Challenges and Perceptions of Nepal's Childcare Institutions: Care Practices and the Implementation of Government Policies

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Abstract

In Nepal, a staggering 9% of children are categorized as orphaned and vulnerable population (OVC). However, there is limited research examining the dynamics between key stakeholders in caretaking the OVC in Nepal: The Government of Nepal (GoN), which legislates policy standards, and the NGOs managing childcare institutions, such as childcare homes and orphanages. The study aims to identify best care practices for children's development as perceived by administrators and to explore their attitudes toward government policies. Findings reveal (1.) policy perceptions as unrealistic given Nepal's weak socio-economic context, and (2.) an adversarial relational dynamic between the state and NGOs. Findings, analyzed using the collective governance and policy transfer theories, highlight the need for policies adapted to Nepal's socioeconomic context and increased cooperation between the GoN and NGO administrators.

Keywords: childcare institutions; child welfare; policy perception; state-NGO relationship

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Introduction & Literature Review

Children comprise nearly a third of the global population and are universally recognized as one of society's most vulnerable groups. Of the 2.2 billion children worldwide, almost 153 million children are orphans (UNICEF) who face even greater risks of violence, child trafficking, and sexual exploitation. Orphan rates in Nepal are difficult to accurately measure, with estimates varying widely. Some sources suggest roughly 1 million children are orphans (GlobalGiving, 2024), while others report much lower numbers, such as approximately 13,000 orphaned children (Fernandez et al., 2020). These discrepancies themselves highlight a major developmental issue: a lack of reliable data. There is also limited credibility in available data due to incidents of orphan trafficking. Therefore, the staggering 1 million Nepali "orphans" could be more accurately referred to as "orphans and vulnerable children" (OVC), which includes children who have parents, but whose basic needs may not be met.

Orphan trafficking is broadly defined in existing literature as the process by which children, irrespective of their orphan status, are placed into childcare institutions through a series of lucrative events for exploitation and profit (Van Doore, 2022). Despite limited research on how international law views the displacement of children from their families and the subsequent labeling of their “orphan” status, orphan trafficking in South Asia has become more prominently severe with the rise of poor families being coerced into giving up their children “in exchange for money by unscrupulous institutions and adoption agencies hoping to profit from either the residence or trafficking of children” (Van Doore, 2016). In many cases, children registered in these childcare institutions are “paper orphans,” a term coined by Katherine E. Van Doore (2016, p. 379) to describe the false classification of children with living parents as either orphans or partial orphans, with at least one living parent (Van Doore, 2016, p. 381). Notably, incidents of NGOs operating childcare institutions and contributing to this highly profitable business are not uncommon among developing countries, with countries such as

Cambodia, Ghana, and Uganda also reporting several cases of orphan trafficking (Van Doore, 2016, p. 381). In many cases, government officials are also involved in the corrupt practice of orphan trafficking.

In Nepal, incidents of orphan trafficking can be traced back to the Nepalese Civil War (1996-2006), when traffickers exploited the conflict by taking children away from families who were fearful of possible forced conscription into the Maoist army, especially in rural areas where Maoist forces had infiltrated (Punaks & Feit, 2014, p. 180). In recent years, traffickers have posed as educators or related figures, deceiving rural families with the promise of educational opportunities for their children in urban areas, where such resources are generally adequate compared to rural Nepal. In some instances, parents themselves sign papers stating "their kid is officially an orphan" to enroll their children into institutions, where they are promised better access to development resources (Saxe-Smith, 2015, p. 3).

Additionally, institutional care, including orphanages, children's homes, and residential facilities, is generally assumed to be a temporary or last resort for childcare. Research indicates growing up in such settings "can damage and delay children's development" while also exposing them to risks of neglect, violence, and abuse (Save the Children UK, 2009). In resource-limited environments, such institutions are particularly prone to transforming into profit-driven business models, where money and donations are "elicited from well-meaning tourists and donors" (Hopes and Homes for Children, 2024). To prevent such cycles, it is widely recommended that OVC be placed in family-based alternatives like kinship care, foster care, or adoption. However, this is often not the reality in resource-limited countries. Driven by a lack of development and a cycle of poverty, many children from rural Nepal are "obliged to live in foster/children's homes scattered throughout the country" (The Kathmandu Post, 2023). Essentially, rural parents feel obliged to send their children to

institutions in more urban areas, where they hope to secure better opportunities and services unavailable in their own communities.

