

# DE-INSTITUTIONALIZATION OF CHILDREN IN NEPAL

## A systemic analysis



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## 0. Introduction

Many people of all ages and different conditions (persons with disabilities, elderly, children and persons with mental health problems) live in institutions which tend to segregate them from the community. For decades, the existence of such institutional care was seen as a proof that society cares, that it does not leave vulnerable persons without assistance and that it provides the needy with food, shelter, clothing and treatment. **Hence, is this really the best possible model societies can offer in the 21<sup>st</sup> century? Shouldn't societies be aiming for more humane, person-centred, individualised models of care?**

Every child has the right to grow up in a supportive, caring and nurturing family environment. However, Central Asia still has the highest numbers of children separated from their families. Therefore, this paper aims to raise awareness on the perverse effects of institutionalisation. The report provides a **children-based approach**, since it is understood that children are particularly vulnerable to the detrimental effects of institutionalisation. Furthermore, the focus is on Nepal, since this paper was commissioned by the Nepali NGO 'CWISH', who defends the rights of women and children. This paper also calls for the transition towards de-institutionalization. This process simply means taking kids out of large institutions and moving them into family-based care or other alternative childcare settings.

This problem will be approached through '**a systematic analysis**'. This includes five steps: first we signal what the central problem (1) is. Then we look at the causes (2) of institutionalization. The next step is to examine the consequences (3) of institutionalization (positive and negative ones). On the basis of the above steps, we arrive at a scheme to structure the central problem (4). In addition, we perform a 'check' (5) by changing the analysis level. This report ends with a positive message for a transition towards de-institutionalization and some good practices.

## 1. Institutionalization

### 1.1. Definitions of institutions

It is difficult to provide an all-encompassing definition of an 'institution'. This is mainly because of the different cultural and legal frameworks across different countries. Still, it is interesting to look at several definitions in order to gain a better understanding of the concept.

#### 1.1.1. European Union

A 'children's institution' has been defined by the EU as any form of residential care (e.g. orphanages, child care homes, hostels, boarding schools) for children with an '**institutional culture**'. An institutional culture means any form of residential care where:

- i. Users are isolated from the broader community and/or compelled to live together;
- ii. These users do not have sufficient control over their lives and over decisions which affect them;
- iii. The requirements of the organisation itself tend to take precedence over the users' individualised needs.

### 1.1.2. United Nations

The United Nations defines institutionalization as ***“care provided in any non-family-based group setting”***. This includes orphanages, small group homes, transit/interim care centres, children’s homes, children’s villages/cottage complexes, and boarding schools used primarily for care purposes and as an alternative to a children’s home.

### 1.1.3. UNICEF

UNICEF makes a distinction between institutional care and residential care. According to them, institutional care on the one hand consists of *“large residential care facilities, 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”*. On the other hand residential care is *“care provided in any nonfamily 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.”*

For the purpose of this report, when speaking about ‘institutions’, we mean those residential care services which display an ‘institutional culture’. Whilst I recognise the variation and the width of this term, it is used in this article for reasons of convenience and coherence.

## 1.2. Facts and figures

### 1.2.1. World

It is difficult to obtain the actual number of children in institutional care due to the lack of available data. As we see on figure 1, approximately **2.7 million children** between 0 and 17 years are estimated to be living in residential care globally (or 120 children per 100,000). However, this is just the tip of the iceberg according to UNICEF (2017).

Care institutions are used in both low-, middle- and high-income countries. In many countries, the use of care institutions continues to rise, despite recognition of the harm it can cause (see later). In both developed and developing countries, care institutions are financed and run by both government and private providers (including local and international NGOs, faith-based organisations, private businesses and concerned individuals). In some countries institutional care still accounts for more than half of public care expenditure. This model predominates above all in Central and Eastern Europe (Save The Children, 2009).

