

**A CRITIQUE OF SOCIAL POLICY FOR CHILDREN IN NEPAL:
LIBERAL, INFORMAL, MINIMALIST-STATE WELFARE REGIME**

A thesis submitted in fulfilment of the requirements

**for the Degree of
Doctor of Philosophy**

By

Suman Khadka

**MSc Environmental Education and Development Education (South Bank University,
London, UK)**

Department of Social Work

Monash University

2014

Notice 1

Under the Copyright Act 1968, this thesis must be used only under the normal conditions of scholarly fair dealing. In particular no results or conclusions should be extracted from it, nor should it be copied or closely paraphrased in whole or in part without the written consent of the author. Proper written acknowledgement should be made for any assistance obtained from this thesis.

DEDICATION

This thesis is dedicated to my children, Josh and Zara.

Should they happen to spend their childhood in Nepal I hope it is a better place than the one I found in this study or that I myself experienced and that change, to some extent, was due to their mother's work on this thesis.

ACKNOWLEDGEMENTS

Although I am fully responsible for this thesis, many people have played a significant role in ensuring its successful completion along the line.

Foremost I am grateful to all the children and their caregivers for giving their valuable time and insights. I sincerely hope that I was able to listen to not only what you said but also how you felt and that this is reflected in the study.

Thank you to all the key informants who provided valuable information. Thank you to all the professionals and my colleagues in Nepal who helped me access relevant organisations and research participants. I also appreciate the advice provided by my colleagues Shailendra Sigdel and Indu Tuladhar on different aspects of my research.

My supervisors Margaret Alston and Rosemary Sheehan deserve special gratitude for guiding me throughout this process. Thank you for helping me from the very beginning and seeing it right through the end to ensure that I addressed what needs to be included in a PhD thesis, for making it flow and readable. Thank you for your constant encouragement and believing that my work is useful and important for Nepal at this juncture, for your guidance in setting the theoretical context of the thesis, for teaching me how to really 'listen' to my research participants. I hope I have lived up to both of your expectations.

Thank you to my family and relatives in Nepal for their support during my field work. Special thank you to my husband, James, who not only helped me cope with the stresses of the PhD but also helped to proof read my drafts and make them more readable.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
TABLE OF CONTENTS	4
LIST OF TABLES	9
LIST OF FIGURES	11
ACROYMNS	13
ABSTRACT	17
Chapter 1 Introduction	20
1.1 Introduction	20
1.2 Context	21
1.3 Research problem	25
1.3.1 Key research questions	25
1.4 Importance of the study	27
1.5 Researcher's context	29
1.6 Terminology	31
1.6.1 Child	31
1.6.2 The West and the South	32
1.6.3 Human rights and child rights	32
1.6.4 Welfare, wellbeing, development and poverty	32
1.7 Summary of content and structure of the thesis	34
1.8 Conclusion	35
Chapter 2 Literature review: Review of studies	36
2.1 Introduction	36
2.2 Children in Nepal: Research studies	36
2.3 Studies on the research questions	38
2.3.1 Studies on the nature of children's social policy in Nepal	38
2.3.2 Studies on the nature of children's social policy	38
2.3.3 Studies on the nature of overall social policy	41
2.4 Studies on the conceptualization of child welfare	47
2.4.1 Critique of the studies addressing the way child welfare is conceptualised	49
2.5 Situating the study in an international context	49
2.5.1 Studies on the conceptualisation of child welfare	50
2.5.2 Studies on children's social policy	53

2.6	Conclusions	61
Chapter 3	Literature review: Theoretical foundations	62
3.1	Introduction	62
3.2	Justification for using the welfare state framework	63
3.2.1	Normative and empirical rationale for the welfare state framework	63
3.2.2	Critique of the existing frameworks underpinning children’s social policy and welfare conceptualisation	72
3.3	Key principles of the welfare state framework	90
3.3.1	General principles of the welfare state framework	90
3.3.2	Classificatory frameworks for studying social policy	109
3.3.3	Key principles to conceptualise child well-being	119
3.4	Conclusion.....	127
Chapter 4	Methodology.....	128
4.1	Introduction	128
4.2	Epistemology.....	129
4.2.1	Critical research paradigm	129
4.2.2	Critical theory	132
4.3	Purpose of the study	135
4.3.1	Key research questions and sub research questions.....	136
4.4	The study design.....	137
4.4.1	Qualitative method.....	137
4.4.2	Data sources	139
4.4.3	Sample.....	142
4.4.4	Study location	149
4.4.5	Data collection techniques	150
4.4.6	Data analysis plan	154
4.5	Addressing ethical issues	157
4.5.1	Ethics approval.....	157
4.5.2	Involving children in research	158
4.5.3	Gaining consent	158
4.5.4	Compensation for participants	159
4.5.5	Protecting confidentiality.....	159
4.5.6	Sensitivity to the participants’ situation.....	159
4.5.7	Ethical use of data sources	160

4.6	Ensuring trustworthiness of the study	160
4.6.1	Credibility (internal validity)	161
4.6.2	Transferability (external validity)	163
4.6.3	Dependability (external reliability)	164
4.6.4	Confirmability (objectivity)	164
4.7	Limitations of the study	165
4.8	Conclusion	167
	Introduction to the study's findings	168
	Chapter 5 Findings: Demographic data for the study participants	169
5.1	Key study participants	169
5.1.1	Social demographic data	170
5.1.2	Residence of the participants	171
5.1.3	Background of the study participants based on theoretical criteria	171
5.2	Key informants	177
5.3	Conclusion	178
	Chapter 6 Findings: Conceptualisation of child welfare	179
6.1	Introduction	179
6.2	Welfare needs of children	179
6.2.1	What constitutes child wellbeing and child ill-being?	180
6.2.2	Hierarchy of needs	193
6.3	Responsibility for providing children's welfare	203
6.3.1	Responsibility for food/clothing and housing	204
6.3.2	Education and health	209
6.3.3	Protection	221
6.3.4	Overall Government responsibility	224
6.4	Cross cutting theme – international (<i>bideshi</i>) influence	228
6.5	Conclusion	229
	Chapter 7 Findings: Nature of child welfare services	231
7.1	Introduction	231
7.2	Daily needs (food/clothing) and social security access	232
7.2.1	Provider	232
7.2.2	Nature of social security programs	235
7.2.3	Welfare outcomes	239

7.3	Housing	249
7.3.1	Providers	249
7.3.2	Nature of housing programs.....	253
7.3.2	Welfare outcomes	255
7.4	Health	265
7.4.1	Providers	265
7.4.2	Nature of programmes	271
7.4.3	Welfare outcomes	275
7.5	Education services.....	290
7.5.1	Provider.....	290
7.5.2	Nature.....	295
7.5.3	Welfare outcomes	302
7.6	Child protection: Personal social services.....	318
7.6.1	Provider.....	318
7.6.2	Nature.....	325
7.6.3	Welfare outcomes	329
7.7	Cross cutting themes	339
7.7.1	Emergency financial support	339
7.7.2	Experience of raising children	342
7.8	Conclusion.....	343
Chapter 8	Discussion.....	346
8.1	The nature of child well-being (CWB) and social policy in Nepal.....	347
8.1.1	The multi-domain and multi-dimensional nature of CWB	347
8.1.2	Basic, objective, input focused and hierarchical notion of CWB	349
8.1.3	Five welfare services as comprehensive and prioritised needs.....	352
8.1.4	Localising an understanding of CWB.....	355
8.1.5	Behavioural focus on health and protection services.....	356
8.1.6	Conceptualisation on responsible institutions for children’s welfare services	356
8.1.7	Providers of children’s welfare services across the four key institutions.....	359
8.1.8	Mixed mode of welfare services: Minimal-universal and selective-residual ..	363
8.1.9	Commodification of welfare services and future social policy agenda	364
8.1.10	Role of private and informal providers	370
8.1.11	Moving the social policy agenda towards formalization	374

8.1.12	Financial accessibility	377
8.1.13	Children’s policy: a laissez-faire approach.....	378
8.1.14	Impact of the status of rights on the nature of services in Nepal.....	382
8.1.15	Stratification.....	384
8.1.16	Preferred nature of social policy	386
8.1.17	Army mini-welfare state model	390
8.2	Overall regime direction.....	393
8.3	Conclusion.....	397
Chapter 9	Conclusion	402
9.1	The study’s aims achieved	402
9.2	Implications of the study	405
9.3	Future research	414
REFERENCES	417
Appendix 1	CWB frameworks reviewed.....	437
Appendix 2	Income classification method	446
Appendix 3	Interview guide for in-depth interview	451
Appendix 4	Cards for ranking welfare services	452
Appendix 5	Explanatory statement.....	453
Appendix 6	Informed Consent Template	458

LIST OF TABLES

Table 2.1	Selected indicators for Nepal as per Welfare Regime Study.....	42
Table 3.1	Comparative statistics in welfare states versus developing countries	68
Table 3.2	Welfare indicators of different HDI groups	68
Table 3.3	Comparison of selected countries of Esping-Anderson’s typology with key welfare indicators	111
Table 3.4	Components of welfare mix (institutions) in welfare regime approach	113
Table 4.1	Sampling strategy of children participants	145
Table 4.2	Income classification based on nominal average per capita income	147
Table 4.3	Examples of documents reviewed	154
Table 4.4	Trustworthiness strategies adopted in the study	161
Table 5.1	Total number of children and caregivers participating in the study	169
Table 5.2	Age, gender and ethnicity of the participants	170
Table 5.3	Child respondents by schooling status and type	172
Table 5.4	Type of alternative living arrangements of the child participants	173
Table 5.5	Child respondents’ working status	174
Table 5.6	Type of child labour of working children.....	174
Table 5.7	Income level of the respondents	176
Table 5.8	Number and types of key informants	178
Table 6.1	Selected CWB dimensions/needs for comparing hierarchical importance	185
Table 6.2	Desired qualities of parents (children’s response).....	187
Table 6.3	Ranking for first option before and after the discussion (adults)	197
Table 6.4	Ranking of education versus health (children) (1 is the most important)	200
Table 6.5	Response on the role of Government for food/clothing and housing.....	206
Table 6.6	Responsible agency for children’s protection	221
Table 7.1	Expenditure on children’s social security (2010/11).....	233
Table 7.2	Social security support for children.....	236
Table 7.3	Respondents who had social security provision	238
Table 7.4	Coverage of child social security measures.....	238
Table 7.5	Satisfaction level of food/clothing by analytic domains	242
Table 7.6	Expenditure on Government’s housing programs (2010/11)	251
Table 7.7	Expenditure on Government’s key housing programs (details)	252
Table 7.8	Accessibility conditions for housing programs	253
Table 7.9	Coverage of Government’s housing programs	255
Table 7.10	Satisfaction level with housing by analytic domains.....	257
Table 7.11	Expenditure on Government’s health programs (2010/11)	269
Table 7.12	Capacity of public and private health institutions.....	270
Table 7.13	Accessibility conditions for public health services.....	271
Table 7.14	Coverage of key public health services	274
Table 7.15	Use of private and Government health facilities by analytic domains	280
Table 7.16	Government expenditure on education (2010/11)	293
Table 7.17	Institutional capacity of Government and private schools.....	295
Table 7.18	Accessibility conditions for education services	296

Table 7.19	Coverage of key public education services.....	301
Table 7.20	Background of different school goers as per analytic domains	304
Table 7.21	Analytic domains by different school types (only for school goers).....	305
Table 7.22	Reasons for wanting English in schools	310
Table 7.23	Fees of different types of schools as reported by the respondents (annual)	315
Table 7.24	Institutional capacity of protection personnel services.....	323
Table 7.25	Government expenditure on child protection (2010/11).....	323
Table 7.26	Details of Government expenditure on child protection (2010/11).....	324
Table 7.27	Accessibility conditions for protective services	325
Table 7.28	Coverage of child protection services.....	328
Table 7.29	Respondents' current protective status according to analytic domains	330
Table 7.30	Protective status according to parental status	332
Table 8.1	Subset of prioritized CWB dimensions and their similarity with WSF	352
Table 8.2	Government's focus on different welfare needs.....	354
Table 8.3	Capacity of institutional providers of children's welfare services	360
Table 8.4	Criteria for accessing welfare services	363
Table 8.5	Domains of respondents having different welfare outcomes	375
Table 8.6	Rights status and program coverage of welfare services.....	383
Table 8.7	List of prioritized child welfare needs and the rights they represent.....	384

LIST OF FIGURES

Figure 1.1	Map of Nepal	20
Figure 1.2	Key elements of social policy	26
Figure 2.1	Prevalence rates of deprivations of children in Nepal	40
Figure 2.2	Welfare States in OECD countries	57
Figure 3.1	Three key political ideologies that impact on a welfare system	64
Figure 3.2	Key domains of CWB	74
Figure 3.3	Domains and dimensions frequently used in the international CWB literature.....	75
Figure 3.4	Maslow’s hierarchy of needs	77
Figure 3.5	Three key institutions of welfare states	90
Figure 3.6	Key components in children’s policy making	91
Figure 3.7	Different types of equality	106
Figure 3.8	Key institutions in welfare regime theory.....	112
Figure 3.9	Welfare path of informal security regimes to formal welfare state regimes....	119
Figure 3.10	Key concept of child welfare	120
Figure 3.11	Multidimensional notion of CWB using the welfare state perspective	126
Figure 3.12	Re-conceptualisation of child welfare as a hierarchy of welfare services	127
Figure 4.1	Summary of the research process	128
Figure 5.1	Map of Nepal showing locations of the study participants.....	171
Figure 5.2	Employment type of working children	175
Figure 5.3	Employment type of caregivers	175
Figure 5.4	Income level of child participants’ family	176
Figure 6.1	Dimensions of CWB and child ill-being.....	181
Figure 6.2	Dimensions of CWB identified by respondents.....	183
Figure 6.3	Dimensions of child ill-being.....	184
Figure 6.4	Dimensions of CWB and ill-being identified by children	184
Figure 6.5	Dimensions of CWB and ill-being identified by adults.....	184
Figure 6.6	Comparison between current and future needs of CWB	186
Figure 6.7	Current needs versus future needs as factors of ill-being	186
Figure 6.8	Ranking of welfare needs before discussion by children.....	196
Figure 6.9	Ranking of welfare needs after discussion by children	197
Figure 6.10	Responsibility mix for health and education	210
Figure 7.1	Providers of child respondent’s food/clothing.....	245
Figure 7.2	Use of national providers by the respondents	278
Figure 7.3	Schooling types of income groups	305
Figure 7.4	Income class by schooling type	305
Figure 8.1	Comparison between different multi-dimensional notions of CWB	348
Figure 8.2	Progression of perceived importance and categorization of needs during a ranking exercise	351
Figure 8.3 (a)	Institutional providers according to welfare regime theory	361
Figure 8.3 (b)	Institutional providers for children’s welfare services in Nepal	362
Figure 8.4 (a)	Key components in children’s policy making (general)	362
Figure 8.4 (b)	Key components in children’s policy making (Nepal).....	362

Figure 8.5	Models for equality for different welfare services.....	390
Figure 8.6 (a)	Welfare path of informal security regimes to formal welfare state regimes	396
Figure 8.6 (b)	Welfare path of Nepal to a formal welfare state	396
Figure 1	Education	452
Figure 2	Food security	452
Figure 3	Protection services	452
Figure 4	Health care services	452
Figure 5	Housing.....	452

ACROYMNS

BSS	Basic Social Services
CA	Constituent Assembly
CBS	Central Bureau of Statistics
CCWB	Central Child Welfare Board
CERID	Research Centre for Education Innovation and Development
CMS	Community Managed Schools
CPS	Child Protection Services
CWB	Child well-being
CWIN	Child Workers in Nepal
CWISH	Children, Women in Social Service and Human Rights
CWO	Child Welfare Officer
DCWB	District Child Welfare Board
DDC	District Development Committee
DoE	Department of Education
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
EDP	External Development Partner
EFA	Education For All
EHCS	Essential Health Care Services
ESRC	The Economic and Social Research Council
HI	High Income
HP	Health Post
HDI	Human Development Index
HDR	Human Development Reports
ICCPR	International Covenant on Civil and Political Rights

ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organisation
I/NGOs	International Non-Government Organisations
ISD	The Institute for Sustainable Development
KI	Key Informant
LI	Low Income
MDG	Millennium Development Goals
MI	Middle Income
MoE	Ministry of Education
MoES	Ministry of Education and Sports
MoF	Ministry of Finance
MoLT	Ministry of Labour and Transport
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MoHPP	Ministry of Housing and Physical Planning
MRR	Monitoring, Reporting and Response
MUHREC	Monash University Human Research Ethics Committee
NCD	Non Communicable Diseases
NEC	National Education Commission
NER	Net Enrolment Rate
NESAC	Nepal South Asia Centre
NESP	National Education System Plan
NFE	Non Formal Education
NHRC	National Human Rights Council
NHSP-IP	Nepal Health Sector Programme-Implementation Plan
NHDFC	Nepal Housing Development Finance Company
NGO	Non-Government Organisation

NHS	National Health Service
NDHS	National Demographic Health Survey
NHS	National Health Service
NLFS	Nepal Labour Force Survey
NLSS	Nepal Living Standards Survey
NPC	National Planning Commission
NSD	New Social Democracy
OECD	Organisation for Economic Cooperation and Development
OHCHR	Office of the High Commissioner for Human Rights
PABSON	Private and Boarding School Organisation Nepal
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PPCC	Partnerships in Protecting Children in Armed Conflict
REDT	Rural Education Development Trust
SC	Supreme Court
SHP	Sub Health Posts
SLC	School Leaving Certificate
SLTHP	Second Long Term Health Plan
SMA	Santwona Memorial Academy Educational Research Centre
SSR	School Sector Report
SSRP	School Sector Reform Programme
SWC	Social Welfare Council
TRSE	Technical Review of School Education
UCW	Understanding Children's Work Programme
UCPN/M	United Communist Party of Nepal (Maoists)
UDHR	Universal Declaration of Human Rights

UNCRC	United Nations Convention on Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
VDC	Village Development Committee
WFCL	Worst Forms of Child Labour
WeD	Research Group on well-being in Developing Countries
WDO	Women Development Officer
WSF	Welfare State Framework

ABSTRACT

Despite the majority of Nepalese children struggling to meet basic needs there have been negligible attempts to examine the effectiveness of social policies for children in Nepal. Equally challenging is the use of inappropriate frameworks, primarily the UN-Child Rights Convention (UNCRC), the development approach, and a non-hierarchical notion of child well-being (CWB) to conceptualise such policies. This calls for alternate approaches such as welfare state frameworks (WSF) while formulating such policies. But despite the usefulness of WSF in combating absolute child poverty in the West these frameworks are rarely applied in the 'developing' world. Hence in the first of its kind this study uses the overall theoretical guidance of a WSF and specific theories of welfare state regime (Esping-Anderson, 1990) and welfare regime (Gough and Wood, 2004) to examine social policy and CWB in Nepal.

This study uses a critical epistemology for investigation. Whilst the study is exploratory, it has a normative-descriptive purpose. It is a qualitative study but it also incorporates a quantitative component. Data are collected by interviewing 37 children and their 35 caregivers. This is complemented with secondary data and interviews with 37 key informants. Data is analysed using a thematic analysis process using both deductive categories, derived from theoretical frameworks, and inductive categories, drawn from primary data.

The study shows that while CWB is conceptualised as a multi-dimensional notion some dimensions were prioritized from a hierarchical and an objective basic needs perspective, which broadly match the five welfare services of WSF. This confirms the appropriateness of WSF as a conceptual framework.

The study finds that Nepal's social policy comprises a myriad of ad hoc welfare services that fail to secure children's welfare. Nepal can be classified as a less effective liberal informal minimal-State welfare regime where four welfare institutions (State, market, informal networks and households) interact to produce a regime of commodification (dependence on the private sector) and adverse informalisation (dependence on informal providers) of welfare services due to the minimal-universal or selective-residual role of the State. On the other hand a small group of people, primarily from the formal sector and certain occupations (army and police), access better services. The outcome is that children are highly stratified, primarily along employment type (formal versus informal) and income, and secondarily along English speaking versus Nepali speaking and those using private versus Government services.

The study finds that informalisation of child welfare services in protection was reflected in a laissez-faire approach to children's policy which has created the informal status of children, a de-facto citizenship-less status where children are not monitored for support.

The study confirms that application of the theories of both Esping-Anderson (1990), designed for advanced capitalist countries, and Gough and Wood (2004), developed for semi-capitalist countries, were useful in the case of Nepal, a semi-capitalist country. However the social policy agenda is not simply about de-commodification or de-informalisation but about combining both such that Nepal moves towards a social democratic welfare state model in the long run while pursuing a social capitalistic welfare regime model in the interim. In particular, the focus should be on ensuring egalitarianism in services rather than changing providers, formalising informal networks and making private services affordable. In the case of child protection, policy needs to be State-paternalistic and parentalist. The existence of a

‘mini’ welfare state (the army’s health and education model) reconfirms a desire for and the possibility of using it as a role model.

The study findings have the capacity to help transform Nepal into a welfare state helping transform lives of millions of children as well as contribute to the efforts of developing a global social policy model.

Chapter 1 Introduction

Children of Nepal: Waiting for welfare

1.1 Introduction

This study explores the effectiveness of social policy for children in Nepal with a particular focus on the frameworks used to understand and develop such policy. It addresses the nature of children's social policy and the way children's welfare is interpreted. The study is based in Nepal, a small landlocked country in Asia. It is culturally and ethnically diverse and its population presently stands at just over 26 million (CBS, 2012).



Figure 1.1 Map of Nepal (Worldatlas, 2012)

The researcher's interest in the topic stems from more than a decade of experience working with community people in Nepal to help meet their basic needs and in particular working as a child

rights activist during the decade-long armed conflict in Nepal where thousands of children were recruited to fight as child soldiers, abducted or adversely affected. As the country's conflict between the monarchy and republicans, many of whom were Communists or social democrats, deepened it also opened a new space in the development discourse in Nepal, that of the possibility of radical changes, of social justice and new way of doing things. Change suddenly seemed to be possible. However, one thing was striking. Despite the rhetoric on demands for radical changes along a leftist ideology there was hardly any technical know-how and knowledge base of how to achieve radical socially just programs since the country was heavily dependent on foreign aid and I/NGOs for piecemeal development while the political parties were busy politicking. The researcher therefore decided to focus not on conflict, her key area of work then, but to focus on how conflicts can be prevented in future through socially just structural reforms. This thinking led her into a wide literature review that ended in the choice of welfare state as the most desirable solution to date to address the poverty of Nepal. This study hence is produced in a historically significant time period in Nepal and has the potential to contribute to the remaking of the country itself. Each citizen has a duty towards their country. This is the researcher's way of doing her duty for her country.

1.2 Context

Since Nepal was founded as a nation in 1768 it has gone through various political changes. It is now in a post conflict state after a decade-long armed guerilla war from 1996 to 2006. This war was started by the Maoist rebels and resulted in the overthrow of a two hundred and forty year old monarchy in 2006. A brief political history is presented here. Key socio-economic events are also mentioned.

The nation of Nepal was founded only in the eighteenth century, in 1768, when many smaller kingdoms and states were conquered and unified by Prithvi Narayan Shah. This started a Shah dynasty that was toppled recently in 2006 by a popular movement, which took place at the end of a decade long Maoist war. The Shah rule was not smooth and monarchy itself was controlled by a family autocracy system, known as Rana Rule during 1846-1951. This was followed by a first democratic period (1951-1960) and a second democratic period (1990-2006). Currently, the country is both federal and democratic, and the Maoist rebels have joined the parliamentary party system. A major political event was the election of a Constituent Assembly (CA) in 2007, which was dissolved in 2012 without promulgating a constitution. The country has conducted second CA elections in November, 2013 as a way out of the current situation. Splinter political groups, including that of the Maoists, also exist and have not joined mainstream politics creating some volatility in politics. Despite the political upheavals, the country has had some democratic experience and there are many mass-based political parties and a vibrant civil society, including media.

In short, Nepal's political history can be divided into the following phases:

- 1768-1846 (unification of Nepal and reign by the Shah dynasty)
- 1846-1951 (Rana regime, Shah dynasty were under the influence of the Rana family which was toppled in 1951)
- 1951-1960 (first democratic period in Nepal under monarchy)
- 1960-1990 (monarchy reign through a system called Panchayat system, multi-party system banned; neo-liberal economic agenda was formally introduced through the Structural Adjustment Program in 1987)

- 1990-2006 (second democratic period in Nepal under a constitutional monarchy, UNCRC was ratified in 1990 and the Children's Act, 1992 was enacted in 1992; in 1996 Maoists wage an armed war against the monarchy and for a communist State)
- 2006 until now (republican phase; monarchy was overthrown in 2006; multiparty democracy exists in Nepal that accommodates parties of different political ideologies; most are Left leaning either as communist parties or as social democratic parties)

These political revolutions have occurred against a backdrop of severe poverty, exclusion and injustice, borne by a large section of the population. Currently approximately 25.2% of the population is living below the national poverty line (UNDP, 2013). Despite improvements in education and health access and other social services Nepal's human development as defined by the UN is among the lowest in the world. Nepal falls within the low Human Development Index (HDI) group (UNDP, 2013). Inequality is high with the top 10% of the population earning 39.5% of total national income while the bottom 80% of the population earns around 44% of the total national income (CBS, 2011).

Although Nepal was one of the first countries to sign the UN-Child Rights Convention (UNCRC) in 1989 and it has experienced a strong NGO-led child rights movement since then, this has failed to make real impact on children's lives. Violations of children's rights have been occurring regularly and with impunity. For example, in the recently ended war, children made up about 30% of the Maoist armed forces (Watchlist, 2005). Further, according to the Nepal Labour Force Survey (CBS, 2008), 2.1 million children aged 5-14 (33.9% of the given population) are economically active. This is equivalent to half the population of Melbourne, Victoria the second largest Australian city (with a population of around 4 million people). Over 127,000 children are estimated to endure the worst forms of child labour (ILO,

2004). Moreover, social rights concerning the basic needs of children continue to be elusive. The lack of basic needs as a primary cause of many other forms of abuse, including child labour, has been well documented. Hogg (2006: v-vi) concludes that the violations of children's rights during conflict cannot be isolated from the overall national context. It must be viewed in the context of the state's failure to promote child rights in the community and in particular to meet their basic needs. According to UNICEF (2006) the compounded effects of poverty and social exclusion systematically undermine the rights of many Nepali children. Fifty children out of every 1000 live births die before reaching five years of age, placing Nepal 59th from the bottom of 196 countries measuring under the five years mortality rate (UNICEF, 2012). The lack of progress in the social sector, including for children, has been recognized by the Government in its latest three year plan.

Such a situation is what Bobbio (1996) describes as the mixed nature of human rights where rights are recognised but they are not yet universally enforceable. It could be argued that children's rights in Nepal are of this mixed nature – their rights are recognized, but attention to these is not forthcoming.

Widespread abuse of children's rights in Nepal led this researcher to critique the UNCRC and development approaches as a way of understanding and delivering children's welfare. A broad literature review guided the researcher to seek solutions instead within a welfare state discourse, a framework that has succeeded in delivering social rights and eradicating absolute poverty in the West.

1.3 Research problem

The key research problem identified in this study is the use of inappropriate normative frameworks, specifically the UNCRC and developmental approaches, to study social policies for children in Nepal. It is argued here that such policies should instead be studied using alternative normative frameworks which are influenced by critical political economy theories, in particular the welfare state framework.

Summary of the Problem Statement

Because of the failure of existing frameworks, there is a need for an analysis of children's social policy in Nepal using the normative framework of the welfare state.

To address this research problem, two key research questions have been developed:

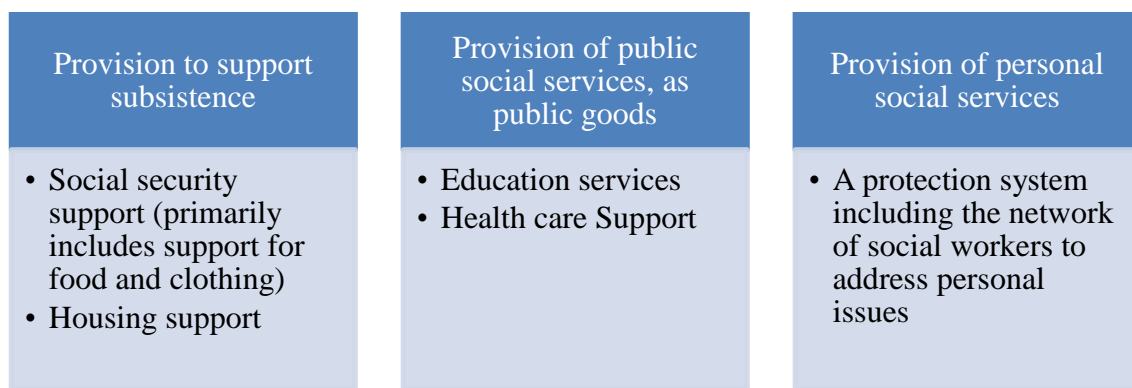
1.3.1 Key research questions

1. Using the welfare state framework, what is the nature of children's social policy in Nepal?
2. How is child welfare conceptualized in Nepal?

The first research question refers to social services (interchangeably used with welfare services) for children. Social policy can be defined in different ways, as services or income provided to citizens; as means and goals of welfare; as Government interventions or command over resources designed to affect an individual behaviour or an economic system; or as a list of policy areas in particular health, housing, education, social security and personal social services (Levin, 1997: 25). Most commonly however, social policy is

understood as the system of welfare services that enhance welfare. In particular, and although this is not a fixed list, social policy in the Western welfare states represents the ‘big five’ services, which are argued to represent basic needs and in turn basic social rights of people. These can be categorized under three broad elements (Figure 1.2). This definition is used in this study.

Figure 1.2 Key elements of social policy



Traditionally a narrow approach is used to define children’s welfare services in order to focus on public measures directed largely at vulnerable children (Blakemore, 2003). Yet this does not cover all social policies that impact on children’s lives (Hill, 2003; Daniel & Ivatts, 1998). ‘Children’s lives are to a considerable extent shaped by social policy. They are among the principal recipients of welfare services, and their experiences in areas such as housing, health and education affects their current and future wellbeing’ (Daniel & Ivatts, 1998:1).

This study defines children’s services in a broader sense to indicate major welfare provisions used in general social policy discourse as discussed above.

Since social policy is about pursuing welfare through welfare services, the second research question explores the concept of welfare itself. In other words, how is child welfare

conceptualized in Nepal? While this is primarily done from the lens of the welfare state framework it also borrows concepts from overall child welfare/wellbeing literature. Details about the theoretical framework of the welfare state are discussed later in Chapter Three.

1.4 Importance of the study

The cessation of armed insurgency in Nepal in 2006 not only brought a reduction of conflict related violations and a radical political transformation but also ushered in a new wave of hope for its population. However there have been few improvements in children's welfare, as assessed through the kind of lives they are currently living. The problem is not only that standards for children's lives continue to deteriorate but that there is also little discussion on how this can be changed. Even more problematic is that welfare policies about children have been framed under inappropriate frameworks. Against the rhetoric of 'children need rights' there is a technical knowledge gap regarding how rights, in particular social rights, can be delivered. Hence the significance of this research is at both the national and international levels.

Firstly, the normative framework used will itself create a new discourse for finding practical ways for attaining children's welfare in Nepal. Secondly, the study will develop a social policy path that can be used by policymakers to revise the country's welfare policies. It will build a knowledge base for social policy, child rights and development practitioners. This will help improve the lives of millions of children in practical terms, in particular those who are living on the margins. Since children constitute 42% of the Nepalese population (CBS, 2011) the importance of focusing on children cannot be underestimated.

Thirdly, the study's importance can be situated in the ongoing transition from a post-conflict situation, with study findings making a contribution to creating a sustainable peace formula. For example, in the UK 'the egalitarian and solidaristic impulse of wartime was an important generator of a welfare society' (Williams, 2003: 149). Moreover, the welfare state is the most widely accepted device of political problem solving (Offe, 1982: 7). Although the nature of war is different in Nepal (Nepal's war was an armed civil war waged by the communists against the reigning monarch), similar principles of equality and social justice have defined it. Steiner, Alston and Goodman (2008) say that the thinkers and activists who built the welfare state insisted that the social provision of goods be treated as a right possessed by all people as citizens, rather than as an act of charity. Hence it can be argued that in future social rights will and should form the crux of post-conflict reconstruction in Nepal. This study is ideally situated to contribute to this discourse.

Fourthly, this research is situated within a part of the global South that has aspirations to become a welfare state. The welfare state is not an alien concept in Nepal. For example National Planning Commission (NPC) (1997) in its ninth plan refers to the country as a welfare state while Shrestha (2012), Mathema (2012), Rimal (2006) and Subedi (2013) refer to it as an aspiration the country is or should be striving towards. Shrestha (2012), a Nepali political writer, interprets it as a state that considers education, employment, health and social security as fundamental rights. The problem however is that the details of what a welfare state in Nepal should look like have not been articulated in the same way as they have been in the West. Khadka (2013a) has argued that political parties in Nepal employ Leftist policies in rhetoric while pursuing Right wing policies in social policy implementation. A further complication in Nepal is that the language of the welfare state is submerged within a development discourse which employs a progressive rights agenda, an entirely contradictory

concept. This study will help to make visible the disjoint between the welfare state like policies that are desired in rhetoric and the piecemeal development activities that are conducted in practice. The fact that the welfare state is already part of the development discourse in Nepal is a useful entry point to build upon.

Internationally too there is increasing attention to social policy in the development discourse of the South, as well as continuing tension between negative and positive rights. Situating the rights agenda within a broader welfare framework will help to address some of these tensions and its continued ineffectiveness. This will also contribute to the emerging field of global social policy through objective analysis of social policies in the South. I have published this argument in the *International Journal of Child Rights* (ICJR, 2013b), proposing that due to the complexities and limitations of the UNCRC, social policies for children in the South should utilise a welfare state framework. This argument has also been presented at international conferences, including the International Society of Child Indicators Conference (York, UK, 2011) and the Social Policy Association Conference (Sheffield, UK, 2013).

1.5 Researcher's context

This study reflects the researcher's experience over the last decade of working with communities and children in Nepal before, during and after the Maoist armed conflict that started in 1996. Being a development and child rights activist during this period as well as being a spectator of a profound revolution that was taking place in the country, the researcher had an opportunity to not only help improve people's lives but also test out development and rights practices being promoted in the country.

The 'human rights' agenda has dominated Nepal since the start of the armed conflict waged by the Maoist guerrillas in 1996. There were mounting concerns regarding human rights abuses and UN Human Rights missions were established. Suddenly it appeared that 'human rights mattered'. But having worked with marginalized communities before the conflict started, the researcher had previously observed countless cases of human rights abuses, mostly socio-economic in nature, which were in fact one of the causes of the armed conflict.

The selective approach of the human rights movement to limit itself to civil and political issues while thousands of children die of social rights violations - generally submerged within a poverty debate - was appalling. Social rights, even when implemented, were framed under the progressive realization of rights. In situations of pervasive social rights violations, progressive realization of social rights can be very slow and by the time they are realized many children will have perished due to preventable poverty related causes. However these abuses do not provoke the same kind of response that civil and political rights abuse would. If a child dies from diarrhoea that does not demand the same attention as will for example a political party member who is arrested. Much was made about the number of children recruited in Nepal's armed conflict but the needs of the repatriated child soldier are overlooked. Understanding their experiences, addressing their lives post-conflict, and preventing their recruitment in future conflicts has not been addressed. Having been a strong child rights advocate, including for the release of child soldiers during the armed conflict, the researcher realized the weaknesses of both the international development and human rights movement.

Nonetheless there is evidence that not all children of the world suffer in this extreme manner, that the welfare of children is not merely a dream, but has been realised. For example,

children living in welfare states have a better life in general as these states have addressed extreme child poverty. Ironically, children of the South are denied the same welfare conditions enjoyed by those in the West. This is not only due to the progressive realisation of child and human rights, but also due to double standards operating on the part of the child rights and development theorists, who continue to argue for the welfare state in the West and at the same time export piecemeal and progressive social policies to the south. If the UNCRC is meant to be for children all over the world, the perspective and implementation has to be the same. This double standard is unacceptable.

These realisations have had a profound impact on how this study has been conceptualized. This was also a reason to move away from a specific issue such as that of child soldiers, which was what motivated the researcher to do the study in the first place, and to look at the system as a whole. As Nepal starts a transformative step in writing a new constitution, it is hoped that this study will play a small, but significant role in creating a new Nepal, where children at least will get a better start to their lives.

1.6 Terminology

1.6.1 Child

Although Nepali law defines a child as someone under the age of 16 this study uses UNCRC definition, that a child as someone who is under the age of 18.

1.6.2 The West and the South

The West refers to the group of OECD countries that have liberal democratic political systems as well as the welfare state systems. It is used interchangeably with welfare states, OECD countries and the North. Countries that do not belong to this group are termed as the South.

1.6.3 Human rights and child rights

Human rights are important claims/entitlements of individuals as human beings. According to OHCHR (2013) ‘human rights are rights inherent to all human beings’. Although human rights can be legal or moral, legal and coded claims such as human rights instruments have more authority. Child rights, in particular refer to the rights codified in child related international instruments such as the UNCRC.

1.6.4 Welfare, wellbeing, development and poverty

The term ‘welfare’ is generally used in reference to the welfare states, while the term ‘development’ is preferred in the context of the ‘South’ (Gough and Wood, 2004a; Saunders, 1996). For example, the Millennium Development Goals (MDGs), which have been conceptualized for the South, are framed under a development discourse. However the researcher situates this study within a ‘welfare umbrella’. This is not simply a choice of language but a deliberate attempt to depart from the ‘development’ discourse.

In this study, welfare and wellbeing are used interchangeably and this is supported by literature where both are used to refer to the fulfilment of human needs (Spicker, 2008; Fitzpatrick, 2001; ESRC Research Group on Well-being in Developing Countries (WeD), 2008; Jiminez, 2008).

The concept of poverty eradication is central to the notions of welfare and development and is an integral part of social policy goals. Poverty eradication has remained an important goal of Nepal's periodic development plans. However poverty can be defined narrowly (income measure) or broadly (more than just income). While acknowledging the importance of a broad concept this study uses poverty in a narrow sense to mean income poverty.

Child welfare is not necessarily different from a general welfare discourse, but has also its own body of knowledge. In particular, child well-being (CWB) has become a popular reference term internationally (Camfield, Streuli & Woodhead, 2009; Ben-Arieh & George, 2006). Child welfare has also been conceptualized from a deprivation perspective, in particular through the Bristol Deprivation Index (UNICEF, 2010a). However the constituents of this deprivation notion are the same basic human needs identified in the World Social Summit (1995) and are not different from general notions of CWB or child welfare.

In summary, this study is conceptualized within a 'welfare' and 'well-being' umbrella but the former is preferred so as to align the study closely with the 'welfare state' discourse.

1.7 Summary of content and structure of the thesis

The thesis is divided into nine chapters. This first chapter introduces the study and contextualises it within increasing conditions of deprivation experienced by children in Nepal and the lack of research on children's social policy using the welfare state framework.

The second chapter reviews studies conducted in this field of study. Chapter Three extends this by focusing on theoretical discussions regarding how children's social policies can be situated within a welfare state discourse. Chapter Four presents the methodology. It provides the rationale for choosing a critical research paradigm, its normative-descriptive purpose, and a clear outline of how the fieldwork was conducted, the data analysed and the measures taken to ensure its trustworthiness. It explains that despite gathering selective quantitative data the core research approach is qualitative.

The study findings are presented in three chapters. Chapter Five presents a general background of the participants. Chapter Six discusses how the welfare needs of children are conceptualized. Chapter Seven discusses the nature of child welfare services. Both these latter chapters present primary as well as secondary data.

Chapter Eight synthesises the findings, and compares and interprets them in the context of previous research as well as the theories discussed in Chapters Two and Three. Finally, Chapter Nine presents the conclusions, which include future implications of the study and recommendations.

1.8 Conclusion

This chapter indicates that despite facing mounting vulnerabilities, children in Nepal do not have access to substantive social rights and services. Moreover current studies on child welfare and welfare services have been interpreted from the inappropriate framework of the CRC, which is itself submerged within a development discourse. It is argued here that children's social policy should be interpreted and studied using welfare state frameworks. This research is expected to contribute towards developing a more comprehensive social policy model for children in Nepal along the line of the welfare state. The researcher's experience in Nepal working with marginalised children and the post conflict scenario of the country are highlighted as influencing the nature of the study.

In the next chapter, studies which explore the research problem are discussed.

Chapter 2 Literature Review

Locating empirical research evidence: Review of studies

2.1 Introduction

This chapter reviews studies conducted on the nature of children's social policy in Nepal and the conceptualization of child welfare. Given the dearth of research in these areas, the search has been widened to include studies that are broader in nature. Accordingly, this chapter is divided into three sections. The first section provides a brief history of studies relating to children in Nepal. The second section reviews studies undertaken that focus specifically on the research questions. The third section situates the study in the international context.

2.2 Children in Nepal: Research studies

Research study of children in Nepal have a short history, which is not surprising since systematic study of welfare itself only appear in the second half of the twentieth century. Nepal's first academic journal was published as recently as 1952 (Onta, 2010). An examination of the study of children shows two major phases: 1970s to late 1980s (during the monarchy) and from 1990s onwards. The second period begins around the beginning of democracy in Nepal and also coincides with ratification of the UNCRC and enactment of the national Children's Act, 1992.

The first phase, around the International Year of the Child (IYC), 1979, was an important period, in that for the first time there was focus on children as the subject of research. 'No serious studies, with a comprehensive approach, were made regarding the status and development activities for children until 1979. Reports and studies until then mostly related

to activities and evaluation in individual sectors (education and health) or specific programmes' (New Era, 1981: 8-9).

The next phase began in the late 1980s during the political changes in the country (the movement for democracy) and the ascent of neo-liberal policies (the Structural Adjustment Program was introduced in Nepal in 1987). As a result of the latter, the number of factories employing child labour increased and child protection became an issue that was taken up by a new wave of political activists. Hence studies around this time focused on child rights violations and the exploitation of children.

Up to the current period, studies relating to children have been dominated by individual child protection issues, health conditions or educational outcomes. On the other hand, very few studies have looked comprehensively at children's lives. While periodic reports such as *Children and Women in Nepal-Situation Analysis* (UNICEF), *the State of Children of Nepal* (CCWB) and national surveys like *Nepal Living Standards Survey* (NLSS), *National Labour Force Survey* (NLFS), *Demographic Health Survey* (NDHS), Millennium Development (MDG) reports, *Human Development Reports* (HDR) and *Nepal Multiple Indicator Surveillance* (UNICEF) provide important data they are limited due to their focus on descriptive data to support the dominant child rights criteria or selected development indicators without providing in-depth analysis of welfare state theories.

2.3 Studies on the research questions

2.3.1 Studies on the nature of children's social policy in Nepal

No study was found on the nature of children's social policy that includes all the five services defined as key services in this study and uses a welfare state framework. The few studies which have broadly analysed children's social policy as well as overall social policy of Nepal are discussed below.

2.3.2 Studies on the nature of children's social policy

In this section only those studies are reviewed that have considered various services as one system and not as individual services. However there are many studies on individual services (CCWB, 2004). For example, in review of children's studies an annotated bibliography by UCW (2003) documents 15 separate national child labour surveys or studies, 37 specific studies of particular categories of child labour, and 10 studies of the policy and legal dimensions of the child labour phenomenon in the country. Similarly it notes 69 studies on education, 34 on poverty and 14 were on health and nutrition. These are examined to gather secondary data for this study which are presented in the findings section.

Kohler's presentation to a UNICEF workshop on social policy in South Asia in 2006 is the only document that has attempted to analyse the region's social policies for children by using the welfare state elements. Based on a document analysis method Kohler discusses social policies in the region with reference to Esping-Anderson's typology (1990). Kohler (2006: 5) believed 'there is already a good understanding of public goods in South Asia, a consistent commitment to universalism (through free basic social services, including special targeting

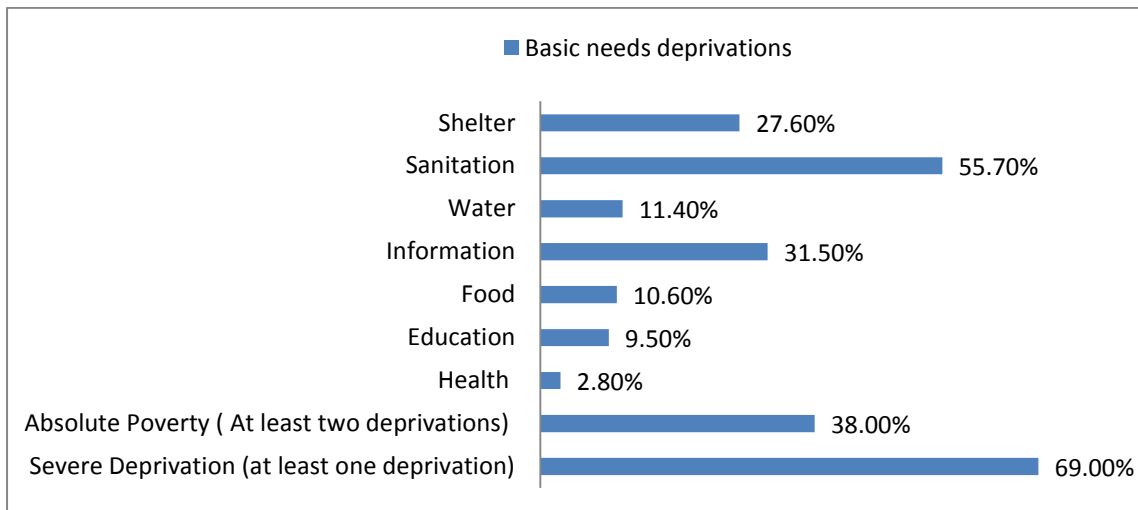
efforts to reach universalism) primarily on primary health and education'. He comments that there is relatively high public expenditure (more than 30% of government expenditure) on health and education in South Asia, including in Nepal, and that there is targeting to reach universalism (i.e. to reach everyone in the country). He suggests that such expenditure means there is a welfare state approach, although embedded in more of a neo-liberal and small state model rather than a more dominant welfare state as found in the West; this he comments is particularly true of Nepal. He ascribes such a small state model to an increasing trend towards non-state provision of social services for education and health services in Nepal, and the prevalence of user fees which comprise both formal user charges as well as out-of-pocket payments in the informal health sector (2006: 10). He argues that this means that in Nepal these services are not in fact free. He also notes that Nepal lacks free essential medication and dedicated tax revenue to support the education system. He concludes that a South Asian model of the Welfare State may be emerging, that it has the potential to be transformational in nature and that it may be in tune with the European models.

UNICEF (2010a) conducted a comprehensive national study on children's lives in Nepal. The study was part of the *Global Study of Child Poverty & Disparities*. It is based on secondary data analysis of existing surveys. The methodology uses a rights based approach in defining child poverty and uses the Bristol approach. Bristol approach views poverty as multidimensional and employs a continuum from mild to extreme poverty. A child who meets two or more of the severe deprivation indicators is considered to live in absolute poverty (UNICEF, 2010a).

The findings show that Nepalese children are disproportionately poor compared to the rest of the population. Thirty-six per cent of children in Nepal are poor (child poverty incidence is

higher than the national poverty incidence of 31% in 2003/4) and 69% of Nepal’s children are severely deprived of at least one of seven basic necessities while 38% are severely deprived of at least two of the indicators (UNICEF, 2010a:2).

Figure 2.1 Prevalence rates of deprivations of children in Nepal



Source: UNICEF (2010a)

Specifically, some of the recommendations of the report include that Nepal’s new child rights legislation be strengthened to reflect more of the principles of the UNCRC, private schools be encouraged, investment in public schools be increased and Government partnerships with I/NGOs for poverty reduction strategies be continued (UNICEF, 2010a: 2-7).

2.3.2.1 Critique of the studies on the nature of children’s social policy

This section presents a critique of the studies discussed so far. Kohler (2006) provides useful information on the country’s welfare regime in comparison with European welfare states.

However the report is not comprehensive and lacks a detailed analysis of the social programs

studied. Discussion of free basic education for example does not consider its quality or the private-public stratification of the education system. The study is limited to health and education indicators and uses only secondary data.

Whilst UNICEF (2010a) provides a comprehensive overview of the situation of children in Nepal, it focuses more on access to services than on quality, and lacks analysis of the public-private stratification of social services and recognition of a hierarchy of children's needs. All these aspects are important to a welfare state analysis. It needs to be noted however, that there are limitations in both operational definitions and the normative framework of the UNICEF study. One such limitation is that 'information deprivation' (lack of newspapers, radio, TV/computers) is given equal weighting as lack of access to shelter or food to survive. Moreover it draws on the UNCRC framework as a general guide for analysing social policy about children. The UNICEF's study's recommendation to widen the use of private and NGO providers for delivering services, without considering the stratification problems it may invite, stems directly from this flawed framework. Methodologically, the UNICEF study was based on macro secondary data and does not include primary data or in-depth contextual information on children's lives.

2.3.3 Studies on the nature of overall social policy

Using welfare regime theory a cross-country study of developing countries was conducted by Gough (2004a). Based on this theory selected indicators were chosen representing two key components of the theory, welfare mix¹ and welfare outcomes. These included three indicators of welfare mix (public spending, private spending and international flows such as aid and remittances) and three indicators of welfare outcomes (Disability Adjusted Life

¹ Welfare mix refers to institutional providers of welfare services measured through public and private social expenditure; social expenditure is calculated for education and health as a proxy for public institutional responsibility.

Expectancy or DALE, literacy, poverty gap or the extent to which poor people live below US\$ 2/day). The results for Nepal are presented in Table 2.1.

Table 2.1 Selected indicators for Nepal as per Welfare Regime Study

Welfare outcomes	Welfare mix
<ul style="list-style-type: none"> • Average DALE • Low literacy • Average poverty gap 	<ul style="list-style-type: none"> • Medium-low public spending • High private spending • Average international flows

Source: Gough (2004a)

Further, using a cluster analysis approach and secondary data, developing and transitional countries are classified into four groups based on the above indicators.

For the final classification selected indicators of welfare mix (public spending and international flows of aid and remittance) and welfare outcomes are combined. Four groups are defined, namely actual or potential welfare state regimes, more effective informal security regimes, less effective informal security regimes and extremely dependent insecurity regimes (the first group representing the best regime of the four). Accordingly, Nepal was positioned in group three and classified as a ‘less effective informal security regime’ with low welfare outcomes, low public spending and medium international flows (higher international flows shows aid dependency and a less ideal form of institutional responsibility).

However in 2010 some of the findings of the above study were revised. Based on the same framework of a welfare regime, Sharkh and Gough (2010: 27-31) classified the world’s 65 non-OECD countries into different kinds of welfare regimes, primarily depending on institutional patterns (welfare mix) and social welfare outcomes. The same method of cluster analysis was used. Accordingly, 65 countries were clustered into eight groups, A-H; A

exhibiting the highest welfare outcomes. The analysis compared two points in time, 1990 and 2000. In 1990 Nepal is grouped in G, i.e. with poor welfare outcomes betokening heavy and persistent insecurity for a majority of the population. In 2000 Nepal is placed in group F, again comprising high levels of insecurity with low levels of public responsibility, exhibiting higher life expectancy than ten years before but persistently high youth illiteracy. However the writers conclude that the clustering method used for classification of welfare regimes could not be empirically established as a definite framework.

Few studies have been conducted to understand resource allocation patterns in social services. The Institute for Sustainable Development (ISD, 2006) analysed the resource allocation pattern of the government in basic social services particularly against the 20/20 initiative². Social services are divided into Basic and non-Basic Social Services (BSS). Basic Social Services include four components: basic health, basic education, population policies/programs and reproductive health and finally water supply and sanitation. The ISD study's key methodology (2006: 9) is based on existing information as well as data collected through a survey of five districts at a Village Development Committee (VDC) level (3 VDCs from each district). Data was collected and analysed over four fiscal years. The findings of the field survey are used to extrapolate expenditure levels in all the 75 districts.

The study found that in 2004/5 the growth of social sector spending, which used to exceed the growth of the overall budget, was lower than that of total spending³. Thus 29.7% of the Government expenditure was found to be on the social sector while 14.5% of the total budget was spent on Basic Social Services in 2004/05 indicating that the government spending on

² This initiative was endorsed at the World Social Summit 1995 to allocate, on average, 20% of the national budget and 20% of ODA respectively to the basic social services.

³ Social services are defined as per the budgetary classification and include all the programs of the Ministries of Education, Health, Women, Children and Social Welfare, and Physical Planning and Works (drinking water only) (ISD, 2006:18)

BSS was rising and inching towards the goal of the 20/20 initiative. The study also details the expenditure by basic services. However it notes that due to fragmentation and lack of proper documentation, especially by non-social sector ministries on social services, the picture is not very clear. The study also notes a lack of policy direction regarding social services in local level spending. The study found that much of the foreign aid is targeted at education and drinking water and sanitation with less priority given to health. The report calls for restructuring of foreign aid to raise resources for those Basic Social Services that are insufficiently funded.

This study was updated in 2010 by UNICEF (UNICEF, 2010b). It found that the Government budget to the social sector had improved over the intervening years. Social sector spending accounted for 34.3 per cent of total government spending in 2007/08. The percentage share of education expenditure in total public expenditure fell from 17.3 per cent in 2004/05 to an estimated 16.2 per cent in 2008/09 while that of health grew throughout the period from 5.0 per cent in 2004/05 to an estimated 6.8 per cent in 2008/09.

The above studies build on an earlier attempt by Mehrotra, Vandemoortele and Delamonica (2000) as part of a UNICEF and UNDP study to provide a detailed picture of the investment in basic social services across 30 countries in Africa, Latin America and Asia, including Nepal. The report is based on secondary data analysis and four main theoretical arguments for the state provision of universal basic social services that includes moral, instrumental, consensual and historical arguments. In particular it argues that state provision of health and education about 150 years ago in industrialized countries was the first step in transforming these countries. It distinguishes between social services and basic social services.

The findings show that despite the notion that basic social services are the building blocks for human development, there is a widening gap between this view and the reality of public spending on basic services in the developing world. It highlights a shortfall of up to \$80 billion per year between what is spent and what should be spent to ensure universal access to these essential services. The study notes that most governments do not even know how much they are spending on basic services and while governments make claims about their commitment to health and education services, not all such services benefit the poor, and some citizens are denied access to basic social services. While the figures vary among these countries and across time, the expenditure on basic social services is, in general, between 12 and 14 per cent. Nepal's total expenditure on Basic Social Services was found to be 13.6% of the national budget.

The report (2000: 13-19) highlights that while countries spend a considerable share of their health and education budgets on the most basic services, these services still account for less than half of all spending on these sectors. It found that the distribution of benefits at the basic level of services is more egalitarian than at the secondary and tertiary levels. The report concludes that there has been only limited progress towards the social goals agreed upon at the World Summit for Children in 1990 or the World Social Summit in 1995.

2.3.3.1 Critique of the studies on the nature of overall social policy in Nepal

Gough (2004a) and Sharkh and Gough (2010) provide the first studies that look at the nature of the country's welfare regime using a sophisticated theoretical framework. However as Gough (2004: 44a) himself has acknowledged the study adopts crude measures which do not incorporate all the complexities, for which detailed context specific analysis has to be done.

Moreover Gough (2004a: 30-34) notes that the goal of the study is classification and not causal analysis and that cluster analysis is a descriptive and not an analytical statistical technique. Additionally, neither of these studies provides data on social protection or informal providers and they focus only on health and education indicators. Hence while the overall theoretical framework of welfare regime theory is still useful in analysing social policies of developing countries such as Nepal (this will be discussed in the next chapter) the above studies by themselves provide insufficient context specific and detailed knowledge on the social policy of Nepal.

ISD (2006) and UNICEF (2010b) provide useful information on the broad resource allocation pattern on social sector spending in Nepal. The details provided about expenditure on the social sector are useful for further analysis, but have a limited value. As Esping-Anderson (1990:113) states, 'aggregate expenditure measures in Welfare State research has limited validity. It needs more structural and institutional features'. The study is also specific to the resource allocation pattern at a macro level and does not link this to impact at an individual level. Moreover the concept of Basic Social Services used in this study differs from the one used by the researcher, defined as five key welfare services. It also does not address the political economy aspects of social services such as private versus public systems. More importantly, while children are naturally included in the social services, the study is not specific to them.

Mehrotra, Vandemoortele and Delamonica (2000) provide crucial information regarding the nature of Basic Social Services including from a political-economy perspective. The findings are however limited to public spending and although this is important, the study does not include other welfare elements such as private provision or other social services such as

social protection and protection/personal service. Since this is a macro cross country study it does not include detailed contextual discussion on Nepal. The study is also generic and not child focused. Moreover the definition of Basic Social Services differs from the one used by the researcher.

These critiques point to the need to undertake this research analysing children's social policy in Nepal, in particular using a welfare state framework

2.4 Studies on the conceptualization of child welfare

No study was found that has examined how child welfare is conceptualized in Nepal using the welfare state framework. Indeed there are very few studies into child welfare in Nepal. Those that do exist are discussed below.

Harper and Maddox (2008) provide ethnographic insights into the conceptualisation of overall welfare in Nepal. These observations are based on health related ethnographic snippets from Harper's study on social relations and the effects of public health programmes in Palpa district of Nepal (1998 -2000) and a case study on a literacy project by Maddox in 2003. Defining well-being as the notion of agency they argued that well-being in Nepal has been pathologised such that the country is portrayed as a patient rather than one with agency. According to the researchers most of the development ideology is from the West and the lens through which well-being is understood remains firmly based on the view from the clinic, the space where pathology is diagnosed and dealt with. The researchers illustrate this through analyzing how illiteracy is constructed, as an attribute of the individual, rather than encouraging examination of social forces that reproduce such inequality.

Kohrt (2007) studied the psychosocial well-being of children who had been associated with armed forces and armed groups in Nepal. It was a broad, multi-purpose and participatory study conducted over four months in sixteen districts of Nepal with children and community members. Four participatory Child Led Indicators (CLI) sessions were held to discuss how psychosocial well-being was understood locally. Using this approach, positive psychosocial traits identified were summarized as 'helpful towards others', 'desire to develop country', 'hopeful', 'feel safe' and 'not discriminating others'.

Baker and Hinton (2001) conducted two in-depth studies on child welfare from a rights perspective between March 1999 and May 2000. The participants included both the people working for organizations engaged in policy and implementing child-work related activities as well as the children engaged in carpet production and their families. A total of 162 children and youths (currently working or ex-workers) were interviewed. The researchers found that the banning of child labour in the 1990s did little to promote children's welfare such that children who left the carpet industry because of the advocacy by some agencies did not necessarily have a better life outside the factory. On the contrary these changes actually decreased the amount of income a family had for meeting basic daily needs such as food and clothing. The families were disappointed that children no longer could contribute to the household economy. The researchers (2001:190) argue that the existing policy models did not accurately reflect children's competencies and the positive potential children see in fulfilling working roles. They argue that the rights-based programming does not sufficiently incorporate the perspectives of poor children and their family members.

2.4.1 Critique of the studies addressing the way child welfare is conceptualised

Harper and Maddox (2008) shed some light on the way welfare is conceptualised in Nepal. However their study was based on subjective ethnographic snippets and on the generalised population and was limited to health and education.

Kohrt (2007) provides useful information regarding how children view their well-being in Nepal, in particular the centrality of inter-personal relationships, safety and duty. However the study has limited value as it was primarily aimed at children associated with armed groups/forces and was primarily undertaken from a psychosocial well-being perspective.

Similarly, Baker and Hinton (2001) illuminate how rights and welfare may contradict each other. They highlight the importance of basic material needs in children's welfare. The study is however limited to children engaged in carpet factories.

Similar to the studies on the nature of children's social policy these studies on the way child welfare is conceptualized have not been compared against the normative framework of the welfare state. There is therefore an identified gap in the published literature.

2.5 Situating the study in an international context

This literature review shows that the study of children's social policy and general social policy using welfare state framework is commonplace in much of the West. Because social policy in the West is synonymous with the welfare state this situation is natural. However in the context of the non-Western world such analysis is rarer. While child welfare has also

been extensively studied and has been broadly conceptualized within the welfare state framework, these studies do not employ a direct comparison between welfare state elements. Since the research question is specific to Nepal, only a few major studies in an international context are discussed below.

2.5.1 Studies on the conceptualisation of child welfare

There has been increasing interest in understanding child well-being, both through empirical research as well as through other methods such as development of the child well-being indicators. Work on CWB indicator development has been well documented by Ben-Arieh and George (2006). However in resource poor contexts, according to Camfield, Streuli and Woodhead (2009: 68), well-being research has not primarily been about children. Even when it has been, these studies greatly vary in research approaches, with most using well-being as an umbrella term while focusing only on a part of it such as education, mental health or behaviour theory. Nonetheless there are a few studies on how child welfare can be conceptualized, both in poor as well as rich contexts. These are discussed below.

Berry et al. (2003) found that children's well-being was not considered as just a physical phenomenon but also included aspects of behaviour (emotional), relationships (social) and beliefs (religious). The study was conducted in Afghanistan with war-affected children and it employed a series of focus group discussions and participatory activities with 43 groups of 7-13 year old children and their families in Kabul. Six hundred people participated in the exercise.

Armstrong et al. (2004) found that well-being was related to socially valued behaviours (for example, kindness), good interpersonal qualities, educational outcomes, health and fitness, and paying attention to manners and personal care. While children emphasized the quality of relationships (i.e. 'being loving or kind'), parents focused on mixing well with others and obedience over good habits. The study was conducted with four groups of Tamil children aged 9-16 (each group included 8-10 participants) and parents in five villages of Eastern Sri Lanka. The exercise consisted of discussions with groups of children as well as activities.

Young Lives is an ongoing international study of childhood poverty that follows the changing lives of 12,000 children in 4 developing countries – Ethiopia, India, Peru and Vietnam over 15 years, from 2001-2017 (Young Lives, 2008). The preliminary findings show that well-being is about the social contexts children inhabit where outcomes of deprivation are influenced by children and their responses to, and interpretation of, events. It has also highlighted the temporal dimension of well-being where priorities and strategies change over time and people regularly trade-off feeling well in the present with functioning well in the future (for example, the sacrifices some children make to continue attending school).

In Ireland a national level study was conducted to construct understanding of CWB by the National Children's Office in 2005 (Gabhainn and Sixsmith, 2005). The research involved 33 groups of 266 young people aged 8-19 years. The study found that children discussed how relationships (with people and animals) and the activities within, or context of, those relationships gave them a sense of belonging, being safe, loved, valued and being cared for.

Fattore, Mason and Watson (2007) conducted a participatory study to learn how children understand their well-being in Australia. Altogether 277 children between 8-15 years old

participated in the study through group and individual interviews as well as individual projects. The study concluded that well-being is about children's emotional needs (relational lives), complex, multi-faceted (contextual) and about negative and positive dimensions. In particular, it found that relationships were central to children and these were associated with experiences of security, agency and positive sense of self.

Although not specific to children, in 2003 the ESRC Research Group on Well-being in Developing Countries (WeD) conducted extensive empirical research into the social and cultural construction of well-being in four developing countries: Bangladesh, Ethiopia, Peru and Thailand. Over the period of five years, it engaged with a total of 714 people through focus group discussion and interviews. The study defines well-being as 'a state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals, and where one enjoys a satisfactory quality of life' (WeD, 2007:1). Accordingly, it states that well-being is both subjective and objective and it is multi-dimensional, consisting of three dimensions (the material, the social/relational and the affective/cognitive⁴) (WeD, 2007:1).

2.5.1.1 Critique of the studies on how child welfare is conceptualised

The above studies have successfully involved children and communities in unpacking the complex notion of well-being into concrete needs that are most valued. The Irish study was even used to develop national level policies. All these studies show the multi-dimensional nature of well-being and reveal the centrality of primarily material, social, emotional and affective aspects of well-being in children's lives.

⁴ Cognitive is interpreted as satisfaction with the achievement of personally important goals in one's life and an aspect of subjective well-being.

However these studies have limitations. For example Berry et al. (2003) focused only on war-affected children from a psychosocial perspective; Armstrong's (2004) study too was from a psychosocial perspective and the *Young Lives* study (2008) only looks at poor children. While the *Irish Study* (2005) and the study by Fattore, Masson and Watson (2007) have more commonalities with the research that forms the basis of this thesis, they are both conducted in relatively more affluent countries than Nepal and hence the context is very different. The WeD study (2007) is more appropriate for direct comparison with Nepal; however this study is not child specific. Moreover none of the studies have compared their findings with the welfare state framework. For these reasons, while the findings from these studies are helpful in making broad comparisons, the rationale for conducting the present study in Nepal remains strong, which is to explore the notion of child well-being as understood by children and their families in Nepal.

2.5.2 Studies on children's social policy

Social policy, both general and child specific, is extensively studied in the West. In fact the establishment of the welfare state itself is attributed to a comprehensive and rights-based social policy that emerged during the mid-twentieth century. Hence research interest in this area is strong. Moreover, not only is children's social policy embedded in research on broader welfare systems, according to Ajzenstadt and Gal (2010: ix) concepts of children, gender and families have moved to the fore in debates and research in the welfare state in recent years and there are now more discussions on the diverse aspects of social policies relating to children. There are not only periodic status reports on different welfare services for children such as by UNICEF (2007, 2009), Bradshaw, Hoelscher and Richardson (2007), OECD (2009), but also in-depth studies on the overall child welfare system or specific

welfare service such as those by Bradshaw (ed.) (2011), Olk (2010), Mandel (2010), Kallinkikaki (2010). There are also comparative studies between different child welfare systems such as those by Meagher, Cortis and Healy (2009); Menchini, Marnie and Tiberti (2009) and Hetherington (2006). All of these reports are either conceptualized within an overall welfare state framework or address its individual dimensions. Moreover, these studies have been helped by the development of classificatory frameworks which specify key features of different kinds of welfare systems such as residual versus institutional by Wilenski and Lebeaux; residual, institutional-redistributive and industrial-achievement type by Titmuss; and liberal, corporatist/conservative and social-democratic by Esping-Anderson (May, 2003:21).

Due to the vast scope of the field of social policy studies in the West, review of each study is beyond the scope of this research. In the context of capitalist countries, the most powerful classificatory scheme was developed by Esping-Anderson (May, 2003; Myles and Quadagno, 2002; Sharkh and Gough, 2010; Mandel, 2010). This scheme provides an important normative reference point for broad comparison of Western social policies. Hence in the context of the West, the review below focuses on this seminal study by Esping-Anderson (1990). Furthermore, this framework is used as one of the key normative models to be used in analysing Nepal's social policy for this research and hence the focus on it is appropriate. The rationale for this framework is further discussed in Chapter Three.

Although there is an emerging interest in applying social policy frameworks of the North to those in the South (Gough and Wood, 2004a:1)⁵ and despite social policies of the South being extensively studied, those that are framed under the welfare state framework, are however

⁵ North refers to primarily the West while South refers to the 'developing' countries.

limited. Selected examples of studies that do this are discussed here with focus on those studies that have applied welfare regime theory developed by Gough and Wood (2004). Welfare regime theory is used as one of the key theoretical frameworks in this study, along with Esping-Anderson's model, because it has been particularly useful in recent years for studying social policies of the South in a sophisticated manner (Hill, 2006; Choi and Kim, 2000; Gough and Wood, 2004). The theory itself is discussed in detail in Chapter Three. This section focuses on a review of some studies that apply this theory.

2.5.2.1 Study of social policy of Western welfare systems by Esping-Anderson

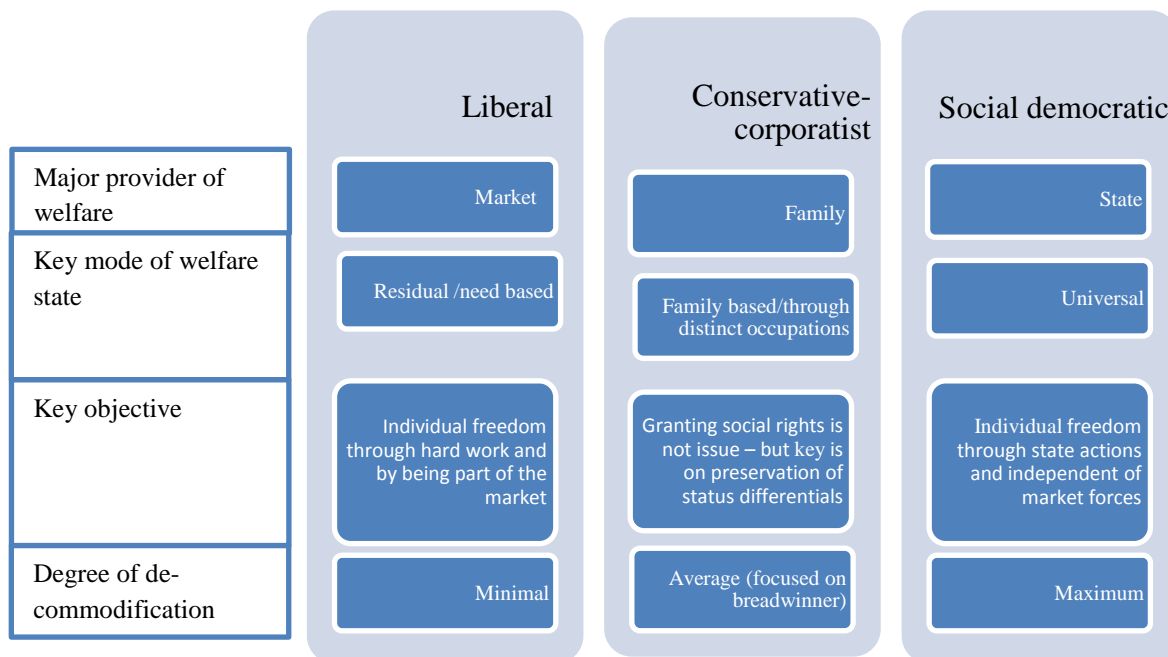
Esping-Anderson (1990:19) criticised the conceptualisation of welfare states in terms of social expenditure only, which he argues misses the substance of the Welfare State and in particular does not answer if this is being achieved in an emancipatory manner or not. Instead he argues that welfare states should be analysed in terms of political economy that studies the state's larger role in managing and organizing the economy. Accordingly he uses the concept of the welfare state regime, not simply the welfare state. 'To talk of a 'regime' is to denote the fact that in the relation between the state and economy, a complex of legal and organisational features is systematically interwoven' (1990: 2). In order to define a welfare regime, he used two major dimensions: i) the level of de-commodification (the degree to which one can uphold a socially acceptable standard of living without reliance on the pure market forces; and ii) the type of stratification, that is, how and to what extent welfare systems differ in the structuring of social citizenship. Accordingly, the lower the level of de-commodification and stratification, the better the welfare system; 'de-commodification occurs when a service is rendered as a matter of right, and when a person can maintain a livelihood without reliance on the market' (Esping-Anderson, 1990:21).

According to Esping-Anderson (1990:24-25) social services can be classified as follows:

1. Means tested (social assistance) (it stratifies poor and stigmatizes)
2. Social insurance - for certain distinct class groups (for example, civil servants - mainly those who have contributed)
3. Universal (typically designed along the lines of a democratic flat rate, general revenue financed model creating equality of status – all citizens are endowed with similar rights, irrespective of class or market position).

Focusing on provision of social security (old age pensions, sickness and unemployment benefits) in different ‘advanced capitalist societies where basic needs have been met largely through participation in the market, he empirically shows the degree of de-commodification provided through state action and he distinguishes three welfare regimes in the OECD world: liberal (narrowly targeted residual need), conservative (strong ideology of family-level responsibility via support for key earners) and social democratic (universalistic politics). The degree of de-commodification was greatest in the social democratic model, followed by conservative and liberal models. ‘It is only the social democratic state that extends the principles of universalism and de-commodification of social rights to the new middle classes and promotes an equality of highest standards, not an equality of minimal needs as was pursued elsewhere’ (Esping-Anderson, 1990: 27).

Figure 2.2 Welfare States in OECD countries



Source: Esping-Anderson, 1999

However Esping-Anderson (1990:79) writes that there is no pure case and all advanced countries have some blend of private and public welfare provision, but that the convergence of different parliamentary labour movements is around the social democratic model.

In terms of children, Esping-Anderson (1990:27) found that the social democratic model addresses both the market and the traditional family. In contrast to a corporatist model the underlying principle is not to wait until family capacity is exhausted but to pre-emptively socialize the costs of family. The idea is not to maximise dependence on the family, but to build capacities for individual independence and hence forming a peculiar fusion of liberalism and socialism. This results in a welfare state that grants transfers directly to children and takes direct responsibility for caring for children, the aged and the helpless (1990).

2.5.2.2 Study of social policy of the developing world using welfare state frameworks

Based on their literature review, Hall and Midgley (2004) found that conceptualization and application of social policy in a development context has moved from the statutory provision of social services to either a minimalist, residual model or a more systematic, institutional-incremental approach. They conclude that the minimalist and selective nature of this approach, as well as its reliance on the voluntary sector for implementation, is reminiscent of the residual welfare model. They also note that increasing globalisation of social policy is developing through the work of different international organisations. Similarly, based on a literature review, MacPherson and Midgley (1987) found that the social policies in the third world do not serve a 'first line' function, redistribute resources on the basis of need or cater for the whole population such that access to social welfare is highly unequal.

Jones (1990) found that state relief payments in the South, if they exist at all, are very small, they are mainly a relic of a colonial poor law system, providing aid in kind rather than in cash, and sometimes involving, like the 19th century British workhouse, some kind of grim residential requirement such as children's homes.

Gough (2004) as well as Sharkh and Gough (2010) applied welfare regime theory in conducting a cross national macro study of developing countries. This has already been discussed earlier while reviewing studies on social policy in Nepal. As mentioned before, this was however based on selected indicators of the theory. A more qualitative and context specific study of the nature of social policy using this theory was conducted to analyze welfare regimes in Latin America, East Asia, Africa and Bangladesh. These were case studies based on secondary data and are discussed below.

Barrientos (2004) found that the Latin American countries outside the Caribbean are transforming into liberal-informal welfare regimes. This means that they portray a combination of informal properties (according to welfare regime theory) but also liberal properties (dominance of the market in some aspects) but that there is also a welfare state regime because social policy has a strong tradition. Gough (2004) concluded that East Asia (excluding China and Vietnam) are productivist welfare regimes. This means that they have prioritized economic over social policy while social policy focuses on basic education and health: i.e. social investment rather than social protection.

Bevan (2004) applied an insecurity regime model to Africa and found that much of Africa constitutes a generalised insecurity regime where powerful external forces (from external government organisations, transnational corporations and international NGOs to criminal networks) interact with local patrons to reinforce patronage relationships, resulting in welfare insecurity for a large section of the population.

Davis (2004) analysed the welfare system of Bangladesh and found that the welfare state regime model of Esping-Anderson, while useful in understanding the state-market nexus, ignores the role of other actors which are crucial in creating welfare, i.e. family, kinship, community and civil society as well as bilateral and global actors. He concludes that Bangladesh is an informal security regime, and in particular notes that I/NGOs play a significant role in creating welfare while also creating clientelism at the same time (clientelism refers to relationships which are usually hierarchical and asymmetrical resulting

in short-term security in return for longer-term vulnerability and dependence). He argues that de-clientelisation⁶ should therefore be the main task of social policy in such a context.

2.5.2.3 Critique of the studies on children's social policy

Esping-Anderson's typology has been criticized for the following: oversimplifying complexities within regime types including incorrect classification of countries (Castles and Mitchell, 1992; Blakemore, 2003); omission of a gender dimension (May, 2003; Choi and Kim, 2009); and limited application to non-capitalist or semi-capitalist countries (Sharkh and Gough, 2010; May, 2003). Esping-Anderson (1999) modified his model to address feminist critiques through the notion of de-familisation (the process by which welfare provision may lessen an individual's reliance on families). However other criticisms, especially that of limited application to the non-capitalist world remains. Despite these criticisms, the broad typology is now well established.

