose father and mother are unable to take care of their child due to a physical or mental disability
- Children who have no fixed place of residence

48 Government of Nepal and UNESCO (2015) *Education for All: National Review Report 2001 – 2015*. Government of Nepal and UNESCO. Kathmandu: Nepal.

49 *ibid.*

50 *ibid.*

51 *ibid.*

52 *ibid.*

53 Source: *ibid.*

54 UNICEF (2010) *Child Poverty and Disparities in Nepal: Nepal Report 2010 Overview*. UNICEF, New Era, Government of Nepal National Planning Commission. Kathmandu: Nepal.

55 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 6.

56 Source: <http://www.who.int/gho/countries/npl.pdf?ua=1>

57 Source: https://www.unicef.org/infobycountry/nepal_nepal_statistics.html

58 Government of Nepal. *No 1.4(E) of Standards for Operation and Management of Residential Child Care Homes, 2012*.

Data collected by UNICEF in 2015, found 4.8% of children aged 0–17 years in Nepal were not living with their parents.⁵⁹

Key informants told us that the principal reason that children are placed in formal alternative care in Nepal are the direct consequences of **poverty**, most especially, the belief of many parents and other family members that a child will have better living conditions in a residential facility. This access to basic services is a particular motivation for parents, especially those from remote rural areas, to relinquish their children due to a real or perceived understanding that their children will be provided with access to better standards of education and improved life opportunities. As noted in a report of 2010 published by Terre des Hommes (TdH), 'the issue of children from remote areas being separated from their parents is not new. It is primarily done for education purposes and this practice has been going on for approximately 15 years'.⁶⁰ A further report of 2014 identifies how in:

post-conflict Nepal, the traffickers' sales-pitch has evolved from offering 'safety from bullets' to the promise of an 'education, wealth and success' in the city, and there continues to be a ready supply of poverty-stricken and desperate families willing to pay for their children to receive this apparently 'golden opportunity'.⁶¹

The 2010 TdH report⁶² goes onto to explain how parents have been led to believe that if children grow up in residential facilities they would return as well educated adults able to assist their families. However, the report also explains this did not usually happen and instead of being placed in high quality education establishments, in many instances children were put into under-resourced sub-standard facilities 'where it was not uncommon for their identities to be changed and records falsified'.⁶³ This falsification of documents is particularly relevant for tracing family should there be any efforts to reunify the children.

A further report produced by TdH in 2011⁶⁴ noted how issues of poverty have indeed left families in Nepal with poor access to nutrition, accommodation, sanitation, education, and medical care. As a direct consequence, parents and extended family are 'more likely to place their children in welfare institutions alongside the real orphans'.⁶⁵

Informants for this study also confirmed poverty to be a fundamental reason children are placed in alternative care and spoke of vulnerable families relinquishing children when hearing of, or being approached by, organisations offering opportunities for education, housing, nutrition, and what they purport to be better life prospects for children. Indeed some of the children we interviewed in residential facilities in Nepal, provided information

59 Government of Nepal National Planning Commission Secretariat and UNICEF (2014) *Monitoring the situation of women and children: Multiple Indicator Cluster Survey 2014 Final Report*. Central Bureau of Statistics and UNICEF. Kathmandu: Nepal.

60 Terre des Hommes (2010) *Programme Cooperation Agreement*. Terre des Homme and UNICEF.

61 Next Generation Nepal (2014) *The Paradox of Orphanage Volunteering: Combating child trafficking through ethical volunteerism*. Next Generation Nepal. Page xi.

62 *ibid.*

63 *ibid.* Page 4

64 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 6

65 *Ibid.*

about the lack of food, education, housing and other needs that were not fulfilled when they lived at home.

A study on alternative care in Nepal published in 2014 concluded:

... institutionalization has been considered as the only protective measure to respond to the challenges faced by vulnerable families, including those families living in economic hardship. This has contributed in increasing the number of children living in residential Child Care Homes.⁶⁶

A 2014 Government study⁶⁷ undertaken in 131 residential facilities in Nepal also identified poverty as a reason children were being placed in alternative care. In addition, a mapping of the child protection system in Nepal in 2015, found issues of poverty, as well as 'inequality, illiteracy, cultural rigidities, patriarchal mind set, political instability, and gender based violence' to be reasons children were separated from families and lived in residential care.⁶⁸

No data has been found for this study that provides information on the number of children **abandoned** each year, however, key informants also agreed that such actions are usually the consequence of poverty. One key informant also spoke of babies being 'born in the hospitals and they [mothers] run away and in that case the doctors phone our children's home'. One child who participated in the group work we conducted in Nepal wrote of having been left in hospital by their parents.

Many of our sources told us that placement in alternative care due to **physical, emotional, and sexual abuse**, was rare in their opinion. This in part, they attributed to child abuse remaining a taboo subject in Nepal, resulting in these violations remaining unreported and un-investigated. One key informant spoke of how these issues are 'hidden, very much hidden'. Indeed, findings of this study suggest concerns of protection, and those at risk of, or subject to, all forms of abuse and neglect are not being adequately addressed by the child protection and alternative care system in Nepal.

The Maoist uprising between 1996 and 2006 caused a period of **internal conflict** and clashes between the Government of Nepal and the Communist Party of Nepal (Maoist). This had a serious impact on children and families, not only due to the movement of populations away from the support network of their local communities, but also as a result of death, disablement, and imprisonment of parents.⁶⁹ In his analysis of the impact of conflict in Nepal on children, Hart writes of the 'many rural families whose main breadwinners may have been killed, 'disappeared' or imprisoned'.⁷⁰ OHCHR estimate

⁶⁶ EDU-CARE, Department of Social Work, St. Xavier College (2014) *Child Welfare Policies, Services and their Aptitude for Care and Protection of Vulnerable Children and their Families*. Department of Social Work, St. Xavier College. Page 13.

⁶⁷ Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal and Quality Care in Residential Child Care Homes in 10 Study Districts*. SOS Children's Villages Nepal and Ministry of Women, Children and Social Welfare. Kathmandu: Nepal.

⁶⁸ Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page iii.

⁶⁹ OHCHR (2012) OHCHR Nepal Conflict Report Executive Summary: *An analysis of conflict-related violations of international human rights law and international humanitarian law between February 1996 and 21 November 2006*. United Nations Office of the High Commissioner for Human Rights, Geneva: Switzerland.

⁷⁰ Hart, J. (undated) *Conflict in Nepal & its Impact on Children. A discussion document prepared for UNICEF Regional Office South Asia*. Refugee Study Centre, Oxford University.

that over 13, 000 people died and others went missing with a consequence of depleted family coping mechanisms and **orphaned** children.⁷¹ Key informants also spoke of the impact this conflict had on the growth of residential facilities and one interviewee spoke of how 'children were trafficked, traffickers made a benefit out of all the war situation, and parents also innocently sent their kids to the safe places'. He went on to say how these 'safe places' were residential facilities mostly in Kathmandu, and told of how his organisation is still trying to trace some of these children and return them to their families. One difficulty is the falsification of children's documents. In 2008, it was estimated that only 15% of children in residential facilities had both parents who had died.⁷²

Children found **living on the streets** are placed in residential facilities. In 2014 it was 'estimated that over 5,000 children' were living in the streets in Nepal.⁷³ Reasons given for this situation included homelessness, illiteracy, attraction towards urban life, and acute poverty.

Other child protection concerns in Nepal include those of **child labour**, and a further factor relating to children being placed in alternative care.⁷⁴ A report of 2014⁷⁵ noted how even with a decrease in numbers:

...still an incredible number of 1.6 million children aged 5-17 years are caught in a perpetuating cycle of prohibited child labour. Out of them, nearly 30 percent, or 660,000 children, between 5 and 17 years are directly engaged in hazardous child labour.

The Government of Nepal in partnership with national NGOs provide a child helpline that children and adults can call for free by dialling the number 1098 from anywhere in the country. The teams working on this helpline refer cases to appropriate state or non-state provided services. The organisation also has an emergency response team that when necessary, removes children from the place of risk. A list of the reasons given by people who called the helpline is illustrated in a table extracted from the helpline's 2015 annual report as shown in Table 3.

71 OHCHR (2012) *OHCHR Nepal Conflict Report Executive Summary: An analysis of conflict-related violations of international human rights law and international humanitarian law between February 1996 and 21 November 2006*. United Nations Office of the High Commissioner for Human Rights, Geneva: Switzerland.

72 Terre des hommes Foundation (2008) *Adopting: The Rights of the Child*. UNICEF and Terre des hommes Foundation. Lausanne: Switzerland.

73 EDU-CARE, Department of Social Work, St. Xavier College (2014) *Child Welfare Policies, Services and their Aptitude for Care and Protection of Vulnerable Children and their Families*. Department of Social Work, St. Xavier College. Page 21

74 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal.

75 EDU-CARE, Department of Social Work, St. Xavier College (2014) *Child Welfare Policies, Services and their Aptitude for Care and Protection of Vulnerable Children and their Families*. Department of Social Work, St. Xavier College. Page 22

Table 3: Reasons for calls to the 1098 helpline in Nepal (2015)⁷⁶

S. No	Problems	Gender		Total
		Boy	Girl	
1	Physical Abuse (Torture)	28	14	42
2	Mental Abuse (Torture)	5	7	12
3	Sexual Abuse	7	67	74
4	Corporal Punishment	15	4	19
5	Labor Exploitation	103	78	181
6	Lost	230	105	335
7	Sick	31	26	57
8	Sponsor (ES)	170	261	431
9	Neglect	50	26	76
10	Orphaned	17	11	28
11	Trafficking	47	22	69
12	Accident	66	57	123
13	Child Delinquency	22	3	25
14	Psycho-Social Problem	26	19	45
15	Family Conflict	18	27	45
16	Parents in Jail	3	2	5
17	Bullying	0	1	1
18	Kidnapping	0	1	1
19	Financial Crisis	210	205	415
20	Drug Used	3	0	3
21	Careless to Children	126	86	212
22	Death	16	15	31
23	Child Marriage	4	49	53
24	HIV / AIDS	2	0	2
25	Physical Disable	5	5	10
26	Mentally ill	2	4	6
27	Mentally Challenged	5	8	13
28	Telephone Abuse	0	2	2
29	Online Abuse	2	2	4
30	Birth Registration	7	5	12
31	Request for Shelter	23	15	38
32	Others	293	384	677
	Total	1536	1511	3047

Internal migration, especially of rural families moving into what are described as 'urban slum areas',⁷⁷ is understood to create particular vulnerabilities for children, including 'various forms of exploitation, frequently victimized of sexual abuse and at risk of physical torture and trafficking'.⁷⁸ In addition, it is reported many children living with their parents in the slums 'are deprived of their rights to education, health care, proper guidance and support from their parents'⁷⁹ with this combination of factors heightening risk of being placed in alternative care.

Changes in family circumstances as for instance, divorce, or separation, also accounts for reasons children are placed in alternative care. For example, if a woman remarries she is often forced to leave her children behind as her new husband and his

⁷⁶ Shakya, A.R. (2015) Child Helpline Nepal -1098: Annual Report. Child Workers in Nepal. Kathmandu: Nepal.

⁷⁷ EDU-CARE, Department of Social Work, St. Xavier College (2014) *Child Welfare Policies, Services and their Aptitude for Care and Protection of Vulnerable Children and their Families*. Department of Social Work, St. Xavier College. Page 22

⁷⁸ *ibid.*

⁷⁹ *ibid.*

family will not accept them.⁸⁰ Maskay also confirmed 'family break ups and divorce' to be a factor in the use of residential care.⁸¹

Although reported access to services for **children with disabilities** is of great concern, as indicated later in this report, the numbers of children with disabilities placed in residential facilities is a small percentage of the total of those in alternative care. This according to key informants is in part due to the fact that 'even the child care homes they do not want disabled children'. Only one facility visited during the field work specifically provided care for children with disabilities, a specialised SOS Children's Village in an outlying district of Kathmandu that we understand to be unique to Nepal.

One residential care project we visited in Kathmandu has been specifically set up to work with children who are victims of exploitation, and the daughters of women who have suffered as a result of domestic violence and / or sexual exploitation. Reports indicate that high numbers of children are being **trafficked and sexually exploited**, even though UNICEF in Nepal also acknowledges many cases still go unreported.⁸² For example, Child Workers in the NGO, Nepal Concerned Centre, reported⁸³ the following:

- 5,000 – 15,000 women and girls are trafficked annually to India for the purposes of commercial sexual exploitation
- Between 1,000 and 2,000 children are working in the circuses at any time. 90% of them are girls and 10% are boys
- Two studies ordered by the Supreme Court and conducted by the Government of Nepal in 2008 uncovered 1,200 massage parlours, dance bars, and cabin restaurants in Kathmandu alone, employing nearly 50,000 workers out of which 80% were 'women' aged 12 to 30. Approximately 50% of them suffer from some form of exploitation, including 9,000-15,000 of them who are underage
- According to the Annual report prepared by Office of the Attorney General of all trafficked victims, 24% were below the age of 16 years and 41% between 16-18 years of age

In connection with the necessity for alternative care, Maskay refers to issues of parents affected by **alcoholism and drug addiction**.⁸⁴ However, very few additional references were found to the subject in the literature and it was not an issue highlighted by key informants.

80 *ibid.*

81 Khadka, B. R. (2013) *Ensuring Quality Institutional Residential Care*. In: Maskay, B.K. (ed.) *Alternative Care of Children: Challenges and Emerging Opportunities in Nepal*. Organizing Committee of Policy Dialogue for Center for Child Welfare Board, UNICEF, Save the Children & SOS Children's Village Nepal. Page 115.

82 UNICEF Nepal (2015) *Trafficking of Women and Children in Nepal Q&A sheet*.

83 Source: <http://www.cwin.org.np/index.php/who-we-are/cwin-in-brief>

84 Maskay, B.K. (ed.) (2013) *Alternative Care of Children: Challenges and Emerging Opportunities in Nepal*. Organizing Committee of Policy Dialogue for Center for Child Welfare Board, UNICEF, Save the Children & SOS Children's Village Nepal. Page 164.

What are the documented outcomes for children that have been alternative care in Nepal?

When key informants were questioned about the impact growing up in residential care might have on children, many who own or manage residential facilities believe they offer children a positive experience with no negative consequences only opportunities. Several key informants spoke of how in a couple hours or a couple of days after being left by parents, the children were 'happy'. None of the key informants holding responsibility for provision of residential care expressed concerns regarding the psychosocial wellbeing of children. Assessments are not being undertaken to ascertain the emotional and social development and wellbeing of children in their care and access to counselling and psychosocial support is rare. One key informant told us:

'If we bring them ourselves they are happy, the children always they like to play. Once they come and they are outside they enjoy it. When they come with their parents or their relatives, what they say, first of all is they don't like to stay. They want to go back with them. But you know, 1 hour or 2 hours, they feel this is much more special and much more lively for them. That's when they like to stay. Then you know, the children when they come, they don't want to go back to their home. Even in the festivals. They say now we want to stay.'

Another informant spoke of how, if children remain unhappy in their care for a significant period of time, they send them back to their families:

'If sometimes, they stay one or two years they didn't like to stay. I think what happens is we tried so much with counselling, workshops, training, and personal visits with them and then after all, if you feel they don't like to stay, here, we say to their parents, she doesn't like to stay here can you take him / take her.'

A 2008 study published by Terre des Homes, discussed the attitude of a Director of a residential facility who 'seemed totally unaware of the psychological issues' that can affect children separated from their family. The particular instance being discussed in this report, related to the separation of twins, an action the Director considered as 'normal'.⁸⁵ Overwhelmingly the children with whom we worked with during the fieldwork in Nepal provided information indicating how much they miss their families and the action of being separated from them is something that still makes them sad.

Finally, commenting on the Government of Nepal's standards for residential facilities issued in 2012, TdH noted how the:

...indication is to date that the orphanages in Nepal have exposed children to some degree of devastating disadvantage and whilst

85 Terre des hommes Foundation (20018) *Adopting: The Rights of the Child*. Terre des hommes Foundation and United Nations Children's Fund (UNICEF). Page 25.

superficially caring for the direct needs of the children are not addressing the long term solution for children's welfare.⁸⁶

Children in alternative care in Nepal

How is informal care used in Nepal?