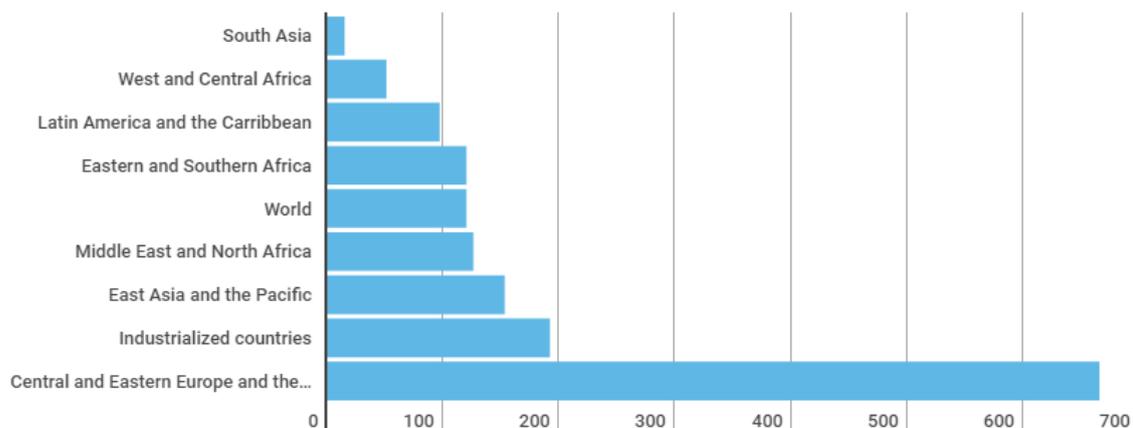


Figure 1: children in residential care per 100,000

If we look at this per continent, we arrive at this figure:

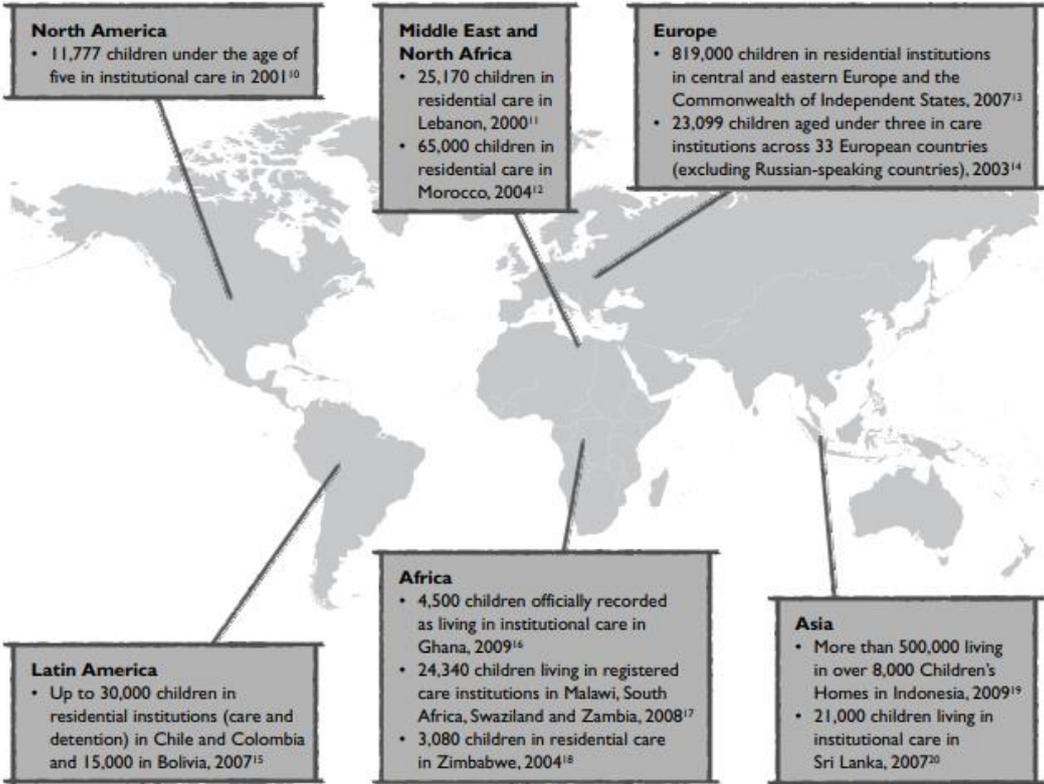


Figure 2: estimated numbers of children in institutions in selected countries

1.2.2. South Asia

The number of children in residential care in Asia is unknown, because authorities have generally weak systems of record keeping. The existing administrative data on children living in residential care are sometimes not reliable, as they underestimate the real number of children living in care settings. Various facilities operate without having been registered or having been improperly registered. At the same time, a 2016 paper on Cambodia raises the concern that some institutions may over-report the number of children in their care with the objective to obtain extra funding (Flagothier, 2016).

Findings from studies in other countries in Asia also suggest that the number of children in residential care – although unknown - is probably very high in the continent:

- In **India** there were 50,000 children in 700 institutions only in the Kerala State in 2007
- In **Indonesia** there were 500,000 children living in 8.000 residential care facilities in 2007
- In **Nepal** 15,215 children were living in 797 residential child care homes in 2013

1.2.3. Nepal

There are about **650,000** orphaned children under the age of 18 living in Nepal. In this country of 29 million, 55% of the people (averaged over the 1994-2008 period) live below the poverty line – that is on less than \$1.25 per day. A third of Nepal’s 12.6 million children are among those living below the poverty line (fundsforngos, z.d.). As of July 2017, there were altogether **567 Child Care Homes (CCHs)** in 44 different districts, in which 16,536 children are residing. In terms of provincial distribution, Province -3 has the highest number of CCHs (415), whereas Province -7 has only 12 CCHs (Government of Nepal 2017).

## 2. Systematic analysis

### 2.1. Central problem: institutionalization

In this paper child institutionalization in Nepal is treated as the main problem. Despite the harm it can cause, there are still some millions of children living separated from their parents. They are among the most vulnerable ones in the world. Moreover a lot of children in institutions are not orphans, but have one or both parents alive, as well as other relatives who could care for them. Children are primarily placed in residential care by their families because they are too poor to look after them. For governments and donors, placing children in institutions is often seen as the most straightforward solution, despite the detrimental effects.

### 2.2. Causes of institutionalization

In this section we describe the causes of institutionalization while using the SDG's. Separation of children from their parents is caused by complex social, cultural, political and economic factors. In Nepal children are away from home mainly for work, education and due to the family factors such as violence, discrimination and poverty. Child separation thus hinders several objectives of the SDG's, who are the blueprint for a better and more sustainable future for everyone. Sustainability means a focus on the future and thus also a **focus on children**. Children make up a large and relatively dependent part of the population. Children should therefore be encouraged to maximize their potential for the benefits of future societies (Richardson et al., 2017). The way in which institutionalization can be an obstacle to the SDGs is discussed below.

#### SDG 1: no poverty

It is found that **poverty is amongst the most decisive causes for separation**. Contrary to common assumptions, the overwhelming majority of children (at least four out of five) in care institutions have one or both parents alive. Many institutions attract children because they provide the only source of free education, food and other essentials. Poor parents are also more likely to migrate to find work, leading them to abandon their children into residential care. Some poor families are coerced into giving up their children in exchange for money by unscrupulous institutions and adoption agencies hoping to profit from the residence or trafficking of children (CWISH, 2012). It's therefore not surprising that the number of institutionalized children is high in many low- to middle-income countries.

#### SDG 4: quality education

Children in institutions are already disadvantaged from the beginning, since they don't get proper education. However, achieving proficiency in basic skills for all children is not only fair, but it also implies progress in tackling inequality of outcomes driven by socio-economic disadvantage. Even a few hours a day of high-quality pre-school programmes at age three and four can produce positive life outcomes, such as a reduction in criminal behaviour as well as positive labour market, education and health outcomes.

In particular, target 4.5 asks states to *"by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations"*. It's the task of the local government to ensure that education is properly organized, because **without proper education children are more vulnerable to end up in an institution**.

