

# KIDNEY TRAFFICKING IN NEPAL

STUDY OF SELECTED VDCs IN  
KAVREPALANCHOWK DISTRICT





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## **KIDNEY TRAFFICKING IN NEPAL**

*A Study of Selected VDCs in Kavrepalanchowk District*  
By Forum for Protection of People's Rights Nepal

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*The content opinion stated herein are of the author/s and don't necessarily reflect of views and options of U. S. Agency for International Development (USAID) and The Asia Foundation (TAF).*

# FOREWORD

The Asia Foundation is committed to address issues related to human trafficking and gender-based violence in Nepal. The recent trend of human trafficking in Nepal shows increasing and complex dynamics among different forms of trafficking, particularly those related to the extraction of human organs. While Nepal’s legal framework accepts the extraction of organs as an act of trafficking except as provided for by the law; organ trafficking remains under-reported and eludes conventional state intervention. The complex nature and variegated concerns surrounding organ trafficking create legal and structural challenges in treating it as a serious crime within the extant anti-trafficking framework.

The Asia Foundation commissioned “Kidney Trafficking in Nepal” to understand the contextual specificities, trends, and patterns of organ trafficking in selected communities of Kavrepalanchowk District to better identify the linkages and critical gaps in the legal, policy, and structural framework. The study provides insights about the socioeconomic, cultural, and political context that impels and perpetuates organ trafficking.

We thank the United States Agency for International Development for support to undertake this study on organ trafficking as part of the Combating Trafficking in Persons program implemented by The Asia Foundation. We extend our special thanks to our partner, the Forum for Protection of People’s Rights, Nepal (PPR Nepal) for leading the research, and are grateful to Dr. Bidhan Acharya, Associate Professor, Tribhuvan University, for being the principal investigator for this study. We are especially grateful to the staff of The Asia Foundation, our editor John Rieger, and many organizations and individuals who provided information and support for this study.

This study will help government and non-government stakeholders to take a closer and nuanced interest in the extraction and trade of human organs in Nepal. We hope the recommendations of the study will inform the legal and regulatory framework of human trafficking in Nepal such that organ trafficking is viewed and treated as a serious crime.

**George Varughese, Ph.D.**  
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January 2015



# PREFACE AND ACKNOWLEDGEMENT

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Forum for Protection of People’s Rights Nepal (PPR) was first drawn to the issue of kidney trafficking by reports in the media and from several NGOs that included estimates of the number of kidneys bought and sold. There were also reports of brokers and traffickers working in the pay of unknown kidney recipients. These accounts suggested that kidney trafficking was becoming more widespread, and might be more common even than the reported numbers suggested. Thus, under the United States Agency for International Development (USAID) funded Combating Trafficking in Persons (CTIP) program implemented by The Asia Foundation in Nepal, in collaboration with its implementing partners, PPR undertook this research project.

When the research began, the economics and sociology of kidney trafficking were still unclear. The numbers cited in the media were based on anecdotal evidence without any empirical based studies. Some informal, early discussions estimated that there might be 500 to 1,000 victims, but later estimates, after completion of the research, put this number between 120 and 160 victims in the limited area of the survey.

This research project was designed in such a way that the pre-survey interactions were conducted in the same district as the survey (Kavrepalanchowk) to identify possible dimensions of the problem. Donors were often cheated of their promised payments, making them reluctant to confide their situation to others. Government officials with legal jurisdiction were unwilling to acknowledge the prevalence of kidney trafficking on the basis of formally filed complaints. Existing laws in Nepal such as the Human Trafficking and Transportation (Control) Act, 2007 and the Human Body Organ Transplantation (Regulation and Prohibition) Act, 1998 prohibit the buying and selling of human organs, and make both buyers and sellers legally liable. This apparently made cheated donors hesitant to seek legal remedies. Some of these donor-victims had left their villages and had started living in Kathmandu Valley.

There were a number of other challenges in conducting research on this sensitive topic. The government bureaucracy was divided on the issue: law enforcement agencies refused to acknowledge the problem, while civil society and activists were ready to start working for a solution. Donors who were initially reluctant to cooperate with the research posed a threat to survey personnel, and police protection was required in the very early stages. The researchers stayed in the affected villages, meeting prominent people and working to gradually win the confidence of the victims.

Though confined to selected VDCs of a single district, it is a matter of some satisfaction to the authors that this research has established kidney trafficking as a serious, emerging social problem within the anti-human trafficking framework in Nepal. We hope that this investigation will trigger further discourse on this issues and also initiate further research into various aspects of organ trafficking.

We would like to thank USAID and The Asia Foundation for supporting this project. The respondents of Kavrepalanchowk District of Nepal deserve our sincere gratitude, since without them this research would not have been possible. Many judicial and law enforcement authorities, political parties, and administrative officials rendered assistance during this study. We acknowledge their support and cooperation.

**Bidhan Acharya – Team Leader**  
**Rajendra Ghimire- Executive Director**

## GLOSSARY OF SOME TERMS USED IN THIS RESEARCH

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- Broker:** A middle person who, for monetary gain, contacts potential donors for kidney buyers. Brokers either work in organized groups or are members of the community who have links to other agents or kidney buyers. They assist in the preparation of fake certificates and documents and facilitate donors' travel to the places where kidneys are extracted and transplanted. Being a broker is a high-profit business.
- Donor:** A donor is a person who gives or sells a kidney to another person outside the provisions specified in The Human Body Organ Transplantation (Regulations and Prohibition) Act, 1998.
- Selling:** Exchanging a kidney for commercial purposes and monetary payment or other gains from the person who receives the kidney.
- Stigma:** A mark of shame or disgrace that results in prejudice and discrimination towards an individual. In this study, stigma refers to the social and practical manifestation of discriminatory treatment of a person who have sold their kidneys.
- Trafficking:** Trafficking of human beings or human organs as per the international and regional legal instruments signed or ratified by Nepal. Acts considered as human trafficking by Nepal's Human Trafficking and Transportation (Control) Act, 2007.
- VDC/Ward:** Village Development Committee, a local level unit of governance in Nepal. Each VDC has nine sub-units called wards.
- Victim:** A person who has sold a kidney and faced various forms of deception and exploitation as defined by the national legal framework.
- Vulnerable:** A person whose circumstances render him or her especially likely to be a victim of kidney trafficking is said to be vulnerable.

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# EXECUTIVE SUMMARY

The selling of human organs for transplantation is a crime in Nepal under the Human Body Organ Transplantation (Regulation and Prohibition) Act, 1998. Furthermore, the Human Trafficking and Transportation (Control) Act, 2007 clearly states that the extraction of human organs, except as otherwise determined by law, is an act of human trafficking and transportation. However, a number of cases of illegal kidney transplantation have been reported by the media in the last couple of years. The CTIP implementing partners in Kavrepalanchowk district have in the last year and a half encountered and documented many cases related to the sale of kidneys for transplantation, indicating an organized trade in organs for commercial purposes. It has been a legal and social challenge, however, to determine if these cases qualify as organ trafficking, due to the lack of systematic collection of evidence documenting the process of sale. In Nepal, given the legal environment, little research has been done examining the connections between exploitation, deception, and trafficking.

In the last two years, CTIP program partners have brought many cases of illegal organ sales to the attention of the local administration, the police, and the community in Kavrepalanchowk district. These partners have been successful in forcing the local administration and law enforcement agencies to at least register initial complaints in a few cases. However, poor understanding of the law and a lack of systematic documentation and analysis of the reported cases have made it difficult to get law enforcement to establish a link between exploitation, deception, and trafficking. Thus, PPR Nepal undertook an empirical based research under the USAID funded CTIP program implemented by The Asia Foundation, to assess the status of organ trafficking. The study investigates the causes, the process, and the impact of kidney sales by doing a qualitative case analysis of the reported cases. It also looks into the socio-economic, political, and cultural factors that drive the process, and how those can be addressed within the existing legal and administrative framework.

Nine Village Development Committees (VDCs) from Kavrepalanchowk—Hokse, Sathighar Bhagawati, Anekot, Devbhumi Baluwa, Kavre Nitya Chandeshwari, Panchkhal, Phulbari, Jyamdi, and Jaisithok—were selected for the study. A total of 242 respondents, comprising of 36 kidney donors and 206 community members, were interviewed using a structured questionnaire.

The study also included a review of the relevant literature on kidney trafficking. Focus group discussions (FGDs) were conducted to substantiate the quantitative information of the study. The FGDs involved a broad range of stakeholders including VDC secretaries, law enforcement officials, representatives from political parties, and high-level legal and administrative authorities. In-depth interviews were conducted with administrators and political party leaders. Consultations were also done with key informants like police personnel, NGO staff, and experts such as social scientists, lawyers, and judicial authorities.

The study found that the majority of victims of kidney trafficking are from the poorest and most marginalized communities, where illiteracy and ignorance make them vulnerable to fraud and deception by brokers, and allow brokers to avoid legal consequences. The research showed that existing legal mechanisms are largely ineffective against kidney traf-

ficking, while trafficking victims are stigmatized by their families and communities for selling their organs. As a result of this stigma, victims have often felt so isolated and rejected. In some instances, brokers have taken advantage of this isolation to coerce victims into becoming organ brokers themselves. The research revealed that most victims were never paid what was promised, and that not a single victim had improved his or her economic circumstances by selling a kidney.

There is a need to raise people's awareness of the problem and perils of organ trafficking and the health consequences of selling a kidney. Better ways to make a living, such as improved farming practices and other alternative livelihood options, are needed to relieve the economic hardship that drives victims to sell their organs. The attention that this research has focused on kidney trafficking in one VDC may cause brokers to flee to other areas to avoid legal consequences; therefore, a joint committee of stakeholders (GOs and NGOs) and heightened vigilance by the police are needed at the local level. Inadequate knowledge of the laws on organ trafficking among medical professionals, administrators, and judicial authorities can be addressed by regular meetings, interaction, and coordination. Counseling centers should be established at well-known Nepal-India border crossings where cross border trafficking is common. A shared commitment by SAARC countries to combat trafficking of all kinds, including kidney trafficking, is needed. Specific policies and strategies to combat trafficking should be developed, and concerned government bodies and other stakeholders should receive appropriate training. Fast-track judicial procedures should be introduced immediately in all tiers of the court system. Finally, the dimensions of kidney trafficking shift periodically, so research should be conducted frequently.

# INTRODUCTION

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## 1.1: Issues of Kidney Trafficking

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Trafficking in persons is a serious and widespread crime in Nepal characterized by intra-national and international trafficking of men, women, and children. Recent trends in Nepal show human trafficking assuming increasingly diverse and complex forms. Historically, the discourse on human trafficking in Nepal has emphasized the trafficking of women and girls for sexual exploitation as the predominant form. More recently, attention has turned to labor exploitation, forced labor, trafficking in the guise of foreign employment, and trafficking to extract human organs.

As human organ transplantation has become a common medical procedure globally, demand for human organs has also increased. The wide gap between the demand for transplantable organs and the supply has allowed an illegal and unregulated organ market to flourish. Consistent with the global emergence of human organ trafficking, there have been several reported cases of kidney trafficking in Nepal. Police reports of kidney trafficking and cases filed in the courts, along with increasing media coverage of issues related to kidney trafficking, suggest the rise of an organized, commercial organ trade. The specifics and complexities of organ trafficking, which do not easily find reference in the conventional anti-trafficking framework, create difficulties in recognizing it as a serious form of trafficking. Even with an existing legal framework that recognizes certain kinds of illegal trafficking in human organs, this issue is still under-represented and under-researched in Nepal.

Despite a lack of reliable studies and robust data, there are indications that trafficking in organs is booming in Nepal. Central to this phenomenon is the way marginalised people from the poorest sections of society are exploited by brokers to obtain their kidneys. Victims are often cheated out of promised payments, misinformed about health and other consequences, and exploited in the process of organ trafficking. Organ trafficking entails the violation of a range of rights protected by national and international law.

To address the poor understanding of this multi-faceted phenomenon and locate it within existing anti-trafficking law; empirical research was conducted examining the socio-economic, political, and cultural factors that contribute to organ trafficking, and how they can be addressed within the existing legal and administrative framework. This research aimed to better understand how the commercial organ trade fits within the anti-trafficking framework in order to guide structural and policy reform in Nepal. It also sought to better understand the linkages between exploitation, deception, and trafficking.

### *Laws*

Human trafficking is condemned as a violation of human rights by international human rights instruments such as the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, Supplementing The United Nations Convention

against Transnational Organized Crime (UN Trafficking Protocol), adopted in 2000. The Government of Nepal has yet to sign the Protocol, but as a signatory to various related international instruments such as the UN Convention against Transnational Organized Crime, adopted in 2000, and the 1949 Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, Nepal has shown a commitment to the fight against trafficking. Additionally, the regional framework of the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, signed by Nepal in 2002, provides a basis for the member states to promote cooperation to effectively deal with various aspects of human trafficking.

The Government of Nepal has established a comprehensive legal framework to address this crime by the passage of a national law, the Human Trafficking and Transportation (Control) Act, 2007 (HTTCA). As one of the progressive laws in the region, the HTTCA recognizes various forms of human trafficking, including extraction of organs for commercial purpose. Under the law, organ trafficking involves:

The recruitment, transport, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, of a position of vulnerability, of the giving or receiving of payments benefits to achieve the consent of a person having control over another person, for the purpose of exploitation by removal of organs, tissues, or cells for transplantation.<sup>1</sup>

The Human Body Organ Transplantation (Regulation and Prohibition) Act, 1998 regulates activities pertaining to the extraction of an organ from the human body for the purpose of treating a disease in a systematic manner in accordance with modern medical treatment, and prevents activities relating to the purchase and sale of human body organs.<sup>2</sup> Despite the existence these national and international laws and conventions, however, Nepal still urgently needs to develop a holistic approach to address organ trafficking.

## 1.2: Objectives

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The primary objective of this study is to identify the causes and consequences of kidney trafficking in Kavrepalanchowk district of Nepal, particularly from a human rights perspective.

The specific objectives are as follows:

- To explore the extent, nature, and current circumstances of kidney transplantation and its nexus with human trafficking in Kavrepalanchowk district;
- To review and identify socioeconomic, political, and cultural causes of the problem;
- To explore the consequences of kidney trafficking and strategies to prevent it;
- To explore linkages and critical gaps between legal, policy, and structural frameworks and their effective implementation;
- To recommend legal and structural reforms to address organ trafficking and the protection of human rights.

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<sup>1</sup> Human Trafficking and Transportation (Control) Act, 2007

<sup>2</sup> The Human Body Organ Transplantation (Regulation and Prohibition) Act, 1998

## REVIEW OF THE LITERATURE

### 2.1: Brief Overview of Trafficking Worldwide

There is a wide range of studies, reports, and media coverage related to human trafficking occurring around the world. Though this problem is found in many countries, Nepal has been called a “kidney bank.”<sup>3</sup> The Philippines,<sup>4</sup> Nigeria,<sup>5</sup> Pakistan,<sup>6</sup> and many other countries have faced similar problems. The so-called “donors” or victims have been found to originate in developing countries; however, the trade is also found operating illegally in developed countries like the USA<sup>7</sup> and Canada.

The following facts show that human trafficking is a worldwide phenomenon:<sup>8</sup>

- There are an estimated 27 million adults and 13 million children around the world who are victims of human trafficking.
- There are more human slaves in the world today than ever before in history.
- Human trafficking not only involves sex and labor, but people are also trafficked for organ harvesting.
- An estimated 30,000 victims of sex trafficking die each year from abuse, disease, torture, and neglect. Eighty percent of those sold into sexual slavery are under 24, and some are as young as six years old.
- Although human trafficking is often a hidden crime and accurate statistics are difficult to obtain, researchers estimate that more than 80 percent of trafficking victims are female. Over 50 percent of such victims are children.
- Traffickers are increasingly trafficking pregnant women for their newborns. Babies are sold on the black market, where the profit is divided between the traffickers, doctors, lawyers, border officials, and others. The mother is usually paid less than promised, with traffickers citing the costs of travel and creating false documents. A mother might receive as little as a few hundred dollars for her baby.
- In approximately 54 percent of human trafficking cases, the recruiter is a stranger, while in 46 percent the recruiters know the victim. Fifty-two percent of human trafficking recruiters are men, 42 percent are women, and six percent are men and women working together.
- Human trafficking around the globe is estimated to generate revenue anywhere from \$9 billion to \$31.6 billion.

<sup>3</sup> <http://www.asiacalling.org/en/news/nepal/2010-the-nepali-kidney-bank>

<sup>4</sup> Papamus, “News: Hundreds of Filipinos Are Selling Their Kidneys,” *Watwatworld* (Philippines), June 15, 2010. <http://watwatworld.com/2010/06/15/news-hundreds-of-filipinos-are-selling-their-kidneys-online/>

<sup>5</sup> “Nigerians Selling Kidneys in Asia; \$30,000 a Pop,” *NewsRescue.com* (Nigeria), June 14, 2012. <http://newsrescue.com/nigerians-selling-kidneys-in-asia-30000-a-pop/>

<sup>6</sup> Matt Wade, “Dying days for Pakistan’s kidney tourist trade,” *The Age* (Australia), May 12, 2008. <http://www.theage.com.au/news/world/dying-days-for-pakistans-kidney-tourist-trade/2008/05/11/1210444240320.html>

<sup>7</sup> David Porter and Carla K. Johnson, “Brooklyn Man Accused of Buying and Selling Kidneys,” *Associated Press*, July 25, 2009. <http://earthhopenetwork.blogspot.com/2009/07/brooklyn-man-accused-of-buying-and.html>; Claire Suddath and Alex Altman, “How Does Kidney-Trafficking Work?” *Time*, July 27, 2009. <http://content.time.com/time/health/article/0,8599,1912880,00.html>

<sup>8</sup> For details see <http://facts.randomhistory.com/human-trafficking-facts.html>.

In its 2009 Global Report on Trafficking in Persons, the United Nations Office on Drugs and Crime (UNODC) found that the most common form of human trafficking is sexual exploitation, mainly victimizing women and children.<sup>9</sup> Forced labor is the second most common form of human trafficking. 20 percent of all trafficking victims worldwide are children, although in some parts of Africa and the Mekong region children are the majority of victims.<sup>10</sup> According to the *Daily Telegraph*, there are 2.4 million victims of trafficking worldwide.<sup>11</sup> The Global Report on Trafficking in Persons, 2012 calls human trafficking a global crime that has affected almost every country in the world.<sup>12</sup> According to an independent UN human rights expert, human trafficking is rampant because of the demand for human organs, sexual services, forced marriage, illegal adoption, and cheap labor.<sup>13</sup> According to Siddhartha Kara, researcher at Harvard's Kennedy School of Government, a huge number of women and children are forced to work in construction, the garment industry, mining, and agriculture.<sup>14</sup>

## 2.2: Trafficking in South Asia and Nepal

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The Global Report on Trafficking in Persons 2012 shows that females and minors make up the majority of trafficking victims.<sup>15</sup> The report South Asia in Action: Preventing and Responding to Child Trafficking, published by UNICEF, reveals that most South Asian countries appear to be at once a destination, a point of origin, and a transit route in the human trafficking chain.<sup>16</sup> It reports that child trafficking in South Asia is frequently associated with sexual exploitation, and that trafficking occurs for several other purposes, including forced begging, domestic servitude, criminal activities, and exploitation in armed conflict.<sup>17</sup> Trafficking for illegal adoption is also found in some countries.<sup>18</sup> Boys from Pakistan and Bangladesh are often trafficked to gulf countries to work in camel racing.<sup>19</sup> According to a report in *The Guardian*, Nepali women and men are increasingly being lured by the promise of better job opportunities and living standards in the Middle East countries, who often find

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<sup>9</sup> United Nations Office on Drugs and Crime, UNODC report on human trafficking exposes modern form of slavery (2009). <https://www.unodc.org/unodc/en/human-trafficking/global-report-on-trafficking-in-persons.html> (October 26, 2013).