Informal Care as defined by the UN Guidelines for the Alternative Care of Children is when a 'child is looked after on an ongoing or indefinite basis by relatives or friends at the initiative of the child, his or her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body'.⁸⁷ The Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child'.⁸⁸ It may be formal or informal in nature (it is considered formal when it has been ordered by a competent administrative body or judicial authority.)

In the absence of any data on children living in informal care in Nepal, information drawn from the desk review and interviews indicate a significant number of children live in informally arranged extended family care, or in other households across Nepal.

Key informants spoke of what they referred to as informal 'foster care' being a common response to the care of children who were either orphaned or who were unable to live in parental care for other reasons including those of poverty. This 'foster care' is not only provided by extended family, but also by other families in the community. Informants also told us this practice used to be more widely practiced especially in rural area. They said that some changes had occurred in societal and community practices, most especially since the internal conflict in Nepal between 1995 and 2006. During the conflict over 100,00 people were internally displaced and internal migration to urban areas increased migration to urban areas with an impact on the usual practice of informal care.⁸⁹ One key informant also spoke of how 'this structure somehow got damaged from mid-1990's once the conflict started in Nepal and then the whole concept of institutionalising children came up'.

However, in the results of a 2015 assessment, the Government of Nepal concluded that in terms of informal systems, the role of community is still instrumental in the protection of children including the manner in which there are:

... traditional spontaneous ways used by community members – children, women, men, relatives, neighbours, traditional and religious leaders and helpers, teachers, health workers, etc. to

86 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 6.

87 UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.*

88 *ibid.*

89 Source: <https://www.insightonconflict.org/conflicts/nepal/conflict-profile/>

address/to cope with child protection issues, without any external intervention.⁹⁰

One informant for this study insisted that:

'... in Nepal we do have many things that are informal. We do have very strong family bond, so the alternative care is also related with the overall family, what you call family bond, but it's very much informal. And many people do not want to make it very formal because it is with relations...it is family matters. That is the main thing.'

Key informants spoke of how informal child protection systems in Nepal are recognised as bridging the gaps between communities and the formal system, and community welfare boards do have a responsibility to refer cases of protection violations to the authorities when necessary. It is unclear however, as to how often this role of local welfare boards is actually fulfilled. Furthermore, a Government of Nepal mapping of alternative care has also noted concerns that children in the care of relatives or neighbours may be 'neglected, abused, exploited for domestic labour, or sold into forced marriage'.⁹¹

What types of formal alternative care are available in Nepal?

Formal arrangements for children without parental care in Nepal include placement in a residential home or with extended family.

Residential care

Conclusions in a 2015 report issued by the Government of Nepal found that:

Too often, children are placed in residential/institutional care as a measure of first resort for indefinite periods of time – a practise which is not in compliance to the necessity and suitability principles enshrined in the UN Guidelines for Alternative Care for Children.⁹²

Use of residential facilities is the primary form of alternative care in Nepal, with the vast majority of residential facilities in Nepal being run by non-state providers. They vary from small to very large in size. There are also 10 SOS Children's Villages and a number of other providers have replicated the SOS model of houses clustered on an enclosed site in which children reside with one or more paid staff in each dwelling. In 2015, the Government of Nepal reported there to be a total of 585 residential facilities situated in 45 of the 75 districts of the country, with the highest proportion found in the urban areas

90 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Pages 38-39.

91 Ibid. Pages 38-39.

92 Ibid. Page 14

of Kathmandu (205) and in Lalitpur (134).⁹³ Of the 15,811 children in these residential facilities, there were almost equal numbers of girls (7,838) and boys (7973).⁹⁴ As illustrated in Table 4, these facilities varied greatly in capacity with two facilities housing between 100 and 200 children and two respectively had 446 and 502 residents.⁹⁵

Table 4: Children in residential facilities in Nepal 2015⁹⁶

Number of children	Number of residential facilities
Up to 10	124
11 to 100	443
101 to 200	15
201 to 400	1
401 to 500	1
Over 500	1
TOTAL	585

Data in Table 5 illustrates the differences in numbers of children in residential facilities, between 2008 and 2015. There are also reports of unregistered residential facilities in Nepal although the numbers of such provision cannot be confirmed.⁹⁷

⁹³ Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal. Page 6.

⁹⁴ *ibid.*

⁹⁵ *ibid.*

⁹⁶ Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal.

⁹⁷ Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland.

Table 5: Residential Facilities in Nepal 2008 – 2015

Year	Total number of residential facilities	Total number of children in residential facilities*
2008	454 ⁹⁸	11,969 ⁹⁹
2009	444 ¹⁰⁰	11,726 ¹⁰¹
2010	444 ¹⁰²	11,137 ¹⁰³
2011	602 ¹⁰⁴	15,095 ¹⁰⁵
2012	767 ¹⁰⁶	not available
2013	797 ¹⁰⁷	15,215 ¹⁰⁸
2014	594 ¹⁰⁹	16,617 ¹¹⁰
2015	585 ¹¹¹	15,811 ¹¹²

* there is no indication whether this data accounts for children who have entered the care system more than once in any given year

Key informants for this study also called attention to the increase in recent years in the number of residential facilities. This increase, is reported to be:

... a relatively new phenomenon in Nepal with its roots in the 10-year armed conflict, which ended in 2006. During the conflict, traffickers portrayed themselves as boarding school representatives and made promises to parents about modern schools and safe living conditions in Kathmandu, which their children could benefit from. However, instead of being taken to educational institutions, these children were taken to under-resourced children's homes

98 *ibid.* Page 3.

99 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board. (2008) *The Situation of Children of Nepal 2008*. Government of Nepal. Kathmandu: Nepal, Page 60.

100 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board. (2009) *The Situation of Children of Nepal 2009*. Government of Nepal. Kathmandu: Nepal. Page 42.

101 *ibid.*

102 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board. (2010) *The Situation of Children of Nepal 2010*. Government of Nepal. Kathmandu: Nepal. Page 64.

103 *ibid.* Page 65.

104 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal. Page 8.

105 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board. (2011) *The Situation of Children of Nepal 2011*. Page 50.

106 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal. Page 8.

107 *ibid.* Page 3.

108 SOS Children's Villages International (2015) *A Snapshot of Alternative Care Arrangements in Nepal: Based on SOS Children's Villages' assessment of a state's implementation of the Guidelines for the Alternative Care of Children*. SOS Children's Villages International. Innsbruck: Austria. Page 3.

109 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal. Page 3.

110 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2014) *The State of Children in Nepal 2014*. Central Child Welfare Board. Kathmandu: Nepal. Page 84-85.

111 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *The State of the Children in Nepal 2015*. Central Child Welfare Board. Kathmandu: Nepal. Page 79-80.

112 *ibid.*

where they were at risk of exploitation and inter-country adoption as 'paper orphans' (children with living parents whose legal papers have been falsified to portray them as orphans).¹¹³

A 2014 Government study¹¹⁴ of 131 residential facilities found the largest percentage of all children in care were those aged 12 to 17 years old (53.5%) as illustrated in Figure 8. There was very little differential between numbers of girls and boys. Of the total 4,365 children living in these residential facilities, 183 children were reported to have a disability, of which 60% were noted as having a physical disability.¹¹⁵ Children are expected to leave alternative care in Nepal when they reach their sixteenth birthday. During interviews with non-state providers of residential facilities, many indicated they expected to keep the children for the rest of their childhood, and beyond. In one residential facility visited during the field research, the manager indicated they expect keep all the children they receive until they are 23 years old. This included a four-day-old baby who had just arrived.

Table 6: Children, disaggregated by age and sex in a sample of 131 residential facilities ¹¹⁶

Age	Total		Girls		Boys	
	No.	% of (n=530)	No.	% of the age group	No.	% of the age group
Birth-2 years	58	1.3%	35	60%	23	40%
3-6 years	424	9.7%	223	53%	201	47%
7-11 years	152	34.5%	65	43%	87	57%
12-17 years	1509	49%	702	46.5%	807	53.5%
Above 18 years	197	4.5%	118	60%	79	40%
Not reported	43	1%	19	44%	24	56%
Total	530	100%	264	49.81% of (n=530)	266	50.19% of (n=530)

With regards the duration of stay in residential care, as illustrated in Table 7, a 2014 Government study¹¹⁷ reported that of 530 children's cases assessed, 32% of children had been there between 6 and 11 years with 8% having experiencing an even longer stay.

113 Next Generation Nepal (2014) *The Paradox of Orphanage Volunteering: Combating child trafficking through ethical volunteerism*. Next Generation Nepal. Page xi.

114 Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal and Quality Care in Residential Child Care Homes in 10 Study Districts*. SOS Children's Villages Nepal and Ministry of Women, Children and Social Welfare. Kathmandu: Nepal. Page 39.

115 *ibid.* Page 41.

116 *ibid.* Page 39

117 *ibid.* Page 40.

Table 7: Duration of stay in 131 residential facilities ¹¹⁸

Duration of stay in residential facilities	Total		Girls		Boys	
	No.	% of (n=530)	No.	% of the age group	No.	% of the age group
0 - 6 months	140	3%	69	49%	71	51%
6 months - 1 year	307	7%	157	51%	150	49%
1 year - 2 years	355	8%	167	47%	188	53%
3 years - 5 years	1143	26%	561	49%	582	51%
6 years - 11 years	1390	32%	664	48%	726	52%
More than 11 years	348	8%	193	55.5%	155	44.5%
Not reported	682	16%	351	51%	331	49%
Total	530	100%	264	49.53%	266	50.47%

Little evidence was found in the literature reviewed for this study regarding specific efforts being made to keep siblings together. However, one study published in 2008, found of 71 residential facilities, only 11 had a policy to keep siblings together of which 9 had actively taken steps to enforce it.¹¹⁹

In terms of children retaining contact with their family, according to the information received during the field research, this practice varies greatly from facility to facility. Some providers of residential care routinely send children home for holidays and festival periods and/or retain connections with families through telephone calls and other forms of communication. Others do not. It is significant that the children we spoke to during the field research overwhelmingly miss their families.

A further concern is the restriction of children's movement in and out of the residential facilities, especially when they are also educated on the same site. A 2008 TdH report found of 71 residential facilities surveyed, restriction of movement was 'a serious infringement'¹²⁰ of the rights of the children living there. Twenty nine percent of the children interviewed during the study, told the researchers they were not allowed to leave the site of the residential facility and the remaining 71% said they could only leave according to a set schedule.¹²¹

¹¹⁸ *ibid.*

¹¹⁹ Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland. Page 25.

¹²⁰ *ibid.* Page 13.

¹²¹ *ibid.*

The Government issued guidance 2012 Standards for Operation and Management of Residential Child Care Homes stipulates use of residential care should only be as a last resort, and for those without family and kin¹²². A study in 2008¹²³ concluded that 62% of children in residential care could have been raised by their parents or immediate family members. A 2015 study¹²⁴ undertaken by SOS Children's Villages International in 18 residential facilities noted that according to the Government issued 2012 Standards regulating residential care, admission to such provision should be a last resort. The study found however, almost 50% of the residential facilities 'did not follow any criteria when admitting children into their care'.¹²⁵

Perhaps of greatest concern is that some parents and other family members are persuaded to relinquish children to residential facilities with the expectation they will be offered better living standards, most especially access to higher quality education. A description of unscrupulous actions associated with alternative care in Nepal is contained in the report of a programme conducted by two non-governmental organisations (NGOs), Hope for Himalayan Kids and TdH:

Vulnerability is part of the equation, however, the second part is equally important: it pertains to an offer and demand dynamic. Families looking for better education for their children succumbed to the deceptive promises of a network of traffickers who strategically convinced parents to turn over relatively large sums of money or exchange of precious goods or land in return for taking their children to Kathmandu or India. Unknowingly, they paid a trafficking network to falsify death certificates of parents, declare their children orphans and subject the children to horrific living conditions in illegal institutions in the capital city of Kathmandu. The children were required to beg as a source of support for the traffickers, engaged in forced labour and in some cases were unjustifiably declared as adoptable (and adopted internationally) without the consent of biological parents. While such practices were rampant during the period 1996 – 2007, there is substantial evidence that the trafficking network continues to operate at high levels at present.¹²⁶

The document goes on to relate how 1,500 children have been identified as having been taken through such practices by a District Child Welfare Board in the remote region of Humla. The two NGOs had been working on a reunification project with the children who were removed to residential facilities in Kathmandu and subsequently identified as 'missing'.¹²⁷ Efforts of the NGO, have accounted for just 306 of these children that have

122 Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal & Quality Care in Residential Child Care Homes in 10 Study Districts*. Ministry of Women, Children and Social Welfare & SOS Children's Villages Nepal. Page 29.

123 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 15.

124 SOS Children's Villages International (2015) *A Snapshot of Alternative Care Arrangements in Nepal: Based on SOS Children's Villages' assessment of a state's implementation of the Guidelines for the Alternative Care of Children*. SOS Children's Villages International. Innsbruck: Austria. Page 5.

125 *ibid.* Page 6

126 Terre des Hommes (2010) *Programme Cooperation Agreement*. TdH and UNICEF

127 *Ibid.*

been 'either rescued or residing under the care of identified organizations. The remaining 1309 are missing, and their whereabouts unknown.¹²⁸

Many key informants also spoke of 'trafficking' into residential facilities and the manner in which some organisations are making a 'business' out of residential care, with concerns about the circumstances children find themselves in as a result.

Quality of Care

The findings of a TdH study in 2008 concluded:

Many children living in Nepal's orphanages, children's homes and other institutions...are not able to fully enjoy their basic rights: the right to a family, to identity, to freedom from physical abuse, and freedom of movement. While some child centres provide adequate essential support, others deny a wide range of rights and have lasting effects on the lives of the children concerned.¹²⁹

Regular monitoring is carried out by teams of Government staff from district authorities. They assess each residential facility based on the criteria outlined in the Government's 2012 Standards for Residential Child Care Homes. Facilities are awarded a rating between A to D. Those marked as D are being closed under the orders of the Government and those marked as C are asked to make significant improvements.¹³⁰ Between 2006 and 2014, staff from the Government Central Child Welfare Board and District Child Welfare Boards removed a total of 328 children from poor residential facilities following monitoring visits.¹³¹ Of these children, 200 were reunified with family. However, due to false documentation and lack of other information, 128 children had to be placed in other residential facilities.¹³²

A 2008 TdH report¹³³ referenced a Government nationwide survey of residential facilities in June 2008. The assessment found only six residential facilities (1.32%) were classified as category A, 56 facilities (12.33%) were in category B, 194 facilities (42.73%) category C and, 198 facilities (43.61%) in category D. Further details of the Government's standards and regulation of residential facilities are discussed later in this report, but it is important to note here, that there are efforts to monitor and regulate residential facilities. This is also tempered by the fact that there are unknown numbers of providers not registered with the Government.

128 *ibid.*

129 Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland. Page viii.

130 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal.

131 *ibid.* Page 15.

132 *ibid.*

133 Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland.

A Government study¹³⁴ of 131 residential facilities found Government issued standards and regulations were not being met, for example:

- children had been admitted with insufficient or falsified documents
- many residences lacked proper documentation and did not meet standards of admission and reintegration processes
- most facilities did not hold child protection policies
- many organisations had insufficient knowledge on child rights, Children's Act, 1992 and its Regulation, 1995, National Children Policy, 2012 and Standards for Operation and Management of Residential Child Care Homes 2012
- many organisations lacked financial transparency and sustainable fund raising plans
- reports were gathered of abuse, including cases of sexual abuse and exploitation perpetrated by staff and by international volunteers
- national and international volunteers were residing in the facilities

Religious influences were also referred to in this report and a small number of informants spoke of monasteries for example, providing care for small numbers of children. We assume many of these religious institutions are amongst those not registered with local Government authorities as there are no specific references to this form of care provider in any Government reports reviewed for this study.

During the field research for this study, we visited eight different residential facilities but did not see the children's accommodation in two of them. The conditions in the six centres visited in detail, varied greatly. For example, the physical conditions in SOS Children's Villages are well established, and investment has been placed in infrastructure of houses and other buildings including schools and technical workshops. Two facilities we visited were considered particularly poor by the international researcher in terms of the basic physical conditions. In many of the facilities, the researchers were also concerned about the lack of support services including psychosocial counselling, and the number and type of staff available. In all but one facility visited, the expectation is that children with parents and families will remain in these facilities for the rest of their lives. Many of the key informants spoke about the opportunities offered to children in their 'care' as being far in excess of what their families could offer. When specifically asked about the social and emotional outcomes for children, the vast majority of managers and care staff did not identify any negative impact, but only wanted to speak of the advantages of their service.