Studies by MacPherson and Midgley (1987), Hall and Midgley (2004) and Jones (1990) provide useful insights into social policies of the South compared to the welfare state framework. Although these are not specific to Nepal they are useful for broad comparison.

The case studies on application of the welfare regime theory show the usefulness of this theory in the context of the developing world. Although these studies cannot be applied to Nepal, broad comparison can be made, especially with Bangladesh, which like Nepal falls under an informal security regime and is in South Asia.

⁶ De-clientelisation refers to de-establishing clientelist forms of representation and provisioning and establishing more formal rights to welfare and security and at the same time making the clientelist networks more conducive to the poor (Wood, 2004:52-65)

2.6 Conclusions

This chapter presents key studies that have been conducted on the nature of children's social policy and general social policy in Nepal as well as in the international context. Because the study is specific to Nepal, the former was the focus of this chapter. Moreover since children's social policy is embedded in the countries' overall social policy, the latter was central to discussions. The review clearly indicates that there is insufficient research evidence to understand the nature of children's social policy in Nepal, in particular using the welfare state framework. This study aims to fill this gap. However the review also shows that there are similar studies in different contexts that can provide useful comparisons.

The next chapter discusses the theoretical framework adopted for the study. Because the welfare state framework is the organizing concept of this study, key elements of this framework as well as rationale for using this approach will be discussed.

Chapter 3 Literature Review

Welfare state discourse: Theoretical foundations

3.1 Introduction

This study examines the effectiveness of children's social policy in Nepal. In Chapter One the extent of deprivation experienced by children in Nepal was highlighted. Chapter Two reviewed studies on the research questions and showed that there is a gap in examination of children's social policy in Nepal using the welfare state framework (WSF). This chapter sets out to present the theoretical notions around the concept of welfare state, which forms the primary conceptual underpinning for this study. In other words, it presents the literature that justifies why the welfare state framework is used to examine children's social policy and welfare conceptualization in Nepal and goes on to elaborate what such a framework entails through its broad and specific principles and theories.

This chapter is organized in three sections. It commences with a broad justification for using the WSF. This is done through two major concepts. First is the normative justification of the WSF and its empirical success in delivering welfare. Second is the critique of the existing frameworks that underpin social policy and welfare conceptualization. These include the UN-CRC framework, the development approach and the non-hierarchical multi-dimensional nature of CWB. The second section discusses the key principles of the WSF that can be used to analyse social policy and conceptualisation of child welfare. The justification arguments in section one are broad and many of the key principles for using this framework will become clearer in section two while discussing its specific principles. The third section concludes the chapter.

3.2 Justification for using the welfare state framework

As pointed out above the use of WSF can be justified through two major concepts. The first concept includes its normative justification and its empirical success in delivering welfare outcomes. The second concept includes the critique of the existing frameworks underpinning children's social policy and welfare conceptualization, particularly in the context of the South although these also apply internationally.

3.2.1 Normative and empirical rationale for the welfare state framework

3.2.1.1 Normative rationale for the welfare state framework

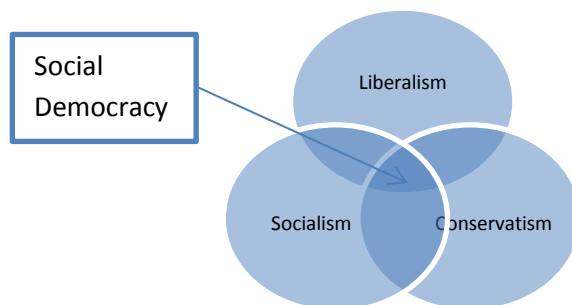
A welfare system is defined as a socio-economic system that employs the principle of welfare in effecting social change whereas a welfare state is defined as a welfare system within which the state plays a crucial role in driving such change forward (Goodin, 1988 cited in Fitzpatrick, 2001:3). The notion of welfare state is specific to the Western world which has comprehensive social policies. According to Alcock (2003:6) the most important development in social policy during the twentieth century was the creation of the welfare state and although the term itself is contested the post-war welfare state thesis has been widely promulgated.

Social policy is directly concerned with normative issues: 'what ought to be' (Spicker, 2008: 83). Hence normative justification can best be approached through the researcher's worldview which Fitzpatrick (2005: xi) recommends are critical for any welfare theorists. Worldview is the general approach to political and social questions and problems and refers to ideological ideas, perspectives and influences (Fitzpatrick (2005: xi). These 'principles of

social policy are the guiding ideas that underlie policies for social welfare education, health services and the like' (Blakemore, 2003: 17).

Broadly, welfare systems have been conceptualized through three key political ideologies of liberalism, socialism and conservatism with variants in-between (Fitzpatrick, 2005; Fenna, 2006). Social democracy, which blends liberalism and socialism, is one such variant, and is close to the researcher's view of the ideal form of ideology under which welfare systems can be founded. Moreover, 'if there is any ideology of the welfare state, it has to be social democracy' (Fitzpatrick, 2001: 128). This is the key justification for its use in this study.

Figure 3.1 Three key political ideologies that impact on a welfare system



Source: Adapted from Fitzpatrick (2005: xiv)

Social democracy is preferred, because it balances liberty and equality as well as primacy of the state with the primacy of the market. While the core tenet of liberalism is liberty and equality of opportunity, and that of socialism is egalitarianism (the need for everyone to access certain material resources for attaining welfare outcomes, regardless of wealth of income), conservatism focuses on traditional values including that of family (Fenna, 2006; Fitzpatrick, 2001). Social democracy believes that while capitalism is exploitative and has to

be tamed through government intervention it can be done through taming capitalism, rather than eradicating it, and to do this it focuses on redistribution of resources (Economou, 2006:231). Hence while the political theorists on the right see the provision of health and social care, housing and education, as the responsibility of the individual unless in extreme hardships, those on the left evaluate social policy in relation to its commitment to equality (Hill, 1997:220-223).

Classic liberalism was not beneficial for children because, as Fenna (2006:30) points out, under a classic liberal regime of laissez faire, governments did little or nothing to intervene. There was no public education, no public health care, no health and safety regulations, no limits on age of work, or hours of work. Considered from this angle, the reform liberalism and socialism movement of the 18th and 19th century and its offshoot social democracy has been significant for advancing not only overall workers' rights but also children's rights.

Social democracy itself has been evolving into new forms associated with various ideas such as New Social Democracy (NSD) or the Third Way, which emerged in the 1990s, particularly in response to the rise of the New Right and the exhaustion of the old social democratic welfare state approach (Fitzpatrick, 2005; Powell, 2003). An array of concepts, such as social capitalism, has merged within the Third Way discourse. Social capitalism, within which welfare regime theory is posited, is described as a mixed economy that recognizes additional providers to State and market such as the informal community including NGOs (Gough and Wood, 2004a). While the old/traditional social democracy was about Keynesian economics (this primarily includes state centralisation, nationalisation, class conflict, producer oriented reforms, vertical redistribution, public sector expansion) the NSD believes that since the Keynesian welfare state has exhausted the limits of its possibilities economic intervention

must shift from demand to supply and welfare intervention from passive to active obligations (Fitzpatrick 2005: 77). Powell (2003:103-104) posits that rights and duties go together in the new form of social democracy and hence even as welfare services are largely financed by the state, they may be delivered by private or voluntary bodies in a purchase/provider split and thus ending the old class war with private providers.

One can equate the evolving ideology of the NSD from the old social democracy to a similar evolution of 'welfare mix' from 'welfare state'. While this opens new avenues for adapting the Welfare State, it in no way delegitimizes the role of classic social democracy. Moreover, due to the evolving nature of NSD, this study looks to the classic welfare state as the founding guidance, while also using the theoretical path that is opened by the NSD. This means that while the expanded role of providers, including that of the private sector, is considered in this study, it is situated within the overall Leftist tradition of egalitarianism.

3.2.1.2 Empirical justification for the welfare state framework

Empirically, welfare states have been proven to succeed in promoting welfare, including child welfare, and at least eradicating absolute poverty and meeting the primary needs of their citizens. Some may argue that this is not the case. The rediscovery of poverty in the UK in early 1960s showed that the welfare state had not necessarily abolished poverty, redistributed wealth or created equality (Hill, 1997: 221). However poverty in this case was referring to relative poverty (Hill 1997; Fitzpatrick, 2001). In a variety of national contexts, many of the institutions of the welfare state have shown themselves capable of considerable success in the alleviation of need (O'Neill, 1986 cited in Doyal & Gough, 1991:105). In terms of an international poverty line, absolute poverty does not exist in the West, and the welfare

outcomes are much better for children in welfare states than non-welfare states. This is illustrated below.

The Luxembourg income study has produced a series of analyses on the welfare state's ability to reduce or eliminate poverty, among key social groups (Dean, 2000:57). The population living below the international income poverty line of \$US 1.25 per day and the multiple poverty index are not even collected for the majority of the member countries of Organisation for Economic Cooperation and Development (OECD) as it is assumed to be non-existent. Unlike the Third World, welfare states have social security for those having insufficient income, and hence by default absolute poverty does not exist.

Similarly, using comparative international data of the key global indicators such as Human Development Index (HDI) and the under five years of age mortality rate shows that most Western welfare states are ahead in other welfare outcomes. For example, Europe and Central Asia, where most welfare states are found, have the highest HDI of all the identified regions (Table 3.1).

Table 3.1 Comparative statistics in welfare states versus developing countries

	2010 Under 5 mortality rate	GNI per capita US \$) 2010	GNI per capita (PPP) 2010	HDI value
Industrialised countries	6	40, 845	38,009	-
Developing countries	63	3,304	5,805	-
Least developed countries	110	669	1,374	0.439
World	57	8,796	10,740	-
Nepal	50	490	1,200	-
South Asia	67	1,241	3,271	0.548
Europe and central Asia	-	-	-	0.751

Source: (UNDP, 2011; UNICEF, 2010c)

Similarly, the United Nations Human Development Reports categorise countries as very high, high, medium and low HDI groups (UNDP, 2011:124). Unlike the majority of the South, all the OECD welfare states are classified in the very high HDI group. Key welfare indicators of countries in different HDI groups are shown below.

Table 3.2 Welfare indicators of different HDI groups

Human development group	HDI value	Life expectancy at birth	Mean years of schooling	Gross national income (GNI) per capita (constant 2005, PPP)
Very high	0.889	80	11.3	33,352
High	0.741	73.1	8.5	11,579
Medium	0.630	69.7	6.3	5,276
Low	0.456	58.7	4.2	1,585

Source: UNDP (2010)

It should be noted that child poverty has existed in all the regions of the world at one point or the other. For example Blakemore (2003:7) writes that children in the 19th century in the West faced similar conditions to those existing in today's developing countries, including child labour and poverty; this compelled Governments to play a greater role in dealing with

social problems of the day. He further writes that it was not until the mid-20th century welfare state efforts that more serious responses were made. Hill (2003:290) points out that these efforts were based on the principle that society as a whole has a duty to ensure that children's needs are met. The fact these needs have been met are proven from the statistics presented in the tables above. Moreover, quoting a study by Gabel and Kamerman conducted in 2006, Olk (2010:3) writes that social spending in 21 industrialised countries found that, despite some country variations, spending on children and families has increased in most countries between 1980 and 2001.

3.2.1.3 Critique of the welfare state framework

The welfare state system is not without its criticisms. This mainly comes from the radical wing of both the political Right and the political Left; the former opposing excessive state intervention in economic processes and wealth creation, profit squeeze, labour disincentive to work, ineffectiveness and inefficiency; while the Left's objection is that in spite of the advantages that have come to the working class, these are exploitative, reproduce the capitalist system, create false ideology and control human behaviour through social control even as it meets human need (Dean: 2002; Offe, 1982; Deacon, 1981). Additionally, feminists argue that the welfare state makes women dependent on men (McIntosh, 1980:32). It is also criticized for benefitting the middle class more than the poor (Le Grand, 1982 cited in Adams, 2002: 153).

However as Fitzpatrick (2001: 81) argues there are economic, social and ideological justifications for the welfare state which include Keynesian economy policy justification for stable growth, social justification for redistribution and justice qualities of the welfare state

and ideological balance of socialism and liberalism. Offe (1982:7-10) argues that the welfare state is a strategy to get to the most desirable form of organizing society and the state as well as the major peace formula of advanced capitalist democracies for the period following WW2. He further argues that even as both the left and the right criticize it, both need the welfare state and even partial elimination of established institutional components of welfare state is inconceivable, let alone the wholesale abolition. As Dean (2002:54) remarks, despite these criticisms capitalist welfare states have become resilient.

Some question if following this approach is simply about becoming like the West. In an increasingly globalised world this is an inappropriate question to ask. Firstly because the West should not be perceived as just representing the dominant global framework of capitalistic and neoliberal political discourse and secondly lessons should be learnt from welfare systems wherever they are found. Moreover the battle for social citizenship is increasingly to be played out in the international and global state (Wood and Gough, 2004b:325). Hence the point is not about copying the West, but about learning from systems that have worked. Advocating for welfare state like systems Gough and Wood (2004b:323-324) argue that ‘formal security of welfare (in the sense of individual, guaranteed, non-personal and justifiable rights independent of birth, wealth, gender, status or other ascribed characteristics) is the most satisfactory way of meeting the universal human need for security and well-being.’ However they acknowledge that the paths taken by different countries to achieve similar systems can be different and argue that it is possible to be unique as well as aim for universal goals with context specific means (2004b). One could also argue that a poor, sick person deserves to be treated, whether they reside in the West or not. Human rights after all are universal.

Concerns are also raised about the financial feasibility of the poor South to undertake Welfare State like reforms. It is argued that the developing world, in which Nepal is located, is too poor to undertake comprehensive welfare activities, an assumption already evident in the CRC and progressive rights debate. A simple counter-argument is given by Gough and Wood (2004a:7) who rightly point out ‘welfare is not just the prerogative of rich countries, but a pervasive adjunct to the universal notion of wellbeing’.

Moreover there are sufficient arguments to suggest that welfare state development in the West is not linked only to economic growth. In particular, political processes have been instrumental in creation of welfare states rather than only as a spin off from economic prosperity (Saunders 1996; Dean, 2002). In his study of 18 OECD countries Esping-Anderson (1990) concludes that the level of economic development is negatively correlated with de-commodification and has no explanatory power whereas the degree of left power has a fairly strong and positive influence on de-commodification, explaining about 40% of the variance. Based on research showing correlations over a 20 year period (from 1960 to 1980) of data from 46 developing countries Newman and Thompson (1989 cited in Dean, 2002:41) suggest that provision for basic needs precedes rather than results from economic development. As Behrendt and Hagemeyer (2009:10) state, ‘more and more governments are aware of the need to invest in social protection early, as a precondition for sustainable economic and social development, and productive employment’. According to Cichon (2013: para.7) ‘International Labour Organisation (ILO) studies found that it is possible to finance the Social Protection Floor or some of its components even in low-income countries’.

Criticisms against the welfare state, especially for the South, in fact neglect the desire on the part of the South to actually become like a welfare state. In the case of Nepal, reference to the welfare state as a positive goal has been articulated in various documents including in

development plans. The problem however is that this is submerged within a development discourse. Development on the other hand has been heavily criticised as having failed to improve welfare outcomes (Panday1999), high dependency on foreign aid without reducing poverty (Mihaly, 2002; Acharya, 2003; Sharma et al., 2004; Khanal, Acharya & Upreti, 2008) and high dependency on I/NGOs (Khanal, Acharya & Upreti, 2008). The recently ended armed conflict in Nepal itself has roots in the failure of these development efforts.

Hence it can be concluded that association of the welfare state framework with the ‘West’ is only consequential and an ideological basis for social policy can and should go beyond a limited geographical terrain. ‘Globalization’ of social policy appears to be inevitable, but if this has to happen then it is better to follow the best strategies of social policy that have worked globally. The application of the welfare state approach to social policy is not new but simply about reclaiming a strategy that has worked for the poor in the West.

3.2.2 Critique of the existing frameworks underpinning children’s social policy and welfare conceptualisation

The existing frameworks that are critiqued as an inappropriate normative basis for analysing social policy and child well-being (CWB) in the South include: the dominant notion of CWB, the UNCRC and the development approach. These are discussed below.

3.2.2.1 Critique of the dominant notion of CWB

The raison d’être of social policy is to attain welfare. Hence what ‘welfare’ means is crucial to what will be achieved. Broadly, there is no disagreement that welfare is about fulfilment of human needs. As Wood says (2004: 74) ‘it is axiomatic that we cannot conceive of society

without some established acknowledgement of need'. The needs approach to conceptualizing CWB is also well established. 'During our search for suitable theoretical approaches to define and judge childhood well-being, we came across the need discourse' (Andresen and Albus, 2011: 53).

However the dominant conception of well-being uses a list of human needs without any prioritization. Alkire (2002:181) argues that there is a phenomenon of lists of human needs and their regular use in 'development'. She documented thirty-nine such lists of needs. This list approach to human needs is even more evident in conceptualisations of CWB which refer to equally weighted multidimensional needs represented as broad areas of importance⁷.

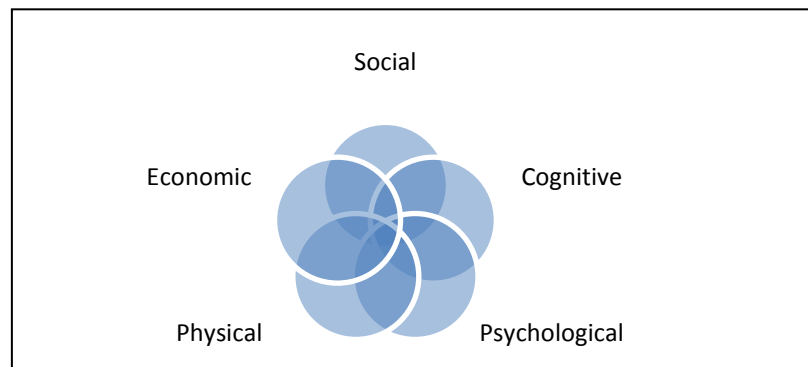
'Choosing CWB dimensions are still unclear due to a lack of theoretical arguments (Andresen and Albus, 2011: 53). But even as there is no consensus on the list of needs or how to measure it there is a general understanding that CWB is multidimensional (UNICEF, 2007; UNICEF 2009; Camfield, Streuli & Woodhead, 2009; Brooks & Hanafin, 2005; Bradshaw, Hoelscher & Richardson, 2006, Ben-Arieh & George, 2006). Accordingly a list of important domains and dimensions can be identified and different classifications exist.

Allardt (1976: 231) for example has classified well-being into Having, Loving and Being as the three central categories of needs. UNICEF's long established domains of Survival, Development, Protection, and Participation (Bennett, 1996:48) also provide an alternative classification. Andresen and Albus (2011:66), after an analysis of various needs theories (for adults and children) have synthesized these into vital needs, social needs and needs for competence and self-determination. A broad analysis of all the existing lists of CWB was

⁷ Dimension is any of the component aspects of a particular situation or as coexisting components of wellbeing (Alkire, 2002:182). Generally multidimensional notions are discussed at three levels that include broad domains, which are further divided into dimensions, also referred to as components, sub-components or important areas. These are in turn further defined through the use of indicators. In some cases there is overlap between these three levels, which makes classification complex.

however found to be associated with five distinct domains of physical, psychological, cognitive, social, and economic' (Pollard & Lee 2003). These may be reduced, expanded or worded slightly differently, but they are broadly similar and this typology is used here as a reference point for comparing CWB domains.

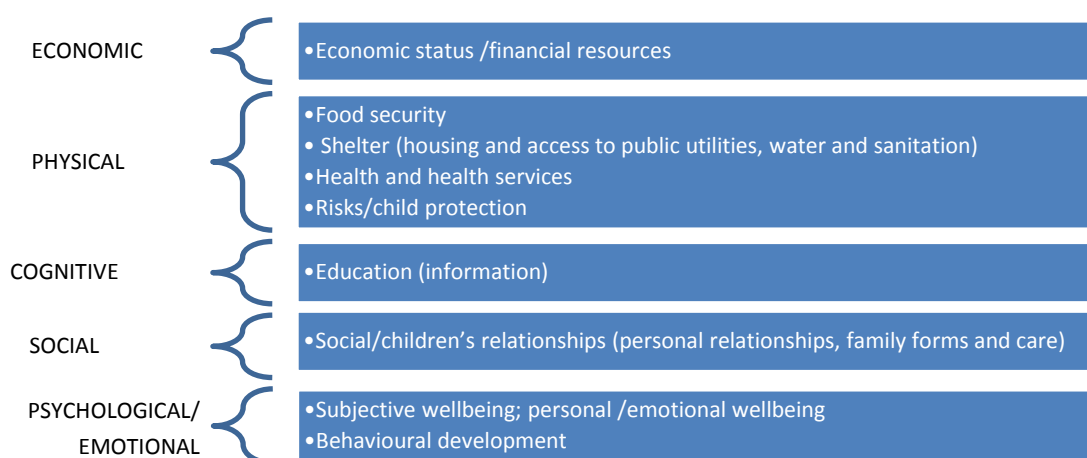
Figure 3.2 Key domains of CWB



Source: Pollard and Lee (2003)

The list of more specific dimensions is long. For example, Brooks and Hanafin (2005:10) documented more than 2,500 indicators from 80 international reports on CWB. For the purpose of this study, fourteen CWB frameworks were studied where the following dimensions were found to be common (Figure 3.3). Their accompanying domains are also shown. The list of frameworks studies is in Appendix 1. It should be noted that there is an overlap between domains and dimensions since some dimensions are referred to as domains. Since indicators are too large in number, they are not shown here.

Figure 3.3 Domains and dimensions frequently used in the international CWB literature



While the multidimensional nature of CWB has contributed to significantly advance various aspects of CWB it has two key limitations.

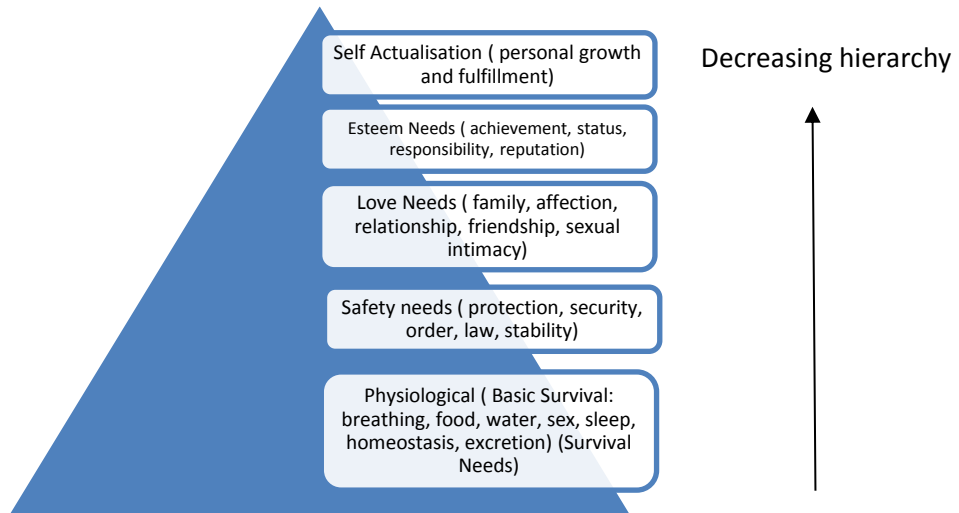
Firstly, various dimensions/domains do not either distinguish if they are referring to outcomes and inputs/means or they include both of these in the same framework. Whereas ‘means’ refers to access to certain services, ‘outcomes’ refers to final conditions. As Lippman, Moore and McIntosh (2009:18) argue measures of context (e.g. income, family structure) represent inputs into the development and well-being of children and should not be confused with measures of child well-being outcomes per se. If the two are conflated, as is often the case in existing indicator systems or indices, it is impossible to distinguish where policy and or programme interventions can be most helpful, grouping inputs, outcomes, context into parallel dimensions mask the different roles played by these various components (2009). UNICEF’s under five years of age mortality indicator illustrates this point.

Reduction in mortality (outcome) can be achieved through various means/inputs including ad hoc measures, one off programme or long term health structural changes depending on what political philosophies are followed. A contrasting example is that of the UK’s National

Health Service (NHS) or Australia's Medicare where the focus is on access to 'medical care' (input) when you are sick. Critiquing the changing nature of the social protection floor, Deacon (2012:11) suggests that there has been 'a shift from a set of specific benefits such as universal pensions or child benefits to a set of outcomes, met by governments in whatever way they saw fit'. As the OECD (2009) noted, existing cross-national comparisons of CWB are data driven, and it simply becomes an amalgam of indicators commonly defined as important. This can create policy confusions. From a social policy perspective it is argued here that the focus should be on inputs and specific benefits.

Secondly all the indicators are treated equally. UNICEF (2007:3) writes that 'no single dimension of well-being stands as a reliable proxy for child well-being' UNICEF (2007: 3) while Bradshaw, Hoelscher and Richardson (2006:25) argue that there is no theoretical or empirical justification for weighting the dimensions differently. 'Dimensions of human development are non-hierarchical, irreducible, incommensurable and hence basic kinds of human ends' (Alkire, 2002:186). However in a situation where life threatening situations have to be weighed against access to 'radio' (one of the indicators used in UNICEF Global study), it is inappropriate to treat both equally. Moreover, there are well established theories of hierarchy of needs such as those of Maslow (1970) who argued that there are five basic needs and in normal situations these needs are satisfied in a hierarchy prepotency, although they occur simultaneously in various degrees and are related to each other (Figure 3.4).

Figure 3.4 Maslow's hierarchy of needs



Source: Maslow (1970)

In conclusion, it can be said that the broad multidimensional nature of CWB which does not distinguish between outcome or input/means and treats all domains/dimensions equally fails to provide concrete guidance for developing social policy.

3.2.2.2 Critique of the dominant notion of child rights⁸

Ratified by 193 countries there is no doubt that the UNCRC was a significant milestone in enhancing children's welfare. The UNCRC has enabled children 'to be treated with equality and as autonomous beings' (Freeman, 1992: 52). 'Built on varied legal systems and cultural traditions, the Convention is a universally agreed set of non-negotiable standards and obligations.

⁸ **Error! Bookmark not defined.** This section is a summary version of a longer article written as part of this study and that appeared as 'S. Khadka / International Journal of Children's Rights (2013) DOI 10.1163/15718182-55680016) Social rights and the United Nations – Child Rights Convention (UNCRC): Is the CRC a help or hindrance for developing universal and egalitarian social policies for children's wellbeing in the 'developing world'?

These basic standards – also called human rights – set minimum entitlements and freedoms that should be respected by governments’ (UNICEF, 2011). The UNCRC heralded a focus on rights-based programming instead of the traditional focus on meeting needs as a charity (SCA, 2005: 23).

Yet children in particular in ‘developing’ countries continue to lack the most minimum of basic needs, such as food, water and simple medical treatments. While pointing to only one cause would be naïve, a critical problem that needs to be addressed is the complexity around the theoretical notion of the UNCRC which can lead to erroneous policies. Three key theoretical issues are discussed below.

The first and the most important issue revolves around prioritisation of rights when resources are limited or when rights conflict. The UNCRC is based on the principle of progressive realization of rights, in particular socio-economic rights. UNCRC Article 4 states that ‘with regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation’. The approach of progressive realization may not have been a problem had both positive rights (welfare/social) and negative rights (civil and political) been given equal importance⁹ but as Steiner, Alston and Goodman (2008:263) highlight, social and economic rights are not necessarily treated as equal to civil and political rights. Dean (2002: xv) argues that ‘despite the high rhetoric of human rights on the global political agenda the status of welfare rights as an element of human rights remains curiously ambiguous which invariably subordinate to the civil and political rights of citizenship, they are often fragile and difficult to

⁹ It should be noted that the distinction between negative and positive rights itself is open to debate. However, while the author agrees that distinction of basic versus non basic set of rights, where basic rights encompass a set of core basic needs, would better suit needs of the poor, this issue requires a more in-depth and a separate discussion. Hence this paper uses the existing dominant distinction used in human rights discourse. Moreover, because most of the positive rights are social rights, this distinction can still be useful.

enforce'. This bias is reflected in the fragmentation of the UDHR into two sets of covenants in 1966: the ICCPR and the ICESCR (Fields, 2003: 42). The former is immediately enforceable while the latter is to be realized progressively dependent on the 'maximum available resources'. Jonson (1996: 44) argues that the UNCRC devotes much greater attention to civil rights than to social, economic and cultural rights. She further adds that as per Article 4 the implementation of the social, economic and cultural rights is made subject to the availability of resources and that while civil and political rights have corresponding 'obligations of result', the 'progressive implementation' of social, economic and cultural rights leads to corresponding 'obligations of conduct'. Moreover the latter types of obligations are more difficult to monitor in terms of compliance or non-compliance than the former (Alston, 1992 cited in Jonson, 1996:44).

Hence it could be argued that as long as the socio-economic rights are progressive the UNCRC in fact obstructs accessing basic needs as these form the core socio-economic rights. If the social and economic rights, which are the most important rights for children (note that the children actually do not have full political rights in the first place), can be realized progressively, why would policy makers in many of the developing countries, who are already biased towards the elites, bother to invest in children? If the CRC was to be seriously followed by poor countries, it is unlikely that sufficient resources would ever be allocated to poor children, since they do not have any political power to argue for resources in their favour. For example, policy makers could argue that positive rights, such as providing food to children, has to wait until the country is rich enough, or they could argue that there are 'no more available resources' and hence such tasks lies with the parents and not with the State. The State may hence tax poor people to run programs that do not cater to their needs. The problem is not that the poor countries have few resources which do require difficult prioritisations, but that the State provisions are either non-existent, of low standard or as Gough and Wood (2004) point out, these resources are generally targeted at the

elites and the rich, leaving a majority of the population to depend on informal means of survival which in turn can be clientelistic and adversarial.

In justification of the progressive realization of rights, Bradshaw, Hoelscher and Richardson (2007:7) argue that despite the universality of the CRC, the divergent living conditions of children across the world reflect that different countries are on different levels in the process of realising children's rights and therefore particularly social, economic and cultural rights have to be seen against the background of the specific economic situation of a country. They write that while children have the right to an 'adequate standard of living' (Art. 27) or to the 'highest attainable standard of health' (Art. 24), these point on the one hand to an absolute, global standard (survival and development), but on the other hand also have to be seen as standards relative to the wealth of a given society and therefore pointing to the degree of realization of children's rights (2007: 7). However it is argued here that such a view jeopardizes the concept of indivisibility of rights and the urgency to act in cases of violation of socio- economic rights creating insecurity for millions of children. While it is true that resources in low income countries are already scarce, making the choice of selection extremely difficult, the concept of progressive realization in fact only makes it 'easier' not to allocate resources to children. By saying that social rights have to be progressively achieved, one is giving a free pass to irresponsible policy makers who can justify their neglect of children by saying 'we are not rich enough to look after everyone yet...let us become rich first.' The absolute norms, such as every child's right to survival and development, cannot be achieved if the inputs and means to attain these norms are considered in relative and progressive terms. It is these ambiguous statements such as the 'maximum...' or 'highest...' that make the CRC very difficult to enforce. In the complex political negotiations that are part of resource distribution while developing social policies, the 'limit' of maximum available resources can be kept low.

Such neglect of positive rights is occurring despite it being widely acknowledged that it was the inalienable right to social rights in terms of social services that have largely helped to address absolute poverty in the West. In much of the developing world social rights that include basic needs have not been linked to inalienable and substantive rights that are backed by State resources in the same way as they are in the West. Hence the UNCRC should focus not on slowing the implementation of social rights but on accelerating them.

The second issue is the apolitical nature of the CRC. Social policy is concerned with re-distribution of resources where aspects of equality and stratification and who provides the resources are critical. However, as Pupavac (2001:98) argues, the granting of rights itself is seen as emancipatory without linking it to political outcomes. Moreover, as Dean (2002: 202) says, rights may be delivered through various political approaches including a neo-liberal regime with a focus on equality of opportunity or through social democratic systems based on substantive equality. Hence the substance of rights can only be assessed by linking them to a political approach.

Hence unless children's rights can be linked to a certain political model, the language of rights itself cannot help in delivery of social rights in an egalitarian and universal manner. Child welfare services have to be viewed from a power resources perspective. In contrast, the development of social policy in developing countries is a mere technical tool where existence of various provisions and social spending are 'ticked off' without a deeper analysis of its impacts. The focus on global campaigns on universal access to education is one such example where just the 'access' to a school is considered a success even when the gap between children going to a private and a government school may be increasing the inequality and social unrest.

While the key principles of the CRC include equal treatment and non-discrimination, these rights are simply minimum standards and do not come with any political theory of how best to achieve this, leaving stakeholders to develop their own interpretations. 'In the context of social policy the question is whether claims to social benefits and services should be backed by state force, so that social rights become an element in citizenship in the modern state' (Taylor-Gooby, 2003:43). If the answer to this question, as advocated here, is yes, this requires a critical analysis of how the State is distributing its resources and in this context the CRC is not only of limited value but can hinder, rather than facilitate, the concept of universal rights and a modern notion of citizenship. Hence child rights have to be politically analysed. Questions such as 'how big is their resource share?' and 'what is the nature of this share?' are as important as having 'access to certain rights'. This calls for a study of the political economy of rights.

The third issue is the universal application of the CRC without distinguishing between the developed welfare states in the West versus states lacking a comprehensive and formal welfare system in the 'developing' world. The CRC may not necessarily pose a problem in the western world, where social rights have already become part of fully-fledged citizenship and the majority of the population's basic needs have been met. This includes services for children such as child benefit, child care support, free medical care and education services (Hill, 2003). Similarly Esping-Anderson (1990: 27) showed that while provisions may differ from residual to occupational and universal, all welfare states do have various provisions for helping children and/or their families. Recognizing the importance of basic needs in attainment of human welfare, social rights have been established as a matter of rights in the Western welfare states, essentially turning certain needs into rights (Marshall, 1950; Dean, 2002).

However, despite the link between the right to basic needs and citizenship as discussed above, children in the developing world have been systematically denied this basic citizenship right.

Their basic needs have not been fulfilled, either as a need or as a matter of right, neither through residual approaches nor through universal and comprehensive approaches along the lines of the Western welfare states approach. For example while issues of child labour receive much publicity and condemnation in the international child rights discourse, the conditions that lead to child labour do not receive as much political analysis in a meaningful way, instead leaving them to be addressed through ad-hoc and piecemeal measures. Such condemnation cannot just be moral statements regarding what 'ought to happen' based on existing political order but needs to look critically at the existing system. According to King (1997:7-8), rights-based approaches moralise social problems as discriminatory behaviour not looking at structural issues. 'There is something disingenuous about condemning people to a hard way of life and condemning their rough norms of behaviour' (Pupavac, 2009: 234). 'Contemporary children's rights advocacy de-emphasises the economic and social conditions' (King, 1997:7-8). Fernando (2001: 12) argues that children's rights cannot be safeguarded without dealing with the structural causes of children's vulnerability and rights cannot be safeguarded without meeting material needs of people'. But it is these needs that receive secondary importance in the child rights discourse of developing countries.

Along this vein of thought and in the context of the 'developed' world, Dean (2002:13) argues that 'the development of the modern welfare state has been achieved through a body of social legislation, which has extended positive rights of citizenship by expanding public services'. If the concept of 'rights' is used along the line that Dean argues above, i.e., rights as actual services, then this can bring tremendous positive change in the lives of the poorest children. This is not to say that material welfare does not matter in the West, but that this issue has been addressed for the majority of children in the West through the welfare state framework.

Hence the critical issues facing the children in the West and in ‘developing’ countries vary. Focusing on structural changes as opposed to behaviour changes so that social services are provided in an egalitarian, universal manner to each child who needs it should be the prime motivation behind the CRC. Otherwise, the culmination of all three issues discussed above will delay radical social policy reforms in the ‘developing’ world. To counter this divisibility of rights, which the CRC opposes in theory and perpetuates in practice, has to be flipped upside down so that while rights can still be divisible, what gets immediate priority should change with priority given to social rights. It could also be argued that the similar weighting inherent in the different articles of the CRC contrasts with established theory of human needs such as that of Maslow’s hierarchy of human needs which prioritises survival needs over higher needs.

In conclusion while the CRC is problematised in this study, it is not discarded. Fulfilment of needs as a right is, of course, better than having needs met through charity. The primary reason for problematising the CRC here is its inability to champion social rights and not otherwise. King has remarked that anybody who challenges the new orthodoxies of children’s rights and therapeutic approaches is likely to find themselves accused of heresy (1997: 173). However, if the CRC is not taken as a rigid framework but as an intellectual work in progress, as suggested by Garbarino (2000: 51), then it can open alternative ways of enhancing children’s welfare.

3.2.2.3 Critique of the development approach

Analysis of social policy in the South is dominantly organized around the concept of international development. The Human Development Index (HDI) and the Millennium Development Goals (MDGs) are the most symbolic examples of this. Although it by no means gave rise to the start of such policies in the South, the term international development is generally dated to US President Truman’s 1949 speech that referred to the ‘underdeveloped’ world (Moyo, 2009). This speech marked a new trend in global welfare,

where the South received development assistance from the North and a whole new discipline of international development slowly emerged. The first international development strategy, itself was proclaimed on 24 October 1970 by the UN.

The development discourse includes a myriad of economic and social welfare policies undertaken in the South, generally under an international development strategy and national development plans, primarily aimed at reducing poverty. The development approach was not only pushed from the West but as Noda (2013) writes it was an intentional path taken by those in the South not to follow the traditional welfare state models of the West. UNDP (2013) writes that the South has been experimenting with diverse development paths and UNDP uses the term proactive developmental state to refer to an active state, which is similar to the notion of welfare state. Although the South embraces the development approach ironically however, the quest for the welfare state or a similar notion remains a goal in many developing countries, as in the case of Nepal. However it is generally submerged within the development paradigm.

It is not that social policies are not found in the South. On the contrary, although the concept of economic growth as the key component of development dominated the earlier phase of the development era (assumed here to be around the start of 1950s), the importance of social programs, quality of life, economic growth with redistribution, have also been recognized since the beginning (Conyers,1982:1). The ILO's Basic Needs Programme (1976), UNDP's HDI formulation by Sen and Haq (1990), the Social Summit of 1995, which challenged the sole use of economic indicators such as Gross Domestic Product (GDP) to measure welfare, and lastly the MDGs since 2000, are notable examples of this.

Children's welfare policies have also been an important part of the above described development strategies. With the establishment of UNICEF in 1945, and in particular the enactment of the UNCRC in 1990, 'theorising' of childhood can be argued to have taken a global dimension with concerted efforts towards improving children's conditions. Black (1996) explains that the 1950s started with the campaign for 'child survival', followed by 'development' with focus on more areas of children's development than just the health and nutritional needs, and replacement of vertical survival health campaigns with a public health approach. This was followed by the protection agenda in the 1980s and lastly the children's rights agenda in the 1990s. Besides the CRC ratification, the *World Summit on Children* held in 1990 was a significant event for promoting children's welfare on the global stage where the *World Declaration on the Survival, Development and Protection of Children* and a *Plan of Action* for its implementation by the year 2000 was signed. As a result many countries, including Nepal, went on to develop national plans for action for children.

Development strategy can be criticized both for its ideological weaknesses as well as its empirical failures. Ideologically, it is argued that development and consequently social policy, which is submerged within this approach in the South, has failed at various levels. Primarily it is criticized for being a vehicle to export neo-liberalism mainly through the Structurally Adjusted Programs (Upadhyaya, 2005; Devylder, 2000), for promoting clientelism, (Gough and Wood, 2004), and promoting aid dependency (Moyo, 2009). It is also criticised for following a managerialist doctrine through depoliticizing the language of development for example by ignoring the role of trade unions, by focusing on community development and NGOs, and in effect creating a managerial and rudimentary liberal regime (Hood, 1991; Clarke and Newman, 1997 cited in Dean 2002:58). In developing countries political-economy thinking about welfare is normally subsumed within a development

discourse which has been plagued by the anti-politics machine tendencies of the development industry (Ferguson 1994 and Harris, 2002 cited in Davis, 2004:285).

Faced with persistent social problems, social policy in the South has been criticized for failing on several fronts. As was mentioned in Chapter Two social policy in developing countries has been critiqued for following minimalist, residual or institutional-incremental approaches (Hall and Midgley, 2004), colonial poor law types of state relief payments (Jones, 1990) and for failing to serve a 'first line' function by redistributing resources on the basis of need (McPherson and Midgley, 1987).

On the other hand, public social services in welfare states are stand-alone services and not linked to economic growth or income status of a person. For example in the West absolute poverty is tackled through direct provision of social security, not through a myriad of piece-meal poverty reduction programs that are implemented through a neo-liberal approach of trickle down; homelessness is addressed through public housing; and illness is addressed through curative care unlike the public health focus in the developing world. The most glaring gap is seen in the case of personal social services, which form part of a comprehensive protection system through professionals in welfare states versus the focus on the problem population in the South through a myriad of child protection programs without their linkage to a comprehensive system. In relation to children in the developing countries, Pupavac (2009:230) comments that 'there is a fundamental paradox in global children's rights advocacy, which seeks to globalize the childhood norms of post-industrial societies without globalizing the material conditions of childhood that fostered those norms'.

Interestingly while the Declaration of Child Rights of 1924 (forerunner of the UNCRC and

developed for the West) focused on the material conditions of children, UNCRC, as discussed above, fails to promote precisely such material welfare.

The 21st century has not seen any radical restructuring in favour of children. Only the goalposts have shifted. The ILO 1976 conference aimed to achieve basic needs for all by 2000; Alma Ata Conference had a target to achieve primary health care by 2000, the Children's World summit aimed to achieve its goals by 2000, and UN wants to achieve the MDG goals by 2015. However since most countries are currently not on target to achieve this, the next phase of post 2015 is already being worked out (UN, 2013).

As referred to earlier, the role of social policy is re-emerging in the context of the South. Various policies have attempted to advocate for welfare state-like provision for the South, albeit using different names. The most obvious example is that of the UN Social Protection Floor introduced by the ILO in 2009. It includes access to essential services and social transfers (primarily cash transfer that can ensure universal access to essential health services, income support and income or subsistence security) for the poor and vulnerable (Cichon, 2010). Pal et al. (2005, cited in Thomas, 2005:3) writes that there is growing evidence that cash transfers, as part of comprehensive social protection systems can effectively reduce poverty and vulnerability, particularly of women and children, and that modest social protection packages are affordable even in the poorest countries. 'Questions of affordability and design are political not technical. The real question is whether there is the political will and commitment to realise social protection as a right for all people, not just those in the developed world' (Thomas, 2005:3). Basic social security can be afforded even by the low income countries (Behrendt & Hagemeyer, 2009).

Empirically, it is argued that despite sixty years of development the welfare of children and people in general has not significantly improved in the developing world, nor poverty (even absolute poverty of \$US1.25/day) eradicated. For example, 22% of the world population still live on less than \$US1.25/day and there are still 51 child deaths per 1,000 live births globally (UN, 2013). Comparative statistics of welfare outcomes between the welfare states and non-welfare states were also discussed in an earlier section.

Given the problems discussed above, the social policy approach undertaken in the South is undergoing revision. 'Faced with continuing challenges of improving human welfare, the role of social policy is being rediscovered and reappraised in international developmental discourse including a renewed interest in some of the debates and lessons of social policy in the west' (Gough and Wood, 2004a:1).

This study takes this argument further by arguing that the development approach itself should be replaced with the 'welfare state' approach that has succeeded in the North to eradicate absolute poverty and promote welfare.

3.3 Key principles of the welfare state framework

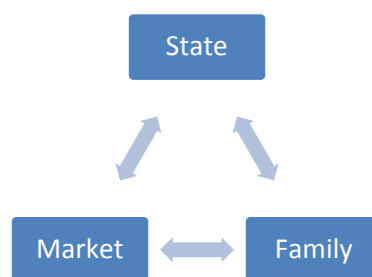
The broad welfare state framework can be broken down into specific principles and classificatory frameworks that can be applied for reviewing social policy and welfare conceptualisation. This section commences with the broad principles of the WSF followed by discussion on classificatory frameworks. The discussion, particularly on the principles and the frameworks, is generic that integrates specific issues of children where relevant.

3.3.1 General principles of the welfare state framework

3.3.1.1 State led welfare mix

‘Welfare state regime is the combined, interdependent way in which welfare is produced and allocated between state, market and family’ (Esping-Anderson, 1999: 34-5).

Figure 3.5 Three key institutions of welfare states



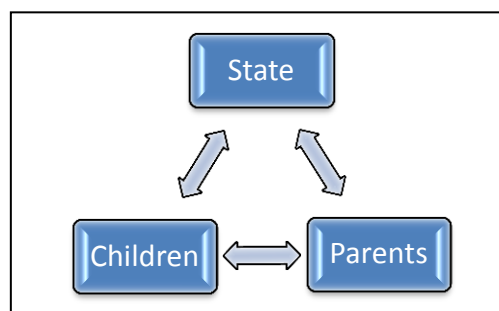
Although all these three providers play an important role in creating welfare, welfare states are distinguished for having a stronger role of the State. Philanthropic charity expanded dramatically during the 19th century in the West; by contrast the twentieth century was characterized by more extensive state provided welfare and a growing professionalization of

welfare activities in the West (Gladstone, 2003:28). Even as modern definitions of welfare states refer to ‘welfare mix’ or ‘welfare pluralism’ rather than ‘welfare state’ indicating other equally important institutions in production of welfare (Alcock, 2003: 7-8), the role of the State has not necessarily shrunk or become irrelevant but rather changed. For example, the state has increasingly taken the role of regulator instead of direct provider. In the longer term the State as the ultimate responsibility body cannot be bypassed. As Dean (2002: 220) argues ‘regardless of whether we should like the state to “wither away” it will remain necessary for the foreseeable future if we are to sustain any meaningful form of welfare rights’.

3.3.1.2 Tripartite child welfare mix

In terms of children’s welfare, the three institutions that play important roles in welfare states are the family/parents, the state and the child. As one can see the market, that is important in the overall welfare state regime, is not directly linked to child’s welfare. Instead through the provision of social security arrangements, which is in turn also based on the role of family in maintaining children, children are delinked from the market such that the triangular relationship between the state, the family and the child holds true without bringing the market into the equation. ‘Social security provision rests on assumptions about people’s liabilities to maintain each other within families’ Dean (2002:90).

Figure 3.6 Key components in children’s policy making



According to Hill (2003:290-291) children's policy is based on a fluid compromise and reconciliation between ideals and values concerning three institutions of children, parents and the role of government and legislation at the turn of the millennium sought to balance each of these three perspectives. Hill further writes that, based on this broad principle, children's welfare services can be organized using a laissez- faire approach (non-intervention in family life from government); state paternalist or interventionist approach (duty of the state to promote and safeguard the welfare of children, overriding parents' wishes and rights if need be for the sake of children) and finally a parentalist or birth family perspective (focuses on state's responsibility to support families and reduce the pressures of poverty and other factors, rather than removing children from homes) (2003).

However, even with the parent-state-child triangle family is given higher importance. This is recognized in all policy making regarding children including in the UDHR and the UNCRC. Adams (2002:111) argues that despite critiques of family itself, social policy since the 1940s, with some notable exceptions, has not departed significantly from considering family a central institution for children. These values are based on the view that even with rapid societal changes over the past few decades psychologists have argued for the importance of a family for children's welfare. For example Bronfenbrenner (1979) argued that throughout the world, children rely on families for healthy, physical, mental social, moral, and spiritual development. On the other hand 'it is impossible to protect a child and not control a family (Harris, 1995 cited in Adams, 2002:111). This is the reason for the crucial role of the state in child welfare. This means that while in normal situations families are considered the primary protective element for children's welfare, social workers may have to sometimes intervene to protect children from their parents.

Increasingly it is also argued that children's welfare should not only be viewed through a 'family' lens but also by considering children as citizens in their own right (Skevik cited in Hendrik 2005:339-341). However, since children do not enjoy full political liberty (they are not allowed to vote) or full civil liberty (they cannot decide as an adult can, on issues such as marriage), the role of the state and family becomes critical in ensuring children's welfare. Even between the state and the family however, the focus has been preventive and family support systems such as social security, education, and health support or child protection systems. In the West the provision of certain services for parents and children on a universal basis is now broadly accepted as a legitimate societal function, offering care and support, almost all western society pays some form of family allowance or child benefit to all parents although the modalities and amount may vary including access to largely free health care and education (Hill, 2003:290). Esping-Anderson (1999) has put forward the theory of de-familialisation by which the state works towards removing the dependence of children on the family.

3.3.1.3 Distributive justice and redistribution

Distributive justice and redistribution is a primary task of welfare states. 'Welfare ideologies are characterized largely, although not exclusively, in terms of class and disputes over the distribution of material resources' (Fitzpatrick, 2001:139). What is distributed depends on the view of equality. Social democrats believe in some of the provisions of redistribution. Even liberals such as Rawls (1971) have argued that there should be socially just distribution of at least primary social goods in society. Egalitarians such as Dworkin (1978) argue that there is no option other than to have redistributive capitalism or limited socialism. However the welfare state is also criticized for doing horizontal (across income groups) distribution rather

than vertical (between high and low income groups) redistribution (Offe, 1982; McIntosh, 1980). However even when redistribution is horizontal, and hence not ideal, people do get support when in need through the principle of insurance whereby people pay when they can but are protected from future risks when they may not be able to pay. Moreover progressive taxation also addresses vertical redistribution by making the rich pay more than the poor.

3.3.1.4 Citizenship

Citizenship includes a range of concepts such as reciprocity, rights, duties, entitlement, as well as those of social inclusion and exclusion. The inclusion of welfare services as social rights for full citizenship was central to welfare state development. The assumption was that it was no longer enough for the state to protect negative rights of citizens, but a citizen meant that the state also had to provide some positive rights, which includes meeting basic needs. Marshall (1950) argued full citizenship required all three kinds of rights, civil, political and social. This expanded notion of citizenship has been instrumental in advancing child well-being in welfare states.

The idea of reciprocity refers to the idea that rights as services should be unconditional or conditional. The classic social democratic system argues for unconditional entitlements whereas the New Social Democracy argues for both rights and responsibilities (Fitzpatrick, 2001). Fitzpatrick (2001: 67) writes that at a philosophical level rights and duties tend to go together and if one of them tilts more then it creates an imbalance but adds that it is possible to think of examples where someone, such as baby, has rights but no duties because it is incapable of performing duties. Hence, in the case of children one could argue that they have

more rights than duties and hence the focus of the state should be on ensuring that they are made capable of undertaking duties in the future.

3.3.1.5 Access to welfare services as primary goods and resources

Social services are defined as social institutions that have developed to meet the personal needs of individual members of society not adequately or effectively met by either the individuals from his own or his family's resources or by commercial or industrial concerns (Eyden, cited in Spicker 1988:74) or 'to provide for those conditions of dependency which are recognised as collective responsibilities' (Spicker, 1988: 73). Even then not all social services are considered primary in the welfare states discourse, which focuses on specific services. 'Conventionally it is narrowly defined to represent medical care, social security, housing, education and social work' (Spicker, 1988: 3). These five services fall into three broad domains:

- Provision to support subsistence: social security and housing support
- Provision of public services: education and health care/medical services
- Provision of personal social services: child protection services¹⁰

Whereas subsistence support is considered as semi-private/semi-public goods (for private consumption) and the rest as essential services provided as public goods, they are all defined as social services. These services are treated as direct services to be delivered to people. As has already been indicated these services are prevalent in a majority of the western welfare

¹⁰ Children's personal social services refer to two key kinds of services: child protection services and child care.

Only child protection services are considered in this study to limit the scope of the study.

states (Dean, 2002; Hill, 2003; Esping-Anderson, 1990). Since social policy is defined as these five services in this study these are expanded in detail below.

Provision to support subsistence

Subsistence support is primarily about helping with food, clothing, housing and other daily needs either through cash or in-kind or through financial regulation. Housing and social security are generally called semi-private goods as they are met through income support which gives some autonomy in choice.

Social security is considered the most pro-poor social policy of all the measures (Alcock, 2003). Thomas (2005) argues that a cash transfer social security system has been shown to be vital to address child poverty (2005:3). Dean (2002: 85) argues that while the level at which child benefit was paid was never intended to be sufficient to meet the actual subsistence needs of a child, it symbolized nonetheless a contribution by the state on behalf of the wider community towards the costs of bringing up children and for the needs of the next generation. Hawes (1991:79) argues that the Social Security Act (1935) in the US was the most important legislation for children's welfare which gave both economic security for some and freedom from the need to work at an early age.

Although housing policy refers to a wide range of government action covering legislation, economic policies and direct support (Blakemore, 2003: 181), from a social policy perspective it is the direct assistance, to provide some kind of public housing which addresses the needs of the homeless, that is of importance. For example in the UK Hill (1997:210) argues that it is mandatory for local authorities to give temporary help with focus on

rehousing homeless people and prioritising children, elderly, sick persons, and those made homeless by disasters. In the past housing has also been linked to slum clearance in the West. Increasing government initiatives to build large estates designed to meet basic housing needs was in parallel with the adoption of substantial slum clearance schemes (Hill, 1997: 198).

Provision of public services

Public services include health care and education services.

Although the health system includes ‘all activities whose primary purpose is to promote, restore or maintain health’ (WHO, 2000:5) ‘a distinction has to be made between measures that promote public health and provision for individual health treatment’ (Dean, 2002:146). Welfare states balance both but health policy as such prioritizes curative care when someone is sick. The importance of curative health services for those who need it based on criteria of ‘sickness’ rather than ‘money’ is epitomized by the National Health Service (NHS) system in the UK. Although right of access is not the same as right to treatment (i.e. extent of treatment) the NHS provides comprehensive services that are (mainly) free to all at the point of delivery (Dean, 2002: 146). Children’s access to health care is universal in many OECD countries.

While Gray (2006:499) argues that health policy in the West focuses predominantly on hospital and medical services, terming them as *sickness* services, used exclusively as curative measures *after* people become ill, it is argued here that these are more important than preventive measures, not because the latter are not important, but because the lack of

preventive care should not be a reason to deny curative care. Such an outlook also helps in implementing social rights immediately rather than progressively through preventive activities such as building toilets instead of curing someone with diarrhoea. Especially in the context of children who are not capable of following a preventative behaviour in many contexts, they deserve the 'right to treatment when ill' no matter what the nature of that illness. Health care policy in the developing world on the other hand is just the opposite since the health services there are provided within the framework of 'preventive' or 'basic health care'. This trend strengthened since the seventies due to the international focus on Primary Health Care (PHC) heralded by the Alma Ata Conference (1978) in which treating simple treatment were deemed more important than expensive curative services (McPherson and Midgley, 1987:152-154). This shows an intentional break from the Western style of social policies in the South and is not necessarily positive, as has already been argued. Citing the example of Bangladesh, which has a similar informal welfare regime to that of Nepal, Davis (2004: 274) found that health crises are among the most common causes of impoverishment among the rural poor in Bangladesh leading to the sale of productive assets and pushing families from 'just getting by' into complete destitution. He writes that the provision of cheap effective health care for the poor must therefore be seen in the wider welfare context as a way of mitigating processes leading to impoverishment, increased inequality and powerlessness (2004).

Welfare states primarily focus on compulsory and free education services for all as a public good. The Beveridge plan for developing the UK into a welfare state linked education to combating ignorance (Alcock, 2003: 6). Education is considered vital for national as well as human development and constitutes an important international CWB indicator. But it is also criticized for being the source of stratification and conflict (Smith and Vaux, 2003;

Khadka, 2004). However Hill (1997:176-182) writes that education plays a significant role in the distribution of occupational opportunities and for social advancement and upward mobility helping to create a more equal society. He argues that for this to happen education must ensure that children are not socially segregated; the nature of education is hence important. Hence in most welfare states education is contextualized as a public service good that should be delivered in an egalitarian context by the state.

Provision of personal social services

Personal social services focuses in this study on child protection services (CPS) which primarily refer to arrangements and services for children in difficulties which may arise due to various factors. CPS refers to care and protection of children who are at risk of ill-treatment, neglect or abuse (Hill & Irving, 2009:203).

The child protection system in welfare states can be defined to include primarily the following elements: a system of notification (what protection concerns are brought to the attention of the child protection service and who makes these notifications, and is notification mandatory), how child protection services respond (models of intake, investigation, substantiation and case management) and a statutory organization to oversee overall child protection issues (Bromfield & Higgins, 2005). Social work and child welfare has shifted from a charitable endeavour to a therapeutic and professional one which has ultimately culminated in child protection being perceived as the responsibility of “the child protection department” rather than a community (Bromfield & Holzer, 2008: 3-4). Although child abuse remained largely invisible in the West until the mid-20th century (Hawes, 1991) and even as the nature of CPS may vary, all welfare states nonetheless do have key elements of this CPS

in place. According to Hill (2009: 203-205) child protection, in particular when protecting a small group of children at risk, is cast as a statutory service and the authorities are required to maintain some kind of register (e.g. child protection register) and a case management system to follow up registered cases. This may lead to removal of children from families, placing them under the legal care of the state or local authority, called 'looked after children', which is followed by alternative forms of care such as return to parental care under supervision, foster care, adoption, kinship, institutional care - which is generally when a long term solution is being sought (2009). Although even the best forms of alternative care, especially institutional care, may be debated (Ahmad et al., 2005; Adams, 2002; Davidson, 1995; Blakemore, 2003) these provisions are well established.

Writing on the historical development of contemporary child protection in select western countries, Fisher, McHugh and Thomson (2000:8) note that child protection policy has moved from narrowly focused policies on the families of abused and neglected children and of removing them from families, to more social pathology than individual or family pathology, such that children's maltreatment became a part of a bigger social, economic and political context. This means that the focus of CPS is on helping families, primarily through preventive approaches (Hill, 2003; Fisher, McHugh and Thomson, 2000).

Jones (1990:189-190) argues that social workers are the human face of welfare, their importance increasing especially when societies need to respond to children without families. He further argues that although a charge often laid against social work is that it is a form of social control, aiming to persuade individuals to accept existing social injustices, this is no truer than it is of the other social services, such as education and health, and moreover social work itself reformed in recent years to include political action to change social conditions as

an important part of the professional function' (1990:291). Jones (1990:190) warns, 'suppose there were no social caseworkers to accept responsibility for example for the abandoned or orphan children'.

Jones (1990:190) further argues that a similar case can be made for social work service in developing countries (1990:207). Generally the CPS in the South is organized to cater to specific problem populations rather than through systematic social work provisions. It was also discussed in Chapter Two that social services in general are given low priority in the South and are still dominated by remedial approaches such as limited residential services through NGOs.

3.3.1.6 Comprehensive, rights based, high quality nature of welfare services

It is not only the existence of a social service that sets welfare states apart from the developing world but that these services are conceptualized as comprehensive, rights based (hence part of public statutory provision) and of high quality.

Certain needs becomes rights when they are formulated as a claim; rights represent specific demands or claims for resources/and or services (Dean, 2002: 27). Therefore delivery of basic needs through a rights-based approach is considered important in welfare states. The history of the capitalist welfare state is in fact a story of transition from relief based on charity and discretion to benefits based on legislation and entitlement, in particular by expanding public services (Dean, 2002:60). 'Social rights imply an absolute right to a certain standard of civilization which is conditional only on the discharge of the general duties of

citizenship; their content does not depend on the economic value of the individual claimant' (Marshall, 1950: 152).

Moreover, the notion of welfare state refers to an extensive and comprehensive social policy (Alcock, 2003; Spicker, 2008) or to countries who are deeply affected by their non-residual, pervasive social policies, not countries that happen to engage in a bit of social policy on the side (Gough and Wood, 2004a:4) . In the UK, the Labour Government's success was to introduce state provision to meet major welfare needs on a comprehensive basis, replacing the piecemeal and partial provision which had been developed in the earlier part of the century (Alcock, 2003: 6).

The quality of welfare services, and not just its existence, is also equally important in a welfare state framework. In particular it is argued that it has to be superior and at least equal to those being provided by the private and other sources. Erikson (1993) argues that in social democratic systems the public services are so good that one does not need to go to the market. Esping-Anderson (1990) has argued that the universal model and high quality make services more accessible. Similarly Doyal and Gough (1991) have argued that basic needs have to be looked at not from a minimum but higher 'optimal' line based on sufficiency criteria.

3.3.1.7 Public and private goods

The concept of public social goods is important in welfare theories (Fitzpatrick, 2001) and whether the provider is public or private is critical to the formation of a particular regime. While basic services are provided on a comprehensive basis, some goods such as education and health are treated as public standalone services (basic services) and others such as food

and shelter support as semi-private goods (basic consumption goods). This balances individual liberty in the first case with equality in the second case. Public goods are distinguished as those that are too expensive to buy individually and from which public benefit can be derived (Fitzpatrick, 2001:14).

Increasingly New Social Democratic theories have attempted to reconcile both private and public providers. Medicare in Australia is a good example, which is a two - tier (i.e. a public tier and a private tier) health system where the private sector operates alongside a national health insurance system (Gray, 2006: 498).

3.3.1.8 Universalism and selectivism/residualism

Welfare services can be distributed based on the principle of universalism (targets all citizens) or selectivism (targets the neediest). Access to universal services is triggered by the demonstration of some kind of need irrespective of one's income level; by contrast selectivism generally implies a means test and/or a charge for the service at the point of use (Fitzpatrick, 2001: 36). They can be further divided into contributory (beneficiaries pay directly) or non-contributory (beneficiaries do not pay or pay through broad tax based systems, which again can be subsidised). Both can be argued to be 'egalitarian' because the former is about equal treatment of all while addressing the needs of the poor without creating stigma whereas the latter is about targeting the neediest and hence creating equality.

Selectivism is the preferred strategy of the Radical Right (Fitzpatrick, 2001:36), developing countries and supranational agencies such as the IMF and the World Bank (Deacon, 1997 in Fitzpatrick 2001). On the other hand, the classic welfare state argument is that the universal model such as NHS is 'an act of collective goodwill and public enterprise and not a

commodity privately bought and sold' (Bevan 1952 cited in Dean, 2002:106). Titmuss (Abel-Smith & Titmuss ed. 1987), recognized as a key figure in welfare state development, strongly argued for universal services to avoid the beneficiary feeling stigma. This model is also argued to ensure that higher taxpayers are not excluded from the welfare state so that they do not avoid paying taxes (Blakemore, 2003: 62). Moreover, Hill (1997:119-121) argues that there is an extensive literature on the problems of means testing which include how confusing it can be and deterring or stigmatizing those who need help while McIntosh (1981:36) argues that means testing can be repressive.

3.3.1.9 Behavioural/agency versus structural approach to social problems

While social problems can be addressed either through the 'pathology' perspective that focuses on an individual's behaviour (problem population) or through the critical perspective that focuses on structural issues, social policy should focus on a structural approach (Jamrozik and Nocella, 1998; Conyers, 1982). Structural response to social problems is a salient feature of the social democratic notion of welfare state. For example, Tawney (1964) argued that an unequal society in fact deprives people of their liberty. However as Fitzpatrick (2005: 71) argues although individual liberty is generally considered contradictory to equality and termed as a domain of the political Right, the Left's concern is not to downplay the importance of agency but to contextualise it, to explain the social environments out of which agents are born and within which they move. Berlin's (1969) concept of positive and negative liberty gives a fuller understanding of liberty. While negative liberty promotes individual liberty and agency positive liberty promotes structural influence through, for example, the distribution of resources. In line with this concept it is argued here that liberty should constitute both these elements. Hence an argument can be made where individual liberty is balanced with structural support for collective liberty.

3.3.1.10 Equality

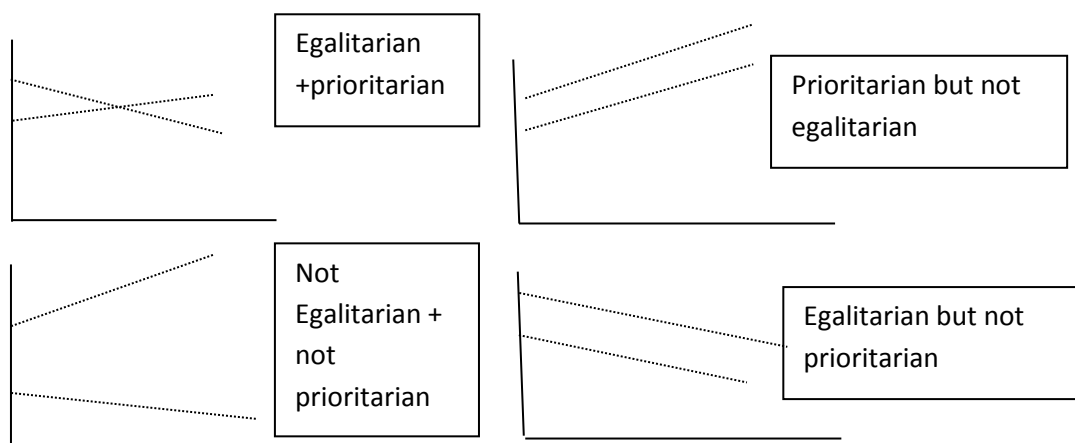
‘Egalitarianism is a crucial principle of modern political struggles and social movements for social change’ (Turner, 1986:15). Equality refers to the removal of disadvantages (Spicker, 2008: 87). To aim for equality is to reduce stratification, the hierarchical social divisions within society based on various criteria such as economic (class), gender, caste and ethnicity. As Alcock and Erskine (2003:63) write stratification is more than just social divisions since it focuses upon hierarchies and the extent to which in any society hierarchies of power, resources and influence exist. ‘To study social stratification is to identify potential conflict structures’ (Esping-Anderson, 1990: 226). Stratification effects help explain the persistence of the welfare regime (Barrientos, 2004: 152).

The contemporary equality discourse is not about sameness or uniformity but more about what Rousseau (Cole ed. 1923) called moral or political equality. In terms of social policy, the focus is not on inequality of capacity or attainment, but of circumstances, institutions and manner of life (Tawney, 1964: 48-49). The welfare state it is argued aims not for eliminating inequality per se but unjust inequalities (those deriving from undeserved advantages and disadvantages) (Fitzpatrick, 2001:61).

The kind of equality desired can be discussed through the typology of equality of opportunity, condition and outcomes (Turner, 1986) or legal, political, social, economic and moral types of equality (White, 2007:4-10) or egalitarian (relative distance between the top and the bottom) versus prioritarian (improvement of the bottom only) approach to equality. All are underpinned by the idea of sufficiency of resources. Sufficiency implies a just distribution of resources that leaves everyone with enough but does not object to inequalities in non-essential goods e.g. consumer goods (Fitzpatrick, 2005:34).

The redistribution of resources can ensure a level of sufficiency either from the egalitarian perspective or prioritarian perspective. Whereas ‘equality’ is concerned with the relative distance between the top and the bottom, ‘priority’ is concerned only with the absolute position of the bottom Parfit (2001, cited in Fitzpatrick, 2005:34). ‘From a prioritarian perspective, what matters is not a comparison of how badly a person is doing compared with others, but compared to an absolute or non-competitive scale’ (Arneson, 2002 cited in Fitzpatrick, 2005:34). However various combinations may exist. See Figure 3.7.

Figure 3.7 Different types of equality



Source: Fitzpatrick (2005:36)

Most discussions on equality do not focus on levelling up of income but of equality in certain social goods. Doyal and Gough (1991) and Rawls (1971) have argued that inequalities should be tolerated to the extent that they benefit the least well off through leading to the provision of those goods. The welfare state can be seen to be largely about prioritarianism (sufficiency in consumption goods to stay out of absolute poverty) and limited egalitarianism (through progressive taxation and standardisation in certain services). Hence it is suggested

that social goods, such as education and health, are taken out of the market and provided to all citizens on a basis of equality (Miller, 2000 cited in White, 2007:71).

In welfare states inequalities created by the capitalist market system are countered by access to political and social rights (Fitzpatrick, 2001: 60). In particular, these focus on equality of opportunity (legal equality) and condition (distribution of goods and provisions) rather than on outcome (equality of income). Equality of conditions is central to social democratic social policy to remove what Marshall called 'unjust inequalities' i.e. traits which are not matters of effort and desert' (Fitzpatrick, 2005:19). For egalitarians the main thing is to distribute external resources like money (Fitzpatrick, 2001). Distribution of resources is argued to create equality. While the goal of strong equality may no longer attract many political parties it remains central to Left thinking (Fitzpatrick, 2001).

A useful suggestion is given by White (2007) who suggests that in judging how much inequality to tolerate, a loose priority should be given to the worst-offs but only when intermediate groups do not lose too much for very little or marginal benefit to the worst off.

3.3.1.11 Advanced form of Capitalism with formal economy

Social policy in advanced capitalist economies is based on three key assumptions: a legitimate state (formed through formal political settlement and government's right to tax and redistribute), a pervasive labour market as the basis for most people's livelihoods and sophisticated financial markets (the latter two points can be interpreted as a developed form of capitalism) (Gough, 2004:21-23).

Not all the countries in the South have a legitimate state or a developed form of capitalism, with a largely formal economy. Much of the economy of the South is informal. Informal economy is the unregulated non-formal portion of the market economy that produces goods and services for sale or for other forms of remuneration and they are not covered or insufficiently covered by formal arrangements; however the services themselves can be legal (Becker, 2004:11). It is considered marginal and peripheral and is not linked to the formal sector or to modern capitalist development (Becker, 2004:3).

3.3.1.12 Public financing

Who pays for welfare is important in the welfare state discourse because welfare services are not free per se, but only free at the point of use. 'The hard realities of how you pay for services drive much of practical social policy' (Glennester, 2003:253). Adams (2002:187) writes that there are primarily two ways of financing services, through a self-regulating market system (the right wing economic policy) or through collectivism and the writer argues that the latter is the only way to ensure that all people who need a service get access to it by the State either paying for it or by subsidizing those who cannot. Hence public financing built on the principle of collectivism is critical in WSF, which integrates various sections of the economy such as employment, tax status and other services with redistribution for collective benefit.

As has been discussed in earlier sections, most of the services in welfare states are paid for by the state. However ultimately it is the people who are the final contributors through some kind of tax system. Whatever the method, the key financing model in all welfare states is public tax financed social services although individuals do pay from private borrowing or

private insurance (Glennerster, 2003: 256). The concept of insurance to cover for future risks is central to financial planning. As Glennerster (2003: 253) comments we cannot readily pay for certain things like health care and education at exactly the time we have to especially if we are ill or have little; hence what social policy is doing is to shift the time at which people pay for the services they need from the period when they cannot pay to times when they can. Social policy is acting like a life-time savings bank (2003).

‘Public financing is critically important to facilitate access by all citizens’ (Gray, 2006: 514). In particular social democratic and social-liberal systems prefer universal access to services funded from a progressive tax system versus those who believe in private financing, so that everybody is covered and low-income earners are supported (Gray, 2006: 514-515). Direct progressive taxes are argued to be favourable for the poor rather than indirect taxes (Blakemore, 2003:66). Depending on the status of a person, such taxation can be contributory, non-contributory or subsidized.

In contrast, in the developing world social services are financed significantly through foreign aid and not from a comprehensive tax system. In fact the lack of a sophisticated taxation system is a feature of an informal economy that exists in much of the South.

3.3.2 Classificatory frameworks for studying social policy

While the principles discussed above form the broad basis for analysing the social policy of a country, two specific classificatory frameworks are used in this study to provide a more concrete guide in this study. Section one discusses Esping-Anderson’s welfare state regime theory (1990) and section two discusses Gough and Wood’s welfare regime theory (2004). The former was discussed in Chapter Two in detail and hence only its key theoretical points

are summarized below. Welfare regime theory is however discussed in detail. In section three these two frameworks are further synthesized to draw out key principles for application in the case of Nepal.

3.3.2.1 Welfare state regime theory

The welfare state regime theory of Esping-Anderson (1990) focuses on two major dimensions to explain the nature of welfare regime: i) the level of de-commodification and ii) the type of stratification. The lower the level of these aspects the better a welfare regime. According to this theory a better welfare regime can accordingly be developed through the universal, state-centric model where service is given as a matter of right, the nature of service is high and egalitarian enough that a person can maintain a livelihood without reliance on the market. Hence for higher de-commodification the state should be the provider of high quality, accessible and egalitarian services (compared to the private provider).

To show the contemporary relevance of this theory the researcher compared key indicators of welfare (Table 3.3.). Liberal countries, exemplified by USA, fared lower in many CWB indicators while the social democratic countries fared better. UK (liberal) had the lowest HDI with 0.863 while Norway (social democratic) had the highest HDI with 0.943.

Table 3.3 Comparison of selected countries of Esping-Anderson's typology with key welfare indicators

	De-commodification score (Esping-Anderson, 1990)	U5 mortality (UNICEF, 2010) (score, rank)	HDI (UNDP, 2011)	Quintile income ratio: HDR 2011 ¹¹	Income Gini coefficient: 2000-2011 ¹²	Children in poor homes (OECD 2013)	Poverty rate after taxes and transfers (50% of the current median income) (OECD, 2000)
Liberal countries (high commodification)							
Australia	13.0	5 (165)	V. high	7.0	-	20.8	14.6
USA	13.8	8 (145)	V. high	8.5	40.8	20.6	17.3
UK	23.4	5 (165)	V. high	7.2	-	10.1	11.0
Occupational (mid-level commodification)							
France	27.5	4 (172)	V. high	5.6	-	7.6	7.2
Germany	27.7	4 (172)	V. high	4.3	28.3	16.3	8.9
Finland	29.2	3 (186)	V. high	3.8	26.9	4.2	8.0
Social Democratic (least commodification)							
Denmark	38.1	4 (172)	V. high	4.3	-	2.7	6.1
Norway	38.3	3 (186)	V. high	3.9	25.8	4.6	7.8
Sweden	39.1	2 (193)	V. high	4.0	25.0	4.0	8.4

3.3.2.2 Welfare regime theory

Introduction to the theory

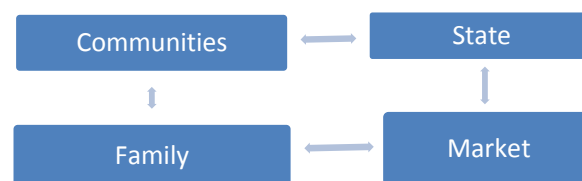
¹¹ Quintile income ratio: Ratio of the average income of the richest 20 per cent of the population to the average income of the poorest 20 per cent of the population (UNDP, 2011:138)

¹² Income Gini coefficient: Measure of the deviation of the distribution of income (or consumption) among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute inequality (UNDP, 2011:138)

Welfare regime theory provides an expanded and sophisticated framework to analyse conditions of peripheral capitalism, low levels of development and partial commodification (Wood and Gough, 2004a) and hence is suitable for countries such as Nepal. Importantly, it is situated within a welfare state umbrella.

According to Gough (2004a:15) welfare regime theory is underpinned by two key principles: the theorization of human needs as a value for understanding human flourishing across different cultural contexts and understanding political economy of social policy. Sharkh and Gough (2010: 28) explain that the theory retains focus on a wider welfare mix (i.e. key institutions, where governments interact with markets and families to produce and distribute welfare), final welfare outcomes (impact on human security and need satisfaction) and its political economy approach that embeds welfare institutions in ‘deep structures’ of social reproduction. But they clarify that it expands the institutions involved in the welfare mix (e.g. informal networks) and acknowledges the role of international actors in the welfare provision of people in the developing world (Figure 3.8 and Table 3.4). Finally, they add de-clientelisation (on top of de-commodification) as a welfare outcome.

Figure 3.8 Key institutions in welfare regime theory



Source: Gough and Wood (2004a)

Table 3.4 Components of welfare mix (institutions) in welfare regime approach

	National	Supra-national and extra-national
State	National and local government; quasi-governmental institutions	International governments organisations
Market	Domestic markets and economic actors	Global markets, multinational corporations
Community	Community practices and organisations, NGOs	International NGOs
Household	Household transfers, services and strategies	International household transfers, services and strategies

Source: Sharkh and Gough (2010:29)

Based on these key factors, Gough (2004a: 33) proposes a new typology, putting ‘welfare regime’ at the apex of his conceptual hierarchy and at the next level identifying three distinct regimes: welfare state regimes (Esping-Anderson’s model); informal security regimes and insecurity regimes. Within each of these, different ‘species’ are identified with possibilities for more species (2004a).