While the existing literature discusses the causes of high orphan rates in Nepal, there is a notable gap in research regarding the collaborative role of the government and non-governmental organizations (NGOs) in managing nearly one million institutionalized children under government policies. This study seeks to address this gap by analyzing how the engagement between the Nepali government and NGOs shapes the development of institutionalized Nepali children, particularly focusing on the relational dynamics between two key actors: (1) the Government of Nepal (GoN), which frames and enforces policies related to institutional administration, and (2) the NGOs, that administer childcare institutions, like orphanages, children's homes, and residential care, ideally within governmental regulations. Due to insufficient empirical findings, existing child welfare practices may fail to achieve their maximum impact. For meaningful progress, all involved parties must be well-informed and collaborate on designing new strategies to address the complexities associated with OVC's development in Nepal. Specifically, this study explores the following research questions: (1) What are the key characteristics of effective care practices, as perceived by childcare institutions' administrators, that promote children's development in Nepali institutions? (2) Additionally, how do administrators of childcare institutions in Nepal perceive the policies and their implementation by the GoN? Overall, the study will outline the perceptions of childcare institutions' administrators, offering recommendations for improving OVC well-being to Nepali bureaucrats and policymakers. In addition, the findings of this study may prompt further research on complexities shaping the relational dynamics between the GoN and administrators of Nepali childcare institutions.

Theoretical Frameworks

In recent years, the concept of "collaborative governance" has emerged as a strategy

highlighting the importance of stakeholders partnering with public agencies in shared forums to reach consensus-driven decisions (Ansell & Gash, 2007, p. 543). Collaborative governance responds to the failures of downstream policy implementation (Ansell & Gash, 2007, p. 544), which often neglects the linkage between policy design and its translation into actionable programs and services. Collective governance bridges this gap by promoting cooperation among multiple stakeholders to ensure practical, ground-level application of policies. Additionally, Dr. Mark Evans, in *Policy transfer in global perspective*, defines "policy transfer" as a method by which knowledge about policies from one sector or governance level informs the development of policies in another (Evans, 2004, p. 1). Evans (2009) distinguishes between two forms of policy transfer: voluntary (lesson-learning) transfers and coercive (negotiated or direct) transfers. Policy transfer is also facilitated by international organizations (IOs), which establish globally informed standards primarily informed by the resource-rich contexts of developed countries. When these policies are transferred to developing countries, resource constraints and socioeconomic realities often challenge their effective implementation.

Methodology

This study employed a qualitative research design to explore: (1) The key characteristics of effective care practices, as perceived by childcare institutions' administrators, that promote children's development in Nepali institutions. (2) Administrators' perceptions of the Government of Nepal's (GoN) childcare policies and their implementation. Twenty childcare institutions, including orphanages, children's homes, and residential facilities, were selected across Nepal's largest urban agglomeration: the Kathmandu Valley. They were randomly selected from a list provided by the National Child Rights Council (NCRC), the government agency granting researchers permission for research relating to children. The listed institutions were then contacted via the numbers on the

internet (e.g., websites, social media channels) for recruitment. A few institutions were selected based on word-of-mouth recommendations from other participants. Overall, 30 staff members participated in 15-30-minute semi-structured interviews consisting of eight core questions (attached in the Index), with follow-up questions based on participants' answers. Most institutions quickly scheduled interviews, often on the same day. Interviews were conducted in Nepali, the participants' language, which the lead researcher also speaks fluently. The researcher either translated and recorded participants' responses during the interview or, with permission, recorded the audio and later translated and transcribed their responses. In the interviews, participants, who were either founders or active staff of the institutions, discussed care practices and state-NGO collaboration. Demographic details were omitted for anonymity. Data were transcribed and thematically analyzed by the lead researcher, research assistant, and AI-ChatGPT. AI-ChatGPT was used at the conclusion of data analysis to triple-check and identify key themes in responses, ensuring any gaps missed by the researcher or assistant were identified. Overall, the literature review, findings, and discussion involved archival, policy, and ethnographic research. Limitations include resource constraints, limited perspectives from administrators, government, children, and policy documents, which affect the depth of analysis.

