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Community-Based Elderly Care in Nepal: A Landscape Assessment and Policy Recommendations for Strengthening Care Infrastructure

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Executive Summary:

Nepal is following much of the world into rapid population ageing, as falling fertility and longer lives raise the share of older people. According to the United Nations' World Population Prospects, life expectancy has risen from 38.7 years in 1960 to 71.2 in 2026, but social care infrastructure has not kept pace. Investing in healthy and active ageing is therefore a social and economic necessity as well as a matter of rights.

This report assesses community-led elderly day care (Milan Kendras / Diwa Sewa Kendras) as core social infrastructure for ageing in Nepal. It is an exploratory study based on three purposively selected centres in the Kathmandu Valley, combining field observation, key informant interviews, and a review of international best practices.

The findings point to the fact that centres do provide something households can no longer supply alone: a regular, local space where older people stay connected and supported. They also do more than offer daytime occupation, serving as places for emotional support, family mediation, legal referral and protection. However these provisions are largely uneven in terms of programming, accessibility, staffing and resourcing which varied considerably across just three centres, and in the absence of comparable data to show national need or quality, two major gaps have been identified run through the evidence: a capacity gap in scale, accessibility and staffing, and a conceptual gap, since policy still frames elderly people through welfare and dependency while informants stressed dignity, agency and continued contribution.

The report recommends nine priorities in three tiers. First, build the evidence base through a national registry with outcome monitoring, and reframe day care as care infrastructure under national minimum standards with locally adaptable programming. Second, develop a tiered community-care workforce, embed protection, legal and psychosocial support as standard, and improve transport and physical access together. Third, differentiate regulatory categories by the type of care provided, move toward needs-based financing with light accountability, recognise day care as support for caregivers, and link elderly-care policy to employment and social protection. Because the evidence base is small, these are framed as priorities to test and scale, not finished national standards.

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Report Chapters

Chapter 1: Background

Introduction:

Nepal is undergoing a significant demographic transition, characterised by an increasing proportion of older adults and rising life expectancy. People aged 60 and above accounted for 8.1 percent of the population in an earlier analysis, while the 2021 National Census recorded approximately 2.98 million older adults, representing 10.21 percent of the total population (Aryal;Adhikari). Meanwhile, life expectancy increased from 38.7 years in 1960 to an estimated 71.2 years in 2026 (United Nations). Although increasing longevity represents an important public-health achievement, it also has implications for the organisation and sustainability of care. As the population ages, Nepal will need to strengthen the social, health and community infrastructure required to support older people's autonomy, well-being and long-term care needs.

Elderly care in Nepal has traditionally relied heavily on family-based support. However, migration, urbanisation, changing household structures and the increasing demands of paid employment are reshaping families' capacity to provide care. These developments may reduce the time and resources available for supporting older family members, particularly those experiencing chronic illness, functional limitations or social isolation. Shrestha et al. identify weaknesses in the implementation and evaluation of existing elderly-care programmes in Nepal and note that reliance on family caregiving can impose substantial financial and psychological burdens on households. They also emphasise the potential role of community organisations in strengthening social support and access to care (Shrestha et al.). Evidence from the wider Indian subcontinent similarly highlights the relationship between limited formal care provision, sociocultural expectations and caregiver burden (Rahman et al.).

The distribution of unpaid care responsibilities also has important gender implications. Budlender and Moussié's comparative study of Nepal, Nigeria, Uganda and Kenya documents the disproportionate responsibility women bear for unpaid care work and its implications for their time and economic opportunities. Folbre's work on the economics of care further highlights the economic and social costs associated with the provision of care, while Razavi's analysis situates caregiving within the broader relationships among states, markets, households and communities. Research on unpaid care in Nepal also points to the relationship between care responsibilities and women's opportunities for economic

participation. More recently, the International Labour Organization's partnership with the National Cooperative Federation of Nepal has identified care cooperatives as a potential mechanism for expanding care services, generating decent employment and reducing the disproportionate burden of unpaid care borne by women ("Investing in Care"). Taken together, this literature suggests that elderly care should be understood not only as a matter of individual or family responsibility, but also as a question of social infrastructure, gender equality and public policy.

Community-based elderly day-care centres, commonly referred to as Milan Kendras or Diwa Sewa Kendras, may form part of the response to these interconnected challenges. By providing opportunities for social interaction, structured activities and access to appropriate support, such centres can help older people maintain community connections while continuing to live in their own homes. They may also provide some respite for family caregivers, particularly women who undertake a disproportionate share of unpaid care. However, the potential contribution of such facilities depends on their accessibility, the relevance and quality of their services, and their capacity to operate consistently. Community-based care should therefore be considered not merely as a welfare intervention, but as a component of a broader system that connects older people, families, community organisations and formal health and social services.

Nepal's policy framework recognises the need to expand services for senior citizens. The Fifteenth Plan (2019/20–2023/24) included provisions for establishing and operating senior-citizen clubs and day-care centres at the local level (National Planning Commission). Nevertheless, questions remain about the extent to which these policy objectives have translated into sustained service provision. The Ministry of Women, Children and Senior Citizens' annual report for 2081 B.S. records that 48 of the 235 additional centres targeted for operationalisation during the reporting period were brought into operation, equivalent to approximately 20.4 percent of the annual target (Ministry of Women, Children and Senior Citizens 27). These figures suggest a difference between planned expansion and reported implementation. However, the number of centres established or reported as operational does not, by itself, establish whether they provide regular services, have adequate staffing and financing, or effectively respond to older people's needs. A more comprehensive assessment of their operational status and institutional capacity is therefore necessary.

The central research problem concerns the gap between policy commitments to expand community-based elderly care and the limited evidence available on how day-care centres function in practice. In particular, insufficient information about their service provision, staffing, financing, accessibility and institutional support constrains an assessment of their operational sustainability. Without such evidence, it is difficult to determine the barriers affecting implementation or identify the forms of government support, coordination and monitoring needed to strengthen these facilities. Addressing this gap requires moving beyond numerical measures of expansion to examine the organisational and institutional conditions under which community-based care services are established, maintained and delivered.

Accordingly, this study examines selected community-based senior-citizen day-care centres in the Kathmandu Valley. Drawing on field observations, key informant interviews and a review of relevant policy documents and academic literature, it investigates the services these centres provide, their staffing and financing arrangements, the populations they reach, and the operational and institutional challenges

they encounter. The study seeks to generate context-specific evidence to inform policy recommendations for strengthening community-based elderly care infrastructure in Nepal. By examining the relationship between national policy objectives and local implementation, it aims to identify practical measures for improving service continuity, institutional support and the accessibility and sustainability of community-based care.

The report is organised as follows. Chapter 2 reviews the relevant policy and academic literature; Chapter 3 outlines the research methodology; Chapter 4 discusses ethical considerations and study limitations; Chapters 5 and 6 present the field findings and their triangulation; and Chapter 8 sets out policy recommendations.