Sharkh and Gough (2010: 29) explain that a welfare state regime (Esping-Anderson’s model) reflects a set of conditions where people can reasonably expect to meet (to a varying extent) their security needs via participation in labour markets, financial markets and the finance and provisioning role of a welfare state, which however, may lead to a varying degree of commodification in the process. An informal security regime on the other hand, reflects a set of conditions where people rely upon community and family relationships to meet their security needs, to greatly varying degrees. These relationships are usually hierarchical and asymmetrical resulting in short-term security in return for longer-term vulnerability and dependence. This means that security comes at a price of adverse incorporation or clientelism. The underlying patron-client relations are reinforced and can prove resistant to social policy reforms along welfare state lines. Finally, the insecurity regime reflects a set of

institutional arrangements which block the emergence even of stable informal security mechanisms and thus generate gross levels of insecurity and poor welfare outcomes (2010).

Welfare regime theory is posited as a middle range theory but the theorists argue that there is no 'one-size-fits-all' policy to poverty eradication and therefore social policies must reflect the welfare regime (Sharkh and Gough, 2010: 30). It is posited under social capitalism which recognizes that political economies which mix the three principles of markets, communities and states, within a democratically governed polity provide a more sustainable and flexible framework for the enhancing human wellbeing (Gough & Wood, 2004b: 312-313).

Since Nepal has been classified as an informal security regime, the discussion below focuses on social policy options in such regimes.

Social policy strategies in informal security regimes

According to Wood (2004:52-65) the broad social policy agenda in an informal regime uses principles of peasant analysis, where a person is considered not in the labour market but in an informal economy. He writes that according to peasant analysis social policy should be based in an intergenerational or a lifecycle approach, which may require trade-offs between present consumption and future investment which leads to the following twin social policy agenda.

- Firstly, because the state and the market look after elites' interest, and a large population relies on the informal sector, the normal social policy argument of trying to get more state action does not work, as long as the state itself is not reformed. Hence the first social policy option is to reform the state itself, but this includes less incorporationist and

more oppositional social policies between poor and national elites. Unlike similar looking governance programs of World Bank and donors it problematises the institutional domains at national and global levels. An institutional reform should focus not just on strategies towards the conditions of being poor but about improving the capacity of institutions to perform the correlative duties of honouring the rights claimed by or offered to the poor as the basic condition of poverty eradication (Wood, 2004: 52-65)

- Secondly, securing wellbeing through informal networks leads to clientelism including creating dependency and inappropriate programming with external aid and therefore a policy of strengthening present informal arrangements may amount to strengthening adverse incorporation and clientelism (Wood, 2004: 52-65).

Therefore Wood (2004:52-65) argues that in an informal security regime both the state and the market, from local to global level, are problematic alongside civil society or community and the household. Hence the second social policy option is to focus on de-clientelisation. He explains that de-clientelisation involves de-establishing clientelist forms of representation and provisioning and establishing more formal rights to welfare and security and at the same time making the clientelist networks more conducive to the poor. This is required because while formalization of rights through institutional change is needed, this does not happen immediately which means that the poor will continue to depend on informal rights for basic survival. This can be done by enlarging the risk pool of the poor primarily by focusing on two key strategies of dealing with present insecurity (social protection) and dealing with future insecurity (investment) (2004).

De-clientelisation applies both to community level networks as well as to the international aid systems. ‘Where a country is heavily dependent on outside aid, this is unlikely to solve the problem of state incapacity and may well worsen it, by creating interests – both domestic and foreign – that benefit from incapacity’ (Room, 2004: 300). Hence a multi-tiered welfare strategy is not limited to the nation state but global influence on social policy is fought at the global context by, for example, forcing the World Bank to instead of focusing on ‘pro-poor growth’ focus on the full panoply of social regulation, investment, protection and redistribution currently the preserve of Western states (Gough & Wood, 2004b: 325).

Gough and Wood (2004b: 323) also argue that de-clientelisation involves the complex process of involving middle classes and the elites in social policy reforms, more than they have been. They point that in South Asia typically a desire for public goods co-exists with an unwillingness collectively to invest in them, resulting in widespread tax avoidance and evasion. It also results in public squalor alongside private wealth. Hence a social policy agenda in poor countries has to include converting the elite’s objective interests in, and frequent desire for, public goods into corresponding public action to deliver them (2004b). They also argue that in the South civil society may have a more critical role in social policy reform than organized labour (Gough & Wood, 2004b:322).

In summary, there are two key propositions of welfare regime theory. Firstly, the lack of a state’s high quality and accessible services leads to reliance on informal networks, creating adverse clientelistic relations with informal providers and hence the focus in informal security regimes cannot only be on de-commodification (freedom from market), but on de-clientelisation (freedom from clientelism and informal relationships). Secondly, it argues that

overall, a developing world's informal regime should move towards 'formalization' in all aspects.

Criticisms of the welfare regime theory include its insufficiency to explain formerly state-socialist societies such as China and Vietnam (London, 2010), and lack of rigor in theoretically explaining the component of community (Stubbs, 2002). Similarly, although the 'peasant analogue' central to the theory assumes a person in an informal economy, this aspect is not explained sufficiently. However the core criticisms of community, informal and non-state forms of provision in welfare production, as argued by the theorists, is well established, internationally and in Nepal. Taylor-Gooby (1981: 27) and Blakemore (2003:208) argue that social policies under the banner of community care have tended to burden the family and in particular women. Fernando (2001:14) argues that NGO activities by no means compensate for the loss of provisions for children due to the dismantling of the welfare state. Moreover, dependency on NGO and foreign aid as unsustainable and an insufficient mode of producing welfare is well established including in Nepal. This was discussed under the critique of the development approach earlier.

Hence despite its limitations welfare regime theory provides a useful normative lens to analyse social policy of children in Nepal, particularly as it is embedded in welfare state framework and has been usefully applied to study social policies in similar situations (see Chapter Two). Despite its limitations, welfare regime theory has significantly contributed to expand our understanding of welfare production, particularly in the context of the developing world (London, 2010; Hill, 2006). Hill (2006: 37) writes that the theory offers tools for further development. This study aims to further expand this theory by analysing Nepal's specific social policy situation.

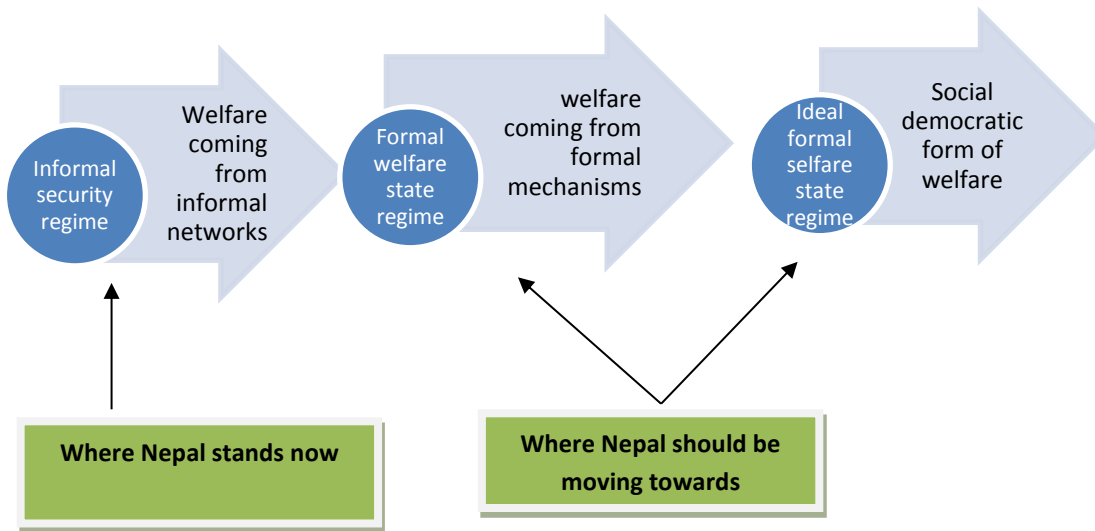
3.3.2.3 Synthesising welfare state regime theory and welfare regime theory

Despite the welfare state regime theory being developed for advanced capitalist societies and the welfare regime for peripheral capitalist situation of developing economies, both are applied to review Nepal's case. This is because Nepal's large informal economy (96% according to NLSS, 2010/11) shows that a peasant analogue is relevant to its context. However at the same time although Nepal's formal sector is small (approximately 4%), it is powerful, and Nepal has been pursuing neo-liberal and privatization modes of development since the late 1980s. Hence commodification of services is also an important lens for analysis. Hence both these theories are used in this study.

The key normative principles that can be drawn out from these two theories can be summarized as below. While Gough and Wood's (2004) welfare regime theory proposes a way out of informal regimes towards welfare state regimes, Esping-Anderson's (1990) model proposes that within welfare state regimes, a social democratic regime provides the most ideal welfare outcomes. Synthesising both these theories means that social capitalism (broader role of market within welfare capitalism as advocated by Gough and Wood, 2004) can be combined with social democracy (stronger role of the state advocated by Esping-Anderson, 1990). These two are combined with the general principles of the welfare state as discussed in detail in this Chapter, primarily along social democratic lines. This means that even if the market may be utilized for producing welfare, the broader outcomes in terms of equality or least stratification as well as affordability for high quality services remain crucial. Referring to the egalitarian discussion in the section above it could be argued that while there should be a prioritarian focus on semi-private goods (social security and housing) there should be egalitarian focus on public goods (health care, education and protective services).

The theoretical model followed in this study is shown in Figure 3.9.

Figure 3.9 Welfare path of informal security regimes to formal welfare state regimes



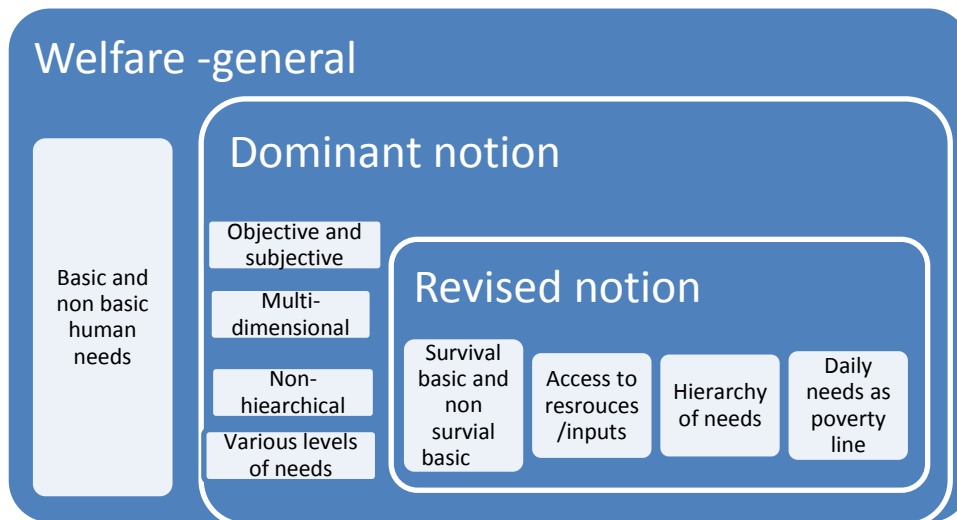
Source: based on Gough and Wood (2004) and Esping-Anderson (1990)

3.3.3 Key principles to conceptualise child well-being

It was argued earlier that currently child well-being (CWB) is dominantly conceptualized as an equally weighted multidimensional notion and that such a concept is not useful in social policy. The welfare state framework on the other hand embodies an objective notion of CWB and although it does not give weight to different dimensions its focus on five services, showing that these five are prioritized over others. Moreover welfare regime theory argues for a hierarchical notion of needs, social protection needs before social investment needs. Hence, based on the welfare state framework three key principles can be drawn to reconceptualise CWB; through an objective needs framework, through an ‘access to command over resources’ perspective and, finally through a hierarchical order. This does not

refute the importance of multidimensional nature of CWB but it helps to elaborate it so that it is more useful policy making tool it. These key principles are shown in Figure 3.10 and discussed below.

Figure 3.10 Key concept of child welfare



3.3.3.1 Objective Needs

From the needs perspective wellbeing can be divided into subjective and objective wellbeing. The subjective notion refers to self-assessed preferences and the objective notion refers to ascribed and empirically proven needs for all individuals as collective needs (Doyal & Gough, 1991; Manning, 2003:36). Subjective needs are associated with utilitarianism forms of wellbeing, which focus on happiness, or desire satisfaction. This form of wellbeing is criticized as less useful policy tools (Doyal & Gough 1991; Rawls, 1971; Plant, Lesser & Taylor-Gooby, 1980).

An objective theory of human needs implies that basic human needs do exist and that these are both universal (same for everyone) and objective (its theoretical and empirical

specification is independent of individual preference) (Doyal & Gough, 1991:49). Basic needs are common to everyone (Fitzpatrick, 2001:10) as well as few and finite (Max-Neef, 1993). ‘There is agreement on a vast repertoire of human values and capacities (for example, longevity, health, dignity) which are necessary and central to well-being’ (Laidlow, 2008: 156). While social policies broadly may aim to help citizens realize both subjective and objective welfare, it is primarily about objective needs (Blakemore, 2003; Taylor-Gooby, 2003). Objective basic needs theory argues for a small list of basic needs that is common to all and hence should be provided irrespective of one’s economic or social standing. The importance of focusing on basic human needs was also recognized by the UN Social Summit in 1995 and UNICEF (2010a). However despite recognition of the value of basic needs in theory, there is no universally agreed list of basic needs (Doyal & Gough, 1991:3-4, Narayan et al., 2000).

3.3.3.2 Welfare as command over basic resources

The perspective of ‘access to basic resources’, as used in welfare state development, helps to concretise a list of objective basic needs, which is missing in general discourse of objective needs theory. Here resources refer to external (money, wealth) and not internal resources (talent). The central notion of this argument is that people need certain goods or resources to fulfil life goals. These goods in turn are either public or semi-private, but not private goods and hence are provided through public provisions.

The argument for resource centred well-being came in opposition to the classical utilitarian approaches to well-being by pointing out that instead of maximising happiness states should focus on ensuring that people have sufficient command over resources, which in turn would

lead to happiness. Titmuss's arguments for 'command over resources' in development of a welfare state has been influential (Erikson, 1993:73). Similarly, Marshall (1950) championed for social rights through provision of social services. Recent theorists such as Jamrozik and Nocella (1998) also argue that well-being has to be looked at in relation to availability of resources in society and people's access to them. A resource approach to identifying basic needs is also closely associated with the structural way of addressing social problems.

Access to resources is generally interpreted in social policy as provision of social services as public goods. The role of social services is so important in social policy that it is commonly defined as 'a study of a range of social services' (Taylor-Gooby, 2012). As has already been discussed these services primarily include health services, housing support, education services, social security and personal social services and while this is not an exclusive list, for the purpose of social policy making and in line with WSF these services are considered crucial components of welfare. Hence welfare itself can be conceptualised as access to these five social services. As explained earlier, it should be noted that because these services are not simply a list to be 'ticked off' but are entwined within the welfare state approach, their nature is equally important. These services refer to state funded (universal-tax funded, free at point of delivery) high quality and highly accessible goods. These key welfare services have been identified here as the main dimensions of CWB.

3.3.3.3 Hierarchy of needs

Critiquing the use of equally weighted dimensions of CWB, this study argues that multidimensional notions should also consider a hierarchy of needs. Although the focus on five key services within a broad welfare state framework can be interpreted to point to some

hierarchy of needs, this position is clearer in welfare regime theory, according to which in analysing informal regimes a peasant's (or worker's in an informal economy) preference for current needs is more than for future needs. Wood (2004:70) argues that social policy in clientelistic situations such as that in informal regimes (e.g. Nepal), should therefore focus on altering this behaviour so that the poor can also invest in future security. To do this he argues that social policy options have to deal with both present insecurity (social protection) as well as invest in capacity to deal with future insecurity (investment). He adds that social protection serves both the functions, to help the poor deal with present insecurity as well as provide space to transition to future security.

Similarly, focus on sending child labourers to school and at the same time the failure of focusing on immediate needs in the case of child labourers in Nepal was found by Baker and Hinton (2001) to push them into more exploitative child labour. Maslow's (1970) hierarchy of needs also prioritises survival needs.

Based on the arguments above, CWB can be defined as containing hierarchy even within basic needs, i.e. survival and non-survival basic needs. Survival needs refer to the first level of needs in Maslow's model. Maslow (1970) argued that initial levels needs are more evident in children. Survival-basic needs helps to narrow down basic needs and can be immensely useful for prioritizing social services in resource poor countries. In this typology, 'survival-basic needs' includes daily needs such as food, clothing, shelter as well as curative medical care, whereas non-survival basic needs refer to future needs such as education, preventive health care and personal services.

Basic needs are about addressing absolute poverty. Poverty can be viewed broadly (relative) or narrowly (absolute). Absolute poverty focuses on minimum fixed requirements, usually indicated through dietary requirements and fixed poverty standards for families. It is mainly represented through monetary poverty lines and reference to a \$US1.25/day requirement. Poverty line refers to the amount of money that is required to buy a bundle of goods that includes primarily food (to get 2,124 calories per person) and other non-food items such as housing, clothing, education health and other expenses (Chhetry, 2004). But because the term absolute poverty, including the poverty line, has considerably broadened to mean for example needs such as education, which are not necessarily survival, and health care, which are too expensive to be financed by poverty line income, this study has broken down the notion of absolute poverty into survival and non-survival basic needs. It is further argued that the notion of the poverty line that combines both public goods and semi-public goods together is not useful since it cannot meet the costs of public goods such as education and health care and therefore should be strictly limited to social security costs (daily material needs). This point is further elaborated below.

Mainstream poverty definitions link basic wage and social security provisions to the poverty line, arguing that a person needs minimum income for accessing basic commodities. However daily consumption goods (such as food, clothing, housing support and other daily needs) can be said to be met through basic income, and could be argued to be appropriate since the income itself is calculated on the basis of how much it will cost to have enough calories. However the same cannot be said for health care and education services, which can cost much more, especially in countries where high quality education and health care are private goods. Hence expensive public goods cannot be met through basic income. This is one reason why welfare states regard these as stand-alone goods and therefore instead of

giving ill people money to pay for medical needs, these are subsidised. This study argues that people should not have to depend on income to access health care otherwise, this contradicts the notion of public social goods.

The study suggests that instead, if the basic wage and poverty line can be treated as the minimum wage to cover semi-public/semi-private goods (i.e. only daily needs even within survival basic needs) this helps to also distinguish public goods such as education and health care as stand-alone goods. By definition the poverty line is normally so low that it cannot meet the expensive needs of health care nor of quality education, which in the developing world is generally provided through the private education system. Hence public goods should be delinked from an individual's financial status. As discussed in the general principles of welfare state framework semi-public goods (food, shelter) are generally delivered from a prioritarian perspective while the public goods are delivered through an egalitarian perspective. Such a distinction is important during social policy development.

The relevance of hierarchy between survival and non-survival basic needs has also been noted in the context of welfare states. According to Fitzpatrick (2001:91) to some extent the anti-welfare backlash of the post 1970s period can be explained as a reaction to this idea of relative poverty and while this is still important to address, absolute poverty in terms of survival needs is generally accepted as a legitimate urgent policy concern than other needs.

3.3.3.4 Conclusion: Child welfare

Child welfare has been conceptualized in this study through the notion of multidimensional objective needs conceptualised under a hierarchical order and from an inputs perspective.

Further using the welfare state framework five services were identified as key dimensions of CWB since these are objective as well as from an inputs perspective (Figure 3.11). Moreover two levels of hierarchy were identified, survival-basic needs and non-survival basic needs, with more priority given to the former. Both are necessary conditions of life but without the first there is no relevance for the second and therefore the first constitutes an overriding priority. The former includes daily needs as well as curative medical cure and it is argued that poverty line should be focusing on the former. Figure 3.12 shows the overall concepts used in this study.

Figure 3.11 Multidimensional notion of CWB using the welfare state perspective

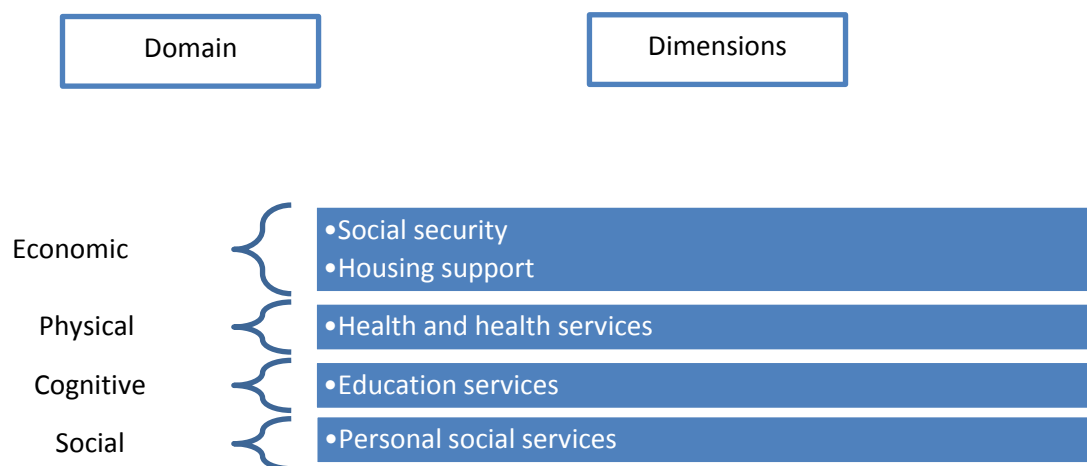
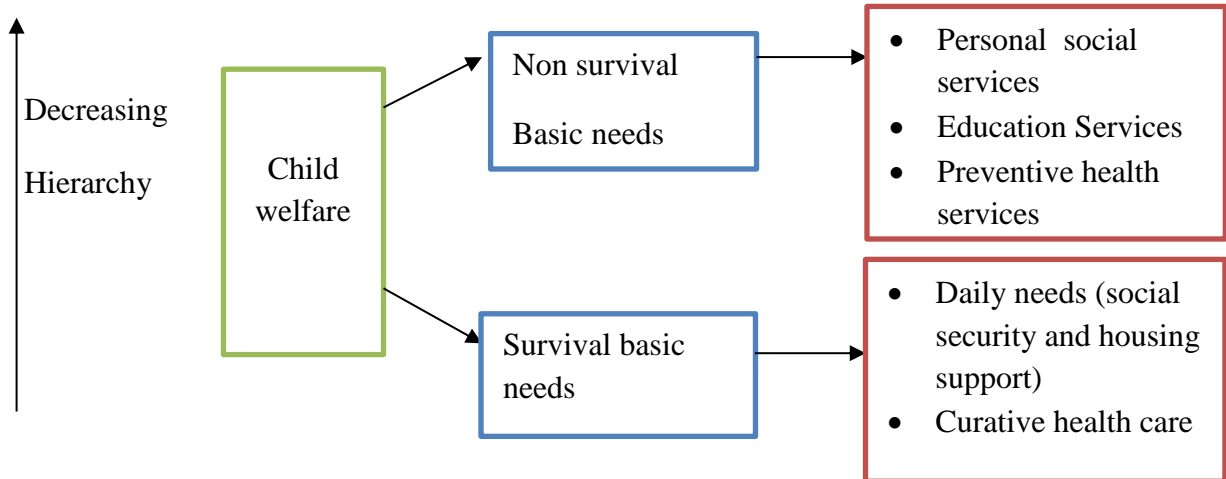


Figure 3.12 Re-conceptualisation of child welfare as a hierarchy of welfare services



3.4 Conclusion

In conclusion this chapter argues that when social policy has been delivered using the welfare state framework (such as through comprehensive social rights in an egalitarian manner) it has produced welfare for citizens, including for children. On the other hand where social policy has not followed this framework (instead being influenced by the development model or progressive Child Rights framework) it has failed to produce welfare for children. Therefore, this study argues that the welfare state framework should form a normative basis when examining social policy anywhere. This chapter discussed both broad justification for such an approach as well as specific principles and frameworks (welfare state theory, welfare regime theory, revised framework of CWB) that can be applied to review children’s social policy and CWB conceptualization in Nepal.

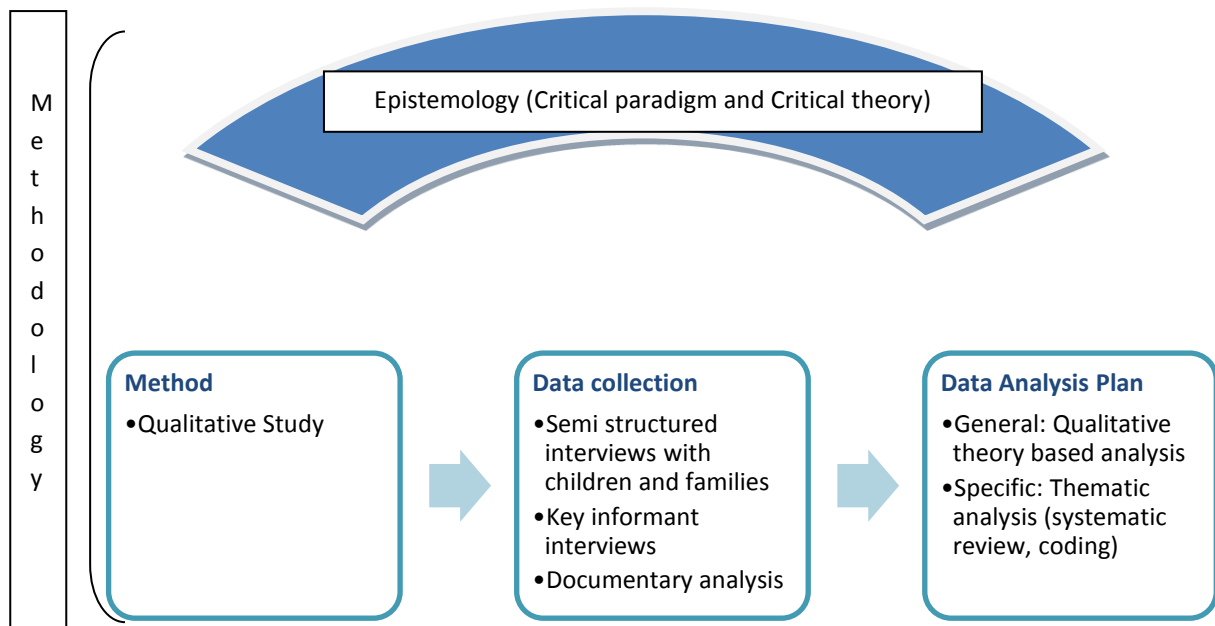
The next chapter will discuss the methodology used in the study to respond to the research questions.

Chapter 4 Methodology

4.1 Introduction

This study examines the effectiveness of children’s social policy in Nepal. In Chapter One the extent of deprivation experienced by children in Nepal was highlighted. Chapter Two reviewed studies key to the research question which found that the welfare state framework has not previously been used to examine children’s social policy in Nepal. Chapter Three discussed the key elements of the Welfare State framework. This chapter outlines the study’s methodology. The research process is summarized below.

Figure 4.1 Summary of the research process



The chapter commences with a discussion of the study's epistemological and theoretical underpinnings. The study's methods are then discussed; its qualitative approach, normative-descriptive purpose, data collection and analysis tools, trustworthiness and limitations of the study. The context of Nepal, the location of the study, is also discussed.

4.2 Epistemology

Epistemology refers to the theory of knowledge, how we know what we know. ‘An epistemological issue concerns the question of what is (or should be) regarded as acceptable knowledge in a discipline and in particular how the social world should be studied’ (Bryman, 2004:11). Epistemology can be understood primarily through the concepts of research paradigm and theory. Although Patton (2002:80) argues that ‘distinctions between paradigmatic, strategic and theoretical dimensions within any particular approach are both arguable and somewhat arbitrary’, there is a slight distinction between the epistemological position and theory that underpins a study. As Bryman (2004:5) explains ‘while paradigm is a way of constructing knowledge through different ways the theory is an ‘explanation of observed regularities’. Similarly, Babbie (2008:34) explains that ‘whereas a theory seeks to explain, paradigms don’t explain anything, but they provide logical frameworks within which theories are created’ (Babbie, 2008: 34). Hence a paradigm is more concerned about the method of gaining information (how?); while theory seeks to explain that information in a systematic manner (what does this mean?). Hence epistemology helps to explain what paradigm (approach) was used to gather knowledge and which theory (deductive, normative, or none) was used to explain the findings, to come to final conclusions. This study draws on the critical research paradigm and critical theory.

4.2.1 Critical research paradigm

‘Key research paradigms include positivism, interpretivism and critical paradigms’ (Neuman, 1994; Crotty, 1998). While positivism advocates the application of the methods of the natural sciences (such as systematical empirical study through observation) to the study of social reality and beyond, interpretivism requires the social scientist to grasp the subjective meaning of social action (Neuman, 1994; Crotty, 1998; Bryman, 2004). Positivism considers truth to

be objective, able to be found quantitatively without contextualizing it in social reality. The interpretive approach builds knowledge based on the ideas and beliefs of people. In other words, positivism sees the truth as ‘out there’ and able to be discovered while interpretivism believes ‘truth’ has to be contextualized in terms of social reality, and how individuals interpret this. The critical paradigm by contrast ‘shares many features with an interpretive approach, but it blends an objective/materialist with a constructionist view of social reality...research is not value free’ (Neuman, 2007:44).

This study is informed by a ‘critical’ research paradigm on which the social world can be constructed subjectively but where the process of such construction allows for critical analysis thus accommodating complex realities. While positivism and interpretive paradigms position themselves as two extreme points – the objective and subjective nature of reality, the critical paradigm, blends both views providing subjective interpretation based on objective criteria. Extreme subjectivism holds that social reality is constructed on the basis of perceptions of individuals while extreme objectivism assumes that social reality exists as a concrete objective entity, which is independent of our perceptions (Burrell & Morgan, 1979; Hudson & Ozanne, 1988). This study sets to improve conditions for children in Nepal, in particular vulnerable children, and this requires structural change. A critical paradigm views individuals as reflecting dominant views of society and hence for true knowledge such views have to be reflectively processed before coming to a conclusion. ‘Critical research cuts through ‘surface appearances’ by locating the issues being investigated in their historical and structural contexts’ (Harvey, 1990 cited in Shacklock & Smyth, 1998:3).

The critical paradigm can be better understood through the application of agency (human capacity to control one’s behaviour) versus structure (recurrent systemic social arrangements)

discussion, where the agent is contextualized and influenced by the wider structures around it. Hence one cannot only ‘talk’ to the agent without also observing the wider context that influences their answers. Hay (1995:191) suggests the need for a relational conception of both structure and agency: one person’s agency is another person’s structure and suggests that dialectical understanding between structure and agency can overcome such dualism. ‘Social structures are both constituted by human agency, and yet at the same time are the very medium of this constitution’ (Giddens, 1976 cited in Hay, 1995:199).

Specifically, the critical paradigm informs this study in the following ways. It informs the choice of study participants, the design of questions and the way the data is collected, i.e. in a reflexive manner. The critical paradigm means following the process of ‘praxis’ popularized by Freire in 1972, according to which researchers should move beyond mere observation of subjects or participation in the informant's social reality and attempt, through dialogue, to reveal underlying constraints; hence a critical researcher differs from the others less in the research techniques she uses than in how she approaches a research problem, the kinds of questions she asks, and her purpose for doing research (Neuman, 1994:72).

In summary, the critical paradigm allows the researcher to engage with children and the documents in a reflexive and dialectical manner allowing for both deconstruction of old knowledge and reconstruction of new knowledge about the child welfare regime of Nepal. ‘Critical research then is centrally concerned with the simultaneous process of ‘deconstruction’ and ‘reconstruction’ ...the intent is to engage in a constant questioning and building up of theory and interpretations through repeated ongoing analysis until a coherent alternative reconstruction of the account is created’ (Shacklock & Smyth, 1998:3-4).

4.2.2 Critical theory

The philosophers have only interpreted the world, in various ways; the point is to change it
(Marx, 1845)

Theory helps to make sense of the information that is gathered. Without some kind of theoretical underpinning it would be impossible to formulate a coherent account of knowledge. Even when specific theories are not used, simple concepts are applied, which indicate the regular use of existing theoretical frameworks, some more explicitly than others. Studies of social policies generally make use of normative frameworks (Hall & Midgley, 2004). Hence theory is important in this study.

Theory can be applied in social research in two ways. First, it can be used to underpin the whole research process at an abstract level and second, it can be used more directly to explain empirical observations and data. Merton (1967 cited in Bryman, 2004:8) distinguishes between grand theories, which operate at a more abstract and general level (for example Marxism which attempts to explain the whole world in terms of classes) and middle range theories which are specifically formulated under grand theories to explain smaller and concrete data.

This study draws on both general as well as middle range theory. The former is utilized through the use of an overall critical theory while the latter is applied through the use of various theories underpinning the welfare state that are used to explain empirical data. The middle range theories were discussed in Chapter Three and fit within the broad umbrella of a critical theory. This section therefore discusses ‘critical theory’ in more general terms.

Critical theory was immensely influential in the study of social sciences since the 1970s (Patton, 2002:131). It has its roots in Kant, Hegel and Marx but is specifically traced to theorists linked to the Frankfurt school and was generated during the period between World War 1 and World War 2 in the 1930s (Bronner, 2011:1-2). In the context of the unrealisation of Marxist goals, its proponents departed from Marxist economic determinism and inevitable triumph of socialism to focus instead on critiquing both the economic as well as the political and cultural structures of society; they moved beyond critical theory as simply the ‘criticism of capitalism’ (Bronner, 2011:2-3). Critical theory has hence evolved as a broader critique of the existing social, economic and political order, which can help identify structures that oppress people in different ways.

‘Critical theory is a political and moral social science, designed to change society for the better (Fuhrman, 1979). Marcuse (1964: xii) argues that ‘critical theory begins with two value judgments. First, human life is worth living. Second, human life can be improved’.

Moreover, it is ‘concerned with issues of power and justice ... an attempt to confront the injustice of a particular society.....research thus becomes a transformative endeavour unembarrassed by the label ‘political’ and unafraid to consummate a relationship with emancipator consciousness’ (Kincheloe & McLaren, 2000 cited in Patton, 2002:131). ‘The essence of critical theory is to study social problems as a study of a society’s political economy – that is the study of social institutions as power structures, the role they perform in society and their effects and therefore solution means changing power structure of the society’ (Jamrozik & Nocella, 1998: 31). Bronner (2011:1) insists that critical theory must respond to the new problems and the new possibilities for liberation that arise from changing historical circumstances.

These latter developments influence this study which goes beyond Marxism and the original critical theorists by applying relevant contemporary theories that can explain human suffering and alternatives to address them.

At a macro level this study is a political-economy analysis of the child welfare regime in Nepal; it examines how welfare is constructed and delivered, the division of scarce resources and who is receiving what kind of services. These questions are essentially political and critical in nature. As was highlighted in Chapter Three, the study focuses on structural causes rather than the behavioural causes of poverty. This is the reason why the UNCRC is critiqued in this study and why this study applies the welfare state framework to analyse social policy.

Although one could argue that explicit use of the existing normative frameworks makes this study deductive, the study in fact mixes both deductive and inductive process. It uses the principles of the welfare state framework as deductive criteria, not in a rigid and positivist way, but as a lens to guide the process of information collection and analysis. The process of analysis however is inductive where unexpected codes have been allowed to emerge. Use of both these approaches is accepted in social research. According to Sanders (1995:74) 'it is widely accepted that theoretical analysis must almost always be the starting point for serious empirical enquiry; this is not to say that theories cannot be modified, enhanced or rejected for on the basis of empirical observation. Rather theory acts as a vehicle for distancing the analyst from the potentially overwhelming detail of what can be directly observed, so that abstract deductions can be made about the connections between different phenomena. In additional theory not only generates testable hypothesis but also provides guidelines and signposts as to the sort of empirical evidence that should be gathered in the first place'.

4.3 Purpose of the study

In social science research the three major purposes of research are considered to be exploratory, descriptive and explanatory (Grinnell, 2001, Neuman 2007). ‘Whereas exploratory study examines a new area and focuses on creating new ideas and hypothesis, explanatory studies focus on causes or reasons for certain events, and finally the descriptive studies provide a detailed and a highly accurate picture of a certain situation which is used if you have a more highly developed idea about a social phenomenon and want to describe it’. (Neuman, 2007:16). Hall and Midgley (2004) posits that social policy research also employs what is referred to as ‘normative purpose’ which goes beyond the descriptive nature so that it exercises judgment. Whilst the study is exploratory, it can be best described as having a normative-descriptive purpose since it is informed by an existing theoretical framework against which an in-depth knowledge of the child welfare services in Nepal will be sought and analysed.

‘The descriptive nature presents a picture of the specific details of a situation, social setting, or relationship’ (Neuman, 2007:16) and helps to provide an extensive documentation or classification of existing provisions and policies (Hall & Midgley, 2004; McPherson & Midgley, 1987). Robson (2002:59) writes ‘the aim of descriptive study is to portray an accurate profile of persons, events or situations based on extensive previous knowledge which help to guide appropriate aspects on which to gather information’ (2002). On the other hand the normative focus of the welfare regime theory and welfare state framework helps to reveal gaps and make judgments. ‘The focus of inquiry is determined by the framework within which one is operating and findings are interpreted and given meaning from the perspective of that pre-ordinate theory. Such qualitative enquiry, therefore, aims to describe

and explain specific manifestations of already presumed general patterns. Such inquiry is aimed at confirmation and elucidation rather than discovery' (Patton, 2002: 131).

Neuman (2007:16) writes that a great deal of social research including that of policy decisions is descriptive; this kind of design is used if you have a more highly developed idea about a social phenomenon and want to describe it. By investigating what is the current welfare regime in Nepal, the gaps in the regime and how these can be addressed, 'the policy research enables individuals, organizations and governments to make informed decisions about policy issues' (Oliver, 1997: 26). Descriptive research provides a 'detailed picture of the subject' (Neuman, 2007:16). In this study what is explored is the extent to which the existing social policies of children in Nepal benefit them and how these might be improved. It seeks to answer the following research questions and sub research questions

4.3.1 Key research questions and sub research questions

1. Using the welfare state framework, what is the nature of children's social policy in Nepal?
 - 1.1 What is the nature of child welfare services at a national level in Nepal?
 - 1.2 How do children and their caregivers experience welfare services at the individual level?
2. How is child welfare conceptualized in Nepal?
 - 2.1 What welfare needs of children are valued by children and parents of Nepal?
 - 2.2 Who is responsible to provide five welfare services of children?

The study employs a qualitative study method. The reasons for selecting this method and the design of the study are discussed next.

4.4 The study design

‘Research design refers to a framework for the collection and analysis of data’ (Bryman, 2004:27). These are discussed next.

4.4.1 Qualitative method

The appropriateness of research methods depends on the nature of the research question. Yin (2003:3) explains that each method is a different way of collecting and analysing empirical evidence, following its own logic with advantages and disadvantages. This research is conceptualized as qualitative research and why this method is selected is discussed now.

Social science research generally uses qualitative or quantitative methods. Such a clear cut distinction is challenged by some as no longer useful or even simply as ‘false’ (Layder, 1993 cited in Bryman, 2004: 19). However the distinction continues to be used and refers not only to data collection methods but also the analysis and the research paradigm (Neuman, 2007; Bryman, 2004). Bryman (2004:19) argues that qualitative and quantitative research include theoretical, epistemological as well as issues of data collection and analysis.

The current study is primarily a qualitative study but it also incorporates a quantitative component. Such an approach is not necessarily new in this area. Morse (1991 cited in Flinn, 2008: 147) contends that, even when combining methods within one study they will not be

equally weighted and therefore a project must be either theoretically driven by the qualitative methods incorporating a complementary quantitative component or vice versa. This is the case in social policy research. The critical epistemological underpinning of this study is largely associated with qualitative research, rather than to positivism which is generally aligned with quantitative research.

The key approach taken is qualitative to better manage the complexities of the data. As Patton (2002) argues the qualitative approach allows for the critical and subjective interpretation of respondents' views and experiences especially those qualities of entities and processes and meanings that are not experimentally examined or measured in terms of quantity, amount, intensity, or frequency. According to him a qualitative approach describes and explains specific manifestations of already presumed general patterns, thereby helping to confirm and elucidate existing theories. Not only this, 'bringing the issue of social justice into research means shifting from only asking questions about the quality and appropriateness of matters internal to the research, to also asking questions that problematize processes in terms of whose interests are being served and how' (Tripp, 1998 cited in Shacklock & Smyth, 1998:37). This requires a qualitative approach. The aim of this study is not only to discuss the number of children being denied basic services in Nepal, but also how this impacts on their wellbeing. Qualitative researchers seek answers to questions that stress 'how' social experience is created and given meaning... and believe that rich descriptions of the social world are valuable (Denzin & Lincoln, 2008:14-16). Quantitative methods are primarily about quantifying something numerically. In contrast, the focus here is on a context specific, deliberative and discursive reasoning as the key guide in the research process. Hence the need for this study is to go beyond only a numerical analysis.

Where quantitative data are used in this study they primarily serve to strengthen and support the in-depth qualitative data and reinforce certain themes and patterns. As Spindler and Spindler (1992 cited in Denzin & Lincoln, 2008:15) explain, in a qualitative approach to quantitative materials instrumentation and quantification are simply procedures employed to extend and reinforce certain kinds of data, interpretations and test hypotheses across samples.

4.4.2 Data sources

Multiple data sources strengthen research evidence. This study draws on both primary data (through interviews) and secondary data (through official, research and other documents). Such multiple sources of evidence will help in the triangulation of data to offer a broader understanding of the research problem.

Primary data is collected from three kinds of sources: children, who form the principal source; their caregivers, who form the secondary source; and thirdly the key informants, who have been described as additional sources of data. The former two have been defined as the key study participants while the latter as key informants. The field based data gathered from children and their caregivers from different socio-economic strata will give first hand insights into children's circumstances and to the nature of the welfare regime they experience.

Secondary data, through the desk study of documents on child welfare services in Nepal, will provide further insight into the effectiveness of these services, particularly from a macro and national perspective. It is essential to combine the macro level information with the individual interviews to get a complete picture of the nature of social policy and welfare in Nepal. The key data sources are now discussed.

4.4.2.1 Children and their caregivers

Children and their caregivers, who include parents and other guardians, are the key sources of data.

Involving children in this study is essential to answer the research question since this study aims to understand how children experience welfare services. Greig, Taylor and MacKay (2007:173) argues that although there has been a sea-change over the past two decades on the debate about the extent to which children should be directly involved in research, it is generally accepted that children have a right to participate, just as they also have right to refuse to participate and that research should be *with* children and not something that is done *to* children. Such a perspective is supported by both the UNCRC which explicitly prescribes that children have the right to express their views (articles 12 and 13), as well as by the emerging theories on sociology of childhood which recognize children as active social actors and not passive objects. Boyden, Ling and Myers (1998) suggest that research with children should be underpinned by seeing children not as passive recipients of experience but as active contributors to their own development.

Children are involved in this study because it is assumed they are competent to actively participate in responding to the study's questions. Whilst some children who are study participants have experienced some form of hardship (e.g. child labour) it is argued that these children are not necessarily victims who do not want to share their views. Their experiences in fact make their insights even more valuable for the purpose of social policy making. After all, social policy is about improving children's lives.

Similarly, involvement of children's caregivers is equally important. A child does not live in isolation. Caregivers are closely involved in promoting or hindering child welfare. In addition, caregivers' views help to triangulate data and hence they are an important source of data.

4.4.2.2 Key informants

Interviews are also conducted with some key informants. They are however not the principal source of data and are used to elicit specific information on the nature of a service. This includes people with insider knowledge or technical knowledge on the five services being examined in this study. They are recruited based on their familiarity and knowledge on the issues being discussed and include Government high level officers, as well as NGO and other experts. Key informants form an additional source of data which provide valuable insight into the nature of children's social policy in Nepal. A summary of the kind of key informants recruited is given in Chapter 5.

4.4.2.3 Documents

Unobtrusive sources such as 'documents and written data can be very important to study various aspects and can provide valuable insights into the work of social policy' (Coffey, 2004:123). As Patton (2002:200) says, prospective policy analysis, which is what the documentary analysis in this study aims to do, can help synthesise existing knowledge to pull together a research base that will help inform policy making. Arguing that the 'talk only' approach to collecting data is limited, Kellehear (1993:159-60) suggests that 'unobtrusive methods provide easily accessible, less costly ways of gathering data systematically and

provide an analysis based on reading and reason and these can be discursive which represent not simply ideas but minds in context'. Secondary data provides an extensive documentation or classification of existing provisions and policies (Hall & Midgley, 2004; McPhersons & Midgley, 1987). Documents provide rich deposits of records about past and contemporary events which would be unobtainable by the methods of personal observation and statistical measurement (Webb, 1932 cited in McCulloch, 2004:22). Kellehear (1993: 2-7) argues that unobtrusive data are a good source of longitudinal data and can provide both the depth and breadth of information over a long time which is crucial to analyse policies.

The literature review highlighted that although information on various aspects of welfare services has not been studied under the welfare state framework, there is a large amount of data, both qualitative and quantitative, on various components of child welfare services. This study aims to synthesise these data from different documents. Moreover analysing social policies at a national level, as this study aims to do, means that a large amount of data is required, which is not possible to collect through primary methods, in this case, due to financial and human resource constraints. Hence documents offer an attractive method for this study.

4.4.3 Sample

Sampling strategy and size of the study participants, children, their caregivers and key informants are discussed next. The focus is on the children and their caregivers who are the principal source.

4.4.3.1 Sampling strategy of the key study participants (children and their caregivers)

General criteria and purposive (stratified theoretical) sampling strategies are used.

General Criteria

General criteria used for selection of participants include age, gender and caste of the participants. Monash University ethics guidelines recommend that children above the age of ten should be included in research. Accordingly the age criterion is selected as children between age 10 and 17. This provides an opportunity to include children both from early adolescence (10-14) as well as mid-adolescence (15-17). It also allows inclusion of children who are legally allowed to work. Nepalese children can work from the age of 14.

Gender is another key criterion used in this study, especially while selecting children, such that an equal number of girls and boys can be selected. In terms of caregivers however, the selection is based on their availability.

The Nepalese population can be divided into four major caste/ethnicity groups. While the criterion is to include children from all these major groups, it is not intended that equal number of participants will be recruited from each group.

Purposive sampling: Stratified theoretical

There are various techniques for selecting a sample, broadly random and purposive. Qualitative inquiry typically focuses on relatively small samples that can provide insightful information through purposive sampling. Due to the qualitative orientation of this study purposive sampling is used here. ‘Logic and power of purposeful sampling lies in selecting

information-rich cases for study in depth' (Patton, 2002: 230). Purposive sampling can be done in a variety of ways. This study uses theory based sampling. In this technique 'the researcher samples people on the basis of their potential manifestation or representation of important theoretical constructs' (Patton, 2002: 238).

Accordingly, the welfare state framework has been used to purposefully select participants based on the following criteria:

- Types of provider (public, private, NGO/ informal networks and occupational)
- Forms of care arrangements (parents, kinship/informal care)
- Income groups (low, middle and high income)
- Employment types as proxy for different types of economy (formal and informal)

Furthermore because schools provide an accessible way of recruiting children, including representing most of the criteria described above, education provider was used as the initial criteria to select participants. Accordingly four groups of children were identified: those not going to school and those going to private, government or occupational schools. While choosing participants for each of this category, further criteria such as care arrangements, income and employment status were considered. This is shown in Table 4.1 followed by the discussion on the four criteria derived from the welfare state framework.

Table 4.1 Sampling strategy of children participants

Group	Primary criteria (schooling)	Secondary criteria (derived from the welfare state framework)
1	Children not going to school	<ul style="list-style-type: none"> • Type of provider • Income group • Forms of care • Employment Status
2	Children going to government school	
3	Children going to private school	
4	Children going to occupationally-oriented schools such as police and army	

- *Types of provider*

The type of provider is a key element of the welfare state framework which represents public institutional responsibility for welfare services. Accordingly, four providers are selected: private, public, informal/NGO and occupational. Household, also an important provider, is not used as an analytical component here due to lack of micro level household data. Although army, police, civil servants and a few formal sector industries come under occupational provider, only the first two (army and police) are used in this study since they have the most accessible data and show a distinct regime.

- *Forms of care arrangements*

Children's living arrangements form an important feature of children's social policy, in particular from a personal social services point of view and are therefore considered an important criterion in this study. The following four categories are used within this criterion.

- Children under their parents' care
- Children under kinship/close relatives care
- Children under employer's care (e.g. child labour)
- Children under NGO's care (e.g. institutionalized children)

- *Income groups*

Income level is a significant criterion in a welfare state framework, which helps to include both the rich and the poor in its analysis. Three income groups selected as criteria were low income (LI), middle income (MI) and high income (HI).

However, measuring income levels in the developing world is difficult due to lack of detailed cash income data. This has led to alternative approaches such as use of subjective poverty assessment (ADB, 2006:101). But this is by no means a foolproof methodology. Similarly where cash data is provided it is primarily based for groups such as quintiles, deciles or for those under poverty line. It can be argued that a focus on quintiles or the poverty line is erroneous due to high variations across income. For example in Nepal, the top 10% of the population earns 39.5% of total income while the bottom 80% of the population earns around 44% of the total income (NLSS, 2011/12). The average per capita income (nominal mean) of the nation is US \$587 (NLSS, 2011/12). Compared to various indicators this income itself is very low, only slightly higher than the international poverty line (1.25 US\$ or 2US\$ a day) and national poverty line (0.74 US\$/day, CBS 2011/12). Even this low income is earned only by those in the top 40% of the population. This means that about 60% of the population earns relatively low income. These indicators show the need to go beyond just the poverty line and quintile based income classification and use alternative criteria that recognize both the high number of low income people, including those who are above the poverty line but who still earn less than the low and average income, as well as disaggregate the top earners from those earning average income.

Hence for the purposes of this study it is decided to develop new criteria that can usefully categorise study participants as three groups: poor/low income, middle income and high

income groups. To do this it uses nominal income as the key criteria for classification. It is then matched with subjective assessments of people regarding their own income status. Proxy indicators are used if the participants decline to share the exact level of their income. The classification is given in Table 4.2 (Detailed methodology of is given in Appendix 2).

Table 4.2 Income classification based on nominal average per capita income

Classification	Description	Nominal per capita income
Poor	Under poverty line (PL)	< US\$ 272
Low income	Poverty line to < seventh decile	Poverty line to < US\$ 500 (nearly matches with international poverty line of US\$ 1.25/day or per capita income of US\$ 456/year)
Middle income	Seventh decile to <Average income of top 10% decile	Seventh decile to < US\$ 2,317
High income	≥ average income of top 10% decile	≥ US \$2317

Source: NLSS 2010/11 (CBS, 2010)

Note: US 1\$ equivalent to NRs 70.9

- *Employment types*

Employment type has been used here to indicate a person's position in the formal or informal economy, a key criterion in welfare regime theory. These definitions have been taken from the Central Bureau of Statistics in Nepal (2008), which themselves are based on the ILO definition. Accordingly informal employment includes all employees in the informal sector (institutions which are unregistered and have less than ten employees and agriculture sector), all contributing family workers, all employees in informal jobs (i.e. not having paid leave or social security) and workers who do not employ other workers. Moreover, all work excluding household work is defined as economic labour, unless housework is conducted for someone other than your own family. As per Nepal's Child Labour Act, 2000, a child is engaged in economic labour if they are under 14 years of age.

4.4.3.2 Sampling strategy of the key informants

The key informants were selected based on purposive sampling. They were selected for each of the five services and depending on what kind of data needed more explanation, in particular those data that were not available in the secondary documents. Hence it was not a fixed strategy but evolved along with the primary and documentary data collection.

4.4.3.3 Recruitment Strategy

Accessing young people through a pre-existing support group (Johnson, 2005 cited in Flinn 2008:158) and recruiting through support agencies (Brown, 2001 cited in Flinn, 2008:158) are suggested approaches for selecting children as research participants. Accordingly study participants are recruited through organizations providing support to children (NGOs), schools and key informants. The researcher's past working relationships with relevant agencies and key informants are built on to select appropriate participants. The general recruitment strategy is described below.

- Based on publicly available documents and the researcher's knowledge, a list of organisations providing support to children and relevant schools is developed;
- The research project is explained to the agency or contact person through the use of an explanatory statement who share this information to prospective participants' parents or guardians to elicit their interest and participation in the study;
- The project is discussed first with the parents, then with the child, and if the participants are happy to participate consent forms are signed before conducting interviews.

4.4.3.4 Sample size

‘Nowhere is the ambiguity clearer than in the matter of sample size...there are no rules for sample size in qualitative inquiry’ (Patton, 2002: 242). However some guidelines can be used to determine a sample size. This study uses the principle of exhaustive sampling, where sampling is done to the point of redundancy and is particularly useful in purposive sampling. In purposeful sampling the size of the sample is determined by informational consideration and the sampling is terminated when no new information is forthcoming from new sampled units (Lincoln and Guba, 1985 cited in Patton, 2002:246). However a study has to start with some number. Patton (2002: 246) recommends specification of ‘minimum samples’ based on expected reasonable coverage of the phenomenon and this can be added as the field work unfolds. Warren (2002cited in Bryman 2004: 335) recommends the minimum number of interviews required is between twenty and thirty while Gerson and Horowitz (2002 cited in Bryman, 2004: 335) suggests that for convincing conclusions 60 interviewees are required, whilst more than 150 produce too much material to analyse effectively. Based on the exhaustive sampling a total of 72 participants have been recruited in this study.

4.4.4 Study location

The study is conducted in Nepal. Most of the country is rural with only 17% of the population living in urban areas (CBS, 2011). The study is concentrated in the Kathmandu valley (comprising three cities of Kathmandu, Lalitpur and Bhaktapur) with a small portion of respondents coming from two surrounding districts, Chitwan and Sindhupalchowk. Data were collected over a period of eight months. The reasons for the selection of locations, mainly Kathmandu are:

- Convenience, accessibility and budget constraints;
- Kathmandu, being the capital city, offers the most developed welfare system in the country, which provides a greater possibility to examine the range of services under study;
- The Kathmandu valley attracts people from all around the country, people from different backgrounds, including a large number of child labourers. It is an excellent location for looking at child inequality as it has both rich and poor, well-functioning private schools as well as low quality government schools;
- The Kathmandu valley has both urban and rural areas.
- Sindhupalchowk was chosen as it is near to Kathmandu and offers a more rural location.
- Chitwan was chosen to give better research accessibility.

4.4.5 Data collection techniques

The data collection techniques include interviews and systematic review of documents. Data were collected over eight months in Nepal in 2011. These techniques are discussed below.

4.4.5.1 Interviews

Interviews included semi-structured interviews with children, their caregivers and with key informants. The key features of interviews are discussed next.

Semi-structured interviews with children, their caregivers and key informants

The depth of information required from children and key informants indicates the appropriateness of face-to-face interviews for this study. Alston and Bowles (2012) divide research instruments along the spectrum from structured to unstructured with survey in the structured side and the in-depth interview on the unstructured end, where semi structured interviews and in-depth interviews are cited to be mostly used for qualitative studies.

Like most qualitative research, this study also uses semi-structured interviews for data collection. This approach combines some elements of the other two approaches used in open ended interview – informal conversational, which includes no guidelines at all, and the standardized open-ended interview which uses a fixed list of questions without much flexibility to the researchers (Patton, 2002). The semi-structured interview on the other hand has a list of questions or fairly specific topics to be covered (Bryman, 2004: 321). This helps to ‘specify topics and issues to be covered in advance, in outline form but gives the interviewer flexibility to decide sequence and wording of questions in the course of interview’ (Patton, 2002: 349). This gives flexibility to the researcher to ask probing and additional questions for clarification including ‘dealing with inconsistencies in interviewee’s replies and interpreting, clarifying and extending meanings of interviewee’s statements, but without imposing meaning on them’ (Bryman, 2004: 325). The interview guide with the list of questions is in Appendix 3.

The ‘critical’ paradigm adopted by this study means that interviews are not purely extractive but reflective. Camfield, Streuli and Woodhead (2009:98) writes that ‘accuracy and credibility are increased by using research methods that are not purely extractive, but involve children in interpreting, analysing, and presenting their data’. This requires not only an open

ended exploration of how children are served by existing welfare services but also how different services may be impacting on each other. The ultimate reasoning and expressions are still that of the participants; the reflective process of dialogue however helps in critical facilitation. Moreover, pictorial cards are used when the respondents are asked to rank child welfare services in order of priority. Use of pictures along with words help the participants who were not literate. Use of cards also helps to break the monotony of conversations. These cards are shown in Appendix 4.

Pilot interview and language

A pilot interview was conducted with two volunteers, which helped to finalise the questions, in particular the sequencing of the questions, its length and the word choice in local language.

The majority of the interviews were conducted in Nepali while a few interviews were conducted in English as requested by the participants. The researcher is a native speaker.

Recording of interviews

To enhance rapport with the participants during field work an electronic recorder is used to record interviews and discussions.

Location of interviews

Accessing children's views in the context of their communities is important and can increase the accuracy and credibility of research data (Camfield, Streuli & Woodhead, 2009). Hence

to increase the comfort level for the respondent, the interviews were held in a place chosen by the interviewees themselves. This included their homes, workplace, school and other locations as preferred by the participants.

Interview length

The interview length ranges from 30 to 45 minutes for children. Adult interviews are longer; they last about 45 minutes to two hours.

4.4.5.2 Documentary analysis

Documents include various kinds of written documents including but not limited to books, newspapers and magazines (Robson, 2002). Scott (1990) distinguishes between personal and official documents, and the latter are further divided into private and state documents. This study draws on a broad range of official or public documents. Moreover, secondary research generally utilizes three kinds of data (Grinnell, 2001:332) which include micro level data, aggregate level data (mainly existing statistics), and qualitative level data. This study primarily uses aggregate and qualitative level data. Examples of specific documents reviewed are given below in Table 4.3.

Table 4.3 Examples of documents reviewed

Type of document	Example of documents reviewed
Aggregate level data (existing statistics)	Census report (Central Bureau of Statistics), 2011 National Living Standards Survey (NLSS), 2010/11 Nepal Labour Force Survey (NLFS), 2008 The State of Children of Nepal, 2011 (CCWB, 2011)
Acts, policies and plans	Interim Constitution, 2007 Children's Act, 1992 National Shelter Policy, 1996 and 2009 (Draft) People's housing programme guidelines, 2009 Child Grant Working Procedures, 2009 Nepal Health Sector Programme/Implementation Plan, 2010 Nepal School Sector Reform Programme (NSSP), 2009 Five Year Plans (1950-2010)
Budgets	National Budget of 2009/10 and 2010/11 Ministry level budgets
Micro level studies and reports	Various studies on different welfare services and concepts on welfare (quantitative and qualitative)

Both electronic searches as well as field work were conducted to collect the maximum number of relevant documents. Field work involved visiting different offices and local libraries. This was important since most of the documents in Nepal are not electronically stored. Key informants were also used to get access to documents. Primarily, contemporary documents produced in the last 20 years were considered.

4.4.6 Data analysis plan

Data analysis is about turning raw data into knowledge (Patton 2002:432). As was indicated earlier this is primarily a qualitative study. Although some argue that there are no set rules or

procedures of qualitative analysis (Patton 2002; Bryman, 2004) several theories and guidelines exist to help make qualitative analysis systematic and trustworthy. ‘The central purpose of qualitative data analysis is to sift, sort and organize the masses of data acquired during data collection phase in such a way that the themes and interpretations that emerge from the process address the original research problem(s) that you have previously identified’ (Coleman & Unrau 2008:389).

Qualitative studies can broadly be analysed using a deductive or inductive process and using specific strategies such as thematic analysis and grounded methods among others. ‘Inductive analysis involves discovering patterns, themes and categories in one’s data where findings emerge out of the data in contrast to deductive analysis where the data are analysed according to an existing framework’ (Patton , 2002:453). However they are not mutually exclusive processes. As Layder (1998) argues existing theoretical models can guide research while at the same time allowing for the generation of theory from the analysis of the data. He further clarifies that however this is different from a grounded theory approach, in that it makes use of a theoretical model prior to the empirical data collection and therefore the analysis can be best described as expansion of the theory rather than theory generation.

Both deductive and inductive methods are combined in this study. It utilizes the welfare state framework to guide analysis, and in particular the following three headings are used to categorise data:

- The provider of service (Public, Private, Informal)
- Nature of program (mode and coverage)
- Welfare outcomes (conditions of welfare, focusing on experiences)

Secondary data is reviewed so as to answer the above three headings. Similarly primary data is coded to further expand these headings, with a primary focus on answering welfare outcomes through their experiences. Although it will not be limited to them, the four analytical domains as derived from theoretical stratified sampling criteria discussed earlier (i.e. by schooling group, by care group, by income group and by employment group) will be used to compare experiences of the respondents.

Within the broad three headings, primary data is analysed using an inductive process where the patterns are allowed to emerge from the respondent's raw data itself. To do this thematic analysis is used, which is discussed below.

Thematic analysis is a common method of qualitative data analysis where patterns are developed from the raw data through identifying codes and themes. According to Bryman (2004), Miles and Humberman (1994) and Coleman and Unrau (2008) this includes the following steps.

1. Transcribing data of interviews and organization of secondary data from documentary analysis in a word table format. All the transcripts are prepared by the researcher through the process of simultaneous translation and typing.
2. Reduction of data into key themes
 - a) Coding (first level): Coding is the starting point for most forms of qualitative analysis which helps to identify and label relevant categories of data, concretely. Coding gives key words to various data generated. Accordingly data is broken down into components parts and given names.

- b) Coding (second level): The second level of coding helps to identify and label relevant categories of data abstractly. The descriptive interpretation of the data in the first level is further merged and cross-compared for causal explanations. This involves developing conceptual classification and presenting themes or theory.
- c) Linking to theory: The third step involves looking for meaning and relationships – noting differences and similarities as well and noting the extent of how patterns in the data resemble theories/concept. Accordingly themes are compared against theories discussed under welfare state framework.

4.5 Addressing ethical issues

While the primary objective of any research is to gather information, it is necessary to do this in an ethical way, without harming the condition of the participant or compromising the research process in any way either during or after the data collection. Ethical issues are even more important in qualitative enquiry because they focus on personal circumstances, in particular those that involve children. To conduct the study ethically, the following issues have been considered.

4.5.1 Ethics approval

As per Monash University Guidelines, ethics approval was obtained from the Monash University Human Research Ethics Committee (MUHREC). No specific approval is required by the Government of Nepal. Consent forms and an explanatory statement were used.

4.5.2 Involving children in research

While children's involvement in research processes is increasingly encouraged we need to be mindful children do not come to any harm (Greig, Taylor & MacKay, 2007; UNICEF, 1992). One way of doing this is by focusing more on positive rather than negative aspects (Greig, Taylor & MacKay, 2007:186). Accordingly, this study focuses on talking to children about their access to welfare services, how they can be improved rather than on personal experiences of harm. To address any possible psychological distress that may emerge during interviews the explanatory statement provides a list of agencies which can be of assistance. The researcher's previous experience of working with vulnerable children will be helpful in creating a child friendly environment during interviews.

4.5.3 Gaining consent

Active informed consent involves explaining why the research is taking place and how it can help to change or improve things (Powell & Smith, 2009). Standard practice in the case of children is to seek consent from their guardians. Accordingly informed consent is sought from child participant's guardians. The voluntary nature of the participation and chance to withdraw from the process at any stage is clearly explained to the participants. Written information about the research project is shared. In the case of illiterate participants, this information is read out to them. After consensus among both the guardians and the child are interviews conducted. In the case of children who are not living with parents, their current customary or legal guardian (in the case of kinship care) and supporting agency (in the case of child labourers without parents) are involved in the consent process. (See Explanatory Statement in Appendix 5 and informed consent template in Appendix 6). Depending on the literacy level of the participant written or verbal consent is taken.

4.5.4 Compensation for participants

The issue of compensation for participant's time is contested; some argue paying people is unethical while others argue that people should be compensated for the time they give to research. The principle of Monash University is that 'the consent of a person to participate in research must not be subject to any coercion, or to any inducement or influence which could impair its voluntary nature' (NHMRC, 1999:12). Accordingly adult respondents are not compensated. However, for the purpose of this study, child participants are given a small educational in-kind gift and refreshment during the interview as a token of appreciation. In line with Monash University principles children are advised in the explanatory statement that they will receive a small educational gift, without specifying what this will be.

4.5.5 Protecting confidentiality

A key way of protecting participants from harm is to ensure their identity and records are kept confidential. Thus codes are used while transcribing raw data; the original hard documents with private and personal information are secured in a safe location and electronic work is secured through the use of passwords. Findings of the study are anonymised so that no individual can be recognized. As per Monash University guidelines, all data will be stored in a confidential manner in locked cabinets for a period of 5 years, after which the documents will be erased or destroyed.

4.5.6 Sensitivity to the participants' situation

The study participants come from different life experiences and this will be managed with particular sensitivity. As a way to achieve this, the respondents are involved in the selection

of the location for their interview. They are also given the chance to include an observer of their choice. The researcher will be sensitive to the participants' responses and feelings during the interview by not pushing them to answering questions and giving them time to reflect before responding.

4.5.7 Ethical use of data sources

This study uses only public documents, which allows easy access to the documents. Ethical use of documents has been ensured by acknowledging copyright and other privacy rights as relevant.

4.6 Ensuring trustworthiness of the study

The utility of social research is generally assessed in terms of the reliability and validity of its findings. Arguing that measures of quantitative research are inappropriate to assess qualitative research, an alternative set of criteria of trustworthiness has been recommended (Bryman, 2004; Lincoln and Guba, 1985). This concept of trustworthiness is hence used in this study. According to Bryman (2004:30) trustworthiness includes four key aspects: credibility (which parallels internal validity); transferability (which parallels external validity); dependability (which parallels reliability) and finally, confirmability (which parallels objectivity). A summary of strategies used for enhancing trustworthiness is given below and are expanded in the succeeding section.

Table 4.4 *Trustworthiness strategies adopted in the study*

	Strategies
Credibility (How believable are the findings?)	<ul style="list-style-type: none"> • Rapport building with respondents (interview) • Determining accuracy of documents before use • Triangulation of data • Key variables and concepts are clearly defined (Chapters One and Three)
Transferability (Can the study's findings be generalized?)	<ul style="list-style-type: none"> • Use of analytic generalisation and not statistical generalisation • Use of theoretical framework • Use of documents that are both statistically representative as well as provide thick description • Use of contemporary documents
Dependability (Are the findings likely to apply at other times?)	<ul style="list-style-type: none"> • Clear record of the process • Use of database of documents reviewed • Documentation of both field note and transcriptions • Long storage of data • Key concepts are clearly defined
Confirmability (Has the investigator allowed her values to intrude to a higher degree?)	<ul style="list-style-type: none"> • Clear record of the process • Key concepts are clearly defined • Use of database of documents used • Reflexive analysis

4.6.1 Credibility (internal validity)

‘Validity deals with the notion that what you say you have observed is, in fact, what really happened’ (Shank, 2002:92). In other words it refers to a plausible empirical account of the amount and kind of evidence used, i.e. it is about truth. In qualitative studies, this concept is equated with credibility, whereby one can ensure that the data represent one form of the ‘true accounts’ although not necessarily ‘the absolute truth’. ‘Because there can be several truths it is the credibility that determines its acceptability to others’ (Bryman, 2004: 275). The following strategies are used to enhance the credibility of the study.

- **Building rapport with the participants:** Participants are accessed through existing support groups including groups with whom the researcher has worked in the past. This helps

to offset 'strangeness'. Data is collected over eight months in Nepal which gives sufficient time for engagement with the participants. Moreover the researcher is Nepali and the study is conducted in Nepalese language. The interview location is chosen by the respondents themselves. In terms of children, Camfield, Streuli and Woodhead (2009) argue that accessing children's views in the context of their communities is important and can increase the accuracy and credibility of research data.

- **Ensuring authenticity of the documents (documentary analysis):** This is done by ensuring the accuracy of documents, in particular checking for methodological errors and biases. Terms used in various documents are compared to ensure that they are referring to the same concept. Moreover, in terms of documentary analysis, researchers cannot be totally responsible for ensuring internal and external validity of the statistical data as the researcher cannot control how the statistics are derived (Grinnell, 2001:347. Where research uses existing statistical records the focus is not on re-examining data already collected, but rather on examining the data analyses already generated.
- **Triangulation of data:** This study uses multiple sources for data collection techniques that include documentary analysis, interview with children and their caregivers as well as interview with key informants. Such multiple sources enhance triangulation of data.
- **Operational measures are specified:** The research question has been clearly defined and theoretical discussion in Chapter Three provides well defined concepts that are used throughout the study. This helps to minimize possible misunderstanding of various concepts.

4.6.2 Transferability (external validity)

Transferability asks if the findings can be applied to other contexts. Whilst generally a large sample including random sampling is used to ensure transferability of findings, qualitative research, when grounded in theoretical frameworks, can provide a good foundation to further expand such theory. Bryman (2004: 387) comments that representativeness is a problem for qualitative research and therefore the focus of the researcher is best placed on establishing a coherent theoretical account which can be examined in other contexts. This supports the increasing consensus among qualitative researchers for 'generalisability as best thought of as a matter of the 'fit' between the situation studied and others to which one might be interested in applying the concepts and conclusions of that study. Such a conceptualization makes thick descriptions crucial, since without them one does not have the information necessary for an informed judgment about the issue (Lincoln & Guba, 1985). Use of contemporary documents is argued to enhance representativeness of secondary data (Patton, 2002; Kellehear, 1993; McCulloch, 2004).

The following strategies enhance generalization in this study:

- Focus on in-depth descriptions contained in interviews
- Use of national studies and statistics that are statistically representative
- Use of small scale studies that provide in-depth descriptions
- Use of contemporary documents.

4.6.3 Dependability (external reliability)

Reliability refers to the degree to which the study can be replicated and the same thesis generated. This is particularly difficult in qualitative research ‘as it is impossible to ‘freeze’ a social setting and the circumstances of an initial study to make it replicable in the sense in which the term is usually employed’ (Le Compte and Goetz, 1982 cited in Bryman, 2004: 273). Alternatively qualitative research uses a concept of dependability. This refers to establishing the merit of a study through proper documentation through the use of auditing processes for example (Guba & Lincoln, 1985 cited in Bryman, 2004: 274). The following strategies are used to enhance dependability in the study.

- A clear audit trail is kept. The complete study process is recorded and the key steps in the study, especially coding processes, are documented. Documentation is kept up to date.
- As per MUHREC guidelines data are stored for a minimum of five years
- Clear definitions of concepts have been used (See Chapter One and Three). This helps a new person to understand what the original researcher meant by various terms.

4.6.4 Confirmability (objectivity)

‘Confirmability means that while recognizing that complete objectivity is impossible in social research, the researcher can be shown to have acted in good faith’ (Bryman, 2004:276).

Key strategies used to increase confirmability are as follows:

- Clear record of process, in particular coding process, as well as the raw data to ensure that the participants' views have been represented without any manipulation. Transcripts and preliminary findings are made accessible.
- A database for documents used for the documentary analysis is accessible to external inquiry.
- Clear theoretical framework and definitions of terms have been used. While the research is influenced by critical paradigm and accompanying theories, firstly, these have been acknowledged by the researcher and secondly, these have been used as guidance rather than a fixed theory. Thus themes have been allowed to emerge from the data which may question the theoretical notions originally justified by the researcher.

4.7 Limitations of the study

- **Limitations of the qualitative approach**

It is sometimes suggested that any study which employs a qualitative approach lacks a robust statistical basis which limits generalizability and reliability. However qualitative research goes beyond the quantitative and positivist approach by offering a full understanding of various issues with a more nuanced and contextual understanding. This limitation thus is argued to be the study's strength. Moreover, despite being primarily a qualitative study it has used quantitative data to strengthen the qualitative themes.

- **Sample limitations**

The small sample is limited in number. However due to the use of purposive sampling and a qualitative strategy it is argued that even the small number of sample can provide insightful information. Moreover secondary data helps to present a broader picture of the situation.

- **Limitations of data collection techniques and analysis**

While attempts are made to ensure that interviews are conducted in a child friendly manner, including through the use of pictures, it is accepted that in some cases children may not be fully comfortable with the researcher. The study also accepts that it cannot account for the methodological weaknesses of the documents used for secondary analysis.

Moreover the use of existing theoretical framework for both data collection and analysis may be questioned for its political bias. However the reasons for this have been clarified in previous chapters and while it may limit the extent of theoretical cross-examination, it does not weaken the credibility of the data itself.

- **Once-off data collection with the study participants**

Although the researcher may go back to some respondents more than once to get additional input, as a general rule the data are collected only once. Hence the response may be affected by several factors influencing the participant at that period of time, both personal, such as the state of the participant, and national factors such as the political instability of the country. Triangulation of data is expected to overcome this weakness.

- **Limited rapport with the participants**

The interview schedule is predominantly a one-off experience which reduces complete openness between the participants and the researcher. However more time is spent developing rapport with respondents who are under alternative care arrangements.

4.8 Conclusion

This chapter discussed both the theoretical underpinnings of the methodology as well as the practical and detailed process of how the study is conducted to analyse children's social policy in Nepal. It discussed the critical epistemology and theory that influences this study. It also outlined the key features of the qualitative case study method, justified the use of this method, set out how data is collected and analysed. The chapter also discussed ethical issues relating to the study, in particular the involvement of children in research, how the trustworthiness of the findings is ensured. The study concluded with discussion on limitations of the study.

The next chapter commences the report of the findings of the study by presenting data about the study participants.

Introduction to the study's findings

The following three chapters present the study's findings in relation to two key research questions. Chapter Five commences with information on the demographic data concerning the study participants. Data is also provided on the broader population in Nepal for comparison. Chapter Six presents findings on perceptions of child welfare needs from the study participants. Chapter Seven presents the study's findings on the research question that seeks to examine the nature of existing child welfare services in Nepal.

The findings draw on both the quantitative and the qualitative data gathered for the study. Direct quotes from participants provide important qualitative data and are included in these chapters.

This chapter provides general characteristics of the primary data source that includes the key study participants comprising children (principal source) and their caregivers (secondary source; this includes parents and other guardians, also referred to as adults or adult respondents) as well as the key informants (additional source). Seventy-two key study participants (37 children and 35 caregivers) took part in the study. Given the focus on examining children's lives in this study, the background of children is provided in detail and only selected data is given of the caregivers. Additionally the study also interviewed key informants to fill in gaps regarding different welfare services. Details about the study participants are briefly presented.

Chapter 5 Findings

Demographic data for the study participants

5.1 Key study participants

The study set out to recruit 48 participants. However as the field work proceeded, the researcher observed that to reach saturation point more participants had to be involved. Finally the total number of respondents reached 72. Although this is higher than general practice in qualitative research, this number was reached based on a higher number of interviews recommended by Gerson and Horowitz (2002 cited in Bryman, 2004: 335) who argue that for convincing conclusions 60 interviewees are required as well as based on the exhausting sampling principle which further increased the sample size.

Slightly more children (51% of the total participants) than caregivers were recruited because of either unavailability of the guardian or their lack of interest in being interviewed. These latter cases occurred where children were under alternative care arrangements, although the caregivers were happy for the children to participate in the study.

Table 5.1 Total number of children and caregivers participating in the study

	Number	Per cent
Total children	37	51
Total caregivers	35	49
Total	72	100

5.1.1 Social demographic data

The child participants ranged from 12-16 years of age. Fifty-one per cent of these children were female. This is comparable to national data, where the female population is 52% of the total population. The participants represent all three major ethnic groups of Nepal. Although CBS (2010) classified 125 caste/ethnic groups in Nepal they can broadly be distributed into three categories of Brahmin/Chhetri, Dalit and Janajati¹³. The ethnicity distribution of the participants while comparable to national data is not exactly in equal proportion as this was not the major sampling criteria¹⁴.