Results

Theme 1: Best Care Practices for OVC's Development

Participants (n = 30) unanimously identified nutrition, education, healthcare, and extracurricular activities as core components of children's development, though the prioritization of each varied across institutions. Many highlighted psychological well-being and a familial, nurturing environment as equally essential for OVC well-being, given their disadvantaged backgrounds:

- "Children's development is characterized by nutritious food, often avoiding fast food."
- "We encourage children to drink water first thing in the morning. Also, we promote physical exercise in the form of yoga, taekwondo, and other activities, like dancing.

Several participants discussed the emotional and psychological needs of institutionalized children, especially those from rural districts like *Jumla* and *Humla*, or those affected by the Civil War. Participants reported:

- "We are taking care of children from rural parts, like Jumla and Humla, Ones that didn't even know how to clean up after eating or even how to dress themselves."
- "We have a lot of children from after the Civil War, who have lost their parents."
- "Most times, they feel as though their background weighs them down."

To address these challenges, many participants identified partnerships with external resources, such as psychiatrists, psychologists, and motivational speakers, as key mechanisms supporting OVC development. They reported addressing each child's psychological needs individually, with some focusing on anger management, while others needed emotional motivation:

- "We collaborate with various psychiatric and counseling firms for long-term treatment…We have children in anger management counseling, as well as post-trauma counseling."
- "We have to fulfill their psychological and mental needs, so we have psychologists who usually help the children out."

Beyond basic care, several participants emphasized creating a familial environment within institutions and teaching children familial values. Participants reported caregivers often assume the

role of parents, with some even stating the children refer to their caretaker as *Aama* (Nepali for 'Mother') or each other as "siblings" or "family." Several participants noted:

- "The children refer to me as 'daddy,' and my wife as 'mommy'."
- "…becoming the children's parent is important for their development."
- "They are deprived of love, especially that of a mother, so we must give them that."
- "We also ensure that we give them enough love and affection, so they don't ever feel like 'orphans'."

Theme 2: Policy Provisions Referenced by Participants

In the following discussion regarding the challenges faced during policy implementation, participants repeatedly highlighted specific policies they perceived as impractical and unaffordable. These policies include requirements for life insurance, staffing, playground facilities, and room specifications. This section of the paper does not aim to verify or critique policies but rather presents the perspectives of administrators, supported by relevant reference documents. The following provides an overview of these policies for discussion:

- "The children's home shall provide health insurance for all children and, if the government assists in this regard as per the rules, it shall coordinate and support it." [Article 3, Clause 10, Sentence 11, Standards for Operation and Management of Children's Homes, 2079B.S. (2022 A.D.), Government of Nepal]

Another policy provision demands that institutions have a playground and at least 13 rooms, including (1.) girl's rooms, (2.) boy's rooms, (3.) bathrooms, (4.) a kitchen, (5.) a dining room, (6.) a study room, (7.) a medical room, (8.) an office, among others, as outlined in Table A:

S.N.	Details	Number
1	Open land or courtyard with garden and playground within the premises of the children's home	Open land according to the building
2	Clean bedroom with at least 30 square feet of space/area for each child or 12/10 feet room	5
3	Number of beds, clean bedding and sheets	20/20
4	Clean kitchen and storeroom	1/1
5	Clean dining room of at least 12/16 feet	1
6	Clean study/entertainment/library room of at least 14/24 feet	1
7	Clean first aid and supplies / counseling room	1
8	Clean office/meeting room	1/1
9	Clean toilets/bathrooms	4/4
10	Sign board with the name of the orphanage (at least one Visible place or one pasted on the wall)	1

[Article 3, Clause 5, Standards for Operation and Management of Children's Homes, 2079 B.S. (2022 A.D.), Government of Nepal.]

Similarly, an additional provision demands that institutions employ at least seven staff, including (1.) a manager, (2.) a caretaker, (3.) a cook/assistant, (4.) a teacher, (5.) a psychologist, (6.) a health worker, and (7.) a sports and entertainment assistant, as outlined in Table B:

S.N.	Employee Details	No.	Nature	Note
1	Head of the Children's Home/Manager	1	As a full-time and residential employee,	At least a Proficiency Certificate level or 12th grade pass, and have received training on child rights and child home management and two years of work experience.
2	Caretaker		As a full-time and residential employee,	Literate and experienced in the care and nurturing or children (only female caregivers are mandatory in a child care home for girls).
3	Cook/Assistant		As a full-time and residential employee,	Literate and have experience in related work.
4	Teacher		Partial	Having passed at least the Proficiency Certificate level or 12th grade and having the qualification to teach and educate children in the children's

				home.
5	Psychologist		Partial	At least a certificate in proficiency level or 12th grade and at least three months of training as a psychologist and experience (if only girls are present, only women should be psychologists).
6	Health worker		Partial	Having completed a nursing or health assistant course and having health-related work experience or having at least five years of health-related work experience in the form of a certificate or diploma
7	Sports entertainment assistant		Partial	Having experience in organizing sports activities.

