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Office
Nepal

Compassionate Care

Proceedings of Workshops

Directions in Community-based Care, and Social Reintegration for Nepal

IPEC Trafficking in Children-South Asia (TICSA)

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Compassionate Care

Proceedings of Workshops

Issues and Directions for Institutional and Community-based Care
11-12 August 2004
Kathmandu, Nepal

Building the Foundation for Reintegration Activities
24-25 August 2004
Kathmandu, Nepal

John Frederick, Editor
Navin Singh, Rapporteur

Organised by
ILO-IPEC (TBP-TICSA Programme)
Kathmandu, Nepal

Foreword

In 2000, the ILO-IPEC launched the sub-regional project to combat the trafficking of children for exploitative employment in South Asia (TICSA). These children are often forced into commercial sex exploitation, which exposes them to physical and psychological or sexual abuse. One of the technical areas of the TICSA project was to strengthen the recovery and reintegration programmes for children withdrawn from working in sexual and labour exploitative conditions. Research conducted by anti-trafficking organizations has highlighted the dearth of programmes aiming to provide an alternative holistic approach to recovery and reintegration of the children withdrawn from trafficking situation. In addition, due to the internal conflict in Nepal over past decades children and families residing in the rural areas are increasingly migrating to urban towns and city centers in search for jobs and security. This incidence has led to the vulnerability of children in re-entering into the worst forms of child labour. To build the capacity of the implementing partners, ILO/IPEC/TICSA organized two workshops in August 2004. These two workshops provided practical hands on tools to practitioners to address the key considerations while developing recovery and reintegration approaches for the survivors of trafficking. The first workshop entitled **Issues and Directions for Institutional and Community-based** Care was held in August 11-12, 2004 and the second workshop entitled **Building the Foundation for Reintegration** activities was held in August 24 - 25, 2004.

These two workshops held within the framework of the ILO-IPEC Time Bound Programme (TBP) Nepal provided the participants with an opportunity to learn the key responsibilities required during times of withdrawal of trafficking survivors and to protect and fulfill children's rights. Similarly the workshops were instrumental in providing conceptual clarity to participants on the process and application of institutional versus community -based care. Particularly, the participants were introduced the successful models presented by the Hagar's Foundation of Cambodia and the SOS village of Nepal, which will capacitate them with practical tools for further replication and implementation.

The issue of children learning skills and possessing the knowledge and attitude to live independently, without parental guidance, was also explored as a synonym to reintegration within the appropriate environment. Therefore, in many ways these two workshops were successful in providing options to address crucial issues on community versus institutionalized care.

We would like to thank Mr Peter Dalglish (former ILO/IPEC/TBP CTA), Ms. Minisha Khatri Dhungana (Programme Officer for TICSA), Mr Frederick (Consultant for this project), and Mr Anders Lisborg (Associate Expert for TICSA Bangkok) for being instrumental in identifying the modalities, procedures and agenda for these workshops. Similarly, we wish to thank all the presenters, both of national and international repute, who presented good practices of community - based care, institutional care and reintegration and recovery models and patterns. The enthusiasm and active participation of participants throughout the process was commendable. Last but not the least, we would like to express our sincere respect to all the survivors of trafficking who invited us in to their lives to learn about their experiences to create a better world, better livelihoods, better respect and better options for the recovery of survivors of trafficking.

ILO Office in Nepal
7th October 2005

Acknowledgements

The two linking workshops on Directions in Community-based Care and Social Reintegration are the continuation of a process conducted by the ILO-IPEC Nepal over the last several years to challenge and rethink key issues in the protection, healing and care of children removed from the worst forms of child labour. This process began in June 2002 with the workshop entitled 'Creating a Healing Environment', which focused on the psychosocial rehabilitation and occupational integration of child survivors of trafficking and the worst forms of child labour. The process was conceived and initiated by Ms Tine Staermose, then Chief Technical Advisor to the ILO-IPEC Nepal, and Mr John Frederick, consultant to the ILO-IPEC.

With the ongoing support of Ms Leyla Tegmo-Reddy, Country Representative of the ILO-IPEC Nepal, this process has continued into the present workshops. Ms Minisha Khatri-Dhungana has taken the leading role in initiating the workshops, with the extensive collaboration of Mr Peter Dalglish, CTA ILO-IPEC/TBP and Mr Anders Lisborg, Associate Expert for the ILO-IPEC. John Frederick has provided technical expertise in the conceptualization, design and content of the workshops.

The ILO-IPEC would like to particularly thank the workshop participants - too numerous to name here - for their active involvement in the workshop proceedings and for contributing to the important ideas that have emerged. Many people have put much time into making the workshops strong and effective. Our acknowledgements go to Ms Kapila Amatya, Programme Assistant for the ILO-IPEC, for overseeing the logistical tasks, Mr Navin Singh, Rapporteur and Ms Helen Gurung, Ray of Hope, who provided administrative support. We would also like to thank Ms Bandana Shrestha and Ms Rachana Subedi for facilitation of the group work activities.

The value of these two linking workshops is due to the expertise of the workshop presenters, who have shared decades of experience and insight on the complex issues of community-based care and reintegration: Dr Rajaram Subbian, Consultant, Save the Children; Mr David Allan, Director of Corporate Services and Ms Valeria F. Peres, Foster Home Programme Coordinator, Hagar, Cambodia; Mr Khagendra Nepal, Director, SOS Children's Village, Sanothimi, Nepal; Mr Dhruba Kasaju, National Coordinator, CMSC Project, Nepal; Dr Alfred Pach, Consultant for Family Health International and USAID; Ms Pooja Mijar, Executive Director, Shakti Samuha, Nepal; and Ms Rachana Subedi, MSW, Consultant to Maiti Nepal. We would also like to thank Fr Joseph H. Maier, Director of the Human Development Foundation, Bangkok, Thailand, and his team for their valuable contribution to exploring the issues from the Thai perspective.

Finally, we would like to thank the children, whose need of protection and care is the reason for this document. They have been, and will continue to be, our most important teachers.

Executive Summary

In June 2003, the ILO-IPEC Nepal held a technical meeting entitled: Psycho-Social Rehabilitation and Occupational Integration of Child Survivors of Trafficking and Other Worst Forms of Child Labour. [ILO-IPEC (2003) Creating a Healing Environment. Volumes I and II.] The purpose of the meeting was to clarify issues, identify challenges and provide technical input on psychosocial response to children in need of special protection and on developing children's capacity to subsist economically after they leave care.

In August 2004, the present two workshops addressed two additional key considerations in removing children from the worst forms of child labour: developing child-friendly caregiving systems for children who cannot return to their family and community; and reintegrating those children as adults into Nepalese society.

The two workshops are predicated on the fact that the responsibilities undertaken when removing a child from a labour situation do not end when the child leaves that situation. Past experience has shown that without continued support after withdrawal - including physical care, psychological and social support, education and training - children may easily return to a similar or worse labour situation.

The purpose of Workshop One was to address key issues regarding the caregiving settings in which children are placed, pending their return to Nepalese society. Session One provided conceptual clarity regarding the structure and function of various caregiving settings, specifically the differences between institutional and community-based care. Challenging the present trend in South Asia to place children in institutions, the session identified significant features of community-based care: personal response to children's social and emotional needs; social integration into the surrounding community; and preparation for eventual integration into that community.

Session Two continued the analysis of institutional and community-based care. The session discussed the social and psychological impacts of institutionalization on children, and the responsibilities of local communities for the care of Nepalese children. Based on the presenter's experience in war-torn Sri Lanka, the session presented strategies for developing community-based care mechanisms in the Nepalese context.

Sessions Three and Four presented models of community-based care, and encouraged participants to brainstorm on their application to Nepal. The first model was of community-based foster homes, as developed and tested in Cambodia. Here, organizations promote and support family-like care settings within local communities, in which children learn and grow in a setting nearly identical to that of other children in the community. The second model was of community-based group homes, which are small but more formalized care settings that maintain links with the local community through education, marriage, religious observances and other means.

The fifth and final session of Workshop One presented concepts and mechanisms for establishing a high quality of care for children in non-family care settings, including residential institutions, community-based care, adoption and foster care. This presentation explained the recent activity supported by the ILO-IPEC, UNICEF and the government's Central Child Welfare Board to develop Minimum Standards of Care for Nepal. Minimum Standards provide operational guidelines and basic requirements for addressing the wide range of children's needs, including nutrition, education, psychosocial care and protection, among others.

While Workshop One focused on ways to effectively address the needs of children while they are in care, Workshop Two focused on the challenges of children leaving care and returning to society. Session Six provided conceptual clarity on the sources of children who enter care, noting that the reintegration needs of each child depend equally on the child's history and the child's reintegration destination. Session Six then explored the myriad destinations in which a child may reintegrate, emphasizing that reintegration activities must address the fact that many children cannot return to their native family and community. Expanding this, Session Seven provided a model for integrating children without family/community as independent members of society.

To complement the 2003 Technical Meeting, which addressed the income-generation needs of reintegrating children, the 2004 workshops addressed the social and psychological needs of reintegrating children. The ILO-IPEC recognizes that while successful economic self-support is imperative, reintegration can only succeed if the child is also provided with the necessary self-maintenance, living and social skills. To provide a conceptual foundation for 'social reintegration' activities, Session Eight explored the stigma and discrimination which many survivors of the worst forms of child labour face in Nepalese society.

In Session Nine, the social needs of survivors were discussed in detail. The presenter shared a life skills strategy and curriculum developed to strengthen the social skills of children removed from the worst forms of child labour. To illustrate the specific needs and problems to be addressed by this life skills activity, Session Ten presented a detailed account of the challenges of girls and women who have been withdrawn from prostitution.

The concluding session, Session Ten, recapitulated the two workshops in the context of the history, strategies and activities of the ILO-IPEC Trafficking in Children South Asia (TICSA) programme.

Issues and Directions for Institutional and Community-based Care

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Introduction

Internationally, it is increasingly recognised that – for a child in need of special care or deprived of his or her family – growing up in an institution can be harmful to the child's development, and can cause problems when the child tries to integrate into mainstream society as an adult. At the same time, Nepal and other South Asian countries are seeing a rapid growth of institutions as the primary response to children without family, coupled with slow development of alternative 'family-like' environments.

Community-based care, as an alternative to institutions, is at present undefined in Nepal. Institutional facilities located in rural areas are frequently called 'community-based'. NGOs, government and donors often refer to small residential institutions (commonly called 'shelters', 'prevention homes' or 'transit homes') as 'community-based'. They are not.

Community-based care means that community members, who include family, extended family and members of the community, care for children. Community members themselves – not remunerated staff from outside the community – take responsibility for the well-being of the child. In community-based care, children have normal, everyday interaction with the children and adults in the surrounding community, including going to school, playing, doing household errands, talking with neighbours, and all the activities that comprise a full social and cultural life for every child.

All forms of community-based care, however, may not meet these requirements – and there are considerable 'gray areas' between institutional and community-based care. Traditional community-based care settings include care by the extended family, community members, peer groups, informal foster families and employers, as well as endemic forms of day care and temporary care. Where a traditional setting is not available for a child (such as an orphan or an abandoned child), or where care must be provided for children in special circumstances (such as street children or trafficking survivors), more formal community-based care systems need to be developed. These

include, among others: small 'family-like' group homes, personal outreach by social workers and street-based caregivers, drop-in centres, overnight shelters, day care centres, formal foster care and adoption.

With the increasing number of children confined in institutions in Nepal, and looking towards a future in which many Nepalese children will be deprived of family due to armed conflict and HIV/AIDS, it is imperative that the caregivers of Nepal rapidly develop effective community-based care for children.

To begin this process, it is necessary to clarify the concepts and strategies of community-based care, and to clarify when institutionalization is needed, when it is not needed, and when it is harmful to the child. There is a need to identify which forms of care give the Nepalese child the best social and cultural life, and lead most effectively towards integrating the child into Nepalese society when he/she reaches adulthood. And finally, there is a need to determine ways in which optimal forms of community-based care can be developed, and promoted as an alternative setting for the many children in institutions.

Objectives of Workshop One

The objectives of Workshop One were:

- to provide conceptual clarification of institutional versus community-based care;
- to examine the impact of institutionalization on the child's development and ability to integrate into society as an adult;
- to present models of community-based care and examine their application to the Nepal setting; and

to conceptualize tools and strategies to build the capacity of local organisations and government to promote community-based care.

PRESENTATIONS: WORKSHOP ONE

Issues and Directions for Institutional and Community-based Care

Conceptual Clarity: Defining Institutional and Community-based Care

John Frederick, Consultant, ILO-IPEC

The Impacts of Institutionalization: Concepts of Community-based Care

Dr Rajaram Subbian, Consultant, Save the Children Norway

The Hagar Foster Home Programme: A Model of Community-based Foster Care

David Allan, Director of Corporate Services, and Valeria Peres, Foster Home Programme Manager, Hagar Project, Cambodia

The SOS Children's Village: A Model of Community-based Small Group Homes

Khagendra Nepal, Director, SOS Children's Village, Sanothimi, Nepal

Minimum Standards for the Care of Children in Need of Special Protection

Dhruba Kasaju, National Coordinator, the Comprehensive Minimum Standards for the Care of Children in Need of Special Protection in Nepal (CMSC) Project

Introductory Remarks

Welcoming the participants to the two-day workshop, Ms Leyla Tegmo-Reddy, Country Representative, ILO-IPEC Nepal, said that the goal of the workshop was to promote the idea that children need their families and their communities even in times of crisis. She elaborated on the sad plight of caregiving in Nepal, where solely on account of their poverty or their perceived vulnerability to abuse and exploitation, increasing numbers of children are placed in institutions where they are not in contact with their families for many years and where they are particularly vulnerable to physical and sexual abuse.

She explained that although family reunification is the first priority of the International Labour Organisation (ILO), it might not be feasible for all the children living in rural communities due to the present political conflict. Citing a study undertaken by the ILO, she noted that approximately 2.6 million children in Nepal are working, of which more than 120,000 are involved in the worst forms of child labour – as porters, ragpickers, mine workers, bonded farm labourers and domestic workers.

Highlighting the importance of the workshop, she welcomed the representatives of the Hagar organisation, which has pioneered foster care in Cambodia, and Dr Rajaram Subbian, who brought to the workshop extensive experience in developing community-based psychosocial care activities in war-torn Sri Lanka, as well as expertise on the social and psychological impact of institutionalization on children.

Ms Tegmo-Reddy introduced the other presenters of the workshop, Mr Khagendra Nepal, Director of SOS Children's Village in Sanothimi, and Mr Dhruba Kasaju, National Coordinator of the Comprehensive Minimum Standards for the Care of Children in Need of Special Protection in Nepal (CMSC) Project, supported by the Central Child Welfare Board of the Ministry of Women, Children and Social Welfare, UNICEF and the ILO. She also welcomed Father Joe Maier of the Human Development Foundation, Bangkok, who was present as an observer.

Ms Tegmo-Reddy noted that the workshop had a particular relevance to children who are victims of trafficking. Many Nepalese children as young as eight or nine years of age are trafficked for sexual purposes and for cheap labour. In bondage, the children dream of the freedom of childhood, of being wanted, and being protected from exploitation and abuse.

Trafficking imposes a massive hidden tax on the human resources of Nepal. Children who should be at school and learning important skills are performing tasks which are menial, often immoral, and damaging to their physical and psychological health. When they are older, many will encounter great difficulty in finding decent work – work that is safe, earns a reasonable wage and allows them to develop their full potential as citizens of Nepal.

Citing the 2002 ILO Global Report on Trafficking, Ms Tegmo-Reddy mentioned that approximately 1.2 million children around the world are involved in trafficking. If unchecked, the numbers of trafficked children will rise, particularly in times of conflict, when children are even more vulnerable. She stressed the need to address the challenges of child labour by working in close cooperation with the government ministries, trade unions, employers' organisations, non-governmental organisations (NGOs) and community groups.

Concluding her remarks, Ms Tegmo-Reddy said that the children depend on all of the international, governmental and national organisations to keep the promises enshrined in the United Nations Convention on the Rights of the Child and the ILO Convention #182 on the Worst Forms of Child Labour. She stated that children need these organisations to promote peace, open more schools, train their teachers and look after their wounds. They need these organisations to be their allies and theirs friends.

Mr Peter Dalglish (Chief Technical Advisor, ILO-IPEC Time Bound Programme) presented an anecdote in his opening remarks. During the Second World War, he said, thousands of English girls and boys were evacuated from England and sent to Australia and Canada to live with families. All children could not be evacuated, however, and thousands remained in England during the 'blitz' – the bombing of England by German warplanes. During the war, the psychologist John Bowlby wrote

a study on maternal deprivation. The study compared the levels of psychological stress experienced by the children who lived away from their families during the war with the children who stayed back in England. The result of his work, which has been corroborated by others, revealed that the children who stayed and experienced the bombing had less psychological stress than those who had been separated from their families.

Mr Dalglish stated that the learning to be gained from Bowlby's and others' work is the importance of children being bonded with their mothers and fathers. Children need the love, affection, guidance and support that only parents can provide. Children's contacts with their parents, siblings and grandparents can never be substituted institutionally.

The growing trend in Nepal of placing children in institutions is alarming, said Mr Dalglish. He noted that most of the children whom the NGOs and orphanages claim to be orphans have parents, although they may be poor. Over the years, we have learned that the toughest part of taking children out of the worst forms of child labour is the reunification of the children with their families. The NGOs who are running orphanages or institutions are doing a great job, but they have fulfilled only part one of the ten-part exercise. Now, the really difficult work begins. Have the organisations traced their parents and families? Have they created mechanisms for these children to reconnect with their families? Have they provided support to mothers so that they have the resources to keep their children out of labour and pay for their school fees and uniforms? If there is evidence of abuse and exploitation in the family, and can the organisations deal with that?

Mr Dalglish underlined the fact that poverty can never be an excuse to institutionalize children. At the same time, there is a need to understand that Nepal is in extreme circumstances at present. Fifteen kilometers away from Kathmandu, where the political conflict is raging, the reality is very different. The largest group of children that the Time Bound Programme is trying to reach is child domestic workers and this is the biggest challenge. Girls and boys under 14, said Mr Dalglish, should be with their families and not working in someone else's home, cleaning someone else's dirty laundry, looking after someone else's children. However, these days if they are removed

from domestic labour, they may not be able to go home. There are many children now in institutions of Nepal who cannot immediately be returned to their families because of various realities.

Although the ultimate goal has to be reunification, minimum standards that protect the rights of children who are in need of special protection must be ensured for those who have no alternative to living in institutions. How do we ensure that these children are not suffering from more exploitation than they would outside the institution? Many street children are in fact escapees or survivors of institutions. Mr Dalglish asked why street children prefer to live in the streets rather than institutions. This fact indicates the need to improve the quality of care in institutions.

Concluding his remarks, Mr Dalglish stated that all the participants were here to learn new ideas and new strategies. He expressed his happiness for the presence of colleagues from leading organisations of Nepal, friends from Hagar in Cambodia, those involved in the new process to develop minimum standards for care, and all other colleagues.

Session One

Conceptual Clarity: Defining Institutional and Community-based Care

John Frederick, Consultant for the ILO-IPEC and other organisations, has been working with disadvantaged youth for approximately 25 years. Among other activities, he has directed programmes for the rehabilitation and reintegration of juvenile prostitutes in the United States, and is presently involved in the design of projects to build the capacity of NGOs in South Asia to provide care for children and adults in need of special protection.

Mr John Frederick (Consultant, ILO-IPEC) introduced the day with an explanation of the two linking workshops that have been organised by the ILO-IPEC to provide conceptual clarity on community-based care and reintegration in Nepal. Explaining the rationale for Workshop One *(Issues and Directions for Institutional and Community-based Care),* Mr Frederick noted that Nepal has a history of removing children from their families and putting them into institutions. In Nepal, many people have the ideal that the best place for a child is not in his or her own village, but in an urban institution where the children wear uniforms and stand in lines reciting the alphabet. For the past 15 years, a frequent response to children in difficult circumstances – including poverty – has been to put them in boarding schools or institutions.

However, there is now a global realization – in consequence of years of research on child development – that institutions are not beneficial for children. In addition, there is a growing realization in Nepal that the country cannot afford to build hundreds of institutions to respond to children in need – that it is the community's responsibility to care for children in need of special protection and not the responsibility of donors or public institutions.

Mr Frederick emphasized the need to develop community-based alternatives to institutions. He explained that this does not mean that institutions are not necessary.

There are circumstances where children do need institutions, such as for psychiatric problems, extreme disabilities or terminal care. However, in most cases of residential care, including many institutions called orphanages, children do have family and community who can care for them, and it is there that they should live and grow.

Presenting a preview of Workshop Two *(Building the Foundation for Reintegration Activities),* Mr Frederick said that the workshop would focus on new directions in the reintegration of children removed from the worst forms of child labour. Every year, many trafficked, abused and abandoned children pass through the care system of Nepal, and are supposedly 'reintegrated' into Nepalese society. However, the success of these reintegration efforts is not clear. For example, out of the several hundred trafficked girls who have been rehabilitated and supposedly reintegrated in the last 15 years, many of them are back in the brothels of India or on the streets of Nepal's cities working as prostitutes. Many children who have been returned to their families are no longer with their families, and their whereabouts are unknown. It would not be correct to say that reintegration efforts in Nepal have failed, rather it would be appropriate to say that careful reintegration activities have only just begun. Organisations have a limited concept of the alternative 'destinations' of reintegrating persons, and have limited skills and insufficient resources to adequately prepare survivors for living in society and to support survivors after they have returned.

Mr Frederick presented the core purpose of those working as caregivers – the reason, he said, that all of the participants were gathered in this workshop:

Our Purpose is

- first: to protect and heal those in our care
- second: to strengthen them
- third: to prepare them for reintegration
- fourth: to reintegrate them into society... or to provide them with a 'family-like' living situation

Mr Frederick emphasized that all persons who come into our care cannot be treated alike. **Each person, child or adult, comes with specific needs and those needs determine the type of care that must be provided**. It is our obligation to

understand the uniqueness of each person who enters our doors and to respond to each person as a special individual. Mr Frederick presented some of the many situations from which people enter care: domestic violence, sexual abuse, child labour, trafficking, orphaned, abandoned, affected by armed conflict, pregnant and unmarried, or mentally disabled.

The length of time we care for each person depends on the needs of the individual. Among those who enter the care, some can return to the society almost immediately, some need time to heal and strengthen, some will need care until they become adults, and some will need permanent care.

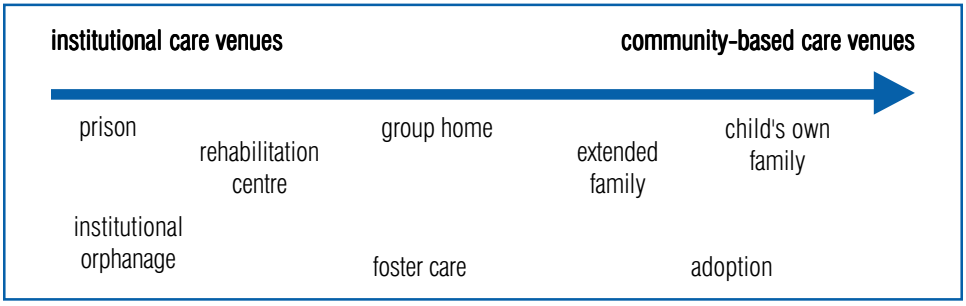
Mr Frederick explained that there are core rights that we caregivers have an obligation to provide for every child. **Every child (or adult) has the right to care that is personal and individual**. That is, care conducted according to standard case management procedures, in which a team of professionals considers and plans the care of each person individually.

Every child has the right to care that is professional. Psychosocial care, like medical care, should not be conducted by untrained or unskilled persons. A child in need of special protection requires more intensive, careful support than a child in need of basic literacy. In psychosocial care many activities, such as counseling, case management and family social work, must be conducted by trained professionals. It is the obligation of the caregiving organisation to provide such staff and the obligation of the donor community and government to support the expenses of such staff.

Every child has the right to care that is directed towards rapid reintegration into society. The purpose of caregiving is not to provide a substitute home for a child. A child should learn and grow in a natural social community. The purpose of caregiving should be to heal the child and return his/her to society quickly, effectively and compassionately. Care planning must include a reintegration component. Reintegration planning should begin when the child enters the facility, as soon as his/her immediate needs are addressed.