Chapter 2: Policy and Literature Review

Population Ageing and the Changing Context of Elderly Care in Nepal:

Nepal is undergoing a significant demographic transition. Aryal (2019) notes that increasing life expectancy and declining mortality are gradually shifting Nepal from a predominantly young population towards an ageing population. At the time of his analysis, people aged 60 and above constituted 8.1% of the population, prompting calls for stronger social security and the expansion of old-age homes, day-care centres, ageing centres and recreational spaces. More recent evidence indicates that this transition has accelerated. Drawing on the 2021 National Population Census, Adhikari (2025) reports that people aged 60 and above constituted 10.21% of Nepal's population, approximately 2.98 million people.

Population ageing does not mean that all older people require intensive care, as functional ability varies considerably. However, ageing is associated with greater prevalence of chronic illness, disability, functional limitations and social-care needs. The World Health Organization (WHO) therefore frames healthy ageing around maintaining functional ability and calls for a continuum of person-centred care spanning households, primary care, community services and long-term-care institutions (WHO, 2025). This perspective positions community and day-care services between exclusive reliance on household care and residential institutionalisation. Such services can potentially support social participation, nutrition, recreation, health-related needs and assistance with daily activities while enabling older people to remain within their communities.

From Family Responsibility to a Broader Care System

Elderly care in Nepal has historically been embedded in family and community networks. The Senior Citizens Act, 2063 B.S. (2006A.D.) establishes a legal framework for the protection, social security and welfare of older persons and recognises responsibilities towards senior citizens (Nepal Law Commission, 2006). The Senior Citizens Rules, 2065 B.S. provide further provisions for implementing the Act, while the Senior Citizens National Action Plan, 2065 B.S. provides a broader policy framework for addressing older people's welfare and protection (Government of Nepal, 2062, 2065). However, the existence of legislation does not necessarily translate into adequate services.

The Geriatric Center Nepal's Status Report on Elderly People in Nepal on Health, Nutrition and Social Status: Focusing on Research Needs documents the development of Nepal's policy framework, including the Civil Code, Senior Citizen Policy, National Plan of Action on Ageing, Senior Citizen Act and Regulations. It also notes provisions for prioritising older people within health services and establishing geriatric wards in public hospitals. Nevertheless, the report identifies inadequate planning, monitoring and institutional capacity, as well as limited geriatric expertise among health personnel, as barriers to implementation and characterises geriatric and care approaches as insufficiently developed (Geriatric Center Nepal, 2010).

More recent scholarship similarly identifies weaknesses in Nepal's formal elderly-care system. Shrestha et al. (2021), reviewing governmental and community-based programmes, note the existence of old-age allowances, pensions, free health services and elderly homes but find limited evidence regarding their implementation and effectiveness. Older people continue to rely substantially on family, community and religious networks for emotional, social and practical support. Migration further complicates these arrangements, particularly when working-age family members migrate abroad while older parents remain responsible for household and family-related responsibilities.

These pressures are especially relevant in Kathmandu, where migration, urbanisation, changing household structures and women's participation in paid employment can make traditional arrangements more difficult to sustain. Families may simultaneously face responsibilities for older relatives, childcare, paid employment and domestic work. Elderly care is therefore increasingly relevant not only as an issue of older people's welfare but as part of a wider care system involving households, communities, care facilities, health services, local governments and paid care workers.

Informal Care, Caregiver Burden and Gender:

Research across South Asia consistently identifies families as major providers of elderly care while highlighting the physical, emotional and financial burdens associated with this role. Rahman, Alam, and Emdad (2025), in a scoping review of 21 studies from Bangladesh, India and Pakistan, identify limited healthcare access, multimorbidity, inadequate infrastructure, financial constraints, sociocultural expectations and caregiver burden as interconnected challenges. The review also highlights limited caregiver knowledge, training and resources and recommends caregiver training, financial support, respite and greater access to formal care services. Although Nepal is not included, the regional evidence provides a useful comparative framework for understanding how formal service shortages and sociocultural expectations can intensify household caregiving.

The burden is strongly gendered in Nepal. ILO data indicate that women perform approximately 85% of daily unpaid care work, spending around 29 million hours per day on unpaid care compared with approximately 5 million hours for men. Among economically inactive people, 39.7% of women identified unpaid care as the primary reason for being outside the labour force, compared with 4.6% of men (ILO, 2023). Unpaid care is therefore not simply a private household activity; its unequal distribution has implications for women's time, employment and economic opportunities.

Care responsibilities can also operate across generations. Older women, particularly grandmothers, may provide childcare within multigenerational households while simultaneously requiring care themselves. Formal elderly day-care services may therefore have effects beyond the older person attending the centre. By transferring part of elderly care from households to community facilities, they may release time for other household members while reducing the expectation that older women absorb additional domestic and childcare responsibilities.

The ILO's emerging care-economy framework provides a useful basis for understanding this relationship. In its May 2026 initiative with the National Cooperative Federation of Nepal, the ILO describes care work as largely unpaid, invisible and undervalued, with women carrying a disproportionate share. The initiative promotes community-based care services, decent employment in the care economy, training, national standards for care cooperatives, and a national pool of trainers and care champions. Its 5R approach emphasises the recognition, reduction and redistribution of unpaid care work alongside the reward and representation of paid care workers (ILO, 2026).

The ILO's earlier work similarly identifies investment in care services as a means of redistributing unpaid care, supporting women's labour-force participation and creating employment. A gender-focused macroeconomic assessment commissioned by the ILO, UN Women and Nepal's National Planning Commission estimated that NPR 272.232 billion invested to address care deficits in education and health could generate approximately 1.386 million direct and indirect jobs, at least 60% of which were expected to be filled by women (ILO, 2023). Although these estimates encompass care more broadly rather than elderly day care specifically, they provide an economic rationale for understanding care infrastructure as productive social infrastructure rather than solely as welfare expenditure.

Formal and Informal Care: Complementarity Rather Than Replacement:

The literature cautions against assuming that formal care services simply replace family caregiving. Formal and informal care frequently coexist. Litwin and Attias-Donfut's comparative analysis of France and Israel found that formal and informal care often operate together, particularly when older people's care needs increase. Similarly, research on community care indicates that formal services may supplement rather than substitute for family caregiving.

Da Roit (2010), comparing elderly-care systems in Italy and the Netherlands, demonstrates how care arrangements emerge from interactions between welfare institutions, families, markets and individuals. Households construct different "care packages" from the formal and informal resources available to them. This suggests that the contribution of Kathmandu's day-care centres should not be assessed solely according to how many older people they serve. Their wider significance may lie in altering the duration and intensity of care provided within households.

A centre offering several hours of supervision, social interaction, meals, recreation or basic health support may not remove family responsibility but can reduce the amount of time and continuous supervision required from family members. This distinction is particularly important when considering whether day-care infrastructure can reduce women's unpaid care burden. Formal care can complement family support rather than eliminate it.

Community-Based Day Care and Healthy Ageing:

International healthy-ageing frameworks increasingly emphasise community-based and person-centred care. The WHO's Decade of Healthy Ageing 2021–2030 identifies four priorities: changing perceptions of ageing, developing age-friendly communities, providing integrated and person-centred health services, and ensuring access to long-term care when required. Its Integrated Care for Older People (ICOPE) approach further emphasises community-level assessment, personalised care planning, social support and support for carers.