[Article 3, Clause 6, Standards for Operation and Management of Children's Homes, 2079 B.S. (2022 A.D.), Government of Nepal.]

Theme 3: Perceptions of Policy Implementation

Participants noted while policies are standardized with actions such as monitoring and workshops, their implementation remains weak, mainly due to insufficient funding. They also found policies overly complex, demanding, and sometimes misaligned with local needs. Childcare administrators described adversarial interactions with government officials, often facing negative attitudes during visits. Several participants shared policy provisions often require substantial financial support to fulfill. They reported being often unaware of available funding. Even when aware of the process, the funding procedure remains lengthy and complex, often requiring extensive documentation and several steps. One participant shared:

- "…there is no funding, and when I found a funding opportunity, I went to apply (thrice), but the process was too long, complicated, and they kept on demanding various documents…"

Thus, most institutions depend primarily on private donations, with minimal financial reliance on

government support, as another participant noted:

- "Most of the financial support comes from donors…Even if there are governmental funds, normal individuals like us (social workers) are unable to understand all the technical, wordy writing."

Over half of the participants highlighted a disconnect between the policy design and ground realities. They felt policymakers lacked field experience and awareness of local challenges, often adapting foreign frameworks unsuited to Nepal's context. A participant asked:

- "…they [GoN] say every child must have life insurance, but how is it possible with limited funding?"

Other participants provided further examples:

- "For instance, they ask for various staff in sports, health, entertainment, and so on. We can't possibly employ everyone with the budget at hand."
- "The government has a lot of tough requirements…sometimes they are unnecessary. For instance, we must have 13 rooms and even a playground, but we have a lot of older children. There isn't a need for slides and swings."
- "To renew our orphanage alone, we have to visit at least 5-6 governmental departments annually."

Many participants described distrust and negative attitudes from government officials during inspections and monitoring visits. They felt that bureaucrats often assumed NGOs were misusing funds rather than supporting children effectively. One participant recalled:

- "…the government showed signs of distrust that we wouldn't be able to take care of the kids properly."

- "Instead of appreciating the work we do, the government often points out the most specific flaws of what we haven't been able to do."
- "The attitude with which the government approaches our work is pretty rough…they assume that we are working for the wrong intentions."

Discussion

The study findings offer noteworthy theoretical reflections on "collective governance," with childcare institutions often engaging in local partnerships with relevant public and private organizations. Several administrators report healthcare experts frequently volunteer to conduct medical checkups for the children, while some note that local NGOs provide recreational resources, such as dance and yoga training. Institutions also work closely with local schools to organize trips and activities, reflecting a model of multipartner governance, as coined by Emerson, Nabatchi, and Balogh (2011, p. 3), in which key community stakeholders collaborate, particularly in this case, for the shared goal of fostering children's development across Nepali childcare institutions. Notably, this form of multipartner governance may even allude to Nepal's collectivist cultural norms, as Nepali society places a high value on community interdependence and loyalty (Evason, 2017). Along the same lines, administrators revealed the importance of installing collectivist cultural values of community and family within the orphanage environment. In this context, caretakers frequently assume parental norms, with many being referred to as "mother" and "father" by the children. While this approach aligns with the global standard of resorting to institutional care as the last option for OVC by creating an environment that mimics family-based care (Save the Children, 2009), it may inadvertently subordinate individualistic values necessary for children to navigate life after leaving institutions, which is a residential institution after all. While these particular challenges are overarchingly shaped by Nepal's broader socioeconomic conditions, shaped by high poverty rates

and limited economic mobility (Kayastha, 2024), as well as the lack of governmental resources in children's development, the emphasis on collectivist values may increase dependency on both the institution and the broader community, potentially hindering the development of individualistic skills necessary for life outside the institution.