Every child has the right to care that is as close as possible to a 'real-life' situation. The care facility should provide a 'family-like' atmosphere, in which children are treated personally and without regimentation, in which they have adults for personal support and guidance, and in which they have social relationships with friends and the surrounding community. This 'real-life' situation, said Mr Frederick, is what we usually refer to as 'community-based' care, the subject of this workshop.

Mr Frederick presented a brief explanation of the differences between institutional and community-based care. The differences, he explained, are not rigid, but rather should be seen as a continuum. He presented a diagram of different venues of care. The most extreme example of institutional care, he explained, is the prison, whereas the obvious example of community-based care is the child's own family.



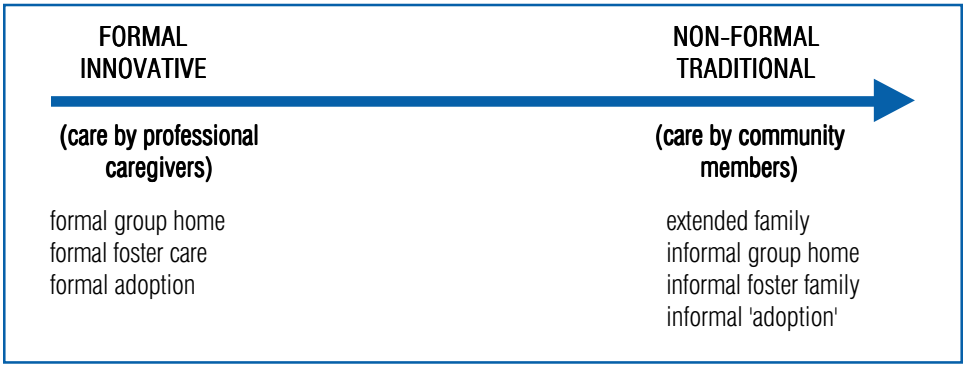
Whether a care giving situation is called 'institutional' or 'community-based' depends upon the degree to which it provides for the emotional and social needs of the child. Mr Frederick presented the following model:

Mr Frederick cautioned the participants not to get caught by terminology such as 'transit home', 'group home' or 'half-way house'. Whether or not a care setting is community-based does not depend on what it is called, it depends on how it cares for a child. He provided the following example of two 'group homes' for further clarity:

The children in group home 'X' have a 'house mother', go to a local school, and go outside for errands and play.

The children in group home 'Y' are not given individual care and do not interact with the surrounding community.

Group home 'X' is community-based care, and group home 'Y' is institutional care. As a caregiving community, said Mr Frederick, our goal is to move from institutional care towards community-based care. Mr Frederick explained that there is a variety of care settings within the sphere of community-based care. All children may not be able to return to their natal family or community. However, 'family-like' community-based care settings can still be provided. He used the following illustration to distinguish between formal (or innovative) community-based care and non-formal (or traditional) community-based care.



Mr Frederick stated that although the ideal situation is to place the child in a non-formal care setting in his/her own community, sometimes it is not possible. **Sometimes, a child or adult cannot 'go home'.** Therefore, there is a need to develop

the full range of community-based care: strengthening communities to provide non-formal local care settings, and developing professional community-based, 'family-like' care settings for children who cannot go home.

Introducing the workshop presenters, Mr Frederick introduced Dr Rajaram Subbian as a specialist in strengthening communities to develop their own endemic forms of care. Mr David Allan and Ms Valeria Peres from the Hagar Foster Home Programme in Cambodia and Mr Khagendra Nepal from SOS Children's Villages in Nepal would present two models of effective community-based care. The fourth presenter, Mr Dhruba Kasaju, National Coordinator of the Comprehensive Minimum Standards for the Care of Children (CMSC) Project, would present on minimum standards of care, which are the guidelines for providing quality care to children in all caregiving situations.

Concluding his presentation, Mr Frederick stated that a 'workshop' is a place where people work, and the purpose of the workshop is to think and question and come up with strategies. The experience and knowledge of the participants is the most valuable asset of the workshop, he said. He requested the participants to give their best to the two-day workshop.

Session Two

The Impacts of Institutionalization: Concepts of Community-based Care

Dr Rajaram Subbian is a Psychiatric Social Worker and a specialist in community development of child care services. Dr Subbian has spent recent years in the war-torn areas of Sri Lanka developing mobilization programmes in communities to care for war-affected children. He has recently conducted a study in Nepal on psychosocial intervention services for children in armed conflict for Save the Children Norway.

Human societies have taken millions of years to get established and families have taken thousands of generations to become stable units in human society. The family, said Dr Subbian, prepares the child to live in an ever-changing competitive society through communication, flexibility and cohesion. As they grow, children form selective attachments to consistent caregivers within the family, especially a parent. Through these connections, children learn about themselves, looking to caregivers for safety and information about the world. If children feel insecure, they seek a closer relationship with the caregiver through which they feel safer.

It is the feeling of being secure within the family that lead children to venture out to explore other social behaviours. The family helps the children develop an identity, to know who they are, and to have a sense of self. The family, Dr Subbian noted, offers a protective layer from the challenges of the outside world through pre-existing supportive relationships, a predictable caring environment and ample unconditional possibilities to develop into a healthy citizen.

The safety net of a child is the family, and the safety net of the family is the extended family and the community. Hence, the well-being of children depends on support and assistance not only from their immediate families but also from their extended families and community.

For many reasons the family's safety net may get broken, rendering the family incapable of providing a safety net for the child. Numerous families live amidst illiteracy, ignorance, caste or class discrimination, social deprivation, missed opportunities and meager support from the larger community and the government. In addition, some families must cope with their own internal dysfunction, including addictions, marital/ family disputes, and a poor supportive family network.

For their own protection and survival, families try different strategies of coping when their safety net breaks. Family members may migrate to find work, use up savings, and seek help from neighbors and extended families. As they reduce consumption, invariably education and healthcare are put to an end. If their difficult situation continues and worsens, they tend to dispose of their land, use up investments, and resort to credit at high interest rates. With loss of means of productivity, the family unit has a tendency to break up, disperse and depend upon government and non-government organisations. In order to help the family maintain itself, the child frequently gets pushed into the worst forms of child labour.

The effects of institutionalization on the child

When the community safety net fails to support the family, and the family safety net fails to support the child, the response from government and non-government organisations is frequently to remove the child from the family and community and to place him/her in an institution. Children in placed in institutions because they and their families face certain insurmountable problems, because they are at risk, or because they require special care and attention. Perhaps the family is dysfunctional and can not cope, or the parents are ill, alcoholic, abusive or extremely poor. The family may be trapped in armed conflict and feel that an institution offers the child a better life than the risk of being attacked or abducted for recruitment.

Often, explained Dr Subbian, the child's situation is not improved. The child is uprooted from what social connections he/she has, and is clustered with others in an impersonal, segregated, and socially secluded care setting, where many children are managed by few staff. Here the child may live with 50 or 100 children in a structured environment with set times for food, play and study, no privacy, and control by adults and older children who are strangers.

It is a paradox to place children in institutions in order to prepare them to integrate into the community, because institutions make children less capable of integrating.

An institution is a unique social structure that is quite different from the life that the family and community offer. The longer the child remains in an institution, the less he/she is capable of adjusting to the complexity and challenges of the outside community. Instead of helping the child to get adjusted to the wide social world, institutional care tends to rigidify the child within a limited, artificial social environment. A prolonged stay in institutions impairs the child's development of creative thinking, ability to defer gratification and ability to engage in problem solving. It reduces a child's capacity to relate with peers, to recognise adults who can assist him/her, and to generalise and apply learned skills.

Institutions can not provide children with the consistent, caring attention and stimulation that they receive from their family and community. Thus children in institutions face a double burden – the burden that sent them to the institution and the burden of living inside an institution.

It is a paradox to place children in institutions in order to prepare them to integrate into the community, because institutions make children *less* capable of integrating. Dr Subbian illustrated this paradox with a quote from the Zen Master Ryokan: 'If you point your cart North when you want to go South, how will you arrive?'

The responsibility of the community

The high-risk situations, said Dr Subbian, from which children are pushed into the worst forms of child labour are created by the family, the community and various other factors, and definitely not by children. **Institutionalizing children to protect them from these high-risk situations ignores the role of the community and victimizes the children.** In order to deal with this problem in a holistic manner, the community should be sensitized to accept the responsibility for its own children and should be strengthened to retain their children within the community. In extreme

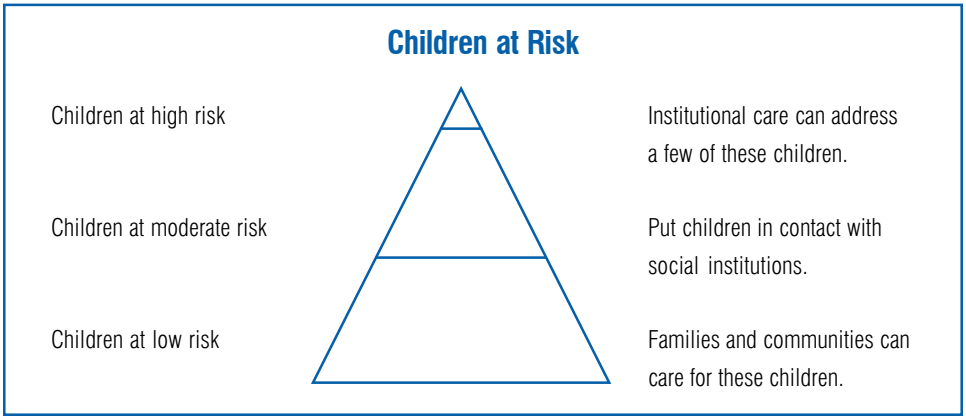
cases where the community cannot support a child, such as conflict or a child's physical incapacity, the child should be given a life in a non-institutional family-like care setting such as a group home or foster care.

When governmental and non-governmental organisations take over childcare responsibilities and offer charitable services, the social structure and resilience of the community are weakened. Dr Subbian emphasized that the tendency to feel omnipotent and to 'take care of these children' – ignoring the resilience found in families and communities – should be discouraged.

The community should be sensitized to accept the responsibility for its own children and should be strengthened to retain their children within the community

Dr Subbian noted key activities to develop community-based care, including: 1) strengthening traditional child-rearing practices; 2) building on the existing support provided by family networks and by the community in normal life and in crisis; 3) strengthening existing childcare services; and 4) mobilizing key stakeholders and service delivery systems.

Dr Subbian presented a triangular diagram in which he illustrated the relative proportion of children at high risk, moderate risk and low risk.



Dr Subbian pointed out that children at high risk comprise those in the worst forms of child labour, those who are abused, and those who are impacted by armed conflict. These children form the crux of the problem. **Preventing those at moderate risk from increasing danger can best be accomplished by strengthening the formal social institutions in the community**, such as schools and health services, and by supporting their families through psychosocial care and improved income.

Dr Subbian presented the strategy undertaken in Sri Lanka to build community-based support and protection for children in armed conflict:

- children's participation was mobilized in order to analyze the problem from their perspective;
- government and non-government organisations and institutions were sensitized on child development, the impact of armed conflict and their importance in child care and development;
- after creating awareness at the grassroots level, a layer of professionally trained personnel was built up within the service delivery system in order to strengthen psychosocial care for affected children; and
- simultaneously, effective networking of childcare services was conducted.

Questions and Answers

In the following question and answer session, Ms Pramoda Shah (President, Saathi) noted that Nepal is thinking about reintegration at a time when the country is in armed conflict and communities are not able to provide protection to children. Ms Shah wanted to know how children can be reintegrated into communities in times of conflict. Dr Subbian cited the example of Sri Lanka, in which all of the institutions in Sri Lanka were filled with children because there was no possibility of a healthy childhood in the affected areas. In this case, he said, institutions were providing some kind of relief. In a conflict situation, the absence of institutions will force the children into suffering, and their presence is necessary for the short duration.

Ms Nicki Holt (Sahara) requested Dr Subbian to provide an overview of activities with war-affected children in Sri Lanka. Dr Subbian stated that many families go through a lot of suffering because they cannot provide protection for their children during times of conflict.

In Sri Lanka, many children who have lost one or both parents live in institutions or other non-family situations because of the war. In the programme in which he worked, a geographical area was identified in which many separated children were located. Although the community-based work he described above was helping communities bring back their children, there was extreme fear in the community that these children would be taken away by the conflicting parties as child soldiers. Thus, **the organisation realized that there was a need to develop an understanding with both of the conflicting parties**. Many areas were entirely controlled by either one party or the other, so the organisation worked in close coordination with the party that had a stronghold in the area in which it wanted to work. Many organisations in Sri Lanka are working similarly, on a politically neutral basis. The effort was to sensitize the government and non-government people working in these areas on the plight of these children and encourage them to share their knowledge on what would be the best for the children.

After forging a positive relationship with the local controlling party, the next stage was to identify families who could help these children and to provide support to establish the children within those families. Most of these children are not entirely orphans. They do have an extended family or some social network somewhere. These may be extended families or foster families, and usually these families were not totally unknown to the child. In most of the cases, within the family the children were given a different status than the family's children. **Often, foster parents did not treat these children the same as their own and forced them to do household and other work.** Nevertheless, these parents understood the importance of providing support and care for the children. They also understood that the war-affected child is different and has special needs. The families needed assistance such as financial support, health support, training and job placement so that they could take care of the foster children and provide them equal opportunities.

At the same time, the organisation worked individually with the separated children. They were gradually integrated into the community through games, children's clubs, and programmes to link the children with the schools. In order to achieve this, there was a need to prepare the local schools and the local teachers. The teachers were taught to treat the affected children differently and to understand the importance of

the teacher's role in forming a child's future. In conclusion, Dr Subbian stated that in addition to foster families, local parties, parents and teachers, there are many actors in the whole process and it is very important to work together with them all.

Group Work

The participants were divided into four groups for group discussions on the opportunities and challenges of returning a child to his/her community.

The most important persons for a child's reintegration

Group One decided that the outreach worker, immediate family, extended family, foster family, social mobilizers and community leaders were the most important people to the child for integration. The outreach worker can make an assessment of the situation, establish possible contacts that the child may have, and identify possible foster parents and counseling services, as well as provide training to the community members to generate awareness and support for Prakash and other children in need. The immediate family, extended family or foster family can provide support in terms of shelter, food, education and the overall development of the child. Social mobilizers and community leaders can provide support in monitoring, motivation and follow-up through the establishment of local committees.

Group Two regarded the most important people for the child's integration to be immediate and extended family members, close community neighbours, peer groups and local social activists. Immediate and extended family members can provide family care, food, shelter, education and social security to the child. Close neighbours can provide the child with socialization and security and can advocate for his/her property rights. Peer groups can provide the child with socialization and psychological support through sharing experiences. Local social activists can develop linkages with different institutions, provide legal support and mediate in case of conflict.

Group Three identified NGO representatives, relatives, teachers, community leaders and peers as the most important people for reintegration. The group felt that NGO representatives could organise service providers, as well provide education and advocacy. Community leaders can assist in legalizing the process and enlisting community support. The child's relatives can provide a home, parental love, care

GROUP WORK ONE RETURNING A CHILD TO THE COMMUNITY

Reflection on those Who were Important to You

(5-10 minutes) Don't write answers on paper for Part One. Just talk. Reflect and share your thoughts with your group on…

- Besides my close family members, who are the people who were most significant in my life when I was 8, 9 or 10 years old?
- What did they give me?
- What did I give them?

The Most Important Persons in Helping a Child Return

Prakash is a 9-year-old boy from Mid-Western Nepal. Both of his parents were killed in the armed conflict. For the last 3 years, Prakash has been staying in a home operated by your caregiving organisation. Now it is time to return Prakash to his home community.

Question One

Who are 4 people who would be most important to helping Prakash become a member of his community once again?

Question Two

For each of the 4 persons, how will you involve that person in helping Prakash become a member of his community?

The Challenges in Helping A Child Return

Question Three

What are the 3 most important challenges in helping Prakash return to his community?

Question Four

For each challenge, as a caregiving organisation what strategy would you take to address that challenge?

and support to the child. Teachers can assist in protecting the child and educating others to accept the child into the community. The group felt that peers and friends could help by providing love, support, friendship and acceptance.

Group Four consisted of representatives of the Human Development Foundation from Bangkok, Thailand. Placing the group work in the context of Thailand, the group made the assumption that the child to be reintegrated was HIV-positive. The group identified the most important people as individuals in the community who were closest to the child or who came first to help the child. The group gave importance to representatives of the government and the NGOs. Group Four stated that people in the justice system, including police and lawyers, are important for the child's integration because a child with AIDS usually does not have any documentation. The group also identified health and social welfare workers as significant in the boy's integration.

The challenges of reintegrating a child

Group One identified the greatest challenge as lack of acceptance by the caretaking family and the community, for which the group recommended community-directed activities to create awareness and motivation to help. The group also felt that the child would lack economic opportunities. To address this, the group suggested the development of linkages and support systems with local organisations, and the provision of livelihood training. To address problems of adjustment for the child, the group recommended developing a conducive environment in the child's substitute family by teaching communication skills and parenting skills.

For Group Two, the challenges for integration of the boy included his feelings of insecurity, his stigmatization by the community and the lack of guarantee that the child's needs would be met. The group recommended counseling to address the child's feelings of insecurity, and community awareness activities to reduce stigmatization. To ensure that the child's needs were adequately addressed, the group recommended income-generating activities for the caretaking family.

Group Three identified the most significant challenges as feelings of fear in the community, the economic situation of the extended or foster family, and the lack of community support for providing for the basic needs of children in conflict. To address fear in the community, the group recommended that attempts should be made to get acceptance of the child's presence from the conflicting parties and the community by generating awareness, negotiating with leaders and using the media. Income-generation activities were suggested to address the poor economic situation of the caregivers, and community awareness on basic care standards for children was suggested to address the community's reluctance to care for war-affected children.

Group Four felt that the most significant challenge would be lack of coordination between the government, NGOs, teachers, community leaders, etc. The group showed concern that the child would not have ongoing support, and that the child may not be accepted by the community. The group thought it necessary to create better coordination between all of the local stakeholders, and help them understand that this was a problem of the whole community. The group noted that generally unrecognised members of the community could be significant in assisting the integration of the child. In the case of the HIV-positive child, the group emphasized the importance of involving people with HIV/AIDS in teaching the community, government and schools about HIV/AIDS. As well, in the slum areas in which the Human Development Foundation works, young gang leaders and even drug dealers must be involved in the reintegration process since they have a strong influence in the community.

Session Three

The Hagar Foster Home Programme: A Model of Community-based Foster Care

David Allan is the Director of Corporate Services for the Hagar Project, Phnom Penh, Cambodia. Valeria Peres is the Foster Home Programme Manager of the Hagar Foster Home Programme. The Hagar Project has developed foster care systems in Cambodia over many years, working with children affected by war and removed from the worst forms of child labour.

Mr David Allan and Ms Valeria Peres made a joint presentation on the Hagar Foster Home Programme in Cambodia. As background to their presentation, the presenters gave a brief overview of the Cambodian situation. Cambodia is still in the process of recovery 10 years after its civil war. The population is approximately 12 million and about 85% of the population lives rurally. Only 24% of the total population has access to clean water supply and only 5% remains in the education system by the age of 18. The growing problems of Cambodia are commercial sexual exploitation and trafficking. Buddhist religious institutions (*pagodas*) play an important role in the care for children, although their work is directed mostly at boys. Regarding endemic systems of kinship and foster care in the Cambodian setting, family members do take orphaned children, but there is much exploitation for labour.

Hagar's mission is to foster hope for vulnerable women and children in crisis through holistic, transformational development and creative initiatives. Mr Allan presented an overview of the activities undertaken by Hagar to address the problems of commercial sexual exploitation and trafficking. Mr Allan displayed the diagram of children at risk previously presented by Dr Subbian and explained that in the Foster Home Programme, Hagar only worked with the most vulnerable of children, i.e., the apex of the risk groups shown in the model.

At present, said Mr Allan, Hagar's current children's activities include a shelter programme, day care shelters in the community for working mothers and those taking basic literacy or vocational training, foster home activities, community children's programmes, the House of Smiles for children with disabilities, school construction and education activities.

Ms Peres presented a brief case study of a girl who had been sold to a brothel when she was eight years old along with her four-year-old sister. She presented drawings that the girl created which reflected her moods at different periods in her life. For example, she had drawn dark clouds to portray her discomfort while living in the brothel. She had drawn flowers to show her pleasure while living in the foster home. This case study was presented to portray how the feelings of children can come out so vividly in drawings and how rapidly change can occur.

Mr Allan stated that the Hagar Foster Home model can be called either a foster home or a group home. It is close to a foster home because the house parents also raise their own children, but similar to a group home because the physical facility is established and maintained by Hagar. In this model, the 'house parents' are professional foster parents who are paid a wage, and receive food and lodging. The parents in this home can have a total of eight children in addition to three of their own. At present, there are a total of 10 houses in three sites in which a total of 70 children are provided shelter and care. Although this is not strictly a 'community-based' programme, it has great acceptance and involvement in the surrounding community.

Regarding the staffing of the programme, a Director of Operations oversees the total programme, and a Manager and a Supervisor look after the daily administration. The programme has two counselors and one counselor trainee who provide counseling as required. The other staff consist of a bookkeeper/accountant, security personnel, two teachers and one day care teacher, as well as the house parents (10 couples and two reserves). The house fathers often do additional half-day jobs inside the project, such as teaching, security work or office work. Central administrative support is provided by Hagar. Staff recruitment is done through normal channels, although special efforts are made to recruit house parents.

The recruitment and training of house parents

Presenting the criteria for the recruitment of house parents, Mr Allan said that they should have a good reputation in the community and no more than three children of their own. **Foster parents should not be too young or too old, around 30 years of age being optimal, possess a good level of education and be willing to make a long-term commitment.** The interview with the prospective house parents consists of questions about their education, work experience and personal life. The applicants are interviewed to ascertain their character and emotional stability, and are asked to analyze case studies to observe how they are able to solve problems which might occur. Home visitations and interviews with authorities, neighbours and others are conducted for reference checks.

Following their selection, the new house parents are asked to discuss the job description with their children. Interactions are held with the children to prepare them for their new home. **The foster family's own children can make a positive contribution to the foster home if they are effectively prepared for the new living situation.** Discussions are also held regarding the benefits (e.g., accommodation and food) that the family will receive so that there is no misunderstanding or wrong expectations in the future.

Training for the house parents includes parenting skills, basic concepts of fostering, and background information about the situations the foster children are coming from, including physical or sexual abuse, trafficking or life on the streets. Training also includes basic counseling issues such as trauma, low self-esteem, abuse, addictions and problems with stealing. **Much focus is placed on helping the foster parents understand the children's needs, express love, promote self-esteem, develop communication and deal with anger.**

Prospective house parents conduct a practice trial in an established foster home, acting as replacements for the existing house parents for two weeks. As well as a learning experience, this is also an opportunity for the new parents and the organisation to learn how to work together. The new house parent's own children participate in the trial so that their behaviour and interaction with other children can be observed.

After the house parents are trained, children are selected for the home. In the first month one or two children are sent to the house parents and additional children are added gradually. This helps to strengthen the attachment and bonding between the parents and the foster children, and gives time for the house parents to adapt to the new situation. Ms Peres noted that, based on past experiences, by this stage the organisation is 90% sure that these parents will work well with the children. Ongoing training is provided through weekly meetings and group discussions on child-related issues. Meetings are also held to build up skills in listening, counseling, encouragement, sensitivity to children's needs and problem resolution.

The programme is seen to achieve its objective if it is clear that:

- the children are developing positively, each one at his/her own speed
- the children are gaining confidence in their lives and are able to successfully build relations with adults and other children
- house parents are responding to the emotional needs of the children and are able to find appropriate solutions to the special requirements of the children
- the children show positive attachment, trust and affection for their foster parents

Evaluation of the programme is conducted three times a year. The programme is seen to achieve its objective if it is clear that: 1) the children are developing positively, each one at his/her own speed; 2) the children are gaining confidence in their lives and are able to successfully build relations with adults and other children; 3) house parents are responding to the emotional needs of the children and are able to find appropriate solutions to the special requirements of the children; and 4) the children show positive attachment, trust and affection for their foster parents.

Mr Allan identified sustainable funding as the biggest challenge of the programme. The other major challenge, said Mr Allan, was finding foster parents of suitable stability, positive outlook and community reputation, which takes a long time. Mr Allan noted that there is much work still to be done in staff development and expanding counseling work to encompass wider therapy techniques.