<sup>10</sup> Ibid.

<sup>11</sup> Lauren Gambino, "2.4 million victims of human trafficking worldwide, says UN," *The Telegraph* (United Kingdom), April 4, 2012. <http://www.telegraph.co.uk/news/worldnews/9185811/2.4-million-victims-of-human-trafficking-worldwide-says-UN.html> (October 26, 2013).

<sup>12</sup> United Nations Office on Drugs and Crime, *Global Report on Trafficking in Persons, 2012* (Vienna: United Nations, 2012), 25–49. [http://www.unodc.org/documents/data-and-analysis/glotip/Trafficking\\_in\\_Persons\\_2012\\_web.pdf](http://www.unodc.org/documents/data-and-analysis/glotip/Trafficking_in_Persons_2012_web.pdf) (October 27, 2013).

<sup>13</sup> UN News Centre, Tackling demand key to combating global human trafficking, UN right expert stresses (May 31, 2013). <http://www.un.org/apps/news/story.asp?NewsID=45056#.Umv8i5SPpe5> (October 26, 2013).

<sup>14</sup> Phillip Martin, "Human Trafficking Survey: Nearly 30 Million Held In Bondage," WGBH-FM (Boston), October 25, 2013. <http://wgbhnews.org/post/human-trafficking-survey-nearly-30-million-held-bondage> (October 27, 2013).

<sup>15</sup> UNODC, *Trafficking in Persons, 2012*.

<sup>16</sup> United Nations Children's Fund/Innocenti Research Centre, *South Asia in Action: Preventing and Responding to Child Trafficking, Summary Report* (Florence: UNICEF Innocenti Research Centre, 2008), 4–6. [http://www.unicef.org/rosa/ROSA\\_IRC\\_CT\\_Asia\\_Summary\\_FINAL4.pdf](http://www.unicef.org/rosa/ROSA_IRC_CT_Asia_Summary_FINAL4.pdf) (October 27, 2013).

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

themselves in trafficked situations. Many are forced to work despite injuries sustained on the job, and they may also become victims of sexual and physical exploitation.

While the exact number Nepali women who fall prey to cross-border trafficking is unknown, social workers in Nepal estimate that about 200,000 girls and women are working in Indian brothels, with up to 7,000 more arriving every year.<sup>20</sup>

In Nepal, we do not have the systematic collection of scientific data on human trafficking, but the Trafficking in Persons report by the Office of the Special Rapporteur on Trafficking in Women and Children of the Nepal Human Rights Commission (OSRT-NHRC) offers this glimpse of the human trafficking problem in Nepal:<sup>21</sup>

Sources	Description
Women and Children Service Directorate (WCSC), 2007	2,216 missing children from various regions in Nepal between July 2007 and June 2008
WCSC, 2007	3,258 missing women from Kathmandu valley between 1998 and 2007
Various NGOs, 2008/09 (National Report 2008/09)	3,164 individuals trafficked, 322 intercepted and rescued by various national NGOs in FY 2008/09
Various NGOs, 2009/10 (National Report 2009/10, OSRT-NHRC)	Approx. 5,500 cases of trafficking or attempted trafficking
Various NGOs, 2011 (National Report 2011)	Approx. 11,500 cases of trafficking or attempted trafficking

Source: NHRC TIP report

### 2.3: Trafficking for Specific Purposes

UNODC's 2009 report on trafficking in persons reveals that in many countries sexual exploitation is the primary purpose of trafficking, as it is in major parts of the world, where it accounts for 79 percent of human trafficking overall. An additional 18 percent of trafficking is for forced labor. Other forms of trafficking, such as for organ removal, bonded labor, servitude, forced marriage, the sex trade, warfare, and forced begging by children largely remain underreported or unreported.<sup>22</sup>

<sup>20</sup> Rachel Williams, "Nepal struggles to contain human trafficking problem," The Guardian (United Kingdom), May 8, 2013. <http://www.theguardian.com/global-development/poverty-matters/2013/may/08/nepal-struggles-human-trafficking-problem> (Oct. 27, 2013).

<sup>21</sup> National Human Rights Commission, Nepal, Office of the Special Rapporteur on Trafficking in Women and Children, Trafficking in Persons Especially on Women and Children in Nepal, National Report 2011, NHRC Publication 162, December 2012, 17.

<sup>22</sup> United Nations Office on Drugs and Crime, Global Report on Trafficking in Persons 2009 (UNODC, February 2009), 138–151. [https://www.unodc.org/documents/Global\\_Report\\_on\\_TIP.pdf](https://www.unodc.org/documents/Global_Report_on_TIP.pdf) (Oct. 27, 2013).

The Government of Nepal's 2013 Report on Anti-Human Trafficking Initiatives Led by Government of Nepal recognizes human trafficking as one of the critical issues facing Nepal both at the transnational and national levels. While trafficking for commercial sexual exploitation and prostitution still exists in Nepal, there has been an important shift towards newer forms of trafficking, such as for forced labor, bonded labor, or slavery, and illegal extraction of human organs. The Report mentions that in 144 cases in FY 2012–2013, and in 59 cases between July and December 2013, a First Information Report was lodged on trafficking-related incidents in Nepal.<sup>23</sup> However, the number of cases filed often reflects substantial under-reporting, and the magnitude of human trafficking is suspected to be much higher.

The 2011 report *Trafficking in Persons* by Nepal's National Human Rights Commission showed that children mainly from districts like Makwanpur, Bara, and Rautahat are trafficked to work in Indian circuses. It also reported that young Nepali women have been victims of trafficking in Korea, where they have been reported to have travelled for the purpose of marriage.<sup>24</sup>

## 2.4: Organ Transplants and Kidney Trafficking

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According to a report prepared in 2013 by the UN Special Rapporteur on Trafficking in Persons, Especially Women and Children:

The transplantation of organs from a living or deceased person into another person is a relatively new area of medical practice but one that is rapidly accelerating as a result of advances in surgery, immunology and pharmacology. Deceased persons remain the source of many organ transplants and indeed are the only possible source for certain transplants, such as those involving hearts and lungs. It is, however, increasingly possible, and in some cases preferable, to use the organs of living persons for some transplant procedures.

A money-driven market in organs is seen to benefit the rich at the expense of the poor, opening the door to greater exploitation of both the seller and the buyer. Others argue, however, that this system will never begin to satisfy the demand for transplants, that it produces wasteful inefficiencies and that it contributes to the growth of exploitative and uncontrolled shadow markets.<sup>25</sup>

According to the *American Journal of Kidney Disease*, the global organ trafficking market is growing, with high-profile media reporting on networks of physicians, hospitals, and brokers involved in this unregulated and illegal trade, which exploits the poor in underdeveloped countries. The report attributed much of this growth to an increase in the number of

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<sup>23</sup> Government of Nepal, Ministry of Women, Children, and Social Welfare, *A Report on Anti-Human Trafficking Initiatives Led by Government of Nepal* (Kathmandu: MoWCSW, 2013).

<sup>24</sup> NHRC Nepal, *Trafficking in Persons*, 2011.

<sup>25</sup> United Nations, General Assembly, Report of the Special Rapporteur on trafficking in persons, especially women and children, A/68/256 (August 2, 2013), 5.

patients with kidney failure and a shortage in the legal supply of kidneys.<sup>26</sup> The UK's National Health Service cites World Health Organization estimates that around 10,000 illegal transplants take place each year, with recipients in countries like China, India, and Pakistan paying more than 50 times as much to buy a kidney as the donor receives for selling it.<sup>27</sup> Reporting on organ trafficking in China's Wuhan Province, the South China Morning Post described one gang of traffickers that included a medical team with a surgeon, two nurses, and an anaesthetist.<sup>28</sup>

### **2.4.1: International Perspective on Kidney Trafficking**

The UN Special Rapporteur's report summarizes the difficulties in assessing the scope of the problem of organ trafficking:

Available information on trafficking in persons for the removal of organs is incomplete and often unverified. Scholarly research in this area is not yet well developed and anecdotal reports from civil society organizations and the media remain the primary source of information. Victims are also unlikely to be identified through the multitude of channels now used to identify other victims of trafficking such as those subject to forced labor or sexual exploitation. Healthcare providers who end up treating persons who have obtained organs abroad may be inhibited from sharing information with the authorities owing to concerns over patient privacy, their own obligations of confidentiality, uncertainty as to whether any laws have been breached, or, indeed, their own complicity in the arrangement.<sup>29</sup>

A 2013 report prepared by the Organization for Security and Cooperation in Europe (OSCE) indicates that victims of organ trafficking are generally extremely poor, and are "deceived or coerced by the trafficking networks into giving up an organ for a mere fraction of the money the recipient has paid the traffickers."<sup>30</sup> The report cites World Health Organization (WHO) estimates that five to ten percent of all kidney transplants worldwide involve recipients travelling abroad to purchase an organ (although the portion of these involving illegal trafficking is difficult to estimate).<sup>31</sup> Human organs provided by donation are not sufficient to meet the world's demand, and illegal trade in human organs thrives as a result.<sup>32</sup> The *Bulletin of the World Health Organization* reports that the shortage of organs has led to the development of an international organ trade in which the recipients get organs through commercial transactions, a trade that is recognized as a crucial health policy issue by the

<sup>26</sup> Tazeen H. Jafar, "Organ Trafficking: Global Solutions for a Global Problem," *American Journal of Kidney Diseases* 54 no. 6 (2009), 1145–1157. <http://www.medscape.com/viewarticle/716188> (October 28, 2013).

<sup>27</sup> UK National Health Service, "Illegal kidney trade 'booming,'" *NHS Choices* (United Kingdom), May 28, 2012. <http://www.nhs.uk/news/2012/05may/Pages/kidney-trafficking-who-figures.aspx> (October 28, 2013).

<sup>28</sup> Jeremy Blum and Zhuang Pinghui, "Blindfolded and in pain: Chilling details of illegal kidney traffickers revealed," *South China Morning Post* (Hong Kong), Sept. 12, 2013. <http://www.scmp.com/news/china-insider/article/1298002/blindfolded-and-pain-look-illegal-kidney-trafficking-operation>

<sup>29</sup> United Nations, A/68/256, 6.

<sup>30</sup> Organization for Security and Cooperation in Europe, *Trafficking in Human Beings for the Purpose of Organ Removal in the OSCE Region: Analysis and Findings* (Vienna: OSCE, 2013), 1. <http://www.osce.org/cthb/103393> (Oct. 29, 2013).

<sup>31</sup> *Ibid.*

<sup>32</sup> Hyuksoo Cho, et al., 2009, 1.

international community.<sup>33</sup> The most common way of trading organs across national borders, the WHO *Bulletin* reports, is so-called “transplant tourism,” in which recipients travel abroad for organ transplantation. This involves not only buying and selling of organs, but the commercialization of other aspects of transplantation. Recipients’ travel arrangements and the recruiting of donors, for example, are often facilitated by the healthcare providers. The Internet has been a useful tool to attract foreign organ recipients, and the study found several websites offering complete “transplant packages.”<sup>34</sup>

According to the UN Special Rapporteur:

Victims are inevitably poor, often unemployed, and with low levels of education, rendering them vulnerable to deception about the nature of the transaction and its potential impacts. Available information indicates that, while trafficking in persons for the removal of organs can occur within a single country, it may involve legitimate regional cooperation or, most commonly, potential recipients travelling to another country for a transplantation that would be unlawful or otherwise unavailable at home. Intermediaries, including brokers and healthcare providers, arrange the recipients’ travel and recruit “donors.”<sup>35</sup>

Findings of this report indicate the need for further consolidated studies regarding the problems of kidney trafficking in poor economies.

### **2.4.2: Kidney Trafficking in Nepal**

Describing the situation of human trafficking in Nepal, the NHRC TIP Report states:

Nepal is a source country for men, women, and children who are subjected to forced labor and sex trafficking. Cases of human trafficking in Nepal occur mainly in three areas: i) cross-border trafficking beyond India; ii) cross-border trafficking to India, and iii) internal trafficking mainly in entertainment enterprises, brick kilns, *jari* (embroidering) industries, and streets.

In all types of trafficking, the purpose of trafficking is sexual exploitation and labor exploitation. In addition, trafficking takes place for the purpose of organ transplant to India; to Korea and Hong Kong for the purpose of marriage. Nepali migrants are smuggled to developed countries, which latter [sic] turns out to be trafficking. Each type and form of trafficking has age and gender dimension. Children are victims of trafficking both internally as well as cross-border for sexual and labor exploitation and other purposes. Boys also are exploited in domestic servitude such as in brick kilns and *jari* industries. Trafficking of Nepalese minor girls to Gulf Countries and to Khasa, Tibet, has been increasing in the recent times.<sup>36</sup>

<sup>33</sup> Yosuke Shimazono, “The state of the international organ trade: a provisional picture based on integration of available information,” *Bulletin of the World Health Organization* 85 no. 12 (December 2007), 955. <http://www.scielosp.org/pdf/bwho/v85n12/17.pdf> (Oct. 29, 2013).

<sup>34</sup> *Ibid.*, 956.

<sup>35</sup> United Nations, A/68/256, 6–7.

<sup>36</sup> National Human Rights Commission, Nepal, *Trafficking in Persons*, 2011, 11.

The study reports that Nepali police recorded 118 cases of human trafficking in 2011, all of them for sexual exploitation, and none of them involving kidney trafficking, forced marriage, or labor exploitation.<sup>37</sup>

Highlighting the insufficient research on organ trafficking, the NHRC TIP Report states:

Studies on trafficking of human organs have not been carried out in Nepal, and hence it is difficult to know the magnitude of the problem in the country. Different sources such as NGOs and media report that at least 8 Village Development Committees (VDCs) of Kavre district are affected by this phenomenon. In late 2009, it was estimated that nearly 300 people in [Kavre district] were the victims of illegal extraction of kidneys. Sources revealed that trafficking is managed by criminal racket. Its network extends from villages to Kathmandu, and Kathmandu to Indian cities of New Delhi [and] Chennai. It is reported that kidneys are sold in India up to NRs. 150,000 by Nepali brokers [while] Indian brokers can sell it from NRs. 700,000 to NRs. 1,800,000.<sup>38</sup>

The report reveals that poor families are the primary victims of organ trafficking, as they do not have alternative sources of income to pay debts or support the family.<sup>39</sup> The Nepali Times has also reported that abject poverty and lack of education are two of the main reasons for kidney trafficking in Nepal.<sup>40</sup> It cited the example of Mr. Dhuchhe Damai, who sold his kidney to pay a debt and save his land and house, an act he now regrets. Other stories from people like Mr. Gyan Bahadur relate instances where people sold a kidney in the hope of receiving large sums of money.<sup>41</sup> In an interview with Radio Australia, sociologist Dr. Ganesh Gurung stated that the district of Kavre is affected by kidney trafficking because people there are so poor that they are forced to sell their organs to make a living.<sup>42</sup> Section 13 of the Human Body Organ Transplantation (Regulation and Prohibition) Act, 1998 includes a provision prohibiting the sale or purchase of organs for transplantation.<sup>43</sup>

## 2.5: National and International Legal Aspects of the Prevention of Human Trafficking

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The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol, 2003) is the main international legal instrument on human trafficking with an agreed definition of trafficking in persons.<sup>44</sup> The Palermo Protocol

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<sup>37</sup> Ibid.,iii.

<sup>38</sup> Ibid., 37.

<sup>39</sup> Ibid.

<sup>40</sup> Sunil Neupane, "The village of the kidneys,"Nepali Times (Kathmandu), June 3–9, 2011. <http://nepalitimes.com/news.php?id=18256> (October 29, 2013).

<sup>41</sup> Ibid.

<sup>42</sup> Radio Australia, "Organ trafficking a serious issue in Nepal,"January 3, 2011. [http://www.radioaustralia.net.au/international/radio/onairhighlights/organ-trafficking-a-serious-issue-in-nepal\(Oct.29,2013\)](http://www.radioaustralia.net.au/international/radio/onairhighlights/organ-trafficking-a-serious-issue-in-nepal(Oct.29,2013)).

<sup>43</sup> Section 13 of the Human Body Organ Transplantation (Regulation and Prohibition) Act 2007 reads: "No Person shall operate an activity relating to organ transplantation for the purpose of the sale and purchase of an organ or similar other acts."

defines trafficking in persons as the recruitment, transportation, harboring or receipt of persons, by means of coercion, abduction, deception or abuse of power or of vulnerability, for the purpose of exploitation.<sup>45</sup> Similarly, Article 6 of the Convention on the Elimination of All Forms of Discrimination against Women (1979) provides for appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.<sup>46</sup>

Article 35 of the Convention on the Rights of the Child (1989) provides for the appropriate measures to prevent the abduction of, the sale of, or traffic in children for any purpose or in any form.<sup>47</sup> Article 1 of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography (2000) prohibits the sale of children, child prostitution, and child pornography.<sup>48</sup> Article 2 of the Protocol defines what constitutes the sale of children.<sup>49</sup> Article 3 of the same Protocol calls for criminal penalties for acts of selling children for immoral purposes “domestically or transnationally or on an individual or organized basis.”<sup>50</sup> Further, the International Labor Organization (ILO) Committee of Experts on the Application of Conventions and Recommendations has interpreted the definition of forced labor to include trafficking in persons for the purpose of exploitation.<sup>51</sup>

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<sup>44</sup> United Nations Office on Drugs and Crime, *United Nations Convention Against Transnational Organized Crime and the Protocols Thereto* (New York: United Nations, 2004). <http://www.unodc.org/unodc/treaties/CTOC/> (Nov. 1, 2013).

<sup>45</sup> Article 3(a) of the Palermo Protocol reads: “‘Trafficking in persons’ shall mean the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.” Article 3(c) states: “The recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation shall be considered ‘trafficking in persons’ even if this does not involve any of the means set forth in subparagraph (a) of this article.”

<sup>46</sup> Article 6 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) reads: “Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.”

<sup>47</sup> Article 35 of the Convention on the Rights of the Child (CRC) reads: “States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, sale of, or traffic in children for any purpose or in any form.”

<sup>48</sup> Article 1 of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography reads: “States Parties shall prohibit the sale of children, child prostitution and child pornography as provided for by the present Protocol.”

<sup>49</sup> Article 2 of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography reads: “(a) Sale of children means any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration; (b) Child prostitution means the use of a child in sexual activities for remuneration or any other form of consideration; (c) Child pornography means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.”

<sup>50</sup> Article 3.1(a)(i) of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography calls for criminal penalties for “offering, delivering, or accepting, by whatever means, a child for the purpose of: (a) sexual exploitation of the child; (b) transfer of organs of the child for profit; (c) engagement of the child in forced labor.”