Of concern is the treatment some children experience while living in residential facilities. For example, cases of sexual and other abuses have been reported.¹³⁵ During the period of the fieldwork for this study, newspaper reports documented how a citizen of the USA had been imprisoned by the Nepalese authorities for abuse of children in a residential

134 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal. Pages 11-12.

135 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal.

home in Nepal. A TdH study also found practices such as 'hitting children', 'isolating them', and 'locking them inside the toilet'.¹³⁶

Adversely, those residential facilities with high standards such as the SOS Children's Villages are also a magnet, attracting parents and extended family who continuously relinquish children to secure access to better education, housing, food, and clothing offered in these residences. According to a number of key informants, the great efforts placed in the development of standards for residential care by the Government of Nepal, although contributing to the quality of residential provision, nevertheless has placed an emphasis on this form of alternative care and, some say, even encouraged its proliferation. Some key informants believe this situation provides a Government mandate that contributes to the ongoing status quo of residential care provision, whilst there is no such insistence in investment in alternative forms of family-based care.

A further concern in Nepal is the manner in which some residential facilities encourage and welcome visits from tourists and volunteers as fundraising opportunities. Although the Government of Nepal has issued regulations regarding the visits of tourists and volunteers, including strict penalties if volunteers are found to be residing in the residential facilities, this practice is known to continue. Indeed, whilst the researchers were visiting one residence, they noticed the presence of a female volunteer. When the management were asked if the volunteer was staying on the premises they said definitely not. When the volunteer was asked where she was sleeping, she showed them her place in the bedroom alongside the children.

In 2014, in order to raise awareness of the dangers posed by an ever increasing practice by some organisations that encourage strangers to work, play and reside with the children in their care, Next Generation Nepal published a document¹³⁷ calling to account poor and dangerous practices and recommendations to promote more ethical attention to children's safety. The report identifies how residential facilities have had to shift their fundraising efforts from facilitating inter-country adoption, after the Government of Nepal started to heavily regulate it, to a focus on contributions from tourists. The report uses the term 'voluntourism'¹³⁸ to define a range of activities related to support of residential facilities by individuals who are primarily, or were initially, tourists. The authors refer to the persons moving children into the facilities they own and manage as 'traffickers'.¹³⁹ These are people that have recognised there is money to be made by running 'orphanages' in tourist areas as long as they can 'ensure an ongoing supply of 'destitute' children to attract donations from sympathetic tourists'.¹⁴⁰ Of the registered residential facilities in Nepal, it is estimated that almost 90% are located in the five main tourist districts.

It is very apparent when using web-based search engines such as Google, just how many organisations based not only within Nepal, but in other countries of the world, are advertising for volunteers to visit and volunteer in children's residential facilities. This link illustrates the case in point for example: https://www.google.co.uk/?gfe_rd=cr&ei=-1kwWLibONT38AenirXAAg&gws_rd=ssl#q=volunteer+orphanage+nepal

136 Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland. Page 12.

137 Next Generation Nepal (2014) *The Paradox of Orphanage Volunteering: Combating child trafficking through ethical volunteerism*. Next Generation Nepal

138 *ibid.* Page xi.

139 *ibid.* Page xii.

140 *ibid.*

During the field work in Nepal we had the opportunity to conduct a number of focus group sessions with children living in residential facilities. A precis of the information they provided from children from two of these facilities is provided in Figure 2.

Residential Facility One.

What makes me happy

Children wrote of the importance of family. When the children each drew a flower and placed the people most important to them in the petals, predominantly they placed mothers, fathers, brothers, sisters, grandmothers, uncles and teachers.

Children wrote of the importance of friends in the residential facility. Two children mentioned how they had 'good security' and good 'education and sports facilities'. Indeed many of the comments in the happy bag related to material provisions including those of education, food and clothes. One child wrote 'love me as if they are my family'.

What makes me worried

In relation to their journey into care children wrote about their anxiety being separated from their family and how that upset them. Another wrote they were 'sad to leave my village' and yet another how, his 'family left me when we were visiting the city.' A child placed a note in the worry bag about their mother dying and another how their brother used to cause trouble.

When writing about their worries whilst living in the residential facility many children wrote of their families and how they miss them. One child wrote they missed their 'father and mother – I remember them a lot'. Other comments included, 'my grandmother didn't visit me for a long time,', 'I have to live far away from my own family' and, 'I couldn't go home since I came here. I am unhappy'.

Letters

The researchers note how the letters the children wrote in this particular residential setting was how they were almost all worded in exactly the same way which may suggest the children were prepared in advance to provide such information. The information in the letters are also somewhat contradictory to the confidential notes they put in the 'worry' bag. Here are extracts from two of the letter:

'I am fine here, I hope you are also fine. I kindly request you to come to live here in XXX and make your future bright as you are hardworking, intelligent, laborious and compassionate person but have no parents.'

You get all types of facilities here including, playing, food, education etc. There are four family houses, a school and a lot of children just like you. All types of medicines and equipment are available here for treatment when we get sick. While coming here, you have to write a letter mentioning about yourself and your family situation.

'This Child Care Home was established in 1995. It was founded by Alexander Smith of Germany. This organization has played important role in children's sector. When you come to this organization, you always have to abide by the rules and regulation of the organization. You can get all facilities including clothes, food, play, study etc. here. It is not allowed to do drug abuse after coming to this Child Care Home. It is necessary here to love younger ones and have to respect elders and staff.

Residential Facility Two.

What makes me happy

When the children each drew a flower and placed the people most important to them in the petals, predominantly they placed the 'house mothers' and the children they reside with and teachers. They placed their relatives in the outer petals indicating them to be less prominent in their lives.

However, when children were asked what made them happy before they came into care they wrote such comments as, 'I was happy because I had my own parents', 'I had my own family and we could share sorrows and joy', 'I used to be happy because I had everyone in my family, and, 'I used to be happy because all my family loved me'. Indeed all the comments related to the love they had received from their parents and other family members.

When children were asked about their life in residential care many wrote about the importance of friends. Comments included, 'I have some good friends' and how 'nobody need grow up alone' there. Many referred to other children in the facility as their 'brothers and sisters' and also how they had a 'family'. One participant wrote 'children who have lost their families get loving home and family'.

There were also many comments in the happy bag related to material provisions in the residential facility including those of 'proper facilities', 'nice clothes', 'good health checks' and 'good quality education'. One child wrote 'I feel happy because I have a loving family'.

What makes me worried

In relation to their journey into care one child wrote they were 'unhappy because they left me at the hospital.' A child wrote, 'my father abandoned me' and another, 'in my childhood I didn't get my father's love'. Others mentioned the lack of education and food and 'proper care'. One child mentioned how they didn't see their mother and another of how they worked as a domestic helper.

When writing about their worries whilst living in the residential facility unlike children in other facilities they did not write so much about their own families. Mostly they wrote of how disagreements with friends upset them and being teased

Letters

Many of the letters written by the children mentioned the 'facilities' in the village and how they call the adults 'father' and 'mother' and the other children 'brothers' and 'sisters'. These a few extracts typify many of the letters.

'Many facilities are given here but you have to use them properly. If you use your facilities that are given to you, you will be successful in your life....Oh no I forgot to say about rules. In this village there are many rules. Some are - All children in this village are brothers and sisters. We should maintain the clean environment.... So I hope you will be coming here and spending your days nicely.'

'Dear, I hear you are coming to our village. But you first have to know the rules of our village. If you know the rules you don't have problems. Oh accept that first...Many facilities are given here but you have to use them properly. '

'Dear brother...I am feeling good to write this letter to you. I get a good opportunity to describe about my feelings and the place I live...Sometimes I get angry, happy and cry also but here I found different ways to quiet myself. I don't know tomorrow but today I was in the condition I feel ok. I read hard to get success, I do some work and other extra activities... the child who are orphans, homeless, poor, unable to do any activities only accept here by giving more care, respect love, as their own family. I want you to come and stay to make your future bright...'

'I am going to write a letter for you because I know you are a so needy girl but I am here. I know that you are worried there. I can understand your feeling. You are not happy there. At first I was also like you. But when I came here I feel happy and also I have got a mom and lots of

care and love from mom...If you come here your life will also be like mine...Please keep smile and be attention and also walk in the right way. I know you will understand my point. Don't be worried there. If there is a problem you can share with your mother, uncle, dad, sister, brothers. I requested you that please don't mind and done be sad.'

Figure 2: Experiences of children living in residential care

Deinstitutionalisation

The Government of Nepal has not issued a specific strategic plan for deinstitutionalisation. In 2011, a report on alternative care in Nepal noted how the 'Government's strategy to children's welfare at a national level has been to improve the standards of institutions as opposed to taking steps to close them down and initiating a more complex social services response'.¹⁴¹ The report went on to say how the National Plan of Action for Children 2004-2015 had affirmed this situation by the way in which 'response to abandoned and orphaned children's needs is to enable more registered children's homes to operate and to grade these orphanages in the endeavour to meet a minimum standard of living environment for these children.'¹⁴²

Key informants from Government ministries and departments identified their concerns regarding proliferation and use of residential facilities and how newly developing legislation and plans for child protection reforms will favour family preservation and family-based alternative care. However, no one spoke of specific targets for the reduction of residential facilities. As one key informant confirmed, 'so all the alternative care mechanism will be practiced, family care, foster care, community care...this is in the long run but in the short run our duty is to make the child welfare homes run smoothly as per the standard that has been passed by the Government.'

Key informants spoke of efforts to close some residential facilities through facilitating reunification of children with their families and communities undertaken by a small number of national NGOs including Next Generation Nepal, The Himalayan Innovative Society, Solhimal and the Umbrella Foundation. For example, a major programme began in 2010, included the return of children to parents, extended family, or other family-based care after having been taken from the remote area of Humla to residential facilities in Kathmandu. Such programmes include family support programmes to facilitate the reunification process as well as prevent further separations.

141 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 6

142 *ibid.*

Foster Care

Foster care, as a form of alternative care, is described in the UN Guidelines for the Alternative Care of Children as 'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care.'¹⁴³ The Handbook 'Moving Forward'¹⁴⁴ produced as a tool to assist with implementation of the Guidelines, identifies the use of foster care as a form of short- or longer-term placement, depending on suitability and circumstances. In reality, the term 'foster care' used in different countries to describe a range of formal, and sometimes informal, care settings.

The term 'foster care' is used in Nepal to denote a range of formal and informal alternative care provision. Some key informants interviewed during the field work for this study referred to informal extended family and kinship care as foster care. In addition, some interviewees referred to residential facilities as foster care homes.

A small number of national NGOs, with the support of international agencies are piloting foster care programmes in which they place children with non-biological families. We would highlight, that none of these placements, into these different forms of care labelled as 'foster care', requires formal approval by any Government authority although the NGOs have included local Governmental bodies in their programming.

Even though the Nepalese Children's Act (1992) identifies foster care as a preferential form of alternative care, there is no formally structured provision of foster care, or elaboration of procedures, regulations, and monitoring of foster provision mandated in law. Commenting on this situation, SOS Children's Villages issued a report in 2015 that highlighted the fact 'there are no criteria defined to assess the suitability of the foster carer'.¹⁴⁵

When we asked key informants their opinion about foster care, some were positive about the development of such provision. One informant told us:

'I don't advocate that foster care has to be like the western model. Not at all. I think it's a title. But what I'm saying is, that there should be some sort of appropriate alternative family type care, even if you don't call it foster care.'

Another key informant, when asked about foster care replied:

'... this is one of the types of alternative care we have mentioned in our proposed guidelines. Conventionally it is there in a way, but not actually anywhere in the system. But, I have heard although it's

143 UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142*

144 Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.

145 SOS Children's Villages International (2015) *A Snapshot of Alternative Care Arrangements in Nepal: Based on SOS Children's Villages' assessment of a state's implementation of the Guidelines for the Alternative Care of Children*. SOS Children's Villages International. Innsbruck: Austria.. Page 3.

beyond my knowledge actually whether it has really been practicing in Nepal. In a way foster care is there it has been practicing but not strictly following an international standard maybe. It is there in a way.'

Likewise Dahal concluded the Government of Nepal should 'provide an enabling environment and better choices regarding the alternative care of children with an emphasis on foster care placement of individual children'.¹⁴⁶ Ghimirie writing on alternative care proposed the recommendation that the Government 'recognize and register the foster family along with appropriate support provisions so that the culture of taking care of relatives' children when required will be promoted.'¹⁴⁷

One representative of an NGO participating in piloting foster care, spoke of how 'it was not an easy task, first of all we struggled to make them understand in the community'. People asked them 'what is this, what is foster care? This key informant said they were asked if this was 'something we are importing from Western countries?' and his observation was that 'it is not really true that we are importing foster care. But it is the terminology is new but we have already practiced in our context'. The informant went on to explain how they started on a 'very small scale, our target was very small but we were able to work with 45 families'. In order to recruit carers, they undertook intensive publicity and awareness raising campaigns, utilising local media and distributing leaflets. Following this, they 'found there was growing interest from the community people who wanted to protect children within their family, they offered themselves, they wanted to be foster parents.'

This project team realised two different types of prospective carers came forward; those with a sense of social responsibility, and those who were interested in the material support on offer. They established criteria, based on the safety and best interest of a child, for the selection of foster parents who really wanted to offer care and support to a child. The organisation trained their own workers to undertake 'rigorous assessment and matching with the child and the family' including background police checks. The support offered to foster families included ongoing advice, and assistance with such issues as education costs, food, and clothing. As a result of ongoing monitoring, it was realised that a few families were not suitable, and children had to be moved to another placement.

The key informant provided a few examples of the cases their organisation had administered, including that of a mother with mental health problems who gave birth to her daughter in the street and was unable to care for the baby. The day the child was born, the agency placed her with foster parents who were '*already prepared and ready*'. They also stressed how foster care is a temporary placement, and 35 children who went into foster care due to family difficulties have now been reunified with their parents. The key informant highlighted that, throughout the programme, they involved local government officers including the local Child Rights Officer.

146 Dahal, B.P. (2013) Policy and Planning for Alternative Care of Children. In: Maskay, B.K. (ed.) Alternative Care of Children: Challenges and Emerging Opportunities in Nepal. Organizing Committee of Policy Dialogue for Center for Child Welfare Board, UNICEF, Save the Children & SOS Children's Village Nepal. Page 71.

147 Ghimire, S. (2013) Implementation Mechanisms and Modalities for Alternative Care of Children Programs. In: Maskay, B.K. (ed.) Alternative Care of Children: Challenges and Emerging Opportunities in Nepal. Organizing Committee of Policy Dialogue for Center for Child Welfare Board, UNICEF, Save the Children & SOS Children's Village Nepal. Page 77.

A project evaluation does note how a 'lesson learnt from this trial was that it was extremely important to consider the matching and the processes including the training of Foster Parents before placing children with potential carers'.¹⁴⁸ During this study, no evaluations were found providing information on the long-term qualitative outcomes of these projects, or any other impact on children and their families.

If the Government of Nepal is committed to reforming the national child protection system, and developing suitable forms of alternative care in line with current and emerging legislation and the UN Guidelines¹⁴⁹, there is a need for investment in family-based care. This will only be appropriate, however, if careful consideration is given to the development and monitoring of regulations, procedures, and standards matched with provision of sufficient staff possessing appropriate competencies and skills, so that family-based alternative care can be effectively delivered and enforced.

Prevention

Informants spoke of how the Government is beginning to place emphasis in legislation and policy on preventing the unnecessary removal of children from their families. However, no information found during this study suggests this rhetoric is matched with a systematic, Government-led approach through which this would be realised.

Although the underlying causality of poverty and, perceived or real access to quality education and other services, has been identified as a principal reason children are separated from their families. However, apart from small grants made available through local authority boards, key informants spoke of the lack of Government schemes that specifically target families when there is a risk they will relinquish their children. In this respect, they said, access to universal social services is a major concern. Informants told us how some families are unable to meet the small costs related to school uniforms, and the payment of 5000 Nepalese Rupees (around \$50 dollars) a term for education 'supplementary costs'.