Day-care centres can occupy an important position within this continuum. Unlike residential institutions, they allow older people to remain in their homes and communities while accessing structured social interaction, recreation, nutrition, physical activity, supervision and, depending on the centre, health and psychosocial support. They also differ from senior citizens' clubs and recreational centres, which primarily focus on socialisation and leisure, and from outpatient health services, which primarily provide diagnosis, treatment and rehabilitation. Community day care can therefore combine social, functional and care-related functions while potentially providing respite for families.

Nepal's policy direction increasingly recognises this role. The Ministry of Women, Children and Senior Citizens' draft National Senior Citizens Policy identifies local-level senior citizen care centres and day-service or meeting centres as mechanisms for making older people's lives easier, organised and dignified. It also proposes day services, care centres and care homes alongside stronger coordination among the three levels of government and other stakeholders. This indicates a shift towards recognising community-based elderly care within public policy rather than treating it solely as a family or charitable responsibility.

Evidence on the Benefits of Day Care:

International research provides evidence of several potential benefits of adult day care, although much of this evidence comes from high-income countries and cannot be directly transferred to Nepal. One of the principal functions identified is respite for family caregivers. Day-care attendance can reduce caregiver burden and improve caregivers' mental well-being, particularly where programmes include explicit caregiver-support components (Vandepitte et al., 2016; Lunt, Dowrick and Lloyd-Williams, 2018; Tretteteig, Vatne and Rokstad, 2017). For families caring for people with dementia, day care can provide temporary relief from continuous caregiving, support continued co-residence and potentially delay institutional admission (Maffioletti et al., 2019). However, evidence remains limited regarding whether Nepali centres are designed or resourced to provide systematic caregiver respite rather than simply providing older people with a place to spend the day.

Day-care centres may also address social isolation and promote participation. Older age can involve shrinking social networks, bereavement and reduced mobility. Community day care creates opportunities for interaction, friendship, recreation and meaningful activity. International studies report improvements in social functioning and quality of life among day-care users, including people living with dementia (Iecovich and Biderman, 2012; Tuohy et al., 2023; Rokstad et al., 2019; Österholm et al., 2023).

Activities such as music, art, exercise and group engagement may facilitate participation among people experiencing cognitive or functional limitations. These findings suggest that the value of day care should not be assessed solely through conventional health indicators; social participation, autonomy, meaningful activity and subjective well-being are also relevant outcomes.

Day-care participation may further support physical and cognitive functioning through exercise, physiotherapy, nutritional support, health monitoring and cognitive activities. Studies report improvements in physical activity, functional status and psychological well-being, with some evidence of cognitive benefits (Benedetti, Sancho and Hernández, 2024; Lunt, Dowrick and Lloyd-Williams, 2021; Pitkala et al., 2009; Pitkala et al., 2011). Fall-prevention programmes in Japanese day-care settings have also been associated with improved mobility and reduced falls (Yamada and Demura, 2014). These findings indicate a potential preventive role for day care by addressing social, physical and cognitive decline before intensive health or residential care becomes necessary.

However, the international evidence also demonstrates substantial variation between day-care centres. Centres differ in objectives, target populations, staffing, ownership, funding, infrastructure, operating hours and links to health and social-care systems. Some focus on dementia or functional limitations, while others serve older adults more broadly. "Day-care centre" therefore does not represent a single uniform model. This is particularly relevant to Nepal, where centres have developed through different local and institutional arrangements and where there is no sufficiently integrated national database documenting their number, characteristics, capacity or services.

Accessibility, Information and Quality of Care:

The availability of day-care services cannot be assessed simply by counting facilities. Accessibility depends on geographical distribution, transportation, cost, eligibility, operating hours and whether services correspond to users' needs. The European Social Policy Analysis Network (ESPAN) assessment of 38 European countries demonstrates that even relatively developed long-term-care systems face significant information gaps regarding service availability, distribution, quality and monitoring. Provider registries are absent in many countries, while workforce and expenditure information is often fragmented. Day-care services are also unevenly distributed, with decentralised governance and financing contributing to geographical inequalities and care deserts in underserved areas (Ghailani et al., 2026).

These findings provide an important comparative context for Nepal. If information gaps remain significant in European long-term-care systems, the absence of comprehensive data in Nepal represents a major constraint on planning and evaluation. It remains difficult to establish reliably how many day-care centres operate, where they are located, how many older people they serve, what services they provide, how they are staffed and financed, and what outcomes users experience. The challenge is therefore both a shortage of care infrastructure and a shortage of information infrastructure.

Quality assessment presents a related gap. Long-term-care systems have traditionally relied on structural and procedural indicators such as buildings, staffing, documentation and care protocols. More recent approaches increasingly incorporate person-centred measures, including user experience, satisfaction and quality of life. The ESPAN review identifies countries such as Sweden, Germany, Belgium, Finland and

Luxembourg where user experience and/or outcomes form part of formal quality monitoring (Ghailani et al., 2026).

This represents a shift from asking whether a centre meets prescribed requirements to asking whether its services improve the lives of those receiving care. Structural standards remain essential because safe buildings, adequate staffing, sanitation and accessibility provide the foundation for quality care. However, they cannot establish whether older people feel respected, socially connected, autonomous, engaged or satisfied. Person-centred approaches therefore combine structural indicators with individualised assessment, care planning, user experience and quality-of-life outcomes.

Nepal's own policy documents identify related limitations. In its annual report for FY 2080/81, the Ministry of Women, Children and Senior Citizens acknowledges that it has been "unable to expand programmes that use the knowledge, expertise and experiences of the elderly" and identifies inadequate caregiving infrastructure and insufficient prioritisation of safety, rehabilitation and care as concerns that may contribute to psychological problems among older people (Ministry of Women, Children and Senior Citizens, 2081, p. 39). The Ministry also identifies the absence of an integrated statistical system as a major challenge, noting that fragmented information systems create difficulties in reporting and gaps in available data (Ministry of Women, Children and Senior Citizens, 2081, p. 39). These limitations are particularly relevant to community-based day care, where beneficiary experiences and service-level information are essential for assessing effectiveness.

Legal and Policy Framework for Senior Citizens in Nepal:

Nepal's framework for older people combines international commitments, national legislation, regulations, action plans and institutional mechanisms. At the international level, the Madrid International Plan of Action on Ageing (MIPAA), adopted at the Second World Assembly on Ageing in 2002, identifies three priorities: older persons and development; advancing health and well-being into old age; and enabling and supportive environments. It emphasises participation, dignity, security and social inclusion and calls for ageing concerns to be integrated into national development policies and programmes (United Nations, 2002).

Nationally, the Senior Citizens Act, 2063 (2006) defines a senior citizen as a Nepali citizen who has completed 60 years and establishes provisions for protection, social security, welfare, respect and the utilisation of older people's knowledge and experience (Government of Nepal, 2063). The Senior Citizens Rules, 2065 provide regulatory provisions for implementation, while the Senior Citizens National Action Plan, 2062 provides a broader framework for older people's welfare, protection and needs (Government of Nepal, 2062, 2065). Together, these instruments indicate the institutionalisation of senior-citizen welfare within Nepal's legal and policy system.