<sup>51</sup> International Labor Organization, (2007) *Eradication of Forced Labor—General Survey Concerning the Forced Labor Convention, 1930 (No. 29), and the Abolition of Forced Labor Convention, 1957 (No. 105)* (Geneva: ILO, 2007)

In the South Asian regional context, the South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (2002) defines trafficking as “the moving, selling or buying of women and children for prostitution within and outside a country for monetary and other considerations with or without the consent of the person subjected to trafficking.”<sup>52</sup> Furthermore, the Article 8 of the Convention prescribes the measures to prevent and interdict trafficking in women and children.<sup>53</sup> Article 5(d) of the SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia, 2000 provides for the implementation of “regional strategies and measures for prevention of inter-country abuse and exploitation of the child including the trafficking of children for sexual, economic and other purposes.”<sup>54</sup>

Since the adoption of the ILO Worst Forms of Child Labor Convention, 1999 (No. 182), forced labor, slavery, debt bondage, and trafficking children under 18 years of age have been deemed worst forms of child labor, demanding immediate action for their abolition.<sup>55</sup>

### ***2.5.1: Legal Provisions in Nepal to Prevent Trafficking***

The Interim Constitution of Nepal, 2007 recognizes the right against exploitation as a fundamental right and explicitly proscribes trafficking in human beings, slavery, or serfdom.<sup>56</sup> Further, chapter 11 of the General Code (*Muluki Ain*) of 1963, On Trafficking in Persons, prohibits taking any person out of the country for the purpose of sale.<sup>57</sup> Section 3 of the Human Trafficking and Transportation (Control) Act 2007 proscribes human trafficking and transportation<sup>58</sup> and has penal provisions.<sup>59</sup> Section 4(1)<sup>60</sup> and 4(2)<sup>61</sup> of the Human Trafficking and Transportation (Control) Act 2007 specifies those acts that constitute human trafficking and transportation.

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<sup>52</sup> Article 1(3) of the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution 2002.

<sup>53</sup> *Ibid.*, Article 8.

<sup>54</sup> Article 5(d) of the SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia, 2000 reads: “Strengthen the relevant SAARC bodies dealing with issues of child welfare to formulate and implement regional strategies and measures for prevention of inter-country abuse and exploitation of the child, including the trafficking of children for sexual, economic and other purposes.”

<sup>55</sup> ILO Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor, 1999, Convention No. 182 reads: “Worst forms of child labor shall include all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict.”

<sup>56</sup> Interim Constitution of Nepal, 2007, Article 29.

<sup>57</sup> General Code of Nepal, 1963, Chapter 11.2, *Jiu masne bechneko* (On Trafficking in Persons).

<sup>58</sup> Section 3(1) of the Human Trafficking and Transportation (Control) Act, 2007 reads: “No one shall commit or cause to commit human trafficking and transportation.”

<sup>59</sup> Section 3(2) of the Human Trafficking and Transportation (Control) Act, 2007 reads: “If anyone commits an act under Subsection (1), that shall be deemed to have committed an offence under this act.”

<sup>60</sup> Section 4(1) of Human Trafficking and Transportation (Control) Act, 2007 reads: “If anyone commits any of the following acts, that shall be deemed to have committed human trafficking: (a) To sell or purchase a person for any purpose, (b) To use someone into prostitution, with or without any benefit, (c) To extract human organ except otherwise determined by law, (d) To go for in prostitution.”

<sup>61</sup> Section 4(2) of the Human Trafficking and Transportation (Control) Act, 2007 reads: “If anyone commits any of the following acts, that shall be deemed to have committed human transportation: (a) To take a person out of the country for the purpose of buying and selling, (b) To take anyone from his/her home, place of residence or from a person by any means such as enticement, inducement, misinformation, forgery, tricks, coercion, abduction, hostage, allurements, influence, threat, abuse of power, and by means of inducement, fear, threat or coercion to the guardian or custodian and keep him/her into ones custody to take to any place within Nepal or abroad or handover him/her to somebody else for the purpose of prostitution and exploitation.”

Section 16(1) of the Children’s Act, 1992 prohibits involving children in any immoral profession.<sup>62</sup> Section 16(2) provides for the prohibition of taking photographs of a child or any form of its dissemination for the purpose of engaging a child in immoral profession.<sup>63</sup> Section 3(1) of the Human Trafficking and Transportation (Control) Act, 2007 provides that “no one shall commit or cause to commit human trafficking and transportation.”<sup>64</sup> Section 4(1) of the same Act specifies what constitutes human trafficking,<sup>65</sup> and Section 4(2) does the same for human transportation.<sup>66</sup> Section 3 of the Procedural Guidelines for Protecting the Privacy of the Parties in the Proceedings of Special types of Cases provides that “the identity of the victim shall not be disclosed by the agencies including Investigation Unit, Case Department and Decision Implementation Unit from the day of the investigation of the case to the end of decision implementation”.<sup>67</sup> Schedule 1, Number 14 of the Government Cases Act specifies what cases are punishable under the chapter on trafficking in persons of the General Code.<sup>68</sup> Number 31 of the same Act specifies what cases are punishable under the Human Trafficking and Transportation (Control) Act, 2007.<sup>69</sup>

## 2.6: Conceptual Framework

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From the above discussion, it may be concluded that there are some variables that control the broad interplay of supply and demand in kidney trafficking. Cultural, social, economic, and demographic factors stand as independent variables that establish the ground for the subsequent effects of dependent factors such as the acts of perpetrators, and these in turn face obstacles in the form administrative and legal variables. When these administrative and legal variables are relaxed, trafficking becomes prevalent. Therefore, trafficking is a dependent variable of other background causes; however, it becomes in itself a cause of further consequences for the social, economic, physical, psychological, and emotional states of trafficking victim(s).

<sup>62</sup> Section 16(1) of the Children’s Act, 1992 reads: “No person shall involve or use a Child in immoral profession.”

<sup>63</sup> Section 16(2) of the Children’s Act, 1992 reads: “No photograph of a Child shall be taken or allowed to be taken, nor such photograph shall be distributed or exhibited for the purpose of engaging a Child in immoral profession.”

<sup>64</sup> Section 3(1) of the Human Trafficking and Transportation (Control) Act, 2007 reads: “No one shall commit or cause to commit human trafficking or transportation.”

<sup>65</sup> Section 4(1) of the Human Trafficking and Transportation (Control) Act, 2007 reads: “If anyone commits any of the following acts, that shall be deemed to have committed human trafficking: (a) To sell or purchase a person for any purpose, (b) To use someone into prostitution, with or without any benefit, (c) To extract human organ except otherwise determined by law, (d) To go for prostitution.”

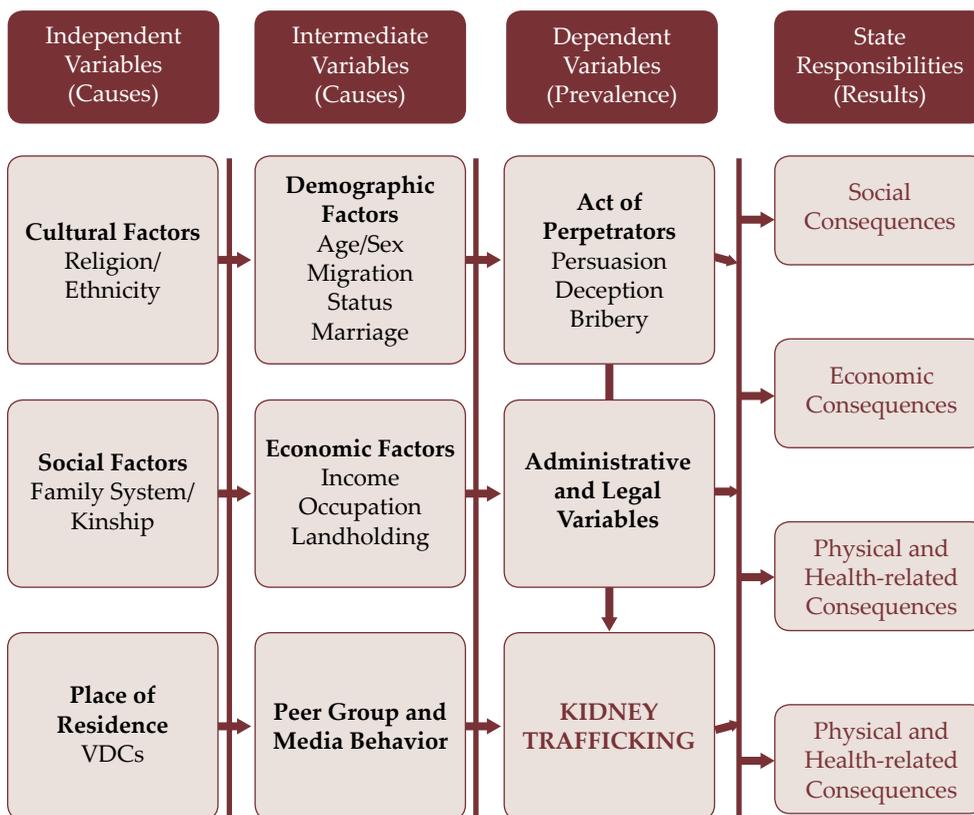
<sup>66</sup> Section 4(2) of the Human Trafficking and Transportation (Control) Act, 2007 reads: “If anyone commits any of the following acts, that shall be deemed to have committed human transportation: (a) To take a person out of the country for the purpose of buying and selling, (b) To take anyone from his/her home, place of residence or from a person by any means such as enticement, inducement, misinformation, forgery, tricks, coercion, abduction, hostage, allurement, influence, threat, abuse of power and by means of inducement, fear, threat or coercion to the guardian or custodian and keep him/her into ones custody or take any place within Nepal or abroad or handover him/her to somebody else for the purpose of prostitution and exploitation.”

<sup>67</sup> Government of Nepal, Procedural Guidelines for Protecting the Privacy of the Parties in the Proceeding of Special Types of Cases, 2007, Section 3.

<sup>68</sup> Government of Nepal, Government Cases Act, 2002, Schedule 1, Number 14.

<sup>69</sup> *Ibid.*, Schedule 1, Number 31.

**Figure 1: Conceptual Framework for the Study**



**POLICY AREA**

The state has direct responsibilities when victims’ human rights are violated, but policies are needed not only after victims report or vulnerabilities are identified. State policies and preventive measures are necessary throughout the complex interplay of independent, intermediate, and dependent variables. There is a role for the state from the foundations of the problem to the rehabilitation of victims.

**2.7: Research Questions**

On the basis of this conceptual framework and the preceding review of the literature, the following questions can be raised for the purpose of this study:

- What is the nature and extent of organ trafficking?
- What are the social and economic causes of kidney trafficking?
- How are administrative and political factors responsible for kidney trafficking?
- What are the consequences of kidney trafficking for the victims?
- What are the challenges for the state in trying to cope with these problems?

## METHODOLOGY

### 3.1 Research Design

This research is a mix of exploratory and cross-sectional designs. A cross-sectional study is a “one-time” study, and an exploratory study examines an area largely untouched by previous work. Since there were no significant previous studies to help guide the selection of variables and methods, this study was designed as an exploratory study on the basis of available but poorly recorded information. It also relied on press reports and the outcomes of a series of meetings with stakeholders to select the socioeconomic variables for the cross-sectional aspect of the study design.

### 3.2 Sample Design

Preliminary information on kidney trafficking was collected from newspaper reports, local informants, some official reports produced by the PPR office in Kavrepalanchowk, and information shared at meetings organized in the district. Various sources provided information for a tentative estimate of the number of donors per VDC. Because the perceptions of a donor’s community are very important in assessing the donor’s vulnerability to trafficking and post-donation behavior, samples included four community members for each included donor from a given community (Table 1).

Enumerators were chosen who had significant knowledge of the local context in their respective VDCs. In consultation with these persons, the samples were tentatively determined purposively in the nine VDCs of the district (Table 1).

**Table 1: Expected Sample Size of Households to Be Enumerated in the Selected VDCs**

VDCs	Households of			Ethnic breakdown for community		
	Donor	Community	Total	Brahmin Chhetris	Janajati	Dalit
Hokse	15	60	75	20	20	20
Sathighar Bhagawati	3	12	15	4	4	4
Anekot	2	8	10	3	3	3
Devbhumi Baluwa	3	12	15	4	4	4
Kavre Nitya						
Chandeshwari	3	12	15	4	4	4
Panchkhal	2	8	10	3	3	3
Phulbari	1	4	5	1	1	1
Jyamdi	10	40	50	13	13	13
Jaisithok	3	12	15	4	4	4
<b>Total</b>	<b>42</b>	<b>168</b>	<b>210</b>	<b>55</b>	<b>55</b>	<b>55</b>

Source: Field Survey, 2013

A tentative target was established of 42 donors among a total of 210 respondents (Table 1), but only 36 donors were actually contacted: some donors/victims were reluctant to identify themselves as victims, some pretended not to be donors, and some donors had migrated from their home village after kidney donation. 242 household interviews altogether were completed with 98 Brahmin Chhetris, 96 Janajatis, and 48 Dalits (Table 2; see Appendix Table 2 for elaborated results).

The estimated ethnic composition was also based on information of the well-informed enumerators. Since VDC-level disaggregated census data was not available, and there were no other district-level sources, the research had to rely on informal sources including media reports, NGO activities, and knowledgeable people at the local level.

**Table 2: Surveyed Households by Status of Trafficking**

VDCs	Ethnic Groups											
	Brahmin Chhetris			Janajatis			Dalits			Total		
	D	C	T	D	C	T	D	C	T	D	C	T
Hokse	3	34	37	8	27	35	2	11	13	13	72	85
Sathighar Bhagawati	0	4	4	0	13	13	1	1	2	1	18	19
Anekot	0	1	1	0	9	9	0	1	1	0	11	11
Devbhumi Baluwa	0	4	4	1	3	4	3	1	4	4	8	12
Kavre Nitya Chandeshwari	0	8	8	2	7	9	0	3	3	2	18	20
Panchkhal	0	5	5	1	4	5	2	3	5	3	12	15
Phulbari	0	3	3	1	1	2	0	2	2	1	6	7
Jyamdi	3	25	28	0	15	15	7	9	16	10	49	59
Jaisithok	0	8	8	1	3	4	1	1	2	2	12	14
<b>Total</b>	<b>6</b>	<b>92</b>	<b>98</b>	<b>14</b>	<b>82</b>	<b>96</b>	<b>16</b>	<b>32</b>	<b>48</b>	<b>36</b>	<b>206</b>	<b>242</b>

Note: D = Donor, C = Community, T = Total  
Source: Field Survey, 2013

The data has the following dimensions for analysis:

- a. Total individual respondents: 242
- b. Respondents, victims of kidney trafficking: 36
- c. Respondents, other community members: 206
- d. Total population in the households of respondents: 1,134
- e. Total population aged five and above in the household of respondents: 1,087

### 3.3: Source of Information

#### 3.3.1: Content Analysis

Available relevant literatures were reviewed with coherent content analysis.

### **3.3.2: Quantitative Tools**

A questionnaire was designed to elicit information from the selected individuals and their families (Appendix 1). The data analyzed in the subsequent sections is the product of the survey conducted by administering the questionnaires.

### **3.3.3: Qualitative Tools**

#### **a. Focus group discussions**

A few FGDs were conducted that included respondents such as VDC secretaries, police personnel, political party representatives, high-level legal and administrative authorities, and other representatives of major stakeholders. (Appendix 2).

#### **b. Case studies**

Cases that shed light on the objectives of the study are incorporated and their lessons learned are taken into account.

#### **c. Expert consultation**

In-depth interviews were conducted with key informants such as police personnel, NGO staff, justice sector officials, and representatives from political parties. Social scientists, lawyers, judicial authorities, district administrators, etc., were also consulted for their opinions. These consultations are reflected in some of the case studies and other descriptions.

## **3.4 Data Processing**

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Quantitative data was processed by microcomputer using EpiData, and SPSS was used for analysis and to derive necessary tables. Qualitative data was carefully analyzed by the researchers and the authors of this report.

The “totals” in the percentage columns of the tables are weighted averages in the study. Thus, the percentages are rounded to nearest whole number, where percentages total around to 99.9 or 100.1 percentage.

## **3.5 Ethical Issues**

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All information related to the study was handled confidentially; collected information was not disclosed except for purposes of the research. Even in case studies and stories, identities have not been disclosed or preserved. No physical, psychological, or any other kind of pressure on respondents was used to solicit information.

## BASIC CHARACTERISTICS OF RESPONDENTS

### 4.1: Social Characteristics

Data was collected from a total of 242 households and 1,134 respondents. The gender composition of the total respondents was 586 males and 548 females. The average size of households in the selected VDCs was 4.7. Among the population in sample households, Hindus were 72.6 percent, followed by 20.9 percent Buddhists, 5.9 percent Christians, and 0.6 percent Kirants (Table 3).

**Table 3: Distribution of Population of Sample Households, by Religion**

Religion	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
Hindus	420	71.7	403	73.5	823	72.6
Buddhists	128	21.8	109	19.9	237	20.9
Christians	35	6.0	32	5.8	67	5.9
Kirants	3	0.5	4	0.7	7	0.6
<b>Total</b>	<b>586</b>	<b>100</b>	<b>548</b>	<b>100</b>	<b>1134</b>	<b>100</b>

Source: Field Survey, 2013

Regarding caste and ethnic composition of the sample households, Janajatis formed the largest group (40.8%), followed by Brahmin Chhetris (39.3%) and Dalits (19.8%), as shown in Table 4.

**Table 4: Distribution of Population of Sample Households, by Caste and Ethnicity**

Ethnic Groups	Sex				Total	
	Male		Female		R %	C %
	N	%	N	%		
Janajatis	231	49.9	232	50.1	100.0	40.8
Brahmin Chhetris	233	52.2	213	47.8	100.0	39.3
Dalits	122	54.2	103	45.8	100.0	19.8
<b>Total</b>	<b>586</b>	<b>51.7</b>	<b>548</b>	<b>48.3</b>	<b>100.0</b>	<b>100</b>

Source: Field Survey, 2013

See the Appendix table for ungrouped ethnicity.

**Table 5: Distribution of Population Aged Five and Above, by Literacy**

Ethnic Groups and Sex	Literacy				Total	
	Literate		Illiterate		N	%
	N	%	N	%		
<b>Brahmin Chhetris</b>						
Male	206	92.0	18	8.0	224	100.0
Female	171	83.4	34	16.6	205	100.0
<b>Total</b>	<b>377</b>	<b>87.9</b>	<b>52</b>	<b>12.1</b>	<b>429</b>	<b>100.0</b>
<b>Janajatis</b>						
Male	191	88.0	26	12.0	217	100.0
Female	173	75.9	55	24.1	228	100.0
<b>Total</b>	<b>364</b>	<b>81.8</b>	<b>81</b>	<b>18.2</b>	<b>445</b>	<b>100.0</b>
<b>Dalits</b>						
Male	100	88.5	13	11.5	113	100.0
Female	80	80.0	20	20.0	100	100.0
<b>Total</b>	<b>180</b>	<b>84.5</b>	<b>33</b>	<b>15.5</b>	<b>213</b>	<b>100.0</b>
Male	497	89.7	57	10.3	554	100.0
Female	424	79.5	109	20.5	533	100.0
<b>Total</b>	<b>921</b>	<b>84.7</b>	<b>166</b>	<b>15.3</b>	<b>1087</b>	<b>100</b>

Source: Field Survey, 2013

The rate of literacy is one of the indicators of the quality of human resources. The survey found a rate of literacy that differed by ten percent between men (89.7%) and women (79.5%) in the sample area. Across all ethnic groups, women were disadvantaged in terms of literacy. The rate of literacy among Janajatis (81.8%) was lower than among Dalits (84.5%) and Brahmin Chhetris (87.9%) (Table 5).