The future direction of the organisation is to have more group homes for children who cannot be reintegrated, including intensive programmes for children with special needs. **The programme will continue to focus on children from very difficult circumstances and will put more emphasis on foster parent training and professional input so that there is a continually improving standard of care. The programme will provide counseling services to families and children in the community in order to keep children in their own families.** At the end of his presentation, Mr Allan made a brief presentation of the intensive models of group homes that are currently being developed to address the needs of children under 12 years of age who have been sexually exploited.

Questions and Answers

In the following question and answer session, a participant enquired about the major challenges for the programme. Mr Allan replied that resources are a significant problem and that is one reason why emphasis is placed on working only with the most difficult of children. The children are frequently brought to the Hagar foster homes by other organisations after they have already made attempts to reintegrate the children. A critical issue for children's care programmes is the short duration of donor funding cycles because care programmes are long-term in nature and need to operate for many years.

A participant wanted to know about the kinds of reintegration efforts that were most successful in Cambodia. Mr Allan replied that successful reintegration was a major issue in the community. Although **intense follow-up is required after the child returns to family and community,** this is generally not provided. Support is sometimes provided up to 18 years of age but some organisations reintegrate the children into the community without any follow-up and the case is closed**.**

Responding to a question regarding the issue of discipline in the foster homes, Ms Peres explained that the children know and agree to the rules of good behaviour in the home and in Cambodian culture. Many children who come to the homes have not learned proper behaviour, but after they live with a family for some time they start learning. Counselors work with the children to encourage positive behaviours. Children are disciplined by taking away privileges such as presents, pocket money,

television time or extra activities until they choose to change their behaviour. House parents deal with one behaviour problem at a time so as not to overwhelm the child.

To a question raised by Father Joe Maier (Human Development Foundation, Bangkok) on the issue of whether children who are HIV positive are accepted by the group homes, the presenters said that the children are not tested upon arrival but if a child gets continually sick then he/she is tested. There are a few children who are HIV positive and if they get along with other children, they are not separated from their foster brothers and sisters.

A critical issue for children's care programmes is the short duration of donor funding cycles, because care programmes are long-term in nature and need to operate for many years.

Father Joe asked about the programme addressing such a small part of the entire problem when there were enormous numbers of HIV/AIDS orphans on the way. Mr Allan replied that Hagar is just a small entity among many other organisations addressing all aspects of the issue. There is a place, Mr Allan said, for larger institutions to deal with much larger numbers of children, considering the entire spectrum of care needed. Hagar's work is specialized and focused on particularly vulnerable children who have been referred by other organisations. Hagar is also conducting prevention work in the provinces in linkage with basic activities such as education, water supply and gender awareness. Hagar is aware of the size of the problem and the efforts needed to address the growing number of children in need. However, many children do not need to be in an orphanage and need relationships more than anything else. That is exactly what Hagar wants to provide in its family-based programmes. If children cannot go back to their original families or be reintegrated elsewhere, then Hagar helps them in the best way they can.

Group Work

Following the question and answer session, the participants were divided into four groups to brainstorm on recruiting and supporting foster parents.

GROUP WORK TWO ESTABLISHING FOSTER CARE SYSTEMS

Your organisation wants to establish a foster family for orphaned children (ages 4-8) in a small urban community in Nepal. You want to place the orphaned children in an existing family home with a husband and wife who have 1-2 children.

Question One
What are four criteria for selecting the parents?

Question Two
What is the maximum number of foster children the parents could take care of?

Question Three
What are the main challenges in finding appropriate foster families in Nepal?

Question Four
What are 4 primary kinds of support which your organisation may need to provide to the foster family?

Criteria for selecting foster parents

As one of the criteria for selection, Group One suggested that the parents should be from 28 to 50 years of age. The group gave importance to the background of the foster family, in terms of having no criminal records, being trusted and recommended by the community, having good parenting skills and being fond of children. Group Two stated that basic education should be the first criterion for selection of parents. The family should be a small nuclear family and socially devoted. The parents should be very open and tolerant, particularly the mother, since she will be the one directly handling the children.

Group Three stated that the foster family should be willing to make a long-term commitment and have no other job or career plans. The group also gave importance to the reputation of the parents in the community. In consensus with the other groups,

Group Three felt that the parents should have a basic level of education. The group decided that the age of the parents should be around 30 years. Group Four, consisting of the representatives of the Human Development Foundation in Bangkok, considered the background of the family to be the first criterion for the selection of parents. The group felt that the family should not be gamblers, alcoholics or drug dealers. **The foster parents should have basic education, a stable job, a reputation for providing love to children and devotion to a particular religion or culture.**

The number of children that a foster family can care for

The groups differed in the recommended number of children that a foster family should care for. Group One decided that the total number of children should be five, including the family's own children. Group Two decided that the family should have a maximum of four children, whereas Group Three suggested a total of eight children, including the family's own. Considering the Thailand context in which they work, Group Four decided that the family should be very large (maximum 15 members) consisting of uncle, aunt, grandfather and grandmother so that all of them could take turns looking after the children.

The challenges of finding appropriate foster families in Nepal

The biggest challenge identified by Group One was finding parents willing to take children. The parents may have more affection for their own children than for the foster children. The group felt that the child would be at a risk of being abused. The family would have financial constraints in fulfilling the demands of the additional children. The child would face difficulties in being accepted by the rest of the family members and in adjusting to the new family. The other challenges identified by the group were prejudices of tradition, caste, religion and gender which are so predominant in the Nepalese community. The group suggested that single mothers and childless couples could be the best foster parents in the context of Nepal.

Group Two felt that **a major challenge to successful reintegration would be social segregation of the child because of caste and religion,** especially in rural communities. The group decided that the economic status of the foster family would be another challenge. If the foster family was poor, they would not be able to maintain an adequate living standard for the foster children. In consensus with Group One,

the group members felt that there would be a high risk of discrimination between the family's own children and the foster children. The group felt that issues of legal clarity would need to be addressed, especially property rights.

The major challenge identified by Group Three was the difficulty in community members accepting foster care because of the inherent prejudices in the culture. In consensus with Group Two, group members raised the question of inheritance – whether the foster children would have the right to property. The group felt that it would be very difficult to find appropriate foster parents in the context of Nepal. The major challenge identified by Group Four was that the family may not have its own house and the children may have to move from place to place. If the family is from a slum area, the children can easily catch diseases or fall under bad influences such as drugs or criminality. The group feared that the family may not be able to give lifetime commitment to the protection of the foster children.

Kinds of support to be provided to a foster family

Group One decided that the family would need monetary support for expanding their home and providing education for the additional children. The family would need training on parenting skills. The group suggested that the family should be provided with income-generating skills and linkages with local institutions such as police, hospitals and cooperatives. Group Two felt that organisations could provide orientation and training to foster parents. The family would require additional economic, social and legal support. The group felt that organisations which place children in foster families should have a monitoring and follow-up system to ensure that support is appropriately provided.

Group Three gave priority to providing support to ensure long-term commitment of the foster parents, such as a fund similar to a retirement pension. The organisations could provide training for foster parents on child development, health, first aid and fostering practices. The group underlined the importance of developing a support network for the foster family, and providing assistance in expanding the family home. Group Four placed importance on providing basic needs such as education, shelter, clothing and medicine. The group also felt that the children should be given orientation before going into the new family.

Session four

The SOS Children's Village: A Model of Community-based Small Group Homes

Khagendra Nepal is the Director of the SOS Children's Village in Sanothimi, Nepal. SOS has been operating in Nepal for more than 30 years, and has developed 'villages' and small group homes for orphaned children in 12 sites in urban and rural Nepal. SOS utilizes a worldwide model of small group homes that has been adapted to the Nepal context, and has tested it in Nepal for a decade.

Introducing the basic principles underlying SOS Children's Villages worldwide, Mr Nepal said that every child has the right to feel that he/she is somebody in the world, the right to feel that he/she belongs to somebody who loves and cares for her/him, and the right to belong to a place that he/she can call home. The SOS Village is a community in itself, and is also a part of the surrounding local community. Mr Nepal quoted the following statement of the founder of the SOS Children's Villages, Dr Hermann Gmeiner: 'These children are our children but they belong to someone else.'

All children have the right

- to feel that they are somebody in the world,
- to belong to somebody who loves and cares for them, and
- to have to a place that they can call home.

The admission criteria for SOS are that the child has to be below five years of age and must have lost both parents. Mr Nepal explained that sometimes when a child comes in with brothers or sisters who are above five years of age, the SOS Village accepts them all so that they are not separated.

At SOS, children find a home and family that meets their needs of love, care and security, both mental and physical. The SOS family is similar to a natural family in

that it is comprised of a home, a mother, brothers and sisters, and a community. In the SOS Children's Village are a number of 'homes'. In each home, an SOS mother takes care of up to 10 children, with the assistance of 'aunts' and professional childcare personnel as needed. Children usually remain in the village until they are 16 to 18, and retain strong contact with the village and their SOS mothers throughout their lives.

The SOS mother makes a lifetime commitment to be the mother of the children entrusted to her. She manages the household chores and activities together with the children. Children of different ages and sex groups live together in a family and siblings are always kept together. While searching for mothers, SOS seeks women who do not have their own family responsibilities. The organisation promises to look after the woman in her old age. SOS provides her with a well-furnished house, all the costs to manage a family, and a monthly salary. Even after her retirement, the she maintains her relationship with the children that she brought up. The SOS mother continues to live on the SOS premises so that the bonding with the children is maintained after they leave the village.

Prospective SOS mothers are provided with a rigorous 24-month training course. Core training includes the role and responsibilities of the SOS mother, the differences between the SOS mother and a natural mother, child development, infant care, religion and culture, and children's rights.

The SOS mother undergoes training on personal hygiene, physical exercise, medicinal drugs and diseases. The training covers vaccinations for children, practical knowledge of first aid and basic knowledge of medical care. The SOS mother is trained on the nutritional requirements of children of different ages, the practical and theoretical aspects of cooking, the selection and preservation of food, and the type of food to give when the children are sick. Home management training includes house decoration, use of household tools, housekeeping routines, kitchen sanitation and safety, household pests, and household budgeting.

To support the children's education, the SOS mother is provided with training on organising play materials which help children's learning, how to prepare children for school and how to receive children after school. She learns how to check their

bags and cope with the daily tasks which children are given by the school. She is taught how to create a peaceful learning environment at home and the necessity of visiting the school regularly to see the children's performance. The training includes exposure visits to hospitals and organisations that are similar to SOS.

In order to strengthen the bonds between the SOS Villages and the community, all festive celebrations throughout the year are observed. The marriage ceremonies of daughters and sons are occasions of celebration with the entire village participating. When an SOS daughter becomes pregnant after marriage, the daughter returns to the SOS Village, and the SOS mother takes care of her during and after delivery as in Nepalese tradition.

Presenting the challenges of operating SOS Children's Villages, Mr Nepal identified finance as the greatest challenge. The cost of maintaining each family is very high and the resources have to keep coming in. The SOS Village also faces the challenge of maintaining the living standard for the children. The village has a policy of maintaining the living standard of the average middle-class Nepalese family in the community in which the SOS Village is located. The third constraint is that the SOS Villages require the presence of child care professionals as well as SOS mothers, and it is very difficult to find child care professionals in Nepal.

Regarding the professional development of SOS staff, Mr Nepal said that this is provided through the SOS mothers Training Centre. SOS provides pre-service training and in-service training throughout the year to the mothers, co-workers, teachers and other technical staff. Teachers, principals and Village Directors are sent abroad for special training. SOS also organises exposure visits and tours within Nepal and abroad. Performance appraisal of all the workers is implemented rigorously.

Questions and Answers

In the following question and answer session, responding to the issue of discipline in the village, Mr Nepal clarified that the Children's Village has its own set of Do's and Don'ts. One of the rules is that no SOS child can marry a child from the same SOS Village. **Because all SOS children are considered 'brothers' and 'sisters', the children marry members of the outside community.** Creating this relationship

with the outside community is an important part of the integration process, said Mr Nepal. Boys and girls are usually kept in the village until the age of 16 years. The girls are given more consideration and sometimes they may stay in the village until the age of 18. After that, they go to a Youth Facility for older teens. In Kathmandu, SOS operates a Youth Facility for boys in Koteswore and a Youth Facility for girls in Baneswore.

Responding to a question regarding how expenditures are maintained in a Children's Village, Mr Nepal said that individual household budgeting for each 'family' in the village is an internal matter regulated by the SOS mother. Each SOS Village has a fund for special needs such as hospital bills.

Asked whether the SOS Village takes in disabled children, Mr Nepal replied that SOS may or may not accept a handicapped child depending upon the circumstances. For example, the village will accept a child who has lost an eye or has a hearing problem. However, the village does not accept mentally disabled children or children who need special care. The village takes in children at a very young age and if it is later found that the child is mentally disabled, the child is placed in a special SOS facility in Jorpati for the handicapped and mentally disabled.

Responding to a question as to whether the SOS Village takes in children of lower castes, Mr Nepal said that the SOS Village has children of many different castes and religions, and the management takes strict disciplinary action against any acts of discrimination. At the same time, **the SOS mother may follow her own traditions with her children**. For example, a Newar mother follows the Newari tradition with all the children in her care and a Brahmin mother may perform all of the Brahmin rituals with her children. The mothers themselves are from many different castes. The SOS Village has a mother from the Dalit caste, and two mothers in Bharatpur are from the untouchable castes. If the child does not have a family name, the mother has the right to give her own family name to the child. The children are legally registered in the mother's name.

Regarding the issue of how a single mother can take care of 10 children, Mr Nepal replied that it is difficult, but the mothers have helping hands. For example if there

are two or three little children in the family and the mother does not have time to look after them and cook at the same time, then the village provides an 'aunt'. The aunts help the mothers with domestic chores from early morning until late evening.

Group Work

Following the question and answer session, the participants were divided into four groups to discuss how to address the concerns of teenagers and the operating costs of group homes.

GROUP WORK THREE PERSONAL AND FINANCIAL CONCERNS IN OPERATING SMALL GROUP HOMES

Giving Children A Sense of Identity

Your organisation operates a community-based group home for orphans and other children who have been long separated from their original family and community. As the children in the home reach the ages of 15, 16, 17 years, they frequently come to you with a special concern.

They say, 'When I have to introduce myself to other people, I don't know what to say. My friends outside the home talk about their parents, the place where they were born, and their parents' house where they live.' The children ask you, 'Who am I? Where is my "home"? What I can tell others about me, so that I feel equal to other young people in the community?'

Question One

What can your organisation do to give the teenaged children a sense of personal identity, history and place?

Operating Group Homes At Low Cost

Your organisation wants to establish small-group homes. It wants to operate the homes according to high standards of care and facilities, and to have good, well-trained staff. This is expensive.

With the intention to equal the quality of care of the models presented by Hagar and SOS, answer the following questions.

Question Two
In operating such small-group homes, what are the three greatest expenditures your organisation will have?

Question Three
List a four-point strategy for operating at low cost while maintaining high quality of care.

Question Four
List a three-point strategy for providing monetary support to the homes without asking money from donors.

Giving children a sense of personal identity, history and place

Group One gave importance to maintaining records of the children's past history to give them a sense of personal identity. The group suggested that information about the child's past should be gathered from the child's visitors or relatives. The organisation should request recommendation letters from Village Development Committees, police and Chief District Officers to provide the children with legal identity. The children should be motivated to feel proud of the village family where they are brought up.

Group Two noted the importance of tracing the child's relatives and bringing them in contact with the child. **The child should be legally registered, and each child should know his/her family background after he/she grows up.** The child should not have a substitute identity, should know everything about his/her natural family, and should have the freedom to decide what to tell others in the future. Sympathizing with the SOS boys for not having a father figure, the group felt that it was important for a boy to have a father figure as a role model.

Group Three felt that the child could get his/her identity through the caregiver. The child should know the reality of his/her provenance at a very young age and the self-confidence of the child should be developed right from the beginning. Group Four

emphasized telling the child the truth about his/her provenance. The child should be made to feel proud of himself or herself, and should be constantly reminded that it is an honour to be a part of the organisation. The children should be reminded that they are human beings born in this culture and country, and that they have the same social status as all other human beings.

The greatest expenditures in operating small group homes

Group One felt that the largest expenditure would be incurred in establishing physical infrastructure. The group felt that great expenditure would be incurred in the recruitment and development of human resources. The group identified other large expenditures as operational costs, health expenses and educational expenses. Group Two decided that the largest expenditures would be incurred on staffing, accommodation and training and staff development. Group Three felt that the largest expenditures would be incurred for shelter, food, medicine, clothing and schooling. Group Four decided that the largest expenditure would be on food, medical care and physical infrastructure.

Operating at low cost while maintaining high quality of care

Identifying strategies for operating at low cost, Group One said that the location of the group homes should be in a comparatively inexpensive area where basic community facilities are available, such as a semi-urban area. The group suggested the use of indigenous technology, giving priority to local resources and the community work force to lower the cost. The group recommended periodic monitoring of cost efficiency and adopting an effective work appraisal system. The group gave importance to collaboration with other organisations to lower the cost.

Group Two felt that there should be speedy reintegration to lower-cost facilities so that children are not kept in group homes for a prolonged length of time. An example of such facilities would be half-way houses with less adult supervisors. The group gave importance to in-house training – using experienced staff to train new staff. The living standard of the group homes should be the same as the standards of the surrounding community and the group homes should try to become more self-sufficient through kitchen gardening and raising livestock.

Group Three felt that the group homes should be located in semi-urban areas and the government should provide land, buildings or both to the group homes. The group decided that a network of caregiving organisations should be developed in order to share specialized resources. Group Four recommended training staff in saving water and electricity, and teaching children the value of money. Minor maintenance and repair work should be done by in-house staff in order to lower the cost. The group emphasized the importance of learning about nutrition and trying to lower the cost of food without cutting the nutritional content.

Providing monetary support to the homes without asking money from donors

Group One stated that **financial support should be provided to group homes through active community participation.** The group suggested that the homes should conduct fundraising events. The group gave priority to working in coordination with the corporate sector, and encouraging them to fulfill their social obligations towards the community. The group felt that local job holders should be motivated to contribute their skills and resources to run the homes.

Group Two suggested that the older reintegrated children should be encouraged to provide services and support to the group home where they were raised. The group recommended developing income-generating activities to provide monetary support to the homes. Rich people and businesses should be involved in supporting the group homes, and local business organisations should be encouraged to provide part-time jobs for older children.

Group Three suggested organising local fundraising events to provide monetary support to the group homes. **The public should be encouraged to cut down on expensive religious or cultural rituals and instead contribute to social ventures such as group homes.** Religious institutions should also be encouraged to contribute to group homes. Businesses and individuals should be given tax incentives by the government to encourage them to invest in social development. The group suggested lobbying the government to identify and provide unused resources for children's homes.

Group Four stated that **the community and the government should be mobilized to appreciate and support the activities of the group homes.** People should be made to realize that children are the obligation and responsibility of the whole nation. Funds could be collected through establishing websites and donation boxes. The group decided that the homes should be registered in order to get funding from companies and tax exemption from the government. The group emphasized the need to develop trust with business institutions so that they provide funding to the group homes.

The Human Development Foundation, Bangkok

Father Joe Maier directs the Human Development Foundation, located in Klong Toey, the largest and oldest slum in Bangkok, Thailand. Over the last 30 years Father Joe, the Foundation and the Klong Toey community have developed, among much else, schools, health care facilities and shelters for slum children. The Foundation's facilities house hundreds of slum children in need of special protection, as well as the largest hospice for HIV positive persons in Thailand.

Following the group work, Father Joe Maier presented a brief description of the Human Development Foundation and its work with AIDS-affected children. He highlighted the need for organisations working in this sector to convince the government and the community that they have a responsibility for children. The worst enemies of sexually-abused children and AIDS-affected children are adults, he said. When people – including children – have AIDS, the community wants to ostracize them. AIDS is here for a thousand years and it is not going away. **The society has to learn to live with AIDS.** Therefore, it is first of all the duty of the community to give these children a sense of belonging and protection.

Father Joe explained the role of his organisation's outreach programme in generating awareness in the community. The outreach teams, he explained, consist of adults with AIDS who have improved and stopped taking medicine. Each team visits 400 people every two weeks. Father Joe stressed the importance of ensuring that all children with AIDS attend school. In order to achieve this, he explained, the public must be convinced that these children have the right to go to school. The Human Development Foundation has 200 children in residence, out of which 60 children have AIDS. Among these 60 children, 42 are going to school. Father Joe mentioned that these children recently participated in an AIDS parade, where children with AIDS were leading the parade of approximately 5,000 people.

Session Five

Minimum Standards for the Care of Children in Need of Special Protection

Dhruba Kasaju is the National Coordinator of the Comprehensive Minimum Standards for the Care of Children in Need of Special Protection in Nepal (CMSC) Project. The CMSC Project is a joint collaboration between the Central Child Welfare Board of the Ministry of Women, Children and Social Welfare, UNICEF and ILO-IPEC.

Introducing his presentation, Mr Dhruba Kasaju, National Coordinator of the CMSC Project, stated that the purpose of the CMSC Project was to develop minimum standards of care for facilities and adoption/fostering organisations responsible for the care of vulnerable children.

To illustrate the need for standards of care in institutions, he presented an extract of a newspaper clipping from the Himalayan Times, Kathmandu.

As shown in the newspaper clipping, Mr Kasaju said, many caregiving facilities in Nepal operate under extremely poor standards of care. Most obviously, children in many facilities lack protection from sexual and physical abuse. Most facilities in Nepal lack a family-like environment for the child, and do not provide the basic comforts, education and nutritious food that children require for their growth and development.

Mr Kasaju emphasized the urgent need to develop and implement comprehensive minimum standards in Nepal in order to protect and care for vulnerable children. **The core purposes of minimum standards are: to provide the most effective and compassionate care to vulnerable children; to develop and maintain professional, transparent and accountable care practices; and to help and support caregivers in their difficult task.**

COPS, RIGHTS TEAM EXPOSE SEXUAL ABUSE IN CHILDCARE CENTRE

Himalayan News Service
Kathmandu, July 21, 2004

It is ironical that a person who gets permission from the government to protect and rehabilitate the life of somebody repeatedly damages his/her life. Chirinjivi Rai who is running the Apanga Mukti Sewa Sangh with the objective of protecting disabled children was allegedly raping two minor girls kept in his child care centre...

The members of the rescue team said all the children in the so-called care centre were being sexually abused in one or other way... Though the centre has been established for disabled only, only one disabled kid is sheltered there...

CWIN Chairman Gauri Pradhan said it is due to the lack of government monitoring of such care centres after issuing licenses to them. 'There are around 200 such centres in the country, 150 in Kathmandu Valley alone...'

Minimum standards ensure that childcare facilities meet the basic requirements of the child as defined in the UN Convention on the Rights of the Child (CRC). The word 'minimum' means 'bottom line,' and thus minimum standards designate a level of care, support and protection that must be maintained and that cannot be compromised or reduced.

Mr Kasaju said that minimum standards should be designed in such a way that a certain level of care is recognised as a norm by all of those responsible for the care of children, including civil society, government, NGOs and donor organisations. This level of care is universal and applicable to all children globally. Although caregiving practices can and should be adapted to local cultural settings, minimum standards cannot be compromised.

'Minimum' standards designate a level of care, support and protection that must be maintained and that cannot be compromised or reduced.

In defining the term 'standards', Mr Kasaju used examples known to all: the World Health Organisation's standards for medical practice; the UN Convention on the Rights of the Child, which are core standards for children's rights; and municipality guidelines for construction, which are standards to ensure the quality and safety of buildings. The minimum standards addressed by the CMSC Project are those which ensure the care of children without family and those in need of special protection. Minimum standards of the CMSC Project are applicable to orphanages, rehabilitation centres, transit homes, shelters, formal group homes and religious homes as well as organisations conducting adoption and formal foster care.

The CMSC Project will develop two forms of standards: 'Regulatory Standards' and 'Operational Standards'. **Regulatory Standards are the criteria, rules and regulations for the operation of a care facility and for placing children in adoption and formal foster care.** Regulatory standards define procedures for the monitoring and enforcement of Operational Standards. As well, they designate the eligibility criteria, registration requirements, management systems, staffing, financial accountability and evaluation procedures for caregiving facilities and for adoption and foster care activities. Regulatory Standards are generally used by government regulatory bodies, donor organisations, advisory bodies from caregiving and technical organisations, and senior management of care facilities and adoption/foster care operations.