The policy framework, however, continues to face an implementation gap. The Geriatric Center Nepal report identified weaknesses in planning, monitoring and institutional capacity (Geriatric Center Nepal, 2010), while Shrestha et al. (2021) found limited evidence concerning the implementation and effectiveness of existing elderly-care programmes. The Ministry's more recent reporting similarly identifies gaps in caregiving infrastructure, programme development and information systems (Ministry

of Women, Children and Senior Citizens, 2081). The draft National Senior Citizens Policy's emphasis on local care centres and day-service facilities therefore represents a policy aspiration whose practical implementation requires further empirical assessment.

The Government of Nepal's Draft National Senior Citizens Policy 2083 reflects an emerging policy emphasis on strengthening the institutional and community-based infrastructure required to respond to population ageing. The draft identifies the expansion of day-care and care centres, the provision of residential facilities with medical services where necessary, and the coordination of federal, provincial and local governments as important policy priorities. It also emphasises the protection of older people's rights, the prevention of abuse and neglect, and the inclusion of ageing-related issues in government plans, budgets and institutional arrangements. Importantly, the draft recognises the need for research, monitoring and institutional capacity-building to improve the responsiveness of services to older people's needs. For community-based elderly care, these provisions establish a relevant policy framework against which the availability, operational capacity and sustainability of existing day-care centres can be examined. Nevertheless, as the document is a draft, its proposals should be distinguished from formally adopted policy measures, and their implementation cannot be inferred from the document alone (Ministry of Women, Children, Gender and Social Minorities and Social Security).

Research Gap and Rationale for the Present Study:

The literature establishes three interconnected issues. First, Nepal's older population is growing rapidly, increasing the need for appropriate health and social-care infrastructure (Aryal, 2019; Adhikari, 2025). Second, elderly care remains heavily dependent on families and community networks, while formal services face gaps in coverage, implementation, infrastructure and specialised capacity (Geriatric Center Nepal, 2010; Shrestha et al., 2021). Third, unpaid care is highly gendered, with women carrying the overwhelming majority of care work and consequently bearing significant time and employment costs (ILO, 2023, 2026).

International evidence suggests that community-based day care may help address these challenges by supporting older people's social participation, functional ability and well-being while complementing family care and providing respite to caregivers (Vandepitte et al., 2016; Lunt, Dowrick and Lloyd-Williams, 2018; Tretteteig, Vatne and Rokstad, 2017; Maffioletti et al., 2019). Yet the evidence base is concentrated in high-income countries, and there is limited empirical research on how such facilities operate in Nepal.

In particular, existing Nepalese literature has focused more heavily on demographic ageing, health, social protection, family support, old-age homes and broad policy frameworks than on the everyday operation and capacity of elderly day-care centres. There is limited systematic evidence on the number and distribution of centres, their physical and human resources, services, accessibility, beneficiary characteristics, funding, referral systems, relationships with families and mechanisms for assessing quality and outcomes. The lack of integrated information identified by both the Ministry of Women, Children and Senior Citizens (2081) and international comparative research such as Ghailani et al. (2026) further constrains evidence-based planning.

The present study addresses this empirical and policy gap through a situational analysis of three elderly day-care centres in Kathmandu. It examines their facilities, services, staffing, accessibility and everyday practices, while considering their relationship with older people and the families who remain important providers of care. The study therefore asks not only what these centres provide, but also how they function within the wider care system.

The literature ultimately supports understanding elderly day-care centres as care infrastructure rather than simply welfare institutions. Their potential contribution extends beyond the older person attending the centre to the wider household and care system. Well-designed services may support older people's dignity, social participation and functional ability while sharing, rather than replacing, family care responsibilities. In this sense, investment in day-care infrastructure may generate a potential "double dividend": improved outcomes for older people alongside reduced time and care pressures on households, particularly women. The present study examines the extent to which this proposition is reflected in the actual infrastructure, services and practices of elderly day-care centres in Kathmandu.

Chapter 3: Methodology

Research Design

The study adopts a descriptive and exploratory research design to examine the existing landscape of community-based elderly care infrastructure in Nepal, with particular attention to elderly day-care centres. The research combines case studies of selected day-care centres in Kathmandu with qualitative interviews with stakeholders involved in the provision, management, regulation and advocacy of elderly care. The approach is intended not to produce statistically representative estimates of elderly-care provision in Nepal, but to generate an in-depth understanding of the existing service landscape, institutional arrangements, infrastructure, service provision, challenges and policy gaps that can inform future policy development and expansion.

The study uses three complementary sources of evidence: field observations of selected day-care centres within Kathmandu, interviews with beneficiaries and other stakeholders, and secondary information and relevant policy and academic literature. Combining these sources allowed the study to examine both the observable characteristics of existing centres and the perspectives of people involved in or affected by community-based elderly care.

Selection of Day-Care Centres

Three elderly day-care centres within Kathmandu Valley were selected as case studies. The centres were identified with the direction and assistance of the National Senior Citizens Federation (NASCIF) (राष्ट्रिय ज्येष्ठ नागरिक महासंघ) which provided information regarding existing centres and facilitated access to relevant sites and stakeholders. The selection was therefore purposive rather than random.

The case-study approach was adopted because the limited availability of systematic information on community-based elderly care in Nepal makes detailed examination of existing centres particularly valuable. The selected centres provide an opportunity to examine the various ways in which

community-based elderly care is organised and delivered in practice, including their physical infrastructure, organisational arrangements, staffing, activities, funding, beneficiary access and operational challenges.

The three cases should not be understood as statistically representative of all elderly day-care centres in Nepal. Rather, they are used as illustrative cases through which broader issues in the development and governance of community-based elderly care can be examined.

Study Population and Respondents

The study population comprises individuals and organisations involved in, or affected by, community-based elderly care.
Respondents included:

- Older persons attending the selected day-care centres;
- Organisers, staff and other representatives of the selected centres;
- Representatives of the Jestha Nagarik Mahasangh;
- Private residential elderly-care service providers;
- Representatives of non-governmental organisations working on ageing and elderly care; and
- Leaders and representatives of relevant advocacy and civil-society organisations.

The inclusion of stakeholders beyond the selected day-care centres was intended to situate the case studies within the wider elderly-care system and to obtain perspectives on the preparedness, institutional arrangements and policy environment for community-based care in Nepal.

Sampling Strategy

The day-care centres were selected purposely through the assistance of the NASCIF. Stakeholder respondents were subsequently identified through snowball sampling, beginning with contacts provided by the Ministry of Women, Children and Social Security (MoWCSS) and the selected centres and expanding to other relevant stakeholders identified during the research process.

A total of 11 key informant interviews (KIIs) were conducted. These semi -structured interviews sought perspectives from actors occupying different positions within the elderly-care landscape, including service providers, civil-society and advocacy organisations, and representatives of relevant stakeholder groups. Beneficiary perspectives were also incorporated to understand experiences of accessing and using day-care services.

Given the exploratory nature of the research and the purposive sampling approach, the findings are not intended to be statistically generalisable to all elderly people, day-care centres or care providers in Nepal. Instead, the interviews provide qualitative evidence concerning recurring issues, institutional gaps and stakeholder perspectives relevant to national policy development.