**Table 6: Educational Attainment of Population of Sample Households Aged Five and Above, by Sex and Ethnic Group**

Educational Attainment	Ethnic Groups												Total	
	Brahmin Chhetris				Janajati				Dalit					
	Male		Female		Male		Female		Male		Female			
	N	%	N	%	N	%	N	%	N	%	N	%		
No Education	35	15.6	63	30.7	44	20.3	83	36.4	27	23.9	39	39.0	291	26.8
Primary Level	82	36.6	60	29.3	86	39.6	65	28.5	59	52.2	40	40.0	392	36.1
High School Level	34	15.2	27	13.2	38	17.5	38	16.7	16	14.2	12	12.0	165	15.2
Higher Secondary Level	45	20.1	38	18.5	39	18.0	30	13.2	11	9.7	7	7.0	170	15.6
Higher Education	28	12.5	17	8.3	10	4.6	12	5.3	0	0	2	2.0	69	6.3
<b>Total</b>	<b>224</b>	<b>100</b>	<b>205</b>	<b>100</b>	<b>217</b>	<b>100</b>	<b>228</b>	<b>100</b>	<b>113</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>1087</b>	<b>100</b>

Source: Field Survey, 2013

Although the literacy rate was found to be slightly higher among Dalits than Janajatis, the level of educational attainment shows a sharp decline among Dalits compared to Janajatis and Brahmin Chhetris. The data indicates that while literacy may be slightly higher among Dalits, other groups have greater access to higher education. An intra-group comparison found that women were disadvantaged in all groups (Table 6).

## 4.2: Economic Characteristics

Almost half of respondents (48.4%) were engaged in agriculture, but this figure was nearly 60 percent among women. Dalits were more commonly engaged in this type of occupation. The gap between males and females engaged in agriculture was highest among Dalits and Brahmin Chhetris (Table 7).

**Table 7: Occupation of Population of Sample Households Aged Five and Above, by Sex and Ethnic Groups**

Occupational Group	Sex															
	Male							Female							Total	
	Ethnic Groups							Ethnic Groups								
	Brahmin Chhetris		Janajatis		Dalits			Brahmin Chhetris		Janajatis		Dalits				
N	%	N	%	N	%	N	%	N	%	N	%	N	%			
Agriculture Household	82	36.6	90	41.5	46	40.7	117	57.1	125	54.8	66	66.0	526	48.4		
Service-jobs	2	0.9	13	6.0	5	4.4	0	0.0	2	0.9	2	2.0	24	2.2		
Wage Labor	41	18.3	26	12.0	21	18.6	11	5.4	12	5.3	1	1.0	112	10.3		
Trade and Commerce	17	7.6	24	11.1	5	4.4	8	3.9	24	10.5	3	3.0	81	7.5		
Student/Dependent	80	35.7	60	27.6	31	27.4	68	33.2	63	27.6	26	26.0	328	30.2		
Others	2	0.9	4	1.8	5	4.4	1	0.5	2	0.9	2	2.0	16	1.5		
<b>Total</b>	<b>224</b>	<b>100</b>	<b>217</b>	<b>100</b>	<b>113</b>	<b>100</b>	<b>205</b>	<b>100</b>	<b>228</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>1087</b>	<b>100</b>		

Source: Field Survey, 2013

Monthly income of male family members was more than double that of female members. The disparity is especially pronounced among Dalits, confirming the poor household economics among this group (Table 8).

**Table 8: Mean Monthly Income of Population, by Sex and Ethnic Group**

Ethnic Group	Sex	Mean	N	Std. Deviation
Brahmin Chhetris	Male	9,466.67	132	11,062.388
	Female	4,807.35	68	5,378.767
	Total	7,882.50	200	9,756.845
Janajatis	Male	12,569.52	105	13,704.085
	Female	6,820.34	59	9,791.090
	Total	10,501.22	164	12,712.044
Dalits	Male	8,488.41	69	7,485.113
	Female	2,843.98	41	3,036.214
	Total	6,384.57	110	6,771.463
Total	Male	10,310.78	306	11,485.051
	Female	5,035.14	168	7,031.040
	Total	8,440.93	474	10,435.119

Source: Field Survey, 2013

Altogether, one fifth (20.2%) of families, and almost one fourth (24.7%) of families with a female respondent, were landless. If the category is segregated as presented in Table 9, the total population seems to have small landholdings. Just 18.6 percent of families had ten ropani (54,760 sq. ft.) of land or more, which is not a huge plot for subsistence.

**Table 9: Household Landholding Categories**

Household Landholding Categories	Sex of respondent					
	Male		Female		Total	
	N	%	N	%	N	%
Landless	29	18.0	20	24.7	49	20.2
Less than 1 Ropani	6	3.7	3	3.7	9	3.7
1 to 5 Ropani	41	25.5	24	29.6	65	26.9
5.1 to 10 Ropani	49	30.4	25	30.9	74	30.6
10.1 Ropani and More	36	22.4	9	11.1	45	18.6
<b>Total</b>	<b>161</b>	<b>100</b>	<b>81</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013; 1 Ropani= 5476 sq. ft.

Almost three in five families in the sample households faced a shortage of food. The score was slightly higher for female respondents, reflecting the state of poverty in those families. Classification by ethnicity indicates that Dalits experienced the highest level of food shortage (79.1%), followed by Janajatis (58.9%), and Brahmin Chhetris (53.8%), as shown in Table 10.

**Table 10: Food Sufficiency of Families, by Ethnicity and Sex**

Ethnic Groups	Annual Food Sufficiency				Total	
	Yes		No		N	%
	N	%	N	%		
Brahmin Chhetris	43	46.2	50	53.8	93	100
Janajatis	37	41.1	53	58.9	90	100
Dalits	9	20.9	34	79.1	43	100
Sex						
Male	61	40.9	88	59.1	149	100
Female	28	36.4	49	63.6	77	100
<b>Total</b>	<b>89</b>	<b>39.4</b>	<b>137</b>	<b>60.6</b>	<b>Sex</b>	<b>100</b>

Source: Field Survey, 2013

As far as ownership of the dwelling unit is concerned, a majority of families (93.8%) had their own houses, irrespective of the quality of structure (Table 11).

**Table 11: Home Ownership, by Ethnicity**

Ethnic Groups	Ownership of Dwelling Unit				Total	
	Yes		No		N	%
	N	%	N	%		
Brahmin Chhetris	93	94.9	5	5.1	98	100
Janajatis	89	92.7	7	7.3	96	100
Dalits	45	93.8	3	6.3	48	100
<b>Total</b>	<b>227</b>	<b>93.8</b>	<b>15</b>	<b>6.2</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

Mobile phones were much more popular among Janajatis (93.8%) than among Brahmin Chhetris (90.8%) and Dalits (75%). A slightly higher percentage of Brahmin Chhetris had electricity at home. Dalits had few if any facilities available such as computers, vehicles, or other amenities.

**Table 12: Household Amenities, by Ethnicity**

Amenities	Brahmin Chhetris		Janajatis		Dalits		Total	
	N	%	N	%	N	%	N	%
Electricity	94	95.9	88	91.7	40	83.3	222	91.7
Telephone, Mobile	89	90.8	90	93.8	36	75.0	215	88.8
TV	82	83.7	77	80.2	31	64.6	190	78.5
Radio	77	78.6	71	74.0	30	62.5	178	73.6
Motorcycle	21	21.4	22	22.9	5	10.4	48	19.8
Refrigerator	13	13.3	30	31.3	3	6.3	46	19.0
Computer	21	21.4	17	17.7	1	2.1	39	16.1
Bio gas	19	19.4	13	13.5	3	6.3	35	14.5
Car or truck	9	9.2	8	8.3	0	0.0	17	7.0
Internet	7	7.1	10	10.4	0	0.0	17	7.0
Bicycle	2	2.0	9	9.4	4	8.3	15	6.2
Solar Energy	7	7.1	5	5.2	1	2.1	13	5.4
Other	3	3.1	0	0.0	1	2.1	4	1.7
<b>Total</b>	<b>98</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>48</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

### 4.3: Demographic Characteristics

The population of working age, 15–59, was found to be slightly larger among women (Table 13).

**Table 13: Age and Sex Distribution**

Ethnic Groups	Sex						Sex Ratio
	Male		Female		Total		
	N	%	N	%	N	%	
0–14	145	24.8	113	20.6	258	22.8	128.3
15–59	398	67.9	386	70.3	784	69.2	103.1
60+	43	7.4	49	9.0	92	8.1	87.8
<b>Total</b>	<b>586</b>	<b>100</b>	<b>548</b>	<b>100</b>	<b>1134</b>	<b>100</b>	<b>106.9</b>

Source: Field Survey, 2013

There were 161 male respondents as against 81 females. Although supervisors and enumerators were instructed in the selection of respondents, there were twice as many male respondents as female (Table 14).

**Table 14: Age and Sex Distribution**

Age Group	Sex					
	Male		Female		Total	
	N	%	N	%	N	%
15–24	13	8.1	18	22.2	31	12.8
25–49	103	64	47	57.9	150	61.9
50–59	29	18	9	11.1	38	15.7
60+	16	10	7	8.7	23	9.5
Total	161	100	81	100	242	100
<b>% of Respondents by Sex</b>	<b>161</b>	<b>66.5</b>	<b>81</b>	<b>33.5</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

Widows (33) were more numerous than widowers(11), due to the cultural context of higher rate of remarriage amongst male members. A tendency for husbands to be older than their wives and the higher life expectancy of women also contribute to the higher number of widows, as does the higher proportion of males who never marry (Table 15).

**Table 15: Marital Status of Total Population Aged Five and Above**

Marital Status	Sex					
	Male		Female		Total	
	N	%	N	%	N	%
Never Married	252	45.5	215	40.3	467	43.0
Currently Married	286	51.6	280	52.5	566	52.1
Separated	4	0.7	5	0.9	9	0.8
Widowed	11	2.0	33	6.2	44	4.0
Other	1	0.2	0	0.0	1	0.1
<b>Total</b>	<b>554</b>	<b>100</b>	<b>533</b>	<b>100</b>	<b>1087</b>	<b>100</b>

Source: Field Survey, 2013

More female than male respondents fell into the never married category, suggesting an absence of younger males, attributable, perhaps, to their career development and movement towards cities (Table 16). The ethnic variation in marital status was not found to be significant (See Appendix Table 6).

**Table 16: Marital Status of Respondents**

Marital Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Never Married	13	8.1	19	23.5	32	13.2
Currently Married	142	88.2	49	60.5	191	78.9
Separated	2	1.2	3	3.7	5	2.1
Widowed	4	2.5	10	12.3	14	5.8
<b>Total</b>	<b>161</b>	<b>100</b>	<b>81</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

Migration is one of the powerful explanations for a number of behaviors among populations. Migrants are those born outside the administrative unit where the survey was conducted. Migrants may be supposed to retain some characteristics from their place of origin, and to adopt other characteristics from their place of destination. Therefore, it is always a good idea to segregate a population by their migration status.

As a general phenomenon, migrant females outnumbered males due to their customary change of residence after marriage. This phenomenon was much the same in all ethnic groups (Table 17). A similar pattern was observed among the respondents (Table 18).

**Table 17: Migration Status of Population**

Ethnic Groups	Birthplace								Total	
	Non-migrant				Migrant					
	Sex		Sex		Sex		Sex			
	Male	Female	Male	Female	Male	Female	Male	Female		
	N	%	N	%	N	%	N	%	N	%
Brahmin Chhetris	206	46.2	118	26.5	27	6.1	95	21.3	446	100.0
Janajatis	220	47.5	130	28.1	11	2.4	102	22.0	463	100.0
Dalits	120	53.3	50	22.2	2	0.9	53	23.6	225	100.0
<b>Total</b>	<b>546</b>	<b>48.1</b>	<b>298</b>	<b>26.3</b>	<b>40</b>	<b>3.5</b>	<b>250</b>	<b>22.0</b>	<b>1134</b>	<b>100</b>

Source: Field Survey, 2013

**Table 18: Migration Status of Respondents, by Sex and Ethnicity**

Ethnic Groups	Birthplace								Total	
	Non-migrant				Migrant					
	Sex		Sex		Sex		Sex			
	Male	Female	Male	Female	Male	Female	Male	Female		
	N	%	N	%	N	%	N	%	N	%
Brahmin Chhetris	58	59.2	15	15.3	11	11.2	14	14.3	14	14.3
Janajatis	60	62.5	15	15.6	4	4.2	17	17.7	17	17.7
Dalits	26	54.2	7	14.6	2	4.2	13	27.1	13	27.1
<b>Total</b>	<b>144</b>	<b>59.5</b>	<b>37</b>	<b>15.3</b>	<b>17</b>	<b>7.0</b>	<b>44</b>	<b>18.2</b>	<b>44</b>	<b>18.2</b>

Source: Field Survey, 2013

#### 4.4: Gender, Discrimination, and Participatory Characteristics

Who makes the major household decisions is a good indicator of the power structure in a family. Inequitable distribution of power structure often results in higher discrimination within the family and community, and limited access to resources which results in economic performance of families. Conditions like these increase the vulnerability of potential victims of kidney trafficking. The conditions observed in sample households suggested a slight domination of decision-making by males overall; however, Janajati families reported a higher percentage of decision-making “equally by both” (54.2%), and a lower percentage “always men” (11.5%) than other ethnic groups (Table 19).

**Table 19: Major Decisions Taken in Family**

Major Decisions Taken By	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit			
	N	%	N	%	N	%	N	%
Always Men	19	19.4	11	11.5	11	11.5	40	16.5
Mostly Men	16	16.3	19	19.8	19	19.8	46	19.0
Equally by Both	49	50.0	52	54.2	52	54.2	120	49.6
Mostly Women	6	6.1	7	7.3	7	7.3	19	7.9
Always Women	8	8.2	7	7.3	7	7.3	17	7.0
<b>Total</b>	<b>98</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

A subsequent cross-question inquired how much the advice of women was sought in families. Again, Janajatis were most likely to always seek the opinions of women in making decisions, and women were consulted in decision-making in families more often among Brahmin Chhetris than among Dalits (Table 20). A similar pattern was also observed in the need for respondents to get permission from someone else to spend their income (Table 21).

**Table 20: Advice of Women Sought in Family Decisions**

Permission to Spend Income	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
Always Sought	42	43.3	46	48.4	20	42.6	108	45.2
Mostly Sought	41	42.3	29	30.5	16	34.0	86	36.0
Seldom Sought	7	7.2	18	18.9	6	12.8	31	13.0
Mostly Ignored	3	3.1	1	1.1	1	2.1	5	2.1
Always Ignored	4	4.1	1	1.1	4	8.5	9	3.8
<b>Total</b>	<b>97</b>	<b>100</b>	<b>95</b>	<b>100</b>	<b>47</b>	<b>100</b>	<b>239</b>	<b>100</b>

Source: Field Survey, 2013. Missing cases (3) are omitted

**Table 21: Permission to Spend Income**

Advice of Women Sought in Family Decisions	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
Need Not Ask Others	19	19.8	20	21.5	15	33.3	54	23.1
Spouse	58	60.4	62	66.7	25	55.6	145	62.0
Other Men in Family	12	12.5	5	5.4	3	6.7	20	8.5
Other Women in Family	2	2.1	1	1.1	2	4.4	5	2.1
Other	5	5.2	5	5.4	0	0	10	4.3
<b>Total</b>	<b>96</b>	<b>100</b>	<b>93</b>	<b>100</b>	<b>45</b>	<b>100</b>	<b>234</b>	<b>100</b>

Source: Field Survey, 2013. Missing cases (8) are omitted

Political participation was found to be confined to male members of families (Table 22). Only 16.1 percent of women overall admitted to being members of political parties, compared to 69.4 percent of men. Dalit women were an exception at 37.5 percent, but the number of cases is too small to be generalized (Table 22).

**Table 22: Political Party Membership**

Ethnic Background	Yes		Men		Women		Both	
	N	%	N	%	N	%	N	%
Brahmin Chhetris	27	27.8	19	70.4	3	11.1	5	18.5
Janajatis	27	28.7	20	74.1	4	14.8	3	11.1
Dalits	8	17.8	4	50.0	3	37.5	1	12.5
<b>Total</b>	<b>62</b>	<b>26.9</b>	<b>43</b>	<b>69.4</b>	<b>10</b>	<b>16.1</b>	<b>9</b>	<b>14.5</b>

Source: Field Survey, 2013; Missing cases (8) are omitted

A few people were members of local development committees. Among men, less than 20 percent participated in such committees (Table 23).

**Table 23: Areas of Participation**

Areas of Participation	Member Who Represents Family									
	A Man		A Woman		Both		None		Total	
	N	%	N	%	N	%	N	%	N	%
Road Consumer Committee	25	10.3	11	4.5	2	0.8	196	81.0	242	100
Forest Consumer Committee	45	18.6	30	12.4	5	2.1	155	64.0	242	100
School Management Committee	35	14.5	14	5.8	1	0.4	185	76.4	242	100
Temple or Worship Committee	25	10.3	17	7.0	5	2.1	189	78.1	242	100
Local Club	32	13.2	7	2.9	1	0.4	193	79.8	242	100
Non-Government Agency	21	8.7	35	14.5	6	2.5	173	71.5	242	100

Source: Field Survey, 2013; multiple answers

The survey also found some perceptions of discrimination on the basis of caste and ethnicity among the sample. Some 40.8 percent of Brahmin Chhetris, 39.6 percent of Dalits, and 37.5 percent of Janajatis acknowledged some discrimination (Table 24). However, most of the respondents denied that discrimination based on age and sex exists within the family (Table 25).

**Table 24: Perception of Ethnic Discrimination in Community**

Perception of Ethnic Discrimination in Community	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
No Discrimination at All	34	34.7	36	37.5	16	33.3	86	35.5
Mostly No Discrimination	13	13.3	14	14.6	7	14.6	34	14.0
Some Discrimination	40	40.8	36	37.5	19	39.6	95	39.3
Mostly Discrimination Exists	9	9.2	5	5.2	4	8.3	18	7.4
Extreme Discrimination Exists	0	0.0	0	0.0	2	4.2	2	0.8
Don't Know	2	2.0	5	5.2	0	0.0	7	2.9
<b>Total</b>	<b>98</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>48</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey 2013

**Table 25: Age and Sex Discrimination in the Family**

Age and Sex Discrimination in the Family	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
No Discrimination at All	61	62.2	48	50.0	23	47.9	132	54.5
Mostly No Discrimination	11	11.2	25	26.0	13	27.1	49	20.2
Some Discrimination	22	22.4	14	14.6	11	22.9	47	19.4
Mostly Discrimination Exists	1	1.0	4	4.2	0	0.0	5	2.1
Extreme Discrimination Exists	1	1.0	1	1.0	0	0.0	2	0.8
Don't Know	2	2.0	4	4.2	1	2.1	7	2.9
<b>Total</b>	<b>98</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>48</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

Twenty-five out of 48 Dalits (52.1%), 25 out of 96 Janajatis (26%), and 14 out of 98 Brahmin Chhetris (14.3%) reported that neighbors or relatives had sold a kidney (Table 26). Altogether, some 26.4 percent of respondents reported knowing a relative or neighbor who had sold a kidney, underscoring the seriousness of this problem for the region and the nation. Although multiple respondents may have been referring to the same person or instance, it is a matter of serious concern when one fourth of all respondents and more than half of all Dalits say that the problem exists next door. It is a problem of human rights of the affected population that should be promptly and effectively addressed.

**Table 26: Relatives or Neighbors Have Sold a Kidney**

Ethnic Background	Relatives or Neighbors Have Sold a Kidney			
	N	%	Total N	Total %
Brahmin Chhetris	14	14.3	98	100.0
Janajatis	25	26.0	96	100.0
Dalits	25	52.1	48	100.0
<b>Total</b>	<b>64</b>	<b>26.4</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

Women as well as men were found to have fallen prey to kidney trafficking. Six women were reported to have sold a kidney—one Brahmin Chhetri, three Janajatis, and two Dalits. This indicates that the realm of this trade is not delimited by sex and ethnicity, but operates with other social and economic determinants (Table 27).