Operational Standards apply to the day-to-day running of facilities, the care and protection of the individual child, and the selection and management of caregiving personnel. Operational Standards basically comprise an 'operations manual' which outlines the core procedures and requirements by which children are admitted to facilities, assessed, cared for, and referred to other facilities or integrated into family or other social settings. These standards are used by facility directors, line caregiving staff, and technical caregiving personnel such as counselors and social workers.

Some basic elements of Operational Standards

Operational Standards encompass a wide range of issues and activities. The 'chapters' of the final Operational Standards document to be developed by the CMSC Project will include: child rights; child protection; case management; staff management; psychosocial interventions; discipline; health and nutrition; reintegration, referral and placement; physical facilities; education; and recreation and culture.

Child Rights. Among other standards on child rights, said Mr Kasaju, comprehensive minimum standards should ensure that the child has the right to participate in decisions affecting him/her and the right to contact his/her family or community. The child should have the freedom of thought and religion, privacy and confidentiality, and the right to special care in case of disability.

Child Protection. The facility should have clear and accessible policies and procedures on child protection. The children must be protected from physical, mental and sexual abuse. Included here are standards regarding screening new personnel for possible sexual abusers, the designation of emergency procedures, staff training on child protection issues, and notification of authorities in case of accident, death or gross staff misconduct.

Case Management. Case management is the core practice of professional, accountable child care for children in need of special protection. Facilities which do not have a functional, multi-disciplinary case management system are not considered eligible to operate. Facilities are required to maintain proper case files and conduct periodic case conferences by facility staff and professionals for each individual child. There should be a system of case review, assessment and referral, and all decisions should be made in collaboration with professionals, taking the child's views and opinions into consideration.

Staff Management. The purpose of these Operational Standards is to maintain the professionalism of caregiving staff and to ensure the well-being of staff so that they can adequately perform their tasks. It is necessary that there are clearly defined job specifications, roles and responsibilities for all personnel. Line staff should have support mechanisms, including complaint procedures, to ensure their personal well-

being in the often difficult caregiving environment. The number of staff should be in correct proportion to the number of children in the facility.

Psychosocial Interventions. Operational Standards define the parameters of psychosocial counseling practice and guard against potential malpractice and misuse of counseling procedures. The roles and responsibilities of the staff must be clearly defined. Counseling should only be conducted by appropriately trained and experienced persons. The facilities should support the psychosocial well-being of the child by providing a comfortable, healing environment and promoting life-directed activities. Privacy and confidentiality must be maintained at all times.

Discipline. The Operational Standards document will have a specific 'chapter' on discipline. Corporal punishment, psychological punishment, confinement and deprivation of food cannot be allowed. Similarly, the facility should develop policies and procedures and train its staff on positive discipline techniques.

Health and Nutrition. Minimum standards ensure that all children are provided comprehensive medical attention from the time they enter the facility to the time they leave. All children are examined upon arrival in the facility and medical records are kept properly and confidentially. HIV/AIDS testing is conducted only with permission and under clearly required circumstances. All children are provided access to appropriately trained medical persons 24 hours a day. All dietary provision to children must include the proper amount of protein, vitamins, etc. according to international standards. Facilities which cannot provide complete and adequate nutrition to children are not considered eligible for operation.

Reintegration, Referral and Placement. These minimum standards ensure, among other things, that no child is kept unnecessarily in a facility when they could be placed in a family-like environment, reunited with their family or integrated into the community. To ensure that de-institutionalization is actively pursued, every facility is required to develop a Reintegration Plan for each child as soon as he/she enters the facility. The Reintegration Plan should be developed together with the child, based on assessment of the child's capacity and assessment of the destination environment. Minimum standards ensure that the child receives both appropriate occupational training and appropriate life skills for reintegration. The standards document outlines appropriate

and necessary procedures for preparing the child for reintegration and for providing follow-up support and protection.

Physical Facilities. Minimum standards ensure that the child lives in a safe, healthy and comfortable environment. Facilities which cannot provide such an environment are not considered eligible for operation. The size of the facility should be spacious enough to accommodate the total number of children that are in the facility, and should provide ample space for children to play, study and meet their families. Standards ensure that facilities are safe, secure, clean and well maintained. They also ensure that the children are provided with a 'home-like' environment in which they have their own personal space, privacy and place for personal belongings.

Education. The facility should have provision for both formal and non-formal education for the children. Non-formal education should prepare the child for formal education, if the child so wishes. The facility should provide sufficient space, privacy, time and assistance so that the child can most benefit from his/her studies. In addition to the routine curriculum, children should be provided information on health, hygiene, reproductive health, personal safety and children's rights

Recreation and Culture. These standards ensure that children are fully provided with the cultural benefits of the nation in which they live, as well as the freedom and ability to grow through appropriate recreation. The facility must have a recreational policy in place. National cultural activities such as song, dance and plays should be provided. Adequate time and opportunity for recreation, including both organised and self-directed play, must be provided to the children. The children should also have the opportunity to participate in activities outside the facility.

Activities of the CMSC Project

Mr Kasaju outlined the activities of the DMSC Project. In essence, said Mr Kasaju, **minimum standards are developed through a participatory process which includes all of the stakeholders in the care of children in Nepal, including NGOs, government, donor organisations, line caregiving staff and children.**

The first activity of the minimum standards development process is the mapping of institutional facilities providing care to children. The mapping includes institutional care, community-based care, foster care and adoption. This is followed by orientation for concerned stakeholders and the general public on the purpose and activities of the CMSC Project. The orientation programme of stakeholders will be directed at all individuals, institutions and organisations concerned with the care of children. There will be small group meetings and orientation activities in four regions of Nepal.

Following this, there will be thematic workshops at the central level for developing the Operational Standards. Twelve thematic workshops will be based on the 'chapters' of the Operational Standards document outlined above (child rights, health and nutrition, psychosocial care, etc.). The workshops will be comprised of selected stakeholders as well as technical experts on the particular issues. In the first round of thematic workshops at the central level, a first draft of the Operational Standards document will be produced. At the same time, government personnel and others will compose a first draft of the Regulatory Standards document.

This first draft of the Operational Standards will then be presented at Regional Workshops for inputs and changes. There will also be regional group meetings with children and line caregivers where the first draft will be discussed. The first draft will be edited by incorporating the feedback and comments from the Regional Workshops, line caregivers and children.

Following this, a second round of thematic workshops will create a second draft of the Operational Standards document. The second draft will be edited accordingly and a final consultation of all stakeholders will be held to finalize the minimum Operational Standards. Government personnel and others will finalize their draft of the Regulatory Standards document. At the end of this process, the Regulatory Standards and Operational Standards documents will be submitted to the government for endorsement, and will be publicly disseminated.

For future implementation of minimum standards, the project will develop strategies and guidelines for the application of standards to institutional practice, capacity building of institutions so that they can meet the requirements of proper standards of

care, and monitoring of institutions for continued compliance with those requirements. The project will develop time-lines for the development of specific technical guidelines to support the standards.

Concluding his presentation, Mr Kasaju said that there is a rapidly increasing number of vulnerable children in Nepal and many of these children will end up in care. Thus there is an immediate need for developing standards to ensure their protection, growth and development so that they will be able to participate in the society as full citizens. He requested all of the participants to join in the process of the CMSC Project in order to provide quality care for children in need of special care and protection.

Questions and Answers

Responding to whether there were similar exercises in other countries, Mr Kasaju said that **all caregiving facilities in Western Europe and North America are required by law to operate under minimum standards.** The only country in the developing world that has developed minimum standards for caregiving is Rwanda. He mentioned that there is a need to review international minimum standards and establish them in the Nepalese context.

Group Work

After the discussions, the participants were divided into groups for an activity to develop a trial draft of minimum standards for one aspect of caregiving: discipline. The groups reconvened after the discussions and made their presentations. All four groups came to a consensus that there should be no corporal punishment. All of the groups emphasized the importance of involving children in developing the rules. The groups also gave importance to developing a code of conduct for children.

The minimum standards on discipline drafted by the groups are as follows:

Group One

1. The purpose of discipline is to promote values and societal reintegration, to reinforce good behaviour, to change or limit negative behaviour for the group to function, to educate, to ensure healthy development of the children, and to deter risky behaviour.

GROUP WORK FOUR THE PROCESS OF DEVELOPING MINIMUM STANDARDS

You are a committee which has been formed to develop a first draft of minimum standards for the care of children in professional care settings, including: rehabilitation centres, institutional orphanages, small group homes and formal foster care settings.

The subject on which you will develop standards is: DISCIPLINE.

Things To Consider

Believers in corporal punishment. Care settings must work with families, teachers and their own staff who think that corporal punishment is necessary so that the child 'stays on the right path' and 'doesn't get spoiled'.

Circumstances that must be considered. Some facilities care for teenaged girls who have returned from Indian brothels after a number of years. After living in the brothels, these girls are discipline concerns for the staff. They often speak with 'bad mouth' and frequently fight with each other. Sometimes the girls become violent in the care setting, breaking windows and beating the staff.

A view from students (an actual story from Pakistan). A teacher of Class 8 spent several years in the UK. While she was there, she came to a firm belief that corporal punishment was wrong. When she returned to Islamabad and taught her classes once again, she did not scold or strike her students. After two months, some of her students came to her and said, 'Why aren't you giving us discipline? We will become spoiled and careless, and we will fail in our studies.'

Punishment without hitting (actual incidents told by a 20-year-old Nepalese girl). 'I went to a very good private school in Kathmandu. When we did wrong things, the teacher would punish us in these ways (among others). We had mixed male-female classes. For example, the teacher would have a girl student stand in front of the class and unzip the side zipper of her skirt to show her under clothing. The girl would be so ashamed. When I was in Class 3, when students were naughty, the teacher would send them out of the classroom into the yard. They had to squat down like a frog, and hop like a frog across the yard while all of the students watched and laughed. We felt so humiliated. Sometimes the teacher would make us kneel in a corner with our knees on a stick. It was very painful.'

Question One

List 10 or more basic minimum standards that will guide caregivers in addressing discipline concerns in the caregiving setting. (Note: each standard should be a sentence, a complete statement.)

Include:

- what are the basic principles regarding discipline?
- what is forbidden and what is allowed?
- what does the facility need to provide the line caregivers in regard to discipline?
- what does the facility need to provide the children in regard to discipline?

2. Discipline must be consistent, realistic, age-appropriate, measured and appropriate to the misdemeanor.
3. Acceptable discipline incorporates such things as:
   - taking away privileges
   - dignified and respectful punishments (e.g., cleaning rooms, writing lines, etc.)
4. Children can be involved in:
   - designing discipline and acceptable punishment (general)
   - issue-based punishment
5. Discipline should not include purposeful humiliation, corporal punishment, psychological punishment (e.g., deprivation, isolation, discrimination, taunts, etc.), physically stressful punishment, or taking away the child's rights.
6. Facilities must provide line caregivers with training in the CRC, the Why's and How's of appropriate discipline, support and back-up, a code of conduct, a platform to be heard, networks to discuss about and refer problem children, and training in child behaviour.
7. Facilities must provide children with a code of conduct, a safe place to complain and a platform to be heard.

Group Two

1. Children must participate in developing rules and regulations.
2. Corporal punishment is not allowed. Use constructive ways of discipline

(restrictions on materials, recreational activities, social activities) and explain the reason to the children.
3. Nobody is allowed to show any form of harassment (sexual, psychological, physical).
4. Staff and children regularly evaluate the discipline standards and how they have been followed up.
5. Monitoring amongst children should be done on a rotation basis.
6. Staff and children are not allowed to enter the facility under influence (drugs, alcohol).
7. The facility should provide a code of conduct with Do's and Don'ts (e.g., behaviour, respect, discrimination).
8. The facility should have a reward system to praise good behaviour.
9. The facility should provide *structure* and *clarity* to children.
10. Line caregivers should get training, for example, in self defense.

Group Three

1. The basic principles of discipline are that children should not be subjected to corporal punishment and that the self-respect and dignity of a child should be maintained at all times.
2. Always encourage positive disciplinary measures.
3. A caregiver cannot humiliate a child.
4. A child should not be subjected to physical, mental and emotional torture or harassment.
5. A child should not be deprived of *freedom* (e.g., locking up a child alone).
6. A caregiver should adopt positive reinforcement techniques (by praising and rewarding).
7. Set limits and clarify consequences to encourage good behaviour through their own participation.
8. Provide training about the basic principles of discipline.
9. Provide regular guidance and motivation to caregivers.
10. Set limits about discipline for caregivers.
11. Motivate caregivers to be role-models for the children.
12. Provide caregivers with incentives and opportunities for self-growth (e.g., trainings, exposure visits, challenging job, etc.)

13. Provide a forum for caregivers to air their grievances with the management.
14. Provide care for the caregivers (retreats, counseling, etc.).
15. The facility needs to ensure that children under their care are respected, encouraged and rewarded for good behaviour.
16. A good learning and physical environment for the children.

Group Four

1. There should be a level playing field and everybody has to know the rules.
2. The punishment should fit the crime.
3. The child should not be humiliated so as to lose face in front of others.
4. The caretaker should not go into a rage and scream and shout.
5. The caretaker has to be open-hearted and generous and listen to the child.
6. The punishment should be different for different ages.
7. The child needs to have a part in the punishment and not be a passive victim. The punishment should be discussed with the child and it should never be a private affair.
8. If you are going to slap the child, make sure do not hit the child in sensitive parts.
9. The child must know and understand what is going on before and after the punishment
10. Talk to the child and listen to him/her before disciplining the child.
11. The child must know her/his rights and responsibilities.

Concluding Remarks

Presenting the concluding remarks for Workshop One, Mr Anders Lisborg (Associate Expert, ILO-IPEC) thanked all the participants on behalf of the ILO for their valuable contribution. He said that the workshop had generated interesting in-depth discussions on important topics. This is just the first step on a long walk and changes in practice, policies and strategies are the next steps ahead. However, this workshop is not going to change anything alone. In the future, the people of Nepal will say that there was a time in the past when abuses in institutions were common, a time when the quality of child care was poor. In the future they will say, now it is not like that anymore because the NGOs, government and the donors worked together to change all of that. History will judge all of the work that has been initiated in this workshop. All of the organisations present at this workshop will have to work hard to make the changes which are necessary to ensure quality child care in institutions, communities and society. Mr Lisborg said that the present workshop is a part of that change and that everyone should be proud of what they had achieved.

Following Mr Lisborg's remarks, Mr Peter Dalglish said that he would like to conclude the workshop with some comments on an important study on the dynamics of institutions. In the 1970s, the psychologist Dr Phillip Zimbardo conducted an experiment at Stanford University in California. He took a group of 32 undergraduate students around the age of 18 and randomly divided them into two groups. They were to perform a 12-day role-play of a prison environment. Half of them were to play the role of prisoners and half were to play the role of prison guards. He converted the basement of a Stanford building into a make-shift prison. The prisoners had to wear numbers and their hair was cut. The guards were given clubs and guard uniforms.

The prison experiment was supposed to run for 12 days. After only three days, the Stanford undergraduates who played the role of prison guards started expressing violent, coercive and domineering behaviour appropriate to their power as 'guards', including verbal and physical abuse of the 'prisoners.' Dr Zimbardo ended the experiment. This

was a very powerful demonstration of the power of institutions to influence behaviour, said Mr Dalglish, and the power that people assume only from job titles and uniforms. One of the reasons for the urgent need of minimum standards, said Mr Dalglish, is to check some of the more violent tendencies in human beings, particularly in men. Therefore, the process that is underway in this workshop – to seek alternatives to institutional care and to promote standards of quality care within institutions – is a timely and important process.

Mr Dalglish referred to a book by Ivan Illich entitled *Deschooling Society*. He noted that this book was very relevant to the discussions in this workshop because the author argues that in addition to teaching people, schools and institutions have the ability to deform people. In Brazil, the reformatories used to be called 'deformatories' because of the horrible effect that they had on young children. He said that he was particularly impressed by the SOS presentation and the invitation to participate in their training. Resources are limited, but model institutions that already exist can help in the work that needs to be done. The purpose of this workshop was to share some of the ideas, some of the resources and some of the tools that will make our work easier for the future. He thanked all of the participants for their active participation.

Building the Foundation for Reintegration Activities in Nepal

Introduction: Workshop Two

In Nepal and throughout much of the developing world, very little formal thinking, strategizing or planning has gone into the reintegration of children and youth affected by trafficking and the worst forms of child labour, although NGOs have recently expressed significant concern over reintegration issues and now have many positive and negative experiences to share.

Conceptual clarification of 'reintegration' is needed at this time. The prevailing ideal among many NGOs and donor partners that all children should 'return to their family and community' is being seriously challenged. The reality is that many children and youth cannot return and have no wish to return to their original families and communities. This may be due to the child's family being abusive, the community rejecting the child, or the risks of returning home during the present armed conflict in Nepal.

By restricting reintegration options to family and community, many children's needs have not been addressed and many – including many 'rescued' trafficking survivors – have returned to prostitution or other worst forms of child labour.

All of the options for reintegration must be carefully considered. Apart from returning to the abusive environment, Nepalese girls/women leaving rehabilitative care generally have four options:

- returning to their original family and community;
- living independently, with or without the support of relatives, friends, etc;
- entering intermediate forms of community-based care, such as half-way homes and foster care; and
- getting married and living with a husband and his family.

Each option presents its own challenges and the interventions to address each option require conceptual clarification, strategizing and capacity building to put into action.

For all options, there is a need to recognise two aspects of reintegration: the social and the occupational.

The occupational aspects of reintegration (earning a living) have been addressed in Nepal for years. However, the challenges are still immense, particularly for females. Strategies to identify occupations that provide income ('work that works'), mechanisms to help children choose their own work/life options, and quality training programmes need to be developed.

The social aspect of reintegration has scarcely been addressed to date. Employment alone does not ensure a good life. Even if good employment is provided for a reintegrating girl, it comes to naught if the girl cannot save money, protect herself from men or drug abuse, or interact with society. 'Social reintegration' activities are intended to strengthen the child and integrate him/her not only into the workplace, but into Nepalese society.

As we build the foundation for reintegration activities, new players in the development field need to be introduced: the professional social worker and the para-social worker. Social workers – not counselors – are the people who engage with the child, family, friends, employers and community to help the child find a healthy, rewarding place in society. They are the key figures in ensuring the successful social and occupational reintegration of the survivor.

Social workers are the key figures in ensuring the successful social and occupational reintegration of the survivor.

Reintegration concepts and practices are new to South Asia and need to be addressed with openness, care and a realistic vision of the needs of the child. 'Rescue' and 'rehabilitation' have no meaning if reintegration fails and the child returns to the same – or worse – situation. Reintegration goes beyond working with a child only in the caregiving setting – it means working with the child amidst the complexity and challenges of the entire society.

Objectives of Workshop Two

The objectives of the Workshop Two were:

- to provide conceptual clarity on the multi-dimensional aspects of reintegration and the diverse destinations of reintegrating survivors;
- to clarify the social constraints of reintegration;
- to present models of reintegration activities and examine their application to the Nepal setting; and
- to conceptualize tools, strategies and needed human resources by which organisations can build their capacity to effectively integrate survivors.

PRESENTATIONS: WORKSHOP TWO

Building the Foundation for Reintegration Activities

Conceptual Clarity: The Sources, Needs and Destinations of Reintegrating Survivors
John Frederick, Consultant, ILO-IPEC

A Model of Reintegration: The SOS Children's Village: Preparing Young People for Independent Living
Khagendra Nepal, Director, SOS Children's Village, Sanothimi, Nepal

Stigma, Discrimination and Social Exclusion in Nepal
Dr Alfred Pach, Consultant, USAID/Family Health International

Life Skills for Reintegration
Rachana Subedi, Consultant, Maiti Nepal

The Challenges of Returning to Society
Pooja Mijar, Director, Shakti Samuha

Community-based Care and Reintegration in the Context of the ILO-IPEC TICSA Programme
Minisha Khatri Dhungana, Programme Officer, ILO-IPEC

Introductory Remarks

On behalf of Ms Leyla Tegmo-Reddy (Country Representative, ILO-IPEC Nepal), Mr Peter Dalglish (Chief Technical Advisor, ILO-IPEC Time Bound Programme) welcomed all of the participants to the second two-day workshop. Reviewing the previous workshop, he said that it had been extraordinary in terms of bringing provocative issues to the table in a short time with the active participation of all those present.

Talking about the present workshop, he said that the issue of reintegration is an important and complex issue for the ILO, and consequently the workshop will begin with a presentation on conceptual clarity of reintegration issues. In the past, dropping off a young woman off at her village of origin and leaving her to her own devices was accepted as successful reintegration, but it is not. The workshop will discuss the components of successful reintegration and the practices that can prepare young people for society and lead to a better chance for their successful reintegration. The workshop will identify problems faced by women and children who have been returned to their communities, and those who are unable to return. He noted that in Thailand there has been more acceptance of women in the sex trade returning to their communities and their families, and this has allowed these women to survive and even succeed. He expressed his hope that Father Joe and his colleagues from the Human Development Foundation in Bangkok would help the participants compare the challenges of reintegration in Nepal with those of Thailand.

Mr Dalglish mentioned a recent study entitled *Gaps Analysis of Intervention Strategies against Trafficking in Women in Nepal*, conducted by Oxfam Nepal. The report addresses the problems of rehabilitation and reintegration as conducted by NGOs in Nepal, including those funded by the United Nations. Among other things, the report portrays women's and girls' rights being violated on a wholesale basis in the name of rescue. Citing the report, he presented the following case study of a trafficking survivor who was 'rescued' by an unnamed NGO and kept in a shelter against her will for two years:

Concluding his remarks, Mr Dalglish stated that women and children deserve better through the work funded by the international community, and this is the whole purpose of this workshop. Mr Dalglish thanked all of the participants for their presence and their time.

THE CASE OF CHAMPA

'At the rehabilitation centre, we were treated like animals. I lived at the shelter for two years. I went there when I was 15. All of us trafficked girls, 30-40 of us, were kept in one room with two meals a day. The staff and students ate first and we always ate last. The staff would not come and speak to us. Whenever they did speak to us, it would be in a degrading manner.

'One day we were taken for a blood test, but we did not know where we were going until we arrived at the clinic. We were not told anything. They did not ask for our consent for the tests. When they got the results, the diseased persons were kept separately. And they got their food separately …they were not received like the others.

'We were not allowed to leave. A few girls ran away, but they were caught. When they were brought back they were beaten up and had hot water poured over them. The staff, including the person who founded this organisation, would beat any girls who ran away. When I got ill, it was only when I was completely bed-ridden that I got taken to the doctor. We were treated like animals. We suffered a lot of discrimination.'

Session Six

Conceptual Clarity: The Sources, Needs and Destinations of Reintegrating Survivors

Introducing his presentation, Mr John Frederick (Consultant, ILO/IPEC), told the participants that many topics would be repeated throughout the workshop because of their importance. The purpose of the workshop, he said, is not to burden the participants with volumes of information but to clarify basic issues and encourage the participants to think about the challenges, opportunities and directions for successful reintegration. Discussing the linkages between Workshop One and Workshop Two, Mr Frederick said that the previous workshop on institutional and community-based care focused on the necessity of taking children out of an institutional care setting and placing them in a 'family-like' setting. The present workshop would focus on the activities that assist the same children to leave the care setting and return to Nepalese society as strong, capable adults.

Mr Frederick reiterated the key concepts of 'the purpose of care' that he had presented in the first workshop. These are repeated, he said, because these simple concepts inform every action we take, and should never be forgotten. Our first purpose is to protect and heal those who come to us in need. We must look beyond only healing, he said, and not forget our second purpose: to strengthen them when they have been healed. Many children come to us with severe social liabilities. They may come from prostitution, may be HIV positive or may be a victim of sexual abuse. Although we might cure or arrest the psychological and physical problems, they will suffer from social dislocation due to stigma, discrimination, powerlessness, lack of confidence and lack of abilities. We must make these children super-strong, so that they can challenge social pressures and lead a dignified, assertive life.

Our third core purpose of care is to *prepare* children to return to society. They cannot simply be taken out of care and thrown into the community. Before they leave our care, they must have both the economic and social skills to cope with a very difficult society. Finally, our work does not stop when they leave our care. Our fourth core purpose is to ensure that either they successfully reintegrate, or if reintegration is not immediately possible, that they are placed in a secure, supportive living environment.