Data Collection Methods

The study employed four principal methods of data collection:

1. Field observation

Field observations were conducted at each of the three selected day-care centres. Observations focused on the physical and infrastructural condition of the centres, accessibility, spaces available to beneficiaries, facilities, activities and the general organisation of services in two of the centres, observations were conducted while the regular sessions were in operation, allowing the author to spend extended periods within the day-care environment and participate in some of the activities alongside the older people. This provided an opportunity to move beyond observing the formal structure of the sessions and gain a more situated understanding of the everyday experiences of the participants. Being present within the sessions offered insight into the interpersonal dynamics, forms of interaction, and ways in which participants engaged with one another and with the activities. From an ethnographic perspective, this prolonged engagement also provided a glimpse into what the day-care centre meant to the older people themselves, including the sense of routine, social connection, companionship, and participation that emerged through their everyday interactions. The author's participation in the sessions further enabled an embodied understanding of these dynamics from within the social setting, rather than solely as an external observer. The observations were used to complement information obtained through interviews and centre-provided documentation.

2. Beneficiary interviews

Semi-Structured interviews with the senior citizens attending the centres were conducted to understand their experiences of the services, patterns of participation, perceived benefits and challenges. These interviews provided a user perspective that could not be captured through institutional assessments alone.

3. Key informant interviews

Eleven semi-structured KIIs were conducted with stakeholders involved in elderly care, including centre representatives, elderly-care organisations, advocacy and civil-society actors and a relevant municipal representative from Chandragiri Municipality. The interviews explored the current state of community-based elderly care, institutional and policy arrangements, service gaps, infrastructure, funding, monitoring and assessment mechanisms, and the requirements for future expansion.

4. Secondary data and document review

Secondary information provided by the selected centres was reviewed, including information concerning organisational structure, number of beneficiaries, funding arrangements, staffing and activities. Relevant academic literature, government policies, legislation, reports and international evidence on ageing, elderly care, community-based care, unpaid care work and care infrastructure were also reviewed.

Basic descriptive information concerning the selected centres including the number of beneficiaries, organisational model, funding model and activities provided is presented in the appendix to provide readers with a reference point for understanding the individual cases.

Key Areas of Analysis

Rather than treating the study as a quantitative assessment based on a fixed set of variables, the research examined several key dimensions of community-based elderly care which have been tabulated below:

Theme	Variables inspected
Infrastructure and accessibility	physical condition, space, accessibility and suitability of facilities
Service provision	ctivities, social engagement, health-related support, recreation and other services
Organisational capacity	staffing, management arrangements and institutional structure
Financing	sources and sustainability of funding
Beneficiary access and participation	who uses the centres and how services are accessed
User experience	perceived usefulness, satisfaction, social participation and other reported benefits or challenges
User's Family response	What changes family members report in the beneficiaries as well as how their own care-giving responsibilities are affected by the beneficiary's participation in the centre.
Monitoring and assessment	existing state-led mechanisms and practices for assessing service quality and outcomes
Institutional coordination	relationships between centres, government, community organisations and other care providers
Policy and system-level gaps	barriers and challenges affecting the development and potential expansion of community-based elderly care.

These areas were examined across the three case studies and used to identify common issues and differences between centres.

Data Analysis

Qualitative data from field observations, semi-structured beneficiary interviews and KIIs were analysed thematically. Interview and observation material was reviewed to identify recurring themes relating to service provision, infrastructure, accessibility, organisational and financial arrangements, beneficiary experiences, monitoring mechanisms and policy challenges.

The analysis proceeded by identifying common issues emerging across respondents and comparing these with observations and secondary information from the selected centres. Where appropriate, perspectives from different stakeholder groups were compared to identify areas of convergences and divergences.

The case-study findings were subsequently considered alongside the existing literature and national and international policy frameworks. This enabled the study to move beyond describing individual centres and identify broader implications for the development of community-based elderly care in Nepal.

The analysis is therefore structured around two levels: the centre level, examining how existing services operate in practice, and the system level, examining what these experiences indicate about Nepal's preparedness to develop, monitor and potentially expand community-based elderly care.

Cross-Case Analysis and then thematic analysis of KIIs then this is triangulated to make policy prescription by identifying key problems and scope.

Chapter 4: Ethical Considerations and Limitations

Ethical Considerations

The study sought informed consent from participants prior to interviews and explained the purpose of the research and the intended use of the information collected. Participation was voluntary, and respondents were informed of their right to decline to answer questions or withdraw from the interview.

Information obtained from individual participants was treated confidentially. Where appropriate, identifying information has been omitted or generalised in reporting findings to protect participants and organisations. Particular care was taken when interviewing older persons to ensure that participation was voluntary and that questions were presented in an accessible manner.

Limitations of the Study

The study has several limitations. First, only three day-care centres were examined, and the centres were purposively selected rather than through a random sampling procedure due to lack of aggregated data of functional centres. The findings therefore cannot be interpreted as statistically representative of all community-based elderly-care centres in Nepal.

Second, the study was conducted primarily in Kathmandu. The capital has a distinctive institutional, demographic and service environment and may have greater access to organisations, resources and services than many other parts of Nepal. The findings should therefore not be assumed to describe conditions in rural or less-served areas.

Third, stakeholder respondents were identified through snowball sampling. This approach was appropriate given the limited availability of an established sampling frame and dataset for community-based

elderly-care stakeholders, but it may result in the perspectives of more visible or connected organisations being disproportionately represented.

Finally, the study encountered limitations arising from the broader lack of systematic data on community-based elderly care in Nepal. Information concerning the number, distribution, capacity, financing and performance of centres is not maintained through a sufficiently integrated system. This limits the ability to quantify the national landscape and reinforces the exploratory nature of the present study.

Despite these limitations, the combination of case studies, field observation, beneficiary perspectives, key informant interviews and secondary evidence provides a basis for identifying important institutional and policy gaps. The findings are consequently intended primarily to inform policy development, further data collection and future evidence-based decisions concerning the scale, model and geographical expansion of community-based elderly care in Nepal.

Chapter 5: Findings (Field Report):

Field Observation + Description from facility management:

Dimension	Siddhi Saligram Jestha Nagarik Ashram	Senior Citizen Day Care Programme	Jestha Nagarik Diwa Sewa
Location	Suryabinayak, Bhaktapur	Kuleshwar, KMC-14	Dhumbarahi, KMC
Managing organisation	Siddhi Memorial Foundation;	Kuleshwor Awas Pariwar Kalyan Sanstha	Mahila Samudayik Karyakram Sanchalan Samiti
Year Since Day-Care in Operation	2008 AD (shut during COVID) temporarily shut due to constructions during time of research	2011 AD	2014 AD
Venue Layout	Residential Old-age home currently serving 43 in house residents currently. Well equipped building with Separate facility for	Community Centre that Doubles as Elderly Care Centre. Hall (Capacity 80+ pax), Reading Room, Office as well as a volleyball	Hall (50+ pax), Kitchen and Lavatory without wheelchair accessibility. 2.5 Storey

	physiotherapy. 24-Hr nursing services. Daycare centre offered in a hall and a courtyard that serves at least 100 pax. Infrastructure expansion on-going.	field available for Recreation/Fitness usage, Kitchen and Multiple bathrooms. No wheelchair accessibility.	
Target beneficiaries and General attendance	Elderly People(all genders)	Elderly People and Women + Children in the same facility	Elderly (Women only) 30-40 attendees
Operational Days/Hr	11 AM - 4:30 PM /7 days a Week.	Wednesdays 10AM-5PM but space accessible daily to beneficiaries for any other public events in the same venue.	Sun-Fri 10AM-5 PM
Key Services	Yoga Bhajan Story telling Prawachan Film on a projector Afternoon Inter-Generational exchange programmes with the orphanage connected to the foundation. Tea/Biscuits + Occasional Khaja	Physical Activity Self Care and Nutrition related training Afternoon meal (khaja) Library + regular newspaper Legal Help for elderly welfare and against elderly abuse (primarily financial) Sensitization programmes for families regarding healthy ageing and Mediation events for healthy family communication Literature event; reading groups; poetry recitation	Primarily Sermon(Pravachan)/ bhajan/ musical programmes. Birthday Celebration Informal support against elderly abuse and neglect. Afternoon Tea/ Biscuits/Fruits
Staffing	4 Part-Time Staff (Yoga Instructor+ 2	1 Librarian and 1 Janitor/Cook	1 paid staff/Janitor and 1 Preacher paid