The Government's own assessment of the alternative care system noted a significant need to invest in primary prevention, including 'increased access to (and improvement in quality of) education, health, employment, social protection schemes, and other household support mechanisms'.¹⁵⁰ Secondary prevention requiring a specific focus on early detection and specialised interventions for the most vulnerable households, has to date, been primarily addressed through individual projects, developed and implemented by NGOs in Nepal.

There is a range of Government and local authority/bodies including District and Central Child Welfare Boards, Village Development Committees, District Child Protection Committees, Child Welfare Officers, and Child Rights Resource Persons (11 deployed with responsibility for 42 districts) each holding some form of remit with regard child protection, and each working with families at risk of separation. However, key informants

148 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 45-46.

149 UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142*

150 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 35.

indicate there is very little systematic work to prevent unnecessary placement of children in alternative care; even the Government itself, has published findings that reveal that 'prevention, early intervention and response services are not sufficiently extensive in scope or scale'¹⁵¹ and identifies serious gaps in service provision, including 'insufficient attention to early intervention and family strengthening'.¹⁵²

In 2009, a mission to Nepal from The Hague Conference on Private International Law identified the lack of 'specific, long-term (nationwide) family preservation programmes to assist families in caring for their children during times of family crisis, thus preventing the separation of a child from his / her family'.¹⁵³ The report of the mission went on to recommend that the 'Government of Nepal should develop and implement programmes to reduce the need for short-term or long-term institutionalisation of children'.¹⁵⁴ Information received during this study would indicate this situation has not seen any significant change in the subsequent six years.

Overall, information gathered during this study would suggest that in order to prevent unnecessary placement of many children in alternative care, families need improved access to good quality universal services, including education, which is identified as a primary concern, and additional support at times of heightened vulnerability. In addition, and as noted elsewhere in this study, key informants highlighted how the issue of active recruitment of children into residential facilities must be simultaneously addressed if prevention programmes are to succeed.

Reintegration, leaving care and adoption

Reintegration

Although the National Children's Policy (2012) incorporates provisions for the reintegration of separated children with their own families, there are very few examples of such action being undertaken in Nepal. Furthermore, although the Government issued Standards for Operation and Management of Residential Child Care Homes (2012) clearly state that each child in a residential setting should have a reunification plan, information gathered for this report (both through interviews and a desk review) shows that once a child has entered a care facility many will remain there for the rest of their childhood.

Key informants from NGOs in Nepal provided information on some of the projects they have been working on that reunify children who have been in alternative care back with their families. These include Next Generation Nepal, The Himalayan Innovative Society, and Umbrella Foundation supported by international organisations including Terre des Hommes. One example of such a programme concerns families in Humla, a remote area of Nepal from where parents had been persuaded to relinquish their children to owners of residential facilities in Kathmandu. Parents were encouraged by promises that their children would have much better life opportunities, including that of a higher quality education. Efforts were made to trace parents in the first instance. Where this was not possible or, in situations where parents were unable to take their children, the

151 *ibid.* Page 23.

152 *ibid.*

153 Hague Conference on Private International Law (2010) *Intercountry Adoption Technical Assistance Programme Report of Mission to Nepal 23-27 November 2009*. Page 8.

154 *ibid.*

programmes sought care in the extended family, or in other families in the community (information on this aspect of fostering as previously described in this study). Staff trained by the organisation provided support throughout the reintegration process. Working with parents and extended families, the programme offered some material support, but the main aim was the sustainability of the family. The project also assisted with awareness of, and access to, Government services. This one key informant described an 'integrated approach, we reduce our service delivery approach and we increase advocacy to linking with the system'. An evaluation of the programme recommended that 'such an effective venture should be replicated in other parts of the country'.¹⁵⁵ Based on their programme experience, Next Generation Nepal has now released a publication, welcomed by the Government's Central Child Welfare Board, containing detailed guidance on all the necessary steps to safely reunify children with their families and communities.¹⁵⁶

A Government assessment of alternative care in Nepal published in 2014,¹⁵⁷ found 37% of the 131 residential facilities studied had no reintegration policy; the vast majority of these only reunifying families once a child had completed their education or found employment. Of a total 1,525 children that took part in the study, only 77 children aged between 0 to 6 years old and 142 children between of 7 to 11 years old had been reunified with their families.¹⁵⁸ The data does not indicate however, the period covered by the study; rather it refers to 'status of family reunification in the past'.¹⁵⁹

Further concerns relating to reintegration of children and their families is the issue of fake documentation issued to children when they are placed in residential facilities (this makes it difficult to trace families), and, the length of time children remain in care (which is resulting in the breakdown of relationships between children and their families).¹⁶⁰

Leaving Care at 16 years of age

The legal age of majority in Nepal is 16 years. The provision in regulations governing residential care, stipulates that children leave at the age of 16 years, but this can be extended for two years if there are issues regarding livelihood, or economic instability.¹⁶¹ Government standards also state that residential facilities are obliged to prepare individual reintegration plans for care leavers, including work-orientated training.¹⁶²

Many of the staff from residential facilities interviewed for this study, said the only steps they take for young people when they reach the age of 16 years is to send them back to their families. Some of the organisations in which key informants work, allow young people to stay until they are aged between 21 to 23 years old. The key informants

155 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 41.

156 Next Generation Nepal (2015) *Reintegration Guidelines for Trafficked and Displaced Children Living in Institutions*. Eugene: Canada.

157 Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal & Quality Care in Residential Child Care Homes in 10 Study Districts*. Ministry of Women, Children and Social Welfare & SOS Children's Villages Nepal.

158 *ibid.*

159 *ibid.* Page 64.

160 Government of Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *State of the Child Care Homes in Nepal*. Central Child Welfare Board. Kathmandu: Nepal.

161 Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal & Quality Care in Residential Child Care Homes in 10 Study Districts*. Ministry of Women, Children and Social Welfare & SOS Children's Villages Nepal. Pages 24-29.

162 Government of Nepal. *No 1.4(E) of Standards for Operation and Management of Residential Child Care Homes*, 2012.

mentioned no preparation, facilitation, or follow up support. When asked what effect leaving care in this way might have on the young people and the family, the key informants were unable to identify any detrimental concerns that returning young people to families (after having been estranged from for many years) might cause. It seems to be accepted as a normal practice.

However, a number of non-government organisations (including SOS Children's Villages) have increased the work done with young people in preparation for leaving care. Examples of such support provided by interviewees included assistance with securing accommodation, employment, and access to higher education. SOS Children's Villages, Gandaki, for example, work with young people to prepare them before they leave care. This work includes through preparation and realisation of care leaving plans, provision of technical skills, access to higher education, and helping to find employment opportunities. SOS Villages have also purchased two houses in the town that provide accommodation for females aged 16 years and upward whilst they transition to totally independent living. A third house purchased in the same neighbourhood (very close to the girls) allows an SOS support worker to be on hand at all times. For the young men leaving the SOS Children's Village, provision is made in an independent building in the SOS Children's village itself, where they start to take responsibility for skills necessary for independent living such as washing clothes, cleaning, cooking, shopping etc. SOS also employs a male member of staff to provide them with specific support.

We understand that other models of independent living, similar to the one described above, are also provided by organisations such as Hope for Himalayan Kids Nepal.¹⁶³ Staff interviewed from the international NGO Terre des Hommes, also provided details of the care leaving programme they have been supporting through national NGOs. These programmes provide young people leaving care with support in different aspects of social integration, as well as something they identified as being particularly important, 'the development of self-esteem and self-empowerment.' One informant spoke of how many care leavers:

'...have so many emotional problems that they cannot do anything...they have things they cannot do. That means they are not in a position to develop...they don't know where to go because the orphanages have never prepared them, so that is the problem. They said also they don't know anything. They don't know any social skills, so this is the problem.'

During the field work in Nepal we had the opportunity to conduct a number of focus group sessions with young people who had left or, were transitioning out of, care. A precis of the information they provided is related in Figure 3.

163 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 50.

Figure 3: Experience of young people leaving care

We met with young people who were in the process of transitioning from residential care to total independence. They are currently living in houses based in the community but still with support provided by a full-time member of staff from the residential facility dedicated to their care. We invited them to write about what makes them happy.

What makes me happy

Even though they had not been living with their own families for many years, they wrote about the importance to the. For instance, they wrote such comments as, 'when my mother loves me' and, 'when my father takes me on outings'. One young person wrote she was happy, 'when I get knowledge and a good family and good surroundings and when I get my lovely mother' and another, 'when I get together and study with my siblings'.

What makes me worry

When we invited them to write about what worried them, comments included, 'when our opinions are not heard' and, 'when people don't take notice of what I say I feel bad'. They illustrated how missing their family made them unhappy and one young person wrote, 'when others have visits from their biological families and I don't'. Another collective worry was when there were 'misunderstanding between friends and family'.

Adoption

National Adoption

The Ministry of Women Children and Social Welfare is responsible for inter-country adoption procedures in Nepal. The courts do not have a role in authorising adoptions in case of inter-country adoption. Information gathered during the field visit for this study suggests that at this current time, inter-country adoption has almost been suspended. According to Government sources, a total of 241 children have been adopted within the country during 2009 to 2013.¹⁶⁴

When asked if they place children in their care for adoption, key informants from residential facilities unanimously answered 'no'. One respondent in response to the question said 'they are our children'. When the manager of a residential facility that has many small babies, infants and young children was asked about adoption, she replied she would not send them for adoption. She thinks adoption is probably a 'very big and long process.' She went on to say 'actually we don't know this process'. The informant said she would keep all the children in her facility until they reached the age of 23 years old. Her parents also run another similar residential facility.

Another key informant explained how adoption had been used by some people to make money, and as a result she was 'very negative' about the process. She went onto say, 'normally I'm not against adoption. But in Nepal adoption became a business.' A second key informant when speaking of adoption agreed, 'it is functioning, but not in that way it's supposed to be. But there are few cases I mean a few domestic adoptions...this last year about eight'.

Key informants spoke of a number of challenges in relation to the adoption process in Nepal. Firstly, they told us that many of the children in alternative care in Nepal are placed there with the consent of one, or both, living parents and legal parental rights are not removed. There is no legal process applied by the courts of Nepal to confer adoption status, this concerns many due lack of formality through a legislative process. Even though residential facilities keep children for many years, it is anticipated that children will automatically return to their families once they reach the age of 16 years, this contributes to the reasoning of some that other forms of family-based care, such as adoption are not necessary.

There is also a lack of standardised and authorised mechanisms and tools to facilitate effective case management and informed decision making by which the most suitable solution for a child can be identified, including if necessary and suitable, that of adoption. Furthermore, there is no professional social work system to support a safe and well-managed adoption process.

In order to facilitate permanent options for children who cannot return to their families, and a safe and regulated national adoption process (as recognised by a mission to the country from The Hague Conference on Private International Law), Nepal needs a 'strong

¹⁶⁴ Ministry of Women, Children and Social Welfare, Central Child Welfare Board (2913). *The State of Children of Nepal 2013*. Central Child Welfare Board. Page 55

Adoption Central Authority with trained staff and a multidisciplinary team...to support a professional and ethical adoption system'.¹⁶⁵

Intercountry Adoption

Intercountry adoption was formalized in Nepal in 1976, when the National Code of 1964 was amended to enable foreigners to adopt Nepali children. Before this, only national adoptions had been allowed. A study on intercountry adoption in Nepal published by TdH and UNICEF¹⁶⁶ provides information on the establishment the Nepal Children's Organisation (Bal Mandir) 1976 and 2000, and its mandate to facilitate intercountry adoption in Nepal. The study also provides Central Child Welfare Board statistics indicating 327 children were placed in intercountry adoption through the Organisation between 1996 and 2000. In 2000, the Government issued Terms and Conditions for Intercountry Adoption, opening up the process to an eventual 47 non-governmental organisations.

Intercountry adoption was suspended by the Government in 2007 (although 400 pending cases were completed) following national and international condemnation of adoption processes reported to contain:

... numerous irregularities, including alleged falsification of documents (children who have parents are declared orphans or abandoned), child centres buying children from biological parents and child centres charging excessive amounts to prospective adoptive parents.¹⁶⁷

However, bowing to pressure from international adoption agencies and national children's residential facility providers, the Government issued new Guidance allowing the process to recommence. In 2008, the Government of Nepal issued Terms and Conditions for Intercountry Adoption and, in April 2009, signed the Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption. A report on intercountry adoption in Nepal concluded that whilst the Terms and Conditions offer a number of improvements, 'they will not prevent malpractice. They do not provide sufficient guarantees to uphold the rights of the child.'¹⁶⁸

A mission to Nepal in 2009 from The Hague Conference on Private International Law found a number omissions in national legislation and the 2008 Terms and Conditions in relation to the 1993 Hague Convention including:

- The principle of best interests of the child is completely absent
- There are no criteria or procedures to determine if a child is adoptable
- No procedures exist to find a permanent family in Nepal for a child in need

165 Hague Conference on Private International Law (2010) *Intercountry Adoption Technical Assistance Programme Report of Mission to Nepal 23-27 November 2009*. Page 11.

166 Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland.

167 *ibid.* Page 9.

168 *ibid.* Page viii.

- The birth family / biological parents do not receive support or counselling about the legal effects of relinquishing their child for adoption or the legal consequences of abandonment, for example, when the child may be abandoned at or near a police station¹⁶⁹

The report of the mission¹⁷⁰ included recommendations to the Government of Nepal that intercountry adoption should be considered in the entirety of an holistic child protection system, obligations toward children deprived of parental care, and, an integrated policy for the process of alternative care to be developed at village and district levels.

A manager of a residential facility spoke of how in the past he had been requested by:

'...a bunch of organisations to facilitate or moderate inter-country adoption... there were lots of people presenting papers and...I told them I am very negative towards adoption...Adoption is complex and if you really want to adopt a child, adopt him in the right way in Nepal. You spend money anyway on that child. Send that money to Nepal. He will get it basically...the children should be in Nepal and the parents should be in Nepal.'

It is important to note how, in the immediate aftermath of the earthquake in 2015, the Government of Nepal reacted quickly to prevent child trafficking, family separation, and intercountry adoption. The Government of Nepal issued an Order that no new residential facilities were to open, and no children could be transported between districts. Check points were set up, and there are reports of children being stopped from leaving their own districts when not in the care of parents or family. In addition, the Ministry of Women, Children and Social Welfare placed a ban on all national and intercountry adoption. The Joint Secretary at the Ministry issued a statement explaining, 'Children are at high risk of becoming trafficking victims during disaster as they can be lured by traffickers with the prospect of comfortable life and better education. So we have banned child adoption for now'.¹⁷¹

With regards the fees for intercountry adoption, information on the United States Bureau of Consular Affairs website notifies prospective adoptive parents that:

The Ministry of Women, Children and Social Welfare charges a fee of \$3,000 for the adoption of an orphan from Nepal. Orphanages charge a \$5,000 fee. Many adoptive parents have reported that orphanages have charged them additional, unexpected fees after they arrived in Nepal.¹⁷²

Finally, we note that many internationally based agencies 'assist' or provide information on adoption from such countries as Nepal. For example, when using search engines with such terms as 'Hague, inter-country adoption, Nepal' some of the first results that appear include the following:

169 Hague Conference on Private International Law (2010) *Intercountry Adoption Technical Assistance Programme Report of Mission to Nepal 23-27 November 2009*.

170 *ibid.*

171 Source: <http://www.internationaladoptionguide.co.uk/from-which-countries-is-it-possible-to-adopt-from/nepal-adoption-criteria.html>

172 Source: <https://travel.state.gov/content/adoptionsabroad/en/country-information/learn-about-a-country/nepal.html>

- <http://nepal.adoption.com/>
- <http://www.frankadopt.org/>
- <http://www.internationaladoptionguide.co.uk/from-which-countries-is-it-possible-to-adopt-from/nepal-adoption-criteria.html>

What is in the legal and policy framework that governs alternative care?

The Government of Nepal signed and ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1990. The Government subsequently signed the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption on 28 April 2009.