**Table 27: Status of Kidney Donation, by Sex and Ethnic Category**

Caste/Ethnicity	Sex											
	Male						Female					
	Ever Donated a Kidney				Total		Ever Donated a Kidney				Total	
	Yes		No		N	%	Yes		No		N	%
N	%	N	%	N			%	N	%			
Brahmin Chhetris	5	7.2	64	92.8	69	100	1	3.4	28	96.6	29	100
Janajatis	11	17.2	53	82.8	64	100	3	9.4	29	90.6	32	100
Dalits	14	50.0	14	50.0	28	100	2	10.0	18	90.0	20	100
<b>Total</b>	<b>30</b>	<b>18.6</b>	<b>131</b>	<b>81.4</b>	<b>161</b>	<b>100</b>	<b>6</b>	<b>7.4</b>	<b>75</b>	<b>92.6</b>	<b>81</b>	<b>100</b>

Source: Field Survey, 2013

**Conclusion:**

Janajatis constituted the largest demographic group in the survey area (40.8%), followed by Brahmin Chhetris (39.3%) and Dalits (19.8%), but the literacy rate for Janajatis was lower than Brahmin Chhetris and Dalits. In general, however, the literacy rate among males was about ten percent higher than among females (89.7% vs. 79.5%). Although the demographic figures alone do not establish any direct links with human trafficking, they do leave room for speculation that such links exist.

The survey also found remarkable economic disparities, not just between Brahmin Chhetris, Janajatis, and Dalits, but also between males and females. Dalits had lower economic status, experienced food shortages more than others (79.1%), and did not have equal access to modern amenities like electricity, vehicles, or computers. The most important fact revealed by the survey was that more than half of Dalit respondents reported that they knew a relative or neighbor who had already sold a kidney, a demonstration of the gravity of organ trafficking in the region. And organ trafficking showed little regard for the boundaries of caste and sex: victims belonged to all major castes in the region (although in varying degrees) and to both sexes.

## CAUSES OF KIDNEY TRAFFICKING (DONOR PERSPECTIVE)

This section attempts to explore and analyze the socio-economic and political characteristics of population that are vulnerable to the commercial organ trade.

### 5.1: Demographic Factors

The global phenomenon of organ trafficking is perpetuated by the inequality between developed and under-developed countries. Uneven economic development and inadequate protection mechanisms are the predominant features of trafficking in persons for the purpose of organ removal. Historically in Nepal, various ethnic groups have been marginalized and denied access to resources, information, and opportunities. Economic marginalization and exclusion from all development render certain segments of the population especially vulnerable to human trafficking for the organ trade. In the multi-ethnic population of 36 individuals reported in the study to have sold a kidney, 33.3 percent of Dalits had done so, more than twice the rate of Janajatis (14.6%) and five times the rate of Brahmin Chhetris (6.2%) (Table 28).

It should be noted, however, that given the small sample size of this survey and the inability to test for confidence level, caution must be exercised in drawing causal relationships between variables.

**Table 28: Status of Kidney Donation, by Ethnicity, Selected VDCs in Kavrepalanchowk, 2013**

Background Characteristics	Ever Donated a Kidney				Total	
	Yes		No		N	%
	N	%	N	%		
Ethnic Groups						
Brahmin Chhetris	6	6.2	91	93.8	97	100.0
Janajatis	14	14.6	82	85.4	96	100.0
Dalits	16	33.3	32	66.7	48	100.0
<b>Total</b>	<b>36</b>	<b>14.9</b>	<b>205</b>	<b>85.1</b>	<b>241</b>	<b>100</b>

Source: Field Survey, 2013; 1 missing case omitted

Literacy was found to be a powerful predictor of vulnerability to trafficking. While 31.7 percent of illiterate respondents had donated a kidney, just 11.5 percent of literate respondents had done so. Sample size and other limitations of the survey notwithstanding, these figures suggest persuasively that the opportunity to become literate could reduce a likely victim's vulnerability to organ trafficking by up to two thirds (Table 29).

**Table 29: Status of Kidney Donation, by Literacy, Selected VDCs in Kavrepalanchowk, 2013**

Literacy	Ever Donated a Kidney				Total	
	Yes		No		N	%
	N	%	N	%		
Literate	23	11.5	177	88.5	200	100
Illiterate	13	31.7	28	68.3	41	100
<b>Total</b>	<b>36</b>	<b>14.9</b>	<b>205</b>	<b>85.1</b>	<b>241</b>	<b>100</b>

Source: Field Survey, 2013; 1 missing case omitted

An analysis by age found that donors were clustered between the ages of 35 and 49, but the existence of ten donors between the ages of 15 and 34—or more precisely, eight between 20 and 29—suggested the troubling involvement of a younger demographic as well (Table 30).

**Table 30: Status of Kidney Donation, by Age Group, Selected VDCs in Kavrepalanchowk, 2013**

Age Group	Ever Donated a Kidney				Total	
	Yes		No		N	%
	N	%	N	%		
15–34	10	27.8	72	35	82	33.8
35–49	19	52.8	80	38.8	99	40.9
50–59	4	11.1	34	16.5	38	15.7
60+	3	8.4	20	9.8	23	9.5
<b>Total</b>	<b>36</b>	<b>100</b>	<b>206</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

While the term “financial management” is usually associated with economic variables, this section examine show respondents may have been motivated to sell a kidney by the need to manage household finances or address a personal financial crisis. The fact that 13.2 percent of all respondents would consider selling a kidney to help meet financial needs, even under exploitative circumstances, argues for the central importance of economic motivations in kidney trafficking. A breakdown by ethnicity found that nearly a third of Dalits (31.3%) would consider selling a kidney as a strategy to manage a financial crisis (Table 31).

**Table 31: Financial Management in a Crisis, Selected VDCs in Kavrepalanchowk, 2013**

Financial Management in a Crisis	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
Borrowing from Relatives	84	85.7	82	85.4	43	89.6	209	86.4
Loan from Bank or Cooperative	80	81.6	60	62.5	33	68.8	173	71.5
Selling Goods and Livestock	72	73.5	59	61.5	34	70.8	165	68.2
Selling House and Land	11	11.2	12	12.5	9	18.8	32	13.2
Selling a Kidney	9	9.2	8	8.3	15	31.3	32	13.2
Other	4	4.1	1	1.0	0	0.0	5	2.1
<b>Total</b>	<b>98</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>48</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

Further analysis comparing those who have donated a kidney to those who have not revealed that more than half (55.6%) of those who had sold a kidney considered it one of the means of managing an economic crisis. An alarming concern was that, even among individuals who had not sold a kidney, a few (5.8%) had the opinion that selling a kidney could be a method of managing an economic crisis (Table 32).

**Table 32: Financial Management in a Crisis, by Respondent's Donor Status, Selected VDCs in Kavrepalanchowk, 2013**

Financial Management in a Crisis	Status of Kidney Donation					
	Donated		Not Donated		Total	
	N	%	N	%	N	%
Borrowing from Relatives	29	80.6	180	87.4	209	86.4
Loan from Bank or Cooperative	20	55.6	153	74.3	173	71.5
Selling Goods and Livestock	25	69.4	140	68.0	165	68.2
Selling House and Land	5	13.9	27	13.1	32	13.2
Selling a Kidney	20	55.6	12	5.8	32	13.2
Other	1	2.8	4	1.9	5	2.1
<b>Total</b>	<b>36</b>	<b>100</b>	<b>206</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013. Multiple Answers

## 5.2: Economic Causes

The average income of respondents overall was NRs. 7,630. However, the average income of the “never donated” group was much higher (NRs. 8,137) than the donor group, whose average income was NRs. 4731. Non-donor Janajatis had the highest average income, at NRs. 9,196, whereas their donor counterparts earned just NRs. 3,428, the widest income gap between donors and non-donors of any ethnic group. It is noted that the incomes of respon-

dents were low for the typical needs of families and individuals. Further disaggregation by gender also showed high levels of income disparity between men and women (Table 33).

**Table 33: Average Monthly Income of Kidney Donors and Non-Donors in Nepali Rupees, by Sex of Respondents, Selected VDCs in Kavrepalanchowk, 2013**

Ever Donated a Kidney	Sex	Mean	N	Std. Deviation
Yes	Male	5,423.33	30	5,565.01903
	Female	1,266.67	6	1,986.62192
	Total	4,730.56	36	5,356.53510
No	Male	10,554.20	131	13,740.48627
	Female	3,914.67	75	4,839.32912
	Total	8,136.89	206	11,765.94084
Total	Male	9,598.14	161	12,768.33227
	Female	3,718.52	81	4,732.47058
	Total	7,630.17	242	11,108.56830

Source: Field Survey, 2013

Some 52.8 percent of all donors worked in agriculture, and another 16.7 percent were wage laborers, a combined total of almost 70 percent.

**Table 34: Status of Kidney Donation, by Occupational Group, Selected VDCs in Kavrepalanchowk, 2013**

Occupational Group	Ever Donated a Kidney					
	Yes		No		Total	
	N	%	N	%	N	%
Agriculture and Household	19	52.8	52.8	87.4	136	56.2
Service – Jobs	6	16.7	16.7	74.3	10	4.1
Wage Labor	6	16.7	16.7	68.0	43	17.8
Trade and Commerce	3	8.3	8.3	13.1	35	14.5
Student and Dependent	0	0.0	0.0	5.8	13	5.4
Other	2	5.6	5.6	1.9	5	2.1
<b>Total</b>	<b>36</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>242</b>	<b>100</b>

Source: Field Survey, 2013

Size of landholdings is one of the indicators of the economic condition of a family. Among Brahmin Chhetris, donors had an average of 7.13 ropani of land, whereas non-donors averaged 13.84 ropani. A similar disparity was observed among Janajatis (donors = 5.57; non-donors = 7.28), among Dalits (donors = 2.37; non-donors = 4.47), and among total respondents (donors = 4.41; non-donors = 9.78) (Table 35).

**Table 35: Landholdings in Ropani, by Status of Kidney Donation, Selected VDCs in Kavrepalanchowk, 2013**

Ethnic Groups	Mean Landholdings in Ropani, by Status of Kidney Donation								
	Kidney Donated			Kidney Not Donated			Total		
	Mean	N	SD	Mean	N	SD	Mean	N	SD
Brahmin Chhetris	7.13	6	4.42	13.84	92	62.12	13.43	98	60.20
Janajatis	5.57	14	9.70	7.28	82	6.91	7.03	96	7.35
Dalits	2.37	16	3.07	4.47	32	3.59	3.77	48	3.54
<b>Total</b>	<b>4.41</b>	<b>36</b>	<b>6.74</b>	<b>9.78</b>	<b>206</b>	<b>41.81</b>	<b>8.98</b>	<b>242</b>	<b>38.69</b>

Mean: Average Ropani of Land with Household.

## 5.4: Participatory Causes

Decision-making at home has no direct correlation with kidney trafficking. Women participation in family decisions is not directly correlated to the increased risk of organ sale (Table 36).

**Table 36: Status of Kidney Donation, by Women’s Advice Sought in Family Decisions, Selected VDCs in Kavrepalanchowk, 2013**

Women’s Advice Sought in Family Decisions	Ever donated Kidney					
	Yes		No		Total	
	N	%	N	%	N	%
Always sought	17	17	91	44.8	108	45.2
Mostly sought	10	10	76	37.4	86	36.0
Seldom sought	3	3	28	13.8	31	13.0
Mostly ignored	1	1	4	2.0	5	2.1
Always ignored	5	5	4	2.0	9	3.8
<b>Total</b>	<b>36</b>	<b>36</b>	<b>203</b>	<b>100</b>	<b>239</b>	<b>100</b>

Source: Field Survey, 2013, 3 missing cases are omitted

When this data was cross-tabulated to show whether donors had sought the consent of their families to donate a kidney, only five of 36 donors were found to have had family consent. Another alarming fact was that, in addition to these 36 donors, four other individuals who had not sold a kidney at the time of the survey had nevertheless been urged to do so by a close relative (2), by a peer (1), or by an employer or other powerful person (1). Further inquiries revealed that close relatives, peers, and community members often act as intermediaries between brokers and potential donors to facilitate the process of organ selling. These intermediaries are sometimes themselves previous organ donors.

Furthermore, among the 36 donors, 18 reported having been deceived by a member of the local community with whom they were somewhat acquainted (13), or by an unknown broker (5). Ten were convinced to sell a kidney by a close relative, five by friends or peers, one

by an employer, and two by unspecified others (See Appendix Table 7). While respondents may not have explicitly claimed that they were coerced into selling a kidney, the attempted persuasion by these influential “others,” including friends, relatives, and influential members of the community, brings into focus the issues of power and vulnerability in the relationship between recruiters, brokers, or intermediaries and the potential donors.

## 5.5: Donors as Victims

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The issues of consent and exploitation in the organ trade are complex, as donors may often appear to have given their consent and may also have received payment. In many cases, however, what appears to be consent is in fact the product of extreme poverty coupled with misinformation about the surgical procedure, its health implications, and the hazards of recovery, misinformation which can itself be a form of coercion and abuse of vulnerability.

The accounts of survey respondents who sold a kidney indicate that they were frequently given false or inadequate information to obtain their consent for organ removal. They were told that the removal of a kidney would have no adverse effects on their health (50%), that they were giving up a small, insignificant organ (33.3%), that one kidney is sufficient (33.3%), and that the removed kidney would resprout (5.6%) (Table 37).

Donors who were persuaded by reasons like acquiring a house and land (41.7%), monetary gain (19.4%), or the chance to travel abroad (13.9%) were motivated to sell a kidney by the need for money. Establishing informed consent when the decision to donate is economically motivated is already hard, especially in an unregulated organ market, but without accurate and complete information about the consequences of giving up a kidney, any consent becomes irrelevant.

As shown in the tables above, organ brokers target the poorest and most illiterate members of the community, who are highly vulnerable to abuse and exploitation through coercion, threats, fraud, and deception. The term “abuse of a position of vulnerability” is understood to refer to any situation in which the person involved has no real and acceptable alternative but to submit to the abuse involved (UN GIFT 2008, p. 6<sup>70</sup>).

While most of the survey respondents claimed to have given consent (27 donors), further in-depth discussion and analysis revealed that the consent was not informed: most donors experienced several kinds of deception and lacked important information. One respondent was coerced. Three donors were operated on without knowing that their kidney was being removed. Three did not state whether they had given consent (Table 38).

Consent is nullified when it is obtained through improper means or for purposes of exploitation, as outlined in international anti-trafficking frameworks such as the Palermo Protocol, and in the Human Trafficking and Transportation (Control) Act, 2007. In addition, Nepal’s national TIP law specifically holds that extracting a human organ except as provided by law is human trafficking.

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<sup>70</sup> United Nations Office on Drugs and Crime (2008), Human Trafficking : An Overview, Page 6 (Vienna: UNODC, 2008)

**Table 37: Ranking of Persuading Factors for Donors, Selected VDCs in Kavrepalanchowk, 2013**

Ranking of Persuading Factors	Ever Donated a Kidney	
	N	%
1. Will have no adverse effect	18	50.0
2. You will be able to acquire a house and land.	15	41.7
3. Just donating a small, insignificant organ.	12	33.3
4. One kidney is sufficient.	12	33.3
5. Other/mostly monetary benefit	7	19.4
6. You will have a chance to travel abroad.	5	13.9
7. The kidney will resprout.	2	5.6
<b>Total</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013

**Table 38: Consent Status Before Kidney Extraction, Selected VDCs in Kavrepalanchowk, 2013**

Consent Status Before Kidney Extraction	Consent Status Before Kidney Extraction										Total	
	Yes, I gave consent.		Didn't fully agree, but was forced.		Kidney extracted without notice.		Don't know.		Not stated.			
	N	%	N	%	N	%	N	%	N	%	N	%
Total	27	77.1	1	2.9	3	8.6	1	2.9	3	8.6	35	100

Source: Field Survey, 2013

\* 1 missing case omitted

A vast majority of cases (83.3%) were mediated by brokers. Only four donors, one Brahmin Chhetri and three Janajatis, reported that they were directly approached by the buyer. It appears that the role of the broker has become central to the illegal traffic in human kidneys (Table 39).

**Table 39: How Buyer Contacted Donor, Selected VDCs in Kavrepalanchowk, 2013**

Ethnic Group	Buyer contacted donor directly		Broker contacted donor		Someone known to donor made contact		Total	
	N	%	N	%	N	%	N	%
Brahmin Chhetris	1	16.7	5	83.3	0	0.0	6	100
Janajatis	3	21.4	10	71.4	1	7.1	14	100
Dalits	0	0.0	15	93.8	1	6.3	16	100
<b>Total</b>	<b>4</b>	<b>11.1</b>	<b>30</b>	<b>83.3</b>	<b>2</b>	<b>5.6</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013

## 5.6: Circumstances of Kidney Transplants

Post-operative care that is poor or non-existent and the lack of long-term follow-up care represent significant, additional hazards for donors. Nearly half of donors in the survey (47.2%) were discharged with fresh surgical wounds, and 19.4 percent felt that their wounds had not completely healed when they were discharged. The respondents felt that they were discharged with little post-operative care. This puts donors at risk of infection and other complications when they are compelled to travel during recovery (Table 40). Thus suggesting negligence and mistreatment by those performing the transplants.

**Table 40: Status of Wound When Discharged, Selected VDCs in Kavrepalanchowk, 2013**

Status of Wound When Discharged	N	%
Completely healed	8	22.2
Was not healed	7	19.4
Was like a fresh wound	17	47.2
Don't know	1	2.8
Not stated	1	2.8
<b>Total</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013

Place of Stay Before and After Kidney Extraction, Selected VDCs in Kavrepalanchowk, 2013

Place of Stay	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
<b>Before Extraction</b>								
Well Appointed Hotel	2	33.3	4	28.6	2	12.5	8	22.2
Ordinary Hotel	1	16.7	5	35.7	2	12.5	8	22.2
Institutional Guest House	0	0.0	0	0.0	1	6.3	1	2.8
Other	2	33.3	5	35.7	11	68.8	18	50.0
Don't know	1	16.7	0	0.0	0	0.0	1	2.8
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>
<b>After Extraction</b>								
Well Appointed Hotel	3	50.0	3	21.4	2	12.5	8	22.2
Ordinary Hotel	0	0.0	3	21.4	1	6.3	4	11.1
Other	2	33.3	8	57.1	13	81.3	23	63.9
Don't know	1	16.7	0	0.0	0	0.0	1	2.8
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013

Most victims were provided with the ordinary modes of transportation to and from the transplant location. Overall, 80.6 percent travelled and returned by motor vehicle and train. Only one victim was offered airplane travel to the transplant location, and just two were offered airplane travel for the return trip (Table 42). Travelling by road and train is cheaper, but it takes longer and is more hazardous to fresh surgical wounds, potentially further compromising the post-operative care that should be provided by donors.

**Table 41: Mode of Travel to and from the Transplant Location, Selected VDCs in Kavrepalanchowk, Nepal**

Mode of Travel	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
<b>To the Transplant Location</b>								
Airplane	1	16.7	0	0.0	0	0.0	1	2.8
Airplane and Motor Vehicle	0	0.0	2	14.3	0	0.0	2	5.6
Airplane and Train	0	0.0	0	0.0	1	6.3	1	2.8
Motor Vehicle and Train	5	83.3	10	71.4	14	87.5	29	80.6
Other	0	0.0	2	14.3	1	6.3	3	8.3
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>
<b>Returning Home</b>								
Airplane	0	0.0	1	7.1	1	6.3	2	5.6
Airplane and Motor Vehicle	0	0.0	2	14.3	0	0.0	2	5.6
Motor Vehicle and Train	6	100.0	8	57.1	15	93.8	29	80.6
Airplane, Motor Vehicle, and Train	0	0.0	1	7.1	0	0.0	1	2.8
Other	0	0.0	2	14.3	0	0.0	2	5.6
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013

A majority of the respondents (75.0%) reported that there were escorted throughout the organ transplant process and were constantly monitored by the recipient's personnel (58.3%). Along with restrictions on their movements (55.6%) and tight security (44.4%) to ensure that the transplant would take place, this shows the heavy dependence on, and use of influence by, the intermediaries. It also points to the fact that intermediaries provide assistance during the process to avoid the scrutiny of the law enforcement in an activity that clearly violates the law (Table 43).