	Musicians+ a preacher) In-house staff available as per need.	17 voluntary active board members	collectively. 11 voluntary members
Funding Sources	Primarily Funded by Nepalhilfe Beilngries e.V.	Public Donations; Charity events; Relatively affluent neighbor with tight knit community whereby people come together for fund generation in their particular capacities.	Self-funded; Members add from their pockets; Sometime Donations are collected
Physical Facilities	Wheelchair accessible hall, multiple well maintained lavatories, equipped kitchen, physiotherapy, primary medical infrastructure in-house for medical emergencies.	Inaccessible by wheelchair; multiple flights of stairs; massive hall; library; nearby park accessible for usage; clean but crammed lavatories; equipped kitchen	Inaccesible by wheelchair, basic kitchen, one lavatory; a hall; musicall instruments
Health Services	Elderly benefit free of cost from periodic Health Camps, on-site nursing staff, periodic specialist visits as well as the medical hospital 100m away.	There used to be a health centre on site which has been moved by the municipality to a separate location accessible on foot.	Community Health Centre with specialization in female health care, in operation on the ground floor of the same building; Primary Care with staff nurse, janitor, vaccination, basic medication available cost-free on-site.
Challenges/ Expansion Plans	Expanding hall dedicated to day-care. Major challenge to ensure the attendance of elderly that have been displaced due to the earthquake; Funding related issues	In the process of applying for a separate hall on the ground floor for better access, also to allow for more individuals to find out about the activities. Current set-up	Transport for general as well as elderly with mobility issues.

	– would ideally aim for a more nutritious khaja provision and more stimulating activities beside the regulatr	relatively gate-kept	

5.2 Cross-Case Observations

All three centres provided a regular space for social interaction, structured activity and refreshments, and all three incorporated some form of income-generating or skill-based activity, including handicraft production. Beyond this, the centres diverged considerably: in physical infrastructure, accessibility, staffing model, operating hours and funding source, and in the balance of activities on offer, from physical exercise, reading and intergenerational programming at one site to a heavier emphasis on religious, musical and ceremonial activity at another.

Participation in income-generating activities also varied by locality rather than by centre design alone. At the Bhaktapur site, where many attendees came from farming households, participation in handicraft production was limited by continuing domestic and agricultural responsibilities. At the Kuleshwar site, attendees including retired professionals engaged more readily with handicraft work as purposeful occupation and supplementary income. At the Dhumbarahi site, participation in incense and dhoop production was mixed, with some women involved and others not.

5.3 Key Informant Interviews: Summary of Themes Raised

Eleven KIIs were conducted with centre representatives, the National Senior Citizens Federation (NASCIF), a private residential geriatric-care provider, NGO and civil-society representatives, and a municipal representative from Chandragiri Municipality.

- **On how older people are framed.** Several informants objected to older people being treated primarily as recipients of welfare or as a dependent liability, arguing instead for a "dignified ageing" framing that recognises continuing skills, knowledge and capacity for productive participation. One participant argued for an increase in retirement age in order to harmonize the working age with increased life expectancy.
- **On changing family structures.** Migration, urbanisation and rising living costs were consistently cited as weakening the assumption that families can absorb elderly care unassisted. One municipal informant noted that older people themselves often carry substantial grandchild-care responsibilities. Fear, anxiety and reduced mobility were also raised as barriers to participation, with one informant recommending accessible counselling.
- **On the function of community centres.** Informants described centres as generating friendships and social networks that extend beyond the centre itself, as spaces to communicate in native languages and sustain local cultural practice, and as venues for handicraft, origami, reading and intergenerational knowledge-sharing.

- **On services, financing and institutional constraints.** NASCIF reported difficulty coordinating facilities nationally due to resource constraints. The private geriatric-care provider raised concern that existing regulatory and staffing requirements are difficult to meet, particularly where residential care is regulated similarly to a medical institution. Informants also pointed to limited programme planning and underused resources at government level.
- **On data and information gaps.** Informants raised weaknesses in systematic data collection, health-record keeping and long-term data management, and concerns about data security.

Chapter 6: Triangulated Findings

This chapter brings the field observations, KII material and existing literature together and interprets them jointly. Where a finding rests on a single informant's account rather than being corroborated across sources, this is noted explicitly, since the strength of the evidence varies considerably across the themes below.

Theme 1: The Locus of Care Is Shifting from Households Toward Shared, Community-Based Arrangements

Interviewees consistently linked migration, rising living costs and the growing need for household members to take paid work to a weakening of the assumption that families alone can meet elderly-care needs. This did not read as family care disappearing, but as its conditions changing: working-age relatives have less available time, while older people frequently continue to provide care themselves rather than only receiving it. Two informants noted that some centre attendees leave by mid-afternoon specifically to take over grandchild care after school; in farming households in Bhaktapur, this overlaps further with domestic and agricultural responsibilities. The distinction between "caregiver" and "care recipient" is therefore often not clean in practice.

This shift was also visible in how organisations described their own role. One informant described a move away from *bitaran* (one-off distribution of welfare goods) toward sustained, relationship-based community engagement, reporting that beneficiaries valued ongoing contact more than one-time material support. The site observations support this: regular, repeated attendance at all three centres created a space outside the household where older people could interact and access support without depending entirely on family members, consistent with the international evidence that formal and informal care tend to coexist and complement one another (Da Roit, 2010; Litwin and Attias-Donfut) rather than one substituting for the other.

Theme 2: A Shift From Welfare and Dependency Toward Empowerment and Diverse Programming is Needed which is Partly Underway:

The strongest and most consistent normative theme across the KIIs was resistance to framing older people through pity, liability or dependency. Informants argued instead for recognising older people's continuing

capabilities, and extended this argument to policy: several questioned relatively low retirement ages given rising life expectancy, and criticised age-based restrictions on public-sector employment and the near-absence of private-sector roles for older workers beyond occasional advisory positions. Centres were described not only as recreational spaces but as potential sites of productive activity, skill-sharing and learning.

Informants also argued that programming needs to diversify. While religious and ceremonial activity (bhajan, pravachan) was not rejected outright, several informants felt it should not constitute the entirety of what is on offer, describing older people as feeling "shrunk" when social life is reduced to ceremony alone which a concern linked to rising literacy and changing educational profiles across generations of older people.