## SDG 5: gender equality

SDG 5 stands for gender equality, but **there are still a lot of girls in households who face discrimination**, leading them to be separated from their families. Most of the girls in Nepalese families are overworked while their male counterparts are enjoying the fruits of their hard labor. Nepalese society still prefers sons to daughters as the popular belief is that a son holds the key to the door to heaven. For the same reason it has been difficult to repatriate girls back to their families as they prefer to work outside their homes (CWISH, 2012). Child marriages are also rampant in Nepal, however, this issue has been considered less of a separation issue and more as a prelude to violence against children and gender based violence against girls.

## SDG 8: decent work and economic growth

SDG 8 is to promote inclusive and sustainable economic growth, full and productive employment and decent work for all. **Unemployment in a household and the poverty and insecurity this brings**, is a key determinant of children's poverty risks and later life outcomes. **Lack of awareness among parents is also a major cause of separation**. This might have multi-fold effects: uneducated parents do not have decent work opportunities. Uneducated and unaware parents do not know the consequences of separation of children from their family and so they send the children away to find a better life since they cannot guarantee it themselves (CWISH, 2012).

Some children placed in institutions are 'trafficked' under the guise of intercountry adoption. Children, including those with parents, are being recruited into institutions for the purposes of financial gain. Many parents are persuaded to give up their children in the hope that they will be given the opportunity of education or a better life. Others believe their children will be returned to them once they reach 18. Few are made aware that they are giving up their legal rights to their children and that they will probably never see them back (Save the Children, 2009).

Therefore, decent work could come out as an 'intervention': providing people with opportunities for income generation and decent work, will result in decent jobs and wages. This means parents will be less inclined to send their children to institutions. This also has a human rights aspect: if families understand decent work, they'll also understand the dignity and worth of people.

Next to that, **child labour is also found to be another major area of separated children in Nepal**. According to the 'National Child Labor Report 2010' 34% of Nepali children of between 5 and 14 years are economically active, with 1.6 million considered to be child laborers and 621,000 doing hazardous work. Most of the separated children in child labor are found working as domestic workers, in small tea shops, restaurants, embroidery factories, workshops, garages and in the adult entertainment business (as sex workers) (CWISH, 2012).

## SDG 10: reduced inequalities

**Discrimination against certain groups of children leads to these children being disproportionately represented in institutions**. It has been shown that lower income inequality and lower income gaps are associated with higher overall child well-being. The socio-economic background of the family is arguably the most powerful 'circumstance' of childhood (Richardson et al., 2017). However, discrimination and cultural taboos mean that in some countries a disproportionate number of girls, disabled children and children from minority ethnic groups are relinquished or abandoned into care institutions.

## SDG 11: sustainable cities and communities

Goal 11 is to make cities and settlements inclusive, safe, resilient and sustainable. **Resilient communities are important for the wellbeing of the population.** This implies that resilient communities will automatically lead to less poverty, better education, less discrimination and eventually less institutionalization. In the end there is nothing as bad for a sustainable society as uprooted children.

## SDG16: peace and justice

Target 16.2 states to “*end abuse, exploitation, trafficking and all forms of violence against children*”. **Domestic violence is another serious issue that can cause separation.** Mostly, children separated due to domestic violence land up in the streets where they become further vulnerable to exploitation and deprived even more of their rights. However, much of this violence or abuse does not come to the surface because it is considered improper to talk about these things in Nepal (CWISH, 2012). This can also be linked to SDG 5 that states to eliminate all forms of violence against women and girls.

## SDG 17: partnerships for the goals

A scope of different people from different sectors are working together for the achievement of the SDG’s. In this case, working together with different actors of society (schools, youth clubs, academic institutions, etc.) will lead to a **better understanding of separation** and can thus be more impactful. Moreover, if the local government understands the value of a partnership, they’ll probably provide financial support.

To conclude: these SDG’s are all interlinked. While reducing poverty, more people will have a decent wage and work, less children will be send to institutions, as a result there will be less inequality in terms of access to good education, in terms of access to equal rights, etc.