Regarding the theory of "policy transfer," the study found government policies regulating childcare institutions are becoming more standardized and stringent over the years, which is perceived by participants as a response to the growing concern regarding orphanage trafficking, the proliferation of the unnecessary institutionalization of children, and the growing understanding that institutionalization should be the last resort of care for OVC. Upon a brief policy analysis, considering the policies frequently discussed by participants, the domestic policies supporting Nepali OVC certainly mirror global standards of children's development. The 1959 United Nations (UN) Declaration of the Rights of the Child, the 1993 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, and the 2009 UN Guidelines for the Alternative Care of Children established global standards for children's development, highlighting the right of children to protection, education, health care, shelter, and good nutrition (OHCHR, 1990). As a signatory to all of these global conventions, the GoN's current domestic framework governing childcare institutions closely adheres to the principles outlined in those policies. In addition to recognizing the provision of nutritional food, education, and healthcare as fundamental care strategies for effective child development, policies are also aimed at offering children a "window to opportunity" through extracurricular activities, such as singing, dancing, and yoga, which are regarded as integral in shaping their holistic development. This approach also mirrors the UN's emphasis on holistic development in early childhood development (UNICEF, n.d.), overall

signaling a voluntary policy transfer from globally recognized standards into Nepal's domestic framework.

The voluntary transfer of policy in developing countries often emerges after the "realization that reform is needed" (Ugyel & Daugbjerb, n.d.), a concept that may apply to Nepal's situation. This is evident in the numerous policy reforms for OVC welfare incorporated into Nepal's 2015 Constitution, which aimed to "align with international and regional conventions" (Lama et al., 2023). These reforms likely reflect a period of transition following the orphanage trafficking incidents and the subsequent intercountry adoption ban imposed by several Western countries. Also, while voluntary policy transfer differs from coercive policy transfer, it is worth noting that voluntary transfer is not entirely free from external conditionalities. For example, the "desire to stand with the international community" by meeting international standards (Karna, 2017) is a prominent external condition that drives developing countries like Nepal to align with global standards, particularly when imposed bans create pressure for reform. Alternatively, voluntary policy transfer, which seeks to facilitate developmental reform, is not inherently negative and can indicate the recipient government's awareness of global standards and a desire for change, often driven by "dissatisfaction with existing policy arrangements" (Karna, 2017). However, problems arise when policies, primarily shaped by the Global North, are transferred into societies with specific needs and contexts, where the policies may not be compatible. As observed by various scholars, policy transfer to developing countries often faces limitations, due to actors such as weaker institutions, an unstable political environment, market uncertainty, limited resources, and socio-cultural differences (Dolowitz, 2003, p. 106-107). Unfortunately, this trend is reflected in the perspectives of NGO administrators when discussing policies governing Nepal's childcare institutions.

Foremost, some administrators noted the policy development process lacks input from key stakeholders, including the NGOs they administrate, and was not well-informed by research or field studies. Rather, they view it as merely mirroring global standards to fulfill the global treaty ratifications. While other administrators acknowledged the policies' intent to promote OVC's development, they were clearly critical of their practicality, often describing legal provisions as overly demanding and misaligned with Nepal's socioeconomic realities. To illustrate these concerns, participants frequently highlighted the policies mandating 13 rooms, a playground, at least seven staff members, and life insurance for all institutionalized children. Upon further examination, it is worth noting these policies not only reflect global standards but sometimes impose more stringent requirements. For instance, policy provision outlined in the GoN's Article 3, Clause 5 of the *Standards for Operation and Management of Children's Homes* (2022) aligns with Article 27 of the UNCRC, which asserts every child has the right to adequate housing facilities (OHCHR, n.d.). The policy also corresponds to Principle 89 of the 2009 Guidelines for the Alternative Care of Children, which mandates institutionalized children should have suitable facilities to meet their hygiene, sanitary, gender, and other personal needs (United Nations, 2009). The staffing requirement outlined in the GoN's Article 3, Clause 6 of the *Standards for Operation and Management of Children's Homes* (2022) policy aligns with Principle 107 of the same resolution, which recognizes the need for adequate (in numbers), well-trained, and qualified staff to provide education, psychological support, and health services (United Nations, 2009). However, Nepal's policies go beyond mirroring global standards by imposing additional requirements that NGO administrators perceive as impractical given the country's financial constraints, as highlighted in this set of policy exercises. While the UNCRC and the Guidelines for the Alternative Care of Children emphasize the importance of adequate living conditions and professional care, the GoN prescribes strict numerical requirements

for 13 room allocations and at least seven specialized staff members. Overall, Nepal's attempt at policy transfer in the case of childcare institutions faces challenges, as NGO administrators managing childcare institutions highlight the unaffordability of implementing such provisions, demonstrating the limitations of applying global standards in a resource-constrained context.