Following the ratification of the Convention on the Rights of the Child, the Government of Nepal has enacted a broad range of national laws, regulations, and policies accompanied by strategic frameworks, guidelines, standards, and procedures covering such child protection and alternative care concerns as residential care, child labour, intercountry adoption, trafficking, and gender-based violence. These frameworks have been described as setting out 'a broad range of rights, protections, structures, mechanisms, mandates, functions and funds which collectively shape a partially enabling environment to protect children'.¹⁷³

The Government has also published documents identifying the importance of a broad range of services, including those of social welfare, security and justice, labour, health, and education sectors with their own distinct and relevant laws. Current and recent legislation and Government regulations particularly relevant to child protection and alternative care include:

- Constitution of Nepal (2015 BS)¹⁷⁴
- Children's Act, 2048 BS (under revision) (1992 AD)
- Children's Rules, 2051 BS (1995 AD)
- The Standards for Operation and Management of Child Care Homes, 2012
- National Plan of Action for Children 2004/055-2014/15
- Bonded Labour Prohibition Act, 2058 BS (2002 AD)
- Child Labour (Prohibition and Regulation) Act, 2056 BS (2000 AD) and its Rules, 2062 BS (2005 AD)

¹⁷³ Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 7-8.

¹⁷⁴ Note: *Bikram Sambat* which mean Bikram era is the official calendar used in Nepal.

- Domestic Violence (Offence and Punishment) Act, 2066 BS (2009 AD) and its Rules 2067 BS (2010 AD)
- Human trafficking and Transportation (Control) Act, 2064 BS (2007 AD)
- Juvenile Justice (Procedural) Rules, 2063 BS (2006 AD)

With regards alternative care, the current Children's Act (1992) includes provisions regulating residential facilities. The Act also provides for the establishment of the Central Child Welfare Board (CCWB) at the central level and District Child Welfare Boards in all 75 districts. Section 35 of the Act gives Child Welfare Officers and Police the power to 'handover an abandoned child they have found or handed over to them by any person, to the nearest Children's Welfare Home for care and protection'.¹⁷⁵

Key informants indicated that much of what is written in the law is not being fully realised in practice, we also understand that despite the range of provisions in legislation and regulations, there are still serious gaps.¹⁷⁶ The Children's Act, 1992 for example, has no provisions regarding child victims of violence, abuse, or neglect, or the full continuum of care and protection including prevention, and early intervention, family strengthening, and family-based alternative care. Assessments of the Act raised concerns regarding the lack of clearly defined mandated roles and responsibilities of authorities for the protection of children, gaps in accountability mechanisms and standards and, lack of case management protocols.¹⁷⁷ An overriding conclusion of a recent child protection mapping report¹⁷⁸ is that the legal framework is resulting in overlapping mandates of different Government bodies, inadequate provisions, and weak compliance in terms of care and protection services for children, as well as a fragmented child protection system.

Further comment on the current legislation is found in a report published by SOS Children's Villages International¹⁷⁹ that specifically notes how international provisions such as those in the UN Guidelines for the Alternative Care of Children were not adequately incorporated in the national legislation of Nepal. The authors also noted that although national legislation suggests placement of children in residential care should be the choice of the last resort, nevertheless, the Government's main focus 'tends to be regulating institutional care, rather than focusing on other alternative care options'.¹⁸⁰

The Government in recognition of the gaps in legislation with the input of consultants and NGOs has developed a bill for new Children's Act has been developed and will be submitted to Parliament for its consideration soon. Key informants suggested this new law will emphasise family preservation, alternative family-based care, and the use of residential care as a last option for care provision.

175 Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal. Page 17.

176 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Pages 11-12.

177 *ibid.* Page 9.

178 *ibid.*

179 SOS Children's Villages International (2015) *A Snapshot of Alternative Care Arrangements in Nepal: Based on SOS Children's Villages' assessment of a state's implementation of the Guidelines for the Alternative Care of Children*. SOS Children's Villages International. Innsbruck: Austria. Page 3.

180 *ibid.*

Other concerns regarding the legacy engendered by previous plans includes the 2005-2015 National Plan of Action for Children which key informants believe openly promoted and led to an increase in the number of residential facilities. In response to such concerns, Ministry for Women, Children and Social Welfare Ministry of Women, Children and Social Welfare has drafted national guidelines on alternative care which was discussed with representatives of national and international NGOs.. Representatives of this working group told us that these guidelines will stress the importance of practices that support prevention, reunification, family-based care and signify use of residential care as a last resort.

Regulation and inspection

Organisations wishing to establish and manage residential facilities for children should register as non-governmental organisations with district level authorities. The regulation and monitoring of residential facilities is governed by the 2012 Standards for the Operation and Management of Residential Child Care Homes.¹⁸¹ These standards include recommendations that residential facilities should provide spaces for at least ten children. They regulate for the conditions of infrastructure, and other facilities as well as provision of food and nutrition, education, health, recreation, and psycho-social support. Protection of personal dignity including prohibition of corporal punishment, privacy and female carers for girls is also included. The Standards set out a Code of Conduct for staff and visitors including the number of staff, appointment procedures, roles and responsibilities, and guidance on appropriate behaviour within the residential setting. Standards also call for participation of children including in design of child protection policy, and initiatives for child development, reintegration, and leaving care plans. Facilities have to keep records and personal files for each child, including personal history and related documents, testimony of the child, health and education records, all letters and documentation that authorised the placement, progress reports and, observation reports from time of admission.

The District Child Welfare Board (DCWB) and the Child Welfare Officer hold local responsibility for regular monitoring of residential facilities. They are required to inspect facilities at least twice a year. A recent child protection mapping exercise sponsored by the Government of Nepal found accreditation and monitoring of residential facilities to be weak.¹⁸²

What are the structures responsible for governing and delivering alternative care?

Coordination and oversight

The Office of the Prime Minister and Council of Ministers carry the mandate for the protection and promotion of Human Rights. With overall authority for planning integrated programmes under different ministries, the National Planning Commission (NPC) holds responsibility for coordinating, assessing, and monitoring coherence of programmes run

¹⁸¹ Government of Nepal. *No 1.4(E) of Standards for Operation and Management of Residential Child Care Homes, 2012.*

¹⁸² Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal & Quality Care in Residential Child Care Homes in 10 Study Districts.* Ministry of Women, Children and Social Welfare & SOS Children's Villages Nepal. Page 35

by the different ministries. The National Human Rights Commission (NHRC) is responsible for monitoring child rights violations, and is mandated to receive individual complaints on child rights violations. We understand the NHRC has informally established a Children's Desk to monitor incidences of violations and proposes recommendations to the Government.

Most Government led inter-agency mechanisms established at the national level also exist at district, municipal, and village levels through the work of the District Child Welfare Boards (DCWB), District Child Protection Committees (DCPC), Municipal Child Protection and Promotion Sub-Committees (MCPC), and Village Child Protection and Promotion Sub-Committees (VCPC). It has been noted how this work is undertaken with varying degrees of effectiveness and efficiency across the country.¹⁸³

Information provided by key informants suggests there is recognition by some of the major national NGOs, and, international NGOs, that the Government has the principal responsibility for oversight and coordination of child protection, and their role is to support Government structures. There are also functioning coordination mechanisms between Government bodies and national and international NGOs.

The role of State departments

There is no single authority responsible for the overall implementation, monitoring, and coordination of the child protection system at national and local levels. This responsibility at a national level is divided between the Ministry of Women, Children and Social Welfare (MoWCSW), the Department of Women and Children (DWC), and the Central Child Welfare Board (CCWB).¹⁸⁴

A recent recommendation found in a Government report, called for the strengthening of inter-ministerial coordination through the administration of the CCWB, which in part would help ensure that all stakeholders define and interpret legal concepts and (operational) terms in the same way to promote wide-ranging cooperation, effective monitoring, measurement of outcomes for children, and greater accountability.¹⁸⁵

It is important to note that there is no social work system, and no departments of social work, at either central or local level. There are however, a significant number of different Government bodies at local level that hold some form of remit for child welfare and child protection. These include Chief District Offices (CDOs), District Development Committees (DDC), District Child Welfare Boards (DCWB), Village Development Committees (VDC), Village Child Protection and Promotion Sub-Committees (VCPC), Ward Citizen's Forum, and Ward level Child Protection Committees (WCPC). Further details of these roles and responsibilities can be found in Figure 4. A recommendation resulting from a Government child protection mapping exercise published in 2015 called for reforms at central and district level, to mainstream the overlapping and numerous coordination mechanisms.¹⁸⁶

183 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal.

184 *ibid.* Page 17-20.

185 *ibid.* Page iii.

186 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Pages 26-30.

This recommendation was also reiterated by many key informants interviewed for this study.

Central Child Welfare Board

Responsibilities include:

- Child rights advocacy, promotion, coordination, monitoring, reporting
- Ensure fulfillment/mainstreaming of child rights as laid out in legislation, policies, regulations & plans
- Mobilise resources for implementation of child rights
- Produce annual reports on situation of children in Nepal and CRC reports, based on district reports
- Monitor the situation with regard to child rights and conduct research on situation of services for children
- Establish National Resource Centre on Children and Child Rights
- Form a network of all local and international agencies working in the area of child rights to coordinate actions
- Coordinate the formulation, implementation, monitoring and evaluation of national action plans for children
- Conduct child rights promotion activities
- Advocate for child participation in decision-making especially through Child and Youth Clubs
- Register/supervise children's residential facilities including investigation of reports of sub-standard facilities and rescue children
- Run National Centre for Children at Risk
- Co-fund the Child Helpline

District Women and Children Office

In 2012, District Offices had between ten and 15 staff, out of which seven to 12 were professional / technical staff, plus an average of 12 social mobilisers. Responsibilities include:

- Implementation of women's empowerment programme
- Combating gender-based violence and trafficking
- Managing shelters for women and girls victims of violence in 15 districts.

District Child Welfare Board and Community Child Welfare Board

The Boards are composed of different professionals from various agencies i.e. education, health officers. Responsibilities include:

- Submit an annual report relating to child rights and development.
- Facilitation and monitoring of children's residential facilities
- Production of annual reports on children and programmes/services for children
- Promotion of child rights
- Establishment of District Child Emergency Funds
- Local resource mobilization to respond to cases of children at risk emergency response for reported child protection.
- Collect data and prepare annual reports on status of children

District Child Protection Committee

The Coordinator of a DCPC is the Child Welfare Officer and the Secretary is the Child Rights Officer. Responsibilities include:

- Collection of information related to protection and promotion of children
- Establishing referral mechanisms for interim protection and rehabilitation of children in need of special care and protection
- Provision of emergency assistance to families
- Supervision of children's residential facilities
- Preparation of inventory of service providers
- Coordination, supervision, and monitoring of programmes related to children

Child Welfare Officers

The 1992 Children's Act provides for the appointment of 'as many CWO's' as necessary in every district, to perform key tasks related to the placement of children deprived of parental care as well as the inspection of children's residential and Child Reform Homes. However, no Child Welfare Officers have yet been appointed.

Child Rights Officers

In order to support the work of DCWBs, in the absence of Child Welfare Officers, Child Rights Officers have been appointed in each of the 75 districts. Under the supervision of CWOs yet reporting to DCWBs, CROs tasks include the following:

- Individual case administration reported to DCWB/CWO
- Determine care options
- Document cases
- Supervise services for children – case management
- Support management, coordination, planning, monitoring, and reporting

Village Development Committees (VDC) and Municipal Child Protection Committees (MCPC)

Responsibilities include:

- As per the 2012 Standards for Operation and Management of Residential Child Care Homes, VDC Secretaries and Municipal Executive Officers have authority to recommend admission of a child to residential facility
- Authority to recommend initial and renewal of accreditation of children's residential facilities
- carry out activities regarding the protection of orphans and eradication of harmful social practices for the protection of girls and women
- Register births
- Maintain an inventory of vulnerable orphaned and disabled children
- Making appropriate care arrangements
- Collect data on orphaned and conflict affected children, children with disabilities, other children at risk and in need of special protection
- Coordinate, and refer children to service providers
- Use block grant funds to support child protection activities

Village Child Protection Committees (VCPC) and Municipal Child Protection Committees (MCPC)

Members include: Village/Municipality Representative, Teacher, Woman Health Worker, Woman Activist, Child Rights Activists, Child Club Representative, 3 representatives from disadvantaged groups, Coordinator and Secretary.

Responsibilities include:

- Collect and submit to DCPC data of children requiring special care and protection
- Prepare inventory of organisations working in the area of children: child clubs, child protection committees and paralegal committees
- Carry out child protection and child rights promotion activities in coordination and cooperation with them;
- Develop community-based programmes for child protection and child rights promotion in cooperation with concerned agencies by identifying the needs of children and coordinate, monitor and supervise programmes for children

Figure 4: Central, District, and Community Level Bodies and Staff holding responsibility for child welfare and alternative care

To address some of the concerns regarding lack of specificity of child protection staff within many of these aforementioned bodies, the Government have made recent efforts to recruit new Child Protection Officers (CPO) and Child Protection Inspectors (CPI) with some previous child protection knowledge or experience. This new positions have been created in all 75 districts of Nepal (CPO in 22 districts and CPI in 53 districts). CPO and CPI are based in district Office for Women and Children. This is a dedicated position for child protection work, but key informants said there is still a lack of clarity as to how they actually fit into the child protection system. In order to support these new appointees, and raise the competencies of these, and other front line staff, a series of training opportunities are now being provided by the Government and NGOs.

Government reports confirm concerns raised by key informants regarding lack of clarity in specific roles and responsibilities assigned each local authority body.¹⁸⁷ Such confusion, duplication, and fragmentation are illustrated by the following examples. The role of the District Child Protection Committee (DCPC) is similar to that of the District Child Welfare Board. In the absence of Child Welfare Officers, the Chief Women Development Officers and Women Development Officers have assigned to work as Child Welfare Officers who, consequently, must report to the DWC, the District Child Welfare Board, and the Central Child Welfare Board.

A Government of Nepal initiated assessment of the child protection system concluded that:

A major obstacle within the sector is the overlap in roles and responsibilities, inadequate human resources for child protection, particularly the lack of social workers and case managers. With the exception of District Child Welfare Officers (CWOs), who have other full-time responsibilities such as Chief Women Development Officers as well as additional portfolios related to disability and senior citizens, there are no human resources specifically assigned to child protection.¹⁸⁸

Despite this complex system and overlapping of responsibilities and reporting mechanisms, there is no comprehensive mechanism for the systematic monitoring of, and response to, child protection violations.

Professional capacity of child welfare bodies in Nepal

In terms of professional competencies, an assessment of social work practice in Nepal undertaken by Quieta and Del Castillo found:

... an absence of demonstrated professional practice of knowledge and skills in assessment, planning, intervention and in the

187 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal.

188 *ibid.* Page 30

management of cases of children particularly in the residential care institutions and in the social welfare agencies.¹⁸⁹

The paper of Quieta and Del Castillo,¹⁹⁰ and, information provided by key informants, raises the concern of how managers of residential facilities are failing to employ professional social workers, and lack understanding of the skills required to provide high quality personal care and support to children.

A mission to Nepal in 2009 from The Hague Conference on Private International Law noted how local level committees are primarily constituted by government officials that 'do not seem to include any professionals or specialists in child welfare, such as child psychologists, paediatricians or social workers'¹⁹¹, or any specialism relevant to child protection work. In addition, a Government of Nepal initiated assessment of the child protection system concluded that 'those who work with children often do not have relevant academic qualifications, experience or the specialised training required'.¹⁹²

Interviews during field work confirmed there is a great variance in capacities of the work force employed by different national and local authority bodies across the country. One issue is that very few of those appointed to any of the Governmental bodies mentioned in Figure 13, and particularly those on the front line in district and village level decision-making roles, have any social work, child welfare, or child protection expertise or training. Civil servants are not necessarily assigned to positions that fit their education and experience. In addition, turnover of staff is reportedly high which also undermines any investment in training or knowledge and skills gained through experience.

Further information regarding work force development can be found later in this study.

The role of the judiciary

Very few key informants spoke of the role of the judiciary in reference to alternative care. As permission to place children in alternative care is attained through an administrative process, and there is no legal provision for involvement of the judiciary in adoption, consequently the role of the courts and judiciary is not a significant. During the desk review for this study, the only information found on the judiciary (and relevant to child protection) was in reference to juvenile justice.

In many countries, the role of the court in alternative child care is one of primary gatekeeping, provision of regulatory oversight and, monitoring of administrative decision making. The situation in Nepal raises serious concerns, in that this legislative responsibility is not being undertaken, and the legal status of children's care and protection is not fully recognised or addressed when they are living outside parental care.