Table 5.2 Age, gender and ethnicity of the participants

	Children	Caregivers
Age		
12-13	7 (19%)	-
14-16	30 (81%)	-
Total (12-16)	37 (100%)	-
Gender		
Female	19 (51%)	26 (74%)
Male	18 (49 %)	9 (26%)
Total	37 (100%)	35 (100%)
Caste/Ethnicity		
Brahmin/Chhetri	14 (38%)	-
Dalit	6 (16%)	-
Janajati	17 (46%)	-
Total	37 (100%)	-

¹³ Brahmin and Chhetri are considered a dominant group in Nepal, where Dalits and Janajatis are regarded as disadvantaged communities. Dalits are formerly ‘untouchable’ and are considered particularly disadvantaged.

¹⁴ Based on DFID (2006) the population comprises - 32.8% brahmin/Chhetri, 11.8% Dalits, 50.1 Janajatis and 5.3% Muslims and others. This data is based on 2001 census. The 2011 census has not been categorised in these broad groups yet. Although DFID puts Janajatis and Terai middle caste as separate, they are combined here.

5.1.2 Residence of the participants

Most of the child participants (76%, N=28) came from the Kathmandu valley (Kathmandu, Bhaktapur and Patan) with the rest coming from surrounding areas of Sindhupalchowk (N=8) followed by Chitwan (N=1) (See map below). However out of the total 28 children interviewed in Kathmandu valley, nine (38%) had moved here from districts outside Kathmandu valley. Nationally Kathmandu has the highest population (6.5% of the total) while the Kathmandu valley constitutes 10% of the total population.

Figure 5.1 Map of Nepal showing locations of the study participants



Source: mapsofworld.com

5.1.3 Background of the study participants based on theoretical criteria

This study uses theoretical criteria as both a sampling strategy as well as an analytical framework. The theoretical criteria have been applied to categorise child participants into the

following four groups of children, which also serve as analytical domains. The same criteria will also be used while presenting the findings:

- Schooling group as proxy for different types of providers
- Forms of care arrangements (parents, kinship/informal care)
- Income groups (low, middle and high income)
- Types of employment as proxy for different types of economy (formal and informal)

5.1.3.1 Schooling group

In total 30 child participants were going to school while seven children were not. Nationally only about 45% of the children in the primary to secondary school age group (5-14 years) are currently attending school although more at primary level go to school (69% of the 5-9 age group) (NLSS, 2011/12). Similarly nationally, Government schools accommodate about 86% of the total students while private schools have 14% of the students (NLSS, 2011/12). Data of children going to occupational school are not available nationally.

Table 5.3 Child respondents by schooling status and type

	Number	Per cent
School going status		
School going	30	81
Non-school going	7	19
Type of school		
No school	7	18
Government	17	46
Occupational	5	14
Private	8	22
Total	37	100

5.1.3.2 Care arrangements

Sixty-five per cent (N=24) of the child participants were living with their own parents while 35% (N=13) of the children were living in alternative care arrangements, details of which are in Table 5.4.

Nationally the majority of children are under parental care, but the sample included more children in alternative care to get in-depth information on this population. Nationally, 95.73% of children under 16 years stay with their parents, one of the parents, or one of the parents in a step relation, with the rest of 4.25% in other forms of care (this includes 0.94% staying with relatives, 0.65% living with their employers and 2.47% living in other arrangements) (CCWB, 2011 based on CBS/population monograph, 2003).

Table 5.4 Type of alternative living arrangements of the child participants

	Number	Percentage of alternative care arrangements	Percentage of total
Near relative/kinship	4	31	11
Employers	4	31	11
NGO guardian/Institutional	5	38	14
Total	13	100	-

5.1.3.3 Employment status

Although employment status normally refers to adults, some children in the sample are also engaged in labour and hence employment status of both the caregivers and the children are presented.

Nationally the definition of child labour and data on child labour are not consistent. While child labour is defined as the proportion of children aged 5-14 by the National Labour Force Survey (NLFS, 2008), the Child Labour Act (2000) and the Children's Act (1992) of Nepal allow child of age 14 to work. The definitional problems are reflected in the data on child labour itself.

According to NLFS (2008) the proportion of children aged 5-14 who were economically active (child labour force participation rate) is 33.9% (N= 2.1 million children). Child labour data are not available separately for children aged up to and including 13 years of age (i.e. banned by the Child Labour Act, 2000 and the Children's Act, 1992) and those from 14-17 years of age (although allowed to work are still children and hence discouraged). In this study a child who is working outside their home, whether going to school or not, and aged under eighteen is considered as a working child. Table 5.5 gives the working status of all the child respondents. Table 5.6 shows the type of labour undertaken by working children.

Table 5.5 Child respondents' working status

	Number	Per cent
Working children (school going and not going)	7 (6 girls and 1 boy)	19
Not working children, going to school	28	76
Not working, not going to school	2	5
Total	37	100

Table 5.6 Type of child labour of working children

	Employment Type	Number	Per cent
Brick factory workers	Informal	2 (both girls)	29
Domestic helper	Informal	4 (3 girls and 1 boy)	57
Child headed house	Informal	1 (girl)	14
Total		7	100

Altogether seven children are engaged in economic activity (child labour/working children). All the working children are fourteen years and above and the majority (86%) of the working children were girls. All of them are engaged in informal employment. See Figure 5.2.

Regarding the caregivers, 10 out of 35 (excluding five NGOs and three employers) are in formal employment (civil service, army/police, private sector and I/NGO). The remaining 17 caregivers are in informal employment. See Figure 5.3.

Figure 5.2 Employment type of working children

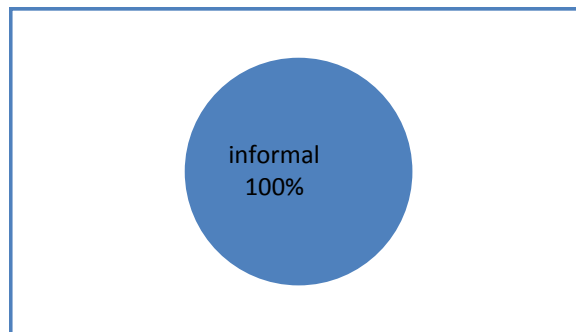
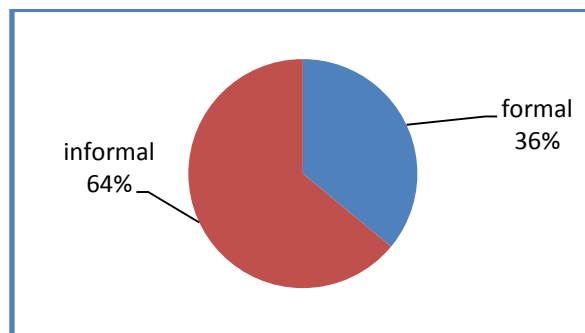


Figure 5.3 Employment type of caregivers



Nationally an overwhelming majority of 96.2% of the currently employed aged 15 years and above are informally employed while formal employment is only 3.8% (NLFS, 2008).

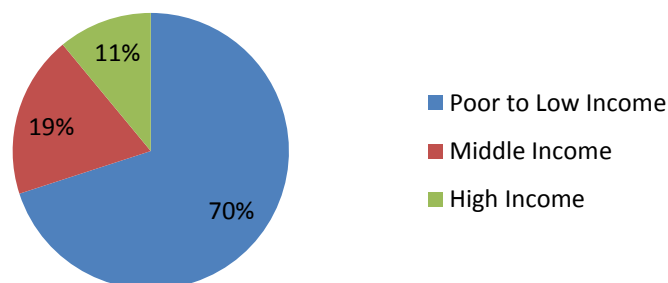
5.1.3.4 Income level

The income level of the participants is based on the income classification methodology described in Chapter Four. Although four groups (poor, low, middle and high) were suggested earlier, the poor and low income groups have been combined because most of the respondents in the low income group identified themselves as poor and vice versa. Hence only three groups are listed. The information in Table 5.7 is that of a child’s natural/original family. Regarding adult respondents, details of only natural parents or close relatives are provided as kinship is treated as a family unit. The income status of employers and NGOs is not provided as this is not relevant.

Table 5.7 Income level of the respondents

	Child respondents/families	Adult respondents (excluding employers and NGOs)
Poor to Low income (LI)	26 (70%)	17 (61%)
Middle Income (MI)	7 (19%)	7 (25%)
High Income (HI)	4 (11%)	4 (14%)
Total	37 (100%)	28 (100%)

Figure 5.4 Income level of child participants’ family



The income level of participants in the study is broadly comparable with national income data. According to the available data, 25.2% of the population is poor based on the national poverty line (CBS, 2010). The poor to low income group in this sample is larger because it includes both those under the poverty line as well as low income people. The international poverty line is set at US\$ 1.25 per day and if this measure is used in Nepal just under 70% of the population are categorised as living under the poverty line. The average per capita income per year in Nepal is US\$ 588 and this is earned by 30% of the population (NLSS, 2011/12). If the top 10% are considered as high income, then the middle income group comes to around 20%.

5.2 Key informants

A total of 37 key informants were interviewed to gain specific information related to various aspects of welfare services, in particular to either fill in information gaps or to direct the researcher to appropriate relevant documents for review. Twenty-one key informants are from government related institutions, six are from NGOs, five are from the UN/bilateral sector and another five from miscellaneous sectors (e.g. freelance, politics). Although some of the informants focus on one particular sector such as housing or education, others cover a wide range of issues. A summary of the types of informants interviewed is given in Table 5.8.

Table 5.8 Number and types of key informants

Sector	Type and number of Informants	Total number of informants
Social policy/Social security	UNICEF - 2 Government - 3	5
Housing	UN - 1 NGO - 2 Government - 4 Miscellaneous - 1	8
Health	Government/autonomous - 5 Miscellaneous - 1 UN/Bilateral - 2 NGO - 1	9
Education	Government - 3 Freelance - 1 Police/Army - 2	6
Protection	Government - 2 NGO - 2 Miscellaneous - 1	5
Children	Government - 2 NGO - 1 Miscellaneous - 1	4
Total Informants		37

5.3 Conclusion

This chapter presents the background of the study participants, based on social-demographic characteristics and characteristics. The participants represent different types of schools, income groups, occupations, care arrangements, gender and caste. The next chapter will present findings on how child welfare is conceptualized in Nepal.

Chapter 6 Findings

Notion of child welfare: Basic needs in an hierarchical order, delivery through public-private mechanisms

6.1 Introduction

This chapter presents the findings on the research question: ‘How is child welfare conceptualized in Nepal? The findings are further presented concentrating on the following key issues:

- What child welfare needs are valued by children and their caregivers in Nepal?
- Who is responsible for providing the five children’s welfare services (social security, housing, education, health care and protection services)?

Respondents refer to both children and adults unless specified otherwise. Where possible, the responses of both are integrated. The key themes which emerged from the study findings are presented, those considered dominant themes relate to those themes where either 50% or more of the study respondents opt for it, or it is among the top three responses.

Where relevant, Nepali words are also used, shown in italics. This will help to keep the findings close to how respondents expressed their opinions. All the quotes, including those that were in English, have been edited for logical flow.

6.2 Welfare needs of children

This section presents findings on what are perceived by children and their caregivers in Nepal as the child welfare needs. Two questions were asked regarding this: what constitutes child

well-being (CWB) and child ill-being; and how the five welfare services are ranked in priority.

6.2.1 What constitutes child wellbeing and child ill-being?

This section discusses important constituents of CWB and ill-being. CWB was referred to as ‘a good life’. Ill-being was commonly referred to as someone ‘suffering from hardship’ (*dukha*) while a few respondents went on to one level deeper with words like ‘pain’ (*pida*) and ‘chaos’ (*bichalli/bijog*).

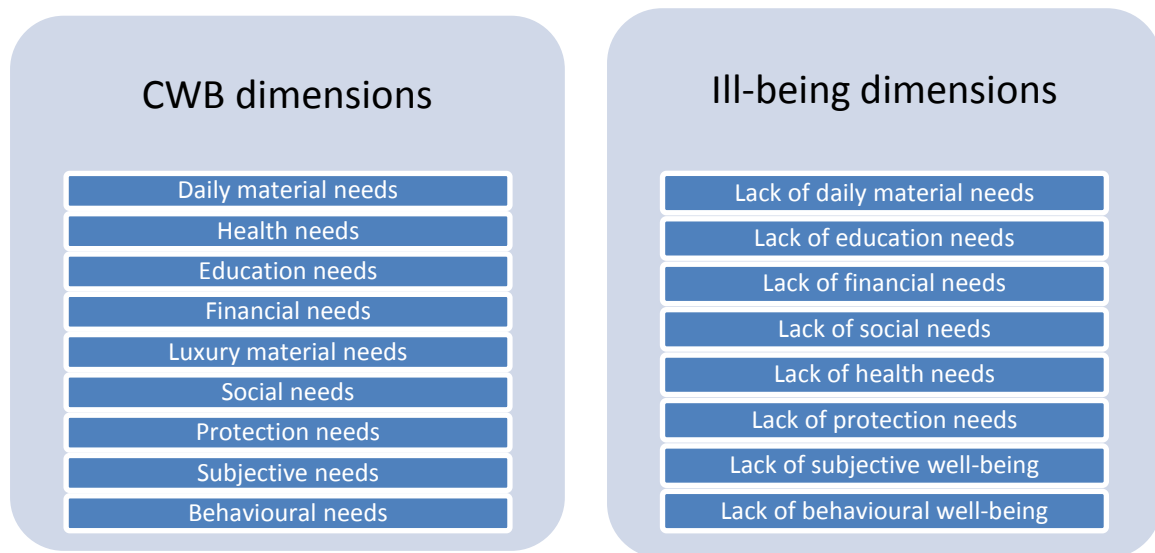
This section documents responses of children and adults to the questions, ‘what do you understand by CWB?’, and ‘what do you understand by ill-being?’ Children and adults were interviewed using semi-structured questions and their responses have been coded into different themes and these are represented as various dimensions below. The discussion combines responses of both children and adults since most of the dimensions cited were similar and the few differences that do exist are pointed out.

6.2.1.1 Multi-dimensional notion of CWB and ill-being

The respondents expressed CWB as a multi-dimensional notion of needs. Nine dimensions were identified as being the most important needs for children. Similar to the notion of welfare, ill-being was also associated as arising from lack of multi-dimensional needs. However fewer dimensions than CWB dimensions (eight dimensions) were cited by the respondents. The same dimensions are recognized as constituting ill-being as with CWB with the exception of lack of luxury needs which was not identified as constituting ill-being by any

of the respondents. Figure 6.1 shows the dimensions mentioned as CWB and ill-being by children and adults.

Figure 6.1 Dimensions of CWB and child ill-being



Furthermore, there was another difference between the responses of children and their guardians. Within social needs, children only mentioned the parental component of this dimension and not other social networks.

The dimensions of CWB and ill-being identified by the respondents belong to the following five domains:

- Social (social needs)
- Cognitive (education needs)
- Physical (daily material needs, protection needs and health needs)
- Psychological (behavioural needs and subjective well-being)
- Economic (financial needs, luxury needs)

Although the notion of CWB and ill-being was multi-dimensional, some needs were prioritized more than others. This is discussed next.

6.2.1.2 Multi-dimensional CWB and ill-being includes dominant and sub-dominant needs

Although both the adults and the children conceptualised CWB through the same dimensions and domains, there was a significant difference between the number of participants opting for a certain dimension. This difference was more evident when identifying ill-being dimensions, where some dimensions were not chosen by one group or the other.

The discussion below subdivides the social dimension into two, namely social-parental needs and social-other needs. This is done because the parental dimension came out very strongly compared to the social/others.

When discussing CWB both the adults and children cited the same four needs as most important, namely parents, education, daily material needs and financial resources. However of the four, parental needs were cited least by guardians (40%) while it was cited by the majority of children (76%). The other three needs were cited by a relatively equal number of adults and children. When talking of ill-being however, three of these needs were the same (parental, financial and daily material); however more respondents prioritized being in an ill-protective environment as a dimension of ill-being. This was the second most prioritized dimension. However only a few respondents had cited protection needs as a major CWB dimension. Education was cited as the fifth most important dimension of ill-being.

Hence the five dimensions, namely: parents, education, daily needs, financial needs and protection needs, have been categorized as dominant themes while the remaining five dimensions identified by respondents are categorized as sub-dominant themes.

Comparatively, only a few respondents cited luxury material needs or social networks (other than parents) as important for CWB and none counted this as a factor in ill-being. Social needs, such as friends or people other than parents, was cited by a few respondents as a CWB dimension while none of the children cited it as leading to ill-being. Although a low number of both the children and guardians cited the behavioural well-being of children as important for CWB, slightly more guardians than children (17% versus 14%) said that good behaviour and motivation were important. Similarly relatively few respondents, fewer guardians than children (6% versus 24%), cited health need as an important dimension of children’s welfare. It was not cited by any child respondent as being a dimension of ill-being. Subjective well-being was associated more with CWB than with ill-being while behavioural well-being was associated more with ill-being than CWB. See Figures 6.2- 6.5.

Figure 6.2 Dimensions of CWB identified by respondents

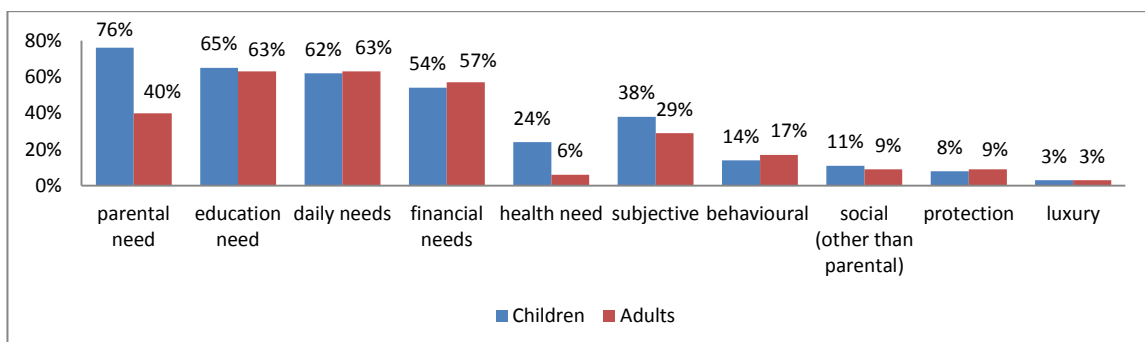


Figure 6.3 Dimensions of child ill-being

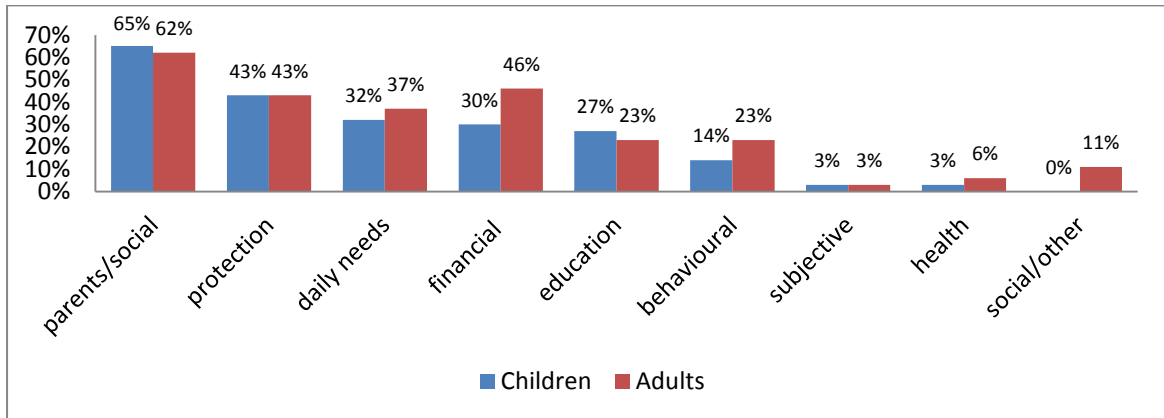


Figure 6.4 Dimensions of CWB and ill-being identified by children

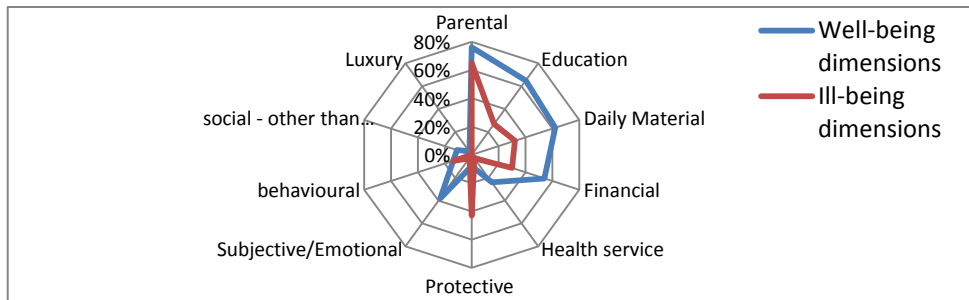
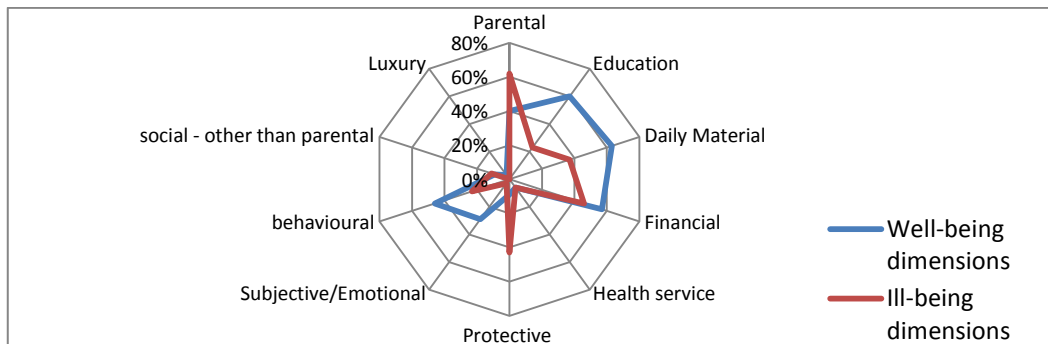


Figure 6.5 Dimensions of CWB and ill-being identified by adults



6.2.1.3 Relative importance of different types of needs

To discuss the hierarchical importance of CWB dimensions, the following four needs are selected (Table 6.1). These are selected so as to make the analysis comparative to the five

welfare services. However because food/social security and housing are combined as daily needs only four services are mentioned below. These are combined since they were referred to as one service by many respondents.

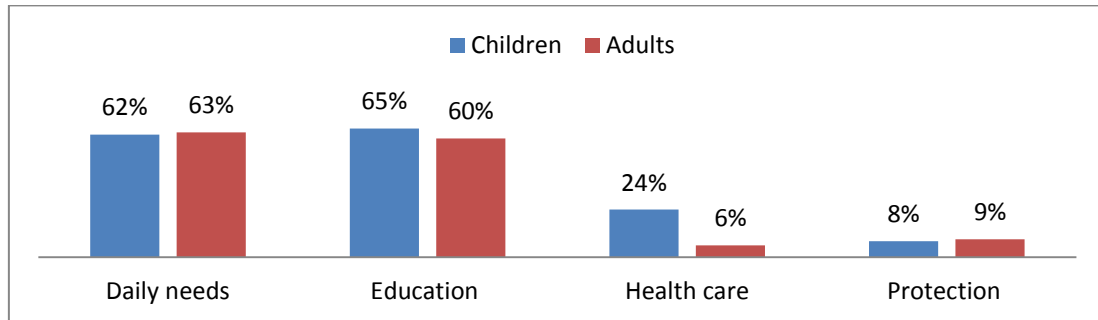
Table 6.1 Selected CWB dimensions/needs for comparing hierarchical importance

Current /survival-basic needs	Future /non-survival basic needs	Future/survival and non-survival basic needs
Daily needs (housing, food and other daily needs)	Education Protection needs	Health services

These needs are chosen as they directly correspond to the needs identified in welfare state framework (WSF) as well as being dominant needs identified by the respondents. Because health care was not separated into curative versus preventive/promotive this is shown separately. The two other dominant needs identified by respondents, namely parents and financial resources, are linked to WSF dimensions but they are crosscutting or can be seen as proxy dimensions rather than stand-alone services and are therefore discussed separately later. This discussion in this section is restricted to the five welfare services as used in current literature of social policy.

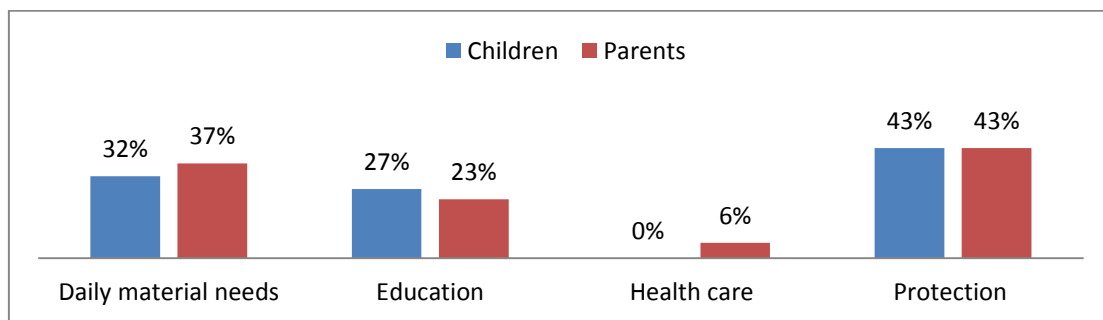
No marked difference was found between the priority respondents gave to current and future needs or between basic survival and non-basic survival needs. For example almost an equal number of participants chose education (future and non-survival basic need) as well as daily needs (current and survival-basic needs). Similarly although protection (future needs) was considered less important as part of CWB (8% children; 9% adults), more (43% children and adults) considered it an important dimension of ill-being, indicating that this dimension is important. Health care was selected by comparatively fewer respondents (24% children and 6% adults). However more guardians gave priority to protection rather than to health service.

Figure 6.6 Comparison between current and future needs of CWB



While wellbeing was conceptualized as constituting both future and current needs, ill-being on the other hand is conceptualized more as a lack of current daily needs (32% of children) and protection needs (43% of children) more than future needs (education, 27% of children). Similarly more adults opted for the former (37%) than the latter (23%). Health was cited by considerably fewer parents, and by none of the children.

Figure 6.7 Current needs versus future needs as factors of ill-being



The findings show that education is perceived to be as important as current needs (only daily needs however, and not compared to health care) while protection is not regarded as that important. On the other hand, of the curative health care and daily material needs (both survival needs), only daily material needs were considered important while health needs were not.

6.2.1.4 Critical role of parents creating welfare

It was discussed above that five dimensions were prioritized by the respondents as key in creating welfare or leading to ill-being. However parents emerged as the most important dimension (Figure 6.2 and 6.3) during discussions of both CWB and ill-being, by both children and adults.

The presence of parents themselves was however not regarded as a sufficient condition for welfare. Children opined that parents should have particular qualities that included parenting skills (50%), be their own parents (22%), economically strong (19%) and educated (9%) (Table 6.2). Similarly, lack of these same qualities was also cited as leading to ill-being by children. Adults also cited the importance of parents but while they included most of the above qualities for parents to have, they did not cite education. These qualities are expanded below.

Table 6.2 *Desired qualities of parents (children's response)*

Qualities of parents desired by children	Number	Per cent
Behavioural/parenting (having their time, love, well looked after, guidance)	16	50
Having parents /own parents /mother	7	22
Financial (economically secure parents)	6	19
Educational (parents should be educated)	3	9
Total	32	100

Behavioural

Both children and the adults cited behavioural aspects of parents as the most important qualities for parents to possess. While parental behaviour was cited as important during discussions of both CWB and ill-being, it was expanded more during discussions on ill-being.

Parental behaviour in terms of leading to ill-being was primarily of two types: first was neglect or abuse by own parents in a two parent family type care and the second was abuse or neglect caused due to spousal change and hence parental neglect was either by a step-parent or by a child's own parent who now cared for their child less after their partner was changed.

Twenty-four per cent of the total children (N=9) and 43% of the total adults (N=15) said that the behaviour of the child's own parents was crucial in causing ill-being. On the other hand, 14% of the total children (N=5) thought that this was more specifically to do with step-parents or one of their own parents in a changed relationship. However this latter response was not given by any of the adults.

Moreover, more children in non-parental forms of care (7 out of 12 children in alternative care arrangements) or in estranged situations (all three children in such situations) cited parental behaviour as a cause of ill-being. The five children in alternative care who did not mention it however talked of the need for a parent, including a mother, while discussing wellbeing. This shows that the parental role is particularly important for children not in families with both or one of the parents.

“Ill-being... in that category I also fall ... in home there is this problem... sometimes I feel like crying...some people's dads bring them so many things and give them love but my dad has never looked after me” (Child: Case 44; father in a new relationship)

“Up there is one sister, her mum has gone abroad...I feel sorry for her, her step-mum does not treat her well...so she walks around crying a lot” (Child: Case 37).

“People marry and remarry and then they will have a new child and who will take care of the previous child? Neither the dad will nor will the mother. They get married so easily. ...so the children will come here in the street... they are not there because of his weakness but they have been forced into that situation... where can they go? no dad and no mum, so they come to street ” (NGO Guardian: Case 5).

Having parents

The need to have parents was viewed differently by those under parental care versus those under non-parental types of care. While children under parental care talked of the need to have wealthy, loving/caring and educated parents, children in alternative care spoke of the need to have their ‘own’ parents or mother. For the latter group just the presence of their parents or mother was important. Out of five children in alternative care who talked about this dimension, three had a father but not a mother and all of them had step-parents. These children shared that having their own parents was important so as to avoid abuse or general hardships.

Financial

Finance also emerged as an important factor in wellbeing and for some respondents was the most important of all the dimensions. This is because while the respondents identified four dominant welfare needs: parents, education, material needs and financial resources, the former three were further expressed as dependent on money, that is, parents had to be wealthy to provide material needs and ‘good education’.

Financial constraint was however not considered a behavioural limitation, but rather linked to unfavourable macro political-economic conditions such as economic discrimination and insufficient income even after working hard all day.

Some parents (both high income and poor/low income) mentioned that *'without money you cannot give good CWB'*, and six guardians said they need *'lots of (bessari) wealth'*. Further probing revealed that *'lots of wealth'* was needed not for luxurious needs, but for simple survival basics like school notebooks, school snacks (*khaja*) or other basic needs such as good quality or boarding education. The need to have wealth was linked to providing a good education, that of a private rather than Government type. Only one respondent answered that *'anyone who can understand a child can give good CWB; money does not have role; lack of money only makes you feel jealous'*. This came from a high income child, who later however acknowledged that money is still required for basic needs of children. A response from a 60 year old grandmother was particularly illuminating indicating as it did that even her love was not enough to give good CWB due to lack of money. Describing what children need for welfare she mentioned money and further elaborated *'money is required for everything like pens, snacks and exercise books if you cannot provide these then kid walks away crying'*. Similarly another mother talked of how she gave her child all the love and care she could but that she did not have enough money to prevent her child from leaving home.

"I used to say that children go astray due to lack of mother's love but after my incident [her elder son took to drugs and started stealing and her younger son became a street child] I think I gave so much love and this happened,... so those unable to feed, in poverty and hardships and without any outside help end up having ill-being" (Mother, Case 9).

“Parents too have to go to work, so they can’t both look after the child and earn income to feed them... If we look after kids then they go hungry, and if we fill their stomach then they go astray” (Mother: Case 8).

The discussion above shows the significance of financial resources in creating children’s welfare. While parents were cited by the majority of the respondents as critical for children’s welfare, parents in turn needed to be financially strong to do their job well. Similar was the case for education, which was important but to have good education respondents felt you needed money. The findings also show the importance of current resources (financial, parents), to meet both current needs (daily material) as well as future needs (education).

Education

A few children (N=3) also said that parents needed to be educated to give good well-being to children. But this was not raised by the majority of the respondents.

6.2.1.5 Not just education but ‘ramro’ and boarding education

While education was cited as one of the most important child welfare needs, it was also further specified to mean ‘*ramro education*’ (good education) or ‘boarding education’ indicating that simply education was not enough. While 15 adults mentioned ‘education’ as a need, nine parents (60%) further conceptualized it in this manner.

6.2.1.6 Child welfare as ‘basics needs’

All the CWB needs mentioned by the respondents referred to basic needs. Only 3% of both the parents and children mentioned non-basic luxury needs such as electronic gadgets or computers as welfare need (cited by both the low income and high income respondents). Even when some respondents explained that CWB needs ‘everything’ they went on to expand this to mean largely survival basics needs and daily requirements such as ‘pencil’, ‘food’, ‘clothing’ or non-survival basic needs such as love and care of parents or good education.

‘Money gives you all - oil, spices, rice, food, everything has to be bought now, money is needed for everything like these’ (Mother: Case 41)

‘For kids ... to care and look after...even whole one copy will not be enough’ (Father: Case 36)

6.2.1.7 Regular jobholders (jaagire) can give better well-being

The type of job or employment was also cited by some respondents as an important factor for children’s welfare. Five respondents said that parents with a regular job (*jaagire*)- meaning formal employment - can give better and more regular well-being than those with casual, irregular or farm jobs such as portering. Parents with irregular/casual jobs for example were considered to be particularly unable to provide a good life when they fell ill as they could not earn income.

6.2.1.8 Defining children with parents as orphans

A response by one respondent was that ill-being is when a child has no parents, but in this case the child did have a parent, although the parent was not looking after the child. The phrase however used was 'without' instead of 'abandoned or not looked after'. Similarly, if a child lost even only one of the parents s/he was considered an orphan. A mother called her own children as well as her sisters' children orphans since their father and mother had died respectively. Hence it was not only that the income earning father had died but also when only a mother had died, children were considered orphans. In another case a mother called her own son an orphan because he was not staying with her but in an orphanage. Ironically, she herself had opened an orphanage for other children.

6.2.2 Hierarchy of needs

The earlier section discussed what welfare needs the respondents considered important for children. This section focuses on the respondents' opinions regarding the five welfare services defined in this study as key to CWB, in particular regarding their relative importance.

This discussion was undertaken through a 'ranking exercise' where the respondents were shown five pictorial cards representing each of the five welfare services and asked to rank them as per importance. This exercise proved to be more complex than envisaged at the beginning, primarily because of the different way the cards were interpreted as well as because the activity involved more probing by the researcher that resulted in rearrangement of cards. The process however was insightful. The methodology itself went through a few changes. For example, originally only the final response was to be recorded. However the

initial response of the respondents and their logic was as illuminating as the final one. Hence both the responses are presented below.

It should be noted that the researcher was more involved in cross-questioning during this exercise than other questions. This is in line with the crucial epistemological position of the researcher, i.e. participants were asked to clarify why certain cards were chosen and the reason for choosing one card over other especially; the cross-questioning was contextual to individual participant's response. However there was no overt influence; while the probing did make respondents think more about their initial priorities the decision making was still theirs.

The presentation below includes key themes derived from responses of both children and adults. There is no specific bivariate analysis (that is, responses based on their other characters like gender and class).

6.2.2.1 Difficulty for respondents to prioritise between the welfare services

Many respondents said that all the five welfare needs, except protection needs, were equally required and a single need cannot be prioritised. In most cases however the dilemma was especially over food/clothing and housing and two respondents did not rank them in priority but put them in equal position. Similarly there was also a dilemma over whether education was more important than health service. Examples of responses included “*all are required*” (Case 31, Case 62), “*these are all related, all are basic needs, we can't do without*” (Case 7), “*food/clothing and housing should be together; difficult to separate*” (Case 61).

Protection services needs were not considered an important basic need. It was selected as the last option by the majority of the respondents both before (72%) as well as after the discussion (78%). One even said *'we can do without the last one (i.e. protection service) (Mother: Case, 38)* while another said *'all services are dependent on each other except protection (Child: Case, 48)*.

Protection service was not ranked at the top even by those, who according to the researcher needed it, that is the children in risky situations such as child labourers. However relatively more children in this risky group did not rank it last. Out of total 37 children, seven children (19%) did not rank it as the last, six of whom were facing some protection concerns. In one case a child respondent ranked it even higher than education, when the question was contextualized to his situation. This trend was similar with the adults except in the case of adults who were already working for children at risk. Only four respondents, three of whom were already looking after children in alternative care arrangements ranked it first or not the last.

6.2.2.2 Daily needs a top priority, protection is last and dilemma over health and education

While conducting this exercise, the respondents' opinions changed remarkably before and after the discussion. Before the discussion the top three priorities of children were food and clothing (30%), shelter (38%) and education (21%). Health and protection were ranked high by relatively fewer children. However comparatively more adults ranked basic survival (check my terminology) needs higher than other needs. For example 70% chose shelter as first, 64% chose food/clothing as second even before the discussion.

After the discussion the ranking was more decisive with most children prioritizing current basic survival needs as most important. Shelter was ranked most important (70%) and the same number prioritized food/clothing as the second priority. All children (100%) ranked these as the top two. A significant change occurred in how education and health were viewed. Before discussion, many children (21%) considered that education should be the first priority, even before basic survival needs. Health care on the other hand was considered as the first option only by 6% of the children. However after the discussion most children (67%) ranked health services before education. However 57% of children still ranked it after education, even after the discussion. Protection was ranked last by children both before and after the discussion. See Figures 6.8 and 6.9.

Figure 6.8 Ranking of welfare needs before discussion by children (1 is most important)

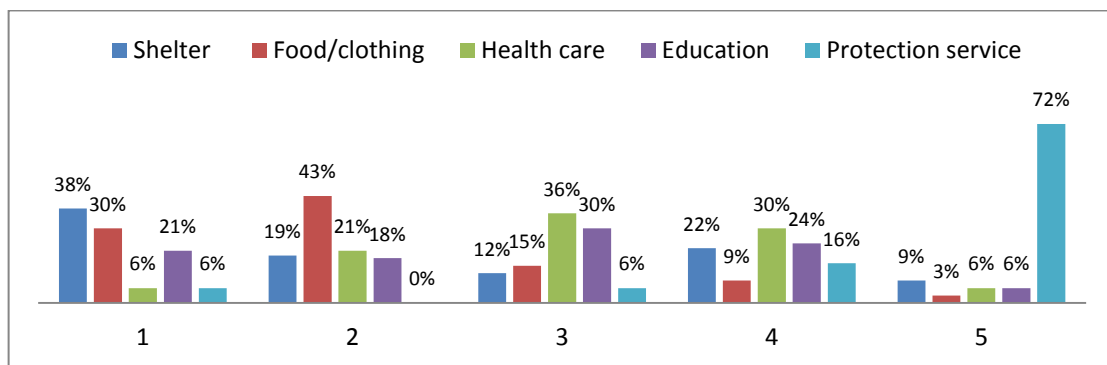
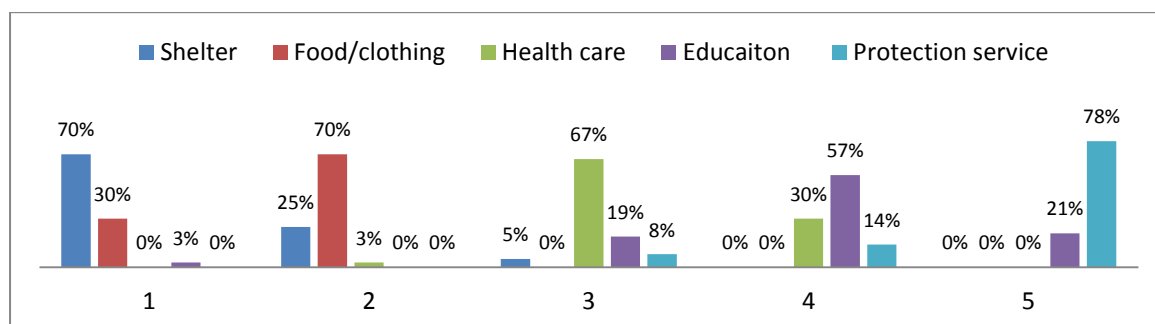


Figure 6.9 Ranking of welfare needs after discussion by children (1 is most important)



Similarly, more adults ranked health care as third most important (83%) and education as fourth most important (80%) after the discussion. As with the children, current basic needs were prioritized by the adult respondents as first and second priorities but unlike children, there was not a significant change before and after the discussion. Current basic needs (shelter, food/clothing) were ranked as the top two by adults before the discussion (86%) and this increased after the discussion (91%). However change was seen between education and health care service. Protection as the last priority remained the same, by the highest number of adults in both the cases. See Table 6.3.

Table 6.3 Ranking for first option before and after the discussion (adults)

	Shelter	Food/clothing	Health care	Education	Protection service
First option before the discussion	70%	25%	4%	4%	3%
Overall ranking after the discussion	65% (1 st)	66% (2 nd)	83% (3 rd)	80% (4 th)	91% (5 th)

These findings show that before the discussion the priority was spread across the services, especially food/clothing, health care and education. After discussion however there was clearer prioritization for first level basic survival needs (daily needs) before future needs (education). However the verdict was not as decisive when choosing between health needs (survival/future) and education (non-survival/future).

6.2.2.3 Daily needs were a reluctant priority and based on minimal quality criteria

Access to food and housing were considered most important by many for the following reasons: it is a basic need; it is needed for basic survival; with an empty stomach (*khali pet*) you cannot do anything;, and because a hungry child can get into all kinds of trouble. The key logic was that you need these basic needs before you can do anything else.

However as was seen in the ranking exercise, the initial reaction (of both adults and children) was not necessarily as assertive of this claim as after the discussion. Moreover, even when these daily needs were prioritized it was argued that this can be of minimal quality or just sufficient (*jaso taso*). Some argued that food/clothing and shelter can be of any type or that ‘*they will have food/clothing somehow*’. According to one respondent, food/clothing and shelter are important as a last resort only (*ati nai bhayo bhane*), and that even if they are of inferior quality or amount, food/clothing and housing are at least available to many people, and hence the focus should be on education and health care.

“Housing is also needed...but it does not matter what type; it is only a place to wait for your death, isn't it?” (Mother: Case 42).

6.2.2.4 Of the two daily needs, food/clothing was considered more important than housing

Both housing and food/clothing were ranked as the top two services, and within this housing was ranked number one. However, some respondents said that while housing is important it does not need to be addressed immediately, because you can ‘live anywhere’ but you have to send lunch to children at school, which hence becomes more important. There were a few cases where food/clothing was being maintained at the cost of health care.

6.2.2.5 Higher value given to education and a reluctance to deprioritise it during discussion

Education was cited as the most important need, even ahead of basic survival needs, by eight children, including those out of school and living in slums. When the exercise began the first reaction of many of the participants was to choose education, and many chose education as first or the third, notably before health. After discussion most respondents ranked it lower than survival needs, but there was still a dilemma over whether education service or health service was more important for children. In particular many respondents reiterated the arguments made for lower quality of housing and food and clothing in that education is more important while food and clothing or housing can be of any quality. This was said by both squatters and parents with children in institutions who have in fact applied this view in their lives. Although the final ranking for education was fourth, it was done so with some reluctance. Table 6.4 shows how ranking between health and education changed before and after the discussion. The final rank for both the needs is shaded.

Table 6.4 Ranking of education versus health (children) (1 is the most important)

	1	2	3	4	5
Before - Education	21%	18%	30%	24%	6%
Before - Health	6%	21%	36%	30%	6%
After - Education	3%	0%	19%	57%	21%
After - Health	0%	3%	67%	30%	0%

“Just having food does not make you big person, education does” (Child: Case 59).

“School is more important than food, unless children are starving” (Child: Case 30).

*“Education is more important than a house because you can still live on the road and study”
(Child: Case 14).*

VIGNETTE: In real lives, education more important than health care

A 36 year old mother has five children; her husband is working as a migrant labour in the Gulf. She has hand to mouth problems and cannot feed or clothe her children sufficiently. She herself is suffering from illness. However she is still sending her children to school without taking any medicines herself because she cannot afford to. Although she thought health was more important than education and ranked in the order of housing, food/clothing, health, education and protection, in reality her focus was to ensure that children went to school even though she could not treat herself (Mother: Case 42).

6.2.2.6 Low importance to health service compared to education before discussion and the opinion changed only after logical cross questioning

Many people, at least before the discussion, chose education over health. Health was ranked before education only after discussing pros and cons of people’s original ranking, when the

situation was contextualized with their own experience or were cross -questioned. Even then not all ranked health care before education.

Some participants who chose health before education gave reasons such as need for health treatment for children from the time of conception and birth of child, when education is not required. Schools are needed only after a certain age. Others said that health care is needed even for the educated ones or if you cannot travel far. Compared to children, more adults opted for health care before education.

“Hospital is needed first because it is required as the first thing from the day children are born, her children have to be vaccinated the next day” (Mother: Case 25).

6.2.2.7 Importance of education especially over health care was linked to six reasons

While logical discussion prompted the respondents to rank in the following order: food/clothing, housing, health, education and finally protection services, they also suggested that in terms of policy the focus however should be on education. One respondent who could not afford to take medicine for herself still said that this should be the case. The perceived importance of education was linked to the following six reasons.

Firstly, education was perceived as a gateway to acquire a range of other goods or solve problems, to treat illnesses, acquire a house, protect you, help you overseas (*bidesh*), give you self-esteem (N=4). It was considered to be needed universally. One child, who was working as a child labourer thought education was more important than a protection system since it

was important for their future. Secondly, knowledge itself was highly valued, even over life (N=2). One respondent said it was better to die than not have education.

Thirdly, the need for health care was perceived only as a possibility, that is, not everyone is sick all the time and some may never need it (N=7). On the other hand because you had to go to school every day and at a certain age, hence it was by default perceived a current need.

“Look at me ... I want to study now but I can't. They won't open a school for me or my wife will they? After you cross 40 you don't get to study” (Father: Case 36).

Fourthly, dying was perceived as natural (N=1). To a cross-question from the interviewer as to what he would do if someone was sick in his village and there was no health centre but there was school, one respondent replied:

“If there is really no health centre then you just have to die” (Child: Case 59).

“Education comes before health care because if you can't check then you die but education is important” (Child: Case 44).

Fifth, health care treatment while important was not perceived to be required locally and one could travel far to access it (N=4). Finally, some respondents conceptualized health care as a preventive notion or as small illnesses that could be cured at home by oneself or through faith-healers (N=3). Hence health care as a policy focus was not seen as that important.

6.2.2.8 Protection services were least prioritized due to abuse being seen primarily as a behavioural, educational issue and not very widespread in Nepal

Only a few respondents, mostly from those working in the protection sector, said that protection was important for children. This view primarily stemmed from their experience of working with children at risk, whom they claimed either needed protection first or would not have come into harmful situation had there been a protection system:

“Protection service is the first priority because protection problems could be faced by children recently born, for example kids who are 5 or 6 months and who are left/discarded by mums, there are cases when parents have abandoned new born children or jeopardy of mothers and daughters when a son is not born” (NGO Guardian: Case 5).

However most of the other respondents considered protection service as the last priority. The key reasons for viewing protection as the least important was that it was considered to be an ‘educational’ issue (it can be reduced if they are educated), behavioural (self-solvable or be able to tolerate some extent of abuse), there is only the possibility of abuse happening, or because it is not a significant problem in Nepal.

6.3 Responsibility for providing children’s welfare

This section presents the findings on who the respondents view should take responsibility for providing the children’s five welfare services. During the discussion it emerged that people generally categorized the welfare services in three groups while discussing who should provide them: food/clothing and housing as one kind of service, health and education as the second kind and finally protection differently. The presentation below follows these three

groups. Moreover responsibility regarding food/clothing, housing and protection include a wide range of providers (parents/households, Government, community), whereas responsibility regarding health and education focused specifically on private versus state. Moreover people also further clarified what the main overall responsibility of Government is, which is presented separately.

6.3.1 Responsibility for food/clothing and housing

6.3.1.1 Role of primary provider is that of parents, secondary role of Government and a minimal role of charity and the children themselves

A majority of the children who answered this question said that parents hold the primary responsibility for providing food/clothing (69%) and housing (72%). Very few thought it was the Government's duty or even jointly Government and parents' duty, the role of charity or their own responsibility. While 10% of the children thought parents and Government should jointly provide food/clothing only 3% of the children opted for the other providers. One child strongly felt that Government should not help in this regard. According to her:

'You should get food/clothing and housing through your own hard work. If the Government gives food/clothing and housing that is giving a good life and we should have a good life only after we have done hard work. Government giving these things will make people dependent and they will stop working' (Child: Case 30).

The opinion that children themselves should be a provider for children's food/clothing and housing came from a child labourer, who was in fact providing these provisions for herself. Another respondent too shared that children were supporting themselves but he did not say it

was their responsibility, whereas in the child labourers' case she thought it was her responsibility:

“Some children support themselves and their families. Their parents could be sick or ill then you have to work from an early age so they support like that...so making a house, giving food/clothing then becomes their responsibly” (Child: Case 48).

On the other hand more adults, 100% of the parents who answered this question, said provision of food/clothing and housing was a parental responsibility. Some specified that it was their 'foremost' responsibility, or 'compulsory' responsibility. No respondent thought food/clothing and housing was a primary responsibility of the Government. One mother, herself struggling to meet daily needs, argued that parents have to do this anyhow (Case 9).

Nine per cent of the adults further specified that Government should not help at all, and that it was not their responsibility. This answer came from two respondents, one from a high income and the other from a middle income (who incidentally is homeless and struggling with just enough income to survive). Even when the respondents thought the Government should help some expressed that while this may be good, it was inconceivable that the Government would do something like this (Mother: Case18).

6.3.1.2 Secondary role of Government with regards to food/clothing and housing provision included residual support and macro management of economy

The respondents were then specifically asked what a Government should do. They responded that the role of Government should be of two types: residual support, that is to help when

parents are unable to provide, and macro-management of the economy, such as job creation, pricing of food and education. More respondents opted for the residual support (Table 6.5).

Table 6.5 Response on the role of Government for food/clothing and housing

Role of Government	Food/clothing		Housing	
	Children	Adults	Children	Adults
Residual	64%	54%	86%	78%
Macro management	36%	36%	14%	22%

“If food is not sufficient then Government should help. Like I said I don’t have enough food for 5/6 months, if so then Government can help the poor” (Father: Case 34).

“Basically it is the responsibility of parents, their foremost responsibility. But the Government should give you enough opportunities to earn and to be able to give or provide to your kids. Today I may not have any job then how am I supposed to provide for the children?” (Mother: Case 49).

6.3.1.3 Birth role of parents the primary reason for their primary responsibility to provide food/clothing and housing

The key role ascribed to parents for providing food/clothing and housing was primarily seen due to their birthing role. This response came from respondents from low to high incomes:

“Housing and food responsibility should be borne by those who give birth, parents cannot depend on Government for that” (Mother: Case 61, middle income)

“If parents can’t give food/clothing and shelter then why give birth to them?” (Child: Case 59, low income).

“Parents are responsible for all services for kids up to a certain age. If the State has to look after them then it is misfortune and shows the child has no love, no belonging and no security” (Mother: Case 63, high income).

6.1.3.4 Criteria for residual support were people with low income followed by those affected by disaster and vulnerable children

The majority of the children thought that the target group for residual support for food/clothing and housing should include those struggling economically (78% in case of food/clothing and 89% for housing). A smaller number of respondents thought that Government support should be given to those affected by disasters (6% in both the cases) and orphans (6% in food/clothing, 11% in housing). Adults had a similar view. However they expanded categories of children to be supported to include street children in addition to orphans.

6.1.3.5 Residual support for housing focused on minimal support, focusing on land acquisition rather than housing itself

Residual support in the case of food/clothing was presented as a form of direct support. In the case of housing however those who responded to it thought that this should be of a limited type and mostly linked it to land and considered that building a house was a parent’s responsibility. Squatters also held this view. Help for acquiring land was the most desired

form of housing support (N=4) followed by providing a loan (N=1), or providing a small house (N=2):

“You can’t give a free house to all, but you can help them in a limited way such as by buying land or by making a small shelter (sano chhapro)”.

“Government’s responsibility in housing for people like her is to give small (sano) piece of land, then they can make a house themselves by earning” (Child: Case 14).

A squatter child’s opinion is particularly illuminating in the case of housing support. He initially said that housing should be given to those without parents but not necessarily for himself since he had parents. But when contextualized to his situation (squatter movement is demanding land and housing rights) he changed his opinion and said that Government should actually give land and house to the landless. He finally said that he should not be given support but rather it should be for the children without parents.

Only two respondents (low and high incomes) linked the provision to direct housing itself, suggesting that Governments should provide houses to all those who do not have one:

“I feel that Government should give housing to those who don’t have a house. Even if this means giving one room, this at least gives some support because if they have shelter then they can go and work or study” (Mother, Case 27, low income).

“Housing is Government’s responsibly because they are the ones who have got land ...and they can build little houses for everyone, even if it is not really big ... [So they should give it

to everyone?] Yes, because it is not right for people to sleep on the road or outdoors... it is not fair ...like in the cold” (Child: Case 69; high income).

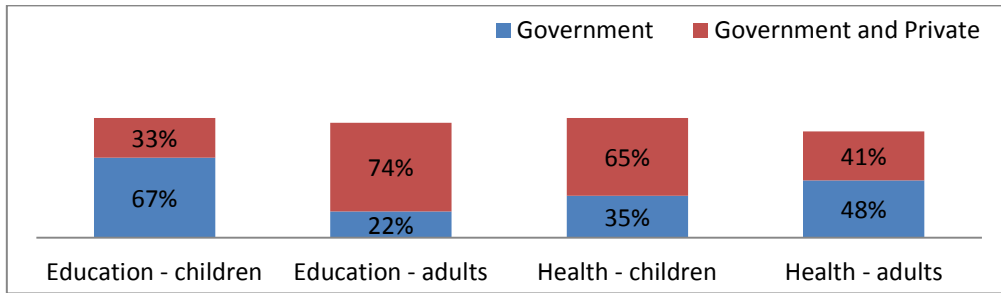
6.3.2 Education and health

6.3.2.1 Desire for a mixed role of private and government sector as service providers

Education and health services were considered to be the responsibility of both Government and the private sector. While more children thought education is the Government’s responsibility, no child and only one adult respondent said that the private sector should be the sole provider of either health or education service. Very few said that the informal sector (charity, community) should provide education (N=2) or health services (N=1).

Government was cited as the major provider for education services (67% children who responded) but for health, the majority of children (65% of those who responded) said that both Government and the private sector should take this responsibility. Comparatively fewer children considered a mix of private and Government as responsible for education (33% children who responded) while in the case of health fewer children said that Government alone should be the sole provider (35% of who responded). While the adults too stated that it was the role of the Government and the private sector to provide these services, more said that there should be a mixed system in the case of education (74% of the adults who responded). More or less the similar number of adults said that health should be provided only by Government versus through mixed system (Figure 6.10).

Figure 6.10 Responsibility mix for health and education



6.3.2.2 Preference to have both private and Government providers are because both are imperfect. People are forced to go to the private sector due to various weaknesses of Government sector; on the other hand, private service too is problematic.

As discussed earlier, the need to have private providers alongside Government was cited by a majority of the participants. The reason for this was largely due to various weaknesses of the Government as a provider that included quality, affordability, greed and management issues rather than any ideological views. Except for two respondents no one thought that a private service was needed if the Government services were of good quality. As one respondent said:

“Why would people want to search for a private school if they can get good education cheaply in public...But Government has to show that it can provide good services first ... we don't want to go to private to just show off, and to be hi-fi, people go there because they have not got a quality education elsewhere” (Mother: Case 61).

However while Government provides inferior services it is still needed for different reasons, primarily for the poor. On the other hand although private providers are generally of better quality, they are relatively expensive. The overall theme that emerges is that both Government and private sector are imperfect institutions:

“We look for quality. It is not a question of Government or private but quality is important ...even in private they are not sensitive to our needs” (Mother: Case 49).

Reasons for choosing mixed providers in health and education are expanded below.

Reasons for choosing private providers

Private providers were preferred primarily due to weaknesses of the Government system. These included lower quality, insufficient services (in the case of health care), greed and management issues. The benchmark for quality itself was expressed as ‘private like services’ or ‘boarding like education’.

Quality was cited by many respondents (13 children and 14 adults), as a key reason for choosing private provision. Quality has been used here to refer to reasons given by respondents such as need to have more care, to prevent untimely deaths and having respectful nurses and doctors who do not patronize the poor when they come to the facility. Similarly, in the case of education, reasons related to quality included better teachers, better English teaching and better discipline. Respondents shared that being in a Government school made them feel of low esteem and that they were disdained by those going to boarding schools.

In terms of quality, the private system was generally regarded as the norm for others to look up to including by those using Government services. As one respondent put it *“private schools should exist, and even higher range private schools should exist, because this raises the standard you know”* (Mother: Case 49). Another respondent described Government

students with a phrase “*if you give peanuts you get monkeys*” and that “*without private education there will no qualified personnel in the country*”.

The quality of Government schools was considered so bad that one high income mother said that if she were forced to go to one she would rather leave the country. She shared similar views on health care:

“[If the private school was closed] ... I would move out of here to not put my child from private school to their Government school... See like I said if it was an American Government school I am fine with it...not that I don't want to put my child in the Government school, no. But it is just that what is the Government school offering me here? I can't bear that. I feel ashamed” (Mother: Case 63).

“My husband tells me...if anything happens to me...just take me anywhere but don't make me do anything here [in Government hospitals of Nepal]. I say the same. If you can afford and if you have the timeframe to leave and go somewhere good you should. Why take a chance” (Mother: Case 63)?

The quality of private providers was not limited to a better service, but private providers were desired for saving lives especially for the poor. A low income respondent said:

“If someone with money and power goes to Bir hospital [Government specialist hospital] then for them even the seating arrangement is made different..., but if we people (janta) go there is no place even to stand up...so I choose both, for the poor private is quick and so they will live and for rich there is Government because due to their money and influence doctors

will do anything ...we don't have any influence or money... so who will die? Us poor. Poor people like us will not get even panadol in Bir hospital but for political leaders or big people (thula bada) their care is quick ...even a heart can get changed...but if we go and we have to cut a leg..then that will take 6 months...see.. so we can't say just need Government ...because if we say that, I can guaranteed 50% of the people will die because Government will not look after us, so private is also must...even if we have to beg for cure there” (Father, Case 31).

The second reason for choosing a private service provider, in the case of health care, was that Government was not providing sufficient health care for free anyway. It was argued that because the Government health providers, at primary level, only treated cheap and small diseases for free and required fees for bigger diseases, it made little difference where people went. This factor combined with the fact that the quality is better at private, meant that the private sector is more attractive option.

The third reason cited by some respondents for being forced to use private providers was greed. This was raised particularly in the case of the health sector where the same doctor can open a Government as well as a private practice and therefore they will not provide proper treatment in the Government practice in the hope of enticing customers to the private service:

“The same person from the Health Post opens a medical store...that is done to earn money... if not then he was still a doctor in Health Post and he could have given the same medicines from there...he was not forced to open a medical store, the only compulsion was to earn money...that is not for the people (junta)” (Father, Case 36).

The final reason given by respondents for the need for a private provider alongside Government was due to ‘irresponsibility, lack of regulation or incapacity’ of the Government to manage public services and to regular private services:

“The Government is not regulating the Government service or private service, for example schools are allowed to open wherever they like and this has let the private sector mushroom” (Mother: Case 61).

“When we ask for a bit of a concession in a Government hospital they shout at us saying ‘what are you asking ...what concession, no concession’, ... this should not happen. Government should control nurses and tell them how to behave when poor people come, give concessions, a poor person does not have anyone...they will have left their kids at home so look after them a bit better.” (Mother: Case 8).

Reasons for wanting Government providers

The key reason for needing to have a Government provider, despite its weaknesses, was affordability. Some respondents said that Government education and health care is needed for the poor including people like maids, child labour and those under the poverty line or who were poor. Hence respondents considered that the Government is needed for the poor (*nahune*) so that at least they have some kind of education or at least can receive health care while the private providers were for the rich (*hune*). However it was also shared that while cheaper than private, you still have to pay for Government services too:

“Suppose if there were no Government schools then how would half the population study? ...since most of the people are below poverty line. They are so poor but still they are operating and they are giving hope to people like my maid who can never think of studying somewhere so I think it is really wonderful that the Government is doing the least that it can do” (Mother: Case 49, high income). (A similar response was given by a child respondent who was working as a maid/child labourer and who thought private school was for the kids of rich people like her employers; she would be grateful if she was sent even to a Government school).

“Let me tell you something, for those who have maybe they will be educated in boarding [school] up to SLC but for those who don't have like me Government is OK” (Father, Case 34, low income).

“Those with low income, even if they desire, cannot put their children in good schools. It is expensive... for ‘each level of child, there is that level of education. Those who can afford to will put children in good places but those who can't afford won't be able to” (Mother, Case 61).

“[Health care] responsibility although also given by private providers, it is Government's responsibility. Because in private low income people like us can't even be treated there” (Father, Case 34, low income, private).

6.3.2.3 Focus on egalitarian service, even if one has to pay for it; private a benchmark for equality

Despite their responses to the need to have private services, most respondents argued that services should be organized from an equality perspective; either the provider has to be same and when this is not possible, at least the service should be same. A total of 19 children (51%) and 17 adults (49%) talked of the need to have equality in the services. This was not however a closed question; it does not mean others disagreed with it, but that it was not raised by them. Only one respondent talked of the impossibility of creating equality even though it was desirable.

Equality was perceived on par with private services but with affordable fees like that of Government. Hence while equality was desired, it was that of a ‘better service’ or like that of a private provider, not of Government level. Moreover, some respondents argued that if such a provision was there then paying for it would not be a problem, but that it should be considerably less to ensure everyone was included in the scheme. The need to focus on the quality of a service rather than who was the provider was pointed out by a few parents:

“I wish for a Government provider but that of private level” (Child: Case 26).

“Even if they cannot cure in Government teaching [hospital] then they should cure in another private [hospital]but that should not cost money” (Mother: Case 8).

“This system is not good. Everyone should be given the same level of education. Now what we have is those who have money send children to a good place and get a good boarding

education and those who don't have money send children to general Government schools. Government schools are held in contempt” (Father: Case 62).

“[We should have] private providers in developing countries however they should not focus on profit but giving quality service, so open private [providers]but not at high fees” (Child: Case 48).

Egalitarian services can be achieved by having the same provider for rich and the poor like the army school model which includes having the richer pay more or through having the same services in both types of providers

Education was primarily conceptualized in a class approach, that is, some respondents said that all rich or poor should have same the education. The primary suggestion to achieve this was by having either the same school for all (specifically like the army model, where quality and the same education is given for children from different income backgrounds but where the rich pay more than the poor) or have the same education (language medium, subjects, teachers' salary, student fees) in both Government and private schools. Further probing revealed that the egalitarian strategy was to have English medium and same text books in both schools. Some respondents specifically said that there was no difference between private and Government schools other than the English medium. The idea was to “*convert Government schools into boarding like schools*”.

“What I feel is that Government schools should be made like boarding schools like arranging for computers...teach in English... If that happens then students from poor families who consider themselves weak because they have studied in Government schools may not think

like that ... they will consider themselves more equal and get into competition” (Child: Case 26).

“If they could make same kind of school for all,...like in our army school...children come from all over the districts...have same education, eat same food, wear same uniform, ... they should do the same for everyone, no discrimination in our school, if they could keep all in such a place then that would be good” (Child: Case 60).

“[Education system should be] mixed but has to be equal (samaan), it maybe OK [to have different systems] as it divides the job responsibility for police, army, civilian etc., but the service has to be the same even if they are being done by different providers, has to be equal” (Mother: Case 61).

“I think they [rich and poor] should go to the same school (Father: Case 36).

“In boarding they only focus on English and in Government only in Nepali, if Government could enforce both schools should have the same subjects then both would go together but because Government has not been able to do that these Government schools have weakened and boarding schools have gone up...books [in private and Government schools] are different, therefore students of Government and boarding schools are different” (Child: Case 59).

Either, make all Government and no boarding, or make all boarding and no Government” (Child: Case 19, Government school).

Equality in health service too was conceptualized as having the same services from both private and Government providers. The trend of giving different services such as through the army/police for the armed forces and now Civil Hospital for civil servants was noted by one respondent as wrong and he argued that one should get all the services in Government facilities. Equality in health was also argued by some respondents as a 'right' for no one to die an untimely death and that one should have access to curative care both in Government as well as in private institutions. One respondent said "*[there should be] private facilities but lower fees like that of Government so that all can have expensive operations*" (Case 69).

"We used to have police and army [hospitals] and now they are also talking of a hospital for the administration [workers]... not all can go to private hospitals for treatment...they have to queue for (dhaune) Government services... so if they could access these services in a Government hospital then people would not have to go to private. This is what I feel" (Father: Case 62).

"Whether of rich or poor they are kids, if study also is the same and treatment also is same that would be good but millionaires take children to big hospitals immediately and get cured too...whereas in our case our kids may die while we are searching for money to cure them in small hospitals...they may die without proper treatment ...that problem is there for us...for those with money they can cure anywhere...if not in this country then they can take outside the country, they have that kind of courage to save, but for us...if they say...it will cost 1 or 1.5 lakh (US\$ 2,115) to cure then life is gone (gayo jindagi). How to collect so much money ... if you want to sell this house, who will buy it immediately? If I want to sell land that is at the edge of the jungle [laughing], who will take it? So what do we do?" (Mother: Case 42).

“At least health should be made free. If a child from a low income [family] also got the same health care as a well off family gets then the result would be better because nobody would die unnecessarily” (NGO Guardian: Case 5).

While equality in service at the level of ‘private’ providers was desired, the proposed financing modality for this ranged from the free for the poor to a universally applicable method of insurance and taxation where the poor pay less.

In total seven children and seven adults (all low income) talked of the need to have a universally free system for education and health while more respondents (14 children and 20 adults from different income backgrounds) talked of the need to have some kind of financing modality. As one adult put it *“charge money but give quality service”*. This included two types of financing which were free for the poor or a system where people pay progressively as per their income status. Some respondents (three adults, both from high income and professional sector) linked the latter to a broader taxation system. In the case of health one child respondent argued that *“rich should pay for ‘big diseases’ of the poor or expensive operations”*.

“If only Government schools remained that is fine, that is good, that is best but schools can also take money rather... those who can pay will pay...categorise the children depending on the status of their parents... so take money but give quality education [Researcher: So you are saying if you increase quality, make them pay according to income; make one system?] For me that is the best kind of system. I am paying for one kid in private school at least NRs 3,500/4,000 per month. In Government they say it is free. So why not take money...that will make it good for other kids as well. Don’t take from those who can’t pay. So categorize

them. Like those who pay 100%, 50%, 25%, give scholarship. If they do this I think it will be good in Nepal” (Mother: Case 29).

“I think they should charge by looking at the level of people...but it has not been able to do... if I was [a decision maker] then I would make it free for poor and make the rich pay” (Child: Case 59).

“What I feel is that Government should have a different system for the sick, for the poor, don’t charge anything from them but cure them well” (Mother: Case 8).

6.3.3 Protection

6.3.3.1 Protection is a shared responsibility

Protection responsibility was said to be a shared responsibility between Government, family, community and individuals themselves (in this case, children said it was also their own responsibility, although adults did not mention children specifically). Only a few respondents (N=3 adults, two from NGOs) mentioned that NGOs had a primary responsibility for this.

Table 6.6 Responsible agency for children’s protection

	Children (T=37)	Parents (T=35)
Government	15 (40%)	18 (51%)
Children themselves	9 (24%)	0
Parents/family	7 (19%)	9 (26%)
Community/villagers	9 (24%)	7 (20%)
I/NGOS	0	3 (9%) (2 from NGO itself)

“Protection responsibility is that of Government and family because Government cannot do this every day, so both should work together” (Father: Case 34).

“If villagers were near they should give but if villagers are far who can give? You yourself should try and protect yourself” (Child: Case 3).

6.3.3.2 Government’s role in protection was primarily seen in educational, preventive, monitoring, and intervention

Although respondents talked of a shared responsibility, most of them expanded this in terms of Government’s various roles in doing this. Key roles of Government were seen in four major activities: preventive, educational, monitoring/tracking and intervention.

Preventive activities included addressing poverty issues. Six respondents talked of the need for the State to provide services such as addressing poverty which leads to child labour.

Educational activities included awareness on the issue. Four respondents talked of the need to have more education and awareness on the issue, including for the victims to be aware that they are suffering abuse.

Monitoring and tracking included effective complaints mechanisms and active tracking by Government. Five respondents talked of the need to have monitoring and tracking mechanisms by Government that included regular checking of groups such as child labourers and incorporated an effective complaint mechanism, and through a specific police unit on children. They said that the few such mechanisms that do exist were ineffective:

“Nowadays to reduce abuse many organisations have been opened, however although they have systems where you can complain if there is abuse these are not very effective” (Child: Case 59).

Finally, interventions included responses such as punishing the perpetrator as well as giving direct services to children. Thirteen respondents said that the State should punish people strongly if there were protection issues. Six respondents talked of the need for giving services to the child labourers themselves or working families whose children get into protection issues.

6.3.3.2 Mistrust of the Government to protect

While Government was cited as a major institution for protecting children, they were also looked upon with mistrust by some:

“If I call the police tomorrow will anybody come and help me?” (Mother: Case 63).

“Government should take responsibility, especially police, in cases such as rape but they don’t help” (Child: Case 19).

6.3.3.3 Government protection agencies are primarily associated with the police

Both children and adults specified the Government protection agency to be mainly the police. Ten respondents (7 children and 3 adults) linked Government protection agencies to the police (chauki) while others linked it to legal authority (1 child, 1 adult) and local government (1 adult).

6.3.4 Overall Government responsibility

6.3.4.1 Overall Government responsibility was said to be on health, education, macro infrastructure and on the poor/needy

Even as the respondents discussed responsibilities regarding various services many would come back to argue that the ‘real’ responsibility of Government was on three services:

- Focus on health, education and protection for all children (N=32)
- Focus on all services for the poor or other needy groups (N=25)
- Focus on macro services relating to jobs and other development activities (N=8).

Except for one person who said that Government should take responsibility for all services, 32 respondents in total said that Government should focus on health, education, and protection. Eight respondents also said that Government’s job is really to do macro development (e.g. infrastructure) or macro job creation and that it is a parent’s job to give all services once they have a job. Macro services were linked to both broad infrastructure but also to a source for material fulfilment such as jobs and inflation control. Some respondents however specified that if there was health and education as well as if the macro structures of wages were favourable then only parents can give these services to their children. However the role of macro policies in helping parents in meeting food/clothing and housing needs, through jobs, was recognized. Similarly, the role of parents and the need for parents to work hard when there were opportunities came out in many interviews.

This was further confirmed by qualitative statements where parents went on to state how it was not desirable for Government to provide current needs to all children. Much of this was also discussed in an earlier section. However many respondents went on to further restate

how food/clothing and housing should be a parents' responsibility, health and education the State responsibility, and protection a shared responsibility. This was from both the low income as well as high income respondents. In the case of the poor however many (25 respondents in total) said that Government should help them also in meeting other daily needs as well as on health and education. But some emphasised that for food/clothing it is better provided through jobs and especially if Government gives education and health, which are expensive, then a person can look after their family's food/clothing needs through labour.

Although a few respondents said that help in food/clothing and housing would help them in looking after their children better (such as a mother of a street child living in temporary shelter), not all thought so. Some like Case 34 and Case 18 were struggling with daily needs but they said that they did not need food support but rather job support.

6.3.4.2 Direct Government responsibility to expensive goods like health and education

While the respondents emphasized the need for Government to focus on health and education rather than on giving food/clothing and housing, the reason for it was clarified by a few respondents and this included the expensive nature of these goods:

“If education is cheap, if health care is cheap then from their income people can sustain themselves ...so Government support not required especially for food and clothing... they can do labour, and can look after their family, what is difficult is to educate, because it is expensive. Health care is expensive, that is where a poor has problem. In that if Government makes it affordable then they can sustain... another main thing is appropriate wage for your work” (Mother: Case 61).

6.3.4.3 Government should focus on finding the needy (dukhi) and their conditions,

While many said that the Government should focus on helping the needy on all services including for daily needs, a few respondents emphasized the need for the Government to proactively go and look for these people:

“First Government should help those who can’t work, who can’t eat, help them, see which river bank they are living in , their kids won’t have anything to eat, if they are a bit grown up they will beg in the street but some don’t have anything...mothers do so much sorrow (dukha) to feed their children,...Government should help such mother, really the worst off ones ... I sometimes go mad because you work and work and don’t get much in return..., at least Government should also see our sorrow (dukha)... like before in our villages there used to be Government’s flour and milk scheme for children for those without milk and those who could not feed enough ... they would give weekly or monthly through cards for those who have kids by going to each cluster of houses (tole)” (Mother: Case 8).

“If someone could come and find how the poor are living, kids living – like you did, that would be good” (Mother: Case 45).

“What I think about who should get support from Government is that, not like us, we are actually till date working and able to eat, there are those in worse condition than us, like those who are in a really low level...neither good clothing, nor can eat... walking around in the street...so they should help them” (Mother: Case 8).

6.3.4.4 Government considered negatively (incapable, irresponsible or resource less)

Even as the role of Government was considered important in delivering many services, throughout the interviews the negative or incapable role of Government was shared by many respondents. This came across in all themes and there was no case where Government was portrayed in a good light by anyone. A few themes that emerged were that Government could not be trusted to actually do anything, either because it was irresponsible, incapable or because it was resourceless, especially to really look after people's hardship (*dukha*). Some respondents were outright dismissive at being asked what Government should do, showing outright apathy towards the institution. One respondent said that instead of being a positive force, Government is actually a negative force, because it only segregated people (Case13). Another said she had no expectation from the Government. One respondent said that while it would be good for Government to give services, simply the concept itself was derisory. In a few cases the role of other providers was thought to be needed because the Government was actually resourceless:

"I don't care about Government...don't know anything it has given since my birth...we can't eat without doing hard work. So what is the use of talking about Government...we still have to struggle. They don't say...oh...it is not enough for you and take this" (Mother: Case 25).

"I don't think Government can do anything [laughs]... It itself is in problem...what can it do for others? So it can't do anything. So everything has to be done by parents" (Mother: Case 71).

*"From Government I don't expect anything... I say to friends... why go after leaders...our hardship (*dukha*) is with us, we are the ones working day and night and we still don't have*

enough, what will they do to us? Tomorrow if my head breaks ...will they do anything ? Will they treat me? They will take us to hospital and look after us for 1 or 2 days...after that who will look after me? We have to eat based on our own hard work. I have no hope that someone will help me and support me when I am in hardship. Overall political leaders ask for your vote but why vote, they don't think about the poor, poor's problems are with the poor, when they go to hospitals nobody says oh poor is here, let's give them concession” (Mother: Case 8).

6.4 Cross cutting theme – international (*bideshi*) influence

Throughout the interviews respondents, both from low income and high income gave references to international practices when talking about desirable systems or norms. While those from a low income talked of ‘abroad’ (*bidesh*) in general, those from a high income used examples of specific countries, especially Singapore and America, or not to be like in Russia (Cases 49, 63):

“People with low income however should be helped by Government in food and housing too... these happen in other countries” (Mother: Case 61).

“Government should also help kids directly, Government does this in other countries especially looking after children and old people” (Mother: Case 2).

“Health care should be made free to all ...in foreign countries it is free to all...here also they should do that” (Child: Case 60).

“For example in America there I think it is wonderful the whole education system... children in a certain surrounding have to go to that particular school. There is no competition, there is no fighting for seats and there is no bribing” (Mother: Case 63).

“I dream of making my country like Singapore. I have seen Singapore and I really like it all green, small sweet, perfect public transport” (Mother: Case 49).

6.5 Conclusion

This Chapter presented the findings on the following three topics: important constituents of CWB, ranking of child welfare services and responsibility for providing these services.

The findings show the multi-dimensional nature of CWB where needs are conceptualized in a hierarchical manner, showing the importance of some basic needs over others. A ranking exercise of five welfare services showed that while daily needs were prioritized over others, they were done so reluctantly and from a minimal perspective (i.e. basic low quality).

Education on the other hand was highly valued, with health care valued less and protection the least.

