



Residential Care Homes for Older People in Nepal: Standards, Challenges, and Policy Implications

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Abstract: *Background:* Nepal is undergoing rapid demographic aging, with older persons (60+) now comprising over 10% of the population. Despite the existence of frameworks such as the Senior Citizens Act (2006), Senior Citizens Rules (2008, amended 2024), and Geriatric Care Guidelines (2020), the implementation of minimum standards for residential elder care remains weak. *Objective:* This study critically examines the standards, practices, and challenges of residential care homes in Nepal, with attention to legal frameworks, infrastructural adequacy, human resource capacity, and institutional monitoring. *Methods:* A qualitative design was employed, including focus group discussions with managers of seven residential care homes in Kathmandu and a multi-stakeholder consultation, complemented by document review of relevant policies, census reports, and peer-reviewed literature. Thematic analysis was applied to identify key issues related to compliance, infrastructure, staffing, and oversight. *Results:* Findings reveal that most facilities operate with limited awareness of legal requirements, inadequate elder-friendly infrastructure, shortages of trained caregivers, weak monitoring mechanisms, and persistent financial and social pressures. Stigma surrounding old age homes and unclear lines of government accountability further exacerbate challenges. *Conclusion:* Nepal's residential elder care sector operates in a regulatory vacuum, leaving older persons vulnerable to uneven quality of care. Strengthening licensing and accreditation mechanisms, investing in geriatric workforce development, ensuring infrastructure standards, and improving intergovernmental coordination are essential steps to safeguard dignity and well-being in later life.

Keywords: aging population, Nepal, old age homes, senior citizens, residential care, geriatric policy

Introduction

Population aging is a defining demographic trend of the 21st century. Globally, the share of older persons is rising rapidly due to sustained fertility decline and longer life expectancy (United Nations, 2019). Aging is a universal, lifelong process beginning at conception and ending with death (Chalise, 2019). This demographic transition is largely shaped by improvements in education, technology, healthcare, nutrition, and public health interventions, which have collectively increased survival and longevity (Chalise & Brightman, 2006; World Health Organization [WHO], 2020). However, aging also brings declining physical and cognitive capacity, higher prevalence of chronic illnesses, and increased demand for long-term care (Chalise & Rosenberg, 2020; Khanal & Chalise, 2020).

Nepal is no exception to these global patterns. According to the 2021 census, people aged 60 years and above account for 10.2% of the population, up from 8.1% in 2011 (National Statistics Office, 2025; Chalise, 2024). Fertility has fallen from 4.6 in 1991 to 1.9 children per woman in 2021, while life expectancy has increased to 71.5 years (National Statistics Office, 2025). The elderly population is growing faster than the national average, with projections indicating a further rise in the coming decades. Traditionally, Nepalese families—particularly joint households—have been the primary caregivers for older members, providing material, emotional, and social support (Chalise & Rosenberg, 2020; Chalise, 2025; Chalise, 2021). Yet these arrangements are weakening due to declining family size, increased migration of younger generations, and changing cultural norms (Khanal & Rai, 2018; Rai, Khanal, & Chalise, 2018). Consequently, older people's homes are increasing in Nepal, and more elderly people are either being left without adequate family care or are opting to live in residential care homes (Rai et al., 2018).

Although Nepal's Constitution (2015) guarantees special protection for senior citizens under Article 41, translating this commitment into practice has been difficult. The Senior Citizens Act (2006), Senior Citizens Rules (2008, amended 2024), and Geriatric Care Guidelines (2020) provide a legal foundation for establishing and regulating old age homes (Nepal Law Commission, 2006; Ministry of Women, Children, and Senior Citizens, 2025; Government of Nepal, Ministry of Health and Population, 2021, 2022). These frameworks stipulate requirements for infrastructure, staffing, health services, sanitation, and record-keeping, and they assign monitoring responsibilities to the Ministry of Women, Children, and Senior Citizens, in coordination with local governments. However, enforcement remains

weak. By 2021, Nepal had 437 residential homes, but many lacked government approval or compliance with minimum standards (National Statistics Office, 2025).

This study seeks to examine the extent to which Nepal's legal frameworks are being implemented in practice, identify key challenges faced by operators and stakeholders, and propose policy directions for improving residential elder care.

Methods

This study adopted a qualitative approach, combining primary and secondary sources. Fieldwork was conducted in Kathmandu in 2025.

Primary data were collected through focus group discussions (FGDs) with managers of seven residential care homes located in Kathmandu. In addition, a wider stakeholder consultation was organized through the Inclusive Commission to capture perspectives from diverse actors involved in the care of older persons.

Secondary data were obtained through a review of relevant legal and policy documents, including the Constitution of Nepal (2015), the Senior Citizens Act (2006), the Senior Citizens Regulation (2008, amended 2024), and the Geriatric Care Center Guidelines (2020). Census reports and peer-reviewed academic articles were also reviewed to provide contextual and comparative insights.

All data were subjected to thematic analysis. Codes were developed and categorized to identify key issues related to compliance with legal provisions, adequacy of infrastructure, availability of human resources, and effectiveness of institutional oversight mechanisms.

Results

Qualitative findings from the field highlight a wide range of experiences and challenges faced by residential care home operators and stakeholders:

- **Limited Legal Awareness and Informal Operations:** Operators commonly expressed confusion or a lack of clarity regarding the legal requirements for operating a residential care home. One participant noted, "We have registered as a company, but it's unclear whether we need additional permits from the local government or health office." Several homes were functioning without government approval or inspections, highlighting a regulatory vacuum. Despite the provisions in the Senior Citizens Act (2006) and Geriatric Care Guidelines (2020), many centers were unaware of the

specific standards related to room size, sanitation, caregiver-patient ratios, or reporting obligations.