189 Quieta, R.C. & Del Castillo, M.T. (undated) *Assessment of Social Work Education and Practice in Nepal*. UNICEF Nepal & College of Social Work and Community Development, University of the Philippines. Pages 24-25.

190 *ibid*.

191 Hague Conference on Private International Law (2010) *Intercountry Adoption Technical Assistance Programme Report of Mission to Nepal 23-27 November 2009*. Page 11.

192 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 30.

The role of the police

Very little information was found in the child protection literature reviewed for this study that relates to the role of the police in Nepal. In addition, key informants made few references to the role of police within the alternative care system. What information exists indicates police work alongside district level Child Welfare Boards in relation to initial referrals, and the endorsement of necessary paperwork required for admittance of a child into residential care. There were also reports that police refer children they find in vulnerable situations, including those taken off the streets, directly to residential facilities. As one informant indicated:

'Yes, what is the mechanism in Nepal is the police also make reports to the orphanage without any documentation. We want information from police. The children could sometimes be facing problems, and sometimes the parents are there but the papers say that this is orphan.'

One national NGO visited during the field work provides care for children who have been victims of different forms of sexual exploitation. They also receive children 'recommended by the Police, they are lost and found in the street and they have maybe been sexually abused or raped.' The informant from this organisation also spoke of the role of police in bringing children to their centre who have been intercepted at the border, and girls who have been 'sexually abused in the communities, and those girls, the police they find them in the street.' They went on to explain how at:

'... the moment there is no formal referral systems, but at the moment everyone is working in collaboration. And the other thing is actually the Government doesn't have that sort of provision of a service, for example, if a child, let's say if a girl is sexually abused and she has to report to the police, sometimes it goes to the child welfare officer but the child welfare officer has to get to that case to the police so that's why we need that cooperation.'

One further input from the police service is their partnership in running one of the two national helplines for child protection. One informant from this service explained the primary role of the police because:

'... we don't have other services. That's why we are advocating we need some type of social work to do assessments, those sort of things. So that does not exist. If you file, in any of those cases you have to file the case in the police, police start to investigate.'

Other key informants also spoke of the involvement of police in child abuse cases, and described how they are involved in investigations. In addition, they raised the concern regarding lack of skills necessary to undertake such sensitive work. In response to this challenge, a number of NGOs are now providing training to 'the police about the child rights, child protection, the crime against children.'

The role of non-state providers

Non-state organisations provide almost all the residential child care in Nepal; there are only 4 residential facilities directly managed by the Government. As indicated throughout much of this report, work of non-state providers to prevent family separation and support for reintegration is highly significant in Nepal. As also noted, there is a great variance in the quality and ethical approach of different non-state providers of alternative care. There are reports of poor quality of service provision. However, there are also reports that confirm the information we gathered during the field work indicating the high quality work of some pioneering national NGOs in piloting innovative programmes to prevent family separation, provide family-based alternative care options, and, reunify children with their families. In addition, we spoke with passionate, knowledgeable, and experienced people working in the alternative child care sector in Nepal and, most especially, in the non-government sector.

International NGOs also play a role in supporting reforms to the child protection and child care system, particularly in support of the Government of Nepal in their current actions to reform legislation and practice. International NGOs are also offering financial support and guidance to Government and other NGOs. This is particularly relevant where they support the implementation of new practices and pilot programmes. International NGOs alongside national partners are also providers of training for Government, and other non-governmental organisation workers seeking additional knowledge and skills.

There are several inter-agency working groups. During the field work, we attended the meetings of two such working groups. The first was a group comprised of representatives from the Central Child Welfare Board, international organisations, and national NGOs. The principal aim of the working group is to promote alternative care practices in Nepal focusing on family and community based care models. The group is not very active at the moment as they are awaiting an official decision on the guidelines drafted by the Ministry of Women, Children and Social Welfare several months ago. Members of the group said it was important to work together because 'we are all different agencies using different methods and procedures and they wanted a guideline they would all accept and would all follow for the unity of their work for all of us'. The key informants said that during initial discussions when the idea of forming the guidelines was first suggested, there was an agreement this should not just be a 'document', but something that would provide very practical advice that could be applied by implementing organisations, including their own, hence the importance of being closely involved in the development of them.

There is also an alternative care working group comprised of national NGOs that meet on a regular basis. We attended one of their meetings, and were told that again the importance of such a working group was to share lessons learned and evidence of best practice as well as develop joint ideas for progressing practices related to alternative care. They identified how working together also helped them strengthen advocacy efforts both together and within their own organisations especially, when pressuring the Government for change.

One example of promising practice for child protection developed and implemented through a partnership between Government and NGOs, is the Child Helpline service. This service operates a call centre and an emergency response team that 'immediately rescue' children and bring them to their temporary emergency centre. This work is undertaken in collaboration with the team directly hired by the project, local authorities and police

services responding to cases that included sexual and physical abuse, child labour, child marriage, trafficking, and neglect. The service has also developed a good network of NGOs to whom they can refer so refer children and families. There are 13 Child Helpline service set up to respond to calls around the country. As reported by Child Helpline service in Kathmandu, in n 2015, they logged 76,405 calls (of which 31,639 were silent when they answered) and 545 children were given temporary emergency shelter.

What are the methods and processes used within the alternative care system?

Referral and assessment and care planning procedures

According to the National Children's Policy, 2012 of the Government of Nepal as well as the Standards for Operation and Management of Residential Child Care Homes, 2012 use of residential child care home should only be used as a last resort and for children without family and kin. Currently, admission procedures require only a letter from Village Development Committee or Municipality, or local Policy Office that states the child is an orphan, or parents are unable to care for the child due to severe poverty or physical and / or mental disability.¹⁹³ Moreover, based on the letter from Village Development Committee or Municipality, or local Policy Office, the District Child Welfare Board and district Office for Women and Children provide recommendation letter. The letter from Village Development Committee or Municipality also needs to state that extended family, or other kin are unwilling or unable to take care of the child. In the case of an abandoned child, for whom there are no family details, the Village Development Committee or municipality representative must prepare a statement or testimony. There should also be a copy of the birth certificate if available.¹⁹⁴

A 2014 study¹⁹⁵ of 131 residential facilities in ten regions of Nepal found that the majority of children in care had referrals that had been facilitated by the district level offices of the Government. The study documented the detail of such referrals as shown in Table 8. Information gathered during the field visit suggests that although Government bodies are involved in the process of facilitating entry into care, as per Government regulations, the initial decision that triggers the referral often comes from families (either on their own initiative or prompted by staff of residential facilities actively offering places).

193 Ministry of Women, Children and Social Welfare (2014) Report on the Assessment of Alternative Care in Nepal & Quality Care in Residential Child Care Homes in 10 Study Districts. Ministry of Women, Children and Social Welfare & SOS Children's Villages Nepal.

194 *ibid.*

195 *ibid.*

Table 8: Referrals of children in sample of 131 residential facilities in 2015 ¹⁹⁶

Source of Referral	Total facilitated entries into residential facilities
by Government agency	83
by district office of own organisation	39
abandoned children found by the child care homes	24
by relative/neighbour/community member	12
enquiry directly with the facility	9
by public organisations	7
by churches	4
by other social organisations	4
by social workers	3
by single parents	2
others (including hospital, prison etc.)	2

Key informants, and information drawn from the desk review for this study, indicate poor regulations and practice in regard all processes associated with referral, assessment, and decision-making. For instance, the description above indicating the requirement for signed paperwork being the principal criteria for entry into a residential facility, often based on a verbal request from families or other interested parties, illustrates the absence of standards and procedures of case management. In particular, this indicates that the important steps of initial identification, referral, in-depth assessment, and analysis on which evidence-informed decisions can be reached in the best interest of the child are absent. In most instances, key informants advised us, there are no in-depth investigations as to the real situation of a child, and no consideration is given to legislation that provides guidance on reasons a child can be placed in alternative care.

There is a particular absence of regulations and standards or use of tools and mechanisms that would support the identification and assessment of children in terms of risks of abuse, neglect and other serious welfare concerns. A number of key informants working in residential facilities and members of local authority welfare teams were asked if assessments were undertaken with children and their families (such as visiting the family home and speaking with all those responsible for the child), the answer was overwhelmingly 'No'. Indeed, they confirmed that very often the process involves just a letter signed by the relevant local authority staff. One local authority staff member interviewed during the field work spoke of her approach to working with families, and

¹⁹⁶ *ibid.* Page 58

how she tried to dissuade them from taking such steps. An overall conclusion drawn from this research, however, is this type of response is not implemented systematically throughout Nepal. One explanation for this is the impression that be that some key informants gave in that they genuinely believe children will benefit most from leaving their families to live in their residential facility where they will receive regular provision of food, clothes, education, and 'opportunities in life'.

One conclusion drawn from this situation is that very little is being done to ensure only children for whom alternative care is necessary are those who enter the system or, that the most suitable form of care for each child is being selected. Conversely, there may be many children for whom there are protection concerns and may be in need of alternative care who are not being identified. In addition, serious gaps have been recognised in provision of procedures that address concerns of 'family preservation, family-based care, domestic adoption, best interest determinations, role of CWOs in child welfare home placements, periodic reviews of children in care, and response to all forms of violence occurring in child welfare homes.'¹⁹⁷

To address this situation, there are a few examples of more rigorous practices being developed in Nepal, as illustrated through the case management tools being piloted and evaluated by national NGOs with support from international organisations.¹⁹⁸ An example would be a recent programmes sponsored by TdH and implemented by Next Generation Nepal to reunify children that had been removed from families in a remote area of Nepal to residential facilities in Kathmandu. The determination of best interest of the child through careful assessment and decision making has also been identified as an integral component of alternative care programme as illustrated in the TdH project document¹⁹⁹ and extracted to Figure 5.

197 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 36-37

198 Next Generation Nepal (2015) *Reintegration Guidelines for Trafficked and Displaced Children Living in Institutions*. Eugene: Canada.

199 Terre des Hommes (2010) *Programme Cooperation Agreement . TdH and UNICEF*. Page 8.

Best Interest Determination

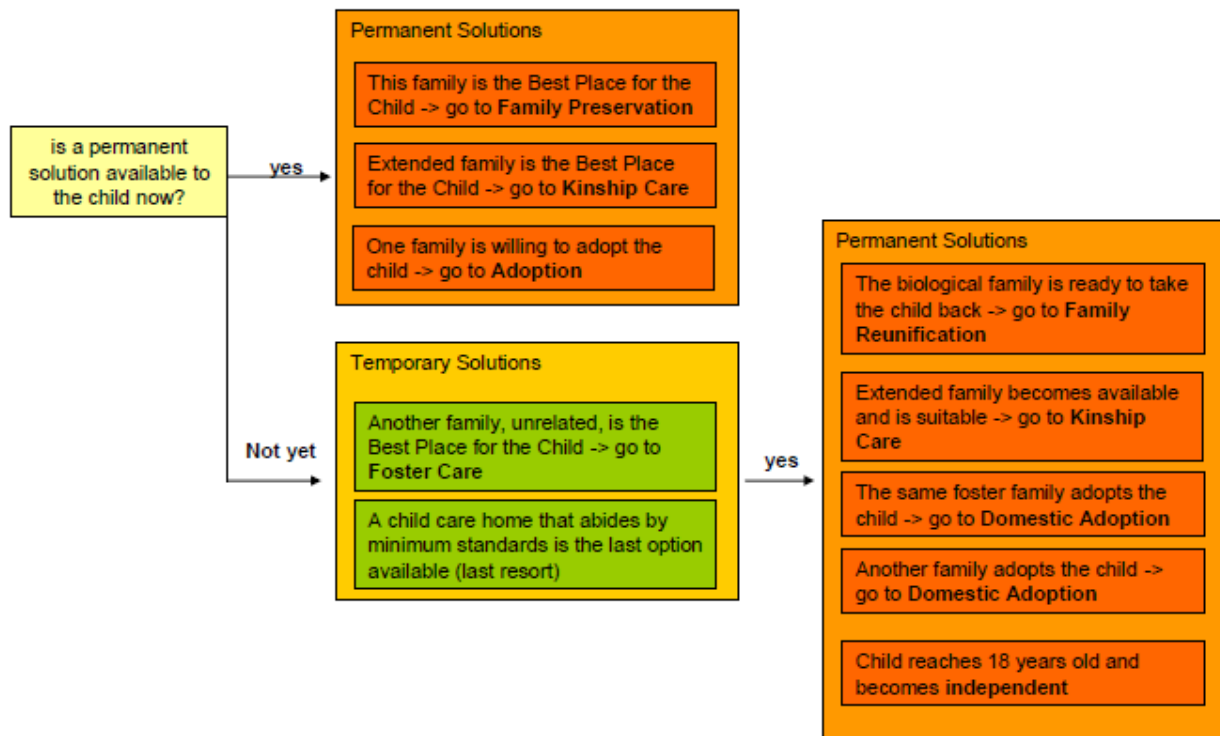


Figure 5: Graphic depicting a process to determine the best interests of a child ²⁰⁰

Care planning and review procedures

The Government of Nepal Standards for Operation and Management of Residential Child Care Homes issued in 2012 requires staff of residential facilities to work with children to develop individual care plans, including efforts for reintegration, and support for care leaving to be developed and periodically reviewed.

A 2015 study²⁰¹ undertaken by SOS Children's Villages International in 18 residential facilities found that whilst all the providers were retaining files on children, there was 'considerable variation in the detail of the records kept' as for instance, only 40% of facilities had recorded the reason the children entered care. In addition, only 17% had prepared an individual plan for each child, including steps for family reintegration. It is our opinion that the indicators by which the quality of plans are measured appears to be more concerned with administrative processes than the individual social and emotional development outcomes for children.

²⁰⁰ Next Generation Nepal (2015) *Reintegration Guidelines for Trafficked and Displaced Children Living in Institutions*. Eugene: Canada

²⁰¹ SOS Children's Villages International (2015) *A Snapshot of Alternative Care Arrangements in Nepal: Based on SOS Children's Villages' assessment of a state's implementation of the Guidelines for the Alternative Care of Children*. SOS Children's Villages International Innsbruck: Austria. Page 6.

A Government mapping of child protection in 2015²⁰² also concluded that there were no standards or specific procedures for the case management of children in need of care and protection. The report went on to explain how the:

Flows, processes and accountabilities governing case management are not clearly defined between and across sectors for: detection/identification, reporting, rescue, verification, assessment, planning, referrals, follow up, review and closure, best interest determination, care and protection measures, service provision, case documentation and recordkeeping. While some partial standards and procedures exist with respect to alternative care, there are salient gaps.²⁰³

It is reported that the Ministry of Women, Children and Social Welfare has 'recently initiated developing comprehensive guidelines governing safe rescue of children, best interest determinations, and case management'.²⁰⁴ However, key informants did not provide any evidence that these guidelines were used systematically as part of their regular work. In addition, reports recognise that when cases of children and families vulnerable to separation are identified, they are rarely referred to Government services for support.²⁰⁵

Key informants confirmed that the files that residential care providers are expected to maintain for each child, are seen as a component of the regular inspection conducted by staff of local authorities, during which facilities are ranked. If as previously noted, the vast majority of children are remaining in care until they reach the age of 16 years and older, we conclude that the mandated elements of care plans specifying the need for reintegration efforts, are either not being regularly reviewed, or are reviewed as a paper exercise in order to conform to regulations.

Participation of children and young people

The Government of Nepal's National Plan 2013/14 to 2015/16 includes objectives for the protection and promotion of children's rights, includes that aim of enhanced participation of children by means of providing opportunities to express their opinions about things that concern them.²⁰⁶

Very little information was forthcoming during interviews regarding the degree of children's participation in decision making at any stage of assessing their care needs. As there are no initial assessments being undertaken to determine whether children should be placed in alternative care in the first instance, then it is apparent they are not being consulted in this matter. Furthermore, although Government regulations require care

202 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal.

203 *ibid.* Page 36.

204 *ibid.* Page 37.

205 *ibid.*

206 Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal and Quality Care in Residential Child Care Homes in 10 Study Districts*. SOS Children's Villages Nepal and Ministry of Women, Children and Social Welfare. Kathmandu: Nepal.

providers to provide opportunities for children to participate in the development of their individual care plans, it is unclear to what degree this is actually happening.