The site evidence gives this claim partial, not full, support. The observed range of activities across the three centres yoga, storytelling, film, physical activity, reading, newspaper access, nutrition training and intergenerational exchange at some sites, versus a narrower religious/musical focus at others shows that broader programming is achievable within existing community infrastructure. It is not, however, consistently available: the gap is one of distribution across centres rather than of feasibility in principle.

Theme 3: Centres Function as Protective and Psychosocial Infrastructure, Not Only Recreational Space

Across all three sites, informants and observation both pointed to functions that go beyond formal programming. Discussions among attendees frequently touched on family grievances which were commonly regarding relations with daughters-in-law who function partly as informal venting and partly as a source of peer advice and recognition. Two centres reported some form of intervention in domestic conflict; one had arranged more structured dialogue on family relationships.

One informant referenced a case of suicide in arguing that having a space to express frustration could help prevent distress going unaddressed. This should be read strictly as that informant's interpretation, not as evidence of a causal link between day-care access and suicide prevention; it was not corroborated by other sources in this study. Given the sensitivity of the subject, any policy language drawing on this point should treat it as a signal to investigate further through routine screening or referral protocol rather than as an established finding.

The protective function extended to more concrete cases. One centre had arranged for a lawyer to provide private consultations on-site, placing legal expertise inside a familiar environment rather than requiring older people to navigate formal institutions independently. In one documented case, a woman who had experienced alleged property exploitation by a relative was supported by centre staff and subsequently observed arriving early, helping prepare the centre, and producing incense and dhoop for income; she reported feeling safe within the community. The value of this case lies in the fact that both staff testimony and independent observation align: protection was followed by, and appears to have supported, continued participation and agency rather than simply removal from a harmful situation.

Fear and anxiety were also raised as barriers to attendance independent of physical distance, indicating that accessibility should be understood to include psychosocial as well as physical access and whether an older person feels safe and confident enough to attend, not only whether a centre exists nearby.

Theme 4: Existing Provision Is Valued, but Unevenly Resourced and Inconsistently Regulated

Informants consistently recognised community-based centres as valuable, relatively cost-effective infrastructure, and NASCIF was described as working to bring facilities into greater national coordination which indicates that a network already exists, even if underdeveloped. At the same time, informants distinguished between high-visibility events around particular occasions and comparatively thin day-to-day engagement between them, a pattern the site observations partly corroborate: activity intensity and diversity varied considerably by centre.

Resourcing was clearly uneven rather than uniformly poor. One centre operates within a well-resourced residential and health-care setting; the other two rely substantially on voluntary labour, member contributions and informal fundraising. Wheelchair accessibility was present at only one of the three sites, and transport was independently raised by informants as a major constraint on attendance, particularly for those with mobility limitations. Informants also pointed to a related but distinct problem: existing funds and programmes are not always used effectively, suggesting the issue is not simply a shortage of money but of planning and institutional capacity to deploy it.

A further, narrower finding concerns regulation. A private residential geriatric-care provider argued that current requirements(citing the Geriatric Care Centre Operation Directive and Standards, 2077) apply staffing and capital requirements more appropriate to medical institutions than to facilities primarily offering accommodation, daily-living assistance and basic wellbeing support, and that this discourages providers from seeking formal approval. This is a single-source claim within this study; it is a legitimate concern to investigate further, but the specific regulatory requirements should be verified directly against the Directive's text before being treated as an established fact in policy design.

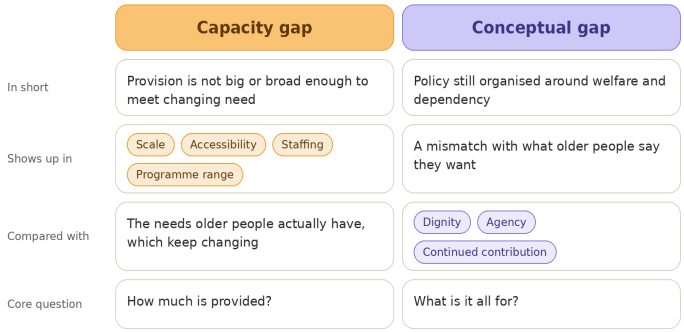
Theme 5: Fragmented Data and Planning Constrain System-Level Development

A cross-cutting concern was the absence of integrated information. One informant described personal efforts to build usable, secure long-term health data and stressed that data collected now should remain usable for planning years into the future. This aligns with the Ministry's own acknowledgement of weaknesses arising from fragmented statistical systems (Ministry of Women, Children and Senior Citizens, 2081). It was also evident directly in this study: information on beneficiaries, attendance, staffing and resources was not held in a comparable format across the three centres, meaning individual organisations hold real knowledge about their own beneficiaries that is not aggregated into any broader picture of provision nationally. Without this, it is difficult to estimate unmet need, identify underserved areas, plan transport, or evaluate whether programmes work.

Triangulated Synthesis

Across all sources, the evidence converges on one central point: community-based centres are increasingly providing something households can no longer supply continuously and alone which is a regular, local, socially embedded space where older people remain connected, occupied and supported. In practice, the centres examined here do considerably more than provide daytime occupation; they perform emotional-support, family-mediation, legal-referral, protective, health-access and, in individual cases, economic functions, some through formal programming and some through informal, staff-led initiative.

At the same time, the evidence does not support treating existing provision as adequate. Programming, accessibility, staffing and resourcing all varied substantially across just three centres in the same urban valley, indicating that the existence of a centre does not by itself guarantee any particular standard of care.



Two gaps run through all five themes above: a capacity gap provision that is insufficient in scale, accessibility, staffing or programme range to meet changing need and a conceptual gap a policy and institutional environment still organised around welfare and dependency, sitting alongside informants' and beneficiaries' own expressed preference for dignity, agency and continued contribution. Chapter 7 addresses both.

Chapter 7: Discussion and Policy Recommendations

The recommendations below are grounded in the triangulated findings in Chapter 7, but the evidence base is a purposive, three-centre, Kathmandu-based exploratory study (see Chapter 5). They are accordingly framed as priorities to test and build out starting with the evidence infrastructure needed to validate and scale them rather than as finalised national standards. They are grouped into three tiers by sequencing logic: foundational work that other recommendations depend on, service and workforce development that can proceed in parallel, and structural reforms that will take longer and require cross-ministry coordination.

Tier 1: Foundational - build the evidence and framing before scaling

1. Establish a national registry and outcome-oriented monitoring system for community-based elderly day care. The absence of reliable, comparable information was the most consistently raised constraint across the KIIs, the Ministry's own reporting (2081, p.39), and this study's own difficulty comparing the three centres on a like-for-like basis. A national registry covering government, municipal, NGO and community-run facilities, their location, capacity, staffing, funding, accessibility, operating hours, transport links and links to health/social-care services should be built as a planning instrument, not

merely an administrative list. It should be paired from the outset with outcome indicators rather than structural indicators alone: attendance and accessibility, range and frequency of activity, user satisfaction and sense of belonging, functional and physical outcomes, referrals made and abuse cases identified and addressed, caregiver respite, and continuity of service. This aligns Nepal with the person-centred, outcome-oriented direction already visible in the ESPAN and WHO literature, without requiring day-care centres to be run like clinical institutions.