**Table 42: Pre-Donation Management of Victims at Transplant Location, by Ethnic Category, Selected VDCs in Kavrepalanchowk, Nepal**

Form of Management	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
Tight Security	3	50.0	5	35.7	8	50.0	16	44.4
Restricted Movement	5	83.3	5	35.7	10	62.5	20	55.6
Checked by Recipient's Representatives	3	50.0	7	50.0	11	68.8	21	58.3
Always Accompanied	6	100.0	8	57.1	13	81.3	27	75.0
Other	0	0.0	2	14.3	1	6.3	3	8.3
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 5.7: Pre-Donation Legal and Administrative Aspects

In Nepal, the donation of a kidney by a living donor requires a legal relationship between the donor and recipient. Either the parties must be blood relations, e.g., siblings, or parent and child, or a donor can give a kidney to a spouse if the case is medically approved to save the life of the sick individual, as specified by The Human Body Organ Transplantation (Regulations and Prohibition) Act, 1998.<sup>71</sup> Therefore, need documents to establish the legal relationship between victim and recipient, and in almost all cases such papers are produced. For victims in this survey, all the papers were fake. The fake documents most often provided were, in ranking order, relationship certificates (56.3%), proof of citizenship (50.0%) and travel documents (31.3%) (Table 44).

**Table 43: Documents Prepared, by Victim's Ethnic Group, Selected VDCs in Kavrepalanchowk, Nepal**

Documents Prepared	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalit		N	%
	N	%	N	%	N	%		
Proof of Citizenship	4	66.7	3	21.4	8	50.0	15	41.7
Relationship Certificate	4	66.7	2	14.3	9	56.3	15	41.7
Travel Document	2	33.3	1	7.1	5	31.3	8	22.2
Nothing	1	16.7	0	0.0	0	0.0	1	2.8
Other	1	16.7	2	14.3	2	12.5	5	13.9
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

Two thirds of respondents (66.7%) knew that all their documents were fake and represented instances of fraud. One respondent wrongly believed they were genuine, being misinformed about the laws governing organ donations in Nepal. Further discussion with respondents revealed that most of the organ donations were not made to a blood relation or spouse. One third of respondents (30.6%) had no idea about the legality of their documents, which leads again to the suspicion that they were fake. It can be tentatively concluded, then, that 97.3 percent of the papers provided to donors surveyed were fake, adding to the crime of organ trafficking (Table 45). When respondents were asked if they knew the people who had created the fake documents, almost all said no. In interviews it was learned that the victims had not even been required to appear in person to apply for the needed documents. The evidence appears sufficient to conclude that all the required legal papers were fake which intended to evade the formalities required for surgery to take place.

<sup>71</sup> For details see Chapter II: Review of the Literature.

**Table 44: Legal Status of Documents for Kidney Trafficking, Selected VDCs in Kavrepalanchowk, Nepal**

Ethnic Groups	Legal Status of Documents						Total	
	All were fake		All were genuine		Don't know		N	%
	N	%	N	%	N	%		
Brahmin Chhetris	4	66.7	0	0.0	2	33.3	6	100
Janajatis	9	64.3	0	0.0	5	35.7	14	100
Dalits	11	68.8	1	6.3	4	25.0	16	100
<b>Total</b>	<b>24</b>	<b>66.7</b>	<b>1</b>	<b>2.8</b>	<b>11</b>	<b>30.6</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013

While donors going to India for organ extraction followed well-travelled routes such as Bhairahawa-Sunauli (41.7%), Kakarvitta-Panitanki (30.6%), Birganj-Raxaul (11.1%), and Kathmandu International Airport (8.3%) (Table 46), a majority said they were not questioned by immigration officers or the police in either Nepal or India during their journey.

**Table 45: Victim's Route of Travel, by Ethnic Category of Victims, Selected VDCs in Kavrepalanchowk, Nepal**

Route of Travel	Ethnic Group						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Kathmandu International Airport	1	16.7	2	14.3	0	0.0	3	8.3
Kakarvitta-Panitanki	1	16.7	5	35.7	5	31.3	11	30.6
Birganj-Raxaul	0	0.0	2	14.3	2	12.5	4	11.1
Bhairahawa-Sunauli	4	66.7	3	21.4	8	50.0	15	41.7
Other	0	0.0	2	14.3	1	6.3	3	8.3
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

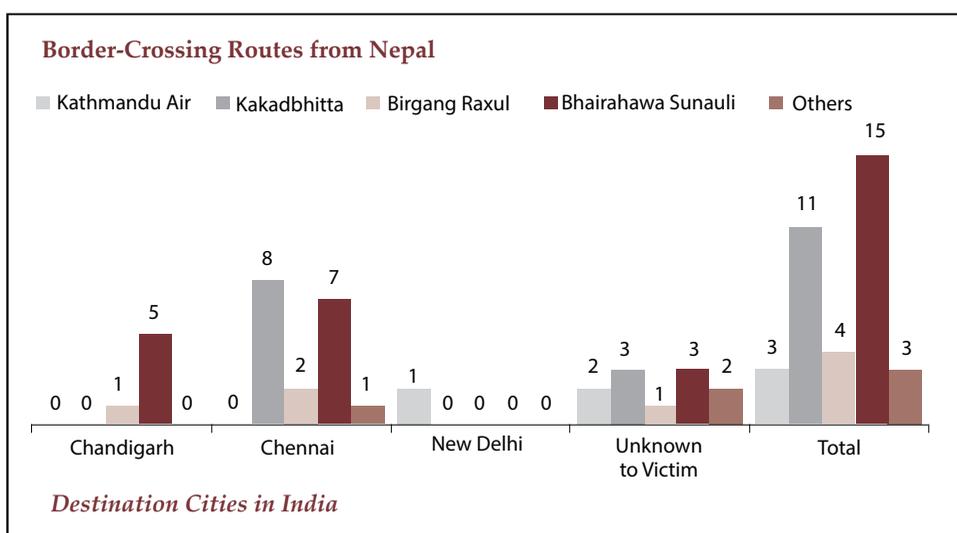
Source: Field Survey, 2013

Almost half of all donors (50%) and three out of four Dalits (75%) were taken to Chennai (Madras) in India. However, the survey also identified Chandigarh and New Delhi as emerging destinations for illegal kidney transplant surgery. A total of six victims were taken to Chandigarh. Eleven victims did not identify their destination (Table 47). A cross-examination by educational level revealed that seven of these 11 victims had no education and four had primary education only (table not shown). India is one of the most popular destinations for extracting organs from people, for various reasons including better medical infrastructure, ease of travel, and the ability to meet the global demand for organs. India is increasingly becoming a hub for organ transplantation for Nepali citizens due to better medical facilities and increased access to global organ transplant market.

**Table 46: Destination City for Kidney Extraction, by Ethnic Category of Victims, Selected VDCs in Kavrepalanchowk, Nepal**

Destination City for Kidney Extraction	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Chennai	1	16.7	5	35.7	12	75.0	18	50.0
Chandigarh	2	33.3	2	14.3	2	12.5	6	16.7
New Delhi	1	16.7	0	0.0	0	0.0	1	2.8
Unknown to Victim	2	33.3	7	50.0	2	12.5	11	30.6
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

**Figure 2: Route and Destination for Trafficking Conclusion**



### Conclusion

Though the sample for this research study was purposive, the socio-economic background of organ trafficking victims reflect the realities of larger social and economic disparities in Nepal. As in other forms of human trafficking, the victims of organ trafficking are mostly from socially and economically marginalized communities that historically have had little or no access to resources, information, or power. Dalits, traditionally the most marginalized caste, made up 33 percent of the victims in this survey, compared to 14.6 percent Janajatis and 6.2 percent Brahmins. (This is also a reflection of the larger percentage of Dalits and Janajatis residing in the research sample areas.)

- **Kidney selling is not caste- or ethnicity-based, but poverty-based.**
- **Victims have low incomes and literacy rates.**
- **More Dalits fall prey to trafficking.**
- **Brahman Chhetris were more likely to be donors if they had low incomes.**
- **Kidneys often sold to manage household finances.**

Selling a kidney offers donors, with no other financial means, the hope of meeting their financial responsibilities, providing for their families, or managing a financial crisis. Thus, selling a kidney must be seen as an economic strategy for most families. As seen in this research, 55.6 percent of those who sold a kidney admitted that it was a way of managing poverty and economic crisis. Adding to the pressures of poverty—donors had an average income of NRs. 4,730. Low rates of literacy increase the vulnerability of prospective donors. As a result, an organ that should be valued for the health and well-being of the donor is treated as an economic asset and becomes a commodity.

The experiences documented in this study suggest that all donors were subject to some form of persuasion by local community members, brokers, peers, employers, and even friends. Given that donors are typically highly vulnerable, and that their own agency in making this decision is compromised by the imbalance of power with brokers and other actors, the donor's consent is bound to be tainted by deception. As we have seen, most donors were told that there would be no adverse effects from donating a kidney, that having one kidney is enough, or that it's just a small, insignificant organ. There were also higher levels of fraud, including false promises of large payments or gifts of land and other assets. Thus, consent in most cases was obtained by improper means including coercion, fraud, deception, abuse of power or vulnerability, and the giving payments or benefits, all as prescribed in Article 3(a) of the Palermo Protocol.<sup>72</sup>

Additionally, Chapter 4, Section 15(b) of Nepal's Human Body Organ Transplantation (Regulation and Prohibition) Act, 2055 (1998) requires that donor and recipient be close relatives, e.g., siblings, parent and child, or related by marriage, and that two concerned doctors certify that the organ to be transplanted is necessary to save the life of the recipient. Almost all the donors in this survey either did not know the legal status of the documents provided to them, or knew that the documents were fake. The brokers helped prepare the fake documents, including proof of citizenship, relationship certificates, travel documents, and other legally required documents. The required relationship between donor and recipient was simply a forgery, as most donors reported that the entire transplant process was arranged by the brokers with limited or no disclosure of the identities of the recipient, physicians, or surgeons.

- **Kidneys often taken without permission.**
- **Patients discharged with fresh surgical wounds.**
- **Caste discrimination in accommodations.**
- **Ordinary means of travel for victims.**
- **Victims monitored and movements restricted.**
- **Common transit points:**
  - **Kakarvitta-Panitanki**
  - **Birganj-Raxaul**
  - **Bhairahaw-Sunauli**
  - **Kathmandu Airport**
- **Indian destination cities:**
  - **Chennai**
  - **Chandigarh**
  - **New Delhi**
- **Functionally illiterate victims cannot reveal information about brokers, forged documents, etc.**

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<sup>72</sup> See note 79.

The experiences reported by donors in this research study suggest that while some organ transplants may involve a willing donor who volunteered for the process, the modus operandi of the commercial organ trade involves consent under coercion or deception, the abuse of positions of power, and the denial of freedom, for the purpose of exploitation. Some victims reported that their organs were removed without their consent. The many dimensions of illegality, from coerced consent, to forged documents, to the use of force and the mistreatment of donors, and abuse of human rights in kidney trafficking,

- **No age barrier: younger people also donating.**
- **No family counseling for five sixths of donors.**
- **False information used to deceive donors:**
  - **Surgery has no adverse effects**
  - **Kidney is an insignificant organ**
  - **One kidney is enough**
  - **Removed kidney will resprout**

underscore the high level of exploitation

The Palermo Protocol defines human trafficking as follows:

...The recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.<sup>73</sup>

Nepal's Human Trafficking and Transportation (Control) Act, 2007 (HTTCA) considers any of the following to be human trafficking: "(a) To sell or purchase a person for any purpose, (b) To use someone into prostitution, with or without any benefit, (c) To extract [a] human organ except [as] otherwise determined by law, (d) To go for in prostitution."<sup>74</sup> The HTTCA considers the following to be illegal human transportation:

(a) To take a person out of the country for the purpose of buying and selling, (b) To take anyone from his/her home, place of residence or from a person by any means such as enticement, inducement, misinformation, forgery, tricks, coercion, abduction, hostage, allurement, influence, threat, abuse of power and by means of inducement, fear, threat or coercion to the guardian or custodian and keep him/her into ones [sic] custody or take to any place within Nepal or abroad or handover him/her to somebody else for the purpose of prostitution and exploitation.<sup>75</sup>

Thus, the act, the methods, and the purpose of the commercial organ trade constitute the criminal activity of human trafficking as described in international instruments and national laws.

<sup>73</sup> United Nations, General Assembly, Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime, A/RES/55/25 (December 25, 2003), Article 3(a).

<sup>74</sup> Government of Nepal, Human Trafficking and Transportation (Control) Act, 2007, Section 4(1)

<sup>75</sup> Ibid., Section 4(2)

## CIRCUMSTANCES OF KIDNEY TRAFFICKING (COMMUNITY'S PERSPECTIVE)

Support systems in the community are crucial factors in preventing or reducing organ trafficking crimes, and are directly linked to the degree of vulnerability of the at-risk population. Social factors affect the wellbeing of potential victims at both the personal and the family level, and exert powerful influence on the decision making process of a person considering selling a kidney. There are social factors that gradually transform an individual from an ordinary member of the population into someone increasingly vulnerable to kidney trafficking, and it is the abuse and exploitation of this position of vulnerability by traffickers that results in the individual's victimization. Thus, socio-economic, cultural, and political factors within a community have a strong correlation with the behavior of kidney traffickers and victims.

### 6.1: Magnitude of Kidney Trafficking

Sixty-six respondents, more than one in four overall (27.4%), said they knew a neighbor or relative who had sold a kidney. This proportion was highest among Dalits (53.2%), followed by Janajatis (28.1%) and Brahmin Chhetris (14.3%) (Table 48).

**Table 47: Knowledge of Relative or Neighbor Selling a Kidney, Selected VDCs in Kavrepalanchowk, Nepal**

Ethnic Groups	Knows a Relative or Neighbor Who Sold a Kidney						Total	
	Yes		No		Don't Know		N	%
	N	%	N	%	N	%		
Brahmin Chhetris	14	14.3	14	14.3	10	10.2	98	100.0
Janajatis	27	28.1	27	28.1	7	7.3	96	100.0
Dalits	25	53.2	25	53.2	0	0.0	47	100.0
<b>Total</b>	<b>66</b>	<b>27.4</b>	<b>66</b>	<b>27.4</b>	<b>17</b>	<b>7.1</b>	<b>241</b>	<b>100</b>

Source: Field Survey 2013. 1 missing case omitted

For these 66 respondents, a cross-classification was performed to determine how many kidney donors were known to each respondent. Each respondent knew an average of 1.82 neighbors or relatives who had sold a kidney. Note, however, that in neighborhoods and among relatives, several respondents might have indicated the same donor; therefore, the average per respondent cannot be multiplied by the number of respondents to estimate total donors.

Segregating respondents by occupation, those engaged in trade and commerce knew the largest number of kidney donors on average (2.17) followed by agriculture and household workers (1.85), those with service jobs (1.75) and wage laborers (1.59). Landholding was another relevant factor. Respondents with small and holdings in general knew a greater mean number of neighbors or relatives who had sold a kidney. Interestingly, victims of kidney trafficking on average knew fewer kidney donors (1.74) than did other members of the community (1.89) (Table 49).

**Table 48: Mean Number of Known Kidney Donors per Respondent, Selected VDCs in Kavrepalanchowk, Nepal**

Background Characteristics	Mean Number of Known Kidney Donors per Respondent		
	Mean	N	Std. Deviation
<b>Ethnic Groups</b>			
Brahmin Chhetris	1.57	14	0.756
Janajatis	2.07	27	1.730
Dalits	1.68	25	1.314
<b>Occupational Group</b>			
Agriculture and Household	1.85	26	1.287
Trade and Commerce	2.17	12	2.290
Service Jobs	1.75	8	1.488
Wage Labor	1.59	17	0.870
Student or Dependent	1.00	1	0.000
Others	2.00	2	0.000
<b>Household Landholding Categories</b>			
Landless	1.65	17	1.272
Less Than 1 Ropani	2.43	7	2.936
1 to 5 Ropani	1.62	21	1.071
5.1 to 10 Ropani	1.88	16	1.147
10.1 Ropani and More	2.20	5	1.095
<b>Victim or Ordinary Community Member</b>			
Victim	1.74	31	1.210
Ordinary Community Member	1.89	35	1.586
<b>Total</b>	<b>1.82</b>	<b>66</b>	<b>1.413</b>

Source: Field Survey 2013. N= all those who admitted that a relative or neighbor had donated a kidney

By a substantial majority (65.5%), community members who had not fallen prey to kidney trafficking believed that very few people in their community had sold a kidney. This perception varied by ethnic group, with 59.8 percent of Brahmin Chhetris, 67.1 percent of Janajatis, and 78.1 percent of Dalits acknowledging that some people in the community (though “very few”) had sold a kidney. This variation by ethnic group roughly corresponds to the likelihood that members of each group will fall prey to kidney trafficking. Two out of 206 respondents said that there were kidney sellers in every family, which appears to be an extreme opinion, while 18.4 percent said there were no kidney sellers (Table 50).

**Table 49: Prevalence of People in the Community Who Have Sold a Kidney, Selected VDCs in Kavrepalanchowk, Nepal**

Ethnic Groups	Number of People in the Community Who Have Sold a Kidney									
	None		Very Few		In Every Family		Don't Know		Total	
	N	%	N	%	N	%	N	%	N	%
Brahmin Chhetri	21	22.8	55	59.8	1	1.1	15	16.3	92	100
Janajatis	12	14.6	55	67.1	1	1.2	14	17.1	82	100
Dalits	5	15.6	25	78.1	0	0.0	2	6.3	32	100
<b>Total</b>	<b>38</b>	<b>18.4</b>	<b>135</b>	<b>65.5</b>	<b>2</b>	<b>1.0</b>	<b>31</b>	<b>15.0</b>	<b>206</b>	<b>100</b>

Source: Field Survey 2013.

An overwhelming majority of respondents expressed the opinion that the buying and selling of kidneys is a form of human trafficking (92.7%), a social crime (90.8%), and a violation of human rights (89.8%), and that victims are compelled by poverty (72.8%). Their characterization of the organ trade as a form of human trafficking demonstrates respondents' awareness of the exploitation of individuals who sell a kidney due to economic circumstances. It is interesting to note that a substantial minority of respondents characterized donating a kidney as an act of humanitarian support (18.4%) and a meritorious life-saving act (17.5%) (Table 51).

**Table 50: Community Perceptions of Kidney Donation, by Ethnic Group, Selected VDCs in Kavrepalanchowk, Nepal**

Opinion of Kidney Donation	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Form of Human Trafficking	85	92.4	75	91.5	31	96.9	191	92.7
Social Crime	82	89.1	75	91.5	30	93.8	187	90.8
Violation of Human Rights	84	91.3	72	87.8	29	90.6	185	89.8
Victims Compelled by Poverty	66	71.7	61	74.4	23	71.9	150	72.8
Act of Humanitarian Support	22	23.9	13	15.9	3	9.4	38	18.4
Meritorious Life-Saving Act	18	19.6	14	17.1	4	12.5	36	17.5
Other	5	5.4	5	6.1	1	3.1	11	5.3
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 6.2: Contacting Potential Kidney Donors

A majority of community members (78.6%) recognized the role of brokers or intermediaries in linking buyers to potential sellers of kidneys. Slightly more than one third (34%) said patients who need kidneys approached potential donors themselves (Table 52). Though the survey population is small, the community's views indicate the presence among them of brokers or intermediaries, who may have roles in other professional or community activities such as social services, politics, social committees, etc.