### 2.3. Effects of institutionalization

Institutionalization can have positive consequences as well as negative ones.

#### 2.3.1. Positive consequences

Family-based care should always be used as the first option for children who require alternative care. With the right support, most vulnerable children are best cared for within their own families and communities. Where it is not possible for a child to live at home, kinship care, fostering, adoption and other family-based care alternatives should be explored before institutions are considered. However, some forms of care institutions have a role to play in providing short-term care for vulnerable children who require specialist services or who are waiting for a suitable longer-term alternative.

Where residential care is in the best interests of the individual child, it should be based in a small group home where no more than six to eight children are cared for by consistent adults in a family-like setting within the community (Save the Children, 2009). It has been proven that children who are placed in well-organized, smaller institutions with a family setting demonstrate positive psychosocial adjustment and developmental gains (National Academies of Sciences, Engineering, and Medicine, 2016). However, this still does not imply that institutions are preferential to family-based care.

### 2.3.2. Negative consequences

There's a wide recognition of the adverse impacts of institutionalization on developmental outcomes and children's wellbeing. *First*, there's a lot of **developmental damage** for children in institutions compared with children raised at home or in foster families. The institutionalised children:

- Can be far more physically stunted as a result of poor nutrition and sickness, caused by overcrowding, poor hygiene and a lack of access to medical care.
- Can have significantly lower IQ's and levels of brain activity.
- Can have reduced motor skills and language abilities, because of the lack of toys, play facilities and developmental education.
- Can be far more likely to have social and behavioural abnormalities such as disturbances and delays in social and emotional development, aggressive behaviour problems, inattention and hyperactivity, and a syndrome that mimics autism.

Even well-run care institutions can have negative developmental effects on children. Separation can leave children with lasting psychological and behavioural problems. A lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills, including those necessary for positive parenting (Save the Children, 2009).

*"We never had any affection. We had all the material things – a bed, food, clothing. But we never had any love."  
(A child in care)*

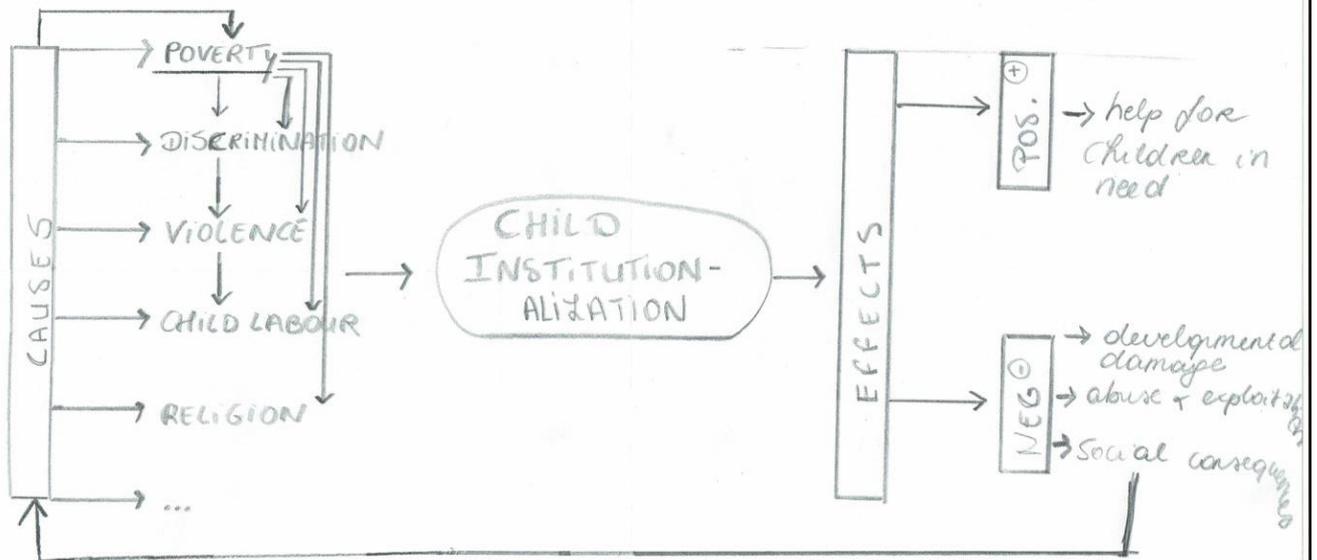
*Second*, institutionalised children are more vulnerable to a wide range of **abuse and exploitation**. A lot of children are unaware of their rights and powerless to defend themselves in the closed and often isolated nature of institutional care. The abuses can include systematic rape and other forms of sexual abuse, like exploitation (including trafficking), physical harm (beatings and torture) and psychological harm (isolation, the denial of affection and humiliating discipline).