Of the five welfare services primary responsibility for daily needs was said to be of parents with a secondary role for Government in helping parents through residual and macro mechanisms. Education and health were said to be the responsibility of both the Government and private providers with the focus on quality and equality of the services. While both the private and Government providers were considered imperfect, the private (due to their better quality) and the army (because it provides good services in an egalitarian manner) were considered good role models. For policy purposes respondents thought that the Government

should focus on health, education and macro infrastructure rather than direct delivery of personal goods except for the needy. Protection was regarded as a shared responsibility.

Overall Government was looked upon with mistrust. 'Foreign' was conceptualized positively, generally as a norm of how children's welfare services should be organized.

The next chapter will present findings on the nature of existing child welfare services in Nepal.

Chapter 7 Findings

State neglect of welfare services leading to private and informal mechanisms to fill the void

7.1 Introduction

This chapter presents the findings on the research question, ‘*what is the nature of existing child welfare services in Nepal?*’ Respondents refer to both children and adults unless specified otherwise. Where possible, responses of both are integrated. This chapter presents both primary (children’s and adults’ experiences) as well as secondary data on five welfare services. In line with the welfare state framework (WSF), the primary data is presented in the following groups:

- The provider (household/family/parents, market, informal, State)
- Nature of program (mode and coverage)
- Welfare outcomes (conditions of welfare, focusing on experiences)

The first two points (provider and nature of program) primarily use secondary data based on policy documents, survey reports and information from Key Informants, while welfare outcomes focus on presenting the experiences of the respondents. However the distinction is not sharp and both primary and secondary data are integrated where relevant.

Findings are also presented by different analytical domains where appropriate.

7.2 Daily needs (food/clothing) and social security access

7.2.1 Provider

7.2.1.1 Parents have the primary responsibility for providing food/clothing to their children in normal circumstances and there is constitutional provision for social security of children.

Legally it is the responsibility of the parents to provide food/clothing for children and when this is not the case, the State takes that responsibility. According to Nepal's Children's Act, 1992, Article 4, the right to maintenance and upbringing of children lies with parents, who are to do this as per the financial status of their family. There is an acknowledgement by the State for the need to support children's right to food security and social security. Nepal's interim constitution (2007), Article 22 (2) under fundamental rights, guarantees every child social security, Article 18 (3) guarantees every citizen the right to food security and Article 35(9) under directive policies of the State, mentions that 'the State shall pursue a policy of making special provision for social security for the protection and welfare of orphans and children'. The assumption here is that parents should undertake this responsibility by participating in the market and when this mechanism fails the State will help the children or family.

7.2.1.2 Two types of child specific social security programs exists

The following two types of child specific child social security measures exist in the country:¹⁵

¹⁵ In addition, families of those in formal employment (approximately 4% of the total employed) get tax credits.

Tax related provisions are however not discussed here.

- Child welfare homes: These cater to abandoned children. While these homes can also be established by NGOs, the Government is assumed to be the key provider as per Article 2 (e) of the Children’s Act, 1992.
- Child grant: This is a recent initiative (since 2009) being implemented under the Child Grant Working Procedures (2009) for children under 5 years (up to two children per family) from all families in the Karnali Zone¹⁶ and from poor Dalit families.

7.2.1.3 Expenditure on child social security programs is 0.4% of the national budget

The Government spent only 0.39 % of its budget in 2010/11 on child social security programs. The budget spent on welfare homes, a key child social security program, was even less (0.003 % of the annual budget totalling US\$ 148,138 in 2010/11)¹⁷.

Table 7.1 Expenditure on children’s social security (2010/11)

Description	Amount (NRs)	Percentage of total budget
Child welfare homes and Child grant	1,327,698,000 (US\$ 18.7 million)	0.39%

Source: Budget 2010/11 (Ministry of Finance, 2010), Child Grant Budget (Ministry of Local Development, 2010)

Note: US\$ 1 equivalent to NRs 70.9 (NLSS 2010/11 exchange rate)

Moreover, under the Child Grants program children are given NRs 200/month (US\$ 3). With this amount the poorest 20% of children has a shortfall of another NRs 8,364 (US\$ 118)/per

¹⁶ One of the deprived hilly regions of Nepal.

¹⁷ Baulch, Weber and Wood (2008) estimates that overall social protection expenditure on child-related interventions is around 6% of the overall social protection expenditure. However the writers use a broad definition of social protection, for example it includes child rights awareness programs. It should be noted that overall social protection expenditure itself is low; 3.01% of the total budget was allocated to social security programs in FY 2010/11 (NPC, 2012).

capita per year/ and the second poorest 20% has a shortfall of NRs 568 (US\$ 8) /per capita per year to reach the poverty line (based on the national poverty line).

7.2.1.4 Institutional mechanism for delivering child social security is limited

There is no dedicated institution to look after social security of children. It is managed through the Ministry of Local Development, which generally handles all the development agendas for rural parts of the country. The benefits are distributed through Village Development Committee (VDC) offices, which again are not a specialized social security agency but they do have a presence through 3,915 VDC offices throughout the country. Each VDC caters to approximately 6,767 people and each office has one permanent staff from central Government to manage all its programs.

7.2.1.5 Enforcement mechanisms when parents and the State fail to fulfil their duty are not proactive

In the case of parents not doing their duty, as per Article 20 of the Children's Act, 1992, 'every person shall have the right to file a petition on behalf of the Child to a District Court'. This means that the State has no provision to proactively pursue cases of neglected children, leaving it to the probability of a third party to act on behalf of children or for the children themselves to act. Because social security is a fundamental right, non-delivery in this case can be challenged in court. However, data are not available regarding the status of enforcement of both these provisions; key informant interviews reveal that they have not been enforced through court in a significant manner. In the sample, five children talked of

one of the parents not providing daily needs to children even when they could¹⁸ and in none of the cases was any action taken against them. While the majority, 67% of the families, was struggling to meet daily needs no case was filed against the State for not providing social security.

7.2.2 Nature of social security programs

Because overall general social security also has a bearing on CWB, key general social security programs are mentioned but the focus is on child social security provisions.

7.2.2.1 Mode

The modality of child social security programs is non-contributory, selective-ad hoc-multiple (multiple criteria not limited to income) and conditional (institutional)

Details of the eligibility criteria of these programs are in Table 7.2.

¹⁸ Only those cases where children said they were being denied food/clothing even when they could, i.e. not including cases where children have become child labour due to poverty.

Table 7.2 Social security support for children

Name of program	Eligibility rules (Mode)	Overall mode
Child Welfare Homes (children are institutionalised)	<ul style="list-style-type: none"> • After being a victim. For abandoned children this includes the following three groups: <ol style="list-style-type: none"> 1. Who has no father, mother or any other member of his family to look after her/him 2. Who has been neglected by her/his father, mother or any other member of her/his family even though they are living 3. Who does not have any means of livelihood • For selected victims and not to all of those in need • Requires institutionalisation (conditional) • Non contributory 	Non contributory Selective-ad hoc/multiple (income, type of abandonment) Conditional
Child Grant (Children are provided with cash transfer of NRs 200/month)	<ul style="list-style-type: none"> • Selected children based on multiple criteria: (Karnali region and poor Dalits, under five; only for two children in each family) 	Selective-ad hoc Multiple criteria: geography, caste, income, number of children

Source: Child Grant Working Procedures, 2009; The children's Act, 1992

Overall social security is not targeted to working families with children: it is formal sector-occupational, categorical or pro-rich

Using the Government's definition, social security includes pension expenditure (for civil servants, police, teachers, and constitutional bodies) and social security allowance (social assistance to the elderly and selected groups through cash transfers).¹⁹

¹⁹ Social protection programs are also conducted by I/NGOs but their overall contribution is not available. According to ADB (2005) however a total of 3.2 billion NRs was spent both by the Government and I/NGOs in social protection measures and this reaches a quarter of those in poverty (N=2.3 million) or 35% of the poor receive a form of social protection. The definition of social protection used by ADB is very broad and includes micro insurance/credits which focus on job creation rather than helping people directly to off-set low wage and hence has not been used here for direct comparison with the Government's social security programs.

The bulk of social security (pensions and allowance) is primarily targeted at the old (for both formal and informal sector) and very little of this expenditure is for supplementing income during a person's working life. Public sector workers receive a pension from 58 years of age. Social security allowance is of five types: Old age allowance (for 70 years and over), Survivor allowance (widow cash grant/above 60 years); Disability cash grant (above 16 years); Endangered ethnicities (all age groups); Dalits, single women, and people of Karnali region (above age 60). Except the disability and endangered groups all others are geared for old age and hence not for helping support family for the raising of children. Moreover, disability allowance is only for those 16 years and older and hence for adults, and not for children. Disabled children with families are hence expected to be maintained by families without State support. There are no statutory unemployment benefits.

A similar trend was seen among the respondents. Only ten out of 35 families had social security. All ten are from the formal employment sector. This includes all five from the occupational group, all four from high income and six out of seven middle income earners. No family from other domain groups (no school, Government school, low income, informal sector) had any social security provisions. However, 62% of the private school goers who were from high income and formal sector had social security.

Table 7.3 Respondents who had social security provision

Social security (Government or private)	Per cent of respondents
Not receiving	100% of Non-school group 100% of Government school group 100% of low income group 100% of informal sector
Receiving	100% occupational group 100% high income and middle income group 100% of formal sector 62% of private group

7.2.2.2 Coverage

Child social security measures reach a small population

Both the child social security provisions cover a small population. The total number of beneficiaries of the Child Grant is only 553,207 people which constitutes 21% of the total under five years of age child population and 6 % of the total child population (even when a child is defined conservatively as under 16 years of age). Similarly the State manages only four out of a total 602 child welfare homes running in the country. These child welfare homes are found in only 38 out of 75 districts. The total number children in welfare homes is estimated to be around 15,095 (CCWB, 2011).

Table 7.4 Coverage of child social security measures

Name of program	Coverage
State run child welfare homes	0.7% of total child welfare homes of the country
Child grant	6% of children (under 16)

Similarly, coverage of general social security is also low. Pensions cover only Government employees in the formal sector²⁰ while social security allowances target only the elderly and selected groups of the informal sector. It is estimated that 1,155,054 people are covered by these programs (NPC, 2012).

7.2.3 Welfare outcomes

7.2.3.1 The majority of respondents are struggling with food/clothing needs which has bred a feeling of guilt and hopelessness among parents

The majority of children and families are not satisfied with the condition of their food/clothing and daily needs. 73% of the families were not satisfied with their provision (absolute or relative)²¹. Of those who were not satisfied, 74% were not satisfied even for the absolute/minimum level (54% of the respondents) while 26% were not satisfied with the relative insufficiency, referred by them as '*pharmaisi*' needs (such as chocolates, fashionable clothing).

A feeling of utter hopelessness was shared by some parents. Phrases used to represent such feelings included a mother saying her life was incomplete because the desires and hopes of her children are killed every day. Phrases used to reflect this sentiment were 'shame on them' (*dhikkar*) or 'just about' (*dhau dhau*) and 'hardship' (*dukha*).

²⁰ Note that formal employment itself is only about 3.8% (N =447,000) of Nepal's labour force, i.e. currently employed aged 15 years and above those in formal sector of Government only is much less.

²¹ This criterion is subjective and was decided by the respondents themselves

“Children want to eat something but we can’t give, so we make them wait by saying we will give them later, but their desires have been killed, their hopes all killed” (Mother: Case 8).

“We still have a debt of NRs 17,000 with the shopkeeper and so he has stopped giving us more rice... what can we eat until the crop is ready? Food always leaves us halfway.... Life is about how to get this rice” (Mother: Case 42).

Using poverty related data and based on secondary data also, one can establish that a large number of parents all over the country are struggling to meet the daily needs of their children. For example, based on daily basic needs, 25.2 % of the people in Nepal live under the poverty line (CBS, 2010). Recent data from NLSS 2010/11 (CBS, 2011) shows that 61.5% of the total household consumption expenditure goes in food. Moreover 31% of households take loans for household consumption and this is higher for the poorest quintile (41.2%). Similarly, about 8% of households in the country report a shortage of food or money to buy food in the last 30 days.

Moreover NLSS 2010/11 (CBS, 2011) found that with regards to adequacy of consumption 16% of the respondents think that food consumption in their household is less than adequate, while 82 % say it is just adequate and the remaining 2 % answer more than adequate (those reporting inadequacy is higher for the poorest quintile, 35% and less for the richest quintile, 4%). Primary data from this study also confirm this national trend. It was found that while 27% of the respondents were satisfied with their daily needs, it was only the top two richest people (i.e. 5% of the sample) who reported no problem to meet daily needs. The percentage is higher than the national average because of inclusion of a higher number of richer households in the sample.

7.2.3.2 Most struggling with food/clothing come from lower income, informal economy, Government school but not necessarily from the non-parental group with institutions providing better food/clothing than parents

Those struggling with food/clothing primarily come from lower incomes, informal economy, those living with parents or under kinship arrangements and the Government schooling sector. From a provider perspective, this means that the market is not able to fulfil the food/clothing needs of children.

In comparison with the 64% of children under parental care who were not satisfied with absolute needs only 31% of those under non-parental care were not satisfied with such needs. This included 75% of children under kinship care and one respondent from informal/NGO care. One hundred per cent of child labourers with employers and 80% of those under institutional care had no problem with minimal daily needs. This means that child labourers with parents were less satisfied than the child labourers cared for by employers. This can be accounted by the fact that all the child labourers outside parental care were with high income employers. On the other hand kinship care appeared to be less satisfying since both the parents and kin looking after these children came from low income backgrounds. Because most of the non-school goers are under non-parental care, their food/clothing situation is also better.

Comparisons between children in alternative care and their home environment shows that all the children in NGO/formal type institutions²² said they had better access than they would have if they were back home. All the children in institutions shared the feeling that they would prefer not to go back home due to the better facilities in the institution. This shows that

²² Formal type means registered NGOs. One NGO was not registered and is referred to as an informal NGO.

parental care is no guarantee for sufficient food/clothing conditions, unless the parents are from middle to high income groups.

“Even if there was money shortage the institution always gives us enough money so that we can give at least food to children. Whatever happens, children will get food in time” (NGO Guardian: Case 52).

Most of the respondents feeling that their food/clothing was relatively insufficient were from middle or high income groups and formal employment group. Their issues revolved around having to control non-essential (*pharmaisi*) expenses but had no issue regarding basic food/clothing. A breakdown by analytic domains is given in Table 7.5.

Table 7.5 Satisfaction level of food/clothing by analytic domains

	Fully/relatively satisfied	Not satisfied for minimum needs
Income group (excludes children with NGOs and employers)	100% from high income 71% from middle income 4 % from low income	0% from high income 29% from middle income 96% from low income
Schooling group	71% from no school 18% from government school 60% from occupational school 75% from private school	29% from no school 82% from government school 40% from occupational school 25% from private school
Care group	80% of those in NGO care 100% of those in child labour 25% in informal kinship 36% in parental care	20% of those in NGO care 0% of those in child labour 75% in informal kinship 64% in parental care
Employment type of adults	100 % in formal employment or formal NGOs 23% of parents in non-formal employment could provide satisfactorily	100% of informal institution (one informal NGO) 73% of those in informal sector could not provide basics satisfactorily

7.2.3.3 Social Security provisions have not targeted struggling families nor covered all the needy even within the entitled programs

It was discussed above that those struggling with daily needs come primarily from lower income groups and the informal economy. But child social security and general social security do not target this group. Child grants target only a small percentage of needy families based on caste, age and geography; none of the study respondents qualify for this criterion. Some children do qualify for child welfare homes but those that are supporting them are non-State welfare homes.

Secondary data also shows that many struggling families and children have not been addressed by social security provisions. Data regarding families struggling with daily needs were shared earlier. It was also mentioned that the State does not run sufficient child welfare homes to cater to all the needy children as it runs only about 0.7% of the welfare homes in the country, which are found in only 38 out of 75 districts. Moreover even this can be said not to meet all the needs as many more children are abandoned in different ways, data for which are not kept by the State in order to care for these children. Based on available data one can see various examples of such children. These are shown below.

There are at least 2,065 street children (CCWB, 2011) in the country with about 800 children in Kathmandu itself. At least 127,000 children are in the worst forms of child labour (ILO, 2004). UNICEF (2010:2) has reported that 36% of children (about 4.25 million children) live under national poverty line while 41% of rural children are underweight, 49% are stunted and 13% are wasted. The incidence of severe deprivation of food among 0-4 year old children is 10.6% (i.e. about 400,000 children).

Similarly according to CCWB (2011) while the majority of the children under sixteen years of age (95.9%) live with one or both of their parents, the remaining 4.1% of these children are in other arrangements including with kin or employers. It further says that 21,436 children are without family protection of which 14,071 are without families, 2,311 are child headed households and 5,054 are with their relatives. None of these children in other forms of care are covered by any social security mechanisms. Similarly, although there are 36,065 disabled children in the country (CCWB, 2011) they are not covered by the disability allowance.

According to Upadhyaya (2010), general secretary of the General Federation of Nepalese Trade Unions (GEFONT), low social security has been a long term concern for the trade unions of Nepal who have been campaigning to create a comprehensive social security system that includes both the formal economy as well as the informal economy. This issue was also raised by the third National Labour Conference in July 2012 (Republica, 2012).

7.2.3.4 Struggling families depend on informal mechanisms and harmful measures to partially fulfil their food/clothing needs

None of the respondents in the sample could qualify for the child grant and even when children qualified for welfare homes they were not using the State institutions but those run by NGOs, which come under informal support system. Hence all of the struggling families depended on support from informal channels including resorting to harmful mechanisms such as child labour practice or starvation.

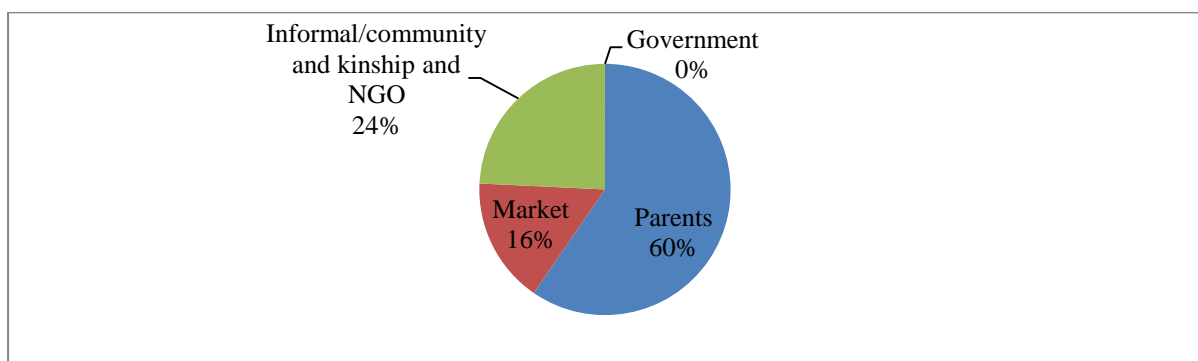
Support from informal mechanisms included taking loans or support from villagers, kinship care for children and working as child labourers. Although lack of food/clothing was not the sole cause, in some cases children left home due to its contributory role, who then ended up

in welfare homes and where their food/clothing needs were being addressed currently. Nine families had used loans from villagers, 78% of which were from informal community networks and the rest from local level formal cooperatives. Five families had received kinship help to address their needs:

“Without a loan from villagers you cannot run the household, I am saying that honestly because that is actually what happens here” (Father: Case 36).

It was found that only 59% (N=22) of the child respondents were being provided food/clothing from their parents, 35% of the children were getting it through alternate sources, which included informal systems (N=9; 24%)(four under kinship arrangement; five under formal institutions/NGO) and informal market, i.e. through child labour (N=6; 16%).

Figure 7.1 Providers of child respondent’s food/clothing



Of the six children working as child labourers, five were pushed into this due to insufficiency in meeting daily food/clothing needs, although there were also other contributing factors. They not only work to provide for themselves but three of them are also supporting their family to meet their daily needs back home.

Based on definition of the national Child Labour Master Plan, 2004 (MoLT, 2004) all six of the working children are in Worst Forms of Child Labour (WFCL). However, according to the ILO (Resolution 182) definition which requires slavery like conditions, five of the children could be said to fall under WFCL (all brick factory workers and three of the four domestic workers).

Secondary data also shows that child labour is a significant problem in Nepal which is closely linked to extreme poverty. According to NLFS, 2008 (CBS, 2008) the proportion of children aged 5-14 years who were economically active is 33.9% (N= 2.1 million out of total 5-14 population of 6.2 million)²³. Of this just over 2 million are employed, the majority of whom (1.7 million) are in subsistence farming and animal production while the rest (376, 000) are in other forms of child labour including wage labour outside home. Even if the wage is generally low or not given, the fact that many of these children send their wages to the family shows that they are helping to meet various needs of their families. According to the ILO (2011) the median monthly income of child paid employees in Nepal is about NRs 22,167 (US\$ 312) while some earn less than NRs 500 a month (US\$ 7). According to Sharma (2006) most children working as domestic workers do not get a wage; if they do it is very low which is around an annual average of NRs 4,177 (US\$ 59), most of which they take to their guardians. According to Gillian (2002) a large proportion of economically active children (45%) are from the poorest districts, contributing 20-25% to household income.

Control of food intake as a method was used by eight families which led to some form of starvation. Five children had to skip meals or lunch (*khaja*), which was a more regular occurrence among low income children:

²³ Note because this includes 14 year olds as well the data is inflated since you can start work at 14 legally. It should also be noted that the definition of economic function also includes light work such as fetching water and firewood.

“Sometimes we don’t have enough, we cook in the morning and sleep without eating in the evening, sometimes we bring food by taking a loan” (Guardian: Case 40).

According to NLSS 2010/11 (CBS, 2011) the highest proportion of households that faced food shortage alleviate the shortages by borrowing food or money to buy food. Some other means adopted by the household to alleviate their food shortages are: purchase food on credit (57%), rely on less preferred/expensive foods (51%), limit the size of meals (42%) and skip meals (33%).

7.2.3.5 Accessing informal mechanisms for food/clothing needs was not easy

Although informal mechanisms were used by struggling families, they were not easily accessible. For example, although children under alternative care (informal source of provision) were satisfied with their food/clothing they had to face a lot of risks before they could access it. This was especially true in the case of those under institutional care. All of those (N=5) now in institutional care had to face various stages of risk and harm before they were supported by NGOs. They had to be abandoned and/or living on the street for a few years before they were randomly picked up by an institution. Similarly, although child labourers were satisfied with their current provision most of them did not want to be a child labourer.

Other struggling families who were dependent on informal community support also did not find it easy to access support (see Section 7.7 for more details on informal support).

7.2.3.6 Commercial nature of 'khaja' and supplements to staple food such as spices and oil which requires cash exacerbates absolute insufficiency

The difficulty in providing children with 'khaja' (lunchtime snacks) was found to be exacerbated by the need for cash to buy processed food to take to schools. Children could otherwise have eaten rice or other staple foods at home, but this is either impractical to take to school or children are embarrassed to do so. Similarly, four parents talked of the difficulty of buying basic supplements such as spices, oil, salt and lentils which need cash income. This puts more pressure on low income or agriculture reliant families:

"For five kids I can't send 'khaja' everyday, but I can't also send 'kodo ko dhido' (traditional food), the children are embarrassed even to take rice and they don't take and I can't buy things to send [Researcher: So you don't send 'khaja'?] No... they say that everybody else buys and eats, while they just have to watch them. When they say that I feel sad. Sometimes when I have NRs 5 or 10 I do give to the smaller kids but can't give to the bigger ones, how to give...I don't have Even if they said this dead person will become alive if you find NRs 5 (less than one cent) I won't be able to" (Mother: Case 42).

"Actually I don't eat 'khaja'Mum gives me NRs 5. In today's age what do you get from NRs 5? But still I try to get something from it, like a tiny packet of nuts (kerau) you know... [Researcher: When does school start?] At ten. [Researcher: So from ten to four you don't eat anything?] I don't eat. Sometimes if friends have money then they give, sometimes I will have from my piggy-bank" (Child: Case 21).

7.3 Housing

7.3.1 Providers

7.3.1.1 Housing responsibility is an individual responsibility with the State as a facilitator through the modality of progressive rights

Although not explicitly mentioned, Article 4 of the Children's Act, 1992 on the right to maintenance and upbringing of children can be interpreted to refer to the housing responsibility of parents. Unlike social security, access to housing is not a fundamental right. Affordable housing for all is envisaged in the Interim Constitution, 2007 (Article 33, 35, 36) and the Shelter Policy but it is of a progressive nature as housing is formulated under Directive Principles of the Constitution²⁴.

Housing is an individual affair. This means housing is considered a person's own responsibility based on the principle of self-finance and the owner builder system (MoHPP, 1996, UN-HABITAT, 2010). 'Housing in Nepal is the individual's responsibility and the Government's role is to facilitate the housing process; in Nepal, the state does not build housing units' (Nepal, 2006: 67). There is no history of the Department being directly involved in the housing sector (UN-HABITAT, 2010:22). Key informants from Government argued that Government cannot and should not give everyone a house:

“Janata Awash (a recent housing program initiated by Government) came as a pilot program. However in the longer term Government as a direct provider of housing is not favoured because this will make people dependent on us. We want to be facilitator. Because

²⁴ International instruments (UDHR, ICSE, MDGs, CRC and Habitat Agenda) also term housing a progressive right.

the role of government was identified as a facilitator a focus program was not developed for low income people and while the Rural Housing Company was established for providing land it did not provide actual shelter. NGOs are doing it and Government has said go ahead, that is it has given moral support. But later we realized that we have to give at least to the 'have-nots'. So to do this Government did a few programs such as for squatters in Kirtipur” (KI: Government).

Like with food/clothing the assumption is that people use the normal mechanisms of the market both for earning to buy a house and for buying it. The role of the private sector in facilitating this process is explicit in the policies. There is an emerging formal private sector which sells houses but this is generally for the rich, as this housing is very costly and the poor cannot access it (UN-HABITAT, 2010; Pokhrel, 2006).

7.3.1.2 Limited Government housing assistance programs

Despite the emerging importance of shelter at a national policy level (UN-HABITAT, 2010), including recognition of housing support for various groups (MoHPP, 1996), housing programs are limited in terms of both access to housing finance and social housing.

There used to be traditional safety nets for homeless people such as providing temporary shelter such as *dharmasalas*, *satals*, *pauwa* and *patis* which were used by very poor families (Gallagher, 1992) but modern substitutes for these are few. *Janata Awash* (People's Housing) is one the few programs that targets the poor and was started only in 2009. The following five key housing programs are being conducted by the State on a regular basis:

- *Janata Awash* (People’s Housing) program
- Housing for Ministers and Constitutional heads
- Housing assistance for *Kamaiya*, one of the traditionally disadvantaged ethnic groups
- Child welfare homes for abandoned children (discussed in food/clothing section)
- Housing finance

There are a few other Government housing programs such as support for squatters and civil servants. But these programs are not operated regularly. Housing programs are also conducted by the informal sector, primarily NGOs and the United Nations, including for squatters and the poor (UN-HABITAT, 2010 28; Tanaka, 2009: 156). Again, these are limited and the focus of this study is on Government programs.

7.3.1.3 State expenditure on housing is low

Despite the rise of shelter at a national policy level it has not been matched by budget. Since housing is a part of urban development programs its budget is generally incorporated as part of urban programs. In the fiscal year 2010/11 the share of housing and urban development out of the total budget was around 1%. Specifically housing was even lower at 0.19% of the total budget (Table 7.6 and Table 7.7).

Table 7.6 Expenditure on Government’s housing programs (2010/11)

Description	Amount (NRs)	Percentage of total budget
Housing specific (Janata Awash, Ministers, civil servants, Kamaiya)	632,877,000 (US\$ 8,926,332)	0.19%

Source: Budget 2010/11 (MoF, 2010), Key Informants (DUDBC, Maintenance Division)

Table 7.7 Expenditure on Government's key housing programs (details)

Type of program	Total Expenditure (2010/11)
Janata Awash	0.117% of annual national budget
Housing program for the Ministers and constitutional heads	0.005% of annual national budget
Housing assistance to Kamaiyas	0.056% of annual national budget

Note: this table does not include small programs for civil servants and ex PMs since these details were not available, but they have been included in the total housing budget.

7.3.1.4 Institutional mechanisms to deliver housing program are small and fragmented

Institutional mechanisms also show that housing is not a prioritized sector. The key Government department for housing is called the Department of Urban Development and Building Construction (DUDBC), which has recently been moved to the newly established Ministry of Urban Development. Housing is a small part of its work and its key focus is on urban development and Government buildings. Other housing programs are distributed among different agencies. For example the housing program for the Ministers and constitutional heads is managed by the same ministry, Ministry of Physical Planning, Works and Transport (MPPWT), but through a different Department; while the housing program for *Kamaiya* is managed through the Ministry of Land Reform and Management. Moreover housing is overshadowed by urban, physical planning and infrastructural development rather than 'access to housing' itself. In 2010/11 housing was 21% of housing and urban development budget and only 2% of MPPW budget:

"It is true that the name also reflects the low priority given to housing. Earlier when the housing was part of the Ministry's name many related activities also came ... but now

housing is being slowly deleted. It is being dominated by roads, housing is secondary” (Key Informant: Government).

7.3.2 Nature of housing programs

7.3.2.1 Mode

The modality of housing programs is a mix of contributory/non-contributory, selective-ad hoc-multiple and conditional (institutional)

Only housing programs for the Ministers/constitutional heads and the *Kamaiyas* are entitlement based (i.e. all targeted beneficiaries can claim). Although the *Janata Awash* program is backed by legislation its scope depends on the Ministry’s budget and quota.

Details of the eligibility criteria of housing programs are provided in Table 7.8.

Table 7.8 Accessibility conditions for housing programs

Name of program	Eligibility rules	Overall mode
<i>Janata Awash</i>	<ul style="list-style-type: none"> • Certain Dalits, backward castes • Poor • Contribution required (NRs 10,000) • Politically influenced (selection committee has members from major political parties) 	Selective, ad-hoc Contributory Multiple criteria (caste, income, house type)
Housing program for Ministers and constitutional heads	<ul style="list-style-type: none"> • Ministers • 3 heads of constitutional bodes 	Elite Non Contributory
Housing assistance to <i>Kamaiyas</i>	<ul style="list-style-type: none"> • All identified <i>Kamaiyas</i> can claim • Caste and occupation 	Categorical Non contributory

Child welfare homes, discussed in an earlier section, are selective/ad-hoc and conditional.

Housing finance is either formal sector or high income groups focused

Housing finance is limited to those in the formal sector or relatively higher and stable income earners, not for the poor. For example, Provident Fund, a key housing finance institute, provides housing loans to permanent employees of the Government (civil administration, police, military), semi-government (corporations), academics institutions and the organised private sector (UN-HABITAT, 2010: 87). Housing loans for the poor are provided through NGOs and cooperatives but they are limited (UN-HABITAT, 2010:90). According to Pokhrel (2006:8), previously housing loan was not accessible to commoners and these were aimed at selected civil servants or bank employees; Nepal Housing Development Finance Company (NHDFC), 1989, was the first finance company focusing on the housing sector and more banks and financial institutional offer now, but they generally target middle to high income of formal sector and urban areas. According to a key informant from NHDFC this finance was never meant to be for the poor but for the middle class who have already some income.

7.3.2.2 Coverage

Few housing programs exist and their coverage is low

Table 7.9 gives coverage for various programs focusing on one year's data. The years vary depending on availability of data, but the data would not vary significantly.

Table 7.9 Coverage of Government's housing programs

Type of program	Coverage
Janata Awash	3,000 people in the first year (2009)
Housing program for the Ministers and constitutional heads	Total beneficiaries: 68 people (2010/11) (number will change depending on political situation)
Housing assistance to <i>Kamaiyas</i>	For all 27,570 identified <i>Kamaiyas</i> (Until 22,893 of them have been rehabilitated including provided housing).

7.3.2 Welfare outcomes

7.3.2.1 The majority of the respondents were not satisfied with their housing conditions

Five types of houses can be identified as being used by children of various groups:

- Buildings refers to cemented types of the highest standard (*pukki* houses)
- 'Jhupro' refers to small houses primarily made of mud and stones (*kuchchi* houses)
- 'Kotha' refers to rented space, primarily one to two rooms
- Squatters are illegally occupied settlements without ownership
- 'Jhyauli' are temporary small one room huts (a small space is shared by more than six to seven people to sleep and cook).

Houses other than buildings and most of *kothas* are of *kuchchi* types. Five per cent of the children were living in *jhyauli*, five per cent were squatting, 22% in one or two rooms (*kotha*), 22% in mud/stone houses (*jhupro*) and 46% were living in cement buildings. 47% of those living in cement buildings were living with employers or under institutional care.

Cement buildings were most preferred (except when rented) followed by mud/stone houses.

All the cement buildings were in urban centres and used by the middle-high income groups,

or respondents cared for by employers or with NGOs, while the rest of the types of housing were used predominantly by low income groups and a few middle income groups (renting).

Thirteen respondents (35%) were fully satisfied with their housing conditions, while the rest 65% (N=24) were not happy either fully (32% of total respondents) or relatively (32% of total respondents). Compared to food/clothing fewer people were dissatisfied with housing. While 32% of respondents reported not being satisfied with even minimal housing conditions, 54%, were struggling with minimum food/clothing arrangements. Furthermore all the respondents had some kind of shelter even if it was uncomfortable or was too expensive and did not face such extreme issues such as having to go hungry like in the food/clothing situation. Nevertheless 12 respondents had problems with basic shelter.

“Compared to others I have a shack (jhupro)... it was worse before. It was tied by a rope all around, it would be flooded at night in the monsoon and it would fall down. It happened here once and over there at other time...that was a crisis (bijog) ...there was water everywhere. ... And therefore it was like, where to go?” (Father: Case 16).

“I actually need to change this roof material. It leaks. Sometimes when I am feeling lazy I use chewing gum to fill the hole with it. Water leaks in the monsoon...if I could change that [the roof] then that would be enough for me” (Mother: Case 25).

Secondary data also shows that 22% of the respondents in a national survey think that their housing facility is inadequate and 76.5% say that the facility is just adequate while only 1.5% think it is more than adequate.

7.3.2.2 The majority of the struggling families came from low income and informal economy, but unlike in food/clothing they represent those in both parental and non-parental forms of care, Government and occupational schools. None of the renters were satisfied, squatters were more satisfied than renters.

Compared to food/clothing more parents were able to provide basic housing conditions. 54% of the children in alternative care and 53% of those under parental care were fully or relatively satisfied. Unlike in food/clothing more respondents from occupational schools were not satisfied with their housing and this was because they were renters. A breakdown by analytic domains is given in Table 7.10.

Table 7.10 Satisfaction level with housing by analytic domains

	Fully/relatively satisfied	Not satisfied even for basics
Income group (excludes children with employers and NGOs)	100% from high income 71% from middle income 6% from low income	0% from high income 29% from middle income 94% from low income
Schooling group	71% from no school 59% from Government 60% from occupational 88% from private	29% from no school 41% from Government 40% from occupational 12% from private
Care group	80% of those in NGO care 100% of those in child labour 20% in informal kinship 53 % in parental care	20% of those in NGO care 0% from child labour 80% in informal kinship 47% in parental care
Employment type	86 % from formal economy/ formal NGOs 57% from informal economy	14% from formal economy or informal NGO 43% from informal economy or NGOs

7.3.2.3 Most families (satisfied or not) depend primarily on the informal system, both for housing finance as well as for temporary shelter support; formal support system is limited to those in formal employment or the high income group

Sixteen respondents in total have actively looked for housing assistance in the past, either for construction of a house or for shelter. Seventy-five per cent of these (N=12) were looking for loans to build houses. They were from middle and high income groups and from the formal sector. Nine of the twelve respondents obtained housing support from formal banking or government schemes, while the remaining three received support from kinship (informal) arrangements. The remaining four respondents were looking for shelter support and they got this through informal provisions (one kinship, two squatting) or no provision (one in street). They were from low income groups and informal employment sector.

Although the trend of housing finance is also slowly changing from informal to formal sources, such as banks, (UN-HABITAT, 2010:116) informal sources still constitute a significant portion for all income groups but especially for the poor who do not have the required collateral to take a formal loan. Informal lenders also charge more interest than the formal institutions (UN-HABITAT, 2010:84).

7.3.2.4 Accessing both formal and informal mechanisms for housing support was not easy

Generally access to housing support (finance and shelter), whether formal or informal, was difficult for respondents from all backgrounds. However, lack of an easily accessible support system was particularly problematic for low income people because they were in need of shelter itself rather than to build a house, which was the reason most of the people in higher incomes were looking for housing support. For example, in one case it led to an adverse

situation where the mother was separated from her child and in another case a recently widowed mother is fully dependent on kinship housing support without any recourse should this cease. All informal support was taken negatively by the respondents as it included a sense of lower self-esteem and uncertainty:

“I could not pay rent, I was kicked out by the landlord, so I stayed for a night on the street outside a shop ... could have gone hungry or begged but where to stay?” (Mother: Case 27).

“Staying in this kind of living arrangement [temporary support from employer] has many disadvantages. One has to bear a lot, we can't go anywhere, staying like this is also different from rent, here we I have to work all the time. I would like to get out but can't so have to stay quiet, otherwise I was planning to bring my son here, since the organisation had said a mother's love is important and would help me, but due to this incident [son accused of theft] I can't bring him” (Mother: Case 9).

Formal assistance was sought for building a house rather than for shelter. The people accessing this support came from formal sector or higher income groups. But firstly formal support is limited and secondly it was not sufficient and the respondents still had to rely on a range of other informal sources such as loans from relatives or friends, and build houses incrementally. Accessing informal support in such cases was also not desired since it was thought to negatively impact on the personal relationship with the creditor.

7.3.2.5 Access to some of the housing arrangements, especially those provided by non-parental sources, was risky to access

While seven out of nine children living in institutions and with employers found current housing good and even better than their own homes, accessing it was not risk free. Child labourers had to travel to a strange place without any knowledge about their employers. Children now in institutions had to go through more than three risky intermediate stages that involved periods of abandonment and risk of getting into more harm. This is exemplified below by an ex-street child, who now lives in an institution:

“Like I said (I slept) in the street itself...like in that carton box...you make that a mattress and then use what you have as a quilt, and if there is nothing then you don’t use anything.

[Researcher: How was that?] It used to be cold and a bit difficult. Other people would step on us and walk on...that I did not like [Researcher: What did they do?] Like we would be sleeping on the pavement and they would step on us, kick us... So I started to learn to smoke and take drugs (dang) and once I started doing that then I would not remember about home or anything and started to just live in the street (was later abused during this phase) ”

(Child: Case 4)

7.3.2.6 Reasons for satisfaction with housing were primarily due to ownership of a house rather than housing conditions per se. Secondary reasons for satisfaction were due to the structural condition of the house, regardless of the nature of ownership.

Ownership/access (N=13) was identified by the renters, squatters and those living in temporary shelter as a key factor limiting their satisfaction regarding housing. Owners were satisfied irrespective of their income status. More low income rural respondents were satisfied with own house than the middle income earners in urban areas who were renting.

None of the renters were satisfied, irrespective of their income or other backgrounds.

Ownership primarily gave financial benefit followed by self-esteem and freedom.

Spending money on rent was seen as wastage and for both middle and low income renters as it took money away from food. Hence owning a house was considered to be a financial advantage. This financial trade-off was also linked to why the squatters thought they had a better situation than renters. All the eight renters and squatters shared that paying rent puts strain on their budget. On average the renters in this sample were paying NRs 1,900 (US\$ 27)/month, constituting 8-28% of their monthly income. Secondary data confirms this trend. According to NLSS, 2010/11 (CBS, 2011) people spend around 10% of their household budget on housing, with a higher figure for urban areas (18.5%). Similarly it costs on average NRs 1,500 – 4,000 (US\$ 21-56) to rent one to two rooms (UN-HABITAT, 2010). This has put a particularly big strain on two respondents who have to choose between paying for rent or food:

“Shall I pay for room rent, or rice? ...now if I pay for rent nothing is left for kids and if I pay for kids then I don't have for rent... so I have lots of hardship (dukha)” (Mother: Case 8).

Squatters on the other hand did not have to pay rent and made a substantial saving:

“Although the present situation is uncomfortable I am forced to squat for the benefit of my children. Compared to renting everyone suggested coming here. I find it ok because we don't have to pay rent” (Mother: Case 18).

Lack of ownership also curtailed freedom. Lack of freedom (N=6) was raised by those in rental, kinship and informal arrangements. While most of the issues related to small arguments with the landlord or a feeling of having less freedom, a serious impact on children's wellbeing was seen in two particular cases where a mother was not allowed to keep her son with her and in another case a child had to do any work as demanded by the employer, even when this meant being absent from school.

The secondary factor determining satisfaction with housing was the structure of a house, regardless of the nature of ownership. The structure of a house was linked to issues of esteem and comfort. A *pukki* house was considered better, more comfortable and respectable than a *kuchchi* house. All of the fully satisfied respondents owned a *pukki house*. Those who owned their home but had a *kuchchi* house were only relatively satisfied. This was mostly the case in rural houses (6/8).

Issues of low esteem and comfort were raised by only those owners who had mud/stone houses but all non-owners. Renters and squatters shared that they were patronized by house owners. On the other hand both renters and squatters patronized each other. The term 'renter' (*kotha wala*) was used by key informants to indicate a lower level of society:

"Compared to others with houses in society I feel sad because those with houses have a separate identity in society, they call us renters (kotha bhada ma basne), I can't compare with them however because this was my fortune" (Child: Case 14).

"Especially when it rains I feel tension, feel like crying...water drips...I have to put a pot under it... here and there" (Mother: Case 27).

Nationally too it is observed that ownership is the most dominant housing tenure (85%, CBS, 2011). However, the number of renters and squatters is increasing. Renting has increased from 6.7% in 1991 (MoHPP, 1996) to 12.81% (2011, CBS); it is higher in urban areas (40%, CBS, 2011). However although renting has been identified as a policy concern (for example in the Ninth Plan), there is no explicit policy or support programs for renters (Pokhrel, 2006). Renting instead is considered a source of revenue and is taxed. Similarly, UN-HABITAT (2010:8) reports that the squatter settlements have grown from 17 in 1985 to 40 in 2010 in Kathmandu with an estimated 7% of the urban population living in squatter settlements.

7.3.2.7 Structure and ownership of house is more important than internal living conditions

As already discussed the primary reasons for satisfaction or dissatisfaction was ownership and the structure of the house. On observation and probing however, living and in particular sleeping arrangements were inadequate including in the preferred types of houses. This was however not identified as an issue by respondents, unless they were probed about it. For example, ten children were sharing their sleeping room with their parents or guardians, 80% of whom were sharing an inappropriate arrangement (older children with adult couples). On probing only 50% of those who were sharing room with parents said that such an arrangement was uncomfortable. Three mothers shared that there was much discomfort since they could not engage freely in sexual relationships. In one case a wife's refusal to have sex in front of her children had led to regular physical abuse by her husband.

Similarly although child labourers were living in cement buildings three out of four of them were sleeping on the floor including in a living room without any private space and hence

safety, especially for girls. They did not however consider this an issue. One child labourer, also sleeping in the living room on a mattress, thought that this was no different from his home situation and hence did not mind it.

7.3.2.8 Complexity of illegal versus informal squatting

Anne (2009) considers increased squatting as key component of informalisation. However from a legal perspective it is an illegal process and is dealt with under the Public Offence and Punishment Act 2027 (Sengupta & Sharma, 2006:117).

The contested nature of squatting is also seen from the fact that squatting is not always a poverty linked issue, but has become a political issue itself. The literature review shows that some organisations, such as UN-HABITAT (2010), claim that the reason for squatting is unaffordability of housing for low income people. Others such as Sengupta and Sharma (2009) have shown that in one squatter settlement only 21% of the total squatters were genuine and the rest were land grabbers which was considered a rational decision since the national mentality itself is to do so anyway. This was also seen in this sample where not all the poor struggling with housing resorted to squatting and on the other hand, those who were squatting thought they were faring better than renting. Moreover, while squatter families could afford to send their child to more expensive private schools, the renters could not do so. That squatting is simply not a financial issue can also be seen from the fact that according to UN-HABTAT (2010:50) most urban people can afford to rent one to two rooms.

7.3.2.9 Ideal house a lower priority

Many respondents either talked of giving lesser priority to their ideal house compared to education or that an ideal house was out of their reach and hence not something to be overly excited about. In five cases (all respondents relatively satisfied with housing) paying for children's education was reported to be of a higher priority than having an ideal house.

Others talked of how owning an ideal house, such as cemented house, was a distant dream:

“I hope to have a house in future, but no rush now...my focus now is on the children's education... I don't mind living in this arrangements” (Mother: Case 71).

7.4 Health

7.4.1 Providers

7.4.1.1 Parents bear primary responsibility for full health care, Government for basic health care

The Children's Act, 1992 (Article 4) gives a father, mother or guardian the primary responsibility for health care of a child as per the financial status of the family. However the State takes constitutional accountability for basic health care through two fundamental rights of the Interim Constitution (2007). Article 16.2 says ‘every citizen shall have the right to receive basic health care services free of charge from the State as provided for in law’.

Article 20.2 says ‘every woman shall have the right to reproductive health and reproduction related rights’.

The constitution however has not defined ‘basic health care’. While Government key informants agreed that there is no definition of basic health, they said that it is generally interpreted as ‘free health care’ which refers to Essential Health Care Services (EHCS).

7.4.1.2 Private and NGO partnerships are encouraged in providing health service with the private sector emerging as a key yet unregulated provider

While Government is the key provider of health care, the private sector has been promoted from the time of first health policy in 1991, right after the start of democracy in Nepal, and has continued in subsequent policies such as the Second Long Term Health Plan (1997-2017), the Health Sector Strategy (2004), Nepal Health Sector Programme-Implementation Plan (NHSP-IP, 2004-2009) and the current NHSP-IP 2 (2010-2015). The private sector particularly flourished during the Eighth Five Year Plan (1992-1997) and continues to do so. Moreover the private sector is not well regulated (MoHP, 2010). According to a key informant ‘small scale and individual medical clinics do not have to be registered, unlike big ones’. According to another key informant there is no record of what percentage of Government doctors are in private practice or any regulation of it. The Health Services Act, 1997 allows public doctors to work in non-office time in private practice. This law has also been applied in the case of paramedics. One key informant explained ‘although there is no rule regarding auxiliary nurses or health assistants opening clinics this is justified because these people are allowed to check patients in health posts so they should be allowed to do the same in private practices too. It is difficult to draw a line between Government and private in Nepal’.

The role of non-state not for profit organisations such as NGOs and community-based organisations has also been promoted in major policies. However they provide limited

services with many focusing on public health activities and their data are not documented (MoHP, 2010:43). Hence the focus in this section will be on private and public provisions.²⁵

7.4.1.3 Four kinds of Government's health programs exist in the country organised at three levels

Health services are generally organised around preventive, curative, promotive and rehabilitative models including in Nepal. Health services are also organised according to the level of care and health facility. Three levels of care include the following:

- Primary level care (basic first aid, initial symptoms management)
- Secondary level care (where one can give drug treatment, has inpatient services)
- Tertiary level care (where advanced and specialist treatment can be given)

As per level of health services, health facilities can be divided into three types:

- Primary: Health facility without medical doctor and staffed by paramedics. These include Health Posts (HP) and Sub Health Posts (SHP)
- Secondary: Health facility with medical doctor and basic curative facilities. This includes Primary Health Care Centres (PHCC) and district level hospitals.
- Tertiary: Regional and specialist hospitals with advanced and Intensive Care Unit (ICU) level facilities.

²⁵ There is also community involvement in running of health facilities, in particular through Local Self Governance Act. This process is still being worked out and hence this aspect is not reported in the findings.

Health services can be summarised as services at village level (SHP, HP, PHCC), district level (hospitals) and regional/national level (tertiary hospital care).

Government provides the following four types of health assistance programs at the various levels. Besides these all other services (State and private) are fee based:

- Free basic health care for the general public. This refers to priority public health measures and essential curative services for the treatment of common illness and injuries that the Government of Nepal will ensure is available to the total population at district and sub-district level (DoHS, 2007: 4). Currently 'EHCS includes prevention, clinic services, basic inpatient services, delivery services, and a basic list of essential drugs. These are free to all citizens at SHP/HP/PHC level but at district hospital level, EHCS services are currently free for specified target groups (the poor, destitute, elderly, disabled, FCHVs). However delivery services and uterine prolapse are provided free' (MoHP, 2010:34). EHCS also includes free registration (previously a nominal fee of NRs 2-10 was charged) and some free essential drugs (22 - 32 items) besides normal consultation.
- Subsidy of NRs 50,000 (US\$ 705) to the poor for five catastrophic illnesses - cancer, heart disease, kidney, Alzheimer's and Parkinson's disorders.
- Occupational services (this refers to separate facilities for those in the army, police and civil servants and are provided jointly by the above mentioned institutions and the Government; each institution has its own hospitals)

- Medical benefits for formal sector workers of both the private sector (as per Bonus Act, 1974 and Labor Code Act, 1993) and the public sector (as per the Civil Service Act, 1993).

7.4.1.4 State expenditure on public health has been increasing consistently but is largely supported by foreign aid.

Health expenditure has been increasingly consistently over the last decade (MoHP, 2010:3).

The share of health in the national budget increased from 5.87 % in 2004/5 to 8% in 2010/11.

Table 7.11 Expenditure on Government's health programs (2010/11)

Description	Amount (NRs)	Percentage of budget
Ministry of Health and Population ²⁶	23,813,993,000 (US\$ 335,881,424)	8%

The budget is equivalent to per capita spending of around NRs 696 (US\$ 9.2) in 2010/11, a significant increase from approximately NRs 127 (US\$ 1.8) in 1998/99 (MoHP, 2010). The above budget also funds existing occupational hospitals.

Although the Government's health budget is high, it is largely funded through foreign aid (grants and loans), 42% of the total health budget. EDPs and NGOs also spend through external mechanisms outside the Government budget. The amount spent by NGOs is estimated at 4% of total health expenditure (MoHP, 2010:42).

²⁶ Population expenditure constitutes of a small portion and hence has not been excluded from the overall analysis.

7.4.1.5 Institutional capacity of the health sector overall is large, with higher level capacity concentrated in the private sector while the primary level capacity is concentrated in the public sector; NGOs have limited capacity in comparison.

Institutional capacity of the Health Ministry is large. The Ministry has three departments which have six divisions including a family health division and a child health division.

Although the Government has a larger institutional mechanism, the private sector has better higher level capacity (hospitals and doctors) while the Government has better capacity in primary services (paramedics and health posts). NGOs also provide various health services but are more community based rather than curative institutional types and are small in scale and data on their activities is not available. Therefore Table 7.12 focuses on institutional capacity of the Government and the private sector.

Table 7.12 Capacity of public and private health institutions

	Public (except for occupational)	Private
Health institutions	4,396 (including hospitals/excluding ayurvedic)	Medical stores and clinics are widespread but data is not available
Per VDC	At least one local health facility	Mostly urban based
Hospitals	96	134
Employees	27,300 (4% of this are doctors)	Not available
Medical doctors	1,457 doctors out of total 10,000 in the country	Estimated 8543 (calculated based on number of Government doctors)
Health volunteers	63,326 health volunteers	None
Ratio of hospital bed/population	1: 3,898 (total of 6,796 beds)	1: 1,977 (total 13,400 beds) (i.e. 66% of the total beds)

Sources: DOHS, 2008; MoHP (2004, 2010, 2013), KI (MoH)

There are also separate hospitals for army and police personnel and a recently established hospital for civil servants. The civil servants' hospital is still being formed and hence is not included in this analysis. The capacity of the police and army hospitals is 880 hospital beds with a ratio of 1:182 which is better than both the public and private capacity.

7.4.2 Nature of programmes

7.4.2.1 Mode

Free health services are a mixture of universal and selective modality

Public health services are universally free for basic health services for all citizens while most non-basic curative services are free only for selected groups and it favours army, police, civil servants and formal sector employees (Table 7.13).

Table 7.13 Accessibility conditions for public health services

Name of program	Eligibility rules	Overall mode
Free Health Care	<ul style="list-style-type: none"> • Universal and non-contributory free EHCS at primary level • Universal free EHCS at hospital level for the poor, senior citizens • Selected EHCS health care (maternity care, prolapsed uterus) free at hospital level 	<ul style="list-style-type: none"> • Universal-basic • Selective-targeted and residual
Subsidised Health Care	<ul style="list-style-type: none"> • High/tertiary level subsidised care for five catastrophic illnesses 	<ul style="list-style-type: none"> • Selective (residual)
Occupational (army/police)	<ul style="list-style-type: none"> • Comprehensive free treatment • Contributory (through the welfare fund; subsidised for the poor) 	<ul style="list-style-type: none"> • Universal-comprehensive • Pro formal sector
Medical Benefits	<ul style="list-style-type: none"> • Government and formal private sector employees (not to contractual staff) • Partial medical support • Non contributory 	<ul style="list-style-type: none"> • Partial • Pro Formal sector

Public free health service is modelled under a public health care approach interpreted as selective preventive and promotive basic care with limited curative support

Although there is a constitutional guarantee for free basic health care, which has not been defined, it has been interpreted in policies to refer to selective programs defined narrowly under a public health care approach. This refers to preventive and primary level services as can be seen with the focus on Essential Health Care Services (EHCS), which is the key public health program of the Government and receives the majority of health funding. The share of EHCS increased from 65% of the health budget in 2004/5 to 75% in 2009/10 (MoHP, 2010).

Hence EHCS excludes most of the secondary and tertiary care, in particular for non-communicable diseases and injuries (NCD). According to MoH (2004) complex interventions with regards to NCD of advanced stages are simply unaffordable and hence the focus will be to expand the prevention effort.

The rationale for focusing on EHCS is that it is considered to be cost effective (MoH, 2004:45). These services address the most essential health needs of the population and are highly cost effective' (DoHS, 2007:4).

This trend is not a major departure from Nepal's health policy, which since the Alma Ata conference of 1979 has been based on a Primary Health Care (PHC) approach. While the PHC approach does not refute the need for curative service, it is based on primary level and preventive services as these impact on most of the population of the developing world.

According to one key informant 'even within PHC the focus is selective towards some diseases, primarily on preventive and promotive health care... even when curative services are offered it is for minor treatment that is of primary level. It only does secondary and tertiary

level services if they are preventive in nature'. Another key informant noted that '80% of the Department of Health's work is preventive while 20% is curative' (Key Informant, MoHP).

Public free health services focus on primary level care at primary facilities

In line with the above theme, most of the free public health services (primarily EHCS) provided by the Government fall under primary level care given at primary level facilities. Hence 87% of the Government's health institutions are of primary level that do not require the presence of a doctor (that is HP and SHP) and only about 4% of health professionals in the Government sector are medical doctors (MoHP, 2010). This means that most of the rural population's first contact is with primary level facilities and professionals since doctors are only available in the district hospitals or selected PHCCs which cater to about 100,000 population per doctor. Most VDCs have either a SHP or HP with paramedics for basic care. As per NLSS 2010/11 (CBS, 2011), of the 69 % of people with an acute illness who reported to have consulted with some kind of medical practitioner in the country, only 25% consulted a doctor while the rest visited paramedics (28%), pharmacists (16%) or others (2%).

Most curative services of a non-basic nature are user fee based except for occupational groups; medical insurance is limited and private; public-private model is being piloted.

The key strategy of health financing for curative services is based on direct user fees at the point of delivery. Medical insurance policies exist but are private and limited. Government has initiated small scale and ad-hoc health insurance schemes as pilots in a few places since 2003/4 but the future of these schemes is yet to be decided since they have been considered a failure (Key Informant, MoHP). Free maternal delivery services are being piloted under a

private-public sharing model where patients can get free service in public hospitals as well as selected private hospitals.

Private sector professionals get about five times more salary than in the public sector

The private sector pays much higher salaries than the public sector. ‘On average a Government doctor earns around US\$ 268/month while a private doctor earns US\$ 2,410/month’ (Key Informant, MoHP).

7.4.2.2 Coverage

Basic health care facilities are more widespread than higher level/Doctor/hospital level care. Government has a higher presence in the former while the private sector has a higher presence in the latter. Coverage of key public health is expanded on below.

Table 7.14 Coverage of key public health services

Type of program	Coverage
Free basic health care (ECHS)	Throughout the country and universal
Subsidised care	Limited to five catastrophic illnesses (geographical coverage data not available)
Occupational	Government formal sector (army, police and civil servants), this comprises less than 4% of the total adult employed population and is primarily in Kathmandu
Medical benefits	Limited to formal sector (about 4% of the total employed population), throughout the country
Insurance schemes	Limited (data not available)

More households have a quicker access to basic facilities than higher level facilities.

According to NLSS 2010/11 (CBS, 2011:55) although the proportion of households with access to health posts/SHP within 30 minutes is 62% this proportion declines for the nearest

doctor facility. Overall 34% have access to public hospital/PHC within 30 minutes.

According to NLSS 2003/4 (CBS, 2003), although more people (54%) have access to a clinic or private hospital within 30 minutes, private hospitals are used predominantly by the richest (who used private hospitals in 14% of their consultations) and very little by the poorest (who used in 2% of consultations). Moreover, while it takes 26 minutes for the urban population to access a public hospital/PHC and 14 minutes to access a clinic/private hospital, it takes 2 hours 28 minutes to access a public hospital/PHC for rural population and 2 hours 6 minutes to access a clinic/private hospital.

Coverage of health facilities also shows an uneven and haphazard urban versus rural distribution. Non-state investment in the health sector has been substantial, though almost entirely urban (MoHP, 2010). Although there are more private than public hospitals they are concentrated mainly in urban areas covering only 28 out of a total 75 districts. Furthermore of the total 134 private hospitals in the country, 56 are in the Kathmandu valley. A Kathmandu centric service is also seen in the case of occupational services. All three of them are located in Kathmandu. Even the public provision of health services, particularly secondary and tertiary care, are urban based.

7.4.3 Welfare outcomes

7.4.3.1 A selective PHC approach, such as through EHCS, does not cater to people's needs, who define illness as something major and not small and common illnesses

Although the Government's free health care policy focuses on selective and primary level care there is an increasing demand for curative care of a non-basic nature. For example the main purpose for which patients seek curative health is for Non Communicable Diseases

(MoHP, 2010). Non Communicable Diseases and Injuries are now responsible for more than 44% of deaths and 80% of outpatient contacts (MoH, 2004). According to MoHP (2010: 78) although EHCS has slowly included some broader range of free-to-user or highly subsidised curative services, its focus on the prevention effort will not prevent continued growth in demand for curative services of an increasingly complex and expensive nature.

The demand for non-basic care was evident in respondents' experiences. For example, illness itself was referred to as meaning something of a serious nature that needs urgent and expensive care, something big and difficult, where you are bedridden (*thala parne*), and not the basic or common illnesses. Some respondents thought that free health care addresses only 'small' illnesses and provides only cheap medicines. In their view treating big and expensive diseases is more important. Many respondents did not regard previously having to pay NRs 1-2 (less than a cent) for a ticket in a local HP as a real cost and laughed that this is what has been made free in the latest free health care campaign since most other basic treatment were free even before. One respondent said that although he appreciated concessions in treating his two big diseases he still had to take a loan and pay for expensive medicines while he receives cheap medicines free. He has stopped taking medicines because he cannot afford to:

"We have to buy for dangerous (khatarnak) diseases, only [medicines] for small (sanotino rog) are free, I would like to have free medicines for dangerous ones" (Child: Case 35).

"Free health care has not made any difference because for serious ones we have to go to Kathmandu, only if you have headache you get panadol free" (Mother: Case 45).

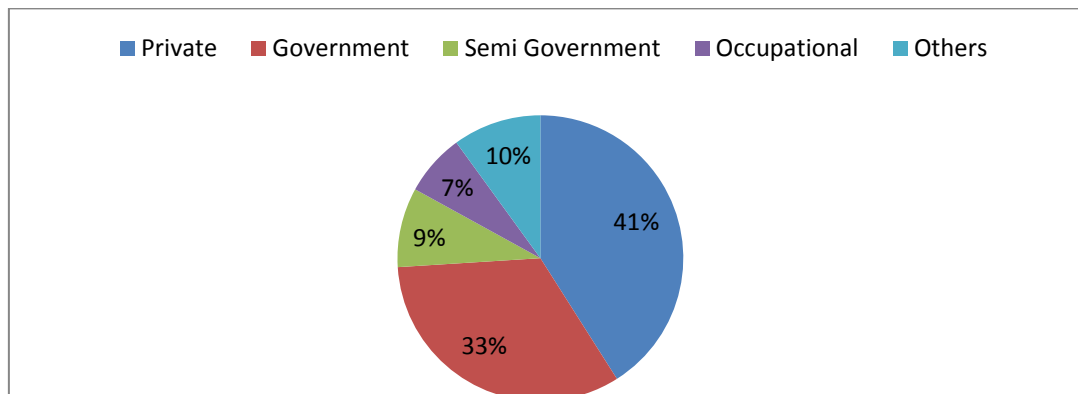
Stone (1986) observed similar sentiments in the 1980s. She noted that PHC fails to appreciate villagers' values and their own perceived needs and further argued that whilst PHC is organised mainly to provide health promotion, many villagers value modern curative services and feel little need for new health knowledge.

According to a key informant from MoHP 'political leaders have realized that free health care brought by the constitution, due to its narrow interpretation through EHCS, is not giving much service and that there are now discussions to define basic health and free health care that will expand to all the hospital based care rather than primary level and select EHCS care'.

7.4.3.2 Private facility was the dominant provider followed by Government. International providers (in and out of country) were used by a limited number of respondents

Thirty-seven families discussed 71 cases of past health care visits. Only if the service provider was different they were counted more than once. The majority of these visits, 97% (N=69) were within the country while 3% (N=2) were outside the country. Out of total of 69 types of domestic health visits the majority were to private providers followed by Government (See Figure 7.2).

Figure 7.2 Use of national providers by the respondents



Secondary data also confirms that private health facilities are the most visited of the health facilities. According to NLSS 2010/11 (CBS, 2011) for acute illnesses about 63% of visitors go to private health institutions and the remaining 37% go to Government institutions.

7.4.3.3 Most respondents used a combination of providers, with private being at least one option

Of the total 37 families, 65% had used a combination of providers while 24% had used only one type of facility. Four respondents did not know the type of facility used.

Those using at least private (in addition to other providers) as one option of the total was the highest (46%) followed by those using Government as at least one option (19%), occupational (14%) and semi-Government (8%). All of the occupational respondents used the occupational facility as at least one of the options. Of those who used only one type of facility, 4 used only private, 3 used only army and 2 used only Government.

Because occupational provision is only for those in the army and police it was natural that only these families used this facility. Of the 32 respondents not belonging to army/police, the

majority (81%) used a mixture of providers while four used only private and two used only Government. Relatively more, 60% of the occupational respondents (all from the army), used only their specific facility and 40% used it in combination with other providers.

7.4.3.4 Private providers were most frequently used by general public of all backgrounds, Government primarily by those from low income

As discussed above, the majority of the respondents (65%) use a combination of private and Government health facilities. They represent all analytic groups. However more middle and high income respondents use private facilities or private facilities in combination with Government or occupational service. While some used Government services this was of a specialist nature. On the other hand the majority of the lower income people used a combination of private and Government with few using private only and Government only.

Other themes that stand out are that while the majority of the children under non-parental care (31%) use private only (most of whom are under institutional care), the majority of children under parental care (58%) use a combination of private and Government facilities. Only nine respondents used one type of service. Those using only private came from a range of backgrounds (one high income, one low income and two institutional), those using army facilities was limited to those in that occupation (3) and those using only Government facilities came from low income families (2). Use of private and Government health facilities by analytic domains is shown in Table 7.15.

Table 7.15 Use of private and Government health facilities by analytic domains

	Private only	Government ²⁷ only	Private+ Government /occupational
Income group	50% from high income 0% of from middle income 17% from low income	0% from high income 0% from middle income 24% from low income	50% from high income 58% from middle income 53% from low income
Schooling group	29% from no school 18% from Government 0% from occupational 38% from private	29% from no school 18% from Government 0% from occupational 12% from private	0% from no school 59% from Government 40% from occupational 50% from private
Care group	31% of those in non-parental care (60% with NGOs, 25% of child labourer) 17% of those in parental care	23% of those in non-parental care (20% with NGO, 50% with kin) 13% of those in parental care	15% of those in non-parental care (20% with NGOs, 25% with kin) 58% of those in parental care
Employment type	11% from informal 20% from formal	28% from informal 0% from formal	56% from informal 50% from formal

Secondary data also confirms this trend. ‘Private sector use increases with wealth.

Government services are used at similar rates by most wealth groups, but less by the wealthiest (MoHP, 2010). While slightly more people from the richest quintile visit private providers (71%), those from the poorest quintile are not far off with 62% of them visiting private facilities (NLSS, 2010/11). Similarly, fewer in all quintiles visit Government institutions, 38% of the poorest quintile and 29% of the richest quintile (NLSS, 2010/11).

7.4.3.5 Private and occupational facilities were not only preferred over public ones but 100% of the users were satisfied with them, while less users were satisfied with the Government and informal NGO facilities

Out of the total 43 respondents who talked about satisfaction with the service, all the respondents using private and occupational providers (12 private and 9 occupational) were satisfied or relatively satisfied. Of the 21 people using government services only 67% were

²⁷ Semi-Government hospitals (i.e. funded by Government and other sources) are included as Government.

satisfied or relatively satisfied. One respondent who had used an informal NGO service in the past found it abusive. Private providers were considered to be of a higher level, referred to as ‘private level’ versus lower quality as ‘Government level’.

7.4.3.6 The key reason for choosing a facility was its reliability during urgent cases, found only in private and occupational services. The only reason for choosing Government services was financial, but these could not be relied on during emergency

The key reason for choosing a private provider was because it gave a reliable service, especially during emergencies. This was the most important reason because it would be chosen irrespective of its cost. Even low income respondents used private services in the case of emergencies, and respondents commented that private was important for them because they could not access public ones easily. Seven respondents (five low income, one high income and one middle income) shared their experiences of the need to use private services during urgent and big illnesses, and a few of these cases involved transfer from Government to private facilities to save their family members’ lives. On the other hand Government facilities were chosen for small illness but could not be relied upon during emergencies:

“I chose private because in Government facilities they don’t immediately look at seriously ill people. Once my sister was seriously ill, looked like she was going to die. So at about midnight we went to teaching [public hospital], but even as the person was dying they would not look at her... we kept on calling nurses saying our person is about to die... they finally took her to emergency. But in the morning they said there was no bed ...so we took her to a private hospital. There they took us immediately and did all the check-up” (Mother: Case 18).

Similarly occupational services also provided a reliable service for both small and big illnesses and during emergencies. In addition it was also free at the point of delivery. Two beneficiaries talked of how it made them feel secure (*dhukka*) because they did not have to worry about money or not being able to cure big diseases in future. Free health care and education were termed as two key benefits associated with the army:

“Everything, A–Z gets treated, from simple cold and coughs to fractures and operations, even big diseases like cancer. Regarding our health needs we are ‘dhukka’ if anything happens there is always army hospitals” (Mother: Case 61).

7.4.3.7 Secondary reasons for choosing a facility were attributed to less waiting time, clean and hygienic environment, easy access and pro-poor behaviour. These were found to be positive in private, negative in Government while the status of occupational was average

Firstly, time was an important factor. Less waiting time was expressed through phrases such as private facility being ‘quick’ (*chhito chharito*), ‘report in one day’ or not having to go back repeatedly (*dhaune*). On the other hand, the Government service was criticized for these reasons. Less waiting time was important because for most curative services one still has to pay in public facilities. Less waiting time was found to be beneficial especially for daily earners and office goers who could spend the day earning money and could still check-up during the evenings. Village HPs/SHPs are moreover only open for a few hours during the day:

“In teaching [public hospital] they ask you to come the next day, the next and the next, the person may die by then” (Mother: Case 8).

“If you have to pay anyway why not use private which is quicker” (Mother: Case 27).

Secondly, in private facilities not needing to know someone at the facility in order for quick admission and check-up was also expressed to be an important factor in choosing a facility.

“Before when my wife was sick ... I brought her to Bir hospital [Government] it was about mid-night... but they only admitted her after a lot of effort (balla, balla) in the evening of the next day. See that happens when you don't know anyone... At least in private if you have money they admit you immediately” (Father: Case 16).

Thirdly, the hygienic environment of private facilities was found to be better and an added attraction while the Government facilities were found to be more unhygienic. Fourthly, concerns were raised regarding bad pro-poor behaviour in Government hospitals. One low income respondent (Case 8) talked of how hospital staff treat well-off looking people with respect while shout at poor looking people. Another high income respondent also shared how she was treated much better because she paid extra money:

“Because I am rich they were kind to me. But just the one next to me had a labour pain and she was screaming but they were so rude to her. And then they rubbed our tummies after we had our babies so that the pain subsided. Both were rubbing me but for the other one they put her hand on her tummy and said rub by yourself. So you can see the stark difference, see. They could be kinder” (Mother: Case 49).

7.4.3.8 Although private service was of a higher quality than Government service it was still considered imperfect, primarily due to high cost and poor doctor-patient relationship. Contradictorily secondary data shows that private facilities are cheaper than public ones

Although the private service was preferred by most people and had 100% satisfaction, it was found to have two key weaknesses. Firstly it was found to be costly, especially for the low income people, who have had to sometimes take huge loans to treat themselves. While general consultation ranged from NRs 100 (US\$ 1.4) in a village to NRs 250 (US\$ 3.5) in urban centres, big operations are more expensive. However secondary data shows that curative costs are high in the public health facility as well. As per NLSS 2010/11 (CBS, 2011:102) on average, the total cost of treatment at a Government health facility is slightly higher than that at a private health institution; NRs 1,167 (US\$ 16) at a Government health institution and NRs 1,010 (US\$ 14) at a private institution. This could be due to inclusion of both basic and non-basic treatment in the calculation.

Secondly, private facilities did not necessarily provide a good doctor-patient relationship such as not giving sufficient time to patients or not showing sensitivity to female patients' state such as casual chatting by male doctors after conducting a caesarean operation.

7.4.3.9 Occupational service provided not only a satisfactory service but it was also appreciated for embracing equality

Army and police hospitals were not only found to be satisfactory for patients but were also appreciated by users for treating the poor and rich equally for all treatment. Moreover, they favour the poor. A key informant reported that the establishment of hospitals and schools

within the army and police was to ensure that low income people could access high quality services:

“Police/army health care is good because even the poor and who can’t afford as well as their family are taken care of, private is only for the rich” (Child: Case 70).

7.4.3.10 Practice of the same person opening both a public and private facility coupled with low regulation and high salary in the private sector has accelerated the profit motive of private practitioners at the cost of quality service at public institutions

The practice of the same person opening a private and public facility, coupled with better salary in the private sector has led to better quality in the private sector at the cost of public services as well as a high profit motive of the private sector. ‘Many of the private pharmacies are owned by Government health staff creating a two tier system of access to public sector health staff in some areas. Those willing to pay to see staff in their private pharmacy will be given a more thorough examination’ (MoHP, 2010:33). All five key informants from Government confirmed that the higher profit in the private sector is affecting quality service at public institutions including retention of doctors in the public sector.

A few respondents shared how this trend is creating greed among the private practitioners:

“Once my son fell seriously ill at night. He was about to die I took him to the local Health Assistant’s house, but he did not treat him...that was to earn money the next day from his medical [private practice], such people who do not treat when in emergency are not doctors but a dog in my opinion” (Father: Case 36).

“The same Health Post in-charge runs both private and public [facilities]. For big diseases we have to go to hospital or his private practice. He does not stay in the public facility even for 15 minutes” (Father: Case 31).

7.4.3.11 Big diseases push most people, except those in occupational care or high income, into financial and medical crisis, with devastating impact on the poorer people

Onset of big and multiple illnesses cause a crisis (*bijog*) for most people. In total, 25 respondents have so far encountered at least one big illness. Of this 15 respondents had financial difficulties to pay for them²⁸. These illnesses are not covered under EHCS:

“No problem if illness is small because it can be done in the health post, the problem is if big ones occur like my dad's cancer. We spent around NRs 120, 000 (US\$ 1,692). At the same time my brother got typhoid. We were in catastrophe then. When we enrolled him, we had to pay for everything, money just drained away, we sold everything in the house, all the money finished” (Child: Case 59).

Big disease crises affected low income and middle income respondents (excluding those who are in occupational services). Ten respondents who did not face financial issues during big illnesses were either from high income (N=4) or middle income (N=6) brackets, five of whom were from the occupational group and one was from the private school group as well as from the formal employment group. In total 15 respondents (14 from low income and one from middle income group who was not in formal employment group) had encountered a big

²⁸ 'Big illnesses' included urinary, uterus, eye problems, heart disease, typhoid, bleeding/stool, bone injuries.

illness and all of them faced financial difficulty because of it. The average cost of illnesses that could not be afforded ranged from NRs 3,000 (US\$ 42) to NRs 200,000 (US\$ 2,281).

Secondary data confirms that people face difficulty in financing expensive illnesses because a significant portion of health expenditure is from private out of pocket sources, which in 2000 was about 70% of total health expenditure (MoHP, 2010). Although all services provided by Government are partly subsidised, the costs of curative care remain a major barrier to access, and are a significant cause of households becoming poor (MoHP, 2010:35).

7.4.3.12 Lack of financial ability to treat big illnesses adversely impacts overall welfare of children

Lack of financial ability for treatment had two major impacts on the low income people.

Firstly, they had to either stop treatment or choose between curing children or parents.

In two cases health treatment (even if it was life threatening or urgent) had to be traded off with the need to ensure daily needs are met or educate children. In one case the family chose to treat children instead of adults and in four cases they have stopped treatment:

“Health later... have to eat now. I was taking medicine before but could not afford it and so stopped – if it becomes intolerable I will go for a check up – but until then that is not priority so will have to tolerate pain” (Mother: Case 42).

“I’ve got heart problem. I was taking medicines for 3 years. Until I had budget I took it and then I stopped. Such is life....have to educate the children” (Father: Case 34).

Secondly, the low income people became poorer which had an overall negative impact on family and child welfare (e.g. could not afford to go to private school). All those having financial difficulty found the expenses were a drain on already low financial resources/assets. In two cases the families had to sell most of their assets and in one case even this was not enough forcing him to stop treatment. Even when not all assets were sold, the ill health of parents caused loss of jobs and income. This was seen reported by 11 families:

“If I was healthy I would do any struggle, portering to look after my child” (Mother: Case 2).

7.4.3.13 Financial supporters during health emergencies primarily included informal networks

In times of crisis most people depended primarily on informal networks. Out of 15 people who have had financial difficulty in dealing with a health crisis only one person had received partial Government support. The majority of them addressed their problems through support from informal systems (N=11) followed by use of accumulated assets (N=4). When both these supports ran out they either ceased treating themselves (N=6) or followed abnormal methods of treatment (N=2).

Informal systems included loans from kin (N=5), charity from kin (N=5) or support from informal NGOs (N=1). Use of accumulated assets included use of all the savings, selling jewellery, livestock and assets (N=4). It also meant use of money set aside for other purposes such as for house construction. Foregoing the treatment included stopping further treatment itself, including inability to follow the prescribed diet (N=6) and one case which included a trade-off between treating the child instead of oneself (N=1). Abnormal methods included hammering teeth yourself to straighten them or changing religion (N=2):

“Whenever we get sick we take a loan” (Mother: Case 18).

“Rich can cure anywhere, if not here then abroad, but for us if something costs us NRs 150,000 (US\$ 2,115) then our life is gone, dead! We can’t get money immediately. Even if we sold this house we can’t get it quick enough and even won’t get that much for this house anyway” (Mother: Case 42).