If we take a child into our care, we have an ethical obligation to heal, strengthen and *successfully* reintegrate him/her, no matter how much time and effort it takes. We must be very careful about 'rescuing' children, because experience has shown that sometimes we have done more damage than good.

UNLESS WE CAN SUCCESSFULLY REINTEGRATE THOSE IN OUR CARE, WE SHOULD NOT 'RESCUE' OR 'WITHDRAW'

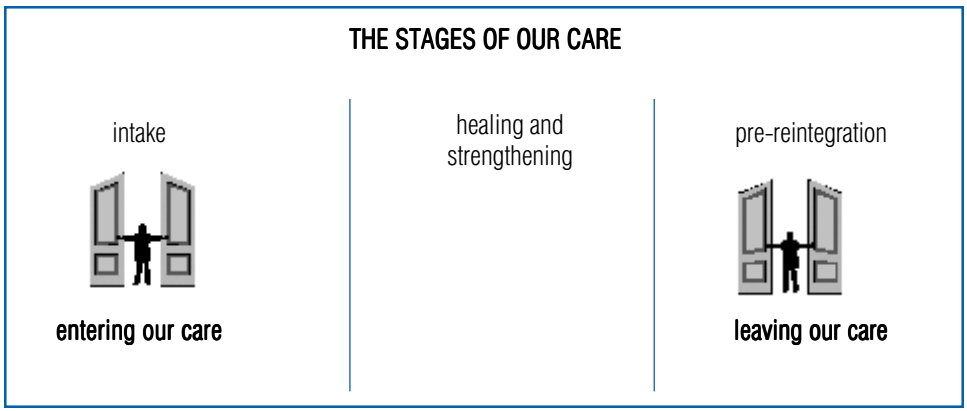
Mr Frederick cited the example of the NGO and donor 'feeding frenzy' in the early 1990s of rescuing child labourers from the carpet industry in Kathmandu. Many children were withdrawn from the carpet factories but very little was done to reintegrate them. At that time, a Japanese researcher conducted a study on the situation of the children after they were taken out of the carpet industry. The study revealed that a low percentage of children returned to their families and home communities, and a high percentage ended up on the streets or in unprotected and often worse forms of child labour, including prostitution. Many would have been better off remaining in the carpet factories. Mr Frederick reiterated the fact that children should not be withdrawn if we do not take full responsibility for their successful reintegration.

For conceptual clarity, Mr Frederick presented in illustration of the varied situations from which children and adults enter the care system.

Mr Frederick reiterated his comments from the first workshop that each person comes into our care from very unique circumstances. Each person, child or adult, comes with specific needs and those needs determine the type of care that must be provided.

Mr Frederick then presented an illustration of the stages of care to which all children are entitled.

Intake is a critical, short-term process where the child's immediate needs are addressed and his/her psychological and physical health is assessed. At intake, the child's social conditions are also assessed: social workers visit the family and community to investigate whether they are capable of accepting the child or if there are protection, poverty and other considerations to be taken into account. In Nepal, it is understood



that family and community visits are problematic due to Nepal's difficult terrain, the present armed conflict and the lack of trained NGO human resources.

Following the intake stage, the child enters the healing and strengthening stage of care. At this time case management plans are developed: for rehabilitation, for reintegration and, if necessary, for protection. These plans guide the various stakeholders in the child's care (warden, counselor, social worker, physician, lawyer, etc.) in healing, strengthening and reintegrating the child effectively and quickly.

Mr Frederick noted that even when the child is healthy and strong, he/she still might not be prepared for reintegration. He stated that both of the words 'rehabilitation' and 'reintegration' have been used carelessly and no longer have a clear, functional meaning. Many organisations believe 'as soon as a damaged person enters care, it is rehabilitation, and as soon as the person leaves care, it is reintegration'. Before a child leaves care, there is a necessary stage: pre-reintegration. Here, the child is provided the economic and social skills necessary for living in society.

Healing and strengthening can last from no time at all to a lifetime. People who arrive at a care facility strong and highly resilient may not need any healing and strengthening – they are soon ready to go back to the community. They pass briefly through care and go out. Others come in severely damaged and take a long time to heal and strengthen. If a person is equipped for dealing with society – has both good job skills and good social skills – the pre-reintegration phase may be no more than a short period of basic orientation. For others, it may take a year or more to develop income-generating skills and life skills. This underlines the importance of case management. Through case management, caretakers can identify and provide what each individual needs – no child is left in care unnecessarily and no child is reintegrated too soon, or to the wrong destination.

Referring to reintegrating children to the wrong destination, Mr Frederick stated that there is a need to break the myth that 'we can return them to their family and community, and everyone will live happily ever after.' Although everyone wishes this was true, the reality is that **many cannot go home.** Mr Frederick listed five reasons why children may not return to their home family and community.

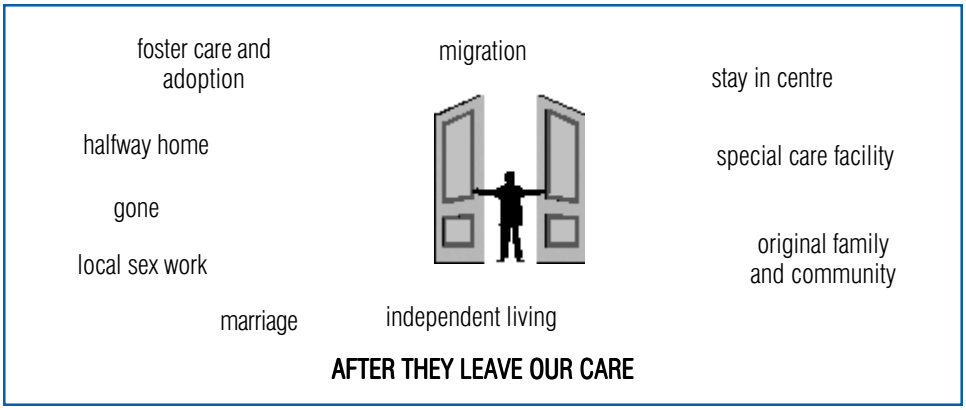
Why can't Many Children and Women Return to their Original Family and Community?

- because they don't want to
- because they are not accepted
- because it is dangerous for them
- because they need medical or psychological care
- because they have no family or community

They may have personal, including confidential, reasons for not wanting to go home, and it is their right to choose. Their family or community may not accept them because of a stigma they carry, such as being HIV positive, being disabled or being a former prostitute. It may be dangerous for a child or woman to return: the family may be abusive, or if trafficked, the child may be in danger from traffickers in the community. With the present armed conflict in Nepal, a child or woman may be in physical danger or at risk of being abducted into armed service. Children or women often cannot return for medical or psychological reasons: they may be HIV positive and unable to receive adequate care in the village, or they may be too psychologically or physically disabled. Finally, children or women may have nobody to return to: they may be abandoned and not know where they came from, or the family may reject them.

In planning for reintegration, the first and most important activity is to explore these alternatives with the child. Mr Frederick stated that caregivers could endanger a child or woman if reintegration is not conducted carefully and with the child's participation. Often children or women are returned to families or husbands who are abusive or who reject them, leaving them with no source of protection and support. He emphasized that the key persons in reintegration are professional social workers. He noted that these professionals are not integrated into the care system in Nepal, and called upon the donor community to support the development of this essential human resource.

Children or women may return to a variety of destinations and **organisations must be equipped to prepare them for *all* alternatives.** Mr Frederick presented the following illustration of some of the major destinations to which children and women may go after they leave care.



It would be ideal to return them to their family and community but, as stated earlier, many cannot go back. Many wish to live independently, to decide their own lives and pursue their own careers. This is a big challenge in South Asia since it is very difficult for women to live alone. There is a critical need for those working in gender issues in South Asia, said Mr Frederick, to work towards giving women the freedom to live independently as they can in other countries of the world. Women must be given the right to have their own jobs and their own residence without having to depend on a father or a husband for their protection and social respect.

Many girls or women wish to get married when they leave the care setting. Others may need to go to special care facilities if they have long-term mental or physical illness. Some may wish to stay in the centre, and younger children may be placed in foster care or adoption. Some women may wish to migrate from Nepal, for work in India or overseas. Some are 'lost': they may die or may just disappear after they leave care, not to be seen again. And others may return to prostitution.

The present reality is that many of rescued girls who have been 'rehabilitated' at some of the organisations in Nepal have either returned to Indian brothels or have become local sex workers. Mr Frederick recounted a recent conversation with Dr Pushpa Bhatt, whose organisation operates a drop-in clinic for street sex workers in Kathmandu. Some of the women who come to Dr Bhatt's clinic are women who have been rescued and have gone through the care process. Notably, compared with other sex workers in Kathmandu, many of these women are in very poor condition:

HIV positive, addicted to drugs and working at the lowest and most dangerous tier of prostitution. This does not reflect well, said Mr Frederick, on the quality of 'rehabilitation' and 'reintegration' provided by some of Nepal's caregiving organisations.

He emphasized the need to **consider the realities of each individual's choices and options when conducting reintegration activities.** For each possible destination of the reintegrated person, the preparation for reintegration and the follow-up after reintegration are different. If a girl wants to go into an independent living situation, she should know how to save money, how to rent an apartment, and how to deal with harassment from men. If a girl wants to get married, she should know how to assess the qualities of a potential husband, how to deal with marital problems, and how to maintain her reproductive health. If a girl wants to migrate, she should know now to migrate safely. Mr Frederick put the question to the floor whether a girl who wants to go into local sex work should be taught, for example, how to negotiate the use of condoms with clients or how to protect herself from drug abuse. Caregivers have an ethical obligation that their reintegration activities do not result in harm to the child or woman. He noted that exploring these critical issues was the objective of the workshop.

In conclusion, Mr Frederick said that the presenters of Workshop Two had been selected because their work significantly addressed key issues in reintegration. Mr Khagendra Nepal (Director, SOS Children's Village, Sanothimi) would make a presentation on SOS's activities to prepare young people for independent living. The presentations of Dr Alfred Pach, an expert on stigma and social exclusion in Nepal, and Ms Pooja Mijar, Executive Director of Shakti Samuha, an organisation of trafficking survivors, would address the challenges of survivors when they return to society. And finally, Ms Rachana Subedi, consultant to Maiti Nepal, would make a presentation on developing life skills to prepare girls and women to successfully return to society. Mr Frederick explained the workshop format and requested the participants to give their best to the workshop.

Session Seven

Preparing Young People for Independent Living

Khagendra Nepal is the Director of the SOS Children's Village in Sanothimi, Nepal. SOS has been operating in Nepal for more than 30 years, and has developed 'villages' of small group homes for orphaned children in 12 sites in urban and rural Nepal. SOS provides a comprehensive reintegration programme for children who are in its care, leading to the successful integration of hundreds of SOS children in Nepal and throughout the world.

Beginning his presentation, Mr Khagendra Nepal said SOS believes that 'all the children are actors and actresses of their own lives and not mere objects of our care'. When children are brought into SOS, the total focus is considering how they may lead their lives in the future. SOS has learned many lessons, and some of its children have become doctors and engineers. The success of a person's integration depends upon the person's social and cultural compatibility with the destination community as well as the person's ability to earn a living. An organisation cannot place a person into the community without preparation. Integration means developing both the individual's social and cultural compatibility and his/her professional skills. Both of these aspects are equally important for reintegration.

When accepting a child into SOS, the organisation believes that **each child has immense potential for developing leadership skills, professional skills and positive human qualities.** The purpose of SOS's care is to germinate all of the human possibilities within the child and to make the child capable of adapting to society. Naturally, SOS tries to unite the child with his/her own nuclear or extended family. But, as mentioned in the first presentation of this workshop, the child cannot always go back to his/her community. As well, during the process of care, some children develop qualities and interests that make them choose to live in a different social

environment than they were born into. In SOS, for example, some children of Gorkha and Taplejung have become engineers and doctors, and have adapted to urban life, so they cannot be expected to go back to their communities. In SOS's experience, it has been found that some of the children ended up living abroad and some have returned to their own villages.

Discussing the protection or 'safety net' of a child, Mr Nepal said that the first important safety net for the child is the child's own family. Generally in Nepalese society, if something happens to the family, the child drops through this safety net into the safety net of his/her extended family. For various reasons the extended family may not be able to keep the child. When the extended family safety net cannot protect the child, he/she sometimes drops down to a safe independent living situation and sometimes goes into a care setting. If the child does not even have these limited safety nets, he/she is at high risk and may end up in situations such as child labour, early marriage, sexual exploitation, living on the street or abducted as a child soldier. Here, SOS provides the safety net, and takes in children from all of these circumstances.

For reintegration, it is very important to know the situation that each child has come from. If a child comes directly from his/her natural or extended family, SOS keeps records of the family in order to plan for future reintegration. However, **it is difficult to reintegrate children into their natural or extended family after a gap of many years.** Mr Nepal gave a recent example of trying to reintegrate a girl who passed her 10th grade and had a well-to-do extended family living in Kathmandu. The extended family was willing to take her but the girl did not want to go. The girl had visited the extended family during holidays and festivals for the past several years, but she did not want to live with them. Through this example, Mr Nepal illustrated the need to be very cautious when reintegrating children into the community.

SOS thinks differently from other organisations about reintegration because SOS takes care of children on a life-long basis. SOS defines three kinds of integration. 'Facility integration' is how each SOS Village integrates into the local community, 'children's integration' is how children integrate into the facility itself; and 'independence integration' is how they integrate into the community after they leave the SOS Village.

Regarding facility integration, SOS has adopted a policy of assisting three children outside the facility for every child who is admitted into the facility. Often, these children are at risk of abandonment. Mr Nepal explained that in most cases the problem of abandonment arises when the husband dies and the woman is left behind, since women are often totally dependent upon men in Nepalese society. The woman may not be able to take care of the children herself, or if she is young she may get remarried and neglect her children for those of her new husband. Therefore, he explained, SOS focuses on supporting children who do not have their fathers. However, SOS does not admit a semi-orphan child if his/her mother is living. In the SOS Community Outreach Programme, SOS helps the mother take care of her child by bearing all the necessary expenditures for the child. In this manner, the child gets the opportunity to grow up with his/her biological mother. There are 250 such families who come to Sanothimi SOS Village to collect their monthly budget to run their families. SOS also provides scholarships (for school fees, books, stationery, uniforms, etc.) to children with both parents living, but only in cases where the family is very poor and the husband does not take care of his responsibilities.

As a part of facility reintegration, SOS provides services to people in the community. SOS has seven Hermann Gmeiner schools in seven SOS facilities. Some of these schools provide education until the 12th grade and some until the 10th grade. Children in the surrounding community as well as children within the village use these schools. A total of 150 children from the SOS Villages and 1,200 children from outside the villages are attending these schools. This is one way in which the facility integrates with the surrounding community. In addition, 29,000 people in Nepal get direct and indirect services through SOS day care centres, community health service centres and vocational training centres.

I**n order to facilitate their integration into mainstream Nepalese society, children are encouraged to use public services and community resources.** Although SOS has its own medical facilities, the children and the mothers are encouraged to use public medical services. Children become members of local community clubs, and although the SOS Village has its own transportation vehicles, they are encouraged to use public transportation. The children in SOS Villages conduct

social service to teach them a sense of social responsibility. They form community helping clubs through which they raise funds to contribute to local schools. They sponsor the education of other children in the community by buying books and stationery, collect clothes and distribute them to poor families and victims of natural calamities, and organise blood donation programmes.

SOS establishes contacts with the children's relatives in order to maintain their family roots and relationships. **The relatives take the children to their homes for visits, and in this way the children stay connected with their extended families and their original communities**. If a child has property, SOS protects the property for the child's use in the future.

When children reach 15 or 16 years of age, they leave the villages and shift to the Youth Facilities, which are semi-independent living environments. There are separate Youth Facilities for boys and for girls. At the Youth Facility, they are taught self-reliance through basic life skills such as cooking, cleaning and washing, as well as decision-making skills applied to everyday life. A group of 12 young people live in one house and although there are adult supervisors, they make their own decisions through group discussions regarding their daily needs and activities.

In the Youth Facility, much emphasis is given to studies and job training. After the children pass their basic education (School Leaving Certificate), they are assessed regarding their creative skills and potential professional skills. To develop their skills, after the children pass the 12th grade or graduate from college, SOS requests social and business organisations to take the children into the organisations either as volunteers or paid staff. In order to become self-reliant, the young people are encouraged to look for job advertisements in the newspapers from the time they enter the Youth Facility.

The young people remain in the Youth Facilities for about two to three years, after which time they are shifted to rented rooms with SOS providing all the basic necessities. **In the rented room living situation, the young people themselves make all decisions regarding everyday living,** although they have to seek advice from their guardians when making major decisions. Although SOS allocates a budget

for basic necessities, the young people have to earn their own money for personal expenditures. Through this process, they establish their identity in the wider society and become naturally integrated into the community. Even after integration into the community, the child can come to the SOS Village for support at any time since the child's SOS family is his/her own family and the child's SOS mother is always the reference person. For this reason, SOS has adopted the policy of keeping the mothers in the village even after retirement.

SOS gives the highest priority to career planning, education and training for children's independence and reintegration. If a child wants to go for further studies to a foreign country where an SOS Village is located, SOS Nepal contacts the SOS Village in that country so that it will provide support to the child. Similarly, SOS International may support a particular child for education abroad. SOS has a special sector dedicated to helping young people find employment. If someone wants to start his/her own business, SOS provides support through start-up money and infrastructure costs. For those who fail to find employment outside, SOS finds employment within the villages.

Questions and Answers

In the question and answer session following the presentation, Dr Alfred Pach (Independent Consultant) asked the presenter whether SOS accepts children of mothers who are mentally ill or alcoholics. Mr Nepal replied that if a mother is not capable of taking care of her children, SOS accepts them. Mr Peter Dalglish asked whether the children in the village had to necessarily get married. Mr Nepal gave the example of a 43-year-old woman who did not want to marry and has remained single. She is now working as a counselor in Kathmandu.

Ms Anja Hem (Associate Expert, ILO) asked the presenter whether the children who are accepted into a particular village come from nearby areas or from any part of the country. Mr Nepal replied that 20 years ago there was only one SOS Village and children were accepted from all parts of the country. At present, children are taken into villages from the same part of the country that they were born in. For example, if a child is from the eastern part of Nepal, the child is placed in the SOS Village in Itahari in east Nepal and if the child is from the west, the child is placed in the SOS

Village in Surkhet in western Nepal. If none of the villages have room for a child from their area, the child is placed in the Sanothimi SOS Village.

Responding to Ms Pramada Shah's (President, Saathi) question on the percentage of children successfully reintegrated by the SOS Villages, Mr Nepal said that SOS Villages have married off 240 daughters in the last 30 years. Among them, two are widowed and two are divorced. He stated that 94% of the children have been successfully integrated.

Ms Manju Kanchuli (Programme Coordinator, ABC Nepal) asked the presenter about the kind of support that was provided for self-employment. Mr Nepal gave an example where a woman started a boutique business with seed money of NRs. 10,000 provided by the SOS Village. He also gave the example of a woman who opened a video shop business through a small investment provided by the SOS Village. Responding to a question by Ms Shanti Adhikari (President, CWISH) on whether the boys were also involved in self-employment activities, Mr Nepal replied in the affirmative. However, he explained, more emphasis is given to preparing girls to be independent, even after marriage.

Group Work

Following Mr Nepal's presentation, the participants divided into five groups to discuss family reintegration and independent living situations.

Strategies to help a boy reunite with his family

Presenting on behalf of Group One, Mr Binod Shrestha said that the group gave importance to gradually establishing the relationship between the boy and his family through motivation, counseling and helping them understand their mutual responsibilities. The group decided that the boy should go to a school, which is located near the parent's house in order to establish regular contact with the parents. The group felt that because the boy had been given advantages during his time with the caregiving organisation, the boy should be challenged to make a positive difference in his family's welfare. For example, if the boy is literate but the mother is not, then the boy should be challenged to teach the mother. The organisation should monitor the family relationship and provide regular guidance as needed.

GROUP WORK FIVE FAMILY REINTEGRATION AND INDEPENDENT LIVING SITUATIONS

Reuniting A Boy With His Family

Four years ago, your organisation undertook the care of a 10-year-old boy who had left his family in Patan and was living on the street. Your organisation has provided very good care to the youth. It has provided him with a good education, comfortable living facilities, opportunities for recreation, and a good social life with his peers.

You have been in contact with the boy's family. The family is poor and illiterate, but honest and hardworking, with a good family situation. The boy is now 14, and you have decided that he can return to his family.

However, the boy is resistant. He has become accustomed to a good living situation, good schooling and the social life in the care setting. He does not want to return home.

Question One

Describe 4 strategies by which you will help the boy and the family reunite and live happily together.

Choosing Girls for An Independent Living Situation

Your organisation has a number of older girls (17-19 years) in halfway homes. None of the girls can return to their original family or community. You would like to place the girls in independent 'rented room' situations in urban Kathmandu. In these situations, several girls would live together and undertake responsibility for their own lives.

Question Two

List 4 criteria by which you would select the girls who are most appropriate to live in independent 'rented room' situations.

Question Three

List the 4 most significant problems that would occur for girls living in independent 'rented room' situations.

Question Four

For each problem in Question Three, describe what activity your organisation would undertake to address that problem.

For Group Two, presented by Ms Shanti Adhikari (President, CWISH), the foremost strategies for integration were counseling for the boy and his family, and providing life skills education to the boy. The group also suggested providing livelihood training to the boy and micro-credit to the family. Ongoing support for the boy's education and extra-curricular activities was identified as another strategy. The group decided that **there should be continuous interaction of the caregiving organisation with the reintegrated child and his family.**

Presenting on behalf of Group Three, Ms Romi Shrestha (Maiti Nepal) said that the first step would be family meetings where both parties get to know each other better and discuss their various roles. The second step would be weekend visits or short-term overnight visits with the family while the child continues schooling with the facility. The group noted the importance of conducting discussions regarding the roles and responsibilities of the family and the child. The relationship of the organisation with the family must be ongoing.

On behalf of Group Four, Mr Binod Koirala (Programme Coordinator for Kaski, FNCCI) stated that the first strategy would be to review the full case history of the child, including the reason he became a street child and his present development status. The group recommended psychosocial counseling in order to develop the child's ownership and responsibility for his family, and to help the parents develop parental affection for the child. The group stated that **the organisation should promote frequent visits of the child to his family by involving him in the cultural, social and religious activities of the family's community.** To establish the child in the community, the group suggested developing linkages with local schools, peer groups and community members. In order to help the family to provide facilities similar to the shelter, the group recommended that the boy be given educational support and the family should be provided with income-generating activities. In accordance with the other groups, Group Four recommended follow-up and monitoring of the family situation.

Group Five consisted of visitors from the Human Development Foundation, Bangkok. Father Joe Maier translated the presentation. The group suggested that the boy should be provided with basic education. They felt the need to set up a separate schooling

system for the boy because he might not be able to easily adjust to the school environment in his family's village. The group stressed finding employment for the boy, and felt that all the members of the organisation should act as advisors to the boy and his family, friends and employers.

Criteria for selecting adolescent girls for an independent living situation

As primary criteria for selecting a adolescent girl for an independent living situation, Group One decided that she should be mature, mentally stable, and capable of maintaining daily routines, such as attending training, going to school or going to work. They felt that she should be motivated to earn income to support her group, have good life skills and be able to understand her new situation.

The girl's level of education (formal or non-formal) was the first criterion suggested by Group Two. The group stated that the organisation should conduct an assessment of the girl's interests, self-confidence, sense of responsibility and commitment to work or studies. They felt that the girl should have received both livelihood and life skills training. Group Three gave priority to girls who were already employed. The group thought that the girl should be physically and mentally healthy, free from any kind of drugs and able to relate socially. The group suggested that the girl should be highly motivated to live independently and should possess budgeting and household skills.

Group Four decided that the girl should have received basic life skills training, and in consensus with Group Three, that she should already be employed. The group felt that the girl should possess decision-making and leadership skills. Group Five felt that the girl should have a sense of personal responsibility and honesty. She should have certain amount of self-control, and an awareness of what she wants to achieve in life. She should be convinced to seek the company of good friends so that she does not pick up bad habits.