*Third*, institutionalization can have **social consequences**. It's creating 'lost generations' of young people who are unable to participate fully in society. Children in institutions are prevented from developing social networks essential for later life. This limits the life chances of children who have grown up in care. After years of following a structured routine, they may not know how to navigate an independent life. They may not know how to cook, how to handle money, or how to use their initiative. They may be less able to find work or to develop social relationships. They may be more vulnerable to criminal behaviour as a means of survival. They are also more likely to develop antisocial behaviour, attachment disorders and to struggle with positive parenting.

Generally, children leaving care are more likely to be dependent on the state and other service-providers for their own wellbeing and survival. They might be less able to contribute to economic growth and social development (Save the Children, 2009). *In addition*, many children in institutions face additional **problems of neglect** caused by poor quality standards. This includes life-threateningly poor nutrition, hygiene and healthcare, lack of access to education, and a chronic lack of physical and emotional attention (Save the Children, 2009).

*"Putting someone in institutional care is like sending him to prison. He will follow only the rules, regulations and discipline of that institution. He cannot express his opinion. He cannot go out for his own recreation. It's just like a punishment." (International aid worker)*

## 2.4. Scheme: insight in complexity



## 2.5. Changing analysis level

In this report institutionalization has been discussed on a specific level, namely for Nepal. However, the problem of institutionalization is worldwide. If you look at other countries, we will see different stories in terms of political, economic and cultural level. There will for example be different causes of child separation in high income countries, since the main cause of institutionalization in a poor country as Nepal is poverty. The causes will also be different in countries where there is no (or not that much) child labour as in Nepal. It thus depends on tradition, culture and the economic situation of the country. Nonetheless, the (harmful) effects of institutionalization occur everywhere and can be generalised.

### 3. The way forward: de-institutionalization

After seeing all of the above, it's not a big surprise that there's a growing consensus about institutional care simply not being compatible with a human rights approach. The UN Convention on the Rights of the Child (UNCRC) clearly recognises that the ideal setting for a child to grow up is within a family environment that provides an atmosphere of happiness, love and understanding. De-institutionalisation – also known as the transition from institutional to family and community-based care - can be defined as a policy-driven process of reforming a country's alternative care system. It's a strategy to get children out of institutions, but also to avoid new placements (Opendoors, z.d.).

#### 3.1. De-institutionalization in the world

De-institutionalization became common place in many **developed countries** in the post war period. It occurred in the US as a consequence of the Social Security Act of 1935, which allowed 'Aid to Dependent Children' to be passed, and meant that children could no longer be removed from their families due to poverty alone. It occurred over a similar period in **Western European and some South American countries**. De-institutionalisation is currently most common in the former Soviet Bloc. The institutions that remain in **Eastern Europe** are mostly occupied by disabled children for whom it can be harder to place them in the community. It is also starting to take hold in **Africa**, where the majority of orphanages are funded by private donors. It has the support of some governments, but the process is very complex, as they do not run the institutions. In **Asia** de-institutionalization is occurring at individual level rather than state-wide. There are some small scale moves to increase the number of family based placements in China, but this is not yet a large scale movement. It is now a priority of NGO's in Nepal and Cambodia (Wikipedia, 2020).