7.4.3.14 Although informal support system was the only available resource during crisis, access to it was not easy to get, in particular when needed urgently, moreover it was not free

An informal support system was the only source for low income people during medical crises. This constituted primarily getting loans or charity support from neighbours, kin or informal institutions²⁹. All 16 people facing financial shortages had one or all of the following problems. Firstly, it was not readily available. Nine respondents emphasized the stress of finding money while someone is sick. In one case a mother was struggling during an emergency delivery while her husband was stressing looking for a loan. Secondly there was no guarantee which further added to the tension of the people already in stress. Thirdly it was a cause for lower self-esteem. Fourthly it was not a free support but mostly a loan. One family was dragged into a debt cycle and seasonal labour that pushed children to be labourers (see quote below). Two other impacts included sexual abuse of a child (N=1), further strain on already precarious kinship care (N=1) and compulsion to keep child in kinship care (N=1):

“[Researcher: So you came to work in this brick factory to cure your son?] Yes to cure him...in the beginning we needed NRs 7,000 (US\$ 99), but even that no one from my village

²⁹ Also see kinship section.

gave it to me. My husband found NRs 2,000 (US\$ 28) loan from one house and NRs 1,000 (US\$ 15) loan from another house... and some more from elsewhere. After treatment I got home in the morning and the creditor wanted the money that afternoon. How can I give? I had a sick child with me...and how to make him healthy was my worry... so we came here...I took some advance which I used to pay back the loan...since then having come here regularly...it has been seven years (Mother: Case 13, all her three children are child labourers in the same factory).

7.5 Education services

7.5.1 Provider

Primary responsibility for free education up to secondary level lies with the State

Although responsibility to educate children as per the financial status of the family is given to the father, mother or protector by Article 4 of the Children's Act, 1992, as per the Interim Constitution (2007) Article 17 (2) on fundamental rights, 'every citizen shall have the right to receive free education from the State up to secondary level as provided for in the law'. The right to education for all citizens is also under directive principles and policies of the State (Interim Constitution, 2007, Article 33, h and Article 35, 1).

'Secondary level' is not defined in the constitution. Education Act, 1971, Article (2, d) however defines it as Grade 9 and 10 whereas the School Sector Reform Programme (SSRP), the current key education policy of the Government defines it as up to Grade 12.

Government is the key provider; private sector is small but growing

Currently schools are categorized into community/public schools (supported partially or fully by the Government) or institutional/private schools (supported by parents and trustees). The community schools are further divided into three sub-categories: community-aided (fully supported by the government), community-managed (fully financially supported by the government but managed by the community) and community-unaided (getting partial or no support from the government). Similarly it divides institutional schools into two types (non-profit oriented/private or public trust) or company (profit oriented). In addition, there are religious schools. However, following two kinds can be distinguished based on the provider:

- Government (all public schools, community managed and community aided)
- Non-Government/Private (institutional type, community unaided and religious)

Of these types, the dominant provider is Government. However although the institutional type is small it is growing. Private enrolment has increased from 10.8% in 2004 to 14% in 2011 at primary level (DoE, 2011). In 1984 the ratio of public to private schools at lower secondary and secondary level were 30:1 and 50:1 respectively. In 1994 the ratios stood at 1.1:1 and 0.94:1 with a 6:1 ratio for primary schools (NESAC, 1998 cited in Caddell, 2009:129).

Private schools have existed since 1940 and were encouraged by the first National Education Commission (NEC, 1953). But the presence of private schools was short lived due to nationalisation of all schools by the National Education System Plan (NESP) in 1971. They re-emerged after the demise of the NESP in late 1970s (Bhatta, 2009:8). The role of private

sector participation in education development was an important policy guideline first specified in the Eighth plan. Private providers are allowed and operate at all levels. However, the State encourages it at secondary level (MoES, 2008:24).

Community involvement in education provision has been promoted in particular in managing schools although there are also schools that are run fully by communities

Communities, not necessarily formal NGOs, have led the establishment of schools in Nepal from the early 1950s. The democratic Government gave grants to communities who took the lead in opening schools and until 1971, when the State nationalised all schools, education in Nepal was basically initiated, managed and financed at the local level (Bajracharya, Thapa, & Chitrakar, 1998). However the role of communities re-emerged from the 1980s (Bhatta, 2009:152). This occurred through different strategies, the latest being a scheme called Community Managed Schools (CMS) where public schools can be managed under more authority of local communities. Community involvement is seen as crucial for improving efficiency and institutional capacity of the education sector and was included in the core document of Education for All (EFA), 204-2009 programme (MoES, 2003).

Three types of education services are given by the Government

Formal schooling starts from Grade One at the age of 5 years (DoE, 2011). Although the structure of school education has differed over the years the current structure includes basic education (Grades 1-8; ages 5-12) and secondary education (Grades 9-12; ages 13-16) (DoE, 2011:18). Basic education is delivered primarily through formal school education and to a

limited extent through alternative provisions such as flexible schooling, mobile schools.

Current services can be categorised as follows:

- Free Basic Education (Grades 1-8): This is given free to all citizens. Free education includes cost-free services for admission, textbooks, tuition and examinations.
- Secondary Education (Grades 9-12): This is given at subsidised cost to all the citizens.
- Scholarships: In addition to regular education Government also has scholarship programs. Private schools are also obliged to give scholarships to selected students.

High Government expenditure on public education; foreign aid 23% of education budget

The education sector budget has steadily increased over the last two decades. It increased from 10.01% (1985-90) of the total national budget to averaging around 16% since 2001 (Bajracharya, Thapa, & Chitrakar, 1998:46; DoE, 2011).

Table 7.16 Government expenditure on education (2010/11)

Description	Amount (NRs)	Per cent of budget
Education budget	57.83 billion	16.3%

Budget allocation per student has increased from NRs 2,638 (2004/5) to NRs 5,217 (2008/9) (Cambridge Education Ltd & METCON Consultants, 2009:4). In 2010/11 it was NRs 7,416³⁰ (US\$ 104) per student.

³⁰ Based on 7.7 million students and 2010/11 budget.

Foreign assistance has played an important part in the education budget support since the 1980s; it has ranged from 16.6% to 31.3% (Bajracharya, Thapa & Chitrakar, 1998). In 2010/11 it constituted 23% of the total education budget (21.6% grant and 0.9% loan) (DoE, 2011).

Community schools are primarily financed by the Government but not totally free

The major source of income for community schools is Government grants. Government grants (including DDC/VDC grants) constituted 87% of the school budget while students fees contributed 7% followed by school's other sources at 5% in 2005/6 (TRSE, 2007:64). However, students also contribute to community schools. For example, households on average spend 5.3% of their total expenditure on education, i.e. about NRs 9,048 (US\$ 128)/year (NLSS 2011/12). The poorest spend the lowest (3.4% or about NRs 2,778/US\$ 39) and richest spend the highest (7.6% or about NRs 23,150/US\$ 326). This indicates that education is not free as stated in the policy.

The institutional mechanism of the public education sector is large; the institutional mechanism for private education is growing

Institutional capacity of Government's education sector is large both in terms of infrastructure, human resource and budgetary support. The education bureaucracy has expanded significantly since 1951 (Bhatta, 2009:5). It has its own Ministry, Department, regional and district offices as well as schools all over the country. While that of the private sector is growing it is still small in comparison to the Government.

Table 7.17 Institutional capacity of Government and private schools

Total	Community	Private
Schools (total = 34,361)	29,063 (82% of total)	5,229 (18% of total)
Students enrolled (total = 7,797,472)	6.68 million (86% of total)	1.12 million (14% of total)
School to student ratio	33	15
Reported teachers (total= 27,5682)	202,594 (73% of total)	73,088 (27% of total)

Source: Flash report 2011/12 (DoE, 2011). All data for Grades 1-12 unless specified otherwise

The Nepal Living Standards Survey (2011/12) also shows the relative accessibility to primary schools. According to this 94.7% of households in Nepal are within 30 minutes access to the nearest primary school with this figure being 100% in urban areas. In the case of secondary schools 71.5% have access within 30 minutes. The mean time to reach a primary school is 13 minutes for the whole of Nepal (6 minutes in urban areas and 15 minutes in rural areas).

7.5.2 Nature

7.5.2.1 Mode

Education services are universal for public basic education, selective for scholarships and occupational/formal. Selective is a combination of residual, gender, ethnic, and other features

Table 7.18 Accessibility conditions for education services

Name of Program	Eligibility rules	Overall Mode
Free basic education	<ul style="list-style-type: none"> • For all Nepali citizens 	Universal-non contributory
Subsidised secondary	<ul style="list-style-type: none"> • For all Nepali citizens 	Universal-non-contributory
Scholarships	<ul style="list-style-type: none"> • Government schools: free education to Dalits, janajati , women and others living under poverty line, Karnali • Private schools: top two students; women, poor, disabled, janajati, Dalit, conflict affected and martyr 	Selective – Residual, ethnic, gender, disability, talent and political
Occupational schools	<ul style="list-style-type: none"> • Mostly for children of army and police (less than 5% of the total formal sector work force)/Small quota for general public • Have to pass entrance test 	formal sector, talent based

Cost per student is higher in private than in community schools

The average annual cost per student in private schools in 2008 was double that in the community schools (NRs 11,755/US\$ 166 versus NRs 5,244/US\$ 74) (SMA, 2008). The ideal cost based on the supply side is estimated to be around NRs 8,272 (US\$ 117) per student per annum (SMA, 2008). Based on this model the expenditure by community schools is lower and that of private schools higher than the ideal amount.

Focus on basic and primary education

Primary education generally includes Grades 1-5. It should be noted that basic education always includes primary but is not limited to it and may expand to both non-formal education or lower secondary years. In Nepal at present Grades 1-8 are considered as basic education.

The focus of the State education system from the early 1950s has been on universal primary education (First Education Commission, 1954; First Five Year Plan 1956-1961 and the Fifth Plan 1976-1981). The latest education policy (SSR) reiterates this. All the key international policies and movements, such as 1990 Education for All (EFA) Conference, Dakar Framework (2000) and the MDG goals have focused on basic and primary education. Accordingly national programs, such as the Basic and Primary Education Program (BPEP) 1 and 2 and EFA Program are also framed under similar global objectives.

The focus on basic and primary education also means that this sector receives priority in resource allocation rather than secondary or tertiary levels (MoES, 2008:44). The policy of free basic education is also a result of this. In 2010/11, the total school education budget was about 80% of the total education budget, of which about 64% was in basic education (DoE, 2011). The share of primary education out of total education budget has hovered above 50% since 2000/01 while that of secondary education has remained around 20%.

Importance of international frameworks in shaping national education policies

Although the quest for education in Nepal started before key international education movements began it has since been influenced by them. For example the Nepal Government has conceptualised education under EFA goals as per the 1990 EFA Conference and the 2000 Dakar World Education Forum. Specifically Nepal adopted a National Plan of Action to achieve the six EFA goals by 2015 (DoE, 2011) and SSRP's aim is to contribute to EFA. The national focus on basic and primary education also reflects international priorities. In addition, specific projects have been launched under foreign guidance. For example the

Community Managed Schools (CMS) scheme came from the aid agencies supporting the education sector, most dominantly the World Bank (Bhatta, 2009:166).

Free mode of education is unclear and contested

The Education Act, 1971 guarantees free education at primary level only while allowing charging of fees in lower secondary and secondary level (Article 16, D). SSRP's policy on the other hand is to provide free basic education (Grades 1-8). However the interim constitution provides free education up to secondary level (up to Grade 10). This divergence is noted in the School Sector Reform –Core Document (SSR-CD) which states 'in secondary education, as stated in the interim constitution, arrangements will be made to provide cost-free education gradually' (MoES, 2007: 28). However this neglects the fact that the interim constitution mentions free secondary education as a fundamental right, even though it is also mentioned in the progressive rights section.

In response to this a writ was filed by the All Nepal National Independent Students' Union – Revolutionary (ANNISU-R) in 2011 and the Supreme Court (SC) has directed the Government to ensure free education up to secondary level (up to Class 10) as per the provision in the interim constitution (Nepalnews, 2011). This reflects an unclear and contested nature of free education as well as that of fundamental versus progressive rights.

Contested and unregulated nature of the private sector

Unlike the health sector, the private sector in education is more regulated. It is bound by legislative frameworks (e.g. Education Act, 197, Education Regulation, 2002) that define

various aspects such as governance, management, quality and finance (MoES, 2008:24). A Code of Conduct was also developed by PABSON (Private and Boarding School Organisation Nepal) in 2002. Private schools have to follow the national curriculum, provide scholarships and adhere to rules on fees which require approval from Government before being implemented.

However, despite the legality and growing practice of private schooling in Nepal it is contested and unregulated.

Caddell (2009:121) writes that regulatory policies are ineffective in addressing the core problems brought by the private sector, particularly regarding the haphazard nature of private schools ranging from issues such as fees, quality, and governance among others. The PABSON has even challenged the SC order to comply with the Private and Boarding School Directive, 2013 aimed at regulating the private institutions (Sharma, 2013a).

Lack of control in the private sector is most clearly reflected in frequent hikes in fees and consequent strikes by various student unions. According to the fee monitoring committee (DoE, 2011) fees in private schools should range from NRs 950 to 2,025/per student/per month. However, according to the fees monitoring report of DoE (2010) this is not adhered to. It discovered a huge range of fees among schools from low to high and while some were within the range others were significantly higher than the recommended scale. Similar discrepancies have been noted by a national paper, which reported that fees in private schools in the Kathmandu Valley range from NRs 2,500 (US\$ 35) to NRs 4,500 (US\$ 63) for most of the schools but are much higher for high profile schools which charge NRs 7,000 (US\$ 99) to NRs 20,000 (US\$ 282) every month (Sharma, 2013b).

Opposition to the private education sector is also ideological. This is explicit particularly in the United Communist Party of Nepal, Maoists (UCPN/M), one of the major parties which led the Maoist War (1996-2006), and frequently targeted private schools for forced closure (PPCC, 2006; Caddell, 2009). This party's demand for nationalisation of private education has continued since the party came into mainstream policies (Neupane, 2011; Sangraula, 2008).

Contested nature of community involvement in the education sector

Despite the policy focus on encouraging community involvement in schools, its role versus the State's role is debated. One of the criticisms against the NESP was that despite the increased role of the State in the education sector it curbed the community's participation in education matters (Bajracharya, Thapa & Chitrakar, 1998: 27). Lack of community involvement is even cited as a reason for poor performance of public schools including in management as well as quality (Bhatta, 2009:152). On the other hand political parties such as the dominant UCPN/M want more State responsibility. They physically attacked both the CMS and private schools during the insurgency due to this political stance.

Private sector considered a source of revenue

While education is promoted for increased access to educational opportunities it is also seen as a source of revenue through general taxation and specific fund raising for the rural education sector. Accordingly private schools are registered under the Company Act, 2006 (DoE, 2010). Specifically private schools have to pay three kinds of taxes and fees to Government: corporate tax (as per Company Act valued at flat rate of 25%), a certain amount

into the Rural Education Development Trust (this started off with 1.5% of the net annual income of schools and is now unspecified, introduced by the seventh amendment of the Education Act) and 1% tax on fees of the students (called an Education Service Tax introduced through the budget in 2008).

Importance of mother tongue as the medium of instruction

The Interim Constitution, 2007, Article 17 (1) gives a fundamental right for each community to receive basic education in their mother tongue as provided for in the law. The importance of mother tongue can also be seen from the fact that to the list of six goals of the Dakar Framework, Nepal added one more goal while developing a national plan for EFA, which was on use of mother tongue in primary education.

7.5.2.2 Coverage

Public schools are accessible throughout the country, private schools are urban based; in the Kathmandu Valley there are more private than public schools

Table 7.19 Coverage of key public education services

Type of program	Coverage
Free basic education	Throughout the country
Secondary education	Throughout the country
Scholarship	Throughout the country
Private	Throughout the country-urban focus, mainly Kathmandu Valley
Occupational	Selective districts / primarily in Kathmandu

Public schools are relatively accessible as access has been one of the four important goals of all the major educational policies. To increase access the State has opened a large number of

public schools (focusing on primary levels) at the grassroots level. According to MoES (2008) there is one school for grades 1-3 per settlement consisting of 30-40 households and/or 150-200 population and at least one Upper Primary school with grades 1-8 in villages with 200 households and/or a population of 1,000. Secondary schools are sparser with a policy of at least one in each VDC and at least one Higher Secondary School in each constituency.

Private schools on the other hand are urban focused and most of them are concentrated in Kathmandu Valley. Each district has at least one private school. The Valley has more private schools (N=2,213) than the community schools (N=643) (DoE, 2011). This makes private schools more accessible to the general public in the Valley.

7.5.3 Welfare outcomes

7.5.3.1 Most of the child respondents attend school. They represent all domains. Non schoolers represent parental, non-parental care group, low income group and informal economy

Out of 37 children, the majority (81%) of children go to some kind of school while 19% do not go to any school³¹. Thirty children who go to school represent all the analytic domains, but those who do not go to schools come more from non-parental (71% and 29% from parental groups), low income (100%) and informal economy domains (100%). This means that everyone from formal sector and from middle to high income is going to school.

Within the analytic domains, 83% of the total children under parental care were going to school while 13% were not; 62% of those under non-parental care were going to school while

³¹ This statistic is not useful for generalising since purposive sampling based on schooling criteria was used.

38% were not. Regarding different forms of care 100% of children in kinship care, 60% of those under institutional care and 25% of those under employment were going to school. Although 40% of children under institutional care were not going to school this was due to them being in transit process, not because they were not allowed to. However, child labourers and one child under parental care could not go to school due to lack of guardian permission.

Nationally too despite the State focus on universal primary education the Net Enrolment Rate (NER)³² at primary level is only 95.1% (DoE, 2011). This means approximately 0.8 million primary school age children are still out of school. Similarly NER is 70% for Grades 6-8 and 52.1% for Grades 9-10.

7.5.3.2 Government was the biggest provider of education followed by private and occupational

Out of 37 children in this study sample, most children (46%) were going to Government school, 22% were going to private school and 14% were going to occupational school. Of the school-going children 57% go to community school while the rest 43% go to private and occupational schools.

Nationally as was has already been mentioned 82% of the school-going children go to community schools while 18% go to institutional schools.

7.5.3.3 Children going to Government schools come only from low income and informal sector, but from both parental and non-parental care. Those going to private and

³² Net Enrolment Rate (NER) is the number of children of official primary school age who are enrolled in primary education as a percentage of the total number of children of the official school age population.

occupational represent all domains, but primarily come from middle and high income and formal sector

The data below show that while school types can have children from different income backgrounds, income backgrounds of respondents in relation to private school is however clearly biased to the richer groups. This means all the rich go to private schools, but not all those who go to private schools are rich (See Figures 7.3 and 7.4). Table 7.20 shows the details of background of different types of school goers. Table 7.21 shows this distribution of schooling by analytic domains.

Table 7.20 Background of different school goers as per analytic domains

	Government	Private	Occupational
Income group	100% from low income	50% from high income 25% from middle income 25% from low income	100% middle income
Care group	70% from parental, 30% from non-parental	88% from parental 12% from non- parental	100% parental
Employment Sector	100% from informal	62% from formal 38% from informal	100% formal

Table 7.21 Analytic domains by different school types (only for school goers)

	Government	Private	Occupational
Income group ³³	65% of low income 0% of middle or high income	8% of low income 29% of middle income 100% of high income	0% of low or high income 71% of middle income
Care group	50% of parental 88% of non-parental 75% of kinship 100% of school goers from institutional and employment	29% of parental 12% of non-parental 25% of kinship	21% of parental 0% of non-parental
Employment	0% from formal 85% from informal	50% from formal 0% from informal	50% from formal 15% from informal

Figure 7.3 Schooling types of income groups

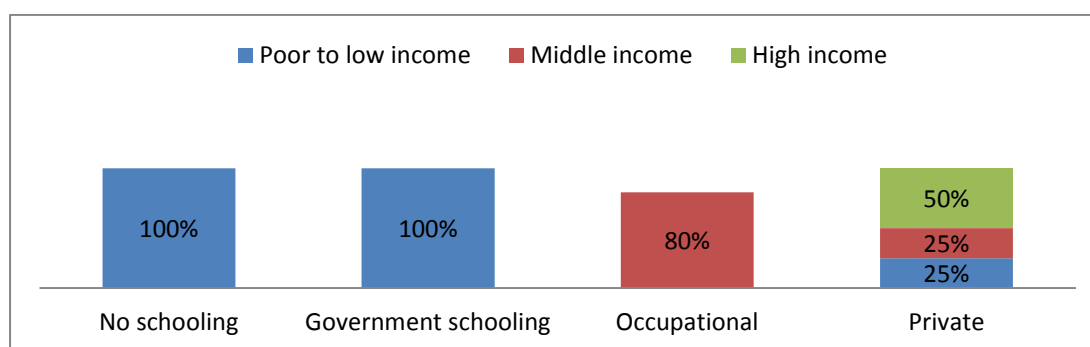
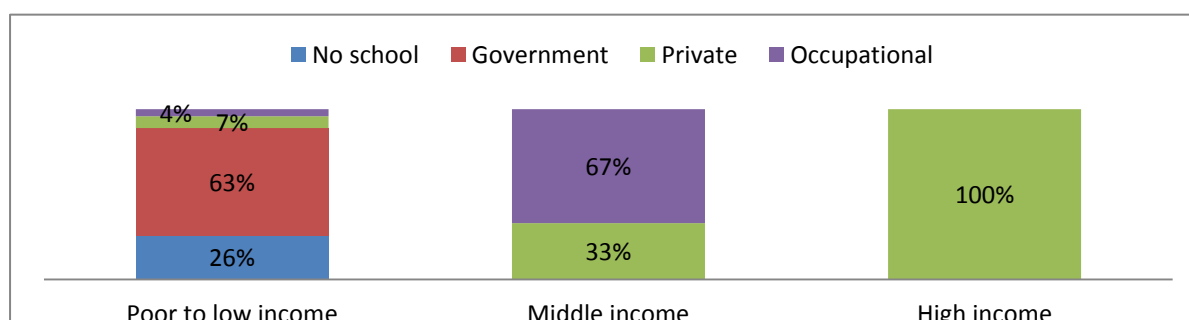


Figure 7.4 Income class by schooling type



³³ 23% of low income do not go to school.

For the middle and high income people, even thinking about going to a Government school is not an option. It was the first time they were asked this question. One high income respondent said that because they can afford to they would not put their children in a Government school, whereas her maid who cannot afford private schooling is going to a Government school:

“Government schools in Nepal are in pathetic state. That is something for nobody to guess. And coming from a good background and having a certain education and status in your own homes you want your child to have the same level and grow beyond that and you don’t want him to go back by thousands notches you know” (Mother: Case 63).

Income as a major factor for selection of school is also confirmed by secondary data. Both NLSS 1995/96 and NLSS 201/12 shows that most people from the richest quintile go to private school and least people from the poorest quintile go to these schools. According to NLSS 2011/12 about 60.1% of the students from the richest quintile are currently attending private schools while 6.4% of students from the poorest quintile are in private institutions.

Shakya and Hatakeyama (2008) write that there is a tendency of growing disparity according to the income of parents, rather than ensuring the equal opportunity for a quality education to all children. Bhatta (2009:6) writes that there is ‘pauperisation’ of public schools, not in the sense that public schools are getting poorer, but that they are becoming places where the children of the poor study. According to Bajracharya, Thapa and Chitrakar (1998: 48) a ‘two tier system of education is developing: private schools for the rich and public schools for the poor and disadvantaged children’. Lietchty (2003 cited in Caddell, 2009:130) notes that private schooling has increasingly become significant as a marker of social standing and differentiation.

7.5.3.4 All private and occupational school goers are satisfied but less satisfaction from Government schools pupils

Seventy-six per cent of those in Government schools in this study were fully or relatively satisfied with their school while 100% of those in occupational and private school were fully satisfied.

Secondary data also shows that the quality of occupational and private schooling is better than the Government schools. According to Bajracharya, Thapa and Chitrakar (1998: 47) the growth of the private school system was against a backdrop of decreasing community support to public education system, especially as it was perceived to be of inferior quality of education. School Leaving Certificate (SLC) results can be used to show the overall quality of the education sector³⁴.

Overall SLC results have dismal records, with the pass rate generally being below 50% since 1984 (Bhatta, 2004, Cambridge Educations Consultants Ltd., 1996). Moreover the SLC pass rate is highly biased towards the private sector (Bhatta, 2004; SMA, 2008). For example, in the 2013 SLC exams although more than half of the examinees were from community schools, only 27.97% of them passed while 86.68% of those from private schools passed (Aryal, 2013).

³⁴ SLC is considered the primary measure of success of the government's education reform efforts (Danida, 2003 cited in Bhatta, 2004) and extremely important by parents (Singh, 1997).

7.5.3.5 Primary reasons for satisfaction included quality of the study, comparative advantage, social environment, discipline, extracurricular activities, affordability and English medium

Key reasons for respondents' satisfaction with their current school included quality of the study (29% of the total responses) followed by comparative advantage over other schools (17%), social environment of school (17%), discipline (13%), extracurricular activities (11%), affordability (17%) and learning English (7%). Except one respondent in the occupational group no one cited major dissatisfaction with occupational or private schools while nine respondents cited dissatisfaction with Government schools. The reason given for dissatisfaction was because Government schools were worse than boarding schools primarily in English teaching, quality and discipline. Similarly the occupational respondent thought that a private boarding school provided better teaching than his occupational school.

Most of the reasons for satisfaction were cited for either private or occupational schools whereas only a few people cited the same reasons for Government school. Out of 20 respondents who talked of good quality in their school most came from a private school (60%), followed by those in occupational (30%) and Government (10%) schools. Similarly out of total 12 respondents who said their school had good quality most came from occupational (50%) followed by those in private (42%) and government (8%) schools.

Government school users primarily quoted affordability as the key reason for their satisfaction with their school. While occupational users also said affordability was a major reason for their satisfaction it was however said in conjunction with quality education, i.e. occupational schools gave quality education at an affordable cost:

[On why an army school was chosen] “Because it gives very good education at low cost”

(Child: Case 68).

7.5.3.6 Preferred provider of education for most of the students, except those going to occupational, was private/boarding school

Private school is referred to as ‘boarding’ in the common discourse in Nepal and this was the case with all the respondents. Boarding means an English medium school and not a school where students live/board.

Ninety-six per cent of the children not going to private or occupational school preferred to go to a boarding school if they could afford this. This included all but one child who was not going to school and all those in Government schools (N=23). One child who was not going to school preferred to go to a Government school since she did not think that she would be sent to boarding by her employers as it was for their children, not for a child labourer like herself. Similarly, all the adults preferred to send their children to private schools.

On the other hand, 100% of the children currently going to occupational and private schools preferred their current school with one exception (a father from an occupational group thought that other renowned private schools would be better than the current school, although he considered his school as better than Government and some private schools):

“It is fashion to send kids to boarding, including in villages. People rent rooms in bazaar to send to boarding while husbands work in bidesh and grandparents stay back in village”

(Father: Occupational school, Case 62).

7.5.3.7 Primary reasons for preferring boarding or occupational school was its competency in English followed by other quality factors followed by affordability. While boarding schools are perceived to help you go ‘up’ in life, government schooling was perceived to give a lower level of education more suited to the poor and villagers

The primary reason for preferring Boarding or occupational school was to be competent in English (51% of the responses). Secondary reasons included other quality factors (teaching quality, 13%; better environment, 13%; international linkage, 5%; current fashion, 2%) and affordability. 16% of the respondents thought that private schooling would make you more talented and help you go ‘*mathi*’ (upwards) or ‘*thulo*’ (big) (16%). Affordability was cited as a factor only if it also provided quality education and English. This applied only to occupational schools. These same reasons were also why Government schools were not preferred. These were considered to be for low level people, the poor and the villagers.

English was a frequently raised theme during discussion of schooling. Many pointed out that this was the sole or primary difference between public and private schooling. Importance of English was felt by those from all domains, for activities ranging from reading signboards, sending emails, to be able to work and study in ‘*bidesh*’. Lack of English was perceived as ignorance and future hardship (*dukha*). Government school teachers were even derided for not knowing how to speak English. Reasons for wanting English are given in Table 7.22.

Table 7.22 Reasons for wanting English in schools

Reasons	Per cent of the response
Important at this time of age, due to its international status	59%
Better and easier future	12%
Gives you Knowledge of everything	6%
Inclusion/respect/self-esteem	6%
Important to pass SLC	6%

‘If Government had English I would send kids there’ (Mother: Case 18).

‘Even in villages now if you have studied English you get respect and if you have studied Nepali from Government school and have even if you have passed SLC you don’t get as much respect’ (Child: Case 59).

‘In today’s age English is better. Many people scolded me (for taking kids out of private) saying that even by starving myself I should have put them in boarding school, even in smaller Boarding school.... If I had wealth and could have given them good food then I would have put them in Boarding...what to do all other kids are going to boarding whereas mine go to Government (says sadly)’ (Mother: Case 25).

An EFA evaluation report (2009: 28) also found preference by the local communities of English over mother tongue and Nepali. ‘The Core Document stresses inclusion of Mother Tongue education as a right and matter of cultural identity....It was quite commonly perceived that a ‘quality’ education is one that includes as much English as possible or is even delivered through the medium of English’ (Cambridge Education Ltd & METCON Consultants, 2009: 30).

Secondary data shows both a functional importance of English in current time as well as it being a product of historical legacy. This is expanded on below.

Functional importance can be seen from the fact that English is one of the compulsory subjects that students especially from public schools fare badly in during SLC (Bhatta, 2009). Similarly, national assessment for Grade V showed average scores in English in community schools was 36.68/100 while that of institutional schools was 74.69/100 (FBC & CHIRAG, 2008)

Historically, it is found that during early period of education in Nepal, previous to 1951, although English, Sanskrit and Nepali were taught, English was the focus, even more than Nepali (CERID, 1985: 25). According to Shrestha (1983:50) even the medium of instruction in early period was English. However post 1951 saw changes in language priority with dominance of Nepali, near abolition of Sanskrit and English only as a foreign language (CERID, 1985). However this was only in public schools because English remained the focus in the private education system including as a medium of instruction (CERID, 1983:57; Bhatta, 2009). This is despite the fact that until 2006 Amendments to the Education Act, 1971, medium of instruction in schools legally had to be Nepali, except in the case of primary schools, in which case it could be in the mother tongue.

7.5.3.8 Choice of school was financial decision followed by talent, while access to education itself was impacted by non-financial factors, primarily parental or guardian permission.

Even as the majority of the parents wanted to send their children to private schools and thought that Government education was of lower quality, seventeen children said that they were forced to go to Government schools due to a bad economic situation. Three of these were previously going to private schools when their financial situation was better:

“When I took my daughter out from private, her friends who were still going to Boarding ... my heart used to cry, for a year it cried, I used to curse myself and think that maybe even by not eating I should have put her in private” (Mother: Case 25).

“Boarding costs money, so poor have to go to Government” (Child: Case 39).

Other than finances, factors such as talent (having to pass entrance tests) and occupation (occupational schools are primarily for those in the army/police) also impacted on access to school. These apply only in the case of expensive and renowned private schools and most of the occupational schools.

However, access to schooling itself was impacted on by primarily non-financial factors. In the case of seven children not going to school, 43% (child labour) could not access school, due to a lack of permission from their employer. They found it difficult to even attend a few hours of NFE classes run by an NGO. Similarly of another 29% the children, also child labourers under parental care, one of them did not get permission from her father while the other was not encouraged to go to school. In the case of remaining 29 % (street children under institutional care), the institution was preparing them to re-join school:

‘‘Mother said study but dad said come back that I don’t have to study...he said that there is work here, you don’t need to study...dad scolded and I thought that dad and mum would have argument and so I came back’’(Child: Case 10).

7.5.3.10 Government schools are most easily accessible in terms of fees. Occupational and private schools are more expensive than Government schools

Government schools were mostly affordable to most of the respondents, many choosing them precisely because of their affordability. However although Government schools are, by law, not supposed to charge tuition fees they were charging administration and exam fees. A few schools in Kathmandu were also charging additional monthly tuition to make it like ‘boarding’ schools which made them more expensive than some of the rural private schools. The lack of implementation of free education policy is confirmed by secondary data.

According to Shakya and Hatakeyama (2008: 6) although primary education was supposed to be free in public schools many charge for extra teachers, for English as a subject, examination fees.

While some parents did not find paying fees in Government schools unreasonable, others, especially those already struggling with daily needs found it hard to pay for fees as well as having to buy stationery. Those who did not find it unreasonable shared comments like ‘not paying much’ ‘tuition is free, only have to pay for admission and exam and that is not a problem’ or they would say they don’t pay and only revealed this only on probing. They interpreted free education as ‘no monthly tuition fee’. On the other hand having to buy stationery and still having to pay even these nominal fees was still difficult for many of the parents, especially those struggling with daily needs and in particular during admission time who criticised lack of implementation of free education policy:

“I don’t have to give monthly fees, only yearly fees but everyone takes that...everyone has to charge a bit for sustenance. It is only admission and exam fees anyway ...I don’t find it that difficult” (Mother: Case 25).

Fees in army school and private schools varied significantly between schools, but all those going to expensive occupational schools said that it was relatively cheap for the facilities given. Annual fees of private schools ranged from US\$ 81 to US\$ 8462 which is more than hundred times the former. High variance in private school fees is also confirmed by secondary data and was discussed in the earlier section. Table 7.23 shows the range of fees in different types of schools.

Table 7.23 Fees of different types of schools as reported by the respondents (annual)

Government	Occupational	Private
NRs 1123 (US\$ 16) - NRs. 7,500 (US\$ 106)	NRs 3600 (US\$ 51) (Day army schools, average level) NRs 28,800 (US\$ 406) (Day police school, average level) NRs 26,400 (US\$ 372) (Boarding/army/high level) NRs 55,200 (US\$ 778) (Boarding/police/high level)	NRs. 12,000 (US\$ 169) – NRs 600,000 (US\$ 8,462)(urban) NRs 5,760 (US\$ 81)(rural)

7.5.3.11 Occupational Schools provide an egalitarian environment for the rich and the poor

All the occupational participants commented that having different fees for different levels while still providing the same education was a good system that ensured both the poor and the rich could access high quality education. It was considered that arrangements where lower ranks and lower income pay less than the higher income families was a fair system. Only one respondent thought that the culture within the school was however still not egalitarian between children of different ranks:

“Lower ranks can’t pay more. At least he gets same opportunity. For upper ranks to pay bit more does not make much different I think. So it is OK” (Father: Case 67).

7.5.3.12 Parents struggling to pay schooling costs come from all income ranges; their children go to all three types of schools

Fifty-nine per cent of the adults reported facing financial difficulty in paying schooling costs. 71% of those in Government schools found it difficult to meet even the low costs that were associated with schooling such as admission and exam fees, dress and stationery:

“Yes, it is difficult. Sometimes she goes sobbing to school... others have khaja, she says she does not have money, but where can I give her from? She says sometimes there is no copy or there is no pen....she goes to school crying her heart out, ...if I had money I would give but I don't ” (takes long breath) (Guardian: Case 40).

Three children (all from low income and informal group) not currently going to school had faced financial problems before dropping out from school and which contributed to them running away from home or being sent away as a child labourer.

Those sending to private and occupational schools were also struggling as were parents from high income. 40% of those in occupational schooling (lower middle income) and 43% of those in private school also found it difficult to pay for schooling. Similarly 57% of those from middle income and 50% of those from high income were also facing financial difficulties. Few parents said that increasing fees ‘scare them’. Only two of the richest parents had no problem paying for the high fees.

Moreover families of low income children going to private schools (N=4) had more difficulty than the richer ones and had to make sacrifices that were detrimental to their wellbeing, unlike richer families whose sacrifices were confined to controlling non-survival expenditure. For example, of two low income children, one of them had to shift to kinship care while the other child’s father has forgone medical treatment to afford private schooling. In another case, the son has been given a private school opportunity but not the daughter so as to save money for a private school. In addition the family was living as squatters and hence saving money from house rent.

7.5.3.13 Struggling families depend on informal support, limited formal support system, which in turn can be discriminatory and not fully implemented

The main support system for solving financial difficulty was primarily informal mechanisms. In total 31 cases of support during financial difficulty were recorded (multiple responses). Of this the majority were of the informal type (59%). These included primarily kinship support (32%), informal loan (13%), child labour employment (3%), tourist help (3%), selling assets (3%).

Twenty-two per cent of the cases were formal support. This included scholarship/school help (16%) and taking on extra employment (6%). While there was very little formal support to help selected children to access schools such as through scholarships, even these were said to be distributed in a discriminatory manner, i.e. teacher did not distribute to the eligible children but to their own children. The Government acknowledges that not all the eligible students are getting Government scholarships (TRSE, 2007: vii). In the remaining 19% of cases, solving financial problems included changing school such as Boarding to Government or expensive Boarding to a cheaper one (10%), dropping out (6%) and foregoing treatment (3%):

“Even though we have dukha they will get sukha (because of Boarding education). So thinking that my wife does daily labour work and I raise goats, buffaloes so that we can make future of these two kids...therefore I have left taking medicines for the last 2 years although my head still hurts.” (Father: Case 34).

7.5.3.14 Education recognised as important, both by those who go to school and those who don't

Education was considered important by respondents, from all the backgrounds. Lack of education was considered as something that puts them in a low category, like 'animals' or as 'blind' while those who are educated are automatically accorded higher status. This status goes higher with a better type of education, especially with private and English schooling:

“[I studied] up to 5 only...that is why I am blind (really?) Yes, I regret it nowadays. Nowadays in every step, education is needed” (Guardian: Case 31)

“We could not get educated. We are now like animals” (Father: Case 36)

“I feel bad when I see my friends going to school. I too used to go with them. I see them and I feel I wish I could also go to school with them” (Child: Case 10).

7.6 Child protection: Personal social services

7.6.1 Provider

7.6.1.1 The State acts as a legal rights guarantor and direct provider of limited protection services; informal providers play a significant role in both legal and direct service

The State helps to protect children in two ways: as a legal guarantor and as direct provider of child protection services. Most of State work on protection is legal (provided through different legislation such as the Children's Act, 1992 and another 19 national and 21

international child protection instruments) rather than giving direct service. Direct services on the other hand are limited. It takes direct responsibility for looking after three groups of children: orphans, abandoned children and children in conflict with law.

The Interim Constitution of Nepal (2007) also gives fundamental rights to children, primarily consisting of protection rights. These include legal rights (identity, no exploitation, no child labour) and special privileges for selected children to secure the future for helpless, orphaned, mentally retarded, victims of conflict, displaced children and street children. While the Interim Constitution has increased the scope of the groups of children to be covered by protection services, it is not matched by accompanying resources for the same.

On the other hand, community, family and children are considered important in child protection. A child protection resource book of the Government (Khatriwada, 2010) does not put the State as the first agency to take direct responsibility for children's protection and its role is put that after social organizations (e.g. NGOs). 'For children's protection it is vital to enhance capacity of children, family and community' (Khatriwada, 2010: 120).

Similarly, NGOs are encouraged by all the major child protection policies (Children's Act, 1992, Children's Regulation, 1994, Child Labour Act, 2000) to help protect the rights and interests of children, through both legal support and service provision. Many of the roles of the State bodies are written so as to be complemented by the NGOs (Children's Regulation, 1994, 3,9; Trafficking Act 2007). For many of the State programs such as Helpline 104, the recruitment of child rights officers is partially or fully funded by I/NGOs. CCWB gets significant funding from INGOs such as UNICEF, Save the Children, Plan, World Vision (Key Informant, CCWB).

Encouragement of NGOs in protection is reflected in their large presence in the country in the field of child protection (see institutional capacity below). NGOs' presence can be traced to before the promulgation of the Child Welfare Act, 1992 and formation of CCWB and DCWBs, which in fact were established due to advocacy of the child protection NGOs (Key Informant, CWIN).

7.6.1.2 Comprehensive child protection system does not exist; State provides limited protection services; NGO services are of a broader scope

Nepal lacks a comprehensive protection framework that can be used broadly for any child facing risk and that has an integrated system for notification, investigation and case management, the three core tenets of a child protection system. While the Central Child Welfare Board (CCWB) and District Child Welfare Board (DCWB) have broader roles in the protection of children's rights and interests, for example by making relevant plans and policy (Children's Regulation, 1994, 3 and 9) these plans and policies are dependent on the Boards themselves for implementation.

The two kinds of programs of the State for child protection are as follows:

- Institutional care (welfare homes for disabled orphans, juveniles and orphans who do not receive kinship (nearest relative) or foster care support (if no person or organization is interested in being the child's Guardian)
- Facilitation for kinship or foster care for orphans (support for carers in this case is not guaranteed; in such cases the child will be institutionalised)

Besides the above programs other services funded by the State are ad-hoc. In contrast, NGOs provide a wider range of interventions such as reunification and reintegration with families, supporting families at risk through income generation and other schemes.

7.6.1.3 Lack of central child agency clearing house for protection

As pointed out earlier a national child protection framework that addresses all kinds of risks and abuses through an integrated system and a central child protection agency that can act as a gatekeeper does not exist. There is also no national notification protocol, risk assessment framework or a national database for managing children with protection concerns. While incidences of harm are encouraged to be reported, there is no statutory duty on any professional bodies to do so. This means that protection activities are conducted in an ad-hoc basis based on the capacity and motive of individual agencies.

State institutional responsibility for child protection in Nepal also reflects this unclear structure. CCWB and its accompanying DCWBs are identified as the focal agency for child rights protection by the Children's Act, 1992 (Article 2). However their role is only in policy and monitoring activities without accompanying service provisions for children or any accountability authority for children at risk or who are being abused. Even then, they provide different material support through ad-hoc programs depending on the donor support they receive. Limited material support is also given through the Ministry of Children and Women. Similarly the Child Labour Master Plan is being implemented through the Ministry of Labour and Transport Management. There is no clear line of authority between either these two Ministries nor is any agency given overall authority for addressing protection concerns that can be raised by any person in the country.

7.6.1.4 Low State institutional capacity, larger NGO capacity particularly in services

Institutional capacity of the State for children's protective services is low, although its overall protection personnel for the general public (such as the police force), who also play a role in child protection, is larger.

The State has only two kinds of personnel for child protection. These include Child Welfare Officers (CWO), which are supposed to be based in all 75 districts and personnel associated with child welfare homes. However CWOs have not been appointed even after twenty years of promulgation of the Children's Act, 1992 such that this responsibility is has been deputised to Women Development Officers (DWO). This shows neglect of the requirement for these positions. Similarly there are in total only five children's welfare homes, including one juvenile reform home, in the entire country. This capacity does not match the high number of protection concerns in Nepal. The high number of violations against children is well documented (UNICEF, 2010; CCWB, 2011). Specifically, until 2009/10 a total of 178 children were returned because there was no space in the child juvenile reform home (Khatiwada, 2010: 98). Recently child rights officers have been appointed under CCWB, but these are funded through External Development Partners.

In contrast, of the approximately 30,000 NGOs and 182 INGOs in the country (SWC, 2013) about 951 NGOs and 42 INGOs work on children's issues. While this data is not disaggregated this includes child protection work and according to key informants, many of these I/NGOs employ a large number of protection workers. Although comprehensive data about all the personnel in NGOs are not available, some examples such as the number of welfare homes can be used as a comparative figure. The table below gives the institutional capacity of both the State and NGOs in child protection services.

Table 7.24 Institutional capacity of protection personnel services

	State	NGO
Notification and investigation		
Notification and investigation	<ul style="list-style-type: none"> • NHRC has a child rights unit in Kathmandu and in five regional offices • Police has presence all over the country (N=67,181 personnel). It also has a women and children service centre which has 1,100 women police officers in 75 districts. • District courts in all 75 districts • DCWB officials in all 75 districts, it also has 50 child rights officers (one per district) • Helpline 104 	<ul style="list-style-type: none"> • Most of the child protection NGOs (e.g. Child Workers in Nepal-CWIN, Informal Sector Service Centre-INSEC) have a large number of monitors throughout the country Helpline 1098 (jointly with CCWB but run by NGOs)
Direct provisions		
Child welfare homes	4 (0.7%) of total child welfare homes of the country	598
Reunification, reintegration and family support	Negligible, none stated in key policies and Acts but may be done through ad-hoc projects	Significantly high, almost all of this work being done in the country is through NGOs

Source: CCWB (2010, 2011), Key Informants (CCWB, CWIN)

7.6.1.5 Low State expenditure on child protection, foreign aid on State child protection activities (including for the State and NGO) is higher

The child protection sector is allocated a very low State budget (Table 7.25 and Table 7.26).

Table 7.25 Government expenditure on child protection (2010/11)

Description	Amount (NRs)	Per cent of budget
Total of children's services	33,965,000 (US\$ 377, 388)	0.01%

Source: Red Book/Ministry of Finance, 2010/11, allocation

Table 7.26 Details of Government expenditure on child protection (2010/11)

Description	Amount (NRs)
Child welfare program (protection and development/ Ministry of Children, Women and Social Affairs)	22,569,000
Child welfare committee (CCWB)	4,904,000
Child labour elimination and child labour reform project	6,492,000

Foreign aid in child protection is high. This is utilised by both the State and non-state actors. For example CCWB itself has a total of 6 Government staff, the rest of the staff (N=79) are funded through development partners. Similarly while CCWB receives about NRs 4,900,000 (US\$ 69,111) from the Government, it receives about NRs 70 million (US\$ 987,306) from development partners (Key Informant, CCWB). This is more than double the total child protection budget of the whole country.

Similarly the majority of the NGOs that work in child protection in Nepal are funded through foreign aid. However this expenditure is not through the Ministry of Finance and hence does not appear in State budgets. For comparison examples of other budget can be assessed, for example the child protection budget of UNICEF alone in 2010 was US\$ 3.6 million (UNICEF, 2010d).

7.6.2 Nature

7.6.2.1 Mode of programs

State child protection services are primarily reactive, selective (multiple) and conditional (institutional); NGO programs are similar but also include proactive measures

The State's child protection services are primarily reactive (that is, act only when informed of a certain case and after children have been in harm) as well as selective (multiple criteria such as poor, selected group of children, primarily children without families/parents). This means there are no mechanisms to detect risk before the abuse occurs and in particular when children are still with their families. This shows the lack of preventive actions. For example, the two groups of children who received services are abandoned children and children in conflict with law.

Table 7.27 Accessibility conditions for protective services

Name of program	Eligibility rules	Overall mode
Legal protection	<ul style="list-style-type: none">• Universal for all citizens• Third party or the accused has to file a complaint in court or labour office	<ul style="list-style-type: none">• Reactive
Direct provisions	<ul style="list-style-type: none">• For selected children• Children without family/parents• Primarily for institutionalisation• After abuse has occurred	<ul style="list-style-type: none">• Selective• Conditional

The nature of NGO's programs is also similar although they have more services and include more proactive measures to access children at risk or who are abused. For example Child Protection Centres and Services, a local NGO, has a team of more than 80 professionals to

actively look for street children. However NGOs also target selectively depending on the mandate of their agencies.

The State promotes informal or institutional protection programs

State protection services are either informal (facilitation for kinship care), formal guardianship (fostering with an individual) or institutional.

While kinship is encouraged and is considered a first response for abandoned children and orphans, before sending a child to a children's home, it is not supported financially. Informal dominance of kinship in children's care can be seen by the fact that the Children's Act, 1992 defines an orphan as someone not having a parent or *other family members of the same home*. Similarly a child is considered abandoned only when s/he does not have any other family members and institutionalization is recommended only when guardians are not found for an abandoned or orphan child (Article 22, Children's Act, 1992).

Secondly, although there is a provision of financial Government support guardianship is not guaranteed, in which case the child will be sent to institutional care. The third and only financially supported system is institutionalization, which is not only for those without parents and families but also if parents want to reform children who continually run away from home (Children's Act, 1992, Article 38). In the case of disabled orphans or abandoned children institutionalisation is considered the first response rather than kinship support.

Hence it can be said that while the Children's Act, 1992 promotes community support mechanisms this is not financially supported, unlike institutionalization which therefore is the major public protection service.

Limited, selective and fragmented monitoring, reporting and response (MRR) system; gathered data is used for dissemination rather than for addressing cases

While data are recorded and reports are compiled (for example on the number of child labourers and street children or overall children's status by CCWB, UNICEF) most of them, especially at a national level, are only for information sharing or for policy and program development and not for following up on each case.

However specific systems do exist for monitoring children with different kinds of needs. For example, there is Helpline 104 for lost children, Helpline 1098 for children in difficult circumstances, Esther Benjamin Trust for children trafficked into the circus, Maiti Nepal on trafficked children and many others. A comprehensive national level MRR system was developed for children affected by conflict under UN Resolution 1612. Many NGOs such as Children, Women in Social Service and Human Rights (CWISH) and CWIN and other welfare homes have details of children in institutional care or child workers. However these are selective (based on the mandate of the agencies) and individual systems are not integrated into one comprehensive framework. This means they are not linked into any central system that acts as a clearing house with a clear role division for those involved in notification, investigation and case management. As CCWB itself notes (2010:51) reports of cruel punishment are found to be reported to various courts, district administration offices, district police office, DCWB, NHRC and other legal and paralegal child focused agencies. Moreover

records of children under kinship and guardianship, even though they are supposed to be sent by the guardians to DCWB, are not complied in the majority of the cases (Key Informant, CCWB). It has to be highlighted that while NGOs are encouraged to work in child protection these agencies themselves are not well monitored.

7.6.2.2 Coverage

State child protection services (both legal advice and services) are national or district based, NGO services are more widespread covering both community and national level

Table 7.28 Coverage of child protection services

Name of program	State	NGOs
Legal protection	• Through district courts	• Community level
Protection services	• Mostly in Kathmandu or districts	• Community level

The State's presence is particularly negligible at the local level as they are either limited to the district headquarters or national level. At a local level this work is primarily done by NGOs through local protection workers or voluntary committees such as Paralegal committees (supported by UNICEF which does prevention, pre-identification, follow up and monitoring and reporting) or Village/Child Protection Committees (supported by Save the Children) and other various bodies established by NGOs.

7.6.3 Welfare outcomes

7.6.3.1 The majority of children are or have been at risk of or have been ill-treated; most come from no-school, Government schools, low income, informal sector and both kinds of care

Fifty-one per cent of the children in this study have been or are at risk or are experiencing ill-treatment. Only four of the children who were in harm are now in protective care. 40% of the children are either still at risk (N= 7) or suffering from some form of ill-treatment (N=8).

Various forms of ill-treatment include physical abuse (9), sexual abuse (1), neglect and discrimination (2), abandonment (1), child labour (5), street life (4) and verbal abuse/threat (7).

Of those currently at risk or suffering from ill-treatment 100% come from low income and informal employment groups. The majority (93%) come from no school (33%) or Government school background (60%) followed by private school (7%). Similarly 60% of children are from non-parental background while 40% are from parental background. Three children under parental care are currently suffering from ill-treatment while three more are at risk. Five children under non-parental care are currently suffering from ill-treatment while four children are at risk.

Four of the children who had experienced ill-treatment in the past and are now in protective care came from a Government schooling background, informal sector, low income and parental care group. The details of current protective status by analytic domains are in Table 7.29.

Table 7.29 Respondents' current protective status according to analytic domains

	No concern	At risk	Ill treatment
Schooling group	<ul style="list-style-type: none"> • 29% from no school • 47% from Government • 100% from occupational • 88% from private 	<ul style="list-style-type: none"> • 0% from no school • 35% from Government • 0% from occupational • 12% from private 	<ul style="list-style-type: none"> • 71% from no school • 18% from Government • 0% from occupational • 0% from private
Income group	<ul style="list-style-type: none"> • 100% from high income • 86% from middle income • 46% from low income 	<ul style="list-style-type: none"> • 0% from high income • 14% from middle income • 23% from low income 	<ul style="list-style-type: none"> • 0% from high income • 0% from middle income • 31% from low income
Care group	<ul style="list-style-type: none"> • 31% of those in non- parental care • 76% of those in parental care 	<ul style="list-style-type: none"> • 31% of those in non-parental care • 12% of those in parental care 	<ul style="list-style-type: none"> • 38% of those in non -parental care • 12% of those in parental care
Employment type	<ul style="list-style-type: none"> • 100% of formal • 44% of informal 	<ul style="list-style-type: none"> • 0% of formal • 26% of informal 	<ul style="list-style-type: none"> • 0% of formal • 30% of informal

Note: institutional care is considered protective care unless an additional risk was identified;

child labour is considered ill-treatment even if not considered as such by the respondent.

7.6.3.2 The source of all ill-treatment or risk started at home under parental care, the factors include primarily behaviour of the carer alone or in conjunction with other factors; step relation was a key cause for abuse/risk

Risk or ill-treatment in all the 19 cases started at home and all the children were under parental or step-parental care. Out of these, six cases were directly due to abusive action of the parent (N=3) or parent in conjunction with a step-parent (N=3), while the remaining 13 cases were due to a combination of other additional factors.

The six direct actions included two cases of neglect by the father after remarriage such that the child has to live with a guardian or mother in difficult circumstances, one case of abuse by a father towards the mother making it difficult for the child to stay with the parent and three others cases when the step-parent abused and neglected the needs of the child compelling the child to leave the house. Although all the 19 children, except one, are from low income families, poverty was not the sole reason for abuse except in two cases. The fact that not all children from poor families are at risk or in ill-treatment can be seen from the fact that 46% of children from the low income group do not have any protective concerns currently. In the above six cases the reason was more the behaviour of the parent rather than poverty status while the majority of the remaining 13 cases were the result of combined factors. These factors were as follows, only two of which were solely due to poverty:

- Poverty (2)
- Poverty and other factors (11). Other factors included attitude of father (1), single or no parent status (6), step-parent relation (1), attraction to Kathmandu (1) and lack of education opportunity locally (2).

The primary reason for children being at risk or suffering ill-treatment, excluding the poverty factor, was the behaviour or status of parents (e.g. single parent) (Table 7.30). Out of the total 19 cases eight were directly related to parental behaviour while six cases were due to parental status (one orphan and five single parents). In particular, those living in step-relationships were at most risk which led to the most number of abandonments. For example based on the care arrangements when the abuse or risk arose, of the 23 children living with both natural parents, 9% were abused while 4% were at risk. However of the 6 children living with step-relations 67% were abused while 17% were at risk and only 17% had no protection concern.

Similarly of the total seven children living with a single parent, 14% were suffering from harm and this happened to be by the father who had remarried, not by the mother the child was living with. However more children living with a single parent (57%) were at risk while 29% had no concern. One child without both parents had experienced harm and is still at risk.

Table 7.30 Protective status according to parental status

	With step-parents	Single parent	With both own parents	No parents
Suffering harm	4	1	2	-
At risk	1	4	1	1
No protective concern	1	2	-	-
Total	6	7	23	1

The majority of the abuse and risks started from change in parental status (parents of six children had a second marriage, and in five cases one or both the parents either left or died) or due to an environment of domestic violence (N=7). Two of the cases involved the mother leaving the child in the father's or kinship care, both of who neglected the child:

“Children are not left alone only when the parents die, they also leave them when they are alive” (Guardian: Case 72).

Step-parents as the source of child protection issues was also found by ILO (2004:13). ILO found 5.6 per cent of the total 9.48 million children up to the age of 15 are living either without parents or with one of the parents having a step-mother or step-father and that this group of children were exploited most as child labourers.

7.6.3.3 Most of the children did not receive any kind of protective service when they needed it most; the few who received support did so after going through much harm and after leaving home. They are not part of any State protective system of notification or case management.

Of the 19 children in need of protective services in the past, a protective service was accessed only in one case. This was in reactive mode when the mother complained about the father to the police. While the father was reprimanded the mother and the child did not access any other service (such as counselling) even though they felt they needed it.

Only four of the nineteen children at risk/harm are in protective care now, but they did not receive it when they needed it most, but only after going through a few stages of harm and only after leaving their home environment. This was despite there being clear signs of risk, such as second marriage or abandonment of family by one of the parents, death of a parent, violent or problematic domestic environment and absolute poverty. Of those who finally received support, two children had to go through five stages of different forms of harm and two children through three stages of harms before they were picked up by a protective agency. Three ex-street children were picked up from the street on an ad-hoc basis while the orphan was moved around a few carers before coming to the present one. The street life was difficult and abusive (including sexual abuse) by all those who went through it.

The case stories below show the long time lag between when the children began to be at risk and when this was addressed.

Case One:

The mother remarries. The step-father neglects and abuses the child. Child leaves home and becomes a street child in the local area. Then he comes to Kathmandu and works in a hotel as a child labourer. Then he becomes a street child again in Kathmandu. After few years he is picked up by a local NGO.

Case Two:

There is domestic violence at home. The father is alcoholic and abuses the mother. The mother leaves home and remarries and moves away with the child. Time is difficult for new family. The child becomes a child labourer. The mother dies. The child becomes a street child before being picked up by a local NGO.

Case Three:

The father dies. The single mother has to work all day to look after the two sons. The elder son gets into drugs and abuses the mother and sometimes his brother (the child in this case). The child leaves home and becomes a street child and roams around for four years before being picked up by a local NGO.

Currently 15 children are still facing risk or are experiencing harm. However their cases are not part of any formal notification and case management system. Children are being passed from one form of care to another without having to go through any formal handover or registration system. This applies to all cases of kinship, guardianship and employer arrangements. In the case of institutionalisation however the records were kept, but they were not integrated into any wider information system.

Although not a formal protection system, eight children are under some kind of watch from NGOs (N=6) or schools (N=2). This means that either they are part of some non-formal education classes being run by the NGO or the schools are aware that they are in risky situations and ask about their status from time to time. The majority of those under protective watch are from non-parental background (N=6/8). However no major action is being undertaken to protect these children.

Importantly, one of the children, currently under kinship/step care is in a high risk category (her carer is looking to send her away without due checks). Similarly other instances of children (not part of this sample) simply disappearing were shared by the respondents:

“My sister died. After that I was keeping her kids but maybe my brother-in-law thought I could not after my husband died. Anyway he took them. I don't know where they are... they are not at home. There were three daughters and they are all gone now” (Mother: Case 41).

This lack of a notification system is confirmed by secondary data and was discussed earlier in the nature of service section as one of the issues with the current child protection system.

7.6.3.4 Primary ways of responding to risk or harm was informal or other harmful means

The method of addressing child protection concerns (risk and harm) was through informal means, additional harmful measures or not taking any action. Four children left their house which they found too abusive (harmful measure). Unable to deal with their situation (a combination of factors) six children were made child labourers (harmful measure), three were sent to kinship care (informal measure) and one to informal institutional care (informal). In

four cases no actions were taken. This means that those without access are simply tolerating abuse or are moving to other risky situations. One of these cases had also taken police help but that was not sufficient to solve their domestic problem and hence they went on to seek kinship support. None of these steps taken helped to fully protect the children.

7.6.3.5 All of those in alternative care arrangements are in touch with their family although that is not a recourse to protective service to most of the children if required

Of the 13 children in alternative care arrangements all of them had some contact with their family or relatives. However except in three cases (23%) this was not necessarily an automatic protective course since going back home was not an option, either because the children's present situation was much better than their home situation and therefore they did not want to go back or because their home family would not be able to look after them. Only in three cases were the children confident that they could go back to their families if required and would not suffer extreme abuse:

[Researcher: If you had emergency on the street and if you did not know about this organisation what would have done?] In that case I would have died... like I could not have gone back to home...mum already had so many problems...and if I was in an emergency I could not have added to her problems ...so I would have stayed on the street" (Child: Case 4).

7.6.3.6 Out of all the alternative care arrangements, institutional care through formal NGOs provides the best protective care for the children, as well as most desired from a poverty perspective: however, NGOs do not always provide satisfactory services

According to the children under formal NGO care, the NGOs are providing satisfactory care. This was also found to be the case on observation. No other form of care arrangement

provided satisfactory care. One informal NGO that was also providing care to an orphan could not provide full services despite its desire due to its lack of capacity. Kinship was useful in a few cases (N=2) but it neither could guarantee full care or protection even when it was useful. In one case a family had sent their daughter (not in the sample) into kinship care, where she was abused and nearly committed suicide and was later returned to the family home. Interestingly child labourers and those under kinship care were referred to by the employers through the language of kinship (such as referring to a child labour as ‘daughter’ and ‘family’) even when the situation itself was either risky or harmful. Moreover, institutional care was also perceived to be the best way of getting out of poverty:

“In villages there are many children who are not in a good situation. In a way it is like parents can give birth to children but cannot look after them. So the children they try and come to orphanages for a better life” (Guardian: Case 72).

“It is good here (in institution). (What is good here?) Guardians are good, they also joke with you, they also love you...if I stay here then I get all the clothes, shoes, more than in your own house...also get love...therefore I find this good” (child: Case 3).

One case was particularly interesting. The following is a conversation with a guardian running an informal NGO for orphans, but whose son also lives in an orphanage, different and better than the one she is running:

“[Researcher: Where is your son?] He lives in an orphanage. [Researcher: Why?] He is an orphan. [Researcher: How come he is an orphan, you are his mother.] I can’t look after him since my situation is not good so he lives at the other orphanage. He comes here every week.

[Researcher: How do you feel about that?] I feel good. He is able to live in a place with facilities and go to a boarding school. This is good for him. “[Researcher: As a mother how do you feel about this?] ...in my heart I feel sad that I can’t be with him all the time. How can a mother like this? But we have to do this for his good. Moreover I get to see him frequently. He comes here every weekend” (NGO Guardian: Case 72).

While the formal NGOs in the sample were providing satisfactory services the same however cannot be said of all child protection agencies in the country. This was confirmed by key informants interviewed from child protection agencies and can be supported by secondary data. For example, UNICEF (2010a:48) notes the unregulated nature of NGO run institutions, CCWB (2010:50) reports as many as 188 were unfit to run orphanages and Republica (2014) reports abuse of children in orphanages including persuading many families to give up children so as to run such orphanages.

7.6.3.7 NGOs are more accessible than the State

While none of the providers give timely services, NGOs when accessed gave a better service than the State. On the other hand there were three cases of State support, all of which were through the police. In one case the police only reluctantly helped the family and in another it did not get involved, in both the cases the reason for reluctance was it being a private matter. In the third case instead of helping the child the police abused the street child, who had to be rescued by the NGO:

“They [police] beat us...once the stick itself broke ... six or seven of them... the police in that place [police station] were really bad, they really beat you up, they did not even consider that you are kids” (Child: Case 3, ex street child).

7.6.3.8 Despite the abusive nature of most of the child labour cases an individual case centric approach to solving it was suggested rather than a blanket approach of banning it

Child labourers and their employers were asked what they thought of the practice of child labour. Even when the children thought that they were being mistreated by their employers, the practice of child labour was however defended by all the child labourers as well as their employers. In one case the child attempted to hide the fact that he started when he was under age in case he would be sent back home. It was argued that it was necessary for their survival, even when according to the researcher’s opinion this was not so, except in one case.

Employers regarded it as helping children, two emphasizing that the particular children were selected due to kinship relations. They were of the opinion that it is better for the Government to regulate it and find out how the child labourers are living and address individual cases rather than have a blanket approach of banning child labour.

7.7 Cross cutting themes

This section discusses a few themes that cut across all the five services.

7.7.1 Emergency financial support

7.7.1.1 Most of the respondents have used emergency support; primarily support was informal

Except the two highest income families all others (N=29) representing all the domains have used emergency financial support³⁵ in the past. Thirteen of the families had taken financial support a number of times. In total 44 cases of financial support were cited.

The primary mode of support was informal (N=34) and limited formal support (10). Informal support included support from kinship (14), friends (7), neighbours/villagers (6), local shop (5), local creditor (1) and NGOs (1). Formal support included that from the Government (1), local schools (1), banks (5) and local cooperatives (3). Banks were used only by those from the middle and high income and formal sector. Local cooperatives and support from Government and a local school were used by low income people. Informal financial support was used by people from all different backgrounds.

7.7.1.2 Primarily the emergency financial support was in the form of loans or as an exchange; less support was purely charity

Most of the support the respondents received was a loan or an exchange (that is, had to be repaid by helping them or working for them). This was the case for 34 of the cases while 12 cases were of charity type. Charity support included most of the kinship support (9/14) and support from Government (1/1), NGO (1/1) or local school (1/1).

7.7.1.3 Emergency support was for a multitude of reasons ranging from daily survival needs to life threatening cases. Low income people needed support for basics and high income respondent s needs were of a non–basic type.

Emergency support was needed for basic as well as for life threatening cases. These included urgent medical cure (N=10), daily needs (10), fees/education/stationery (13) and others (11).

³⁵ Not applicable to children in institutions or three out of four child labourers.

Mostly support for survival-basic (emergency and daily needs) was needed by those from low income and informal sector only. But they represented all schooling backgrounds, except occupational, but those from private schools were from low income and informal groups. This included daily needs, medical cure and educational needs (basic).

Educational need was required by all income groups, employment sector and schooling groups, but the support for those from higher income was due to extremely high fees in contrast to simple stationery for those from low income. The exception was two middle income families going to private and occupational schools who needed basic support.

Similarly other support was primarily for house construction which was sought by those from middle or high income and formal sector groups. They came from either occupational or private school background (only high income).

7.7.1.4 Kinship support was not desired, those who could preferred formal means

Kinship was the most dominant form of support used by the respondents and while many found this a source of relief (N=9), it was however not desired for a variety of reasons. These included the following:

- Not charity, including having to pay back quickly sometimes (mostly with interest, sometimes without) or exchange with something similar (16)
- Lessens esteem/embarrassing/awkward (13)
- Uncertain/difficult to access exactly when you need it (12)
- Needs some trustworthy guarantor (6)

- Need is not always fulfilled or only partially fulfilled and there is no guarantee of receiving required support especially if you are poor or don't have a wealthy kin (6)
- Not all can give, only wealthy kin can give (3)
- Expensive interest/profitable for the rich (2)
- Abusive (2)
- Banks or friends are better (2)

7.7.2 Experience of raising children

7.7.2.1 The majority of the parents found raising children a difficult experience

Raising children in current Nepal was found to be a difficult process by the majority of the parents/guardians. Nineteen of them found it a struggle, seven found it relatively difficult while only two found it a good experience. Key phrases used by those experiencing difficulty were feelings of helplessness, struggle (*dukha/sukha*) that they could not give children a good life, and feelings of guilt. This response was both from low income as well as high income groups. Only the top two earners found the process enjoyable. The reason for low income families was ensuring basic needs while for those in high income was for ensuring relative needs, not of a survival nature.

Table 7.31 Experience of raising children (parents/guardians)

	Difficult/struggling	Ok or relatively Difficult	Good/enjoyable
No school	3 (low income)	0	0
Government	11 (low income)	1 low income)	
Occupational	2 (middle income-lower end)	3 (middle income-higher end)	
Private	3 (low income)	3 (middle and high income)	2 (high income-upper end)
Total	19	7	2

Note: excludes all but one under NGO care, includes all but one under kinship care (total not applicable = 9, 4 in institution, 4 child labour and 1 under kinship)

“My eldest daughter quarrels and says ‘you have given us birth, you can’t feed or clothe us properly, why did you give us birth? They do say that” (Mother: Case 42 low income).

“We have got to do a lot of struggles for children, but even while saying that I could not do it” (Mother: Case2, middle income).

7.8 Conclusion

To answer the research question ‘*what is the nature of existing child welfare services in Nepal?*’, the data presented in this chapter indicates that children’s social policy in Nepal does not cater sufficiently to children’s needs, even their needs of a basic nature.

The findings presented here show that all the four providers: parents, State, market and informal networks are key providers of welfare services to a varying extent. Parents in particular have a significant responsibility across all welfare services but they do not receive any support, financial or otherwise, to undertake this responsibility. For example, parents

depend totally on market mechanisms for daily needs of food/clothing and housing and social security and housing support is either limited to a small number of needy people or geared towards the formal sector and high income earners; not a single needy person in the sample had access to state social security or housing support. Due to this many families are struggling with even the minimal needs of food, clothing and housing. Many of them rely on informal support which is, among many other problems, difficult to access and insufficient.

Protection services are only minimally supported by Government and Nepal lacks a comprehensive child protection system that tracks children in need. Informal providers, including I/NGOs, play a significant role but their support, like that of Government, is largely reactive, conditional and insufficient. This means that a majority of the children in the sample were at risk or facing ill-treatment but they were not part of any monitoring system nor being appropriately supported. Most of the risks start at home, primarily due to the behaviour of parents in conjunction with other factors. Of the alternative care forms institutional support (formally registered child welfare homes) provided the best outcomes and sometimes better than outcomes provided in the family. Hence such institutions provide the possibility of being used as an appropriate informal support system until a fully formal system is operating. The findings indicate the need for both preventive support for families as well as monitoring of families so that children in need can be protected. For this the State needs to directly establish a formal relationship with children by intervening into the private sphere of the family.

Of all the welfare services the State takes more responsibility in the case of education and health care. Its public expenditure and institutional coverage on both these services are high. However the nature of these services (basic, low quality) is not up to the level of private services and in health care this leads to life threatening situations. This pushes more people to

use private service (in the case of health) or desire to use them (in the case of education). In times of need people still rely on informal support which is neither sufficient nor timely. The high level of foreign aid to these services also indicates a high level of informal support of an international nature. The findings show that while all the providers need to be utilized in the short term, they all need to be reformed in parallel so that in future people can use high quality State services.

Across all welfare services families from informal employment, low income, Government schooling and no schooling backgrounds were struggling more. Many of those struggling depend on informal support, which itself is adverse.

In summary the nature of child welfare services in Nepal demonstrates cases of State neglect leading to people turning to private and informal mechanisms to fill the void, creating imperfect welfare outcomes. Hence raising children was a struggle for most of the families.

The next chapter discusses the findings presented in Chapters Five, Six and Seven. It cross compares various themes and examines these in relation to key issues and theories previously identified in the literature. It also considers the implications of these findings in terms of future social policy making for children in Nepal.

Chapter 8 Discussion

Characterising the nature of social policy for children and child well-being in Nepal

Previous research provides sporadic information about social policy for children and child well-being (CWB) in Nepal. Such research also applies inappropriate normative frameworks such as the UNCRC and the development approach to explore CWB and social policy for children. Research studies addressing the research questions posed by this study are limited. The purpose of this study has been to use the welfare state framework (WSF) to investigate the nature of children's social policy in Nepal and how CWB is conceptualized. To explore the concept of CWB primary data were gathered from interviews with children and their caregivers. Dimensions of CWB, the hierarchy of different services and institutions responsible for delivering welfare were canvassed with these study respondents. The nature of social policy was investigated by using both primary and secondary data. Secondary data focused on the national level while primary data focused on respondents' experiences.

This chapter draws out key themes, presented under different headings below, from the findings on how CWB was conceptualized and the nature of children's social policy as discussed in Chapters Six and Seven. Themes have been combined where appropriate, including between the two main research questions. The themes are also compared with theories and literature discussed in Chapter Three and previous studies reviewed in Chapter Two. The study identifies gaps in the current provision of children's welfare services and draws out implications for developing future social policy for children in Nepal.

Overall the findings indicate the usefulness of the WSF that was selected to conceptualise the study. The analysis shows that welfare in Nepal can be conceptualised from a hierarchical

perspective and an objective basic needs perspective. The distinction between current and survival basic needs (daily needs) versus future and non-survival basic needs (education) was however less clear since they were both considered equally important. The data also confirm that children's social policy in Nepal is both commodified as well as adversely informalised (but not necessarily clientelised), indicating that both the welfare state regime framework (Esping-Anderson, 1990) and the welfare regime theory (Gough and Wood, 2004) can be applied in peripheral capitalist and informal economies such as Nepal.

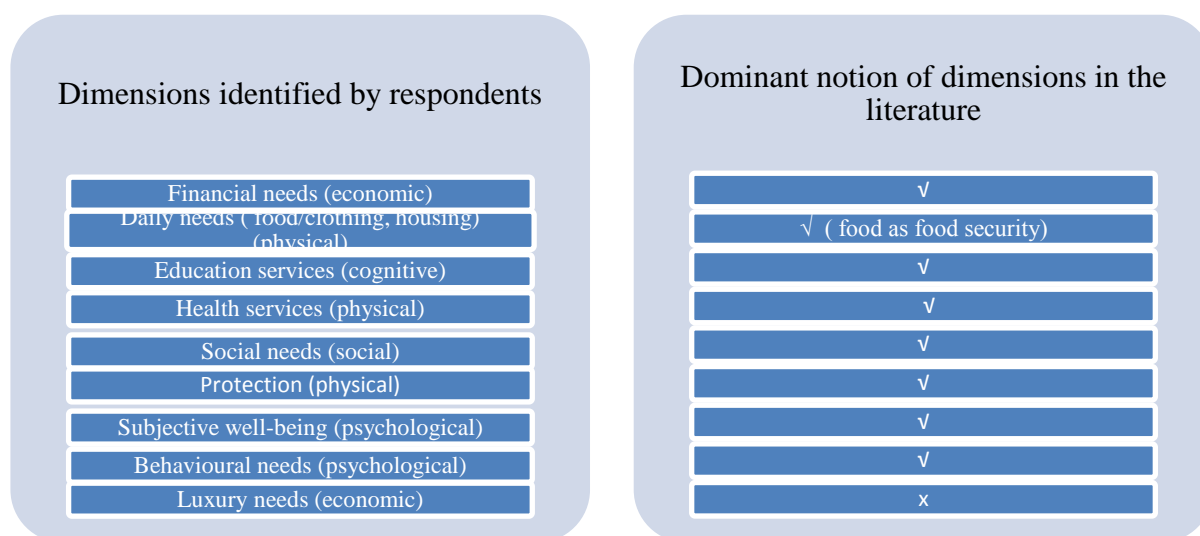
8.1 The nature of child well-being (CWB) and social policy in Nepal

8.1.1 The multi-domain and multi-dimensional nature of CWB

The data on the conceptualization of both well-being and ill-being show that CWB is understood as a multi-domain and a multi-dimensional notion. Comparison with the dominant five domains in the CWB framework (social, economic, physical, cognitive, psychological), discussed in Chapter Three, shows that the CWB dimensions identified by the respondents match with one of these domains. This indicates that the local concept of CWB in Nepal is in line with international understanding of CWB domains.

The multi-dimensional notion of CWB in Nepal also broadly aligns with the existing international understanding of CWB, but with slight differences. From a multi-dimensional perspective nine key dimensions were identified by respondents which are similar to the dominant framework of CWB as discussed in Chapter Three except that respondents included one more dimension (luxury) (Figure 8.1). However, the 'luxury' dimension was excluded by respondents during discussion on ill-being. Hence it could be argued that that the broad multi-dimensional notion of CWB in Nepal is very much in line with the international notion.

Figure 8.1 Comparison between different multi-dimensional notions of CWB (domains are shown in brackets)



The data also show that the dimensions identified by respondents in Nepal, with a few exceptions, also broadly match with previous national and international studies on CWB. For example, the data include both behavioural and protection dimensions of CWB identified by Kohrt (2007) in Nepal, behavioural, educational and health dimensions identified by Armstrong et al. (2004) in Sri Lanka and both objective and subjective needs, including material, social/relational and affective/cognitive dimensions identified by WeD (2007). But while the findings include most of the dimensions of CWB (social, emotional and physical) found by Berry et al. (2003) in Afghanistan, the religious dimension identified in their study was not identified as important by the respondents in Nepal.

In Chapter Three it was argued that from a social policy perspective CWB should be conceptualized not from a broad multi-dimensional notion of CWB but through a smaller list of dimensions focusing on objective and hierarchical notions, from an inputs rather than an

outcomes perspective along the lines of the WSF. The findings from Nepal provide helpful pointers in this regard and this is discussed next.

8.1.2 Basic, objective, input focused and hierarchical notion of CWB

Even though CWB was largely considered a multi-dimensional notion with nine dimensions there was a clear emphasis amongst respondents towards certain dimensions. Not all the domains are represented in this prioritized list; there are none from the psychological domain and luxury needs are not included. Moreover, parents were prioritized over other dimensions within the social domain. Combining discussions on well-being, ill-being, experiences of services and a ranking exercise, the six dimensions that were prioritized include the following (in no particular order; domains are shown in the brackets):

- Financial resources (economic)
- Parents (social)
- Education services (cognitive)
- Daily needs (physical)
- Health services (physical)
- Protection (Physical)

Health services were not prioritized during CWB conceptualization but their priority was established during the ranking exercise, during discussions on experiences of welfare services and during discussions on emergency support where one of the major reasons for the need of such support was cited to be for medical treatment as well as a reason for families falling into debt. However the finding that the need for health services was not initially prioritized (24%

of children cited it as important dimension of CWB and even less (3%) as a dimension leading to ill-being) shows the relative neglect of this dimension and is a concern that should be considered carefully while developing social policy in Nepal.