To further discuss the perceptions of NGO administrators regarding policies established and implemented by the GoN, a handful of participants shared experiences of encountering negative attitudes, stigma, and distrust from government bureaucrats, particularly during monitoring visits. These administrators reported government bureaucrats frequently insinuated the administrators of childcare institutions were involved in corruption, drawing associations with orphanage trafficking. It is worth noting that the intention of this study is not to delve into the implications of orphanage trafficking on state-NGO partnerships, but rather to present the often-overlooked perspectives of NGOs managing institutions. Therefore, the perceived rigid approach adopted by government bureaucrats, though likely driven by a legitimate intention to prevent exploitative practices like orphanage trafficking, requires closer consideration. First, it is worth recognizing orphanage trafficking involves play from both state and NGO officials. Second, the rigid and dismissive behavior of government officials, especially those in higher positions of authority, can be intimidating to NGO administrators, who often possess "particular strengths either to replace government in service delivery or to act in a complementary role" (Brinkerhoff, 2002). In the case of NGOs managing OVC, this complementary role is specifically evident, as these NGOs often operate alongside government regulations in providing various service mechanisms to Nepali OVC.

State-NGO partnership, as defined by Ansell and Gash (2007, p. 544), represents a form of "collective governance" distinct from multipartner governance, which involves a broader range of actors beyond just the government and non-governmental actors. State-NGO partnership focuses

specifically on the collaboration between governmental and non-governmental officials, which have been empirically successful in leveraging their collective resources to address development. Existing discussions highlight the importance of state-NGO partnerships, particularly in developing contexts, where NGOs are ideally not incentivized by profit and are "participatory, democratic, bottom-up, and consequently effective in developing innovative localized approaches" (Bano, 2018, p. 1271). As a result, the state-NGO partnership is normatively aimed at enhancing the country's performance while addressing NGO interests by fostering mutual respect, trust, and 'consultative planning' (Bano, 2018, p. 1271). However, their partnership is realistically "seen to be characterized by mistrust and rivalry rather than cooperation," particularly in developing countries, where state actors may facilitate "mistrust or open hostility towards the non-state sector," especially in the context of weak state capacity (McLoughlin, 2011). While the perceptions of NGO administrators alone may not be enough to capture what specifically characterizes the perceived mistrust and hostility from government bureaucrats in Nepal, it is nevertheless evident that such attitudes hinder state-NGO partnerships in OVC care.

Conclusion

Overall, the misalignment of policies with local contexts, coupled with signs of mistrust between the GoN and NGOs, reflects a generally weak state-NGO partnership in managing childcare institutions in Nepal. Theoretical frameworks such as policy transfer highlight how such policies, while standardized, can be unrealistic in the context of Nepal's low socioeconomic status. These misaligned policies, combined with concerns over orphanage trafficking, have additionally led to an adversarial relational dynamic between the GoN and childcare institutions' administrators. Policies better suited to Nepal's context, as well as stronger collective governance between the country and NGOs could better support OVC's development.

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Core Interview Questions
1. How would you characterize the healthy development of children? From your experience and understanding, what factors contribute to the healthy development of children?
2. How would you describe the overall environment and atmosphere within the childcare institution in terms of supporting children's development?
3. Can you share specific examples of programs or activities implemented to promote the development of the children?
4. Can you discuss any challenges you've observed in the institutions that may impact children's educational, social, physical, emotional or psychological development?
5. What measures are in place to address the individual needs and potential traumas of the children under the care of the orphanage?
6. In your experience, how well does the Nepali government and its policies support childcare institutions in Nepal? Where are the gaps?
7. Are there any success stories or positive outcomes that you can share regarding the impact of the institutions on children's lives?
8. Are there any negative/positive outcomes that you can share regarding the impact of institutions on children's lives?
*Would you like to share anything else?