- **Inadequate Infrastructure and Environment:** Care homes operated primarily out of rented buildings, which were often not elder-friendly. Participants described physical limitations such as lack of ramps, narrow hallways, poor ventilation, and insufficient lighting. One operator mentioned, “Our home was not built with elders in mind. We are doing our best, but it doesn’t meet all the standards.” The legal requirement for separate facilities for men and women, or for chronic and communicable cases, was not fulfilled.
- **Human Resource Challenges and Caregiver Burnout:** A recurring theme was the high turnover of caregivers and the lack of skilled staff. Caregivers often left for overseas employment after minimal training. “We train them for a few months, and just when they become capable, they leave for better-paying jobs abroad,” said one care provider. Caregivers also reported emotional and physical exhaustion due to 24-hour care demands. Although the guidelines call for technical staffing including nurses and pharmacists, these roles were often vacant.
- **Weak Monitoring and Accountability:** Monitoring bodies at the federal and local levels rarely conducted meaningful inspections. Visits were infrequent and superficial, with little follow-up or feedback. In effect, regulatory oversight existed only on paper, allowing non-compliant facilities to continue operations unchecked.
- **Financial and Social Pressures:** Private operators reported being under political pressure to admit residents at subsidized or free rates. In some cases, family members would abandon elders without fulfilling financial commitments. “Many bring their parents and then disappear. We’re left to provide care without any payment,” said a frustrated operator.
- **Stigma and Lack of Recognition:** Care home operators expressed frustration at being stigmatized as profit-driven, despite fulfilling a social need. The cultural perception that institutional care represents abandonment by families added to this stigma, creating social barriers to wider acceptance of residential facilities.

These themes underscore the complexity of managing residential elder care in a context where regulation, social expectations, and financial sustainability often collide.

Discussion

This study is the first of its kind to explore the issues of older people in Nepal by engaging stakeholders from old age care facilities, including both service providers (owners and managers) and policy makers, in a common platform for dialogue. The findings reveal a substantial gap between the expectations of older persons and the realities experienced within residential care facilities. Older adults residing in these institutions face a wide range of health-related challenges, as well as social, emotional, and economic difficulties, as highlighted in previous studies (Mishra & Chalise, 2018; Suwal, Upadhyay, & Chalise, 2024; Suwal & Chalise, 2023; Chalise, 2014).

These challenges are not unique to Nepal. In India, the regulation of long-term care homes varies widely, with inconsistent standards across states (Harbishettar, Gowda, Tenagi, & Chandra, 2021). In Sri Lanka, institutional elder care also struggles with issues of quality, accountability, and cultural acceptance (Risseeuw, 2012). However, unlike Nepal, both countries have initiated frameworks for partial registration and monitoring. Nepal lacks such a centralized licensing system, resulting in fragmented responsibility across different government levels.

Equally critical is investment in the workforce. High caregiver turnover, partly driven by outmigration, underscores the need for professionalized geriatric training programs and certification schemes. These would not only improve care quality but also enhance recognition of caregiving as a valued profession. Finally, policies must shift from a reactive, institution-based model towards a holistic approach that integrates community care, day-care services, and social security programs to reduce over-reliance on residential homes.

Beyond legal and institutional weaknesses, Nepal's demographic and cultural shifts exacerbate pressures on the elder care system. Declining family care, driven by migration and urbanization, has increased reliance on residential care (Chalise, 2021; Singh, Upadhyay, & Chalise, 2021). Yet societal stigma persists, as institutional living is often perceived as abandonment, further complicating the expansion of services.

Policy responses must therefore be multi-dimensional:

- **Strengthening regulation:** Establish a centralized licensing and accreditation mechanism, with clear minimum standards and enforcement authority.

- **Human resource development:** Introduce geriatric training and certification programs for caregivers, nurses, and allied health staff.
- **Infrastructure investment:** Provide incentives for purpose-built elder-friendly facilities, ensuring accessibility, safety, and recreational opportunities.
- **Financial sustainability:** Explore public–private partnerships, subsidies for low-income residents, and mechanisms to ensure family contributions.
- **Cultural change:** Raise public awareness to reduce stigma and promote the legitimacy of residential care as part of a continuum of elder support.
- Promoting active and healthy aging, as highlighted in prior studies (Chalise & Brightman, 2024; Chalise, 2023), can also reduce reliance on institutional care by supporting independence and community participation.

Study Limitations

This study is limited to residential facilities in Kathmandu and may not capture challenges in rural or remote settings, where resources and governance structures differ. It also excludes alternative care models such as community day-care centers. The small number of participants, though diverse in type of facility, restricts generalizability.

Conclusion

Nepal is at a demographic crossroads, with a rapidly aging population and weakening family-based support systems. Residential care homes are emerging as a crucial but under-regulated component of elder support. This study reveals critical gaps in legal compliance, infrastructure, staffing, monitoring, and financial sustainability. Without decisive action, older people living in such facilities remain vulnerable to poor quality care.

Strengthening regulatory mechanisms, investing in human resources, and fostering intergovernmental coordination are urgent priorities. At the same time, promoting cultural acceptance of residential care and expanding community-based alternatives are essential to create a balanced, dignified, and sustainable elder care system in Nepal.

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