Children's clubs have been promoted as one way in which children can participate in the functioning of the residential facilities they live in. Some of the activities of these clubs have been described in a Government report issued in 2015. They include participation in social activities, competitions, creative writing, and 'programmes related to personal and environmental cleanliness'.²⁰⁷ Of 131 residential facilities assessed during the study, 36 had active children's clubs. The research also concluded that children are being encouraged to participate in facility management committees, but the quality of their participation was not remarked upon. We are concerned that being a member of a club mostly orientated toward social activities and contributions to cleaning and cooking, is seen by the authors of the aforementioned report as a positive measure of the level of children's participation, whilst their input into major decisions affecting their current and future lives were not considered.

It has not been possible to measure the quality of children's participation even when it was claimed by key informants to be actually happening. However, during the group work with children and young people, they indicated some dissatisfaction in this matter. The following examples are some of the comments young participants wrote when invited to put confidential comments into 'happy' and 'worry' bags. They highlighted the fact that:

'our opinions are not heard'

'we are not heard'

'people don't take notice of what I say I feel bad'

'we are not supported in what matters to us'

How is the workforce (e.g. social workers and caregivers) trained and supported?

A Government assessment conducted in 2015, concluded that often those who work with children within the protection and care system do not have 'the relevant academic qualifications, experience or the specialised training required'.²⁰⁸ It also acknowledged that there is 'no licensing of the social work or child and family psychology profession'.²⁰⁹

A mission to Nepal in 2009 undertaken by the Hague Conference on Private International Law, also recognised how capacity-building and staff training was needed within all Government authorities responsible for the protection of children including staff of residential facilities.²¹⁰ Quieta and Del Castillo's 2005 research²¹¹ to determine levels of

207 *ibid.* Page 74.

208 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 30.

209 *ibid.*

210 Hague Conference on Private International Law (2010) *Intercountry Adoption Technical Assistance Programme Report of Mission to Nepal 23-27 November 2009*. Page 11.

211 Quieta, R.C. & Del Castillo, M.T. (2005) *Assessment of Social Work Education and Practice in Nepal*. UNICEF Nepal & College of Social Work and Community Development, University of the Philippines.

social work education and practice in Nepal found one of the principal social work courses offered by a leading university mostly covered issues of social work administration and community development. They also concluded that those who did complete academic social work courses did not necessarily seek social work employment, and were not provided with opportunities by relevant Government bodies: 'Social work graduates from academic institutions are hardly found in the government and private social welfare and development agencies and in residential care institutions for children and in the districts.'²¹²

Key informants, when asked what abilities and training are important for people working in residential facilities and child protection, most often answered 'case management' and 'psycho-social skills'. One key informant, the head of a District Women and Children's Office, agreed 'the training they have is not enough' but also went on to say in relation to local welfare committees:

'...we need to work with them continuously and provide them training continuously. Sometimes what happens is the previous committee have received training but then they leave and new members come, so this will be a need of providing continuous training for them.'

A key informant from an NGO offering training to staff of residential facilities remarked on how their managers decline, because they are concerned that trained staff will ask for higher salaries or leave for better employment opportunities. The key informant also believed this reluctance to send staff for training was due to managers 'thinking caring children is simple with just giving food, just giving education, it is ok just these things.'

In recognition of the need to improve the skills of those working with children, Amici dei Bambani (AiBi) in partnership with St. Xavier College and Social Work Institute (SWI) in Nepal has supported the development of a four to six month training course that has been run by St. Xavier College and Social Work Institute. The six months course run by Social Work Institute has been accredited by Centre for Technical Education and Vocational Training (CTEVT). The course aims to improve the knowledge of current practitioners in theory and practice related to child rights and child protection. The course content includes an introduction to the principles and practice of social work, case management, child rights, content of international treaties and provisions in national law. Participants are drawn from national and district levels, and bring together managers (the course delivered by St. Xavier College) and front line protection workers or child protection service (the course delivered by Social Work Institute) providers of Government and non-governmental services, including staff of the Central and District Child Welfare Boards, police, and members of NGOs. One informant spoke of how this mix of participants is seen as being a particularly important element of the course as participants reported that being in the classroom together broke down barriers. She went on to explain how the participants:

'...say that after during the class they were like feeling equal and they were discussing a lot about their office work....and after that also said now it's a very good coordination level After the

212 Quieta, R.C. & Del Castillo, M.T. (2005) *Assessment of Social Work Education and Practice in Nepal*. UNICEF Nepal & College of Social Work and Community Development, University of the Philippines. Page 22.

training they then know each other and they are friends. Now if there is a referral, things become very easy. It works by phone as well, so they were saying..., It was good coordination level and good dynamics and good learning, a sharing forum. It was really dynamics and good sharing.'

Information gathered for this study through the desk review and the field work highlights the essential nature of such investment in professional skills, knowledge, and understanding in Nepal.

Data and Information Management Systems

The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and alternative child care is crucial for the development and application of appropriate and evidence-based policy and practice.²¹³

The Government in partnership with a number of NGOs and national and international consultants has, over the past few years, undertaken a number of national and regional assessments that have produced a body of data relevant to the use of alternative care in Nepal. Key informants also told us this information has and, will, be used to inform the development of policy and practice for child protection and alternative care in the coming years. In addition, they spoke of new software that all residential care providers will be expected to use with the aim of regular up to date information that will inform more evidence-based understanding of the situation for children. This is a new initiative and as yet it is not clear how much qualitative data this will provide; something informants identified as missing from regular monitoring and review of children in residential facilities for example. Such information is also necessary to address the lack of knowledge in Nepal as to how separation of children from their families and placement in alternative care is impacting the social, emotional, and development outcomes of children.

It is hoped any new information management system will address some of the findings of the Government's 2015 child protection mapping exercise including the lack of 'comprehensive information management system (IMS) to collect, collate, analyse and utilise data relevant to child protection across the key sectors and local governance'.²¹⁴

Contained within the concluding report of the mapping exercise was the recommendation that a:

...comprehensive and integrated framework with standard operational definitions, common measurement approaches, enumeration tools must be used as existing systems are vastly fragmented, with different sectors and civil society groups

213 AlEissa, M.A. et al. (2009) A commentary on national child maltreatment surveillance systems: Examples of progress. *Child Abuse and Neglect*, 33, pp. 809–814; Boothby, N. and Stark, L. (2011) Data surveillance in child protection systems development: An Indonesian case study. *Child Abuse and Neglect*, 35, pp.933-1001.

214 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 17.

compiling piecemeal data sets relevant to child protection with limited comparative and consolidation value...Ultimately the lack of interconnectivity between and across sectors at all levels undermines overall accountability to protect children.²¹⁵

Funding

The manner in which funds are distributed and invested in child protection and alternative care is highly significant to the provision made available. It is of concern therefore, that the principal focus of funding from various sources is being placed principally in residential care in Nepal. What is also relevant to this situation is the lack of investment in substantial reforms that would ensure a national child protection system that enforces the safeguarding children and prevents unnecessary placement in care, enables reunification of children and families and, provides a range of family-based alternatives.

Funds for residential facilities are coming from a range of sources including many donations from outside the country. This includes funds raised by individuals who having visited Nepal and been inspired to 'help orphans', begin fundraising in their own country or are motivated to become 'friends' of a particular residential setting. In this manner, individuals, small groups of well-wishers, church groups and other charitable sources from inside and outside of Nepal, are contributing to the perpetuation of residential facilities.

As noted in the Government of Nepal's 2014 assessment of alternative care, residential facilities are also funded by 'fees paid by volunteers who work in 'orphanages' for short periods of time'.²¹⁶ There are a number of reports published by national NGOs in Nepal that call to account the concerns related to active 'voluntourism'²¹⁷ and the manner in which tourists and volunteers are encouraged to visit and donate to children in care.

Of particular concern is the manner in which funders cannot be persuaded to change the way their contributions are used. For example, a key informant spoke of his efforts to persuade his donors to develop family support programmes with a view to eventually close the residential facility. He pointed out that the amount it cost him to run his 'children's village' for one month could support many families for a year. This was met with a resounding 'no' as the donors did not trust their money would be spent wisely in addition to which, they wanted to be able come and see the results of their contributions in the facilities they had funded and meet the children they are assisting. Some of the individual and small groups of donors were identified by informants as particularly coming from countries of Europe, Scandinavia, the United States of America and Australia.

²¹⁵ *ibid.*

²¹⁶ Ministry of Women, Children and Social Welfare (2014) *Report on the Assessment of Alternative Care in Nepal and Quality Care in Residential Child Care Homes in 10 Study Districts*. SOS Children's Villages Nepal and Ministry of Women, Children and Social Welfare. Kathmandu: Nepal. Page 35.

²¹⁷ Next Generation Nepal (2014) *The Paradox of Orphanage Volunteering: Combating child trafficking through ethical volunteerism*. Next Generation Nepal; Terre des Hommes & Hope for Himalayan Kids (2011) *10 Steps Forward to Deinstitutionalisation*. Terre des Hommes Foundation Lausanne & Hope for Himalayan Kids Nepal

As also previously noted in this study, some residential facilities have been established by the owners as profit making businesses and actively recruit children from vulnerable families. Informants spoke of how these owners then label these children as poor orphans and attract the sympathy and money of international well-wishers and of those they label as 'traffickers' who profit greatly from supplying a constant inflow of children into residential facilities.

It is a serious challenge for the Government to regulate care that is funded by these different forms of financing. In addition to which, the funds the Government itself allocates to child protection is, in comparison to other social sectors:

... are very low. The lead ministry for child protection, MoWCSW's total budget for fiscal year 2010-2011 was 1,189 million Nepali Rupees (USD \$14 million), which represented less than 1% of the national budget, and of this only 8% of MoWCSW's budget was allocated to children. Exact amounts earmarked for child protection within MoWCSW and other ministries remains largely unknown, and can be assumed to be minimal and not adequate.²¹⁸

A report issued by the Government in 2015,²¹⁹ specifically remarked on how most national plans do not have a budget and most child protection interventions implemented by the Government or local NGO's are funded by international NGO's, bilateral, UN and other multilateral agencies.

District Child Welfare Boards do have small District Child Emergency Funds with which they can allocate small amounts of money to support vulnerable families. The fund allows them for example to assist with emergency food and medical care, a one-time sum towards education or livelihood. However, it is reported that assessment and response is basic and does not assist with long term difficulties.²²⁰

A 2015 study²²¹ undertaken by SOS Children's Villages International in 18 residential facilities in one region of Nepal gathered information of sources of funding the results of which can be found in Table 9.

218 Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board (2015) *Child Protection Mapping and Assessment Summary Report September 2015*. Government of Nepal Ministry of Women, Children and Social Welfare and Central Child Welfare Board, Kathmandu: Nepal. Page 22.

219 *ibid*.

220 *ibid*.

221 SOS Children's Villages International (2015) *A Snapshot of Alternative Care Arrangements in Nepal: Based on SOS Children's Villages' assessment of a state's implementation of the Guidelines for the Alternative Care of Children*. SOS Children's Villages International. Innsbruck: Austria. Page 8.

Table 9: Sources of funding for 18 residential facilities in Nepal²²²

Funding Source	Number of residential facilities receiving such forms of funding
Funding from the Government	2
Funding support from donor agencies, and INGO/NGOs	10
Fund generated from sponsorship (local and abroad)	1
Organisations' own source of funds (i.e. Trust)	1
Contributions by individual	7
Others	10

How do cultural attitudes and norms affect the care of children?

Key informants provided different views of society and their understanding of child care and child rights. Some informants stress that in general children are loved whilst at the same time children their rights are not respected. For example, they spoke of how parents may love their child but, as corporal punishment is a norm in society, they still hit their children. Others told us of the reasoning provided by some adults as for example the 'justifications many people would give for child labouring is that because the child is working he is being fed'. One informant suggested children are seen as the property of adults but another countermanded this idea with 'everybody respects the children in the country'.

When asked specifically about children's rights, one informant answered:

'culturally also we are not having that type of system because we haven't realised that children do have their rights...and even the most educated people they are still not aware of it in Nepal. Those who have travelled outside, they have gone out, they have exposure so they know about it but many don't know and don't care about that so we slap we beat and because our tradition and our culture was also saying that.'

In general informants suggested that child rights have been incorporated into law and are being considered in the development of new Government child protection policies. In this way one informant told us:

²²² *ibid.*

'this is a big jump and now they are rolling out strategy for child friendly local governments because of the change in the Constitution. The Constitution has also come out with separate article on the rights of the child and I think we should be proud of it, that we have that in our Constitution right at the this moment...But still children don't have their rights realised. So there is a difference between realisation and respect'.

Informants also spoke of cultural norms that support children in need of alternative care, particularly in rural communities. One informant described these cultural practices as:

'very good and even the community as a whole, as a group were taking care of orphan children in remote areas where they were really not able to feed themselves. So that also shows that there is a system that is really taken care of the children and protected children and provided them some environment by which they can grow and bring their full potential'

However, others also spoke of how these practices have been eroded most particularly since the period of internal conflict in the mid 1990's and the mass internal migration and its effect on communities this had.

What is evidence is there is little awareness as to the potential harm to children and, most especially their psychosocial wellbeing, as result of being relinquished by their own parents or other family members and placed in residential care for much of their childhood. The children and young people who participated in the group work and interviews conducted during the field work, regardless of the quality of residential facilities they were living in, all expressed concerns at not being raised in their own family.

What is working and what is not working in terms of child care reforms? Key lessons learned, challenges and opportunities

'The majority of children surveyed have living relatives from whom they have been separated; these children have often been abandoned by the child protection system rather than by their parents'²²³

This section of the report describes key lessons learned in relation to what is working, what are the challenges faced, and what opportunities exist to move forward.

Seven key lessons learned include:

- 1 Delivery of a child protection and alternative child care system is complex and requires a long term commitment to a system wide reform process
- 2 The necessity of gatekeeping mechanisms to prevent unnecessary care placement as well as preventing long-term stays in alternative care
- 3 The need to address insufficient investment in human resources is imperative to scale up and strengthen a child protection system
- 4 The necessity of a range of effective services across the continuum of care
- 5 Improved use of qualitative data and evidence as a driver of change
- 6 The focus of funding decisions perpetuate the use of unsuitable residential care
- 7 Increased participation of children and families is needed

1) Delivery of a child protection and alternative care system is complex and requires a long-term commitment to a system wide reform

The process of developing, delivering, and continuing to increase the effectiveness of a child protection system is complex. It requires political will and commitment as well as sufficient investment in terms of finances, human resources, and the dedication and time of a range of stakeholders.

The Government of Nepal are to be applauded for having undertaken a number of major assessments in the past few years that have provided some understanding of the weaknesses in the child protection and alternative care system. These assessments, along with reports and evaluations of other national and international organisations, clearly highlight to the Government that there is no comprehensive child protection system in Nepal. As a result, children who are placed into alternative care are there not for reasons of protection but overwhelmingly because of the understanding of family members and others, that they will be afforded better access to basic services. This also suggests that many children who are in need of protection from all forms of abuse, exploitation, and serious neglect are not being afforded the necessary support and care.

223 Terre des Hommes & UNICEF (2008) *Adopting the rights of the child: A study on intercountry adoption and its influence on child protection in Nepal*. Terre des Hommes Foundation. Lausanne: Switzerland. Page viii

Although the Ministry of Women, Children and Social Welfare and the Central Child Welfare Board play a role the delivery of national child protection efforts at a central level, there is a disjointed, overlapping, and confusing array of Government bodies at local and community level, each of whom hold some responsibility for child welfare. Conversely, there is no social work system, or its equivalent, staffed with highly trained professional social workers mandated for the protection of children. As a result, there is no single mandated child protection body with responsibility for oversight and coordination of all state and non-state providers playing a role in delivery of an inter-sectoral national child protection system.

It is understood that over the past few years investment has been made, particularly by some Government departments and NGOs in reforms to laws and regulatory guidance, some of which still await political endorsement. What is lacking, is a comprehensive and costed long-term strategic plan. This would provide an holistic approach to development of the multi-faceted building blocks needed to establish, and deliver a national child protection system, and guarantee the application of the 'necessity' and 'suitability' principles to alternative care provision.