Problems for adolescent girls in independent living situations, and ways to address those problems

The problems identified by Group One included: conflicts among members of the group in an independent living situation, harassment by the people from the community or in the workplace, stigma, lack of security and safety, and difficulties in coping

with the challenges of independent living. Addressing the issue of interpersonal conflicts, the group decided that the girls should select their own friends to live together and group counseling should be provided when there was serious disagreement. **Community awareness programmes, legal support and strengthening the girls through assertiveness training were recommended to address the issue of harassment.** Awareness programmes were suggested for dealing with the issue of stigma. In order to cope with the various problems that would arise, Group One felt that the girls should be provided guidance in their daily activities through regular visits by social workers.

Group Two expressed their concern about the lack of employment opportunities in Nepal and questioned whether the girls would be able to generate sufficient income. The group decided that the girls would face sexual and social harassment, and expressed concern regarding their physical and social security. The group was concerned with the personal competence of the girls to address the difficulties of independent living. In order to cope with the issue of employment, the group suggested the formation of a network of employment agencies to help secure employment for the girls. To deal with sexual harassment, the group felt that the girls should undergo self-defense training, be made aware of legal options and be provided skills to deal with such situations. To address social harassment, the group recommended the formation of a safety net in the community including the police, neighbours, health workers, social workers and community leaders. Regarding physical security, the group suggested self-defense training and the mobilization of communities to support the girls in times of need. The group stressed the importance of monitoring their progress, assessing whether future training is required and providing technical and financial support until they become self-reliant.

Similar to the previous groups, Group Three identified the first concern as discrimination and harassment from employers, landlords, neighbours, family and workmates. The second problem identified was economic issues: whether the girls would be able to earn sufficient money, pay bills on time and do budgeting. Similar

to the other groups, the group showed concern that there would be internal conflict among the girls, and expressed concerns for the girl's security.

In dealing with the issue of discrimination and harassment, Group Three recommended training that would build the girls' self-confidence and assertiveness and would give them skills in leadership, negotiation, conflict resolution and self-defense. The group recommended the formation of a 'safety network' of social workers, other girls in rented premises, doctors, local police and lawyers. Addressing economic issues, Group Three suggested training on budgeting skills, assistance with income-generating activities, and empowerment training with emphasis on salary discrimination. **Life skills on conflict resolution would be important in dealing with the issue of interpersonal conflict.** The girls should jointly develop a code of conduct, and there should be regular house meetings where issues could be openly discussed.

The concerns identified by Group Four were similar to those of other groups. The group gave priority to the problems of social harassment, financial problems, dominance by a particular member of the group, and physical and biological changes. The group suggested community awareness raising to address the problem of social harassment. They stated that there should be a fund of financial assistance in case of financial crisis. Addressing the concern of the girls' physical and biological changes, the group suggested that the girls should be educated on sexual and reproductive health.

Regarding the problems, Group Five, speaking from the Thailand context, felt that the largest problem would be that the girls would go back to their old friends and get involved in drugs. They would not be able to accept self-responsibility and would do whatever they felt like doing without any control. Without financial skills, they would spend whatever funds they had. The girls would not open up to anyone if something happens to them. To address these problems, the group felt that they should develop self-confidence and dignity to cope with the challenges. **The girls should be made to feel that they are valuable persons and can contribute to society.** They should also be provided life skills to help them survive in an independent living situation.

Session Eight

Stigma, Discrimination and Social Exclusion in Nepal

Dr Alfred Pach, Independent Consultant, has spent the last two years conducting a comprehensive study of stigma and discrimination in Nepal for Family Health International and USAID.

Introducing his presentation, Dr Alfred Pach defined 'stigma' as an attribute possessed by a person that society believes is unacceptable. This attribute can be health status, particular behaviours or group membership. In Nepalese society, people make certain assumptions and entertain certain prejudices about people affected with TB, leprosy and HIV/AIDS, and about certain ethnic groups. 'Discrimination' is a social action in which others treat a person unjustly due to an unacceptable and discrediting attribute.

There are two core aspects of stigma. *Enacted stigma* is the actual experience of stigma and discrimination that the individual receives from society, such as rejection, mistreatment or separation. *Felt stigma* is the individual's feelings about his or her condition and expectations of the negative reaction of others. There are many groups with negative self-perception, such as drug users and people living with HIV/AIDS, and they are always in fear of how people will respond to them.

Enacted stigma is the actual experience of stigma and discrimination that the individual receives from society, such as rejection, mistreatment or separation.

Felt stigma is the individual's feelings about his or her condition and expectations of the negative reaction of others.

In Nepal, stigma and discrimination occur most commonly and painfully within families, communities and health care settings. Stigma and discrimination may range from unconscious gestures, to neglect, to mistreatment that may involve harassment and hostility. Typically, they are based on inaccurate and misinformed ideas, which lead to beliefs in the threatening or dangerous aspects of a behaviour, illness or condition. This leads to assumptions about particular groups such as caste groups, sex workers or drug users.

Cultural values and social attitudes also reinforce stigma and discrimination. Some persons or groups receive moral condemnation for violating certain values held by culture and society. This reinforces the low status and vulnerability of these persons and groups in the society, and underlines local beliefs about the body and contagion.

Issues of poverty, political instability, urbanization and migration are related to stigma and discrimination because they increase people's vulnerability to risky or unsafe situations and behaviour, such as sex work or migrant labour. These issues exacerbate stigma and discrimination for the most vulnerable, especially the poor, women and people with little support.

Stigma and discrimination make a long-term psychological impact on the person. They create feelings of fear and anxiety, depression and low self-esteem. This often leads to social self-isolation, resulting in neglect and rejection by families, communities and health care settings. And this in turn often results in the loss of social and economic support to meet individuals' needs to survive. Thus, **the psychological impact of stigma and discrimination may lead to delay in seeking health care or social support, resulting in deteriorated health or economic conditions.**

Dr Pach discussed the study he recently conducted for Family Health International and USAID. The study, he said, involved two approaches to stigma and discrimination among people living with HIV/AIDS (PLWHA) in Nepal. The first examined the attitudes and beliefs of non-positive individuals about HIV/AIDS and PLWHA. The second looked at the experiences of stigma and discrimination of people living with HIV/AIDS.

Summarizing the findings of the first approach, Dr Pach said that the study revealed that the majority of the respondents thought that one can not be infected by HIV through the use of the same public facilities or through everyday interactions. However, **an important minority (one-third to one-fifth of the sample) thought that HIV could be transmitted through casual social contact.** An example of discrimination due to this assumption is an incident where a boy with HIV/AIDS was told by the teacher to leave the classroom. Dr Pach said that stigmatizing views are most often based on inaccurate knowledge about HIV transmission.

There are assumptions that people who are sex workers, drug users, returnees from India and members of other high-risk groups, especially women, are HIV positive. Therefore the study made reference to people's attitudes about these particular groups. The rates of stigma and discrimination may be higher than recorded in the study because, even if some of the respondents had adequate knowledge about HIV transmission, they may be cautious about contact with a person whom they suspect has an infectious disease. The study revealed that **stigma and discrimination are less common among younger age groups and among those with higher levels of education.**

The second part of the study focused on the experiences of stigma and discrimination of persons living with HIV/AIDS. This part involved interviews with PLWHA on the stigma and discrimination they receive from families, communities and health care settings. The study focused on the psychological and socio-economic impact of stigma and discrimination on PLWHA. The people interviewed were questioned on strategies to reduce stigma and discrimination and its consequences.

Families may respond to a member with HIV/AIDS with care and support, or with fear and rejection. Dr Pach presented the following case of a girl who was trafficked to India when she was 13 years old and returned several years later.

> **"My family is afraid to let me in their house. When I asked my mother to lend me 100-200 rupees when I was very ill, she refused and said it was better I did not come in the house as they were humiliated and had no honour (beizzat) in the society."**

He presented another case of a girl who was married at the age of 14 to an older man who already had two wives. She ran away and ended up being trafficked to Mumbai. On her return, she only received harsh words from her family, who treated her as a non-entity. The community stigmatized the whole family.

> **"In the community, my family was told not to come to the neighbours' houses because I had been in Mumbai. They thought I was positive and considered my mother to have no face to show in the village."**

Felt stigma is an individual's feelings about the attitudes of people towards himself/herself and towards his/her family. It may lead to isolation from the family, community and other sources of support. In order to illustrate this, Dr Pach presented the following example of a woman trafficked at the age of 12 by friends from a carpet factory.

> **"I have not told my mother, who is 65 years old, that I am positive. She would not understand. If the villagers knew I was trafficked, she would have a hard time living in the village... and it would spoil my unmarried sister's future... so I do not go to the village. The fact is that I am not able to talk to my family. I am deprived of their support... I am helpless."**

To illustrate the economic and health consequences of stigma and discrimination, Dr Pach presented the following case of a woman from southern Nepal who was trafficked when she was 13 years old. She was ostracized by her community and did not have sufficient money to provide for her health care.

> **"The community has a lot of problems with me. I am not allowed to take my water from the same tap as others in the village... They used to give me a lot of work but they stopped because they said I am positive and had been a sex worker. So far, I have not gone to the hospital, as I have no money to go and see the doctors. I suffer in my room in silence."**

Dr Pach cited another case related to the impact of stigma and discrimination on social integration. A woman had a very good job at a hotel and an apartment in Kathmandu. Word somehow got out that she was positive and a sex worker. The immediate result was that she lost her job at the hotel, her landlord evicted her from her apartment and people would not even let her on the bus. She finally ended up living with an NGO with no source of income.

Many women suffer feelings of anxiety, sadness and hopelessness from having been trafficked or finding out that they are HIV positive. He cited a case of a woman who was beaten by her husband and left home, leaving her two children behind. She was trafficked by villagers when she was in her early 20s. She went back to her village but was sent away by her family members.

"When my family members sent me back (to Kathmandu), I felt very bad and started hating myself. From then on, I have felt that I am a horrible woman. I tried killing myself. I do not like to talk to people... The only support is that I am living with people who are also positive. If I had to live in the village, nobody would marry my children and I would be kept by the riverside so that nobody would come into contact with me... Now I wonder where my children are. I think of them and I feel so guilty."

One of the important domains of social behaviour is how people seek information and support for their health problems, whether it is a sexually transmitted disease or an incident of sexual abuse. Dr Pach said that although health care settings should always be sources of information and care, sometimes they can be very negative experiences for PLWHA. He cited the case of a woman from a very poor background who was married at a young age and was abused by her alcoholic husband for being childless. She eloped with another man only to be trafficked by him and his mother.

"I had the worst experiences when I gave birth to my child in the hospital. The nurses were very rude to me and screamed every time they had to attend to me. They said I deserved to be positive because I was a sex worker... They feared that they would become positive by attending to me... Nobody would deliver my child."

Summarizing the different cases, Dr. Pach said that all of the women were from poor families. They had to face hard work, had young and abusive marriages, and had been trafficked at a young age. The families expressed unfounded fears of HIV transmission from casual contact, thus ostracizing them and restricting their movement. The families suffered a loss of social status in their communities. Most of the women were emotionally distressed by having been trafficked and by being HIV positive. In terms of felt stigma, most of the women concealed the reality of having been trafficked and their HIV status from the community and their families. **Health care settings can be a source of negative and disturbing experiences, which foster low self-esteem and reluctance to seek care in the future.**

In the study, focus group discussions were held among sex workers to solicit their ideas on ways to address the problems of stigma and distribution. The sex workers wanted respect and recognition from society. They felt the need for peer support groups and wanted advice on organisational development in order to have a collective voice through which they could express their concerns and mediate with the police and the legal system. They wanted increased advocacy, education and awareness raising regarding their problems in society. Because they felt that they had no employment alternatives since they had little or no education, they gave importance to skills training.

Similar focus group exercises with people living with HIV/AIDS gave importance to public advocacy and awareness raising to address stigma and discrimination. They felt that they should be involved in the design and delivery of programmes from the initial stages. They identified needs for individual and family counseling, economic and health care support, and skills in income generation. They felt that they needed more information on HIV/AIDS, as well as training in care and support for themselves and other PLWHA.

Dr Pach informed the participants that a consortium has been formed on reducing stigma and discrimination against people living with HIV/AIDS. The consortium includes the National Centre for AIDS and STD Control, the National Association of Positive People in Nepal, USAID, Family Health International, the Policy Project and Population Services International. The objectives of the consortium are: 1) to increase

community dialogue about stigma and discrimination, and to build capacity at the community level for PLWHA and their families; 2) to reduce fear associated with HIV and AIDS and change negative perceptions of PLWHA (from immoral people to important members of the society); and 3) to increase acts of compassion, care and support for PLWHA.

The consortium identified four levels for developing strategies: the societal, institutional, community and individual levels. The societal level is the macro level, comprising advocacy through mass media, anti-discrimination legislation, a code of conduct for media, and informational messages to reduce fear of HIV/AIDS and increase compassion for PLWHA. The institutional level includes school and health facility training programmes with activities such as a code of conduct for health settings, advocating along with PLWHA for health infrastructure development, and creating an HIV/AIDS education school curriculum.

At the community level, the consortium has decided to conduct three district-level programme assessments and initiate activities with the involvement of Village Development Committees, local PLWHA groups, CBOs, INGOs and NGOs. The individual level includes forming support groups for the affected and their families, providing training on care and support, developing targeted IEC materials, providing referrals to counseling and other services, and providing support to individual PLWHA. Additional suggested activities include advocacy programmes for women, and training for journalists to promote positive media coverage.

Questions and Answers

In the following question and answer session, responding to a question by Mr Peter Dalglish, Dr Pach clarified that the study mostly focused on women. He noted that the highest rate of men having HIV/AIDS was among injecting drug users. Regarding the issue of gender identity, Dr Pach said that the study did not touch that aspect, as it was a very sensitive issue. Ms Bandana Shrestha (Research and Editorial Coordinator, CMSC Project) asked Dr Pach if men faced similar discrimination to the examples he had presented. Dr Pach replied that in similar cases it was found that **there is less stigma and discrimination against HIV positive men, particularly if the men are breadwinners of the family or if they are from a wealthy family.**

Mr Peter Dalglish asked the presenter if there were some cultural or ethnic groups in Nepal that were more accepting of women being in the sex trade. Dr Pach replied that the study did not cover a large sample and this issue was not included in the study. Mr John Frederick clarified that there is no specific data on the subject but, in general, if a woman returns to the village displaying her economic success, the hill ethnic groups tend to accept her more easily than the Brahmin/Chettri ethnic groups living in the other parts of the country. The *Badi* community is exceptional because sex work in this group is a community activity and girl children are raised in expectation of their becoming sex workers.

Mr Peter Dalglish asked Father Joe of the Human Development Foundation to comment on the stigma in Thailand associated with women who are in the sex trade. Father Joe replied that if a woman returns and takes care of her family and buys land for her relatives, she is easily accepted. She can even get married, but usually by the time the woman comes back she is relatively old for marriage. Dr Pach concluded by saying that in Nepalese society, sex is a very charged issue because of the notion of the virgin bride (*kanyadan)* being the ideal for marriage. All of the women respondents in the study had been trafficked innocently and maybe did not even know about HIV/AIDS.

Mr Frederick noted that although most of the participants at the workshop worked with trafficking and abuse, they had relatively little knowledge of the HIV/AIDS field, which is very closely linked. He said that **it is very important that those working with trafficking and abuse join hands with those working with HIV/AIDS.** He said that Dr Pach's study focused primarily on stigma and discrimination due to HIV/AIDS, although stigma and discrimination can result from many other negatively perceived attributes, such as being a sex worker, being a child soldier or simply having a darker skin. He requested Dr Pach to elaborate on this.

Dr Pach replied that the original study looked at other kinds of people affected by stigma and discrimination, such as people who were disabled or had physical deformation. The research focused on the consequences of seeing a person negatively, making assumptions and being uncomfortable or fearful around that person. **It is very easy to say that the society has to integrate these affected people, but**

the ground reality is that social change is very difficult. For example, in the United States, people who have gone to prison have a very difficult time becoming normal members of society again because of certain negative assumptions. Such assumptions make life much worse for people and quite often they return back to the same situation.

Mr John Frederick said that just as the most effective people for raising awareness about AIDS are PLWHA, the most effective people for advocating about stigma and discrimination against trafficking survivors are the survivors themselves. He emphasized the need to involve them in all activities. He said that those working with trafficking and abuse should take inspiration from the Consortium on Reducing Stigma and Discrimination against PLWHA. He recommended forming a consortium of organisations and survivors to reduce stigma and discrimination against those who have been trafficked or those who have suffered sexual abuse.

Group Work

Following Dr Pach's presentation, the participants divided into groups to discuss ways to address stigma and discrimination in the community.

Activities to reduce negative perception in the community

Presenting on behalf of Group One, Ms Marjolein Vink (Technical Advisor, Child Welfare Scheme Nepal) said that the group gave priority to organising awareness workshops for key persons and leaders in the community in order to reduce negative perceptions of trafficked girls and women. The key persons would then take a leading role in organising awareness activities targeting schools, youth clubs and women's groups. The group suggested organising training and income-generating programmes for women prior to their integration into the community so that they enter as valuable members of the community, for example, as health workers. Mr Nirendra Joshi (Programme Coordinator, Peace Rehabilitation Centre) said that Group Two also gave priority to community sensitization through awareness programmes in order to reduce negative perceptions of affected girls and women. The group said that **mobilizing well-known people such as social activists, spiritual leaders, movie stars, etc., would be an effective way to reduce negative perceptions about trafficking and abuse survivors.** The third step that the group identified was seeking community

GROUP WORK SIX INTEGRATING AFFECTED WOMEN AND GIRLS INTO THE COMMUNITY AND THE ORGANISATION

Your organisation works in the small semi-urban area of Narayanghat, which in the past has had a severe impact of trafficking. Many girls and women formerly trafficked from Narayanghat have been returned and need to reintegrate into the community - some into their families, some independently into the community of semi-urban Narayanghat.

Your organisation would like to develop a programme to reduce negative perceptions and stigma in families and communities of girls and women who have been in prostitution.

Addressing the Community

Question One

Describe the 4 most important activities which your organisation would undertake in the community to reduce the negative perception of girls and women who have been trafficked.

Integrating Affected Persons Into the Organisation

Question Two

Your organisation recognises the need for affected women to be involved in the design and delivery of your programme.

Describe the 4 most important roles that affected women can play in the programme.

Question Three

Describe 4 challenges for integrating affected girls and women as full participants in your organisation - that is, the challenges of making affected girls and women active working members of your organisation.

Question Four

Describe 4 challenges in involving affected women and girls in delivery of the programme - that is, in interacting with the public on behalf of your organisation.

support in pressuring local authorities to protect and provide legal support to those who have been stigmatized. The group recommended working with media to help them play a constructive and positive role in presenting the issues.

Presenting on behalf of Group Three, Ms Chapala Koirala (General Secretary, Child Development Society) said that the group thought that interaction with affected girls and women to understand their felt stigma, perceived problems and needs was an essential preliminary step to planning activities to reduce negative perception. As well, the group suggested conducting meetings with key community groups and individuals, focusing on attitudes towards the trafficked girls and women, and ways to address those attitudes. The group felt that these activities must precede the planning of future activities.

Group Four, presented by Ms Pramada Shah (President, Saathi), said that the community should be made aware of the circumstances in which women and girls are trafficked in order to reduce negative perceptions. The group felt that **there was a need to establish community support groups comprised of community leaders, social activists, teachers, etc. that could support affected girls and women when they entered the community.** The group noted the importance of educating children and youth about trafficking so that there would be more acceptance and easier reintegration of affected women and girls now and in the future. The group suggested counseling and motivating families and relatives to accept and support reintegrated girls and women.

Presenting the Thailand experience, Group Five emphasized talking with community women in order to reduce negative perceptions in the community, because women have the greatest influence in solving problems in the community. The group also felt that the teenage gangs should be made aware of the circumstances because they also have significant power in the community. The group said that it would take time for the community to be mobilized to fight against such discrimination.

The most important roles that affected women can play in the programme

Regarding the involvement of affected women in the programmes, Group One said that they could facilitate the awareness workshops that are implemented in the

community. They could play an important role in designing, implementing and monitoring awareness programmes, school curricula, etc. They could build confidence in the community by presenting their newly acquired skills, for example, by organising health camps if they become health trainers.

Group Two said that affected women could raise awareness in the community by being role models. The group explained that since they had been through the experiences, they would be in a better position to raise awareness in the community. **The affected girls and women could take leadership roles in raising awareness of trafficking and abuse among vulnerable groups.** The girls and women could play a very effective role in identifying the needs of vulnerable women and girls, and in organising themselves and conducting preventive measures. Group Three felt that through action research with affected women and girls, they could play an effective role in designing the programme. The group felt that the affected girls and women could become role models to encourage others in the same situation. Group Four felt that they could be used as effective peer educators, and could be involved in support groups located within or outside the community.

Challenges for integrating affected women as participants in an organisation

Group One identified misinformation and misconceptions from other staff as the biggest challenge for integration into the organisation. The group felt that the **affected women might face social and sexual harassment by other staff members.** Generally, affected women have a very low self-esteem and might develop the feeling that they got the job only because they were victims. The affected girls and women would face difficulties in getting cooperation within the organisation, and with other organisations and the community.

Group Two said that the biggest challenge would be adjusting to the existing organisational environment. The group feared that the members of the organisation may not provide respect or acceptance. In this regard, the group discussed developing a code of conduct. Most of the trafficked girls and women are illiterate so the group felt that they would lack the skills, competency and knowledge for the job. Group Three stated that there would be stigma within the organisation, which could give

rise to discrimination. The group felt that in addition to being discriminated against as affected persons, they would face gender discrimination.

In their presentation, Group Four said that the biggest problem for the girls and women would be their professional capacity due to their low level of education and their perceptions. The group members came to the conclusion that resources would need to be allocated for training the affected girls and women. The group felt that affected girls and women would face difficulties in acceptance by co-workers. Similarly, Group Five felt that there could be stigmatization from co-workers, and feared that the required level of training and professionalism may not be as expected.

Challenges in involving affected women in programme delivery

In their presentation, Group One stated that the affected women would face difficulty in gaining the trust of the public. The safety and security of the girls and women was identified as another challenge. For example, the trafficker might see her in her village and start harassing her. The group feared that affected women may not be willing to participate in the programmes because they might face stigma and discrimination from the community.

Group Two gave priority to social prejudice as one of the challenges in the delivery of programmes. The group said that lack of personal capability might hinder their involvement in the delivery of programmes. Since the girls and women come from a difficult background, the group felt that they would lack the tolerance to face various problems. Lack of personal security and employment security was identified as one of the other challenges. Group Four also said that there could be resistance from the community because of the involvement of affected girls and women. The group feared that there would be further stigmatization of women and their level of training and professionalism might not be as expected.

Group Five said that **there could be resistance to the programme from the community because of the involvement of affected girls and women.** In order to find a place in the community in Thailand, the affected girls and women would always have to be polite and show respect to the elders of the community. They have to prove to the community that they are not sex workers anymore. They cannot go

back into drugs, gambling or use bad language. They have to adhere to a religion and show respect to everyone at all times. Group Five said that all members of the community including elders, teenagers, cooks, men and women in the marketplace, community leaders and the mafia must work together to encourage the women and girls in their work. Each affected girl or woman must feel proud to be a member of the organisation.

In the discussion that followed, Dr Alfred Pach, referring to the Thailand presentation, said that it was very interesting that women were particularly influential people in the community. He said that a very interesting idea that came from the group work was creating support groups, which could both help integrate affected girls and women into the community, and help them integrate into an organisation as real members with real responsibilities.

Reiterating Dr Pach's note on the power of women in the community in Thailand, Mr Frederick noted that Nepal should address the realities of power in its communities, and go beyond stereotypes of the 'local teacher' and the 'VDC chairman' as being 'community leaders.' Presenting an example of influential groups in urban communities in Nepal, Mr John Frederick said that he lived in Boudha where the most influential groups in the community were the youth gangs, the Tibetan monastics, and the Tamang ethnic community. These are the groups to be referred to while working there, not the police, the politicians or the usually-identified 'community leaders.' Mr Frederick emphasized the need to take a very clear and honest look at who has the real power in the community.

Session Nine

Life Skills for Reintegration

Rachana Subedi, Masters of Social Work, has been a consultant to Maiti Nepal under a Reintegration Project supported by The Asia Foundation, and is now a consultant to Planète Enfants. Ms Subedi has studied the social needs of reintegrating survivors, and has developed a life skills training curriculum for social reintegration with John Frederick, Consultant, and Oxygen Research and Development Forum, Nepal.