#### 3.2. Getting children out of institutions in Nepal

Children without parental care have been identified as a hidden issue and ignored agenda in Nepal. There's a high prevalence of children without parental care: almost 1.1 million children up to the age of 15 years are away from home. Yet, the issue has not been raised as of concern. The advocacy interventions on children's right to parental care is completely absent, leading to very few initiatives relating to alternatives like care management, child sensitive social protection, alternatives to adoption and child homes. The absence of social security and an alternative care management system has contributed to the problem of children's separation in Nepal. There's also an absence of skill, concepts, plans and programs for promoting alternative care management (CWISH, 2012).

Hence, the high prevalence figure of children living without parental care is calling for immediate action in the field. Such immediate interventions could prevent the separation of children and could progress the lives of many children currently living a separated life. The following recommendations are drawn by CWISH to further strengthen the family and enhance children's right to parental care in Nepal.

*First*, it is very important that parents and family should be targeted to strengthen not only economically but also socially. They should have access to right information, information verification and complaint procedures. *Second*, the provisions of social security for children could enable parents for considering children not as an additional burden of expenses. It would also empower children to claim the basic facilities and rights within their family and community. Third, there should be feasible and convincing alternatives for families and parents, children and agencies involved in children's separation. *Fourth*, strengthen effective implementation of a right based approach situation could

help to prevent large numbers of children from further separation from the family. It could also help to reintegrate current separated children in a successful way. *Last*, without children's meaningful participation, the implementation of such programs and action is not going to be right based. Children have the fundamental right to be part of the decision making process. They have to be able to express their concerns in a free and protective environment (CWISH, 2012).

## 4. Good practices

In this section some good practices regarding de-institutionalization are discussed. I begin quite general with the 'Common Basic Principles' and the 'Guidelines for the Alternative Care of Children'. Then I look more specifically at some NGO's in Nepal who deliver outstanding work and who can be distinguished from others.

### 4.1. Good practices in general

#### 4.1.1. *Common Basic Principles*

A set of Common Basic Principles has been drawn from best practices in the transition from institutional to community-based care. In general, the process must **respect users' rights** and users have to be involved in all the decision-making processes. Community-based services must be created in parallel with the closure of the institutions. The process requires sufficient and well-trained **staff with skills** appropriate for community-based care as well as for adequate support to families. Both the transition process and the resulting services need **quality control** with a clear focus on user satisfaction. Continuous **awareness-raising** is necessary.

Experience shows that where there is **political will**, children can be well cared for and protected. For example, Indonesia has embarked on a process of widespread reform to improve the quality of care in institutions and to shift policies and resources towards supporting children in their families. Sierra Leone has reunified many children with their families and is addressing its use of care institutions. Croatia has achieved important structural and legal changes to ensure that family and community-based care is given greater priority. South Africa has built social protection and other mechanisms to strengthen families and prevent unnecessary separation (Save The Children, 2009).

#### 4.1.2. *Guidelines for the Appropriate Use and Conditions of Alternative Care for Children*

The Guidelines for the Alternative Care of Children, which were welcomed by the UN in November 2009, recognize de-institutionalization for orphans and other children without parental care. The guidelines focus on two major areas of concern: first, the necessity of ensuring that only children in need are placed in alternative care; and second, where out-of-home care is needed, it should be provided in a way that is responsive to children's rights, needs and best interests.

It thus provides a framework for tackling the harmful institutionalisation of children. *"While recognizing that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall de-institutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination,"* state the Guidelines.

## 4.2. Good practices in Nepal

### 4.2.1. Shangrila Home

Shangrila Home is probably the most well-known Belgian NGO in Nepal. To be able to volunteer for two months, you must apply two years in advance. What makes Shangrila Home different is their **total approach**. Children are not numbers that have to yield money. Usually they come from an orphanage and they are almost always actual orphans. In Shangrila Home they receive pottery courses, sewing or computer classes and there is financial support for those who want to follow another course.

When they are eighteen, the youngsters are not dumped as is often the case elsewhere. They look for a job together, until they are sure that they can continue independently. The orphanage's cocoon is also partly broken by sending the children to an ordinary school. There are nearly a hundred children in the orphanage and only two low-paid people from Belgium work there permanently. The rest of the personnel consist of former Nepali street children, who thus know how to handle the children. Children are in no way sold to the adoption industry. Instead, they are working on a dignified future in their own society (Meynen, 2016).