We suggest that such a strategic plan, developed with full participation of all relevant stakeholders (including children and young people) would require consideration of the following elements:

- A comprehensive and appropriate legal and regulatory framework
- Well-managed oversight and coordination of child protection policy and services
- Adequate structures and mechanisms and gatekeeping processes for delivery of child protection services
- A sufficient and capable work force
- Service provision and access to alternative family-type care
- Services that aid prevention of family separation
- Provision of alternative forms of family-type care
- Support for reunification of children from alternative care back with parents
- Adoption as an alternative permanent solution
- Data management and accountability mechanisms
- Advocacy and awareness towards ensuring positive social attitudes, and practices that provide a protective environment for all children

2) The necessity of gatekeeping mechanisms to prevent unnecessary care placement and long term stay in alternative care

Gatekeeping is essential to the functioning of a child care system. Gatekeeping is about making informed decisions, through a consistent and informed process, about care that is in the best interests of those children who are at risk of losing, or already without,

parental care. It entails systematically applied procedures to ensure that alternative care for children is used only when necessary, and that the child receives the most suitable support to meet their individual needs. It supports the reintegration of children already in alternative care back into their own families and communities. Gatekeeping mechanisms are not only for a country's equivalent of a social worker, but should also be applied by members of all sectors that regularly come into contact with children, and have a role to play in ensuring the most appropriate care for children.

This study has concluded that a major weakness in provision of child protection and child care in Nepal is the lack of statutory case management procedures, and tools to be utilised by professionals at all junctures of care provision. As a result, there is no mandatory assessment process in Nepal placing a responsibility on authorities to determine a child's situation and that of their family by gathering sufficient evidence on which to decide whether the child is at risk of serious harm and in need of state protection. The result is that children are being placed into residential facilities without any real justification that this is truly in the child's best interest, and without consideration of any alternative support for families that might prevent such an action. As many reports reviewed for this study have suggested, currently 'many children in residential care do not need to be there'.²²⁴ The development and application of such assessment tools would also assist decision makers in choosing the most suitable form of care if family separation was deemed as absolutely necessary.

Furthermore, gatekeeping mechanisms that recognise alternative care as a temporary situation, and support constant review and care planning that prioritises the reunification of children with their family at the earliest opportunity are almost completely absent in Nepal. Only a few projects undertaken by NGOs are utilising such approaches. This is resulting in the vast majority of children, once placed in alternative care, remaining there for the rest of their childhood. Once they do reach the age at which they must leave alternative care, very few organisations are thoroughly investing in planning and support this significant change in young people's lives.

The effective dissemination and understanding of national technical standards for protection, is also essential to realising proficient delivery, regulation, and monitoring of the quality of alternative care. While some key regulations and national technical standards and regulations for care services are in place, further investment is necessary for the improvement of such statutory guidance, and its effective implementation. This is most especially true in relation to ensuring the qualitative aspects of children's lives are seriously considered, and social, emotional, and development outcomes are prioritised.

Children's care and protection is the responsibility of multiple actors including parents, relatives, teachers, health workers, doctors, social workers, lawyers, police, and other professionals. This is particularly relevant when the principal reason that children in Nepal are being placed in care is related to issues of poverty and lack of family coping mechanisms. Multi-sectoral efforts are therefore needed, not only to ensure all those with responsibility are trained to apply the same standards, methodologies, and case management procedures across the country, but in also to ensure an effective response to preventing children's placement in care is applied whenever possible.

224 Maskay, B.K. (ed.) (2013) *Alternative Care of Children: Challenges and Emerging Opportunities in Nepal*. Organizing Committee of Policy Dialogue for Center for Child Welfare Board, UNICEF, Save the Children & SOS Children's Village Nepal. Page 39.

3) The need to address insufficient investment in human resources is imperative to strengthening the national child protection system

Efficacy of a child protection and child care system, including actions for deinstitutionalisation, is significantly influenced by the abilities and size of the workforce, and in particular (in countries where they exist), the provision and skills of social workers. As mentioned above, a whole range of professionals should also contribute to a multi-sectoral approach to child protection and care. In addition, staff currently working for, and within, children's residential facilities are noted as particularly relevant to successful delivery of deinstitutionalisation policy, as is the requirement for their cooperation, and any necessary re-training.

During the field work for this study, the researchers noted that there are some passionate, knowledgeable, and experienced people working in the child care sector.

However, not only is there no professional social work system in Nepal, but delivery of alternative child care is overwhelmingly in the hands of staff lacking specific skills, training, knowledge, understanding, and aptitude for child protection and care. Indeed, we understand that some owners of residential care facilities have established their services to be a business, not as a concern for child protection. In addition, the staff of residential facilities in Nepal are inadequately trained to care for children separated from their families, or offer the high quality personal care and support for social, and emotional wellbeing they need.

Amongst the many issues related to roles, responsibilities and capacities of different professionals, is the lack of judicial process and the role of judges and other legal professionals in care decision making. It is the practice in many other countries that only members of the judiciary are principal regulators of alternative care. This may be a role to be considered in Nepal, in which case, the necessary knowledge, understanding, and skills required for such a principal role must also be assured.

In summary, consideration should be given to increasing investment to build a social work profession and service or its equivalent so that dedicated teams of front line workers can serve children. In addition, the Government are encouraged to strengthen the capacity of the different service providers responsible for children's protection and care including residential care workers, police, psycho-social specialists, trainers, policy makers, and managers. Training should not only concentrate on the technical skills required, but also motivation to enhance commitment and attitude, sensitisation, and motivation.

4) The necessity of a range of effective services across the continuum of care

In order to ensure the most suitable forms of alternative care are founded on case-by-case decision making, it is necessary to have a continuum of care options. In Nepal, there are critical limitations with placement in residential facilities being the only formal care option for children unable to remain in their own family. Although programmes incorporating the concept of family-based care, in the form of foster care, have been undertaken, these have been NGO developed and implemented, in addition to which, they are small in terms of the overall number of children being placed in residential care.

This means there is no systematic provision of Government regulated, and quality controlled short- or long-term family-based alternative care available for children in Nepal. A situation that not only contributes to the perpetuation of residential facilities, but is contrary to the laws of Nepal that contain references to the right of a child to live in a family environment, and have decisions made in their best interest.

Ensuring prevention of family separation, and reunification, is reiterated in law and policy. However, Government bodies and most non-state child care providers are failing to realise the importance of such a focus, or to allocate sufficient resources that match the rhetoric of legislative aspirations with practice. In view of the reports that children are actively recruited, and kept for long periods of their childhood in residential facilities, it is particularly important that the Government strictly regulate such practices, and provide investment in terms of financial, human, and other resources to bring about implementation of relevant prevention, and reintegration programmes.

When there is no option for a child to return to their family, the possibility of a permanent life with another family is currently not an option in Nepal, as there is no fully functioning and well-regulated adoption system. As with recommendations made by other assessors of the child care system in Nepal, such provision is important in safeguarding the range of suitable options for children without parental care.

5) The focus of funding decisions perpetuate the use of residential care

The funding of residential facilities is a major concern in Nepal. Almost all of the residential facilities in Nepal are run by non-state providers. Some are national NGOs with standards and procedures set by international parent organisations such as SOS Children's Villages International. Some are national providers supported by international NGOs. Others are businesses, capitalising on the vulnerability of families, particularly families in remote rural areas, and those living in severe poverty.

Funds for residential facilities come from a range of sources, including many donations from outside the country. This includes funds raise by church-based organisations, individuals who have visited Nepal and been inspired to 'help orphans' have set up a fundraising body in their own country. Individuals are motivated to become 'friends' of a particular residential setting, and tourists and volunteers are encouraged to visit and donate to children in care. Of most concern is the movement of children by traffickers who profit greatly from supplying a constant inflow of children into residential facilities. This funding perpetuates the facilitation of children being sent from their families, and the growth, and continuation of unnecessary residential facilities across the country.

At present the Government has no control over the sources of funding for residential facilities across the country. Without strong, and enforced regulation of care providers, and without investment from the Government for the development of a national child protection system to prevent unnecessary placement and ongoing provision of unsuitable forms of alternative care, there is a concern that the proliferation of residential facilities will persist.

The allocation of funding, and control and regulation of expenditure for child care provision is a political decision. Reductions in the number of children placed in residential facilities, increased provision of suitable family-based alternative care, improved quality in the services that prevent unnecessary separation, and support for family reintegration,

require the Government to address the allocation of funds, and increase financial resources for services that bring an end to the domination of residential care.

6) Regulation and inspection is an essential responsibility of national authorities

It is recognised that the Government has over the past few years, increased their efforts to regulate and inspect residential institutions. It is also acknowledged that this process is resulting in some of the worst residential facilities being closed down. However, evidence gathered for this study would suggest Government issued standards for residential care do not adequately consider social and emotional care for children. Neither is there any evidence that requirements to facilitate family reunification are being enforced; actions that would prevent the long periods children are remaining in residential facilities. In addition, the Government has issued standards and regulations for residential care that some informants believe actually endorse the continuation of current provision and development of new facilities.

7) Increased participation of children and families is needed

Although participation of children and families in decision making can be found in Government policies in Nepal relating to children, this is not being fully realised in practice. Informants for this study overwhelmingly agreed that children do not participate in decision making related to their placement in alternative care, they do not have options fully explained to them and are not fully engaged in the process of assessments, decision making and care planning.

There is much international evidence to suggest the participation of children and families in all aspects of care planning is essential to achieving the most appropriate and suitable decision for each child. It is important therefore, that child care providers in Nepal increase their understanding, skills and practice in terms of child and family participation, and ensure that meaningful inclusion of children's ideas, hopes and aspirations are incorporated into all the work they undertake together.

Recommendations

1. The Government of Nepal should work closely with a range of non-state organisations, children and families, to develop a costed and time bound strategic plan for the comprehensive development of a national child protection system and deinstitutionalisation.
2. Increasing efforts should be made by all professionals and para-professionals in Nepal to consult and involve children, parents and caregivers in decisions affecting them, and ensure decision making in the best interests of the child.
3. The Government of Nepal, in partnership with non-state providers should re-orientate funding away from residential facilities whilst increasing investment in high quality family-based alternative care, prevention of family separation and reintegration services.
4. The Government of Nepal should reorganise and clarify the specific mandate, roles, and accountabilities of the many different inter-sectoral Government structures at a central, local, and community level, streamlining them into one body with responsibility for child protection oversight, coordination, implementation, and monitoring.
5. The Government of Nepal should invest in developing a professional social work system, and in all professionals from different sectors responsible for child protection and child care, aiming to increase their numbers and improve skills, qualifications, knowledge, and attitudes.
6. The Government of Nepal should develop and systematise the use of inter-sectoral case management tools and mechanisms that safeguard gatekeeping processes including those of referral, assessment, and care planning, monitoring and review.
7. The Government of Nepal should increase the rigour and range of qualitative data collected to inform evidence-based policy and planning and the measurement of outcomes for children. This should include efforts to ensure that the actions of regulation and inspection include qualitative aspects of child care.

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Appendix 1: Research instruments used with key informants

Participant Information Sheet

Dr. Chrissie Gale
University of Strathclyde
Lord Hope Building
141 St James Road
Glasgow
Scotland

My name is Dr Chrissie Gale and I have been asked by the European Commission and SOS Children's Villages International to conduct a study on alternative child care in Nepal.

I would like to invite you to participate in this research. So that you can make an informed decision about participation, this information sheet will provide you with more details.

Please do not hesitate to ask me any questions or, to request any additional information you might need before deciding whether or not to participate.

What is this study about?

This aim of this study is to gain an understanding of the alternative child care system in Nepal.

Why have you been contacted?

You have been contacted because of your professional knowledge, interest and understanding of child care reform in your own country

What would my participation include?

We are requesting your participation in an interview. The interview will be about alternative child care in your country. The interview should last no more than one hour in total.

We are particularly interested in understanding the situation of children in alternative care, where they are and the reasons a decision was made to place them there. We are also interested in understanding the services available to help prevent children being separated from parental care. In addition we would like to understand the child care reforms that have taken place in your country over the past 5 years and what you think were the successes and challenges of the programme and policies.

How do I inform you of my decision to participate or not to participate?

Before the interview you will be provided with a form to read with questions about your willingness to participate. If you are happy to go ahead with the interview, we will ask

you to kindly sign the form. If you give your consent to participate you can also choose whether or not to answer particular questions during the interview.

Confidentiality

If you do not want your name mentioned in the research report you can indicate this on the consent form.

If you provide your consent we would like to digitally record the interview.

Copies of the interview will not be available to anyone other than the researchers.

Thank you

Consent Form for Professionals and Carers

Alternative Child Care Study in Nepal

Please answer the following questions to the best of your knowledge

I confirm that:	YES	NO
I have understood what my participation involves and how the information I provide will be used		
I understand that my participation is completely voluntary and I am free to withdraw as a participant at any time		
I agree that the information I provide can be used in a research report		
I agree my name can be used in the research report if an additional request is made		
I agree to the recording of this interview		

<p>I hereby fully and freely consent to my participation in this study</p> <p>Participant's signature: _____ Date: _____</p> <p>Name in BLOCK Letters: _____</p>
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To be returned to: Chrissie Gale, University of Strathclyde, Glasgow, Scotland

Appendix 2: Research instruments used with children and young people

Text of the Decision-Making Information Leaflet for Children

What is this leaflet for?

This leaflet is to help you understand what our 'research' is about, and why we are interested in listening to what you have to say.

What is research?

Research is about finding out more about something - it is like exploring.

What is this research about?

This research is about children and decisions that are made about them. It is especially about decisions that are made when you are looked after away from home.

Who makes the decisions about where you live? what you do?

How much say do you have?

It is especially about children aged 10-17.

Why are we doing this research?

We think it is important to listen to children. We would like to hear about your experience

Who are we?

My name is Chrissie Gale I have worked with children before. I have a job working with social workers in a University in Scotland, UK.

What will we be doing?

We want to meet about 45 children to listen to their views. All the children are aged between 10 to 17 years and most are looked after away from their home. We hope to meet girls and boys.

Will you be one of them?

We hope you would like to meet us. We will be asking the person who looks after you to ask you if you are willing to meet us.

What will the meetings be like?

We hope that the meetings will be interesting and fun. We have different activities which may help you to think about your experience of where you live, who has made decisions about you live, and what you think about this..

If you meet us will you be with other children?

Yes we would like to invite you to come to be with a group of about 10 other children. All these children will be about the same age as you and will have had some similar experience to you.

We think that some children may find it easier to say what they think with other children. Also, it should be fun and interesting.

Who will be told about what you say?

Everything that you tell us in our meetings will be confidential. This means that we will not tell anyone else what you say.

However, if you agree we would like to tape record our meetings. This will make it easier for us to remember what you tell us. We won't let anyone else listen to the tapes.

How will we tell other people what children think?

Other people are really interested in knowing what children think. So, we will write some reports about what children say is important to them, but we won't name anyone's names.

Also, we hope that you may like to make something that adults can listen to or read about, to let them know what children think.

What will happen next?

If you are willing to meet us we will make arrangements with you, and your carer.

Do you have to agree to meet us?

No, it is your choice whether you take part. It will always be your choice to meet us.

Why should you agree to meet us?

- It is a chance to say what you think
- Your views will be seriously listened to
- We hope the meetings will be interesting and fun

My participation

Who am I?

My name is Chrissie and I work at the University of Strathclyde in a country called Scotland. I'm visiting Nepal to make an assessment of how children are looked after in your country.



←--- This is me!

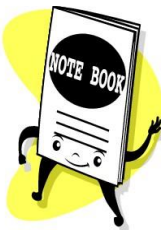
WHAT WOULD WE LIKE TO TALK TO YOU ABOUT?

Today I would like get to know a bit about you. You might want to ask me some questions too. But you don't have to talk about anything private if you don't want to. You can decide what you want to talk about or not. Here are some of my ideas for what we might talk about...

Who is important to you?

E.g. who are the people who are important in your life and if you have any worries who do you go to

What kind of things or people do you think can help you and other children and young people?



WHO WILL KNOW WHAT I'VE SAID?

If it's okay, we will be writing some things down. These are just for me to remember what we did together. I won't use your real name.

OK I WANT TO DO IT! If you are happy to talk to me today I would ask you to just put your name on the form below.

My Consent form

My name is and I am happy for you to meet me and for me to tell you more about myself.

My signature.....

Date.....

Thank you! 😊





About CELCIS

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

For more information

Visit: www.celcis.org **Email:** celcis@strath.ac.uk **Tel:** 0141 444 8500

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