2. Reframe elderly day care as care infrastructure, governed by national minimum standards with locally adaptable programming. Informants consistently rejected a welfare/dependency framing in favour of one recognising continued capability and contribution a position partly supported by the observed (if unevenly distributed) demand for reading, learning, productive and intergenerational activity across the three sites. Policy should formally recognise day care as ageing infrastructure rather than charity, with the state setting minimum standards for safety, accessibility, safeguarding and basic service quality, while leaving centres flexibility to shape programming to local demand reflecting the genuine variation in participation seen across farming, professional and mixed communities in this study. The state's job is to standardise quality, not to standardise older people's needs. Mechanisms for older people to influence programming directly feedback processes, beneficiary committees, participatory planning should be built into this standard from the start, rather than added later.

Tier 2: Service and workforce development

3. Build a tiered, appropriately trained community-care workforce. Staffing capacity ranged from four part-time specialists to volunteer-run models across the three centres, and KIIs repeatedly cited resource and capacity limitations. Rather than applying a medicalised staffing model uniformly, Nepal should develop a tiered workforce of trained care workers, activity facilitators, volunteers, and periodic specialist access who are trained in basic geriatric care, safeguarding, communication, first aid, nutrition, mobility support and abuse identification/referral. Capacity-building for local governments in using locally available resources, as some informants described piloting informally, should accompany this.

4. Embed protection, legal assistance and psychosocial support as a standard part of community care, not an informal extra. All three centres had already developed some capacity to respond to neglect, family conflict or financial abuse, ranging from informal intervention to on-site legal consultation. This should become a designed feature rather than something that depends on individual centre initiative: minimum standards should require clear procedures for identifying and referring abuse, exploitation and neglect, and access to counselling or psychosocial referral, reflecting the study's evidence that fear, anxiety and unaddressed distress meaningfully limit participation independent of physical accessibility.

5. Improve transport and physical accessibility together, not the building alone. Wheelchair access was present at only one of the three sites, and transport was raised independently as a barrier to attendance. Accessibility standards should cover entrances, toilets and internal mobility as well as safe transport to and from centres; municipalities should consider transport subsidies, community transport pooling, or outreach for older people who cannot reach a fixed site independently.

Tier 3: Structural reform

6. Differentiate regulatory categories by the level and type of care actually provided. One private provider's account suggests the Geriatric Care Centre Operation Directive and Standards, 2077 may apply staffing and capital requirements calibrated for medical institutions to facilities that are primarily residential and social. If confirmed, Nepal should create differentiated categories (residential geriatric care, community day care, recreational senior centres, health facilities) with standards proportionate to each one's actual function and risk, so that safeguards do not inadvertently discourage providers from seeking formal approval.

7. Move toward sustainable, needs-based financing with basic accountability attached. Financing ranged from full external funding to pure self-financing across the three sites, and informants separately noted that some existing funds go underused. Public financing for registered providers should move toward predictability tied to local need (population of older people, poverty, functional need, geographic accessibility, existing service density), paired with lightweight reporting so that funding reform also addresses the utilisation problem informants raised, not only the volume of funding available.

8. Recognise day care explicitly as caregiver support, not only a service for the older person. The gendered burden of unpaid care in Nepal is well documented (ILO, 2023, 2026), and this study's evidence whereby elderly people themselves provide grandchild care, families under time and cost pressure reinforces the idea that day-care centres function partly as respite infrastructure for working-age and older caregivers alike. Monitoring (Recommendation 1) should explicitly track whether centres reduce the time and intensity of family caregiving, and whether operating hours and transport match household routines, not just whether elderly people attend.

9. Connect elderly-care policy to employment and social-protection policy. Informants questioned low retirement ages and restricted public-sector employment for older people, and noted limited private-sector opportunities beyond occasional advisory roles. Elderly-care policy should not be developed in isolation from employment policy: advisory roles, flexible work, mentoring and intergenerational knowledge-transfer opportunities would reinforce, rather than duplicate, the empowerment-oriented direction in Recommendation 2.

The immediate priority is not simply building more centres but ought to be to establish the conditions (evidence base, differentiated standards, sustainable financing, workforce, transport, safeguarding, and older people's own participation in design) under which existing and future centres can respond to genuinely local need. The variation observed across just three centres in one urban valley shows that a single national model would be a poor fit; national policy should set the regulatory and financial framework, while local governments and community organisations retain the flexibility to adapt services to the populations they actually serve.

Conclusion:

This report began from a gap between policy and evidence. Nepal has committed to establishing senior-citizen day-care centres at the local level, yet in the reporting year covered here only 48 of the 235 additional centres targeted were reported as brought into operation, and little is known about how existing

centres function. By looking closely at three community-based centres in the Kathmandu Valley, supported by eleven key informant interviews and a review of the relevant literature, the study set out to describe what these centres actually do and what holds them back.

The evidence points to a clear central finding. Community-based centres are providing something that households can no longer supply continuously and alone: a regular, local space where older people stay connected, occupied and supported. In practice they do considerably more than provide daytime occupation. They act as places of emotional support, family mediation, legal referral and protection, and in some cases as a source of income. They also reflect how care is changing, not disappearing. Older people often remain carers themselves, and the line between caregiver and care recipient is not a clean one.

The same evidence shows that provision is uneven and cannot be assumed to be adequate. Programming, accessibility, staffing and funding varied considerably across just three centres in one urban valley, and the existence of a centre does not guarantee any particular standard of care. Two gaps run through the findings. The first is a capacity gap, in scale, accessibility, staffing and the range of services. The second is a conceptual gap, since policy remains organised around welfare and dependency while informants and beneficiaries stressed dignity, agency and the chance to keep contributing. Behind both sits a shortage of information: without a register of centres or comparable data on who they serve, it is difficult to estimate unmet need, find underserved areas or judge what works.

For this reason the report argues that the immediate priority is not simply to build more centres. It is to create the conditions in which existing and future centres can respond to local need. The nine recommendations are sequenced accordingly. The first tier is a national registry with outcome monitoring, and the recognition of day care as care infrastructure under national minimum standards that leave programming to local demand. The second is a trained, tiered community-care workforce, protection and psychosocial support built in as standard, and transport and physical access improved together. The third is structural reform: regulatory categories proportional to the care actually provided, needs-based financing with light accountability, recognition of day care as support for caregivers, and links between elderly-care, employment and social-protection policy.

These conclusions should be read with their limits in mind. The study is exploratory and based on three purposively selected centres in the capital, so it cannot describe conditions in rural or less-served areas. Some findings rest on a single informant's account, notably the concern about the 2077 Directive's requirements, and should be checked against the text of the Directive before they inform policy design. The draft National Senior Citizens Policy discussed in Chapter 2 is a proposal, not adopted policy. The proposition that day care yields a "double dividend", better outcomes for older people and less pressure on women in households, is partly supported by what informants described, but it was not tested directly.

Several questions follow for further research. These include who does not attend the centres and why, how conditions differ outside Kathmandu, whether centres reduce the time and intensity of family caregiving, and what outcomes users themselves value. A national registry, as recommended here, would make these questions much easier to answer. Nepal's older population is already close to three million people and will grow. Whether that growth is met with care infrastructure that is consistent, accessible

and shaped by older people themselves will depend on decisions made while the evidence is still being gathered.

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