Ms Rachana Subedi briefly explained the project supported by The Asia Foundation to develop the capacity of Maiti Nepal to conduct social reintegration. This project is directed at social preparation for reintegration, complementing economic preparation such as job-skills and entrepreneurship training. Social preparation for reintegration focuses primarily on providing life skills training to survivors.

Ms Subedi discussed the various situations from which women and girls enter care facilities. They could be escapees from domestic violence, removed from child labour, survivors of trafficking or sexual abuse, abandoned by their husbands or family, or affected by armed conflict. There are several stages in the caregiving process that should be distinguished. The first stage is intake, in which the immediate needs of the survivor are addressed. During this stage, the survivor is assessed, and plans are made for the second stage of the process: healing and strengthening, most often called rehabilitation. The healing and strengthening stage may take a short or a long time, depending upon the condition of the individual.

When the survivor is healed, the third stage, called reintegration, begins. Reintegration has two phases: the pre-reintegration phase, during which the survivor is prepared for entering society, and the post-reintegration phase, during which the organisation provides support to the survivor to help her adjust to her family and community or to a new living environment.

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Ms Subedi then discussed the various 'destinations' to which survivors go after they leave a caregiving facility. We should not assume, she said, that all return to their original families and communities. It would be ideal, said Ms Subedi, if all survivors could do so, but the success rate is very low. Many of the women and girls who have been sent to their original family and community have left, and many of these have returned to the same environment, including the brothels of India, or ended up in worse circumstances.

Some survivors may decide that they do not want to return to their families. They may decide to marry, to live independently or migrate to another country. It is very important, noted Ms Subedi, that we as caregivers respect their right to choose where they want to reintegrate. Some may not want or be able to reintegrate at all. Some may wish to stay in the centres and others may need to go to special care facilities, such as a hospice or a psychiatric hospital.

Some adult survivors, said Ms Subedi, may make an informed decision to return to sex work. Ms Subedi noted that many organisations do not want to accept the reality that many women who have been trafficked return to sex work following 'rehabilitation'. Ms Subedi emphasized the need to accept this reality and be prepared to provide them with the necessary protection and life skills if they choose this option.

Many may need an intermediate trial living situation before full reintegration. An example of this is the halfway home, which is a very new concept in Nepal. Group homes were discussed in the first workshop and the model may be very useful for preparing trafficking survivors for full reintegration.

Each adult woman has the right to make her own choice of where to go after her stay in the caregiving facility, and it is the responsibility of the caregiving organisation to prepare her to live well in the destination she chooses. In conducting rehabilitation and reintegration activities, organisations must operate with a case management system. In case management, each individual's needs and wishes are addressed by a team of professionals who work with each survivor individually to plan rehabilitation and reintegration activities. Girls and women come to the care facility with great variety of needs. After going through the various stages of the care, they go to different destinations and in those destinations have different needs. All survivors cannot be treated as if they have the same history and the same future. **Each survivor is unique and must be treated individually.** Case management allows caretakers to provide each person with individual care.

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Pre-reintegration activities prepare the girl or woman for the challenges she will face upon reintegration. Ms Subedi classified these challenges into four categories: 1) physical health; 2) economic challenges; 3) mental health; and 4) social challenges. The challenges of physical health include poor health, poor hygiene, HIV/AIDS and STDs, accidents and injuries, and unsafe motherhood. The economic challenges identified were lack of skills, lack of motivation and lack of available jobs. **Survivors have difficulty in choosing a life direction because they are disempowered.** They are not clear about their values in life and very confused about their future. Many may possibly re-enter sex work if they are not provided other options since they already know that they can earn income through sex work. A big challenge for reintegrating trafficking survivors and former sex workers is that they would usually earn a much higher salary in sex work than in a 'normal' job.

Mental health challenges include, among others, trauma, felt stigma, depression, psychosomatic problems, guilt, lack of self-esteem and lack of confidence. In response to these, many have low resistance to peer pressure and are at risk of substance abuse.

The primary social challenge for the survivor upon reintegration is the lack of interpersonal skills. Most of the women have very poor communication skills. They have spent years in a closed, criminalized environment and cannot communicate in a polite and proper manner, acceptable to regular society. Some are very aggressive, and others are withdrawn and alienated. Ms Subedi cited an example where a woman living at Maiti Nepal comes back from work and locks herself in her room. She does not want to interact with anyone because of the fear that her past will come up in conversation.

The other major social challenge is the relationship with friends, family and community. They are always afraid of being stigmatized due to sex work, HIV/AIDS and gender, and, as discussed in the previous presentation, suffer stigma and discrimination from their family and community. Due to this, they may not have friends or other social support. The community may not allow them to participate in religious, cultural or other functions and they may abused, exploited or even re-trafficked by family or community members.

The life skills activities presented here, said Ms Subedi, primarily address three of the four categories of challenges: physical health, mental health and social challenges. Economic challenges (income-generation training, entrepreneurship, etc.) are best addressed by a complementary pre-reintegration programme. **Life skills are adaptive and positive behaviours that enable a person to deal effectively with the demands and challenges of everyday life.** The selection of life skills included in the curriculum were determined from an analysis of the challenges faced by the survivors resident in Maiti Nepal, as well as a review of various life skills manuals and consultation with staff of the organisation.

The life skills curriculum is divided into six categories: 1) skills to maintain physical health; 2) skills to maintain mental health; 3) general interpersonal skills; 4) social skills for friends, family and community; 5) skills for choosing a life direction with confidence; and 6) skills for everyday living.

In life skills for *physical health*, women and girls learn personal health care, nutrition, personal hygiene, sexual and reproductive health, living with HIV/AIDS and disabilities, safe motherhood and first aid.

Life skills for *mental health* include activities to build self-esteem, trust and self-confidence; develop assertiveness; cope with personal feelings due to stigma; cope with negative emotions; make decisions and solve problems; and deal with substance abuse.

Under the *general interpersonal skills*, women and girls are provided with skills on communication and listening; speaking and social presentation; physical appearance; solving interpersonal conflicts; and dealing with men. In the latter, emphasis is placed on working with harassment, identifying trustworthy men, and resisting 'sweet talking' men because the women and girls easily fall into unfortunate relationships because they are in need of love and affection.

In *social skills for friends, family and community*, women learn how to deal with stigma and social exclusion, and how to resist peer pressure which may lead them into drugs or prostitution. The women learn how to select friends, and about the different roles and responsibilities in a family. They are taught the responsibilities of living in a community and ways to respect the social norms of the community. Regarding marriage, they learn how to select a partner and how to solve marital problems, as well as basic parenting skills.

Because many survivors have few hopes and expectations of the future, the life skills programme has a section on *skills to choose a life direction with confidence*. In this part of the programme, women gain confidence to overcome their past and start a new life. Activities provide the women with gender confidence, giving them support in becoming independent and self-reliant. **They engage in activities to choose their future by identifying the values that are important to them and to others, their goals in life, the skills that they have, and their immediate and long-term needs.**

In *skills for everyday living*, women learn financial and household management such as budgeting, purchasing, and household sanitation and maintenance. They learn ways to secure citizenship documents and to deal with officials and authorities such as landlords and police. They are provided with strategies for self-protection, and how to deal with negative influences such as pimps, local hoodlums or drug dealers.

Although not included in the present curriculum, said Ms Subedi, women and girls should also be provided with information about safe migration and with activism skills, including leadership training, becoming a role model, and skills on rights, activism and social change.

Participation and personal involvement are of the greatest importance in teaching life skills to survivors of trafficking and abuse. Thus, among teaching methodologies, the highest priority is given to group work. The group work mainly consists of sharing experiences, discussion of real life case studies and group exercises. Peer education is another effective method, as survivors open up to peers who have had the same experiences more easily than to persons in authority, such as teachers and counselors. Role plays, games and physical activities are also effective ways of teaching life skills. Lectures are given the least priority among teaching methodologies, as the women and girls frequently lack patience and interest, and resist being placed in a passive 'student' role. Life skills teaching is a challenge to the teacher, explained Ms Subedi, as most caregivers and teachers in Nepal tend to 'lecture' and 'advise' survivors about the ways to live a good life.

Concluding her presentation, Ms Subedi reiterated that women will go to many different destinations after they leave the care facility. Forcing them to return to their families and communities can be ineffective, as well as a deprivation of their rights to choose their own future. Consequently, **in pre-reintegration activities, there is a need to understand the variety of reintegration destinations, and to prepare women and girls to live successfully in the destination environment that they choose.**

Questions and Answers

In the following question and answer session, Mr Peter Dalglish asked the presenter how much choice adult women in care had, that is, were they victims (active or passive) of compassion and charity. Responding to the question, Ms Pramada Shah said that organisations tend to follow a restrictive mode of treating survivors perhaps because of having been brought up in a regulated way themselves. The routine and regiment in the shelters do not give women and girls a variety of choices. She pointed out that there is a need for organisations to change this situation.

Ms Bandana Shrestha (CMSC Project) said that the survivors themselves should have a choice about some of the issues in the curriculum such as mental health and substance abuse. She mentioned that she did not feel comfortable with the term 'values' which could be interpreted in many different ways. Clarifying the issue, Mr John Frederick said that by definition survivors choose the issues – the curriculum has been developed based on the expressed needs of the survivors.

Responding to the second comment, Mr Frederick stated that values clarification – a life skills tool used in education and caregiving worldwide – is not an imposition of others' values. It is an individual process by which one is totally free to identify one's own values and think about the values that others hold. The person is not told what is right and wrong, but rather is encouraged to think about what she values most in life, the consequences of positive and negative behaviours, and the importance of respecting others' thoughts and feelings. The emphasis is more on 'clarification' than on 'values' – it helps the person understand what is beneficial for her and for others. He explained that often persons coming out of sex work or a dysfunctional family environment tend to take the easy road, to try 'shortcuts' such as stealing, cheating, lying and taking undue opportunity of situations. These shortcuts are not beneficial to anyone in the long term. The understanding of their own and others' values help people make decisions and conduct actions that benefit themselves and others.

Responding to Mr Dalglish and Ms Shrestha's questions about choice and freedom within the care setting, Mr Frederick said these are critical issues that have not been touched upon in this project. This requires a dedicated project in which specific policies and procedures are developed to ensure the day-to-day rights, participation and freedom of girls and women in care settings – a project which the ILO-IPEC is presently undertaking with Maiti Nepal. This is to some extent addressed by minimum standards. However, **the practical application of active participation, freedom of choice, etc. in the care setting requires training, awareness and structural adjustment on the part of the organisation.** It must be recognised that due to their background some women and girls in care settings would be 'discipline problems' in any environment – whether a care setting, school, workplace or home. The reality is that all are not passive 'victims'; some are given to fighting, non-participation, substance abuse and insubordination. He recounted instances of survivors beating up

staff in care settings. Thus, 'freedom' and 'choice' must be placed within the context of discipline. The issues of choice and freedom should not be simplified or idealized – they are very easy to put into words but are very difficult to implement.

Referring to the issue of freedom and women reacting negatively to the caregiving environment, Ms Pooja Mijar (Shakti Samuha) said that perhaps the organisations have not been able to identify the reasons for such actions. There are many problems with women who come to care settings directly from an environment where they have to deal with clients all the time. They do not know how to talk, respect people or show affection. The organisation staff expects to be treated respectfully by the survivors, but the survivors have never learned the skills to do so. Ms Mijar emphasized the need to develop an appropriate caregiving environment in which women can assert their own rights. The women need to be made aware of both the right and the wrong path, she said, but it is up to their discretion to make the decision. They will not ask for more than the required freedom if they are made to understand that certain freedoms will create a negative impact.

Ms Subedi explained that **the life skills curriculum was developed with the view of encouraging women's and girls' participation, giving them the skills to make choices, and helping them learn how to interact successfully with others.** Many NGOs do not know how to deal with survivors properly and the staff makes many mistakes in their treatment of the girls and women. If the staff were very committed, each individual would be treated with respect, but this is not happening in reality. She noted the need to bring about improvements within the organisations themselves, which would support the staff, and build their commitment and understanding. The life skills curriculum was designed so that survivors are provided skills in a participatory way, without being forced to learn as in a school environment, and are allowed to make their own decision on how they use these skills.

Ms Marjolein Vink (CWS) asked what the organisation would do if a woman did not want to be rescued or just wanted to go back to sex work. Responding to the question, Ms Mijar said that the organisation should follow the law of the country, i.e., let her make her own decision if she is more than 18 years old, but give her guidance and attempt to dissuade here if she is less than 18 years old.

Ms Bandana Shrestha said that these women come from difficult circumstances, which are completely different from society. The shelter should not be so restrictive that they feel that all their personal freedom has been taken away. Agreeing with the statement, Mr Frederick said that **caregiving institutions should be vehicles to present opportunities, to create involvement, and to give people the right to make choices.** The healing environment needs to be a place where women and girls have an opportunity to fully exercise their rights for the first time.

Ms Nicki Holt (Chief Project Officer, Sahara) asked if there was a difference in providing care for younger or older children. Mr John Frederick replied that if an organisation is providing care with a case management approach, then every person is treated differently, and naturally differences in age would be significant in the care provided. If they are not treated individually, if all of the residents are treated as if they were identical, like soldiers in an army, the organisations are failing in their work. In proper case management, for example, if a girl shows no promise as a student but has a great love of dance, this would be recognised and promoted. If a girl dislikes handicrafts but has good abilities as an entrepreneur, case management would ensure that she gets entrepreneurship training instead of handicraft training. If a woman decides that she wants to live with her friends in the city instead of returning to the village, this would be recognised and supported. Thus, said Mr Frederick, case management is far more than just an operational system used by facility managers, **case management is an instrument to ensure that each person's needs and choices are given full support.**

Group Work

Following the question and answer session, groups of participants engaged in an exercise to develop life skills for reintegration.

Challenges in married life, and life skills to address those challenges

Presenting on behalf of Group One, Ms Ganga Bhattarai (Counselor, Nepal Rugmark Foundation) said that **a husband from traditional Nepalese culture may find it difficult to accept a girl if she has been provided skills, independence and assertiveness by the caregiving organisation.** Due to this, they may not have mutual understanding in taking care of children, sharing household tasks and solving

GROUP WORK SEVEN DEVELOPING LIFE SKILLS FOR REINTEGRATION

Your organisation provides care in both residential facilities and halfway houses for girls from a variety of backgrounds.

It is a policy of your organisation to make all attempts to reintegrate girls who are psychologically and physically healthy when they reach the age of 18.

It is also a policy of your organisation to give each girl the right to make an informed choice of the 'destination' of her reintegration.

Life Skills for Married Life

10 girls in your care have met young men during their work-training experience and while they were living in halfway houses. They have decided to marry these men and start families. The girls will leave your care in 5 months and get married.

Question One

List 4 challenges that these girls will face in their married life. (Do not include economic challenges.)

Question Two

For each challenge, list 3 activities in a life skills curriculum that you will provide the girls to specifically address married life, and explain how these skills will address that challenge.

Life Skills for Sex Work

10 girls in your care have decided to enter local sex work when they leave your care. The girls will leave your care in 5 months and become local sex workers.

Question Three

List 4 challenges that these girls will face as local sex workers. (Do not include economic challenges.)

Question Four

For each challenge, list 3 activities in a life skills curriculum that you will provide the girls to specifically address life as a local sex worker, and explain how these skills will address that challenge.

problems. The group felt that the girl might face harassment from the new family because of her past history. Regarding life skills to address the challenges of married life, Group One concluded that since most of the conflicts within families occur due to lack of proper communication, the girl should develop skills on conflict management and basic communication skills.

Ms Usha Acharya (ILO-IPEC), speaking for Group Two, identified the personal history of the girl as one of the biggest challenge after her marriage. The past will keep coming up in her new life. Since she has been out of a family setting for a long time, she may face difficulties in behavioural and psychological adjustment with the family and the local community. The group felt that she would also face challenges in raising her children. To address the challenge of past history, the group said that the girl should maintain confidentiality about her past and should be provided skills to cope with difficult situations if the issue of her past arose. Addressing the challenge of adjustment, Group Two felt that she should develop good communication skills in order to favourably impress others and should be polite to the elders in the family. To address the challenge of bringing up children, she should receive basic education, as well as training in parental care, safe motherhood, health and hygiene.

Presenting on behalf of Group Three, Ms. Shilpa Dan (Programme Officer, Terres des Hommes) identified the first challenge to be whether the man proposing marriage is genuine or whether he has ulterior motives. The girl has the right to know the reason why he is marrying her. The group said that acceptance by the family and community would be another challenge, and could result in physical, verbal or sexual abuse and harassment. The girl will face difficulty in overcoming her feelings of guilt, inferiority, fear and lack of self-confidence that have come from her past experiences. Group Three thought that **due to her background the girl would have to face the challenges of stigma and discrimination against her children.**

Addressing the challenge of whether the proposed husband is genuine, Group Three felt that the girl should be provided assertiveness training so that she is capable of questioning the man on his motives for marrying her. The group felt that she should undergo legal rights training so that if anything happens after marriage, she would know where to go for legal support. The group identified the same life skills for the

problems of acceptance by the family and community. In addition, the group felt that the girl should undergo self-defense training for her personal protection. The group felt that she should develop skills on household management, personal presentation and communication for acceptance by the family and community. Addressing the challenge of overcoming her feelings, the group gave importance to counseling and to exposure activities that would increase her self-confidence. Regarding upbringing of children, the group felt that she should have training in parenting skills.

Group Four, presented by Mr Nirendra Joshi (PRC), agreed with the other groups that the girl would face difficulties in being accepted by the husband's family and the surrounding community. In addition, Group Four noted that there would be differences in the values and norms between the girl and the family. Group Four did not directly answer the question regarding life skills to address the challenges of marriage. However, they stated that the girl should have an ability to understand her new family members and their culture and values, have a sense of self-confidence, be assertive, and understand her own values.

Presenting on behalf of Group Five, Father Joe said the group felt that the girl would be very embarrassed to tell her boyfriend her personal history – that she is a child from a shelter. She would be afraid that her husband's family would find out her personal history and stigmatize her. If the boy's family found out her history, she would feel very embarrassed and she would likely be mistreated. She would face difficulties in bringing up her children. Regarding the life skills to address these challenges, the group felt that **the girl should be provided skills that would allow her to discuss issues with her husband's family, as well as skills that would help her communicate with the elders in the family and the local community.** To address the problem of raising children, the girl would need to develop skills in family planning and parenting.

Challenges in sex work, and life skills to address those challenges

Regarding challenges faced by local sex workers, Group One said that the girl would face health problems, primarily the risk of contracting HIV/AIDS or STDs. The girl may face stigma, discrimination and harassment from her family and the local community. She would not get the required care, love and protection from her family

due to their negative view of the sex work profession. She may also get addicted to drugs or alcohol in order to cope with the life style. The group felt that the girl should have sound knowledge of health risks through reproductive health education. The group gave priority to providing self-defense training in addressing the challenge of discrimination and harassment. The girl should have knowledge of her legal rights in order to negotiate with the police and other authorities.

Group One felt that **the girls should organise themselves, and should feel confident in their choice of working as local sex workers.** They should explore their social network (NGOs or friends) for whom could best provide them the care and protection they require. In order to avoid drug or alcohol addiction, they should have complete knowledge about the negative consequences of substance use. The girls should be provided training and counseling to build their self-respect and self-acceptance so that they do not feel humiliated about the profession they choose.

The first challenge regarding local sex workers that the Group Two identified was social exclusion and discrimination. A girl in sex work would face much exploitation and harassment, especially from the police, local men, pimps and gangsters. She would have a high risk of deteriorating physical health and of contracting HIV/AIDS, hepatitis or STDs. She would have a very insecure future since she would not be able to sustain herself by prostitution once she gets older. Addressing the challenge of social exclusion and discrimination, Group Two said that the girl should develop knowledge and understanding of local social norms and values, and should develop social skills which would help her establish good relationships with neighbours.

Regarding the issue of exploitation and harassment, Group Two felt that the girl should have skills to negotiate with the people who are the exploiters. The group gave importance to organising and activism skills by which girls could build a support network so that they have less chance of being exploited. For her health, the group thought that the girl should be provided with knowledge and skills in reproductive health and nutrition. To provide security for her future, the group recommended developing alternative livelihood skills as well as budgeting and money management skills so that she would able to spend wisely and save her money.

Group Three identified the biggest challenge confronting a girl who decided to enter local sex work as finding the right venue to conduct sex work, whether in dance bars, the street, etc. The group feared that she would have to face much abuse wherever she chose to go. The next challenge that the group identified was that she would lack knowledge on health issues, particularly reproductive health and safe sex. The group felt that **the girl would face difficulties in finding a safe accommodation free from discrimination and harassment.** In Nepalese society, girls living together in an apartment are always looked upon with suspicion. She would also have to face the challenge of finding acceptance within the existing local sex worker community.

Addressing the first challenge, Group Three gave importance to assisting her to map her options on where she wants to go. The group felt that an interaction session should be held with a peer educator of the area where the girl wants to work, to assist her in selecting the best option. The girl should be provided knowledge and awareness, and taken to maternity hospitals and STD/HIV/AIDS clinics for first-hand observation. Regarding safe accommodation, the group came to the conclusion that she should have interactions with peer educators on the way they are living and the strategies they adopt. In order to find acceptance within the sex worker community, the group felt that she should be introduced to the community through the support of relevant organisations or through networks of sex workers.

In the opinion of Group Four, **abuse and violence are the biggest threats to local sex workers.** Similar to other groups, the group felt that the girl would face harassment from pimps, hoodlums and local authorities, mainly the police. The other challenges that the group identified were unsafe sex and the risk of being trafficked. Addressing the first challenge, the group felt that the girl should develop self-defense skills. To protect against abuse and harassment, she should be given knowledge of how to report to the relevant authorities, and how to build a safety net of supporting persons and organisations. In order to avoid unsafe sex, she should be provided negotiation skills to say 'no' and to convince clients to practice safe sex. Regarding the risk of being trafficked, the girl should receive training on trafficking and its risks, and be provided with a safety net of supporting organisations.

Group Five felt that the girl would risk contracting sexually transmitted diseases, and would face abuse from pimps, police and brothel owners. Since she would be confined to a certain area, she would lose her self-esteem and personal freedom. If she has children, she would not be able to take care of them well. Addressing the challenge of physical health, the group felt that the girl should be provided with sex and health education. The group felt that the members of the safety net in the girl's destination should be alerted for her protection, for example, the police, the mafia, etc. To care better for her children, she should have knowledge of money management in order to save her money and spend it carefully.

The group work was followed by a discussion on whether the girls should be supported by caretaker organisations if, in the end, they are going back to local sex work. It was pointed out that the organisation should try to convince the girls not to go back, but if they were legal adults and have made an informed choice then the organisation should provide life skills to protect them. Father Joe mentioned that **in Thailand, local sex workers are invited to talk with girls in the shelters so that the other girls could understand the problems of sex work and become discouraged to join the sex business.** It was clarified that the organisation or the presenters do not support the entry of girls or women into sex work. However, understanding the reality that many can not be prevented from entering sex work, it is thought necessary to engage in harm reduction activities to minimize the risks and abuses of the profession.

Finding the Heart of the Community

Following the group work, Father Joe Maier of the Human Development Foundation made a brief presentation on working with the community in the slums of Bangkok. Introducing Father Joe, John Frederick stated that NGOs, donor organisations and government in Nepal use the word 'community' in a very simplistic and naive way. A 'community' is not a collection of houses on a hillside, in which all people are equal, follow the advice of 'community leaders', and share in the bounty of development aid. In South Asian society, every community is fragmented by caste, class and family membership, each group or family with its own leaders and each acting quite independently. When resources, awareness training or education are directed at a 'community' without consideration of this, they are most often co-opted by the dominant groups who exert the most social and economic power – those who frequently do not need the resources, awareness or education. This has been one of the significant mistakes of development in South Asia. Mr Frederick expressed his gratitude to Father Joe for bringing to the workshop a refreshing, realistic and very practical view of what a 'community' is.

Presenting his background, Father Joe said that 60 years ago the Chinese came to Thailand and started raising pork. Because the Buddhist Thais were reluctant, the small group of Catholics in his neighborhood (now the slum called Klong Toey) was asked to kill the pigs. He said that he grew up as one of the Catholic priests who served those who killed the pigs in the slaughterhouse. His best friends were the local Buddhist priest and the local Mullah, and together they started primary education in the slum community 30 years ago. At that time, there was no school for Muslim students in the slums so the Mullah started a school in his house teaching the children a bit of the Koran. A very famous Buddhist monk joined in and the three of them started the school system together.