Moreover, during the ranking exercise³⁶ while the final hierarchy was in the order of housing, food/clothing, health, education and protection services, these were generally referred to in three levels: food/clothing as most important followed by health and education and finally protection services and even within this two needs were singled out for emphasis at the cost of other needs, namely food/clothing and education (Figure 8.2). As one respondent argued, you can wait for health care but you cannot wait for education since you cannot go to school when you are old. Hence, although it is a future need education has become a current need in the respondents' perception. This finding is similar to the preliminary findings of the Young Lives Study (2008) which showed that families regularly trade- off between daily needs and future needs such as education, prioritizing the latter.

Use of certain local terms during interviews also show that a hierarchy of needs exists even in local discourse. For example, needs were mentioned as absolute (*nabhai nahune*) or relative (*pharmaisi*). Generally food, clothing, shelter (*gaas, baas, kapaas*) and other daily needs, such as cooking oil and school exercise books, were referred to as absolute needs. This confirms the theoretical argument taken in this study of the importance of daily survival basic needs, since these were said to be something you cannot do without.

³⁶ Note ranking exercises used five welfare services defined as key social policy in this study for comparison while the CWB discussion above was an open ended question.

Figure 8.2 Progression of perceived importance and categorization of needs during a ranking exercise



From the points of view of a hierarchy between current (daily needs) and future needs (other welfare services) and between survival-basic (daily needs, curative health care) and non-survival basic needs (other welfare services), the first ranking shows an emphasis towards current needs over future needs. However the final ranking shows that both future needs and current needs are considered equally important. A future non-survival need (education) was considered more important than a future survival need (health care). Hence while the data show that a smaller subset of prioritized needs can be identified it is not possible to identify clearly whether current or future needs, or survival or non-survival basic needs are people's greatest priority.

As can be seen these prioritized needs include only objective and basic needs and were from an input (or means) perspective. Luxury needs were not prioritised which was the only non-basic need identified. Similarly, financial resources were identified as important so as to access needs such as daily requirements, education and health care, all of which are basic. This was also confirmed by what kinds of services are sought during emergencies. Emergency support primarily involved four of the five welfare services defined as key social

policy in this study (all except protection) indicating that these welfare services do serve as a good indicator of the required constituents of social policy for children in Nepal.

Except for protection, all the other needs prioritised refer to inputs rather than outcomes.

Protection was referred to as the need to be safe and not be abused, rather than a need for child protection services.

A further analysis of these prioritized dimensions of CWB reveals that they broadly represent, some by proxy, all the dimensions of WSF.

Table 8.1 Subset of prioritized CWB dimensions and their similarity with WSF

Dimensions prioritised by the respondents	WSF dimensions
Financial resources	Social security (by proxy)
Daily needs	Social security and housing support
Parents	Personal services (by proxy: personal services are built to help children stay in a good family environment)
Education services	Education services
Health services	Health services
Protection	Personal services

In short, CWB was perceived in a hierarchical manner where basic, objective and input focused dimensions were prioritised.

8.1.3 Five welfare services as comprehensive and prioritised needs

In Chapter Three CWB was conceptualised as containing a hierarchy even within basic needs, i.e. survival over non-survival basic needs, current over future needs. However as discussed in previous themes such a division was not very clear amongst respondents. This

was highlighted even more during the ranking exercise where inter-linkages between services were emphasized.

The respondents found it difficult to rank between the mentioned services including between current and future needs as well as survival and non-survival basic needs. Initially priority was spread across the services, especially food/clothing, health care and education. After probing there was clearer prioritization for first level basic survival needs (daily needs) before future needs (education). However the verdict was not as decisive while choosing between health care needs (survival) and education (non-survival). This shows that while logically there may be a hierarchy between these services all of them are considered important needs and particularly education is not regarded as less important than even daily needs.

Hence it can be concluded that social policy needs to consider both current and future needs as well as survival and non-survival needs as important. This is in line with the welfare regime theory which argues that even if decision making in peasant analogue prioritises current needs, the social policy agenda should take current and future needs together. Similarly in WSF all the five services are considered comprehensively.

However the emphasis given by the respondents to both current needs (although not to health) and future needs contradicts the theoretical argument of welfare regime theory which assumes that people in an informal economy make decisions by giving more priority to current needs at the cost of future needs. The findings also contrast with those by Baker and Hinton (2001) who showed the importance of current daily needs over education. This was even starker during discussions on respondents' experiences where some families continued

to favour education over daily needs. In a few cases food/clothing and education were being maintained at the cost of immediate medical treatment.

The nature of social policy in Nepal however is not comprehensive. Based on analysis of budget and institutional capacity the Nepali Government's focus is on health and education services (Table 8.2).

Table 8.2 Government's focus on different welfare needs

	Education	Health care	Social security	Housing support	Protection services
Government budget	16.3%	8%	0.39%	0.19%	0.01%
Institutional capacity	High	High	Minimal	Minimal	Minimal

However this focus on education and health does reflect to some extent the respondents' views on the importance of these services (this was highlighted in earlier themes on the hierarchy of needs). However it should be noted that while this may be so, the respondents also clarified that parents can only provide services if there are favourable economic conditions and that needy parents need support (even if it is minimal), both of which are limited in Nepal.

In short, five welfare services were considered in a comprehensive manner, that is to say these were considered as a package and of equal importance. However, actual social policy in Nepal contradicts this.

8.1.4 Localising an understanding of CWB

Two key themes emerged that show the importance of contextualizing CWB. Firstly, two of the five prioritized dimensions, parents and education, carried specific meaning for the respondents. Parents were the only chosen constituent from the social dimension. Other social relationships such as friends and relatives were not mentioned. This is slightly different from previous studies on CWB that were reviewed in Chapter Two. For example, Berry et al. (2003) found that in Afghanistan parents as well as teachers and other community members were considered important constituents of the social dimension. Similarly, the Irish Study by Gabhainn and Sixsmith (2005) found that children valued family but also friends and animals within the social domain. While a few children in this study mentioned friends as important, animals were not mentioned by anyone. Moreover, parents were further specified to include particular additional qualities (financially strong, in formal employment and equipped with parenting skill). Similarly, education was further qualified to mean a ‘good’ education which meant ‘private’ education. These specificities of meaning indicate the need to further deconstruct CWB dimensions to grasp local importance.

Secondly, an interesting theme emerged regarding how orphans were being defined. For example children even with parents were referred to as orphans, including by a mother. In the opinion of some respondents, a child is an orphan if its parents are financially unable to support him/her or if one of the parents has died. Such an interpretation is not even in line with local legislation (the Children’s Act 1990 defines an orphan as someone without any parents or close family members). This local interpretation had an impact on children’s upbringing. In one case the child’s institutionalization was justified given the child was deemed an orphan due to having poor parents. In another case, three children, after the death

of their mother, were sent to Kathmandu as child labourers since they were considered to have become orphans. This reaffirms the importance of localizing CWB terms.

8.1.5 Behavioural focus on health and protection services

While giving more importance to education is probably logical from a future need perspective, giving less priority to health services, at least initially, is concerning. One of the reasons for such a perspective can be attributed to a focus on the behavioural aspects of social policy rather than structural aspects. The lack of importance given to health care largely appears to stem from an assumption that health is an awareness, behavioural and preventive issue and this matches with the public health approach that has been in place in the country. In fact one of the reasons for considering education as important was because it was perceived to be the solution for all problems, including for treating illnesses. Focus on behaviour was also a key factor why protection was ranked as least important for a policy focus. Respondents considered that if you were educated and learnt skills such as taekwondo or could tolerate abuse then protection would not be an issue.

The emphasis on individual rather than structural factors of well-being was also noted by Harper and Maddox (2008) in their research in Nepal, who argued that well-being in Nepal is pathologised and individualized rather than focusing on the system. While it is important to consider behavioural aspects of a certain policy, structural aspects are equally important and this needs to be considered while devising social policy, particularly on health and protection.

8.1.6 Conceptualisation on responsible institutions for children's welfare services

Regarding responsible institutions to provide children's welfare services a distinction was made between responsibility for semi-public goods (daily needs) versus public goods (health,

education and protection). While parents were said to be primarily responsible for providing daily needs, particularly through market mechanisms, both the State and private sector were considered critical to delivery of public goods. Protection was considered a shared responsibility between the State, parents and community. This is along the lines of WSF thinking. Similar to WSF an overall direct Government responsibility for health and education was considered important because these are expensive goods. Similarly the focus by the respondents on meeting daily needs through a market mechanism is also in line with WSF where the State only supports families residually and even when it does universally it is not sufficient and is meant to complement efforts from the market.

The key role of parents in delivering children's daily needs was linked to their birthing role (i.e. because they give birth) and the role of Government regarding daily needs was seen as primarily creating macro conditions (e.g. jobs) or helping those parents who are in extremely needy conditions and only through minimal assistance. Some respondents even raised the question, 'why give birth if you can't look after your child?' Looking after children was hence not considered a community and state's collective duty as in a social democratic perspective of WSF. Instead parents' ability to provide daily needs was linked with employment and creating a favourable market, a liberal perspective of WSF. The social policy implication of such a view is that support for children's daily needs may need to be conceptualized under employment related factors for the family rather than direct support to children.

Regarding education and health, ideally the State was considered the responsible institution, but because of its weaknesses it was argued that the market has to take an equally important role. The respondents argued that the quality of the services is more important than who is the

provider. It was clarified that the reason for preferring private sector services was more from compulsion due to the poor quality of State services, including for life saving services and in particular for the poor. In the case of health care therefore the abolition of private providers would not impact on the rich, who would go to foreign countries should that happen. Hence both the Government (because it was considered ultimately Government's responsibility) and the private sector (because services were considered better quality) were said to be important, at least for the time being, in Nepal. However even the private sector was not considered a perfect provider, primarily due to their unaffordability.

These findings indicate the need to reform both the State and the private sector and confirm the social policy agenda of social capitalism forwarded by the welfare regime theory where both the private sector and the State can be providers but that both need to be reformed in the meantime.

Child protection was considered a shared responsibility between Government, parents and community. The Government agency responsible for child protection was primarily considered to be the police. Since there are no public social workers in Nepal this response is understandable but indicates a critical gap of child protection personnel in the country.

Respondents considered that it was the Government's responsibility to be proactively looking for people in need of services. This indicates the need for a monitoring system that can track people in need. However, respondents did not mention that informal providers (including kinship or NGOs) should play an important role in providing welfare for children, despite the actual situation on the ground where these informal providers play a significant role. This can

be attributed to the fact that informal providers, especially at community level, were not preferred.

8.1.7 Providers of children's welfare services across the four key institutions

The findings confirm welfare regime theory which states that in informal regimes like Nepal all the four providers, including global level influences, interact to produce limited welfare.

Regarding daily needs, the first line function is found to be of parents and the market and the residual function primarily of informal providers while the State plays the least role. The State cannot be relied upon either during normal situations nor during periods when people are in need. Even social security for disabled persons excludes disabled children indicating that it is a parent's responsibility to look after them, albeit without any support from the State.

Only three institutions play a role in providing protection services for children, during both normal times (such as through regular monitoring) and during residual times/in times of need (after children have come into harm). Parents are major providers during normal times while the informal providers take a major role during residual conditions. The State takes a minimal role during normal and residual times.

In health care and education services State, parents and the market are the major providers during normal circumstances and informal providers are critical for residual support.

International providers are also present. The private sector has a bigger presence in health care than in education services, although its presence in the latter is growing. Parents also play a significant role because public education, despite being free according to the policy, is not free and the parents' contribution, although not significant, is nonetheless required

(children going to government schools in the sample were paying from US\$ 16 to US\$ 106 per year; according to NLSS, 2011, 5.3% of household expenditure is on education averaging nearly US\$ 128/year). Parents take a more significant role in health care than education since curative health care is not free (according to MoH, 2010, out of pocket expenditure on health is 70% of total health expenditure). Private education and private health care is fully borne by parents. Table 8.3 lists the institutional capacity of different providers.

Table 8.3 Capacity of institutional providers of children’s welfare services

	Household/family	State	Market	Informal
Food/clothing and housing services/social security				
During normal conditions	Primary	Minimal	Primary	None
During residual conditions	Primary	Minimal	Average	Primary
Health and education services				
During normal conditions	Primary (especially in health)	Primary	Primary	Primary (foreign aid)
During residual conditions	Primary	Minimal	None	Primary
Protection Services				
During normal conditions	Primary	Minimal	None	Minimal
During residual conditions	Minimal	Minimal	None	Primary

Similar to this study’s findings Kohler (2006) also documented that although there is a commitment to universalism in Nepal there was an increasing trend of non-state and out of pocket expenditure and user fees in education and health.

Global influence was observed both in the actual design of social policies (foreign aid comprises a significant portion of budget on education, health and protection services) but ‘*bidesh*’ (foreign) was also conceptualized by the respondents as a norm of how children’s welfare services should be organized. The data also show that high income respondents already make use of service providers in other countries (*bidesh*) for education and health services. They also chose to go to *bidesh* should private services cease to exist in future in

Nepal. This confirms the importance of global factors in influencing welfare regime of informal regimes as argued by welfare regime theory. Hence, as argued in Chapter Three globalization of social policy is already taking place and therefore it is important to factor this in during social policy analysis.

While the findings confirm the welfare regime theory regarding the importance of informal providers in informal regimes the data also show that the roles played by different providers vary significantly and in particular a distinction needs to be made regarding the role played during normal conditions and during times of need.

Other themes emerging in this study that are not addressed by welfare regime theory include the role played by children themselves in providing for their own welfare. The data show that sometimes children themselves take on the role of providing daily needs and education (working as child labourers) and protection (by running away from an abusive family environment). This means that in the case of Nepal the institution of family or household has to be disaggregated into parents and children (Figure 8.3 a, b). This also means that the assumed welfare mix in the case of children as a tripartite relationship between the State, parents and the child (discussed in Chapter Three) has to be revised to include informal providers and the market (Figure 8.4 a, b).

Figure 8.3 (a) Institutional providers according to welfare regime theory



Figure 8.3 (b) Institutional providers for children's welfare services in Nepal

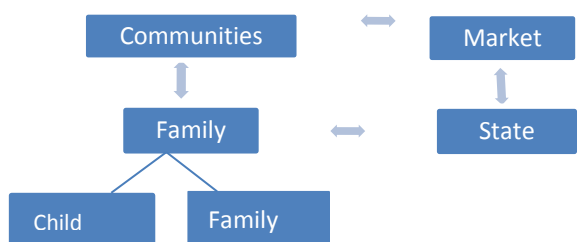


Figure 8.4 (a) Key components in children's policy making (general)

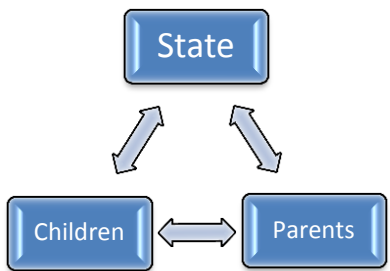
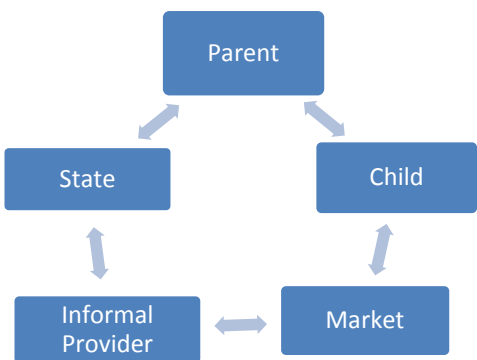


Figure 8.4 (b) Key components in children's policy making (Nepal)



In short, actual providers of children’s welfare services include all four key institutions (State, parents, market and informal networks), including at a global level but in varying roles.

8.1.8 Mixed mode of welfare services: Minimal-universal and selective-residual

Welfare services follow a mixed mode. Services such as education and health are considered universal, but they cannot be called as such because de facto education services are not free and health services are only free for basic health care. Calling these services universal is hence misleading. This study therefore refers to these as minimal-universal. While some universal programs on full health care exist they are only for specific occupations (army and police). Universal programs for child protection and social security do not exist. There is no comprehensive child protection system (CPS) and social security is only aimed at formally employed people or categorical groups, such as old people. On the other hand, residual programs across all the welfare services do not respond to all the needy cases but select groups based on multiple ad hoc criteria (ranging from political elites to the poor). Therefore they have been referred to as selective-residual (See Table 8.4).

Table 8.4 Criteria for accessing welfare services

	Social security	Housing	Health	Education	Protection
Normal times	Pro rich Pro formal	Pro rich Pro formal Pro political elite	Universal (for basic health care) Universal (army/police)	Universal (of low quality and not de facto free)	None (regular tracking system does not exist)
Residual times (when in need)	Ad hoc (abandonment, income, institutional)	Ad hoc (abandonment type, income, institutional, caste)	Ad hoc (income, occupation, type of disease)	Ad hoc (income, caste, gender)	Ad hoc (type of protection issue)

This classification resulting from the study findings is similar to how Midgley and Hall (2004) call social policies of the South as either minimalist-residual or systematic institutional incremental with a high dependence on the voluntary sector. The study data clearly show that welfare services, including the residual types, are of minimal scope and nature and a high dependence on the voluntary sector was discussed in an earlier theme. Since the findings did not compare data over the years the incremental characteristics of social policy could not be examined in this study.

The findings also confirm what McPherson and Midgley (1987) found social programs of the South to be like, i.e. they do not serve a first line function, redistribution is not based on need nor do they cater to the whole population. Similarly Jones (1986) found that State relief is very small and is mostly in the form of in-kind support, similar to the colonial type such as workhouse and institutional requirements for child homes. In this study minimal state relief was found across all welfare services and colonial type of state relief was evident in child protection services which are mostly in the form of in-kind support, minimal and of institutional nature. However, the workhouse type of support was not found. Moreover, recent schemes such as the child grant and *janata* housing may signal a new trend towards cash support.

In short, child welfare services show a mixed mode that include minimal-universal or selective –residual model.

8.1.9 Commodification of welfare services and future social policy agenda

Welfare outcomes on different services show either their commodification or their adverse informalisation. However, informalisation was not necessarily clientelistic (patronage

relationship through hierarchical and asymmetrical relationship, short term and in return for longer term vulnerability) as assumed by the welfare regime theory. Davis (2004) had also found high informalisation (primarily kinship and INGOs) in Bangladesh which was accompanied by patronage. While as in Bangladesh much of the informal support in Nepal was in the form of kinship and I/NGOs it was not always clientelistic. However, it was adverse mainly because even though informal support was the major source of support, in particular during times of need, this was not a preferred solution due to reasons such as lack of guaranteed or insufficient support (many families struggle even after getting such support and some do not get it at all), support not timely and lowering of self-esteem. It should also be noted that informal support is not free per se. Key informal emergency support in Nepal was in the form of loans and less as charity. Overall therefore this process is termed here as adverse informalisation. Those who had access to formal support (e.g. through banks) argued that it was a much better form of support.

In the case of housing there was also a thin line between informalisation and illegalisation since squatting is illegal although it is also defined as informalisation of housing. Because squatting is financially rewarding this practice is increasing and in turn accelerating informalisation, illegalization and insecure, haphazard housing policy. This also confirms that informalisation is adverse.

Welfare outcomes for each of the welfare services are expanded below.

Daily needs for children in normal conditions is informally commodified (primarily reliance on informal market) and during residual times it is adversely informalised or partially commodified (e.g. child labour) due to the limited role and nature of public programs (low

expenditure, low institutional mechanism, selective, pro rich and pro elitist mode). However, since the market is an accepted form of provider for daily needs, both in the literature as well as by the respondents, this is not surprising or necessarily undesirable. However, a concerning issue was that the market is not able to fulfil daily needs of people, even when they participate in the market. Hence this study refers to such a process as imperfect commodification. Imperfect commodification was primarily seen in the informal economy/employment, i.e. informal commodification. On the other hand the fact that the State does not even address residual needs of people, even when they lack sufficient means after participating in the market, including when children themselves have to be employed, is more concerning.

Hence the findings show that in the case of daily needs the problem is not necessarily that of commodification but that of informal commodification and commodification of children. While welfare regime theory includes informal economy as an important aspect of its theory this is not used in the sense of commodification but in the sense of informalisation only. This study considers informal employment as a component of the market and considers its de-commodification as well as formalisation as equally important. Because families under formal employment produce better welfare outcomes (see Chapter Seven) commodification is necessary, at least in the short term, but this needs to be in formal economy (i.e. formal commodification). Hence the social policy agenda in this case has to be on de-commodification from informal economy and commodification in formal economy (i.e. shifting from informal employment to formal employment) and de-commodification of children immediately.

With regards to health and education services, they are commodified during normal conditions and adversely informalised during residual conditions. Commodification in health and education is occurring despite an almost universal mode and high scope of its programs due to its quality, which is not considered as high as that of a private provider or sufficient to meet the required needs, especially of curative non-basic medical treatments.

Commodification is exacerbated by the fact that private providers, besides offering a higher quality service also have a high intuitional capacity, better paid professionals and structural advantage (the same person can work in the public sector or open a private practice). A combination of these factors pushes more people to seek the market for their health care (private provider was used as at least one option by 46% of the respondents versus 19% using Government as at least one option; nationally, according to secondary data 63% of the population go to the private sector while only 37% go to Government providers). More importantly, private providers were considered imperative during life threatening cases. Unlike health care the issue with education is not on the basic nature of education services, but on its quality, and in particular lack of English medium in Government schools, i.e. universal Government education is considered of poor quality compared to that of private and occupational types. Although unlike in health care a majority of the respondents still go to Government providers (46% of sample respondents and 86% nationally), 100% of those going to Government schools desire to go to private schools if they could afford to. Hence although the nature is different people have to rely on the market for quality education and health service.

Adverse informalisation in health and education is occurring in two ways. Firstly there is a high share of foreign aid in public expenditure (42% of the health budget and 23% of the

education budget) and high international influence in policies adopted. Secondly during residual times informal networks are key providers for support, which as already pointed out are adverse. Foreign aid has been considered adverse based on theoretical assumption of the welfare regime theory and literature review of Nepal that critiques foreign aid for creating dependency and for its short term nature. Moreover, the study's data show that despite high foreign aid and international influence in Government's health and education policies, these services are still not of high quality, one of the reasons why they are commodified in the first place. Unlike with daily needs a few clientelistic forms of informal provision can be detected in health support such as examples of a family getting into a debt cycle and resorting to child labour including sacrificing education in the longer term for short term financial assistance to meet health needs. However this cannot be said of all the forms of informal assistance.

Hence the social policy agenda in the case of education and health has to be on both de-commodification and of de-informalisation in the long term and commodification in the short term (because private providers are a must). Egalitarianism in both services and affordability in the private sector hence becomes a critical component of such reforms. Although English was desired by many for achieving equality in education, the social policy agenda has to be contextualised within a political climate where this may not only be resisted by some but also may indicate a form of imperialism. Hence a solution has to be sought regarding how to promote the mother tongue, English and Nepali as well as equality without disadvantaging the poor.

Protection services are almost non-existent during normal times and these are primarily adversely informalised during residual times, the reasons for which are as follows. Firstly, community, family and child are considered primary in the protection of children, but these

are not supported by the State (kinship support is legally encouraged but not financially supported) and secondly most protection issues start at home. Although parents are considered the main protector for children, in all the cases of risk and harm afflicted on children in this study, they were also the source of such problems, mostly due to their behaviour and partially due to other factors including but not limited to poverty. Children who face risks and abuse at home are therefore forced to leave home or endure abuse.

Thirdly, due to the low capacity of the State and the nature of its services (reactive, selective and conditional mode; lack of preventive programs and comprehensive child protection system; and sometimes abusive especially by the police) informal providers, primarily I/NGOs, are taking a major role in addressing protection issues of children. The larger capacity of I/NGOs (foreign aid for child protection programs is higher than the State allocation for protection) and a better working environment (NGOs have rescued children from police who are supposed to be the protection providers of the State). However, such support is termed here as adversely informalised because firstly it comes after children have come into much harm (the majority of the children did not receive any protection service when they needed it most and the few who received support did so after leaving home; 51% of child respondents have been at risk or ill-treated, of which 40% are still at risk or being ill-treated). Secondly it is selective and ad hoc (it does not address all the children facing protection issues). Moreover, while some informal support at present is beneficial for children (e.g. institutional) other forms (informal market/child labour, some kinship) are not. Secondary data also shows that not all forms of NGO care is beneficial for children. A few cases of clientelism were detected, especially in the case of child labour, who have had to sacrifice their long term security, such as education, for current needs.

Hence the social policy agenda in Nepal regarding child protection should move towards formalizing child protection services in the long term, in particular on creating universal child protection services from the State as well as providing residual support and informalisation in the short term.

In short, because welfare services are either commodified, informally commodified or adversely informalised, the short term social policy agenda should be formal or egalitarian commodification, and long term social policy agenda should be an overall formalisation of services and on de-commodification and de-informalisation.

8.1.10 Role of private and informal providers

Due to high commodification and adverse informalisation of the welfare services it is important to de-commodify and de-informalise them. However these processes should be part of a longer term strategy rather than immediate elimination. This is because firstly Government reform is likely to take time. There was a high level of mistrust of the Government amongst the respondents. Three reasons were cited for mistrusting the Government. These included that it was incapable, irresponsible or resourceless. Hence, even when the respondents argued that Government should do something they did not think it would or could.

Secondly, a lack of private and informal providers in the short term would put lives, especially of the poor, at risk. This was clearly evident in health care. Private services were vigorously defended by the poor who argued that they are needed for the poor rather than the rich. It should be noted that the high income earners would not be majorly affected by a loss

of private providers, because firstly they can access these services internationally (seen in the sample) and are also likely to have easier access to Government services if required (as perceived by respondents). Moreover, it should be noted that it is not only the rich who use private services. Eighty-one per cent of the respondents, excluding the occupational domain (63% if this group is included), used a combination of private and Government health services. In the case of education while all rich go to private providers, so do the poor (8% of the low income respondents go to private schools) and almost all aspire to go to one. Moreover in terms of protection, the State itself was abusive to children, who had to be rescued by I/NGOs.

Hence private and informal providers are critical for providing welfare, at least for the time being. However they, along with the State, need to be reformed. In particular, as per the theoretical framework employed by this study and supported by the findings, such reform has to take egalitarianism and affordability in the private sector as a major requirement in both the short term and long term. In other words, since reform will take time the only option is to ensure that people themselves are de-linked from the process of commodification, i.e. de-commodification of people rather than de-commodification of services in the market. Hence the interim social policy agenda should be to ensure access to health care and education services from any provider in an affordable manner.

Reforms of both private and State providers should include both managerial and structural reforms. The former include improving pro-client behaviour, waiting time, and cleanliness in the case of health care and improving discipline and environment and adherence to regulations such as fees structure in the case of education services. Structural reforms include changing the overall structure of the health services itself, i.e. the approach to health policy in

Nepal needs to shift from a public health approach and basic health care to more curative and comprehensive health care, particularly focusing on major diseases rather than simple cures. Similarly, the private sector should not be promoted at the cost of the public sector itself. This includes ending the dual provision of health professionals opening both private and public facilities as well as earning hugely different salaries in public and private institutions.

In education services this includes structural change in the use of English language, either it has to be used as a medium in both private and Government schools or in neither, if egalitarianism is to be maintained. The Government's policy on education contradicts this. For example private education is considered as a source of revenue and taxed highly which makes it even harder for low-income earners to access quality education. In the sample some low-income respondents were going through more sacrifices including not treating themselves to be able to access private education. It should be noted that unlike in health, elimination of private providers in education will not have a life threatening impact. However, despite this if the private sector is closed down, the high importance given to private education by the respondents means that such a move will be resisted by the general public. Hence social policy agenda in Nepal has to include private providers for the time being.

Similarly informal providers are equally important in the short term. A majority of the families are struggling to provide good welfare for their children. All except the two highest income respondents (27/29 adults) have used emergency support, which was primarily for basic needs (these needs were primarily the welfare services defined as key social policy in this study). The main source of such support was informal sources (34 out of 44 cases of support). Formal support was less, used only by those in the formal sector or middle-to high

income and still insufficient. Hence even higher income people still have to rely on informal sources.

Not all forms of informal support were conducive to children or of high quality. In particular out of all non-parental and non-State forms of care, institutional care was found to be most ideal, not only from a protection perspective but also from the perspective of accessing other welfare services. The majority of the children under institutional care had better access to food/clothing, housing, education and health services. Of the 51% who have been in risk or ill-treated only four of them who were supported by institutions have secure welfare outcomes at present. The only child not enjoying full benefits from institutional care was from an NGO of informal status (not formally registered). Hence, even within informal providers some of them can have a more systematic and formal nature (such as registered NGOs). Hence while moving towards formalization, such institutions could provide an ideal way of securing welfare needs while still being part of an informal network. This means that child labour and kinship forms of care should be shifted to institutional care or become part of a formalized process. However, this should be undertaken on an individual case by case basis since some other informal provisions (such as some kinship) were conducive to children while on the other hand secondary data shows that not all formal NGOs provide satisfactory services. This indicates the need to not only distinguish between different forms of informal provisions and making them more systematic and supported such as working through registered informal providers (e.g. NGOs) but also systematizing and supporting other informal relations (e.g. registering all children in different forms of care for case management) and monitoring formal NGOs. Moreover due to the scattered and unregistered nature of alternative forms of care, institutionalization in parallel with family support could be an interim measure since this will involve easier tracking.

Institutionalisation on the other hand has to go in parallel with preventive support to families as well as keeping track of families. This recommendation of the policy of institutionalization does not ignore that this too is not necessarily the most ideal form of care and a supported family environment is more ideal, as is suggested in various literature including by the UNCRC. But the family as a better institution for children cannot be encouraged unless it is indeed better which at present in Nepal is not always the case. Otherwise ‘institutions’ will not only continue to grow, but may displace the family’s role in caring for children.

These findings confirm welfare regime theory’s points about a social capitalism mode of social policy rather than the simple de-commodification suggested by welfare state regime theory (along social democratic line) due to the critical importance of the non-state providers.

In short, there are benefits of both State and private providers; however private providers should be used for the benefit of all through focusing on affordability and egalitarianism while reforming the State at the same time.

8.1.11 Moving the social policy agenda towards formalization

A majority of the families are unable to provide good welfare outcomes to children. All except the two highest income respondents (27/29 adults) have used emergency support in times of need which in turn was adverse. Only the two highest income earners described raising children as a fun and loving experience. Across all the welfare services, a majority of those from formal employment, middle to high income, private and occupational schooling domains had better outcomes. A majority of the respondents from the informal employment

sector, low income and Government school domains had poor welfare outcomes. Welfare outcomes of parental versus non-parental care groups and no school domains were varied (Table 8.5).

Table 8.5 Domains of respondents having different welfare outcomes (see index below)*

Daily needs	Housing	Health services***	Education services	Protection
Better outcomes (ability to meet minimal needs)	Better outcomes (ability to meet minimal needs)	Better outcomes (financial ability to treat any illness)	Better outcomes (using pvt/occ)	Better outcomes (no concern)
Formal (0%) HI (0%), MI (29%) Occ (40%), Pvt (25%)	Formal (14%) HI (0%), MI (29%) Occ (40%), Pvt (12%)	Formal 100% HI 100%, MI 86% Occ 100% Pvt (62%)	Formal 100% HI 100%, MI 100%	Formal:100% HI:100%, MI 86% Pvt 88%, Occ:100%
Poor outcomes (inability to meet minimal needs)	Poor outcomes (inability to meet minimal needs)	Poor outcomes (financial inability to treat)	Poor outcomes (using Gov/NS)	Poor outcomes (at risk or in ill treatment)
Inf (73%) LI (96%) Gov (82%)	Inf (43%) LI (94%) Gov (41%)	Inf 100% LI 100% Gov 100%	Inf: 85% LI: 65%	Inf:56% LI:54% Gov:53%
Varied outcomes				
NS better (29%) NP better (31%), PC poor 64%	NS better (29%) NP poor (46%) PC poor (47%),	NS poor (100%)	- NP poor (92%) PC poor (50%)	NS poor (71%) NP poor (69%) PC better (76%)

**Categorised as poor outcome if more than 50% are struggling*

***Applies to 25 people who encountered big diseases; none of those in existing non-parental care have experienced big disease and hence it is not comparable with parental care*

Index: HI (high income), LI (low income), MI (middle income), Govt (Government school), Occ (occupational school), Pvt (private school), NS (no school) Inf (informal employment), PC (parental care), NP (non-parental care),

The formal employment (which had only those from middle to high income respondents) domain can be considered most conducive for welfare. As discussed earlier formal commodification is also found to be better than informal commodification. While a majority of the respondents talked about favourable jobs for parents to fulfil their parental responsibilities, except a few who mentioned that *jaagire* (being formally employed) is better suited to provide children's needs, they did not distinguish between formal and informal employment. However, as the findings show this distinction is important and therefore social policy agenda in Nepal should be not just about employment but about formal employment.

In particular within formal employment those from middle to high income and occupational domains were most equipped to secure children's welfare. Even those from lower middle income in the occupational domain were able to meet the needs of children including expensive education and health care. Because the inability to pay for expensive health care impacts negatively on the majority of the respondents free comprehensive health care was seen as a significant welfare benefit by the occupational respondents. In education however even those from the formal sector, high incomes and occupational domains were struggling to pay fees, the first two due to the very expensive schooling chosen by the respondents, and it was the lower middle income respondents from the occupational domain who were struggling. However the occupational respondents were satisfied with the quality of education they were receiving, unlike the case with those going to Government schools.

Parental and non-parental status was not found to be decisive in securing any of the welfare services. For example regarding access to daily needs children under parental groups are struggling more than those in non-parental forms of care and children from the no-school domain are better off than those going to Government schools. This is due to the fact that

these children stay with institutions and high income employers. However they suffer from other problems, primarily education and protection issues. Hence having parents alone is not enough to secure children's welfare as long as they are in informal employment and of low income.

From this perspective parents have to have a very high income or be part of a health care and education model such as that of the occupational domain to be able to provide quality health care and education. Since the occupational model is closer to a welfare state approach (high quality services for both the rich and the poor) and it is not possible to immediately shift one of the poorest countries into a high level income, the type of health and education services provided through the occupational model should be the future agenda for social policy reform in Nepal. Poorer people may still need additional income support but this is where social security can play a role.

To summarise, families from formal employment, middle/high income, private and occupational domains are better equipped to provide welfare to children. Therefore social policy agenda should move towards formalization, specifically to services such as offered by the occupational model.

8.1.12 Financial accessibility

The findings show that in a subsistence informal economy such as Nepal, access to cash, even small amounts, can play a significant role in improving children's welfare. Respondents talked of the need to access financial resources and for parents to be wealthy to be able to provide good CWB. However wealth in this case was referring to very basic types of needs

such as stationery and snacks for school lunchtimes (it is not possible for example to take traditional food such as rice to school for snack). Moreover the respondents clarified during conceptualization of CWB that support for daily needs should be minimal rather than of the highest quality. Social security of a modest type could hence be critical in supporting children to meet their daily needs.

Cash support to meet basic costs could also help to clarify confusions around the definition of poverty line as discussed in Chapter Three. The researcher argued that the definition of the poverty line should be kept narrow and in particular it should not include health and education in its definition since these are expensive goods that cannot be met through social security or other financial schemes that are linked to addressing poverty. The findings suggest that a distinction can be made regarding basic costs versus higher costs associated with health and education services. Hence basic costs could include what is given free in public health care now (for basic treatment) and educational costs associated with stationery. If the poverty line definition only includes these kinds of basic costs then the definition can still be useful. However this should not be mistaken to refer to comprehensive public education and health care costs, which should be treated as expensive and public goods.

To summarise, financial access is a key for many of the problems around daily needs but also for associated costs of education and health care; the social policy agenda for social security is critical in addressing the need to provide cash support.

8.1.13 Children's policy: a laissez-faire approach

Hill (2003) describes possible children's policies as a State paternalist/ interventionist approach (duty of the State to promote and safeguard the welfare of children, overriding

parents' wishes and rights if need be for the sake of children), a parentalist/birth family perspective (focuses on the State's responsibility to support families and reduce the pressures of poverty and other factors, rather than removing children from homes) or a laissez-faire approach (non-intervention in family life from government) (2003).

The existing children's policy in Nepal was found to be of a laissez-faire nature due to lack of both support for struggling families and lack of intervention in cases of risk to a child within a family. The data show that the source of risk or ill-treatment of children starts at home under parental care and a key factor leading to risk or ill-treatment was parental behaviour or such behaviour in conjunction with other factors (single parents, orphans, poverty). While poverty alone was a factor in only two cases step-relations were a major constituent of parent/guardian's abusive behaviour. Moreover, even when the State and parents are legally responsible to provide for daily needs and protect children this is not being undertaken and neither is there a proactive system to make them uphold their duty. The failure of proactively making parents responsible for their neglect and abuse mean that many children are struggling to meet basic needs, are discriminated against and face risks including living on the streets and having to work as child labourers, even when their families are not poor. The importance of parental behaviour in accessing services was also evident in cases of schooling. For example, while the choice of schooling type (private or Government) was based on a financial decision, access to schooling itself (sending a child to school or not) was dependent on the behaviour of guardians. In two cases a father is neglecting his children from a previous marriage after his second marriage.

On the other hand families struggling with basic needs are also not supported. During discussion on conceptualisation of CWB a need to have parents was further specified to

include additional qualities (e.g. financially strong to provide basic needs, caring). Parents too argued that their love was not enough and they needed financial resources to help take care of children. While many respondents did not argue for universal and optimal support for parents to raise children there was nonetheless consensus over helping needy parents. This in turn shows the important role of social security or preventive income related efforts that would help families in need. However, there is a very limited preventive support for parents either of universal or of residual nature (child grant is very small and does not target all the needy; 100% of social security is aimed at the formal sector or the rich while none from the low income and informal employment domain receive it).

The above data show that although parents are considered the first level of protection and care they are not always so. For this to happen, the State needs to intervene more into family life, both to control parents (interventionist approach) as well as to support them (parentalist approach). This is similar to what Esping-Anderson calls de-familisation as an aim of social policy, i.e. removing children's dependence on family for their protection and other welfare services.

To undertake reforms advocated by Hill (2003) and Esping-Anderson (1999) it is important that not only the State's services be improved and expanded but that existing provisions also be enforced. It is important that in particular with regards to parents' accountability, the State takes an active role in monitoring children's status rather than leaving it up to children themselves or a third party to lodge a complaint through the court system, which at the moment is not happening. Children are already vulnerable and discriminated against by parents and for them to take an active role or to depend on a third party indicates intentional informalisation of State responsibility. The State needs to establish a formal relationship with

children, directly. It cannot also be complacent with only reactive measures offered by NGOs for example through welfare homes. Although children under welfare homes receive better provision than in their family homes, getting to institutions was extremely risky for the children. Preventive mechanisms when a child is still with the family are hence critical. For this approach to succeed a systematic and State-led personal social services system, specifically, child protection system (CPS) is required so that each child and their status in the family (considering much abuse starts at home) and also their status after they leave home is monitored. Such a system will also help establish an individual-centred case management system rather than a blanket approach and will help with responding to cases such as child labour. For example, not only was the practice of child labour defended by all the working children, but it was not harmful in all the cases. Access to social workers would therefore significantly help children as per their specific conditions.

A laissez-faire approach, particularly lack of a comprehensive CPS means that children in need are not detected in time. NGO efforts at picking up abandoned children from the street are ad hoc and do not address all such children. Children in other forms of informal care are not registered at all; their status remains precarious. Lack of a systematic monitoring of children, both in family and other forms of care, means that children shift from one carer to another (e.g. from parents to employers or parents to kinship) or from house to street or between forms of child labour without a systematic track record which make it easier for children to disappear and difficult to trace them for support. None of the children in alternative forms of care in the sample, or those at risk/struggling within family environment, were part of a State monitoring system. Such a situation has resulted in the informal status of children. Arguing that citizenship is more than belonging to a territory and needs some formalization of children's relations with the State, such as through registration and access to

essential services, the researcher argues that the informal status of children leads to a de-facto citizenship-less status. It is argued here that children's abuse is closely linked to their informal status leading to abandonment of abandoned children. Hence future resources should ensure the formalization of children's identity by increasing the State's role in private and informal spheres of family life. Only this will lead to full citizenship of children.

In short, children's policy indicates a laissez-faire approach; social policy needs to move towards both a State paternalist /interventionist and a parentalist approach.

8.1.14 Impact of the status of rights on the nature of services in Nepal

It was argued in Chapter Two that the UNCRC fails to emphasise social rights as fundamental rights. It was argued that firstly, these rights are most important for children and secondly, by categorizing them as progressive rights, the CRC slows the implementation of these services. The findings however show that this is not always true in the case of Nepal (Table 8.6). For example social security despite being a fundamental right still has very small program coverage. Although health and education services have high coverage and are treated as fundamental right, these services had high program coverage even before they were termed as fundamental, which was as recent as 2007. However it may be too early to test this correlation since the status of fundamental rights has been given only very recently and during politically volatile times.

Overall it is clear that even fundamental rights, such as social security, are being treated progressively. Moreover, although health care is considered a fundamental right, this only refers to basic health care and not curative non-basic treatments including during life-threatening cases. The value of the fundamental right is hence negligible in this case. Similarly, while education is considered a fundamental right, it is of a very low standard. This shows that social policy analysis has to go beyond the status of rights to actual delivery (program coverage) and nature of services (quality).

Table 8.6 Rights status and program coverage of welfare services

	Type of right	Government program
Social security	Fundamental	Minimal
Housing	Progressive	Minimal
Health	Fundamental (basic health care)	High (for basic)
Education	Fundamental (up to secondary level)	High (for low quality)
Protection	Fundamental (for certain components)	Minimal

Basic set of rights rather than positive versus negative rights appropriate for children

It was argued in Chapter Three that for full citizenship of children both positive and negative rights are important but if a priority had to be made then it has to be for social rights. It was further highlighted that there is a possibility of defining a subset of rights that are important for children that could include both positive and negative rights. The findings primarily show the importance of social rights, as most of the basic needs identified as important while conceptualizing CWB are of this nature (see Table 8.7). However the findings also show that negative rights, in particular regarding discrimination were as vital, for example how parents/step parents posed risks to children. Hence the following set of six basic rights (primarily composing of social rights and a few negative rights) can be drawn out from the list of prioritized welfare services and factors that impact on its access. Parents were cited

during conceptualization of CWB as an important dimension. However ‘parents’ themselves are not a ‘right’ and hence it has been disaggregated into qualities parents were supposed to have (e.g. caring, wealthy) and merged with other needs. Similarly, financial resources have been merged with social security. Right to life has been added to the list although it did not come up specifically in any discussion because of its universal relevance.

Table 8.7 List of prioritized child welfare needs and the rights they represent

Prioritised child welfare needs	Kind of right
Financial resources/social security/daily needs (financially strong parents)	Positive (social)
Education services	Positive (social)
Health services	Positive (social)
Protection (protection services)	Positive (social)
Protection (anti-discrimination/loving and caring parents)	Negative (civil)
Protection (life/safety)	Negative (civil)

However as the UNCRC critique argued what is important is not just existence of these rights but also their nature. The findings confirm this argument as has been discussed in earlier themes. In short, rights status does not make significant difference in the nature of services in Nepal.

8.1.15 Stratification

The data shows that Nepalese children are highly stratified. Such stratification is primarily around private versus Government health and education services, language (English speaking versus Nepali speaking), class (rich and poor) and type of employment. However type of employment can be considered a key factor since it results in stratification of other aspects as well. These factors are discussed next.

As discussed in an earlier theme, the formal employment domain and along with it middle and high income families were found to be better equipped to provide better welfare outcomes than people who were informally employed. Formal employment was linked to higher income, private education, private health care and English medium education. Within formal employment, occupations such as army and police families of even lower middle income had better outcomes. However the formal employment domain constitutes only 4% of the total adult employed population. If middle and higher income people are to be considered then nationally it still represents only about top 40% of the population within which high income is estimated to be around 5-10% (see Chapter Four). Hence those having secure welfare outcomes could be reliably said to be the top 5% of the population and those having relatively moderate to be the top 40%.

Private versus Government providers in education and health was another important stratification factor. While stratification was less in the health sector, since poor people also used private services, the education sector was highly stratified along private versus Government lines. While private education is considered better by all, only 22% in the sample and 14% of school children nationally use it. However, 100% of those not going to private or occupational schools desire to access it. Government schooling was considered for the poor and villagers. There is a wide variation even among private schools. Annual fees of private schools ranged from US\$ 81 to US\$ 8,462 which is more than hundred times of the former. Government schools also cost around US\$16-US\$106 per year. These data indicate a highly stratified education system. Hence schools are reinforcing hierarchy and inequalities instead of decreasing them. Compared to education more people, even of low income, use private health services (46% of the respondents use a private provider as one of the options; only 19% use Government as at least one option) but they generally struggle to afford it. On

the other hand Government health services are only used by low income people, unless they are of specialist nature.

English was also a key stratification factor. Those who go to private schools (primarily from higher incomes and formal employment) are educated in English medium whereas those going to Government schools are taught in Nepali medium. Lack of English medium was the main reason cited by the majority of the respondents for being dissatisfied with Government schooling. Since many Government students fail English in the School Leaving Certificate exam (the most important exam in school education in Nepal) preference for English is not simply a subjective preference but is functionally important. Since a majority of the school children in Nepal (46% in the sample and 86% nationally) go to Government schools, such a divide shows a concerning stratification.

8.1.16 Preferred nature of social policy

A distinction was made between the mode of social policy regarding daily needs and other public services. Although during the ranking exercise daily needs were prioritised over other welfare services, it was continually argued that social policy regarding daily needs should be based on minimal quality and minimal support criteria with support only for the needy.

Participants argued that Government should focus more resources on education and health services, which should be of high quality, egalitarian and universal. Protection service was considered from a mixed perspective, i.e. helping based on individual cases both through prevention and intervention.

The findings indicate a prioritarian (minimal, principle of sufficiency) and residual (only for the needy) approach regarding daily needs rather than from an egalitarian or even optimal

conditions (Fitzpatrick, 2005 distinguishes the word 'prioritarian' from equality; whereas equality is concerned with the relative distance between the top and the bottom, 'prioritarian' is concerned with the absolute position of the bottom). Moreover even within daily needs, support for food/clothing was emphasised over housing, indicating that social security is considered more valuable than housing benefit.

On the other hand health and education services were considered by the respondents from an egalitarian (equality of conditions) and high quality perspective. Currently although the State spends a relatively high budget on these two services (much higher than the other three services) the problem is with the low quality of the Government services which in turn is creating inequality. Desire was not only shown for egalitarianism in these services but also suggestions were given on how this could be achieved.

Three models of achieving such equality were suggested. Firstly, there could be the same provider for the rich and the poor, such as the army/police school model, including having the richer pay more. The army/police system of health and education was considered a good model as it includes all the major constituents of a welfare state model such as egalitarianism, comprehensiveness, inclusion of users in the financing system and better welfare outcomes. Its financial payment system based on mutual cooperation that was subsidised for the poor was much appreciated by those using this service. The success of this model was also reflected in better welfare outcomes for those using occupational services. The army model addresses all the major concerns the respondents have with the current public health care system, including lack of reliability, lack of care for non-basic and curative care and struggling to pay by low income people, as well as their concerns with the public education system, including lack of English medium and quality education at an affordable cost.

The data suggest that while the comprehensive care of the army model is desirable, should this not be the case it is more preferable to have a national health system that addresses bigger diseases (I have retained the term ‘big diseases’ used by many participants as this reflects their perspective on serious diseases) through curative care rather than basic health care. The latter is cheap, that people can contribute to themselves and when this is not the case it can be addressed through social security. On the other hand lack of health care for non-basic and curative health care is what impoverishes people and makes them insecure and hence that is what State should focus on. Moreover, a large number of people visit private clinics anyway, even for basic nature illnesses and hence public expenditure is not being utilized in the maximum anyway. This raises questions regarding the appropriateness of public health services in Nepal.

Secondly, equality could be achieved through having the same services in both types of providers, such as having English medium in both Government and private schools or having both public and private health providers providing the same level of care especially in the case of life-threatening cases. Hence a common perception was not that English should be banned so as to bring equality, but rather everyone should be able to learn English. A common view was that Government schools should be like private schools in terms of quality and English but not as expensive as private schools. Private providers being perceived as the standard for egalitarianism is the key reason for commodification of health and education services.

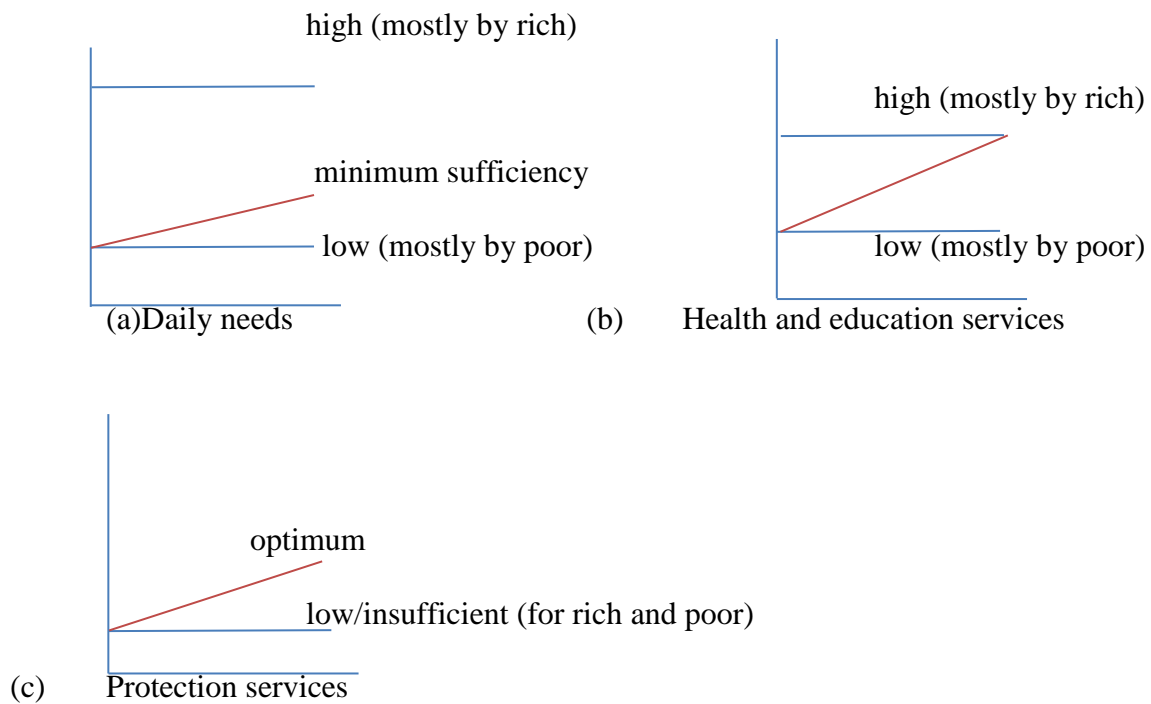
The third suggestion that can be drawn out was that people should be able to access services through any of the providers but at an affordable cost. This suggests that on the one hand de-commodification is required, but because Government is unlikely to reform immediately (as

per welfare regime theory) people have to depend on private services in the interim, which however is expensive, especially for the poor. Hence it is important to make the private sector affordable for the poor in the short term. A mother specifically quoted that if Government hospitals cannot provide a particular service the Government should treat you in private facilities but without charging extra. This is not the case now in Nepal.

The findings support the principle of egalitarianism adopted by the study framework (i.e. even if the State and the private sector both can be providers equality of services should be a primary consideration) as well as the importance of de-commodification (in the long run the State services have to be on a par with the market). Hence both State reform and ensuring the poor access services through the private sector has to occur in parallel. This way, while the poor will be commodified in the short term, it will reduce stratification. Subsidised financing can play a critical to make it affordable. In contrast to welfare regime theory however the findings indicate dependence on the private sector for securing welfare outcomes in health and education rather than informal networks.

Overall models that should be followed for ensuring egalitarianism in different services are shown in the following figures. In Figure 8.5 (a) on daily needs the poor gain but not as much as the rich but up to minimum sufficiency; the rich neither gain nor lose. In Figure 8.5 (b) on health and education services, the poor gain to the level of the rich; the rich neither gain nor lose. In Figure 8.5 (c) on protection services both the rich and the poor gain, but because it impacts more on the poor, they will benefit more.

Figure 8.5 Models for equality for different welfare services (blue line refers to existing standard while red line refers to social policy path that should be adopted)



In short, the preferred nature of social policy is focusing on a prioritarian model for daily needs and an egalitarian model for public services. The army welfare system provides a good role model of egalitarianism.

8.1.17 Army mini-welfare state model

The occupational models (army, police and civil service) show welfare state-like elements. However amongst these, the army model was thought to provide better outcomes and therefore an emphasis is given here on the army, rather than just an occupational model.

The army model shows that although developing countries such as Nepal are not generally looked upon from a welfare state perspective similar mechanisms do actually exist, although this may be only for a small group of people. This not only shows that such a system can emerge in developing countries but there is also a desire amongst respondents for such a system to emerge. Such a possibility in Nepal is further expanded below.

A majority of the respondents talked of the need for helping the poor, the importance of self or national financing for quality education and health services and bringing egalitarianism in public services. These are basic criteria of a welfare state like system which was also found in the army model. For example, while equality in service at the level of ‘private’ providers was desired, the proposed financing modality for this ranged from free for the poor to a universally applicable method of insurance and taxation where the poor pay less. Some respondents (all from low income) argued that these services has to be free but more respondents, from all income levels, thought that people should contribute financially towards such a system. The financial model suggested was of a progressive model where the rich pay more than the poor or people pay progressively as per their income status.

Moreover, no one mentioned foreign aid as a primary provider, despite the significantly high role played by foreign aid in Nepal’s welfare services. Instead the respondents argued for self-reliance mechanisms, especially in daily needs but also on other services through market mechanisms.

It should also be noted that people are paying for their health care anyway, especially when it comes to big diseases. Out of pocket expense in health care is 70% of the total health care expenditure (MoH, 2010). In people’s own words all they are getting free is a few rupees worth of health care, which to many is not valuable. On the other hand 60% of those

encountering big diseases faced financial difficulties including having to compromise with treatment itself and although many got informal support to address their difficulties the problem is this support was primarily adverse or clientelistic. WSF addresses this problem through insurance schemes where financial risk is distributed between times of dependency and capability. A similar system could emerge in Nepal due to the already existing high private spending and desire for collective responsibility. A similar argument can be made for education services. Many respondents argued that paying nominal fees for education was not an issue and that a collective system which favours the poor could be one option. This does not mean that everybody will be able to pay. While many families especially of low income still struggle for even basic costs associated with education (71% of the respondents utilizing Government services faced difficulties) this is something that could be linked to social security provision while at the same time developing a national comprehensive system.

These findings indicate the possibility of people taking financial responsibility for welfare services, taking collective responsibility (where poor pay less), vertical redistribution (from rich to poor), all of which are also key principles for welfare state development.

This calls for a more considerate look into current provision of free education and health care policy, which is neither helping the poor nor being appreciated by them. This means that what is free is considered unsatisfactory and what is not free is too expensive for people. Moreover even richer households are struggling with education costs (57% of middle income and 50% of high income respondents). This is primarily due to very costly private schools being used by these respondents and should there be an educational system like that of the army with quality education and sliding fees, richer households could also be made to participate in such a system.

The findings indicate the possibility of a bigger welfare state emerging in Nepal, where people pay according to their income for an overall better system but one that is of egalitarian nature, in line with WSF. Towards this end there is a possibility of enlarging the army mini-welfare state model.

8.2 Overall regime direction

Children's social policy in Nepal was found to be neither residual (state helping the poor), nor is there sole dominance of the State, market or informal providers. Such a situation has created insecurity and stratification based on multiple factors. Hence neither the welfare state regime theory of Esping-Anderson (1990) nor the welfare regime theory of Gough and Wood (2004) fully capture the nature of children's social policy in Nepal, which includes components from both these theories. Children's social policy is more similar to what Barrientos (2004) describes Latin America to be like, which is a liberal-informal welfare regime. Nepal's focus on future needs (basic education and basic health care) and not on social protection also shows that it is more in line with the productivist welfare regime in East Asia which Gough (2004) argues is based on investment rather than social protection. Gough (2004) and Sharkh and Gough (2010) classify Nepal as a less effective informal security regime due to high private spending and low welfare outcomes, low public commitment to social expenditure (health and education), low levels of public responsibility and modest international flows. This study did not explore international flows but it can be said that while social expenditure and public responsibility, particularly in education and health, is not sufficient, it is not low, especially compared with other welfare services. However, the problem is with the nature of this service rather than expenditure per se. However, due to low

welfare outcomes and the insufficient or inappropriate nature of welfare services, Nepal's welfare regime cannot be termed effective, but as said earlier it is not solely informal either. The study findings are similar to the finding of Kohler (2006) who documented that although there is a commitment to universalism and public goods in South Asia (i.e. high public expenditure and universally free) in the case of Nepal it is more of a neo-liberal approach of a small state model rather than a big welfare state due to the increasing trend of non-state and out of pocket expenditure and user fees in education and health. However Kohler's argument that the South Asian model of a welfare state may be emerging in South Asia with potential to be transformative in nature in line with European models was not seen in the case of Nepal, which shows only ad hoc and piece-meal measures of social policy.

This study concludes that Nepal's welfare regime can best be described as a less effective liberal, informal, minimalist-State welfare regime, where the role of market (liberal), informal providers and State exist but that the role of the State is of a minimalist type (universal services are of low quality and basic type, residual services are ad hoc and selective) and these interact to produce low welfare outcomes for children.

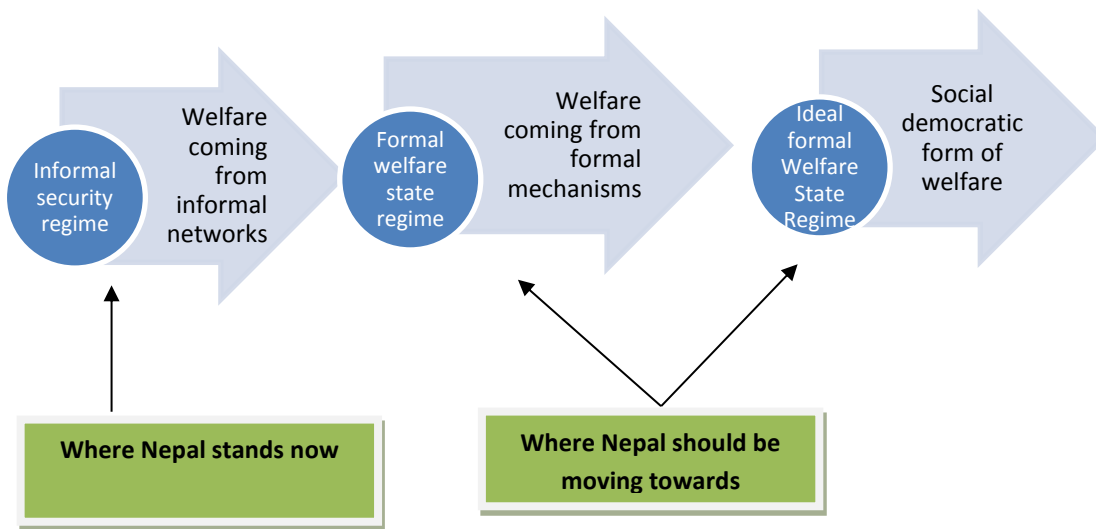
Welfare state regime theory as well as WSF has been critiqued for being appropriate for only advanced capitalist countries, one of the reasons why welfare regime theory was developed. The findings of this study however show that these theories are not exclusive to advanced capitalist countries. Their application to Nepal, which is considered a semi-capitalist country, was equally useful and it indicates that both commodification and informalisation (although not necessarily clientelism) exist side by side in Nepal, as does a mini welfare state. The social policy agenda preferred by the respondents aligns more with new forms of social democracy (social capitalism), a line of thought closer to welfare regime theory.

In particular it was seen that the formal economy was better suited to welfare outcomes and hence it is critical that Nepal's welfare regime moves towards formalization of its services. Formalisation however should be broadly viewed and not only as formalisation of the economy but also as formalisation of relations between the State and people and as systematizing various processes. This means that even as the economy may remain informal (informal employment) people can be brought comprehensively into a system that is linked with the State through other mechanisms, such as an effective monitoring and tracking system where the status of each individual is acknowledged and supported. The formalisation agenda suggested in this study is of a broad nature such that 96% of the people now in the informal economy are linked directly to the State for the purpose of accessing welfare services, either universally or residually.

In political terms the present social policy in Nepal, especially where the State neither takes a first line function nor a last resort or residual function, indicates that the political environment is more like that of classic liberalism of 17th century in the West, which had a laissez-faire political environment. In such an environment market, informal providers and the State coexisted providing welfare for some and insecurity for many including child labour, lack of health care or education services. This political environment indicates that broadly Nepal has to reform both the market (reformed liberalism) and the State (reformed State) along welfare state lines (social democratic) as was adopted in the West to establish welfare states from a laissez faire political system. However Nepal needs to complement this with new forms of social democracy during the transition process (social capitalism). Hence the broad social policy agenda argued in Chapter Three is proven by the findings, but it has been expanded to

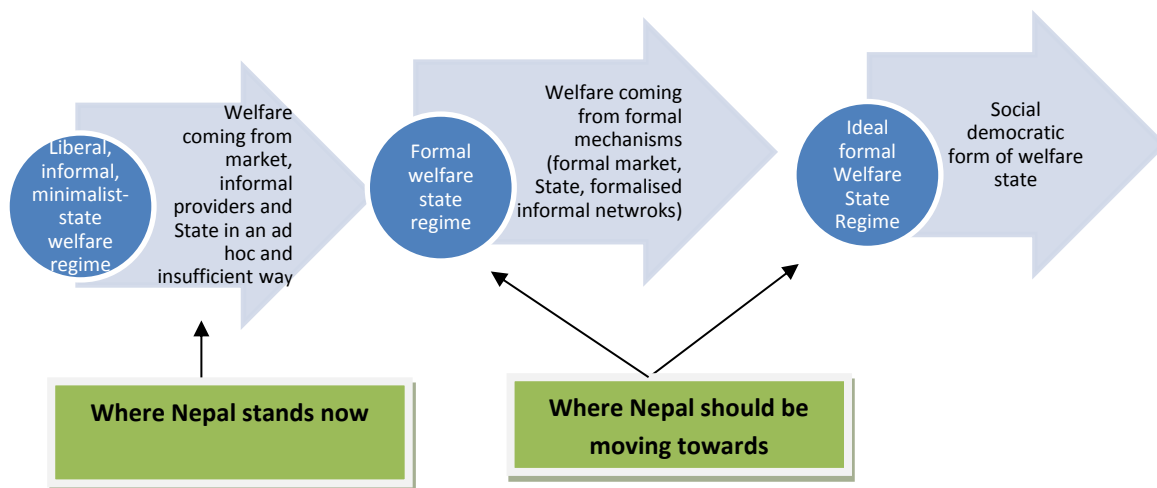
reflect specific conditions of Nepal. Hence the theoretical model assumed by the study's normative framework in Chapter (Figure 8.6 a) can be revised as follows (Figure 8.6 b).

Figure 8.6 (a) Welfare path of informal security regimes to formal welfare state regimes (suggested in Chapter Three)



Source: based on Gough and Wood (2004) and Esping-Anderson (1990)

Figure 8.6 (b) Welfare path of Nepal to a formal welfare state (revised based on the findings)



8.3 Conclusion

The data shows that conceptualisation of CWB is more in line with WSF but the nature of existing social policy is not.

CWB was conceptualized as multi-dimensional and from a multi-domain perspective in line with international literature. However within this broad conceptualization a basic, objective input focused and hierarchical notion of CWB could be identified. This refers to a list of six prioritized dimensions of CWB that include financial resources, parents, education services, daily needs, health services, and protection. These are in line with the theoretical framework of WSF undertaken in this study. The welfare needs identified as important by the respondents are social rights and hence confirms the critique of the UNCRC undertaken in Chapter Three. However the data shows a possibility of having a list of basic rights that cuts across positive and negative rights, in particular by adding an anti-discrimination right which was found critical in ensuring children's welfare. However it was found that the status of rights itself (progressive or fundamental) was not necessarily linked to the provision of actual services.

Along the WSF line of thought, the findings suggest that the prioritized needs have to be considered comprehensively rather than in a hierarchical or piecemeal approach. The nature of existing social policy contradicts this comprehensiveness as there is more focus on health and education services compared to other welfare services. Whilst the importance of health and education, and in particular education, was highlighted throughout the interviews, this was not necessarily a suggestion for the State to neglect daily needs and protection, which were also regarded as important. But the latter were considered from a residual and minimal

perspective rather than a universal egalitarian perspective. Hence low State focus on services other than health and education should change.

An emphasis towards behavioural rather than structural aspects of social policy could also be detected, in particular in health and protection aspects. The data also show that although CWB is broadly similar to the international understanding and WSF some aspects needs to be locally contextualized to better unpack the meaning of the dimensions, such as the importance of parents within the social domain, the need for them to be financially strong and caring and education to be like private education. According to respondents, responsible institutions for providing welfare services primarily constitute parents, market and the State, the former for semi-public goods such as daily needs and the latter two for public services. Despite a significant role played by informal providers in actually providing support, they were not considered an important welfare institution.

The actual nature of social policy on the other hand shows that there are a myriad of various social programs that are not linked comprehensively or systematically to provide welfare outcomes for children and their families. This is similar to what was described in Chapter Three as characteristics of social policies conceptualised under a development approach in the South. Politically Nepal resembles classic liberalism of the 17th century West where various programs coexist in an ad hoc manner and do not conform to either welfare state regime or welfare regime theories per se but they include various aspects of these theories.

All four institutions as suggested by welfare regime theory, i.e. State, market, household/parents and informal networks were major providers of welfare services in Nepal. Some of these providers were international. In addition, children themselves were also major

providers and they primarily rely on the informal market to access certain services. This indicates that the child-parent-State tripartite relationship is replaced by a five sided relationship if informal providers and market are to be considered. The mode of welfare services can be described as minimal-universal or selective-residual. The outcome of such a mode and the existing providers is that welfare services are either commodified or adversely informalised to a varying extent. This has created a highly stratified society for children particular along the lines of income and type of employment. Those falling under the formal employment domain (4% of adult employed population) have much better welfare outcomes than those informally employed. Unlike welfare regime theory however informalisation is not always clientelistic and hence it is referred to as adverse. Of particular concern is that children too are commodified in this process because they are participating in the market as providers themselves.

This indicates that the social policy agenda has to be on de-informalisation and de-commodification. However the data suggest that in the short term social policy agenda has to be along the lines of welfare regime theory which acknowledges the role of the market and informal providers in the short term. In the meantime all the providers have to be reformed, particularly along egalitarian line. A solution lies not in de-commodification of a service per se, but de-commodification of a person from the market such that a person can access highest quality services through any of the providers in an affordable model. However de-commodification of children from the market (child labour) has to be an immediate social policy agenda. Regarding daily needs however a prioritarian and residual social policy model was recommended by the respondents, which in turn calls for formal commodification and residual State support.

Children are not the main focus of welfare regime theory and welfare state regime theory. Hence these theories do not include analysis from a children's policy perspective or from a child protection perspective. This study uses other principles and theories of child welfare to discuss this aspect. Overall it finds that Nepal needs to follow both state-paternalistic/interventionist approach as well as a parentalistic approach in children's policy. The importance of preventive programs including cash support was also found to be as important as intervening in family life through establishment of a comprehensive personal services system. A child's relation with the State has to be formalized through a systematic tracking and response system.

Based on the findings the overall nature of children's social policy has been described as a less effective liberal informal minimalist-State welfare regime.

Overall the social policy agenda shows the need to move towards formalisation of both the employment sector, which has better welfare outcomes, as well as that of relationships (i.e. of the State with the child and its family). This includes the possibility of increased institutionalisation as a more ideal form of informal provision compared to other providers as it allows for a more systematic relationship with children which provides better welfare outcomes. Egalitarianism was highly desired, particularly in health and education services. The mode suggested by many resembled a model like that of the army, which a select few respondents of the sample were enjoying. The army model resembles a mini welfare state and its existence refutes criticism that developing countries cannot be looked upon from a welfare state perspective. It already exists, however it needs to be enlarged which the data suggests would be supported locally.

The findings support the appropriateness of using WSF and specific theories of welfare state regime and welfare regime theory to analyse CWB and the nature of children's social policy in Nepal. Based on this, Nepal's social policy should transform towards a social democratic welfare state model in the long run and social capitalistic welfare state model in the short term.

Chapter 9 Conclusion

Children form a significantly high proportion of the population in Nepal and many of these children struggle for basic welfare. Although social policy has a significant impact on the well-being of these children, such policy has not been examined, most particularly from a welfare state framework perspective; it is this perspective which this study argues, represents an ideal theoretical framework for the conceptualization of social policies. Based on the welfare state framework (WSF) this study set out to investigate the nature of children's social policy in Nepal by both exploring how children's well-being (CWB) is conceptualized as well as the nature of welfare services and how children and their families experience such services. The study set out to not only to document these policies and children and their families' experiences of these services but to also recommend a future social policy strategy on which Nepal might embark.

9.1 The study's aims achieved

The study undertaken is the sole study conducted on the nature of children's social policy in Nepal through the lens of a WSF; it is also the only study to classify the nature of children's social policy in Nepal within this broad typology. Arguing that the Nepali State has failed children and based upon the researcher's experience of working with vulnerable children during Nepal's armed conflict, the study was conceptualized to design a concrete social policy agenda that would benefit children through structural reforms. The WSF was utilized for this study because the frameworks currently used to study social policy in Nepal were inappropriate and needed more the political economy approach of WSF. In Chapter Three it was argued that in fact the current conceptual frameworks, such as that of a development

approach and of UNCRC, are inappropriate to effectively analyse social policies for children of the developing world, which includes Nepal. The study therefore utilized a different framework - that of the welfare state - from what is generally used in developing countries. While the notion of 'welfare state' is not new and has been successful in combating absolute child poverty in the West, it is rarely applied in the South. The study has successfully detailed the nature of children and their families' experiences regarding their well-being and has also suggested a social policy strategy that is along the lines of a welfare state – one which has been one of the most successful social policy strategies of the 20th century.

The study's findings indicate the appropriateness and usefulness of the WSF used to conceptualise the study since it helped to identify the nature of social policy and well-being through detailed descriptive and exploratory information, necessary to develop critical insight into this previously under-researched area. This helped not only to analyse the findings descriptively but also normatively so that such analysis was conducted from a social democratic and egalitarian point of view. The appropriateness of such a normative framework was also reflected among respondents' views on what CWB is and how social policy should be reformed since many of their views matched with principles of the WSF, especially regarding sufficiency, comprehensiveness of the five welfare services, egalitarianism and collective responsibility.

The study's use of a significant amount of national level secondary data and collation of voices from a cross section of Nepalese children (poor, rich, child labourers, ex-street children, children going to private schools, children going to occupational schools, children going to government schools, living with their families, children living in alternative forms, children from the formal employment sector and children from the informal employment

sector) and their families combined with a normative framework and a critical epistemology has helped to achieve the study's aim of critically exploring the nature of CWB and social policy to suggest a future path that should be pursued to promote children's welfare in Nepal.

In summary, the findings show that Nepal's welfare regime, from the perspective of children, can best be described as a less effective liberal, informal, minimalist-state welfare regime, where all four major providers identified in welfare regime theory, market, informal providers, household and the State, play a role with the role of the State of a minimalist nature. These institutions interact in an ad hoc manner to produce low welfare outcomes for children such that welfare services are both commodified (informally and formally) as well as adversely informalised (but not necessarily clientelised). This indicates that both the welfare state regime framework (Esping-Anderson, 1990) and the welfare regime theory (Gough and Wood, 2004) can be applied in peripheral capitalist and informal economics such as Nepal. In addition, the study finds that children's policy is influenced by a *laissez-faire* approach.

The classification of a child welfare regime in Nepal clearly reflects how the Nepali State should be moving forwards if it is to deliver a welfare state for children in Nepal. Such a social policy pathway has been described here as a process of formalization of providers as well as of processes during the transition into welfare state. In short the future path suggested is as follows. Child well-being in Nepal should be conceptualized from a hierarchical and an objective basic needs perspective, which in turn represents the five key welfare services assumed in broader social policy and welfare state literature. Social policy consequently should focus on de-commodification and de-informalisation but not immediately so that the immediate focus should be on using all the providers (social capitalism) albeit in a reformed manner while at the same time strengthening the State mechanisms. Children's policy overall

needs to shift from a laissez-faire to a State paternalistic and parentalist approach. Hence the broad social policy agenda recommended in Chapter Three is proven by the findings, but it has been expanded and revised to reflect specific conditions in Nepal.

9.2 Implications of the study

The study findings have the capacity to help Nepal depart from the current policy and practices on children and help Nepal take a radically new path, from that of the ad hoc development path and laissez-faire policies to that of a welfare state path. The study documents clear gaps and suggests both broad as well as specific strategies that need to be considered to be able to do this successfully. These strategies are expanded below.

- a) This study is the first of its kind to analyse children's social policy in Nepal comprehensively by including all the five key welfare services of social policy as well as by undertaking this within a WSF. The study confirms that this approach was very useful in documenting detailed insight into this previously under-researched area and in suggesting ways forward.
- b) The use of five welfare services as key dimensions of social policy was confirmed in the findings. The data shows that the dimensions of CWB identified in Nepal, with a few exceptions, broadly match with previous national and international studies on CWB. Some dimensions were prioritized from a hierarchical and an objective basic needs perspective. These needs broadly reflect the five welfare services assumed as important in this study. Hence these should be the basis for focus in future social policy making of Nepal.

- c) A hierarchy between the prioritized services was less clear, including between current and survival basic needs (daily needs) versus future and non-survival basic needs (education), although a clear emphasis was given to education services. Hence a social policy agenda needs to consider both current and future needs as well as survival and non-survival needs as important. This is in line with the welfare regime theory which argues that even if decision making in peasant analogue prioritizes current needs, the social policy agenda should take current and future needs together. Similarly in WSF all the five services are considered comprehensively. The nature of social policy in Nepal however is not based on comprehensiveness with a clear emphasis on education and health services. It is critical for the future social policy agenda to emphasise all these five welfare services rather than only education and health, but by no means defocus on education as it was highly regarded by respondents.
- d) It was argued in Chapter Three that the UNCRC fails to emphasise social rights as fundamental rights which hinders their implementation. However, the data shows that this is not true in case of Nepal, where the status of the rights has no direct linkage with the actual delivery of services. Hence social policy analysis has to go beyond the status of rights to the actual delivery and nature of services.
- e) As argued in Chapter Three the findings primarily show the importance of social rights for children's welfare. However the findings show that that there is a possibility of defining a subset of rights that are important for children that could include both positive and negative rights. This list includes six rights: financial resources/social

security, education services, health services, protection services, protection against discrimination and protection for life. Note that these can be categorized to fall under one of the five welfare services but these six rights represent an elaborated form. This list can be immensely helpful in guiding future child rights discourse as well as social policy making in Nepal.