**Table 51: Who Contacts Potential Kidney Donors, Selected VDCs in Kavrepalanchowk, Nepal**

Who Contacts Potential Kidney Donors	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Intermediaries or Brokers	74	80.4	63	76.8	25	78.1	162	78.6
Patients Who Need Kidneys	35	38.0	25	30.5	10	31.3	70	34.0
Members of Committees	5	5.4	2	2.4	1	3.1	8	3.9
People in Social Services	3	3.3	3	3.7	0	0.0	6	2.9
Politicians	2	2.2	2	2.4	2	6.3	6	2.9
Officials and Executives	3	3.3	1	1.2	2	6.3	6	2.9
Others	4	4.3	4	4.9	1	3.1	9	4.4
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey 2013. Multiple answers

Recruiting potential kidney donors was seen as a snowball phenomenon. Some 87.9 percent of respondents said that potential donors were introduced to brokers by acquaintances who had themselves previously sold a kidney. While this is just a perception of the community, it highlights the modus operandi of using previous victims to connect potential donors with brokers. Respondents also said friends (54.4%) and relatives (37.4%) introduced potential victims to brokers, as well as employers (12.6%), community leaders (6.8%), and political connections (6.3%) (Table 53). This element of persuasion by trusted or influential members of the community, coupled with lack of awareness and economic necessity, heightens the risk that vulnerable individuals will sell their kidneys under exploitative conditions.

Comparing respondents who said former victims introduced new donors to brokers (87.9%), and kidney trafficking victims who said they were contacted either directly by brokers (83.3%) or by some known individual (5.6%) (see Table 39), it is possible to discern a pattern in which intermediaries or brokers are key players benefitting from the sale of organs.

**Table 52: Who Connects Brokers to Potential Donors, Selected VDCs in Kavrepalanchowk, Nepal**

Who Connects Brokers to Potential Donors	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Acquaintance Who Previously Sold a Kidney	80	87.0	74	90.2	27	84.4	181	87.9
Friends of Donor	58	63.0	37	45.1	17	53.1	112	54.4
Relatives of Donor	39	42.4	27	32.9	11	34.4	77	37.4
Employers of Donor	11	12.0	10	12.2	5	15.6	26	12.6
Community Leaders	9	9.8	5	6.1	0	0.0	14	6.8
Political Connection of Donor	7	7.6	5	6.1	1	3.1	13	6.3
Other	2	2.2	1	1.2	0	0.0	3	1.5
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013; Multiple answers

### 6.3: Support Services for Victims

The community identified various support services that could be provided to the victims of organ trafficking, including income generation and skills programs (92.7%), programs in life skills (91.7%), and psychosocial counseling (91.3%). Other suggestions included employment programs (88.3%), legal support (87.9%), social rehabilitation (86.9%), and low-cost loans (72.8%) (Table 54).

While the services for victims suggested in the table below are important, neither the community nor the victims themselves mentioned the need for health care services. (However, in interactive sessions held as part of the study, various voices were raised to call for holistic support services for individuals who had given their organs to others.) Victims of organ trafficking are at risk of medical complications due to poor information about the health implications of their surgery, poor post-operative care, poor nutrition, and lack of access to adequate health care. Kidney trafficking victims require lifetime health care, regular check-ups, and appropriate medications to avoid complications, and bearing those costs alone will only increase the financial burden on victims and perpetuate a vicious cycle of poverty.

It is important to note that the Government of Nepal has a subsidy provision for patients with serious, non-communicable diseases such as cancer, heart disease, and kidney disease. A recommendation by the VDC to the district public health office is required, and the secretari at then calls a meeting chaired by the Chief District Officer (CDO), which makes a formal recommendation to the appropriate government-authorized hospital for a subsidy of up to NRs. 100,000.00. But this support is not available to kidney donors even if they suffer health problems, as their illness is not included as a “non-communicable and serious disease.” There is a clear need, then, to add systems to care for victims of organ trafficking to the local and national government programs for patients with serious, non-communicable diseases.

**Table 53: Community Perceptions of Possible Support Programs for Victims, Selected VDCs in Kavrepalanchowk, Nepal**

Possible Support Programs for Victims	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Income and Skills Programs	83	90.2	76	92.7	32	100.0	191	92.7
Programs in Life Skills	82	89.1	75	91.5	32	100.0	189	91.7
Psychosocial Counseling	84	91.3	76	92.7	28	87.5	188	91.3
Employment and Economic Support	80	87.0	72	87.8	30	93.8	182	88.3
Legal Support	81	88.0	74	90.2	26	81.3	181	87.9
Social Rehabilitation	79	85.9	73	89.0	27	84.4	179	86.9
Low-Cost Loans	68	73.9	59	72.0	23	71.9	150	72.8
Other	9	9.8	4	4.9	0	0.0	13	6.3
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 6.4: Key Stakeholders in Preventing Organ Trafficking

Community respondents identified several key stakeholders in preventing organ trafficking. These included, in descending order, the police (92.7%), the media (90.3%), community leaders (88.8%), potential victims, legal professionals, and administrators (each 87.4%), judicial authorities and family members (each 86.4%), NGOs (85.4%), politicians (84.0%), and activists (83%) (Table 55). Further discussion in the interactive sessions suggested that, given the nature of organized crime and the illegality of the organ trade, law enforcement should play a primary role both nationally and internationally in protecting those most vulnerable to organ trafficking. Community members also saw the media as key stakeholders, as in the past the media have played a very important role in exposing the problems and challenges of organ trafficking in Nepal.

**Table 54: Stakeholders in Preventing Kidney Trafficking, Selected VDCs in Kavrepalanchowk, Nepal**

Stakeholders in Preventing Kidney Trafficking	Highly Needed	Highly Needed	Highly Needed	Not Needed	Don't Know	Total
The Police	92.7	5.8	92.7	5.8	0.0	100.0
The Media	90.3	7.8	90.3	7.8	0.0	100.0
Community Leaders	88.8	11.2	88.8	11.2	0.0	100.0
Potential Victims	87.4	10.7	87.4	10.7	0.0	100.0
Legal Professionals	87.4	9.7	87.4	9.7	0.0	100.0
Administrators	87.4	11.2	87.4	11.2	0.0	100.0
Judicial Authorities	86.4	10.7	86.4	10.7	0.0	100.0
Family Members	86.4	12.6	86.4	12.6	0.0	100.0
NGOs	85.4	12.1	85.4	12.1	0.5	100.0
Politicians	84.0	10.7	84.0	10.7	0.5	100.0
Activists	83.0	12.6	83.0	12.6	0.0	100.0
Potential Buyers	63.6	19.4	63.6	19.4	1.9	100.0

Total N= 206. Multiple answers

Community awareness programs were endorsed by 100 percent of respondents, followed by skills development training (99.5%), community-level checks and balance mechanisms (99.5%), income-generating programs (99.0%), door-to-door campaigns (98.5%), psychosocial counseling (98.1%), border checks and controls (98.1%), rehabilitation and reconciliation (97.6%), use of Behavior Change Communications (BCC) materials (97.1%), and programs for enhancing self-esteem (97.1%) (Table 56). These nearly unanimous responses to a variety of alternatives showed that the community was concerned to implement preventive measures.

**Table 55: Effective Programs to Combat the Problem, Selected VDCs in Kavrepalanchowk, Nepal**

Effectiveness	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Community Awareness Program	92	100.0	82	100.0	32	100.0	206	100.0
Skills Development Training	91	98.9	82	100.0	32	100.0	205	99.5
Community-Level Checks	91	98.9	82	100.0	32	100.0	205	99.5
Income Generating Program	91	98.9	82	100.0	31	96.9	204	99.0
Door to Door Campaign	91	98.9	81	98.8	31	96.9	203	98.5
Psychosocial Counseling	90	97.8	81	98.8	31	96.9	202	98.1
Border Checks and Controls	91	98.9	81	98.8	30	93.8	202	98.1
Rehabilitation and Reconciliation	91	98.9	80	97.6	30	93.8	201	97.6
Behavior Change Communications(BCC)	88	95.7	81	98.8	31	96.9	200	97.1
Programs for Enhancing Self-Esteem	90	97.8	81	98.8	29	90.6	200	97.1
Other	1	1.1	4	4.9	1	3.1	6	2.9
<b>Total N</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 6.6: Use of Resources

Community members observed that nearly one fourth of victims (24.3%) used the money from selling a kidney to acquire more land or renovate their house. Another 13.6 percent acquired household amenities like a TV or telephone; 12.6 percent invested in improved animal husbandry; 12.6 percent used the money to get married, 12.1 percent used it to educate their children; 7.3 percent bought ornaments, shares, and other properties; 2.4 percent used their new financial resources to seek foreign employment; 1.0 percent bought a vehicle, bike, or other equipment; and another 1.0 percent enhanced their business, shop, or workshop (Table 57). These outcomes underline the fact that economic and financial incentives largely drive the sale of organs by individuals, who hope for a better financial future by selling their kidneys.

**Table 56: How Kidney Sale Money Is Spent, Selected VDCs in Kavrepalanchowk, Nepal**

How Kidney Sale Money Is Spent	Total	
	N	%
Added or renovated land and house.	50	24.3
Added household amenities like TV, telephone.	28	13.6
Enhanced animal husbandry.	26	12.6
Spent in ceremonies like marriage.	26	12.6
Spent to educate children.	25	12.1
Bought ornaments, shares, and other real estate properties.	15	7.3
Managed their new resources to seek foreign employment.	5	2.4
Bought a vehicle, bike, or other equipment.	2	1.0
Enhanced business, shop, or workshop.	2	1.0
Other	63	30.6
<b>Total</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

Interestingly, a higher percentage of Dalit respondents (31.3%) invested in renovations of their houses and lands than Brahmin Chhetris (27.2%) or Janajatis (18.3%). This difference by caste could be related to the long economic marginalization of parts of the community in Nepal. However, this correlation was not analyzed against the empirical evidence in this research. What is shown is that the ordinary members of the community were watching how kidney trafficking victims were using the money they had received for their kidneys.

### 6.7: Psychological Factors Associated with Victims and Community Members

Various studies indicate that there is a level of stigma borne by victims of organ trafficking. In the complex social, cultural, and economic context of the community, victims rarely reach out or seek services for the problems they encounter after selling a kidney. This survey attempted to better understand that social context, and the ways victims interact with it, in order to identify potential support systems and potential obstacles for trafficking victims returning to their community. The survey also asked whether these behaviors were noticed by the larger community.

It was observed that victims often tended to be depressed, and to prefer the company of people who had endured similar experiences, i.e., those who had themselves donated a kidney (79.6%). This attitude could be due to a sense of rejection by the community because of the stigma of selling a kidney. That victims also experienced shunning and hatred from other community members was another important observation of many (78.2%) of the non-victim respondents (Table 58). These two observations shed important light on the isolation that threatens trafficking victims who return to their communities: the victims are melancholy or depressed and prefer the company of fellow victims, while the larger community stigmatizes and shuns the victims, creating a vicious cycle that isolates trafficking victims from the larger socioeconomic and cultural life of the community.

**Table 57: Social Situation of Trafficking Victims, Selected VDCs in Kavrepalanchowk, Nepal**

Social Situation of Trafficking Victims	Total	
	N	%
Melancholy, Preference for Meeting Similar Persons	164	79.6
Shunned or Hated by Community Members	161	78.2
Familiar with Others in the Community as Usual	47	22.8
Greater Prestige in the Community	21	10.2
Other (Negative)	18	8.7
Other (Positive)	11	5.3
<b>Total</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

There is a perception within the community that the psychosocial state of trafficking victims is divided into positive and negative states. The positive state, marked by a sense of satisfaction and wellbeing, was cited by a minority of respondents. For example, 22.3 percent of the community felt that donors were proud of saving someone's life; one fourth (25.7%)

observed that victims seemed gratified to have earned the funds to improve their household economy. But a negative psychological state could also be observed in many victims. Almost nine of ten non-victim respondents (89.8%) observed that victims felt they had been cheated by the traffickers that took their kidneys. Similarly, a large majority (85.9%) observed that victims experienced a kind of social abhorrence and symptoms of psychological depression (87.9%) (Table 59).

**Table 58: Observations of Non-Victims Regarding Feelings and Experiences of Victims after Donation, Selected VDCs in Kavrepalanchowk, Nepal**

Observed Feelings of Victims	Total	
	N	%
Positive Feelings		
Pride in Saving Someone's Life	46	22.3
Gratified to Have Earned the Funds to Improve Domestic Economy	53	25.7
Other	17	8.3
<b>Total</b>	<b>206</b>	<b>100</b>
Negative Experiences		
Feelings of Being Cheated	185	89.8
Feelings of Social Abhorrence	177	85.9
Onset of Psychological Depression	181	87.9
Other	14	6.8
<b>Total</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

How a victim's neighborhood responds is crucial to the support systems for victims' physical and mental well being. An open and sympathetic community can have an impact on the wellbeing of the victim, offering emotional redress for the negative consequences of trafficking. However, the study found that a powerful social stigma attaches to victims of organ trafficking: 89.8 percent said it would be the talk of the town. The tendency of such a community to further marginalize the victims was seen in the research and is illustrated in Table 60: neighbors will behave differently (65.5%); children of victims will suffer in school (34.0%); there will be discrimination by local VDCs and NGOs (12.6%); and the victims will be excluded from local committees (10.2%).

**Table 59: Non-Victim Perceptions of Community Behavior Towards Victims, Selected VDCs in Kavrepalanchowk, Nepal**

How the Non-Victim Community Believes the Community Will React to Victims of Kidney Trafficking	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
People will make it the talk of the town.	83	90.2	75	91.5	27	84.4	185	89.8
Neighbors will behave differently.	63	68.5	49	59.8	23	71.9	135	65.5
Children will suffer in schools.	34	37.0	27	32.9	9	28.1	70	34.0
There will be discrimination by VDCs and NGOs.	13	14.1	10	12.2	3	9.4	26	12.6
They will be excluded from local committees.	9	9.8	8	9.8	4	12.5	21	10.2
Other	4	4.3	5	6.1	1	3.1	10	4.9
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 6.8: Socioeconomic and Political Determinants of Organ Trafficking

The community broadly divided the social, economic, and political determinants of organ trafficking into economic, non-economic, regulatory, and state mechanisms. An overwhelming majority of community members cited lack of knowledge and education (93.2%) and the influence of peer groups (88.3%) as major reasons victims fall prey to kidney traffickers. Also cited were factors such as trusting a friend (83.5%), lack of family support systems (56.3%), and addiction to alcohol and drugs (66%) within the context of the victim's environment.

The community members observed that economic circumstances can be a powerful motivation. Facing inescapable poverty (90.3%), the financial gain of selling a kidney offers a path to a better life (80.6%). It is interesting to note that the absence of government restrictions on the sale of kidneys was also cited as a significant factor (77.2%) (Table 61).

**Table 60: Opinions Why Victims Fall Prey to the Kidney Trade, Selected VDCs in Kavrepalanchowk, Nepal**

Opinions Why Victims Fall Prey to the Kidney Trade	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Lack of Knowledge and Education	88	95.7	75	91.5	29	90.6	192	93.2
Poverty	86	93.5	73	89.0	27	84.4	186	90.3
Influence of Peer Groups	83	90.2	69	84.1	30	93.8	182	88.3
Due to Trusting Someone	77	83.7	68	82.9	27	84.4	172	83.5
Desire for a Better Life	72	78.3	71	86.6	23	71.9	166	80.6
Absence of Government Restrictions	70	76.1	69	84.1	20	62.5	159	77.2
Addiction to Alcohol and Drugs	60	65.2	56	68.3	20	62.5	136	66.0
Lack of Family Support Systems	47	51.1	49	59.8	20	62.5	116	56.3
Other	6	6.5	3	3.7	2	6.3	11	5.3
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 6.9: Support for Victims Seeking Legal Remedies

Victims of kidney trafficking who are subject to fraud, exploitation, and mistreatment by brokers need access to support services such as counseling, legal aid, medical and health services, and, perhaps most importantly, livelihood and skills training. Thirty-two percent sought help from NGOs, 23.3 percent from the government, 21.8 percent from local people, and 20.4 percent from political parties (Table 62). Dalits were less likely than Janajatis or Brahmin Chhetris to seek out available support services.

**Table 61: Sources of Support for Victims Seeking Legal Remedy, Selected VDCs in Kavrepalanchowk, Nepal**

Sources of Support	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
NGOs	32	34.8	29	35.4	5	15.6	66	32.0
Self (support not sought)	22	23.9	28	34.1	7	21.9	57	27.7
Government	25	27.2	20	24.4	3	9.4	48	23.3
Local People	22	23.9	20	24.4	3	9.4	45	21.8
Political Parties	21	22.8	18	22.0	3	9.4	42	20.4
Other	4	4.3	5	6.1	0	0.0	9	4.4
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

When non-victims were asked why victims of kidney trafficking did not seek legal recourse even when they felt cheated, nearly all (95.6%) said it was because the victims feared punishment themselves, because the law makes both buying a kidney and selling one illegal (Table 63).

**Table 62: Reasons for Not Seeking Legal Remedy, Selected VDCs in Kavrepalanchowk, Nepal**

Reasons for Not Seeking Legal Remedy	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Fear of Punishment for Victims	86	93.5	80	97.6	31	96.9	197	95.6
Buyer Not Found	56	60.9	57	69.5	17	53.1	130	63.1
Lack of Outreach from Government Offices	54	58.7	53	64.6	19	59.4	126	61.2
Victim's Family Disapproved	39	42.4	51	62.2	17	53.1	107	51.9
Lack of Legal Support for Victims	24	26.1	41	50.0	10	31.3	75	36.4
Other	6	6.5	2	2.4	6	18.8	14	6.8
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

## 6.10: Tricks of Persuasion by Brokers

Members of the community overall were found to be largely unaware of the arguments and tools of persuasion that brokers use to recruit victims, but levels of awareness varied significantly by ethnicity. Only 10.2 percent of community members over all had heard the claim that “there are no adverse effects of donating a kidney.” But Dalits were five times more

likely to have heard this claim (37.5%) than Janajatis (7.3%), and twelve times more likely than Brahmin Chhetris (3.3%). The argument that “you will acquire a house and land” was familiar to just 7.8 percent of respondents overall; but again, 28.1 percent of Dalits had heard this argument, followed by just 7.3 percent of Janajatis and a mere 1.1 percent of Brahmin Chhetris. The third most widely known argument, that the donor would be “just donating a small, insignificant organ,” was familiar to just 6.3 percent overall—1.2 percent of Janajatis, 3.3 percent of Brahmin Chhetris, but a substantial 28.1 percent of Dalits. This uneven pattern of familiarity could also be seen for the argument “one kidney is sufficient”: 6.3 percent overall, 2.4 percent Janajatis, 2.2 percent Brahmin Chhetris, but 28.1 percent Dalits (Table 64).