Father Joe said that 30 years ago, there was an area in the slums where people used to go to take heroin or cocaine, and every family in the slums lost a son or a daughter to drugs. In the early days, 700 Catholics, Buddhists and Muslims were sent to a famous Buddhist monastery to be rehabilitated. The rehabilitation centre used many different methods to get the drugs out of their system, after which these people were sent back to help others in the slums. The drug problem became worse when the police came onto the scene because the police allowed the drugs to come in. If someone was caught with drugs, the police would take most of the drugs and send the person to jail.

He said that the Human Development Foundation is in 'partnership with the poor.' The only way he can be safe and survive in the slums is because of the community. He is very respectful to the people in his community and he has been tolerated by them. The schools in the slums are a sacred place and they have never been burglarized because the schools are trying to do good things as a part of the community. He takes permission from the community for anything that needs to be done and always takes flowers for the sacred shrine when he goes into the community.

Father Joe discussed the realities of power and influence in his community, and how he works with it. He said that if he wants to get something done in the slums or if he wants information, he first goes and talks to the cooks. The cooks in turn talk to their friends in the market and thus information is collected. Because the husbands are useless and women can only depend on their daughters, women have a big hold in the community and control almost everything.

Father Joe highlighted the importance of working with the gangs since they have the power in the community and they know everything. If there is an attitudinal change required in the community, talk to the monks, the Imams, the Mullahs and other religious people. If there is a need for money, talk to the moneylenders and the politicians. To influence politicians, involve the women. For example, at present there are 900 women in the women's groups and they approach the politicians and tell them that the women's groups will vote for them if they promise to do certain things.

Father Joe briefly discussed the Foundation's caregiving for the abused. Usually, the police bring the children to the Foundation. The Foundation deals with about 50 percent of the child abuse cases in Bangkok. If a child has been abused, he/she is taken to the cook and the cook will give the child some work to regularize his/her life. Father Joe said that **generally girls survive abuse and trauma better than boys**. The Ministry of Justice, the courts and the police send children to the Foundation and the Foundation has on its staff a couple of policemen who love children. Police cadets come and work in the Foundation for three weeks. They live and play with the children in the streets and take back some learning.

The children come from all over the place. They come to the Foundation because it is an open house and they do not have to wear uniforms, although they have to work and go to school. **The children come to the Foundation because the Foundation listens to them.** The children have already left their village and they do not want to go back. Even if they decide to go back, they will need money to take back.

The Foundation gives the children the best possible care, but when they leave they don't fare well because they are already damaged. These children cannot go to ordinary schools so there is a need to set up a different school for them. Once they learn to read and write, they can flow into the work force. Everybody in the Klong Toey slums has gone to kindergarten. There are 4,600 girls and boys in the kindergarten at a time. Due to the limited amount of resources for education, the investment is only made for children below six years old. The children make their own rules and they sort out their problems themselves. Father Joe said that most often these children always remain poor, but they are only poor economically. **The children feel that they are not poor because they have friends and they pray for poor people every morning.**

Session Ten

The Challenges of Returning to Society

Pooja Mijar is the Executive Director of Shakti Samuha, an organisation in Nepal comprised of trafficking survivors. Shakti Samuha conducts trafficking prevention and advocacy activities, and assists trafficking survivors cope with stigma and reintegrate into society.

Presenting a brief introduction to Shakti Samuha, Ms Pooja Mijar said that the organisation was initiated in 1996 when 200 women survivors were rescued from India. It was established as a full-fledged organisation in 2000. All members of the organisation are women and girls affected by trafficking. The organisation focuses on the issues of trafficking and the dignity, equality and empowerment of trafficking survivors from a human rights perspective. **The goal of the organisation is to establish a progressive society devoid of trafficking and other forms of violence against women.**

The primary objective of Shakti Samuha is to work for the rights of survivors of trafficking and deliver services to them. Other objectives are to generate community awareness of survivors' rights to live in society with dignity and respect, and to organise survivors to demand their basic right to lead a life of freedom. The organisation also advocates at the policy level and networks with other organisations. When the organisation was first established, one of the main challenges was stigmatization by society since all the members were survivors of trafficking. The other big challenge was that the government and donors did not have faith in the new organisation.

In her presentation, Ms Mijar classified the challenges upon reintegration into four categories: 1) social challenges; 2) economic challenges; 3) physical and mental challenges; and 4) challenges from state and government.

Ms Mijar said that the biggest *social challenge* that the women face is discrimination by society. In a society where gender discrimination is highly prevalent, the discrimination of survivors of trafficking is severe. The survivors are ostracized from social and religious functions. She gave an example of one survivor of the Tamang community in Sindhupalchowk who was restricted from performing the last rites for her mother when she expired. The priest accepted her money to perform the rites but did not allow her to participate because she had been trafficked.

Ms Mijar said that **the forceful reintegration of a survivor leads to exclusion by the family, friends and the community**. Within the family, the survivor is given due respect if she has money but if she does not have anything to give to the family, she is usually rejected. She gave an example where a survivor's friend had played a role in her being trafficked. When the survivor returned to the community, the same friend refused to talk to her. She said that there is much exploitation of survivors by the people in the community. Talking about her own experiences, she said that men often come up and ask various questions about her organisation, and then try to come close and put their arms around her. The other challenge she identified was false allegations by the society and the government, particularly that survivors carry HIV/AIDS. In 1996, when 200 women were rescued from India, there was much discussion about the rescued women bringing AIDS into the country.

Presenting the *economic challenges*, she said that the poor economic condition of the family creates many problems for the survivor. **The family often does not want to accept the survivor because they feel she will be an extra burden on them, especially because she may require treatment**. In this case, there is a great chance of rejection by the family. Ms Mijar mentioned that most of the survivors are always in financial crisis and the most important thing for them is learn how to acquire money. In the context of Nepal, there is unequal distribution of property rights between sons and daughters. The problem is even more acute when it comes to being a woman trafficking survivor. Most of the survivors are illiterate and were trafficked at a young age when they had not acquired any skills. Therefore, upon being rescued, they face difficulties in finding employment. Ms Mijar said that organisations provide a few months of skills development training such as cooking or sewing, but there is no market for these skills.

Regarding the *physical and mental challenges*, she said that **most people still have the notion that all women who are trafficked have contracted HIV/AIDS or STDs**. Although this is not so, many survivors have been infected with HIV or STDs and face a big challenge living with the disease. Many trafficked women have also contracted TB due to living in a closed environment and lacking nutritious food. Another medical problem of survivors is severe anaemia, often linked to severe bleeding from abortions they have received in the brothels. Most of the survivors return with injuries. Some have sustained injuries through the beatings at the brothel and some have self-inflicted injuries. Among mental challenges, Ms Mijar noted that most survivors lack the self-confidence to function and communicate in open society because they have lived and suffered in a closed brothel environment for a long time.

Outlining the *challenges from the state and government*, Ms Mijar said that the survivors face many difficulties in obtaining citizenship. Most of the survivors do not have a permanent address, which is one of the requirements for obtaining citizenship papers. She cited an example where a girl had been trafficked to India by her uncle and her brother. She was rescued and has now acquired some basic skills. She wants to find employment for which she needs her citizenship. However, she cannot go back to her community to get the authorization from her family because of fear of her uncle and brother. The other problem is that many women are pregnant when they are rescued. They give birth to a child after their return to Nepal. **Because these women do not have any papers, the state will not take any steps to provide birth registration and citizenship to their children.**

The survivors face discrimination in hospitals and public places. Citing a recent incident, Ms Mijar said that one girl survivor who had fever and diarrhoea was taken to Patan Hospital. When the doctor was told about her background, he immediately said that the girl had HIV/AIDS without checking her. After much persuasion, the doctor checked the girl and the report showed no presence of HIV. A typical example of discrimination in a public place occurred in Hetauda where the people ran away in fear of catching AIDS after a girl survivor went to fetch water in a public place. The government does not have any programmes for the security, compensation and rehabilitation of the survivors. The government feels that its responsibility is over once the survivor is dropped off at her home. In general, the survivors are denied their legal rights.

In order to address these challenges, Ms Mijar said that NGOs should establish an organisation as a platform where survivors can share their experiences with others. Many of the survivors have experiences to share but their voices are not heard. The establishment of such a platform would ease the psychological burden of the survivors, through their opening up to others. At the same time, NGOs and the public can learn many things about trafficking. **The survivors must be economically empowered so that they can stand on their own feet even if their family rejects them.** Policy-makers must be pressured to develop plans and policies that benefit and provide justice to the survivors.

Regarding the care and reintegration of survivors, Ms Mijar said that there is a need to create awareness in the community and the family in order to make reintegration more successful. Caregiving organisations must notify the family that the survivor is living in a rehabilitation centre prior to reintegrating her into the community. Within the caregiving setting, the survivor must have the right to confidentiality, respect and personal decision-making. She should be allowed to make her own decisions without any pressure. **If the trafficking survivor does not want to share some of her experiences with the NGOs, she should have the right to keep them confidential.**

Concluding her presentation, Ms Mijar said that as an individual the survivor must gain self-confidence and build her self-respect. The survivor must develop both self-awareness and awareness of social issues. She must have the opportunity to share her feelings with a counselor when she is in need.

Questions and Answers

In the following question and answer session, Ms Pramada Shah asked the presenter about the different circumstances in which girls should or should not be rescued. Ms Mijar replied that the organisations should be able to determine whether the girls are going to benefit or whether the situation will be worse for them if they are rescued. Based on Shakti Samuha's experience, girls who are above 18 who want engage in sex work with full knowledge of the consequences should be allowed to make their own decisions. However, girls who are under 18 should be removed from sex work at all costs.

Session Eleven

Community-based Care and Reintegration in the Context of the ILO-IPEC/TICSA

In her presentation, Ms Dhungana said that the ILO was established in 1919 with a mandate to protect worker's rights and promote social justice. The ILO's primary social partners are the government, employers and the trade unions. The ILO is the only organisation within the UN system that has the mandate to support the maintenance of minimum labour standards. Presently, 177 UN member states have ratified the various Conventions of the ILO. The ILO is oldest agency in the UN system, being the only agency that was carried over from the League of Nations in 1946. Since 1919, a total of 180 conventions have been adapted or developed by the ILO, out of which 72 conventions are now in effect. Eight ILO conventions are known as fundamental or core conventions. Convention 98 and Convention 87 address freedom of association and equality in the workplace, Conventions 100 and 111 address equal pay for equal work and non-discrimination, and Conventions 27 and 105 are the major conventions on the abolishment of forced labour. The primary conventions relating to children are Convention 182 on the worst forms of child labour and Convention 138 on minimum age.

Ms Dhungana clarified the roles of two major conventions developed for the protection of children's rights: the UN Convention on the Rights of the Child (CRC) and ILO Convention 182 on the Elimination of the Worst Forms of Child Labour. Both of these conventions specifically address the protection of children from economic exploitation and hazardous working conditions. She noted that international law does not categorize all child labour as exploitative and hazardous. It seeks to eliminate those kinds of work that are psychologically or physically hazardous to the child's overall development, and/or in which the child is deprived of education and works in an exploitative environment. Nepal has ratified ILO Conventions 182 and 138, by which the government agrees to comply with all measures to protect children from hazardous working conditions irrespective of the country's economic and development state.

The importance of Convention 182 is that it clearly defines 'the worst forms of child labour.' These include, among others, using children to traffic or sell illicit drugs, prostitution, serfdom and armed conflict. After ratifying this convention, each country should develop a time-bound programme to eliminate the worst forms of child labour.

Presenting the relationship between the ILO and IPEC (International Programme for the Elimination of Child Labour), Ms Dhungana said that the ILO is the broader organisation that sets labour standards and IPEC is a technical project within the ILO with project-based funding. IPEC was established in 1992. Initially, it was implemented only in seven countries but within a short span of time it has expanded to 80 countries.

Trafficking in Children in South Asia (TICSA) is a sub-regional programme particularly focusing on reducing incidents of trafficking for child labour. The first phase was completed in 2002, with Nepal, Bangladesh and Sri Lanka as the core countries. In the second phase, beginning in 2003, it was expanded to three more countries (Thailand, Indonesia and Pakistan). **Trafficking is a challenging sector that not only addresses sexual exploitation, but has a complex relationship with other forms of child labour, such as child domestic service and armed conflict.**

Regarding programme strategies, Ms Dhungana stated that the programme supports the application of the National Plans of Action against Trafficking in Women and Children developed by the countries in which it works. The programme collaborates with the initiatives of different institutions, particularly governments, trade unions and NGOs. The programme also works on legal reform, for example assessing the compatibility of national laws with international laws such as the CRC or ILO Convention 182. The TICSA programme includes awareness-raising and social mobilization activities intended to change the behaviours and attitudes of the beneficiaries.

TICSA conducts research and training in order to expand and share the knowledge base regarding trafficking. Ms Dhungana noted that **TICSA has recently embarked on an innovative study on the demand side of trafficking**. All of the studies

conducted so far have only addressed trafficking from the supply side. She mentioned that unfortunately India is not part of the TICSA programme since, due to political reasons, India has not ratified Convention 182 and refuses to recognise trafficking as a worst form of child labour.

Ms Dhungana emphasized that rescue, rehabilitation and withdrawal must always be rights-based. Sometimes there may be a need for forceful rescue if alternatives are unavailable, for example, a 10-year-old working in a very exploitative condition in a cabin restaurant. She stressed the importance of developing effective prevention measures in order to reduce trafficking incidents. Preventive efforts should complement the withdrawal activities, she said. For example, the Ministry of Women, Children and Social Welfare has identified 26 districts which are very prone to trafficking, although there is high concentration of prevention activities in those districts. **The traffickers' *modus operandi* is always one step ahead of the government and NGOs.** When prevention activities are mobilized, they will find other avenues to traffic children. Consequently, it is vital to study the mechanisms and strategies that the traffickers adopt, through which they are even able to lure educated girls. It is necessary to study even a small sample of traffickers to have an in-depth knowledge of their operations.

Rehabilitation, especially for trafficking survivors, is a major component of the TICSA programme. In the rescue and rehabilitation process, the project's guiding principle is 'Do No Harm', and is conducted through a rights-based approach. There should be continuous bilateral discussions between governments in order to protect, respect and promote the rights of children. Child protection should be enshrined as a core value within each organisational mandate, and should not be perceived only as an ILO mandate.

Underlining the importance of the workshop to the TICSA programme, Ms Dhungana said that good rehabilitation practices can have a demonstration effect, particularly a community-based model which is less costly than a centre-based model. **The goal for Nepal is to provide caregiving through a community-based approach, such as through group homes or foster care.** However, up to now Nepal has lacked

good models of community-based care. Therefore, there is a short-term need to have traditional shelters and rehabilitation homes to house the rescued children.

Workshops such as these, said Ms Dhungana, are necessary to expand partners' knowledge, skills and human resources in the direction of developing and managing community-based care. Whether the care is centre-based or community-based, caregiving organisations should adopt minimum standards of legal protection, medical services, psychosocial counseling, educational services and occupational training. Ms Dhungana expressed her satisfaction that all of these strategies came up in the group work. Community-based rehabilitation provides the opportunity to raise awareness of trafficking at the grassroots level and strengthen a broad-based social alliance against trafficking. Both families and child survivors need assistance during recovery, and the supportive environment of the host community is absolutely necessary.

One of the objectives of the present workshop was to think about how to empower individuals who cannot return home and must live independently from their original family and community. Due to the present political conflict many children are now based in urban areas and do not have the proper knowledge or skills to adapt to city life. They should be provided with skills on how to integrate into a city environment. The workshops recognised the need to make projects more financially sustainable as well as the need for developing national human resources. There is a need to reduce stigma and discrimination, particularly of trafficking survivors, and these activities would in turn assist in reducing general violence against women. Ms Dhungana thanked all the presenters for their valuable inputs and for their active role in making the workshop successful. She concluded her presentation with a quote by Kofi Annan, Secretary General of the United Nations: 'A child in need is a child who cannot wait'.

Concluding Remarks

In his closing remarks, Mr Peter Dalglish thanked all the participants for their patience. He noted that all the participants fulfilled the three criteria for successful education – enrollment, persistence and completion. He thanked the participants for taking time out for the workshop despite being busy in important work for their own organisations. He thanked Mr John Frederick for being a phenomenal consultant and for his help in the learning process of the ILO. He thanked Dr Alfred Pach for his input regarding the challenging issue of stigma and Ms Pooja Mijar for making a presentation on the difficult issues of trafficking survivors. Ms Helen Gurung and Ms Kapila Amatya were given appreciation for organising the workshop and Ms Minisha Khatri Dhungana was thanked for taking the lead in putting the workshop together.

Mr Dalglish underlined a statement made by Mr Frederick on the opening day of the workshop: 'we should not withdraw or rescue a child unless we have a plan for reintegration'. The purpose of the workshop was to come up with a plan – not to answer all the questions but to put forward some of the models and to look at different ways of dealing with the issues. He expressed his fear that the donor organisations may not be able to keep up with the pace presented in these two workshops. He opined that some of them are still driven by a very moralistic agenda that does not recognise the rights of adult women to make their own choices. Concluding his remarks, he thanked the participants for helping the ILO to do a better job.

Annexes

Annex I.
Programme: Workshop One

Wednesday, 11 August

Morning

9:00	Registration
9:30	Welcome: Leyla Tegmo-Reddy, Country Representative, ILO-IPEC Nepal Introductory Remarks: Peter Dalglish, CTA, ILO-IPEC/TBP
10: 00	Presentation. Conceptual Clarity: Defining Institutional and Community-based Care. Presenter: John Frederick, Consultant, ILO-IPEC
10:15	Break
10:30	Presentation. The Impacts of Institutionalization: Concepts of Community-based Care. Presenter: Dr Rajaram Subbian, Psychiatric Social Worker and Consultant, Save the Children
11:15	Group Work. Returning a Child to the Community
13:00	Lunch

Afternoon

14:00	Presentation. The Hagar Foster Home Programme: A Model of Community-based Foster Care. Presenters: David Allan, Director of Corporate Services, and Valeria Peres, Foster Home Programme Manager, Hagar, Cambodia
15:00	Break
15:15	Group work. Establishing Foster Care Systems
16:45	Presentations of group work and wrap-up
17:30	Reception

Thursday, 12 August

Morning

9:30	Presentation. The SOS Children's Village: A Model of Community-based Small Group Homes. Presenter: Khagendra Nepal, Director, SOS Children's Village, Sanothimi, Nepal
10:30	Break
10:45	Group work. Personal and Financial Concerns in Operating Small Group Homes
13:00	Lunch

Afternoon

2:00	Presentation. Minimum Standards for the Care of Children in Need of Special Protection. Presenter: Dhruba Kasaju, National Coordinator, Comprehensive Minimum Standards for the Care of Children in Need of Special Protection in Nepal (CMSC) Project
3:00	Break
3:15	Group work. The Process of Developing Minimum Standards
4:45	Concluding Remarks: Anders Lisborg and Peter Dalglish

Annex II.
Programme: Workshop Two

Tuesday, 24 August

Morning

9:00	Registration
9:30	Introductory Remarks: Peter Dalglish, Officer-in-Charge, ILO-IPEC Nepal
10:00	Presentation: Conceptual Clarity: the Sources, Needs and Destinations of Reintegrating Survivors. Presenter: John Frederick, Consultant, ILO-IPEC
10:15	Break
10:30	Presentation: Preparing Young People for Independent Living. Presenter: Khagendra Nepal, Director, SOS Children's Village, Sanothimi, Nepal
11:15	Group Work: Family Reintegration and Independent Living Situations
13:00	Lunch

Afternoon

14:00	Presentation: Stigma, Discrimination and Social Exclusion in Nepal. Presenter: Dr Alfred Pach, Consultant, Family Health International and USAID
15:00	Break
15:15	Group work: Integrating Affected Women and Girls into the Community and the Organisation
16:45	presentations of group work and wrap-up

Wednesday, 25 August

Morning

9:30	Presentation: Recap and Summary of Activities: John Frederick
10:00	Presentation: Life Skills for Reintegration. Presenter: Rachana Subedi, MSW, Consultant to Maiti Nepal
11:00	Break
11:15	Group work: Developing Life Skills for Reintegration
13:00	Lunch

Afternoon

14:00	Plenary Session: Finding the Heart of the Community.
14:30	Presentation: The Challenges of Returning to Society. Presenter: Pooja Mijar, Executive Director, Shakti Samuha
15:15	Break
15:30	Presentation: Community-based Care and Reintegration in the Context of the ILO-IPEC TICSA Programme. Presenter: Minisha Khatri Dhungana, Programme Officer, ILO-IPEC Nepal
16:00	Concluding Remarks: Peter Dalglish

Annex III.
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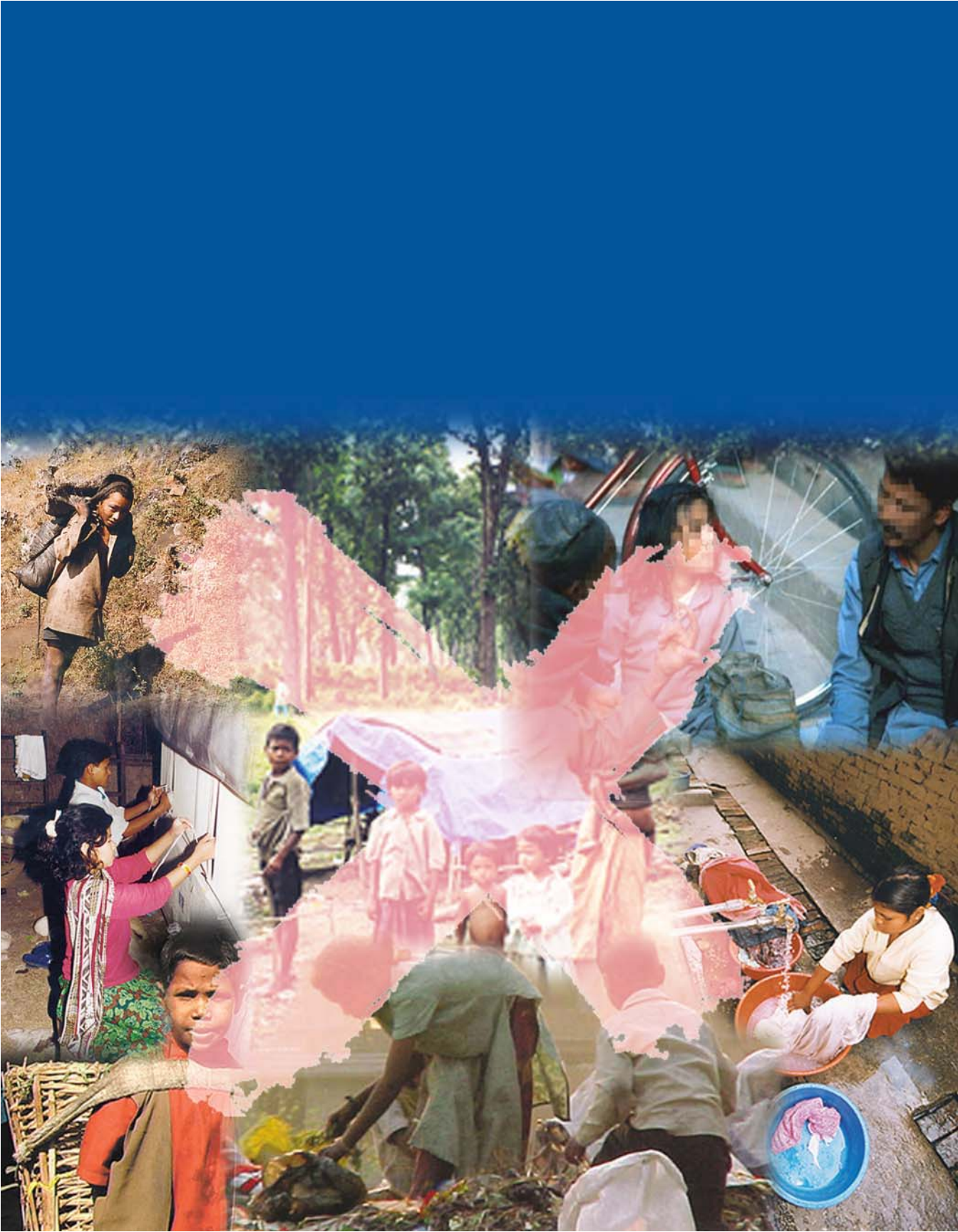

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