- f) The findings show that Nepal has a myriad of various social programs that are not linked comprehensively or systematically to provide welfare outcomes for the majority of children and their families. This is similar to what was described in Chapter Three as characteristics of social policies conceptualised under a development approach. Politically Nepal resembles the classic liberalism of the 17th century West where various programs coexist in an ad hoc manner. However it was the application of WSF theory in this study that helped to show this ad hoc and piecemeal nature of social policy. The WSF approach also helped highlight that in fact a welfare state model of social policy is also preferred by the general public. This was reflected in how CWB and the future nature of welfare services (e.g. the army model) were conceptualised. Hence overall social policy has to move towards a welfare state path.
- g) The findings shows that while a broad welfare state framework is useful for application in developing countries such as Nepal, specific theories applied in the study however need to be revisited. The study used two specific theories, welfare state regime (Esping-Anderson 1990) and welfare regime theory (Gough and Wood, 2004) as the study's conceptual frameworks. The former focuses on de-commodification as the final desired outcome of a welfare state while the latter focuses on de-

clientelisation as the final desired outcome in developing countries while at the same time moving towards welfare state like regimes. Esping-Anderson's model has been criticized for being useful only in advanced capitalist countries, one of the reasons for development of welfare regime theory by Gough and Wood, who put forward a social policy focus on de-clientelisation. In Chapter Three it was argued that both these frameworks would be applied to analyse social policies in Nepal. The study confirms that application of both these theories was useful in the case of Nepal, which is considered a semi-capitalist country. In addition, the study confirms that neither of these theories are sufficient on their own to fully capture the nature of children's social policy in Nepal and hence both have to be combined as well as expanded for a useful analysis.

- h) The study confirms that institutions responsible for delivering welfare in Nepal reflect the welfare regime theory rather than the welfare state regime theory, i.e. all four welfare institutions i.e. State, market, household and informal networks are major providers of welfare services in Nepal some of which are international. This finding also has a bearing on overall child policy which in broader literature considers a tripartite child-parent-State relationship. However in Nepal's case a five sided relationship exists since informal providers and the market also play significant roles. Hence all these five providers have to be considered in future policy making for children.
- i) Although there is a significant presence of informal providers in Nepal's child welfare regime leading to adverse informalisation of services (although not clientelised) as per Gough and Wood's (2004) model, these services are also commodified (informally

and formally) as per Esping-Anderson model (1990). Hence both these aspects have to be considered during social policy analysis and policy development. However, it is not simply about de-commodification or de-informalisation strategies. In setting the social policy agenda in such an environment, long-term and short term social policy strategy has to be distinguished. The long term overall path should still be that of establishing a formal welfare state along a social democratic line and hence following the de-commodification strategy of Esping-Anderson (1990). In the short term however the social policy agenda should be closer to those suggested by the welfare regime theory of Gough and Wood (2004) of a social capitalism model where the market and informal providers also provide crucial welfare alongside the State. Adoption of a social policy agenda of social capitalism in the short term means that processes of commodification and de-commodification, informalisation and de-informalisation will occur simultaneously.

- j) While it is important to utilize all providers in the short term and both commodification and informalisation are desirable they however need to be applied in a reformed manner. Under this approach commodification would be formal commodification (i.e. in the formal economy rather than the informal economy) and informalisation would be achieved through systematic and registered informal providers (such as institutions or by formalizing kinship) rather than using ad hoc and unregistered processes (such as child labour or unregulated kinship care). Similarly formal commodification also has to be affordable. A solution lies not in de-commodification of a service per se, but de-commodification of a person from the market such that a person can access services through any of the providers in an affordable model and access services of the highest quality. The social policy agenda

hence should be aimed towards making the private sector affordable (at the moment private education is highly taxed while health care is expensive in both public and private sectors) while at the same time reforming quality of the public sector. In particular de-linkage of children from market, i.e. de-commodification, has to be an immediate social policy agenda. This suggests the need to utilize all the four providers but in a reformed way.

- k) This stratification is primarily along the lines of employment type (formal has secure outcomes while informal has insecure outcomes) and consequently income (high income has secure outcomes, low incomes have insecure outcomes and middle income has mixed outcomes). The second level of stratification is along private versus government services and English versus non-English speaking children. Those having secure welfare outcomes could be reliably be said to be the top 5% of income earners and relatively moderate outcomes are enjoyed by the top 40% of income earners. This suggests that children do not represent one monolithic unit and have to be considered from various stratification lines. Egalitarianism hence becomes critical during social policy design and reconfirms that focus has to be on the services provided rather than on the providers per se.
- l) Overall the social policy agenda recommended in this study is of moving towards formalization, which in turn should be viewed broadly. In welfare regime theory, formalization is generally used to refer to provision through formal or State providers. However formalisation can be defined broadly to refer to formalization of relations between the State and people and of systematizing various processes even for informal providers. Hence even as the economy may remain informal (informal

employment) people can be brought comprehensively into a system that is linked with the State through other mechanisms, such as an effective monitoring and tracking system where the status of each individual is acknowledged and supported. For example of the various informal providers for children's protection, child welfare homes, which are formally registered, can be considered formalized informal providers. Similarly, kinship can also be registered to make it formal. Hence the formalization agenda should be towards formalizing informal processes and institutions without changing them into State providers. The formalisation agenda suggested in this study is of a broad nature such that 96% of the people now in the informal economy in Nepal would be linked directly to the State for the purpose of accessing welfare services, either universally or residually.

- m) Formalisation of processes is particularly important in the case of formalizing children's status. Children are not the main focus of welfare regime theory and welfare state regime theory, its biggest drawback for applying it to children's social policy. This study uses others principles and theories of child welfare to discuss this aspect. The study shows a concerning neglect on children's status whose care status and protection status is not systematically recorded leaving them extremely vulnerable. Children therefore end up being in a de-facto citizenless status. Establishing a direct relationship between the State and a child will mean direct State intervention in the private domestic sphere of a family and is a critical social policy agenda that should be considered. However families need to be both supported and controlled, i.e. Nepal should follow both state-paternalistic/interventionist approach as well as paternalistic approach in children's policy. Hence preventive programs

including cash support are as important as control of families and of children through establishment of a comprehensive personal services system.

- n) Overall parents are given huge responsibility to look after children and this was considered the best approach by the respondents. However there is minimal State support either to help families or make families accountable. The respondents did not support a social democratic model of supporting families to look after children but instead supported a residual and minimal support for needy parents, only when they did not have employment. The fact that parents' ability to provide daily needs was linked with employment highlights the importance of creating a favourable market in this regard but it also implies that children's social security is best conceptualized under employment related factors for a family rather than direct support to children and from a residual rather than universal approach.
- o) Existing welfare services indicate a mixed mode; they are neither universal, residual nor occupational based on Esping-Anderson's typology. Although education and health care services are claimed to be universal, they cannot be called as such because de facto education is not free and health care is only free for basic health care. They are hence referred to as minimal-universal. Universal programs for child protection and social security do not exist. On the other hand, residual programs across all the welfare services do not respond to all the needy cases but select groups based on multiple ad hoc criteria (ranging from the political elite to the poor). Therefore they have been referred to as selective residual. However, there was no consensus among the respondents over an universal mode of welfare services for all the five services. They preferred a universal mode for health, education and protection services, and a residual model of social security and housing support. This shows that even as the

Nepali State moves along an overall social democratic path in the immediate period the divide between universal versus residual is not appropriate while designing social policy and both can be applied. In fact even having a residual system would greatly enhance welfare outcomes since there is no residual support system as such.

- p) Egalitarianism was highly desired, particularly in health and education services. The mode suggested by many resembled army-like model that a select few respondents of the sample were enjoying. Private providers in both the services are benchmarked (desired standards) for egalitarianism. In addition English was a benchmark in education services while in health curative care for 'big diseases' through a public system was desired. The social policy agenda therefore has to be aligned with this view and in particular regarding health, this means an overhaul of the entire public health approach such that Nepal will in future focus on a curative system for non-basic treatment. The data suggests that while comprehensive care of the army model is desirable, should this not be the case it is more preferable to have a national health system that addresses bigger disease and provides curative care rather than just basic health care. Since basic health care is enshrined as a fundamental right in Nepal's constitution it means either redefining health care to refer to curative care of a non-basic nature or changing of the clause in the draft constitution itself.
- q) The army model of health care and education resembles a mini welfare state and its existence refutes criticism that developing countries cannot be looked upon from a welfare state perspective. A mini welfare state already exists, however it needs to be enlarged and the data suggests there would be support for this locally.

The findings show the appropriateness of using a WSF and specific theories of welfare state regime and welfare regime theory to analyse CWB and the nature of children's social policy in Nepal. Based on this Nepal's social policy should move towards a social democratic welfare state model in the long run and a social capitalistic welfare regime model in the short term.

9.3 Future research

The study findings have filled a significant knowledge gap in the area of child well-being and children's social policy in Nepal. Its detailed description as well as the proposed broad social policy agenda for the future will be of critical importance to those working in this sector and in particular to those making social policies. Because the nature of social policy is broad, especially on education and health, these findings can also be applied to the general education and health sectors and are not limited to children. However due to the broad nature of this study some aspects have not been investigated in detail. Moreover during the course of the study some gaps were seen in empirical evidence. These are pointed out below for future research.

- a) The study findings show that protective risk factors for children originate in a family and are more linked to parental behaviour than other factors, including poverty, and this is an important finding. This aspect should be explored further and a list of risk factors should be identified so that this becomes part of the national risk assessment strategy. Similarly although the findings show the need for a comprehensive protection system, this has not been elaborated and future research could focus on detailing what this system would look like.

- b) The secondary data on social security for children and housing support is limited.

While there were few studies on the overall nature of social security, hardly any study exists on children's social security. Similarly housing studies are dominated by squatter and urban related studies and not from the perspective of homelessness and strategies on preventing this. Hence this area would benefit from both descriptive as well as exploratory research, especially from children's perspective.

- c) The study findings show the need to adopt both State and private providers by focusing on egalitarianism and affordability. The findings however do not elaborate the exact nature of such a model and this could be part of future research in this area.

- d) The study findings show the importance of English, especially as a mode for egalitarianism in education. The findings however do not elaborate on how this can be achieved except a broad agenda of having the same system in all the schools in Nepal. Given the fact that currently only few schools use English while the majority of schools do not this appears to be a complex task and an area that needs to be studied carefully before designing policy.

- e) The residual model in supporting parents for addressing daily needs was highlighted in the findings. This model needs to be expanded in future research, in particular to develop criteria for such support.

- f) The study highlights that it is possible for some kind of self-financing modality in funding welfare services is possible to emerge in Nepal. However the study did not focus on elaborating this system. Very little research exists on models for self-

financing welfare services especially from a domestic taxation perspective. Future research should focus in developing such a model.

- g) Army model of health and education services was found to represent welfare state like elements that could be used as an example for future social policy making in Nepal. An in-depth study of this model could be helpful in this regard.

- h) One of the normative principles of this study was based on the critique of the UNCRC. While the study broadly confirms this critique as well as lists a subset of priority child rights that is useful for Nepal (primarily consisting of social rights and a few civil rights), this list should be further investigated. A national level study on which child rights are most important for Nepalese children will help in further legitimizing such a list and build a strong basis for enhancing children's rights that is locally appropriate for Nepal.

This study has successfully explored broadly the nature of social policy in Nepal as well as voices of children and their carers regarding how social policy is experienced at an individual level. The study has also shed light on existing empirical gaps that exist in this area, exploration of which will significantly help to advance children's welfare in Nepal. Social policy is an evolutionary process and continual research into this area will help in designing relevant and pro-poor social policies in future.

REFERENCES

- Acharya, L 2003, *A review of foreign aid in Nepal*, Citizen's Poverty Watch Forum and Action Aid Nepal, Kathmandu.
- Adams, R 2002, *Social policy for social work*, Palgrave Macmillan, Great Britain.
- Ahmad, JQ, Siddiq, A, Majeed, A, Rasheed, J, Jabar, F & Knorring, ALV 2005, *A 2-year follow-up of orphans competence, socio-emotional problems and post-traumatic stress symptoms in traditional foster care and orphanages in Iraqi Kurdistan*, Blackwell Publishing Ltd., USA.
- Ajzenstadt, M & Gal, J (eds.) 2010, *Children, gender and families in Mediterranean welfare states*, Springer, Netherlands.
- Alcock, P 2003 'The subject of social policy', in P Alcock, A Erskine & M May (eds.), *The student's companion to social policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 3-10.
- Alcock, P & Erskine, A 2003 'Paying for welfare', in P Alcock, A Erskine & M May (eds.), *The student's companion to social policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 63-68.
- Alkire, S 2002, 'Dimensions of Human Development', *World Development*, vol. 30, no. 2, pp. 181-205.
- Allardt, E 1976, 'Dimensions of welfare in a comparative Scandinavian study' *Acta Sociologica*, vol. 19, no. 3, pp. 227-239.
- Alston, M & Bowles, W 2012, *Research for social workers: an introduction to methods*, 3rd edn, Allen and Unwin, Australia.
- Andresen, S & Albus, S 2011, 'Children and their needs', in S Andresen, I Diehem, U Sander & H Zieger (eds.), *Children and the good Life: new challenges for research on children*, Children's well-being: indicators and research: Indicators and Research 4, Springer, New York, pp. 53-68.
- Anne, R 2009, 'When is housing an environmental problem? Reforming informality in Kathmandu', *Current Anthropology*, vol. 50, no.4, pp. 513-533.
- Armstrong, M, Boyden, J, Galappatti, A & Hart, J 2004, *Piloting methods for the evaluation of psychosocial programme impact in Eastern Sri Lanka*, University of Oxford, Refugee Studies Centre, Oxford.
- Aryal, B 2013 'SLC results poor: show, as usual', *The Himalayan Times*, viewed 16 June, 2013,

<http://www.thehimalayantimes.com/fullNews.php?headline=SLC+results+Poor%3A+show%26sbquo%3B+as+usual&NewsID=380286>

Asian Development Bank (ADB) 2006, *Poverty Handbook: analysis and processes to support ADB operations*, ADB, Manila.

Asian Development Bank (ADB) 2005, *Social protection index for committed poverty reduction: Nepal country report*, ADB, Manila.

Babbie, ER 2008, *The basics of social research*, 4th edn, Wadsworth, USA.

Bajracharya, HR, Thapa, BK & Chitrakar, R 1998, *Trends, issues and policies of education in Nepal*, Research Centre for Education Innovation and Development (CERID), Kathmandu.

Baker, R & Hinton, R 2001, 'Approaches to children's work and rights in Nepal', *Annals of the American Academy of Political and Social Science*, vol. 575, no.1, pp. 176-193.

Barrientos, A 2004 'Latin America: towards a liberal-informal welfare regime', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.121-168.

Baulch, B, Weber, A & Wood, J 2008, *Social Protection Index for committed poverty reduction*, volume 2, Asia, Asian Development Bank, Manila.

Becker, KF 2004, *The Informal Economy: fact finding study*, Sida, Sweden.

Ben-Arieh, A & George RM 2006, 'Measuring and monitoring children's well-being: the policy process', in A Ben-Arieh & RM George (eds.), in A Ben-Arieh & RM George 'The Indicators of Children's Wellbeing, Understanding their role, usage, and policy influence', Indicators of Children's Well-being, Social Indicators Research Series Volume 27, Springer, Netherlands, pp.21-30.

Behrendt, K & Hagemeyer, C 2009, *Can low-income countries afford basic social security?* viewed 15 March 2013, <http://www.oecd.org/dac/povertyreduction/43280726.pdf>

Bennett, J 1996, 'Supporting family responsibility for the rights of the child: an educational viewpoint', *International Journal of Children's Rights*, vol. 4, no.1, pp. 45-56, 1996.

Berlin, I 1969, *Four essays on liberty*, Oxford University Press, Oxford.

Berry, JD, Fazil, A, Farhad, S, Nasiry, F, Hashemi, S & Hakimi, M 2003, *The children of Kabul: discussion with Afghan families*, Save the Children USA and UNICEF, Afghanistan.

Bevan, P 2004 'The dynamics of African's in/security regimes', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.202-252.

Bhatta, P (ed.) 2009, *Education in Nepal: Problems, reforms and social change*, Martin Chautari, Kathmandu.

Bhatta, SD 2004, 'Disparities in school performance in the SLC exams: an exploratory analysis', *Studies in Nepali History and Society*, vol. 9, no.2, pp. 293-343.

Black, M 1996, *Children first: the story of UNICEF, past and present*, Oxford University Press, Oxford.

Blakemore, K 2003, *Social policy an introduction*, 2nd edn, Open University Press, UK.

Bobbio, N 1996, *The age of rights*, Polity Press, Cambridge.

Boyden, J, Ling, B & Myers, W 1998, *What works for working children*, Save the Children, Sweden, Stockholm.

Bradshaw, J, Hoelscher, P & Richardson, D 2007, *Comparing child well-being in OECD Countries: Concepts and Methods*, UNICEF Innocenti Research Centre (IRC), Florence.

Bradshaw, J (ed.) (2011), *The well-being of children in the UK*, 3rd edn, The Policy Press, Great Britain.

Bromfield, L & Holzer, PJ 2008 *Australian Institute of Family Studies submission to the Special Commission of Inquiry into child protection services in NSW*, Australian Institute of Family Studies, Melbourne.

Bromfield, L & Higgins, D 2005, 'National comparison of child protection systems', in *Issues*, no. 22.

Bronfenbrenner, U 1979, *The ecology of human development*, Harvard University Press, Cambridge.

Bronner, SE 2011, *Critical theory: a very short introduction*, Oxford University Press, Oxford.

Brooks, AM & Hanafin, S 2005, *Measuring child well-being: an inventory of key indicators, domains and indicator selection-criteria to support the development of a national set of child well-being indicators*, The National Children's Office, Dublin.

Bryman, A 2004, *Social research methods*, 2nd edn, Oxford University Press, Oxford.

Burrell, G & Morgan, G 1997, *Sociological Paradigms and Organizational Analysis: elements of the sociology of corporate life*, Heinemann, London.

Caddell, M 2009, 'Private schools as battlefields: contested visions of learning and livelihood in Nepal' in P Bhatta (ed.), *Education in Nepal: Problems, reforms and social change*, Martin Chautari, Kathmandu, pp.121-148.

Cambridge Education Ltd & METCON Consultants 2009, Joint evaluation of Nepal's education for all 2004-2009 sector programme: Evaluation report 1/2009, Norwegian Agency for Development Cooperation (NORAD), Norway.

Cambridge Education Consultants Ltd. 1996, *Secondary education and SLC examination: an employment perspective: students, parents and employers' perceptions*, Research Centre for Education Innovation and Development (CERID), Kathmandu.

Camfield, L, Streuli, N & Woodhead, M 2009, 'What's the use of well-being in Contexts of child poverty? Approaches to research, monitoring and children's participation', *International Journal of Children's Rights*, vol.17, no.1, pp.65-109.

Castles, F & Mitchell, D 1992 'Identifying welfare state regimes: the links between politics, instrument sand outcomes', *Governance: An International Journal of Policy and Administration*, vol. 5, no.1, pp. 1-26.

Central Bureau of Statistics (CBS) 2012, *National Population and Housing Census 2011 (National Report)*, Government of Nepal, National Planning Commission Secretariat, Kathmandu.

Central Bureau of Statistics (CBS) 2011, *Nepal Living Standards Survey 2010/11*, National Planning Commission Secretariat, Government of Nepal, Kathmandu.

Central Bureau of Statistics (CBS) 2011, *Nepal Living Standards Survey 2003/04*, National Planning Commission Secretariat, Government of Nepal, Kathmandu.

Central Bureau of Statistics (CBS) 2010, *Nepalma garibi mapan sambandhama kendriya tathyanka bibhagko dharana (CBS's view on poverty measurement in Nepal)*, CBS, Kathmandu.

Central Bureau of Statistics (CBS) 2008, *Report on the Nepal labour force survey*, National Planning Commission Secretariat, Government of Nepal, Kathmandu.

Central Child Welfare Board (CCWB) 2011, *The state of children in Nepal children*, Government of Nepal, Kathmandu.

Central Child Welfare Board (CCWB) 2010, *The state of children in Nepal*, Government of Nepal, Kathmandu.

Central Child Welfare Board (CCWB) 2004, *National Plan of Action (NPA) for children (2005-2015)*, Government of Nepal, Kathmandu.

Chhetry, D 2004 *Practices of poverty measurement and poverty profile of Nepal*, Asian Development Bank, Philippines.

Choi, YJ & Kim, JW 2009, 'So near, yet so far: connecting welfare regime research to policy learning research', *Policy and Politics*, vol.37, no.3, pp.335-352.

- Cichon, M 2010 *'ILO-UN Social Protection Floor Initiative: the role of social security in crisis response and recovery, and beyond'*, viewed 16 June 2010, http://www.ilo.org/global/about-the-ilo/newsroom/features/WCMS_141818/lang--en/index.htm
- Coffey, A 2004, *Reconceptualising social policy: sociological perspectives on contemporary social policy*, Open University Press, London.
- Cole, GDH 1923, *The social contract and discourses by Jean-Jacques Rousseau*, J.M. Dent and Sons, London and Toronto.
- Coleman, H & Unrau, YA 2008, 'Qualitative data analysis', in RM Grinnell & YA Unrau (eds.), *'Social work research and evaluation'*, 8th edn, Oxford University Press, Oxford.
- Conyers, D 1982 *An introduction to social planning in the third world*, Wiley, Chichester.
- Crotty, M 1998, *The foundations of social research*, Allen and Unwin, Crows Nest, NSW.
- Daniel, P & Ivatts, J 1998, *Children and Social Policy*, Macmillan Publishers Limited, Basingstoke, UK.
- Davidson, AH 1995, 'Orphanages or child abuse prevention?' *International Journal of Children's Rights*, vol.3, no.2, pp.283-291.
- Davis, P 2004 'Rethinking the welfare regime approach in the context of Bangladesh', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.255-286.
- Deacon, B 2012 *From Global social policy floor to national social protection floors: the global politics of the social protection floor in Policy world: summer issue*, SPA, UK.
- Deacon, B 1981, Social administration, social policy and socialism, *Critical Social Policy*, vol.1, no. 43, pp. 43-66.
- Dean, H 2002 *Welfare Rights and Social Policy*, Pearson Education Ltd., UK.
- Denzin, NK & Lincoln, YS 2008, *The landscape of qualitative research*, 3rd edn, Sage Publications, USA.
- Department of Education (DoE) 2011, *Flash I Report 2011/12*, GoN, Nepal.
- Department of Education (DoE) 2010, *Kendirya shulka anugaman samitidwara gariyeko shulka anugamanko pratibedan* (fees monitoring report of central fees monitoring committee), DoE, Bhaktapur.

Department of Health Services (DoHS) 2008, *Annual Report (2008-2009)*, GoN, Kathmandu.

Department of Health Services (DoHS) 2007, *District health service management reference manual*, GoN, Kathmandu.

Devylder, S 2000, *Macroeconomic policies and children's rights*, Save the Children, Sweden.

Doyal, L & Gough, I 1991, *A theory of human need*, Macmillan, New York.

Dworkin, R 1978, *Taking rights seriously*, 5th edn, Harvard University Press, USA.

Economou, N 2006 'The labour party', in A Parkin, J Summers John & D Woodward (eds.), *Government, politics, power and policy in Australia*, 8th edn, Pearson Education, NSW, Australia, pp.226-244.

Erikson, R 1993 'Descriptions of inequality: the Swedish approach to welfare research', in M. Nussbaum & A. Sen (eds.), *The Quality of Life*, Clarendon Press, Oxford, pp. 67-87.

ESRC Research Group on Wellbeing in Developing Countries (WeD) 2008, *Wellbeing indicators: measuring what matters most*, viewed 10 January 2011, www.welldev.org.uk

Esping-Anderson, G 1990, *The Three Worlds of Welfare Capitalism*, Princeton University Press, Oxford.

Esping-Anderson, G 1999, *Social foundations of post-industrial economies*, Oxford University Press, Oxford.

Fattore, T, Mason, J & Watson, E 2009, 'When children are asked about their well-being: towards a framework for guiding policy', *Child Indicators Research*, vol.21, no.1, pp.57-77.

Fenna, A 2006, 'Understanding Ideologies', in A Parkin, J Summers John & D Woodward (eds.), *Government, politics, power and policy in Australia*, 8th edn, Pearson Education, NSW, Australia, pp.25-42.

Fernando, JL 2001, 'Children's rights: beyond the impasse', *The Annals of the American Academy of Political and Social Science*, vol. 575, no.1, pp.8-14.

Fields, BA 2003, *Rethinking Human Rights for the New Millennium*, Palgrave Macmillan, USA.

Fisher, K, Marilyn, M & Thomson, C 2000, *The Link between Children's Services and Child Protection Final Report*, Social Protection Research Centre (SPRC) Report 1/00 Social Policy Research Centre, University of New South Wales .

Fitzpatrick, T 2005, *New theories of welfare*, Palgrave Macmillan, Hampshire, New York.

Fitzpatrick, T 2001, *Welfare theory: an introduction*, Palgrave, Hampshire.

- Flinn, C 2008, *Waiting for the impact of maternal incarceration on adolescent children*, doctoral thesis, Monash University, Melbourne.
- Freeman, M 1992, 'Taking children's rights more seriously', *International Journal of Law and family*, vol.6, no.1, pp.52-71.
- Fuhrman, E 1979, 'The normative structure of critical theory', *Human Studies*, vol. 2, no.1, pp. 209-228.
- Full Bright Consultancy (pvt.) Ltd. & Cooperative Hands in Restoration, Advancement and Growth (CHIRAG) 2008, *Final Report: National assessment of Grade-V students*, DoE, Kathmandu.
- Gallagher, KM 1992, 'Squatting in Kathmandu: a historical perspective', *Contributions to Nepalese Studies*, vol. 19, no. 2, pp. 249-259.
- Garbarino, J 2000, 'Children's Rights in the ecology of human development', in AB Smith (ed.), *Advocating for children: international perspectives on children's rights*, University of Otago Press, New Zealand.
- Gabhainn, SN & Sixsmith, J 2005, *Children's understandings of well-being*, The National Children's Office, Dublin.
- Gilian, B 2002, *Child labour in Nepal: understanding and confronting its determinants: an analysis of the determinants of child labour in Nepal, The Policy, environment and response: prepared for Developing New strategies for understanding children's work and its impact*, An inter-agency Research Cooperation Project Innocenti research centre, Florence, Italy.
- Gladstone, P 2003 'History and social policy', in P Alcock, A Erskine & M May (eds.), *The student's companion to social policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 25-30.
- Glennerster, H 2003 'Paying for welfare', in P Alcock, A Erskine & M May (eds.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 253-259.
- Gough, I & Wood, G 2004a 'Introduction', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.1-11.
- Gough, I & Wood, G 2004b 'Conclusion: rethinking social policy in development contexts', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.312-327.
- Gough, I 2004a 'Welfare regimes in development contexts: a global and regional analysis', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.15-47.

Gough, I 2004b 'East Asia: the limits of productivist regimes', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.169-200.

Gough, I & Wood, G 2004 'Conclusion: rethinking social policy in development contexts', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.312-326.

Gray, G 2006 'Health policy', in A Parkin, J Summers John & D Woodward (eds.), *Government, politics, power and policy in Australia*, 8th edn, Pearson Education, NSW, Australia, pp.498-522.

Greig, A, Taylor, J & MacKay, T 2007, *Doing research with children*, 2nd edn, Sage Publications, London.

Grinnell, RM Jr. 2001, *Social work research and evaluation: quantitative and qualitative approaches*, 6th edn, F.E. Peacock Publishers, Itasca.

Grinnell, RM 1997, *Social work research and evaluation: quantitative and qualitative approaches*, 5th edn, F.E. Peacock Publishers, Itasca.

Grumiau, S 2010 'Spotlight interview with Umesh Upadhyaya (GEFONT - Nepal), *International Trade Union Confederation*, 1 April, viewed 12 January 2011, <http://www.ituc-csi.org/spotlight-interview-with-umesh?lang=en>

Hall, A & Midgley, J 2004, *Social policy for development*, Thousand Oaks, London.

Harper, I & Maddox B 2008, 'The impossibility of well-being: development language and the pathologisation of Nepal', in A. Jimenez A (ed.), *Culture and well-being: anthropological approaches to freedom and political ethics*, Pluto press, London, pp.35-52.

Hawes, J 1991, *The children's rights movement in the US: a history of advocacy and protection*, Twayne Publishers, Boston.

Hay, C 1995, 'Structure and agency' in D Marsh & G Stoker (eds.) *Theory and methods in political science*, Macmillan, Great Britain, pp. 189-206.

Hendrik, H (ed.) 2005, *Child Welfare and social policy*, The Policy Press, Bristol, UK.

Hetherington, R 2006, 'Learning from difference: comparing child welfare systems', in N. Freymon and G. Cameron (eds.) *Towards positive systems of child and family welfare: international comparisons of child protection, family services and community caring systems*, University of Toronto Press, Toronto, pp. 27-52.

Hill M 2006, *Social Policy in the modern world: a comparative text*, Wiley-Blackwell, USA, UK and Australia.

Hill, M 2003 'Children', in P. Alcock, A. Erskine & M. May (ed.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 289-295.

Hill, M 1997, *Understanding social policy*, 5th edn, Blackwell, UK.

Hill M & Irving, Z 2009, *Understanding social policy 2009*, 8th edn, Wiley-Blackwell, UK.

Hogg, C 2006, *Child recruitment in South Asian conflicts: a comparative analysis of Sri Lanka, Nepal and Bangladesh, an Asia program report*, The Royal Institute of International Affairs, UK.

Hood, C 1991, 'A public management for all seasons', *Public Administration*, vol. 69, no.1, pp. 3-19.

Hudson, LA & Ozanne, JL 1988 'Alternative ways of seeking knowledge in consumer research', *Journal of Consumer Research*, vol 14, no. 4, pp. 508-521.

International Labour Organisation (ILO) & Central Bureau of Statistics (CBS) 2011, *Nepal Child Labour Report based on data drawn from the Nepal Labour Force Survey 2008*, ILO, Kathmandu.

International Labour Organisation (ILO) 2004, *The informal economy and workers in Nepal: Series 1*, ILO, Kathmandu, Nepal.

International Labour Organisation (ILO) 2006, *Social security for all: investing in global social and economic development*, Issues in Social Protection: discussion paper 16, ILO, Geneva.

Institute for Sustainable Development (ISD) 2006, *Analytical study of basic social services in Nepal*, Government of Nepal, UNICEF, Kathmandu.

International Labour Organisation (ILO) 2004, *Child labour and responses: overview note Nepal*, International Programme on the Elimination of Child Labour, ILO, Kathmandu.

Jamrozik, A & Nocella, L 1998, *The sociology of social problems: theoretical perspectives and methods of intervention*, Cambridge university press, Cambridge.

Jimenez, A 2008, 'Introduction: well-being's re-proportioning of social thought', in A. Jimenez (ed.), *Culture and well-being: anthropological approaches to freedom and political ethics*, Pluto press, London, pp.1-28.

Jones, H 1990, *Social Welfare in Third World Development*, Macmillan, London.

Jonsson, U 1991, 'Nutrition and the Convention on the rights of the child' *Food Policy*, vol.21, no.1, pp. 41-55.

Kallinkikaki, T 2010, 'Gender, children and families in the Greek welfare state', in M Ajzenstadt & J Gal (eds.), *Children, gender and families in Mediterranean welfare states*, Springer, Netherlands, pp.181-204.

Kellehear, A 1993, *The unobtrusive researcher: a guide to methods*, Allen and Unwin, St. Leonards, NSW.

Khadka, S 2013a, 'Illusionary left', *The Kathmandu Post*, 28 February, p. 6.

Khadka, S 2013b, 'Social Rights and the United Nations-Child Rights Convention (UN-CRC): is the CRC help or hindrance for developing universal and egalitarian social policies for children's wellbeing in the 'developing world'?', *The International Journal of Children's Rights*, vol. 21, no.1, pp.1-13.

Khadka, S 2004, Conflict in Nepal: analysis from an education perspective, paper presented at the Fifth *South Asian orientation course in human rights and peace studies*, South Asia Forum for Human Rights (SAFHR), 1-15 September, Kathmandu, Nepal.

Khanal DR, Acharya, L & Upreti, DR 2008, *Role and effectiveness of foreign aid under poverty reduction strategy programme in Nepal*, Action aid Nepal and IPRAD, Kathmandu.

Khatiwada, C 2010, *Baal Samrakchhan, baal samrakchhanma kriyashil sangh sanstha tatha karyakartaharuko laagi shichhan-prashicchan ebam swa-adhyan srot pustika* (Child Protection, a teaching and self-study resource manual for organisations and personnel active in child protection), CCWB, Lalitpur.

King, M 1997 *A better world for children? Exploitations in morality and authority*, Routledge, London.

Kohler, G 2006, 'A New Push towards Achieving the MDGs in South Asia: Reflections on Transformative Social Policy and the Welfare State', paper presented at the *Social Policy in South Asia: towards universal coverage and transformation for achieving the millennium development goals workshop*, 24-25 May, Kathmandu, Nepal, viewed 3 February 2011, http://www.unicef.org/rosa/Social_Policy_Workshop_Paper_new_push.pdf

Kohrt, B 2007, *Recommendations to promote psychosocial well-being of children associated with armed forces and armed groups (CAAFAG) in Nepal: a research & recommendations report*, Transcultural Psychosocial Organization (TPO), Lazimpat, Nepal.

Laidlow, J 2008, 'The intension and extension of well-being: transformation in diaspora Jain understanding of non-violence', in A. Jimenez A (ed.), *Culture and well-being: anthropological approaches to freedom and political ethics*, Pluto press, London, pp.156-179.

Layder, D 1998, *Sociological practice: linking theory and social research*, Sage, London.

Levine, P 1997, *Making social policy: the mechanisms of government and politics, and how to investigate them*, Open University Press, UK.

Lincoln, YS & Guba, EG 1985, *Naturalistic Enquiry*, Sage, Newbury Park, CA.

Lippman, LH, Moore, KA & McIntosh, H 2009, *Positive indicators of child well-being: a conceptual framework, measures and methodological issues*, Innocenti working paper, UNICEF IRC, Florence.

London, JD 2010, 'Welfare regimes in the wake of state-socialism: the East Asian experience', paper presented at the *Annual meeting of the American Sociological Association Annual Meeting*, 11 December, Sheraton Boston and the Boston Marriott Copley Place, USA, viewed 11 March 2012, http://www.allacademic.com/meta/p272208_index.html

Mandel, H 2010, 'Understanding gender economic inequality across welfare regimes', in M Ajzenstadt & J Gal (eds.), *Children, gender and families in Mediterranean welfare states*, Springer, Netherlands, pp.35-54.

Manning, N 2003 'Paying for welfare', in P. Alcock, A. Erskine & M. May (ed.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 35-41.

Marcuse, H 1964, *One-dimensional man: studies in the ideology of advanced industrial society*, Beacon Press, Boston.

Marx, K 1845, *Theses on Feuerbach*, viewed 20 January 2011, <http://www.marxists.org/archive/marx/works/1845/theses/theses.pdf>

Mathema, P 2012, 'National security policy: a reality need for Nepal', *Administrative and Management Review*, vol 24, no 2, pp.56-64.

McIntosh, M 1980, 'Feminism and social policy', in C. Pierson & GF. Castles (eds.), *The welfare state reader*, 2000, Polity Press, UK

MacPherson, S & Midgley, J 1987 *Comparative social policy and the third world*, Wheatsheaf books Ltd., Great Britain.

Meagher, G, Cortis, N & Healy, K 2009, '*Strategic challenges in child welfare services: a comparative study of Australia, England and Sweden*', in K Rummery, I Greener & C Holden (eds.), *Social Policy Review 21: Analysis and Debate in Social Policy*, The Policy Press, Bristol.

Mehrotra, S, Vandemoortele J & Delamonica, Enrique 2000, *Basic services for all? Public spending and the social dimensions of poverty*, Innocenti Publications, UNICEF Innocenti Research Centre, Florence.

Menchini, L, Marnie, S & Tiberti, L 2009, *Child wellbeing in eastern Europe and Central Asia: a multidimensional approach*, UNICEF Innocenti Research Centre, Florence.

Marshall, TH 1950, 'Citizenship and class', in Pierson, C & Castles, FG (eds.) 2000 *The welfare state reader*, Polity Press, UK.

Maslow, AH 1970, *Motivation and personality*, 2nd edn, Harper & Row, New York.

May, M 2003 'The role of comparative study' in P. Alcock, A. Erskine & M. May (ed.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 17-24.

Max-Neef, M 1993, *Human scale development: conception, application and further reflections*, Apex Press, London.

McCulloch, G 2004, *Documentary research in education, history and social sciences*, Routledge Falmen, UK.

Mihaly, EG 2002, *Foreign aid and politics in Nepal: a case study*, 2nd edn, Himal Books, Lalitpur, Nepal.

Miles, MB & Huberman, AM 1994, *Qualitative data analysis: an expanded sourcebook*, Sage, Thousand Oaks, CA.

Ministry of Education (MoE) 2009, *School Sector Reform Plan (2009-2015)*, GoN, Kathmandu.

Ministry of Education and Sports (MoES) 2008, *School Sector Reform Plan: Core document: policies and strategies*, GoN, Kathmandu.

Ministry of Education and Sports (MoES) 2003, *Education for All, 2004-2009: Core document*, GoN, Kathmandu.

Ministry of Finance (MoF) 2010, *Estimates of expenditure for fiscal year 2010/11*, Government of Nepal, Kathmandu.

Ministry of Labour and Transport Management (MoLT) 2004, *National Master Plan on Child labour (2004-2014)*, Government of Nepal, Kathmandu.

Ministry of Local Development (MoLD) 2010, *Child Grant Budget, 2011*, Government of Nepal, Kathmandu.

Ministry of Health and Population (MoHP) 2013, *Fact Sheets*, viewed 10 February, 2010, http://www.moHP.gov.np/english/about_moh/fact_sheet.php

Ministry of Health and Population (MoHP) 2010, *Nepal Health Sector Programme Implementation Plan II (NHSP2, 2010 – 2015)*, Government of Nepal (GoN), Kathmandu.

Ministry of Health and Population (MoH) 2004, *Nepal Health Sector Programme Implementation Plan (NHSP1, 2004-2009)*, Government of Nepal (GoN), Kathmandu.

Ministry of Health (MoH) 2004, *Health Sector Strategy: an agenda for reform, 2004*, HMG, Kathmandu.

Ministry of Housing and Physical Planning (MoHPP) Nepal 1996, *National Shelter Policy*, Government of Nepal, Kathmandu.

Ministry of Physical Planning and Works (MPPW) 2009, *Janata Awash karyakram karyanwayan karyabidhi* (Janata awash program guidelines), Government of Nepal, Kathmandu.

Moyo, D 2006, *Dead Aid: Why aid is not working and how there is another way for Africa*, Penguin Books, England.

Myles, J & Quadagno, J 2002, 'Political theories of the welfare state', *The Social Review*, vol. 76, no.1, pp. 34-57.

National Planning Commission (NPC), 2012, *Assessment of social security allowance program in Nepal*, Government of Nepal, Kathmandu.

Narayan, D, Patel, R, Schafft, K, Radmacher A & Koch-Schulte, S 2000, *Voices of the poor: Can anyone hear us?* Oxford University Press, Oxford.

Nepal 2006, *Implementation of the international covenant on economic, social and cultural rights: second periodic reports submitted by States parties under articles 16 and 17 of the Covenant*, Addendum, UN, Geneva.

National Planning Commission (NPC) 2008, *Three Years Interim Plan NPC*, GoN, Kathmandu.

National Planning Commission (NPC) 1997, *Ninth Five Year Plan (1997-2002)*, HMG, Kathmandu.

National Planning Commission (NPC) 1992, *Eighth Five Year Plan (1992-1997)*, HMG, Kathmandu.

New Era 1981, *Children of Nepal*, New Era, Kathmandu.

Neuman, WL 2007, *Basics of social research: qualitative and quantitative approach*, 2nd edn, Pearson, Boston.

Neuman, WL 1994, *Social research methods: qualitative and quantitative approaches*, Allyn and Bacon, Boston.

Neupane, L 2011, *Samrajyabadi birodhi bichar: shikshyama punarsancharanako bahas* (views against imperialism: restructuring debate in education), Pratik Publications, Kathmandu.

Noda, S 2013, *Nepal in the booming South*, viewed 15 March 2013, <http://www.ekantipur.com/2013/03/15/oped/nepal-in-the-booming-south/368472.html>

Offe, C 1982, 'Some contradictions of the modern welfare state', *Critical Social Policy*, vol.2, no.5, pp. 7-16.

Office of the High Commissioner for Human rights (OHCHR) 2013, *What are human rights*, viewed 17 November 2013, <http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx>

Oliver, P 1997, *Teach yourself research: research for business marketing and education*, Hodder and Stoughton, London.

Olk, T 2010, 'Investing in children? Changes in policies concerning children and families in European countries', in M Ajzenstadt & J Gal (eds.), *Children, gender and families in Mediterranean welfare states*, Springer, Netherlands, pp. 3-34.

Onta, P 2010, 'The landscape of social science and humanities journals published from Nepal: an analysis of its structural characteristics', *Studies in Nepali History and Society*, vol. 15, no. 2, pp. 331-380.

Organisation for Economic Co-operation and Development (OECD) 2009, *Doing better for children*, viewed 24 July 2011, www.oecd.org/els/social/childwellbeing

Panday, DR 1999, *Nepal's failed development: reflections on the mission and the maladies*, Nepal South Asia Centre, Kathmandu.

Patton, MQ 2002, *Qualitative research and evaluation methods*, 3rd edn, Sage Publications, Thousand Oaks, CA.

Partnerships for Protecting Children in Armed Conflict (PPCC) 2006, *Information on violations of children's right to education during armed conflict*, PPCC, Kathmandu.

Pokhrel, JR 2006, *A policy study on urban housing in Nepal: Economic Policy Network, policy paper 26*, ADB, Kathmandu.

Plant, R, Lesser, H & Taylor-Gooby, P 1980 *Political philosophy and social welfare*, Routledge and Kegan Paul, London.

Pollard, EL & Lee, PD 2003, 'Child well-being: a systematic review of the literature' *Social Indicators Research*, vol. 61, no.1, pp. 59-78.

Powell, M 2003 'The third way', in P. Alcock, A. Erskine & M. May (ed.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 289-295.

Powell, M & Smith, AB 2009, 'Children's participation rights in research', *Childhood*, vol.16, no.1, pp.124-142.

Pupavac, V 2001, 'Misanthropy without Borders: The International Children's Rights Regime', *Disasters*, vol. 25, no. 2, pp. 95-112.

Pupavac, V 2009, 'Children's human rights advocacy', in M. Goodhard (ed.), *HR politics and practice*, Oxford University Press, Oxford.

Rawls, J 1971, *A theory of justice*, Harvard University Press, USA.

Republica 2014, '*Orphanages in Nepal*', viewed 16 February 2014,

http://myrepublica.com/portal/index.php/twb/post_photo_comment.php?action=news_details&news_id=69667

Republica 2012, '*National Labor Conference ends issuing 15-pt declaration*', viewed 12 July 2012, http://www.myrepublica.com/portal/index.php?action=news_details&news_id=37796

Research Centre for Education Innovation and Development (CERID) 1985, *School level curriculum: a historical perspective*, HMG, Nepal.

Research Centre for Education Innovation and Development (CERID) 1983, *Research Seminar on present educational structure and possible alternatives: a compilation of expert papers*, HMG, Nepal.

Rimal, BR 2006, *Let us make a single union, address to the Second Central Congress -2006 of the Democratic Confederation of Nepalese Trade Unions –DECONT*, viewed 2 February 2010,

<http://www.bishnurimal.com.np/wp-content/uploads/2010/10/Let-make-a-Single-Union.pdf>

Robson, C 2002, *Real world research: a resource for social scientists and practitioner-researchers*, 2nd edn, Blackwell, UK.

Room, G 2004 'Multi-tiered international welfare systems', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.287-311.

Sanders, D 1995, 'Structure and agency' in D Marsh & G Stoker (eds.) *Theory and methods in political science*, Macmillan, Great Britain, pp. 58-75.

Sangraula, B 2008, 'No more private school, Nepal's Maoists government declares', *Green Left Weekly*, issue 769, no. 1.

Santwona Memorial Academy Educational Research Centre (SMA) 2008, *A Comparative Study of School Cost between Community and Institutional Schools: final report*, SMA, Kathmandu.

Saunders, P 1996, *Social policy in East Asia and the pacific area in the twenty first century: challenges and responses: social policy research centres (SPRC) discussion paper no. 74*, the University of New South Wales, Sydney.

SC Alliance (SCA) 2005, *Child Rights Programming: How to apply rights based approaches to programming – A Handbook for International Save the Children Alliance Members*, SCA, Lima.

- Scott, J 1990, *A matter of record, documentary sources in social research*, Polity Press, Cambridge.
- Sengupta, U & Sharma, S 2006, 'The challenge of squatter settlements in Kathmandu: addressing a policy vacuum', *International Development and Planning Review*, vol. 28, no.1, pp. 106-126
- Sengupta, U & Sharma, S 2009, No longer Sukumbasis: Challenges in relocating squatters with special reference to Kirtipur Housing Project, Kathmandu, *Habitat International*, vol. 33, no. 1, pp. 34-44.
- Shacklock, G & Smyth J 1998 'Behind the cleansing of socially critical research accounts' in J, Smyth & G, Shacklock (eds.), *Being reflective in critical educational and social research*, Falmer Press, London, pp. 1-12.
- Shakya, D & Hatakeyama, S 2008, 'Parentocracy, not meritocracy, in basic education of Nepal', *Studies in Nepali History and Society*, vol. 13, no.1, pp. 1-16.
- Shank, GD 2002, *Qualitative research: a personal skills approach*, Pearson Education, Upper Saddle River, New Jersey.
- Sharkh, MA & Gough, I 2010, 'Global welfare regimes: a cluster analysis', *Global Social Policy*, vol. 10, no.1, pp. 27-58.
- Sharma, S 2006, *Child domestic workers in Nepal: a report on the 2003 baseline survey*, Vista International Publishing House, Delhi.
- Sharma, N 2013a, 'Under fire PABSON defies MoE guidelines' *Republica*, viewed 12 March, 2013, http://www.myrepublica.com/portal/index.php?action=news_details&news_id=51341
- Sharma, N 2013b, 'Sway of private schools hard to break' *Republica*, viewed 23 March, 2013, http://www.myrepublica.com/portal/index.php?action=news_details&news_id=51959
- Shrestha S, 2012, 'President and PM are on a path of confrontation', *The Kathmandu Post*, 25 June, p. 6.
- Sharma, S, Koponen, J, Gyawali, D & Dixit, A 2004, *Aid under stress: water, forests and Finnish support in Nepal*, Himal Books, Lalitpur, Nepal.
- Shrestha, R 1983, English as a second language/English as a foreign language distinction: its pedagogy and the Nepalese context, Contributions to Nepalese studies (CNAS), vol. 11, no.1, pp.45-59.
- Singh, GB 1997, *SLC examination and classroom practice*, Research Centre for Education Innovation and Development (CERID), Kathmandu.
- Smith, A & Vaux T (2002), *Education, Conflict and International Development*, DFID, UK.

Social Welfare Council 2013, List of INGOs working under agreement with SWC (F/Y 2069/070), viewed 10 March 2012,
<http://www.swc.org.np/SWC%20rel%20Doc/List%20of%20INGOs%20updated%20Shrawan%201,%202070.pdf>

Social Welfare Council 2013, Detail Information of INGOs Working Under Agreement With Social Welfare Council (Fiscal Year 2069/070), viewed 10 March 2012,
http://www.swc.org.np/Detail%20Information%20of%20INGOs%20FY_2069.070.pdf

Spicker, P 2008, *Social policy: themes and approaches*, 2nd edn, Policy Press, Bristol.

Spicker, P 1988, *Principles of social welfare: an introduction to thinking about the welfare state*, Routledge, London and New York.

Steiner, JH, Alston, P & Goodman, R 2008, *International human rights in context: law, politics, morals*, Oxford University Press, Oxford.

Stone, L 1986, 'Primary health care for whom? Village perspectives from Nepal', *Social Science and Medicine*, vol. 22, no. 3, pp. 293-302.

Stubbs, P 2002, 'Globalisation, memory and welfare regimes in transition: towards an anthropology of transnational policy transfers', *International Journal of Social Welfare*, vol. 11, no. 4, pp. 321-330

Subedi, RR 2013, *Can Nepal be a welfare state?*, viewed 7 January 2013,
http://www.gorkhapatra.org.np/detail.php?article_id=21493&cat_id=7

Tamang S (ed.) 2011, *Looking at development and donors: essays from Nepal: Devendra Raj Panday*, Martin Chautari, Kathmandu.

Tanaka, M 2009, 'From confrontation to collaboration: a decade in the work of the squatters: movement in Nepal', *Environment and Urbanisation*, vol. 21, no. 1, pp. 143-159.

Tawney, RH 1964, *Equality*, 5th edn., George Allen and Unwin Ltd., London.

Taylor-Gooby, P 1981, 'The new right and social policy', *Critical Social Policy*, vol.1, no.1. pp.18-31.

Taylor-Gooby, P 2003 'Equality, Rights and Social Justice', in P. Alcock, A. Erskine & M. May (ed.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 42-47.

Taylor-Gooby, P 2012, 'How big is the study of social policy?', in *Policy World: summer issue*, SPA, London.

Technical Review of School Education (TRSE) 2007, *Technical review of school education in Nepal, 2006: Third round survey report*, DoE, Kathmandu.

Thomas, P 2005, *Ending child poverty and security child rights: the role of social protection: briefing paper*, viewed 12 March 2012, <http://www.plan-uk.org/action/socialprotection/>

Abel-Smith, R & Titmuss, K 1987, *The philosophy of welfare, selected writings of Richard M. Titmuss*, Allen and Unwin, London.

Turner, BS 1986, *Equality*, Open University, Milton Keynes.

Understanding children's work: an inter-agency research cooperation project (UCW) 2003, *Understanding children's work in Nepal: report on child labour: country report*, Understanding children's work programme (UCW), Rome.

UN-HABITAT 2010, *Nepal: urban housing sector profile*, UN-HABITAT, Kathmandu.

United Nations (UN) 2013, *The millennium development goals report, 2013*, UN, NY.

United National Development Programme (UNDP) 2013, *Human development report 2013: the rise of the South human progress in a diverse world*, Palgrave Macmillan, New York.

United National Development Programme (UNDP) 2011, *Human development report 2011: sustainable and equity, a better future for all*, Palgrave Macmillan, New York.

United National Development Programme (UNDP) 2010, *Human development report 2010: 20th anniversary edition, the real wealth of nations: pathway to human development*, Palgrave Macmillan, New York.

UNICEF 2012, *The state of the world's children 2012: children in an urban world*, UNICEF, New York.

UNICEF, 2011, *Convention on the Rights of the Child*, viewed 10 January 2011, <http://www.unicef.org/crc/>.

UNICEF 2010a, *Child poverty and disparities in Nepal: towards escaping the cycle of poverty Nepal report 2010*, NPC, UNICEF, New Era, Kathmandu.

UNICEF 2010b, *Analysis of basic social services in Nepal: 2004/5 to 2008/9*, Government of Nepal, UNICEF, Kathmandu.

UNICEF 2010c, *The state of the world's children: special edition*, Government of Nepal, UNICEF, USA.

UNICEF 2010d, *Annual Report for Nepal-2010*, UNICEF, Nepal.

UNICEF 2009, *Innocenti social monitor 2009: child well-being at a crossroads: evolving challenges in Central and Eastern Europe and the commonwealth of independent states*, UNICEF IRC, Florence.

UNICEF 2007, *Child poverty in perspective: an overview of child well-being in rich countries: Innocenti Report Card 7*, UNICEF IRC, Florence.

UNICEF 2006, *Situation of Children and Women in Nepal*, UNICEF, Nepal.

UNICEF, 1992, *Convention on the Rights of the Child*, viewed 10 January 2012, <http://www.unicef.org/crc/>.

Upadhyaya, U 2005, *Trade union against poverty*, GEFONT, Kathmandu.

United Nations (UN) 1995, *World summit for social development*, viewed 10 March 2011, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N95/116/51/PDF/N9511651.pdf?OpenElement>

Watchlist on children and armed conflict (Watchlist) 2005, *Caught in the middle: mounting violations against children in Nepal's armed conflict*, Watchlist, Kathmandu.

White, S 2007, *Equality*, Polity, Cambridge.

Williams, F 2003 'Social policy: culture and nationhood' in P. Alcock, A. Erskine & M. May (ed.), *The Student's Companion to Social Policy*, 2nd edn, Blackwell Publishing, Oxford, pp. 146-152.

World Health Organisation (WHO) 2000, *The world health report 2000: health systems-improving performance*, WHO, Geneva.

Worldatlas, 2012, *Nepal*, viewed 12 January 2012, <http://www.worldatlas.com/webimage/countrys/asia/np.htm>

Mapsofworld, 2013, *Nepal district map*, viewed 14 March 2013, <http://www.mapsofworld.com/nepal/nepal-district-map.html>

Wood, G 2004 'Informal security regimes: the strength of relationships', in I Gough, G Wood, (eds.) with A Barrientos, P Bevan, P Davis, & G Room, *Insecurity and welfare regimes in Asia, Africa and Latin America: Social Policy in Development contexts*, Cambridge University Press, Cambridge, pp.49-87.

Yin, RK 2003, *Case study research: design and methods*, 3rd edn, Sage, Thousand Oaks, CA.

Young Lives, an international study of childhood poverty (Young Lives) 2008, *Our themes*, viewed 5 February 2008, <http://www.younglives.org.uk/>

Legislation

The Children's Act, 1992

Children's Regulation, 1994

The child labour (prohibition and regulation) Act, 2000

Interim Constitution, 2007

Education Act, 1971

Nepal Health Services Act, 1997

Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, C182 Worst Forms of Child Labour Convention, 1999 (ILO Resolution, 182)

Appendix 1 CWB frameworks reviewed

The following frameworks of CWB were reviewed. Different reports may define the same constituents of CWB as domains, dimensions or indicators. In the main report this study uses domains to refer to the broadest constituents of CWB (e.g. social, physical) while dimensions refer to more specific constituents of CWB that are a part of these domains. In the list below the terms used refer to the ones used by the studies reviewed.

1. Child Poverty and Disparities (UNICEF, 2010)

As part of UNICEF's global study on child poverty and disparities in 40 countries, called the 'Child Poverty and Disparities Project', the Townsend Centre for International Poverty Research at the University of Bristol and the London School of Economics took up the work of defining poverty in 2003. The team established seven *measures (also referred to as indicators and aspects)* of basic needs as key constituents of poverty for children in developing countries. These basic needs were based on the agreements from the World Summit for Social Development. This approach has been referred to as the Bristol methodology and views child poverty as multi-dimensional (UNICEF, 2010:9). This includes the following:

- (i) Shelter
- (ii) Sanitation
- (iii) Water
- (iv) Information
- (v) Food
- (vi) Education
- (vii) Health

2. National set of child well-being indicators developed by the Irish National Children's Office (Brooks & Hanafin, 2005)

As part of development of national well-being indicators of Irish children, more than 2,500 indicators from 80 international and national reports on CWB were reviewed. This analysis found the following six commonly used domains.

- i. Demographic characteristics
- ii. Economic status
- iii. Education
- iv. Family, school and community context
- v. Health and safety
- vi. Social, emotional and behavioural development

3. Child well-being in rich countries: a comparative overview - Report Card 11 (UNICEF, 2013)

This report presents a league table of child well-being in 29 of the world's advanced economies. This report was written by Peter Adamson. It is an update on a similar report that was written in 2007, i.e. Report Card 7. The dimensions used are slightly different from the Report Card 7 (see below). 'The table updates and refines the first UNICEF overview of child well-being published in 2007, report Card 7' (UNICEF, 2011: 3). The data sources for the report are set out in the three background papers by Martorano, Neubourg and Bradshaw (2013a), Martorano, Neubourg and Bradshaw (2013b), Martorano, Neubourg and Bradshaw (2013c). The following five dimensions are used in Report Card 11:

- i. Material well-being
- ii. Health and safety
- iii. Education
- iv. Behaviours and risks
- v. Housing and environment

4. Child poverty in perspective: an overview of child well-being in rich countries. A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations: UNICEF Innocenti Research Centre Report Card 7 (UNICEF, 2007)

5.

The report uses 6 dimensions and 40 indicators of CWB to provide a comprehensive assessment of the lives and well-being of children and young people in 21 nations of the industrialised world. These dimensions are guided by the UNCRC. ‘The report represents a significant advance on previous poverty as a proxy measure for overall CWB in the OECD countries’ (UNICEF, 2007:2). This report was written by Peter Adamson drawing on research, data and background paper, 2006-03, prepared by Jonathan Bradshaw, Petra Hoelscher, and Dominic Richardson, i.e. this working paper recommended the dimensions to be used in the Report Card 7. The dimensions used were:

- i. Material wellbeing
- ii. Health and safety
- iii. Education wellbeing
- iv. Family and peer relationships (not used in Report Card 11)
- v. Behaviour and risks

- vi. Subjective wellbeing (not used in Report Card 11)

Note in Report Card 11, a new dimension 'housing and environment' is used.

6. Innocenti Social Monitor 2009: Child Well-Being at a Crossroads (UNICEF, 2009)

This report monitors CWB for Central and Eastern Europe and the Commonwealth of Independent States. This was based on working paper IWP-2009-20 by Menchini, Marnie and Tiberti for UNICEF-IRC. It uses following five dimensions (referred to as dimensions) of CWB:

- i. Monetary poverty
- ii. Health and nutrition
- iii. Education
- iv. Housing and access to public utilities
- v. Child protection /deprivation of parental upbringing

7. Positive indicators of child well-being (Lippman, Moore & McIntosh, 2009)

This was written as a working paper IWP-2009-21 for UNICEF-IRC and argues for use of positive indicators while studying CWB. It uses following four dimensions.

- i. Physical health, development and safety
- ii. Cognitive development and education
- iii. Psychological and emotional development
- iv. Social development and behaviour

8. Doing better for children framework (OECD, 2009)

The OECD used the following six dimensions for assessing CWB.

- i. Material wellbeing
- ii. Housing and environment
- iii. Education wellbeing
- iv. Health and safety
- v. Risky behaviours
- vi. Quality of school life

9. Every child matters outcomes framework (Bradshaw, 2011)

This has 25 indicators in five interrelated areas of children's well-being developed by the UK Government for assessing CWB of UK children. The framework was developed as a Government Green paper called 'Every Child Matters' which was followed by the Children's Act in November, 2004. The key five areas included were as follows:

- i. Be healthy
- ii. Stay safe
- iii. Enjoy and achieve
- iv. Make a positive contribution
- v. Achieve economic well-being

10. The Multi-National Project for Monitoring and Measuring Child Well-being

(Ben-Arieh and George, 2006)

The Multi National Project was launched by an international expert group drawn from different academic disciplines in an effort to move beyond survival indicators of wellbeing, especially those used by UNICEF such as by focusing on under five survival rate as proxy for CWB. During the first stage (1996-2000) they conceptualised child well-being to include the following five components. The project partners agreed on some 50 indicators in five components with 13 subcomponents. The five components are:

- i. Safety and physical status
- ii. Personal life
- iii. Civic life
- iv. Children's economic resources and contributions
- v. Children's activities

11. The US Child Well-being Index (CWI) (CWI Project, ND)

The CWI is a composite index measuring trends in CWB of America's children and young people since 1975 and is updated annually. It includes the following seven dimensions (referred to as domains and indicators).

- i. Family economic well-being
- ii. Health
- iii. Safety/risky/behaviour concerns
- iv. Educational attainment

- v. Community engagement (participation in schooling or work institutions)
- vi. Social relationships (family, peers)
- vii. Emotional/spiritual well-being

12. **An index of child well-being in the European Union (Bradshaw, Hoelscher and Richardson 2006)**

This framework is derived from the UN Convention on the Rights of the Child and assesses well-being of children and young people in the EU on eight clusters, 23 domains and 51 indicators. The eight clusters are as follows:

- i. Material situation
- ii. Housing
- iii. Health
- iv. Subjective well-being
- v. Education
- vi. Children's relationships
- vii. Civic participation
- viii. Risk and safety

13. An index of Child Well-Being in Europe (Bradshaw and Richardson, 2009)

This framework was used to compare child well-being in the EU. The study extends the researchers' earlier EU study (Bradshaw, Hoelscher and Richardson 2006, see above in no.11) and revises the key clusters assessed. This study uses seven clusters as follows:

- i. Health
- ii. Subjective well-being
- iii. Personal relationships (in 2006 this was called children's relationships)
- iv. Material resources
- v. Education
- vi. Behaviour and risks (in 2006 it was called risk and safety)
- vii. Housing and environment. (environment added, in 2006 only housing used)

Note: civic participation was used in 2006 was dropped in 2009.

14. Child well-being of children in the UK (Bradshaw, 2011)

This study includes ten key dimensions (referred to as domains) to monitor children's well-being.

- i. Child poverty and deprivation
- ii. Physical health
- iii. Subjective well-being and mental health
- iv. Education
- v. Housing and the environment for children
- vi. Children's time and space

- vii. Child maltreatment
- viii. Children and young people in and leaving care
- ix. Children and early years
- x. Children, crime and illegal drug use

Appendix 2 Income classification method

For the purposes of this study a new criteria is developed that can usefully categorise study participants as three groups: poor/low income, middle income and high income groups. To do this it uses nominal income as the key criteria for classification. It is then matched with subjective assessments of people regarding their own income status. Proxy indicators are used if the participants decline to share the exact level of their income. The detailed method to calculate such income is explained below. In section 2.1 the process of how different income groups are formed is explained; in section 2.2 the process of calculating individual income of each participant is discussed.

2.1 Process of formation of income groups

Step 1: Broad classification into four groups based on information from NLSS survey

Income status can be assessed by comparing to which group (deciles or quintiles³⁷) a participant's income belongs to in the income survey conducted by NLSS 2011/12. However, because deciles and quintiles do not tell who are low, middle and high income groups, this study regroups these deciles and quintiles to form four groups of poor, low income, middle income and high income. To do this it utilises two other categories, average income identified by the NLSS survey and poverty line. The group (decile or quintile) that includes average income (either nominal mean or median) of the Nepali population is termed as the middle income group. As per NLSS 2011/12 nominal mean and median per capita incomes are NRs 41,659 (US\$ 588) and NRs 25,093 (US\$ 354) respectively. Further, poverty line is used to denote the population which is the poor in the sample. Moreover, instead of using top 10%

³⁷ Decile divides a sample into ten groups while a quintile divides a sample into five groups.

of the population as the richest group this study uses those above the average of top 10% as the richest. This was because the NLSS excludes very rich people, called outliers, from its sample. However in this study some of the participants are from this very rich group, they are not only important from the study's objectives which attempts to compare experiences of the rich and the poor, but also their income is comparatively much higher than of those in the top 10% of the NLSS survey. Hence the following four categories were formed, first by separating the poorest (below poverty line) and the richest (above the average of top 10%). Those in the middle were then divided into two groups based on where the average income falls. If deciles are used then the groups formed will be as shown in A; if quintiles are used the groups formed will be as shown in B. The final model uses deciles since this was closer to subjective assessment of the participants.

Table 1 *Types of income groups that can be formed based on deciles and quintiles*

		Poor/poor below the poverty line (PL)	Low Income (LI)	Middle Income Group	High Income
A	Based on deciles	Population under poverty line	PL to seventh decile	Seventh to average of the top 10%	Above average of the top 10%
B	Based on quintiles	Under poverty line under	PL to middle 20%	Middle to average of the top 20%	Above top 20%

Step 2: Choosing mean over median

Further, for both these classifications either mean income or median income can be used. In this study mean instead of median was used because mean average is a more common form of income measure. Moreover each respondent's income was compared to see if it was closer to mean or median in the above models. It was found that mean related methods were closer

to the subjective assessment of the participants and the researchers' observations. All the mean related groupings matched with their subjective assessment, while the median grouping increased their status.

Step 3: Choosing income based data over consumption based data

Based on NLSS 2011/12 data two kinds of models were tested to identify a participant's income status: income calculated by NLSS survey based on people's overall income and income calculated by NLSS survey based on their consumption. Nominal income rather than consumption data was used because although consumption is considered more useful than income to obtain a person's real welfare status as it shows the real expenditure (CBS, 2011: 24) the researcher chose income for three reasons, a) because getting income status would be simpler than the consumption from the participants themselves, b) because it is comparable to national and international poverty lines, which use 'income' required to stay out of poverty and c) thirdly because consumption can be met through various ways including clientelistic forms of relations which is not a useful measure of welfare.

Calculation of income itself was however not straightforward since not all income sources are based on cash. Process adopted to calculate income is explained in section 2.2.

Based on these above criteria, the following four groups were formed (Table 2). However there were many similarities between those under the poverty line and those in the low income group. Hence although four groups were developed at first, the analysis is based on three groups, such that the poorest two groups are combined.

Table 2 Four Income groups based on nominal average per capita income

Classification	Description	Nominal per capita income
Poor	Under poverty line (PL)	< US\$ 272
Low income	Poverty line to < seventh decile	Poverty line to <US\$ 500 (nearly matches with international poverty line of 1.25\$/day or per capita income of 456 \$/year)
Middle income	Seventh decile to <average income of top 10% decile	Seventh decile to < US\$ 2,317
High income	≥average income of top 10% decile	≥ US\$ 2,317

Note: exchange rate: US 1\$ equivalent to NRs 70.9

Source: NLSS 2010/11

2.2 Process of calculation of individual income

Although most people could say their cash income not all could say this. Hence when this was not the case or when cash income was supplemented with other sources these were changed into equivalent cash income. This included the following sources. The method of translating such in-kind source into cash is also explained.

- Housing income: This was as per NLSS criteria, that is, on rental value. For this subjective assessment of the author and the respondents' assessment was used. Housing rental value was only taken for urban centres and not for rural as the villagers said there was no rental market in the village.
- Some respondents from rural areas also talked about 'enough food from own agriculture for a few months' and to equate this into cash food share of average consumption data was used. For this purpose various types of consumption data can be used– national, rural or specific quintiles. National average would be irrelevant as all the sample with agricultural food was from rural. Since all of such respondents identified themselves as being

poor it was deemed more appropriate to use average of poorer quintiles. Hence for this second poorest quintile was used so as to exclude the extreme case of the poorest quintile. Based on average of the second poorest quintile total household consumption would be a total of NRs 108,152 and this would mean annual household food consumption of NRs 70, 948 and a monthly household consumption of NRs 5,912, i.e. monthly household income from agriculture.

- Income from '*mela*' (short-term work during agricultural season) was calculated as 30 days X NRs 221/day. NRs 221/day is minimum wage set by Government in 2011. Some respondents said that '*mela*' wage was between NRs 200 and NRs 250 and therefore the minimum wage falls between these figures and can be termed appropriate. During calculation it was assumed that all members of working age had one month of work. This generally means that on average two persons from each family work for three months during periods of harvesting or sowing for paddy and wheat.
- For daily wage workers, calculation was based on 25 days a month, and for 10 months as most of the respondents stated that this was a realistic scenario. For children who were not with parents their subjective assessment of their family was used. Very rich households who did not disclose income but acknowledged their wealthy status were categorized in higher income group and for this proxy indicators were used such as their occupation, type of school used, house and secondary information on the wealth status of the person.
- For respondents from army and police extra income worth on average NRs 100 per day for basic food and NRs 900 per month for biscuits and milk was also added during calculation of income.

Appendix 3 Interview guide for in-depth interview

Demographic Information

Code of the participant:	<input type="text"/>	Participant Group	<input type="text"/>
Gender of the participant	<input type="text"/>	Caste of the participant	<input type="text"/>
Age of the participant	<input type="text"/>	Language used	<input type="text"/>
Location of the interview	<input type="text"/>		
General details of the household (number of people, the main breadwinner and their job, income status/range)			
<input type="text"/>			

General Wellbeing Status

1. Can you describe for me a boy/girl who you think is doing well? ('Doing well' is feeling good about life, activities and relationships and feeling supported in their daily life. Probe: child asked to think of things that indicate to them/others that s/he is doing well). Why do you think s/he is doing well?
2. Can you describe for me a boy/girl who you think is not doing well? Why do you think s/he is not doing well?
3. What do you think is going well for you?
4. What do you think is not going well for you? (or rephrase -what are your concerns?) What led to it? How could it have been prevented?

Specific/nature of services related to the respondent

5. Housing situation
6. Education – of children
7. Health care
8. Daily needs
9. Protection services
10. Emergency support

Probe above based on what is available, quality, effectiveness, accessibility, criteria for access, any other impact, reforms required, providers (especially between private, state and NGOs and effectiveness of them). Note the above questions are specific to the respondent and not general situation of Nepalese population. (Interview will be expanded based on the above points).

11. Flash card activity – priority among five services (described above – education, medical care, social security, protection services, housing services) – prioritise for children's wellbeing, why? Who should provide these?

General/Ending

12. What do you/your child wish for your future? What do you see as the major factors that will help you achieve it? Hinder it?
13. Is there anything else you would like to share with me?
14. Appendix 4 – cards

Appendix 4 Cards for ranking welfare services



Figure 1 Education



Figure 2 Food security



Figure 3 Protection services

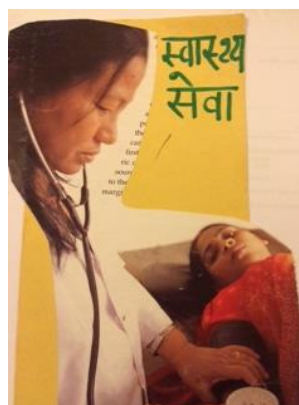


Figure 4 Health care services



Figure 5 Housing

Appendix 5 Explanatory statement
(This was slightly revised for different groups while translating in Nepali)

MONASH University



3 December, 2010

Explanatory Statement

Title: Critical analysis of the child welfare regime in Nepal

This information sheet is for you to keep.

Student Research Project

My name is Suman Khadka and I am conducting a research project with Rosemary Sheehan (Associate Professor) and Margaret Alston (Professor) in the Department of Social Work towards a Doctor of Philosophy at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book.

The aim/purpose of the research

The aim of this study is to critically analyse effectiveness of child welfare services in Nepal.

I am conducting this research to find out what provisions exist and where the gaps are and how it can be improved. The purpose of the interview is to understand how children and parents evaluate the existence and effectiveness of these services. There is no right or wrong answer and the aim is to only explore your views about the services.

Why did you choose this particular person/group as participants?

I obtained your contact details from a local organisation (local child protection committee or local NGO -to be confirmed in Nepal) to hear your views on the nature of welfare services you are receiving. Your personal views are important because the state's services are designed to meet your needs and therefore to assess their effectiveness, your views about them are important.

Possible benefits

You may not benefit personally from this study immediately. However, the study findings will be used to advocate for reform in future policy making on child welfare services. It has to be highlighted that this may not lead to any definite policy changes immediately. This will

depend on the future environment of the country and further work done to promote the findings.

What does the research involve?

The study involves in-depth interviews to gather information about the kind of child welfare services you have access to and what you think is working or not working including how these can be reformed.

How much time will the research take?

It will take approximately 1-1.5 hours to conduct the interviews.

Inconvenience/discomfort

It is not anticipated that the interview will cause you any inconvenience or discomfort. However if you are uncomfortable with any of the questions you do not have to answer them. If you are feeling distressed with the whole process just ask me to stop the process. Should you want to be in touch with any child protection services for counselling or other services the researcher will provide you with the details of the local agencies who can help you.

List of Possible agencies for emergency support

Agency	Contact details
Central Child Welfare Board (CCWB): Government agency to deal with child welfare issues (runs a hotline jointly with CWIN) and also runs national Centre for Children at Risk	General contact address: contact@ccwb.gov.np , 5010045 / 5010046 National Centre for Children at Risk which has toll free number: 104.
Child Workers in Nepal (CWIN): a pioneer child rights organisation in Nepal and offers children’s Emergency Relief, Advise and Help, it runs a Free Children Helpline.	CWIN Head office, Kathmandu, Nepal [REDACTED] [REDACTED] Website: http://www.cwin.org.np CWIN Helpline Tel. 4271000 / 4671212; Toll free: 1098
CWISH (Children, women in Social service and Human rights) works for violence against children and women and provides emergency support. It has a provision of psychosocial care and support, legal aid, emergency rescue and short term shelter and medical services for the victims	P.O Box number : 21433 Triratna Marg, 89/11, Buddhanagar, Ward No: 10 , Kathmandu, Nepal [REDACTED] [REDACTED] [REDACTED] CWISH homepage: www.cwish.org.np

of violence and abuse.	
Transcultural Psychosocial Organisation Nepal (TPO) is a leading psychosocial organisation in Nepal and provides counselling services to children and families.	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-around;"> <div style="background-color: black; width: 80px; height: 15px;"></div> <div style="background-color: black; width: 150px; height: 15px;"></div> </div> <p style="text-align: right;">http://www.tponepal.org</p>

Payment

Children participants will be given a small gift and light refreshment during the interview for your participation in the interview.

Guardians will be given a light refreshment during the interview for your participation in the interview.

Can I withdraw from the research?

Being in this study is voluntary and you are under no obligation to consent to participation.

However, if you do consent to participate, it would be helpful to complete the process unless the interview is distressing in anyway.

Confidentiality

Every effort has been made to ensure that required processes are adopted to ensure confidentiality. To do this, your personal information will be kept confidential and no identifying information will be used in the interview transcript or disclosed in the published findings or to any other party. To do this, codes will be used while transcribing raw data. Codes for names will be written in a separate document and stored confidentially. Pseudonyms will be used in the published materials. Electronic work will be secured through password.

Should you want to, you will be given a transcript of your interview for approval before it is included in the final study. You can also choose, without any penalties, to withdraw any comment.

Storage of data

Storage of the data collected will adhere to the University regulations and kept on University premises in a locked cupboard/filing cabinet for 5 years after which the documents will be erased or destroyed.

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Use of data for other purposes

Anonymous data may be used for other purposes but because this will be anonymous participants will not be identified. While every care is taken to ensure confidentiality, in the event that this cannot happen, participants should not worry since the study does not deal with any sensitive information that may put somebody in harm.

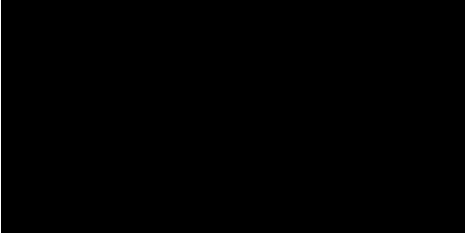
Results

If you would like to be informed of the aggregate research finding, please contact Suman Khadka on [REDACTED]. The findings are accessible for 12 months.

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	If you have a complaint concerning the manner in which this research <insert your project number here> is being conducted, please contact:
Rosemary Sheehan email: [REDACTED] [REDACTED] Facsimile: +61 3 9903 1141	Prakash Bhattarai Policy Advisor Youth Action Nepal Contact office: 117/42, Janapath Marga, Anamnagar, Kathmandu, Nepal [REDACTED] [REDACTED] (youthaction.org.np)

Thank you.

Suman Khadka



Appendix 6 Informed Consent Template

MONASH University



Consent Form for Guardians/Parents/Carer

Title: Critical analysis of child welfare regime in Nepal

NOTE: This consent form will remain with the Monash University researcher for their records

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

List all procedures relevant to your data collection – delete those not applicable

I agree to be interviewed by the researcher Yes
No

I agree to allow the interview to be audio-taped and/or video-taped Yes
No

I agree to make myself available for a further interview if required Yes
No

and/or

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

and/or

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

and/or

I understand that if I want, I will be given a transcript of data concerning me for my approval before it is included in the write up of the research.

and/or

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

and/or

I understand that data from the interview will be kept in a secure storage and accessible to the research team. I also understand that the data will be destroyed after a 5 year period unless I consent to it being used in future research.

Participant's name

Signature

Date



Parental consent for participants under the age of 18 years

Consent Form – Parental Consent for Children

Title: Critical analysis of child welfare regime in Nepal

NOTE: Signed written consent will remain with the Monash University researcher for their records.

I agree that(full name of participant) may take part in the above Monash University research project. The project has been explained to..... (name of participant) and to me, and I have read the Explanatory Statement, which I keep for my records.

I understand that agreeing to take part means that I am willing to allow..... (full name of participant) to:

- **Be interviewed by the researcher** Yes No
- **Have the interview audio-taped** Yes No

Participant's name

Participant's Age

Parent's / Guardian's Name

Parent's / Guardian's relationship to participant?

Parent's / Guardian's Signature

Date