### 4.2.2. THIS

THIS (The Himalayan Innovative Society) was established in January 2003 by local people from the area that THIS serves: Humla district and the Mid-western region of Nepal. Their motive is to help the local deprived communities in the areas of education, health, tourism, income generation, culture and heritage preservation and human rights, especially women and children's rights. THIS is mainly focusing on the **sensibilization** of parents, so that parents would know what is going on when someone knocks on the door and promises them to temporarily send their child to a school in Kathmandu.

## 5. Conclusion

Thousands of children are currently living in harmful institutions in Nepal. Many more children are being abandoned into them every day. We saw what causes institutionalization, but more importantly we saw the negative effects it can have on children. Therefore governments, multilateral organisations, donors, NGOs, faith based organisations and communities must all take action to stop the harmful institutionalisation of children. The way forward is de-institutionalization. The design and delivery of national and local childcare and protection systems must be transformed to enable families to look after their own children, and to ensure that, where necessary, children have access to positive care alternatives. Above all, greater political commitment is required to spearhead these changes. The challenges to creating positive care options for children can and must be overcome.

*"If you are currently adopting a child from Nepal, chances are very high that you are paying a human trafficker to take children away from their parents with a lie. Parents who probably stare at the horizon more than once and wonder when their child will come back home with a diploma and some money." (Meynen, 2016).*

## 6. References

- CWISH. (2012). *A Study on the Issue of Children Living Without Parental Care in Nepal*. Consulted via <file:///C:/Users/Bruno%20Deceukelier/Downloads/1%20Separation%20Denial%20of%20Rights.pdf>
- Flagothier, C. (2016). *Alternative Child Care and Deinstitutionalisation in Asia*. Consulted via <https://www.sos-childrensvillages.org/getmedia/1b925bf1-5587-4f7f-976a-92293ddf09/Asia-Alternative-Child-Care-and-Deinstitutionalisation-Report.pdf>
- Fundsforngos. (z.d.). *Child Rights Stakeholders in Nepal Make a Manual to Assist in Child Protection*. Consulted via (<https://www.fundsforngos.org/developing-countries-2/nepal/child-rights-stakeholders-nepal-manual-assist-child-protection/>)
- Government of Nepal. (2017). *State of children in Nepal 2017*. Consulted via <http://www.ccwb.gov.np/uploads/Resource/CCWB%20Publication/report/State%20Of%20Children%20In%20Nepal%202017%20%7BEnglish%20Version%7D.pdf>
- National Academies of Sciences, Engineering, and Medicine. (2016). *Reaching and investing in children at the margins: Summary of a joint workshop*. Washington, DC: the National Academies Press.[Internet].
- Richardson, D., Brukauf, Z., Toczydlowska, E., Chzhen Y. (2017). *Comparing Child-focused Sustainable Development Goals (SDGs) in High-income Countries: Indicator Development and Overview*. Consulted via [https://www.unicef-irc.org/publications/pdf/IWP\\_2017-08.pdf](https://www.unicef-irc.org/publications/pdf/IWP_2017-08.pdf)
- Save The Children. (2009). *Keeping children out of harmful institutions - Why we should be investing in family-based care*. Consulted via <https://resourcecentre.savethechildren.net/library/keeping-children-out-harmful-institutions-why-we-should-be-investing-family-based-care>
- UNICEF. (2017). *Children in alternative care*. Consulted via <https://data.unicef.org/topic/child-protection/children-alternative-care/>
- Wikipedia. (2020). *Deinstitutionalization (orphanages and children's institutions)*. Consulted via [https://en.wikipedia.org/wiki/Deinstitutionalisation\\_\(orphanages\\_and\\_children%27s\\_institutions\)](https://en.wikipedia.org/wiki/Deinstitutionalisation_(orphanages_and_children%27s_institutions))