**Table 63: Community Awareness of Common Arguments for Donating a Kidney, Selected VDCs in Kavrepalanchowk, Nepal**

Argument for Donating Kidney	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Will have no adverse effect	3	3.3	6	7.3	12	37.5	21	10.2
Will facilitate in acquiring house and/or land	1	1.1	6	7.3	9	28.1	16	7.8
Just donating a small, insignificant organ	3	3.3	1	1.2	9	28.1	13	6.3
One kidney is sufficient	2	2.2	2	2.4	9	28.1	13	6.3
Will have a chance to travel abroad	0	0.0	5	6.1	3	9.4	8	3.9
The kidney will resprout	0	0.0	1	1.2	2	6.3	3	1.5
Other	2	2.2	4	4.9	1	3.1	7	3.4
<b>Total</b>	<b>92</b>	<b>100</b>	<b>82</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>206</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

The fact that Dalit respondents are significantly more familiar with the persuasive arguments of kidney brokers suggests that they and their families who have not yet donated a kidney may be at heightened risk compared to other ethnic groups, and reinforces the need for awareness campaigns in the affected areas.

## **Conclusion**

This chapter explored the vulnerabilities of the population at risk of organ trafficking. The demographic profile of this population is consistent with organ trafficking globally, which thrives on patterns of uneven economic development and ineffective or non-existent protection mechanisms. In the multi-ethnic population of 36 individuals reported in the study to have sold a kidney, 33.3 percent of Dalits had done so, more than twice the rate of Janajatis (14.6%) and five times the rate of Brahmin Chhetris (6.2%). Historically in Nepal, various ethnic groups have been marginalized and excluded from access to resources, information, and opportunities. This economic marginalization and exclusion from development puts these vulnerable populations at high risk of organ trafficking.

The study found a high level of awareness of organ trafficking issues among the general community. Widespread characterization of the organ trade as a form of human trafficking demonstrates that the community recognizes the exploitation and abuse of human rights when individuals are compelled by economic circumstances to sell a kidney to organ traffickers. That the money paid to the donor is most often used to solve personal financial problems reinforces the point that economic necessity is the primary incentive for kidney donors. On the other hand, it is interesting to note that 18.4 percent of the overall community called kidney donation an act of humanitarian support, and 17.5 percent called it a meritorious life-saving act.

- **Community Support for Anti-Trafficking Programs:**
  - **Community Awareness (100%)**
  - **Skills Development (99.5%)**
  - **Community Level Checks (99.5%)**
  - **Income Programs (99.0%)**
  - **Counseling (98.1%)**
  - **Rehabilitation (97.6%)**
  - **BCC Materials (97.1%)**
  - **Self-Esteem 97.1%)**

Selling a kidney was regarded by 13.2 percent of total respondents as a way to meet financial needs or address a financial crisis (Table 32), but among Dalits (Table 31) that number rose to one third (31.3%), vividly underscoring the connection between economic hardship and the kidney trade. The study further found that the average income of those who had never donated a kidney (NRs. 8,136.89) was almost twice that of kidney donors (NRs. 4,730.56) (Table 33). The dependence on agriculture as a main source of income and the small size of trafficking victims' landholdings compared to other community members suggests that the economic level of households and individuals is correlated with the risk of being trafficked. For the economically vulnerable prospective donor, any real "choice" is compromised by desperate economic need and lack of awareness and information.

In addition, the community's widespread awareness that organ brokers and intermediaries are working in the community, cultivating relationships with important or influential community members to help recruit new organ donors, suggests the presence of organized criminal syndicates, with local and transnational connections. The research also illustrated a transnational crime related to organ trafficking where the surgery of organ extraction and transplantation are being performed in cities in India. Key stakeholders including law enforcement, the judiciary, political parties, and other state actors as well as the media have a critical role to play in combating this illegal traffic in organs.

- **What will end kidney trafficking?**
  - **Income and Skills Programs (92.7%)**
  - **Programs in Life Skills (91.7%)**
  - **Employment (88.3%)**
  - **Legal Support (87.9%)**
  - **Social Rehabilitation (86.9%)**
  - **Low-Cost Loans (72.8%)**
- **Kidney victims are not eligible for government support for a "non-communicable disease."**

The stigma of selling a kidney and the discrimination of the community towards the victims of organ trafficking were also discussed in this chapter. Most community members believed that the tendency to marginalize trafficking victims was very strong. This marginalization can prevent victims from seeking services, whether from government or non-government agencies, required for their recovery to health and wellbeing. Thus, targeted interventions should include efforts to promote a more non-judgemental and non-discriminatory community better adapted to address the needs of trafficking victims.

This chapter also explored community ideas about the needs of trafficking victims and responsive mechanisms that could assist in ensuring effective rehabilitation by providing legal, psychological, health, and economic support. Community members suggested various programs to focus on income and skills training, life skills, psychosocial counseling, and legal support. Low emphasis was laid out by the community and the victims themselves on the need for health care services for organ donors. This limited understanding of trafficking victims' needs poses an impediment to the delivery of health services to transplant victims who may require lifetime health care, regular check-ups, and medicines to avoid complications. Bearing those costs alone will only increase the financial burden on victims and perpetuate a vicious cycle of poverty.

- **Key Stakeholders for Preventing Kidney Trafficking:**
  - **The Police (92.7%)**
  - **The Media (90.3%)**
  - **Community Leaders (88.8%)**
  - **Potential Victims (87.4%)**
  - **Legal Professionals (87.4%)**
  - **Family Members (86.4%)**
  - **NGOs (85.4%)**
  - **Activists (83%)**

As discussed in the preceding chapters, the trafficking victim may have been in some general sense “aware” of the gravity of selling a kidney; but the act, the method, and the purpose of exploitation by brokers amounts to human trafficking as defined by international and national law. Donors are severely vulnerable to exploitation once involved in the organ trade, and survivors need access to psychosocial counseling, legal services, health care, education, and life skills to achieve full rehabilitation and reintegration with their communities.

## CONSEQUENCES OF KIDNEY TRAFFICKING

This chapter analyzes the actual experiences and opinions of the 36 trafficking victims who participated in this survey, to assess the impact and consequences of kidney trafficking on various spheres of life.

### 7.1: Social Consequences of Kidney Donation

Following kidney extraction, 77.8 percent of donors in the survey reported fatigue and weakness in very ordinary circumstances, while 75 percent had lower stamina for work and walking, 55.6 percent reported headaches and cold symptoms, 50 percent had no appetite, 47.2 percent experienced sleeplessness, 33.3 percent experienced vomiting, and 27.8 percent suffered from impotence in sexual relations,<sup>76</sup> which they had not experienced before (Table 65).

**Table 64: Post-Donation Health Symptoms, Selected VDCs in Kavrepalanchowk, Nepal**

Post-Donation Health Symptoms	Total	
	N	%
Fatigue and Weakness	28	77.8
Reduced Stamina for Work and Walking	27	75.0
Headache and Cold Symptoms	20	55.6
No Appetite	18	50.0
Sleeplessness	17	47.2
Vomiting	12	33.3
Negative Impact on Sexual Relations	10	27.8
Other	4	11.1
<b>Total</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

Nine victims reported that they had experienced deterioration in their health since the extraction of a kidney; six of them had health check-ups after they returned to Nepal. They were supposed to take some medicines regularly, but they did not reveal the cost of the medicines. Five respondents had used the money they received for their kidney for marriages and other ceremonies, or for the education of their children.

<sup>76</sup> In the Dhulikhel consultative meeting, the issue of sexual impotence was raised by some of the journalists and researchers. Two male victims who were willing to share their experiences reported having erectile and impotence problems for the first time after having a kidney removed.

Two thirds of the victims (66.7%) encountered discrimination in their communities when they returned (confirming the reports of community members detailed in Table 60). About half of the victims (47.2%) became melancholy and socially aloof, but 25 percent reported that they felt as comfortable as before in their communities or more so after their return (Table 66).

**Table 65: Post-Donation Social Experience, Selected VDCs in Kavrepalanchowk, Nepal**

Post-Donation Social Experience	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Hatred	5	83.3	5	35.7	14	87.5	24	66.7
Melancholy, Desire to Meet Similar People	3	50.0	4	28.6	10	62.5	17	47.2
As Comfortable As Before or More So Than Before	2	33.3	2	14.3	5	31.3	9	25.0
Other (Negative)	1	16.7	0	0.0	0	0.0	1	2.8
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

Victims gathered in the interaction program conducted in Dhulikhel recounted some bitter experiences in their villages. One victim said neighbors and relatives now treated him as untouchable and discriminated him by not including him in social gatherings such as marriages and others ceremonies. Another victim encountered such hostility in the village that he left to live in Kathmandu Valley.<sup>77</sup>

## 7.2: Economic Consequences

Victims received payment for their kidneys; therefore, these kidneys are generally referred to as having been “sold”. Of the 36 victims surveyed, not all of them revealed the price they were promised for their kidney or the payment they actually received. A frequency table (Appendix 3, Table 10) presents the payments reportedly promised to 28 kidney donors, and 30 donors’ reports of the payments they actually received. The amount promised to 28 victims ranged from NRs. 50,000 to NRs. 840,000; however, the amount actually paid ranged from NRs. 10,000 to NRs. 840,000.

As seen in Table 67, below, the mean amount promised to 28 victims was NRs. 172,500, and the mean amount paid to 30 victims was NRs. 102,166.67. By ethnic group, Brahmin Chhetri victims were promised the lowest average payment at NRs. 129,166.67; Janajatis were promised an average of NRs. 148,888.89 and Dalits received the highest offers, averaging NRs. 208,846.15. The average amounts paid were also highest for Dalits (NRs. 117,000.00)

Figure 3: Amount

medium for Janajatis (NRs. 91,111.11), and lowest for Brahmin Chhetris NRs. 81,666.67). Though amount promised and the amount paid to Dalits were the highest of the three groups, the difference between what was promised and what was paid to Dalits was also the highest (NRs. 91,846), compared to Janajatis (NRs. 57,777.78) and Brahmin Chhetris (Rs 47,500.00).

The data reveals a similar pattern when analyzed by educational attainment. Compared to victims with a primary education, victims with no education were promised higher average payments (NRs. 215,384.62), and received higher average payments (NRs. 137,692.31), but with a greater difference between what was promised and what was paid (Table 67).

**Table 66: Difference Between Amount Promised and Amount Paid to Victims Who Sold a Kidney**

Background Characteristics	Amount Promised Before Donating a Kidney			Amount Paid After Donating a Kidney			Difference
	Mean	N	SD	Mean	N	SD	
<b>Ethnic Groups</b>							
Brahmin Chhetris	129,166.67	6	55,173.97	81,666.67	6	37,771.24	47,500.00
Janajatis	148,888.89	9	87,527.77	91,111.11	9	53,019.91	57,777.78
Dalits	208,846.15	13	213,191.56	117,000.00	15	200,835.75	91,846.15
<b>Educational Category</b>							
No Education	215,384.62	13	214,888.16	137,692.31	13	215,451.23	77,692.31
Primary Education	135,333.33	15	63,596.57	75,000.00	17	30,872.72	60,333.33
<b>Total</b>	<b>172,500.00</b>	<b>28</b>	<b>155,798.42</b>	<b>102,166.67</b>	<b>30</b>	<b>143,986.85</b>	<b>70,333.33</b>

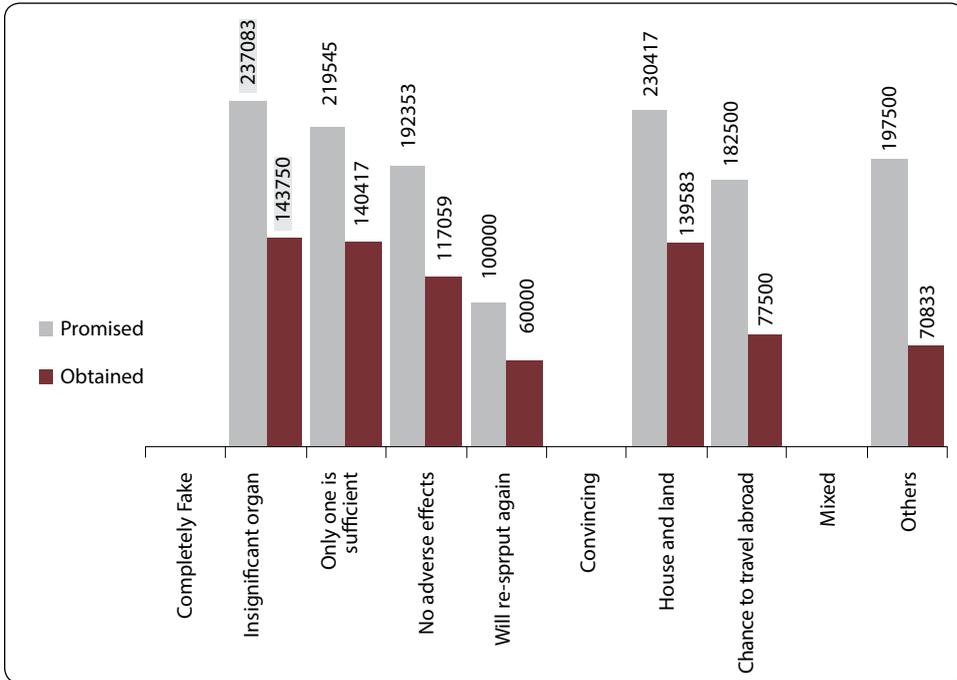
Source: Field Survey 2013

Two features are notable here. First, the standard deviation for Dalits (as for the “no education” group) is higher than the others, indicating that a few Dalits had large sums promised and paid, which pulled the mean higher. Second, although the sums promised and paid were higher for Dalits, the difference between those sums was also higher, suggesting that Dalit victims are more severely deceived than other groups.

The level of deception about payments was found to be correlated with the argument used to persuade the victim to sell a kidney. Victims who were persuaded that their kidney would “resprout” were promised and paid the smallest sums of money (see Appendix 3, Table 9). Persuasive arguments were assigned to three categories: completely fake, convincing, and mixed. Arguments in the completely fake category included, “You’re just donating a small, insignificant organ”; “One kidney is sufficient”; “[It] will have no adverse effect”; and “The kidney will resprout.” Those who believed these fake arguments received relatively smaller payments. Donors who said they had been assured their kidney would resprout were paid an average of just NRs. 60,000 (equivalent to US\$ 635). These were the real victims.

Individuals who sold a kidney on the prospect of acquiring a house and land comparatively higher amount. The travel opportunity group had the highest gap between amounts promised and paid (Figure 3; Appendix 3, Table 9).

**Figure 3: Amount Promised and Obtained, by Modes of Persuasion**



Source: Appendix 3, Table 9

**Table 67: How the Money Was Spent After a Kidney Donation**

How the Money Was Spent After a Kidney Donation	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Acquiring a House and Land	2	33.3	3	21.4	4	25.0	9	25.0
Household Amenities (TV, Phone, etc.)	3	50.0	3	21.4	1	6.3	7	19.4
Ceremonies Such As Marriage	2	33.3	1	7.1	2	12.5	5	13.9
Education of Children	2	33.3	2	14.3	1	6.3	5	13.9
Improvements to Animal Husbandry	1	16.7	2	14.3	1	6.3	4	11.1
Purchases of Ornaments or Shares	0	0.0	0	0.0	2	12.5	2	5.6
Acquiring a Bike or a Vehicle	0	0.0	0	0.0	1	6.3	1	2.8
Other	3	50.0	5	35.7	8	50.0	16	44.4
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

One fourth of the victims (25.0%) were able to acquire a house and land. Another 19.4 percent acquired new household amenities such as a television, telephone service, etc.; 13.9 percent spent their payments on ceremonies such as marriage; 11.1 percent made improvements to their animal husbandry; 5.6 percent purchased ornaments or shares; and 2.8 percent bought a bicycle or a vehicle. The largest single category was “other” (44.4%), which is explored further in the qualitative information. A number of victims reported that they were having substance abuse problems, which might go some way to explain the size of this category (Table 68).

### 7.3: Experience in the Community

Some seven in ten victims overall (69.4%) said they had become “the talk of the town” in their communities—subjects of widespread gossip. This was especially true among Brahmin Chhetris (83.3%) and Dalits (75%), somewhat less so for Janajatis (57.1%). More than half of victims overall (55.6%) said that their neighbors started behaving differently, and more than one in five (22.2%) said their children were discriminated at school. Some 8.3 percent of victims said they were dismissed from village committees on which they had served before they sold a kidney, and another 5.6 percent reported experiencing discrimination from VDCs and NGOs (Table 69). The clear gist of these accounts from kidney donors returning to their communities is that neighbors, friends, and relations in the community find selling a kidney to be an unacceptable social norm.<sup>75</sup>

**Table 68: Experience of Victims in Their Communities After Kidney Donation**

Experience of Victims in Their Communities	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Became a subject of gossip	5	83.3	8	57.1	8	57.1	25	69.4
Neighbors behaved differently	3	50.0	6	42.9	6	42.9	20	55.6
Children discriminated at school	1	16.7	0	0.0	0	0.0	8	22.2
Dismissed from committees they had participated in	2	33.3	0	0.0	0	0.0	3	8.3
Discrimination by VDC and NGOs	0	0.0	1	7.1	1	7.1	2	5.6
Other	0	0.0	1	7.1	1	7.1	1	2.8
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

<sup>75</sup> One family in Hokse had seven members who had sold a kidney. They had all been virtually expelled from the village, and had gone into hiding. Other villagers said they were never invited to socialize with their neighbors, even on important social occasions like marriages and other ceremonies.

## 7.4: Seeking Legal Redress

PPR Nepal made some attempts to alert people in VDCs prone to kidney trafficking in Kavrepalanchowk. Joint campaigns were organised with local NGOs. These efforts may have had some effect in encouraging victims who had been cheated to seek legal redress from their exploiters, as 88.9 percent of victims overall did make some such attempt. Some 58.3 percent said they realised that their brokers had cheated them, and 55.6 percent sought penalties for their deceivers. On the other hand, 30.6 percent of victims overall placed the responsibility on themselves, saying that they had exercised their own prerogative in choosing to sell a kidney (Table 70).

**Table 69: Victims Who Sought Legal Redress**

Seeking Legal Redress	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Took some post-donation legal action.	6	100.0	12	85.7	12	85.7	32	88.9
Felt cheated by brokers.	5	83.3	5	35.7	5	35.7	21	58.3
Sought penalties for those who deceived them.	3	50.0	7	50.0	7	50.0	20	55.6
Donated a kidney on own prerogative.	1	16.7	5	35.7	5	35.7	11	30.6
<b>Total</b>	<b>6</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>14</b>	<b>100</b>	<b>36</b>	<b>100</b>

Source: Field Survey, 2013. Multiple answers

These issues have raised some question that the victims fell prey due to ignorance and lack of protection from the state. Fake legal documents were prepared and their health check-ups were performed in the health outlets within the country. The state, the non-governmental sector, the community, the family, and the individual all seem to be responsible. Mitigation of the problem again requires these stakeholders to work together.

### Conclusion

This chapter explored the impact and consequences of kidney trafficking on various spheres of life. Post-donation health issues included fatigue and weakness (77.8%), lost stamina for work and walking (75%), headache and symptoms of cold (55.6%), loss of appetite (50%), sleeplessness (47.2%), vomiting (33.3%), and impotence in sexual relations (27.8%). Many experienced an overall decline in health, requiring regular medications. This meant higher expenses for the victims and their family members to maintain good health conditions post operation.

Money received from the sale of a kidney was often used for ceremonies such as weddings and for the education of children. Varied levels of financial incentives were received by the donors, where victims were promised a price of NRs. 50,000 to NRs. 840,000 for a kidney, but the price paid ranged from NRs. 10,000 to NRs. 840,000. The mean price offered for a kidney was NRs. 172,500.00. The mean price paid was NRs. 102,166.67. Higher level of difference in the amount promised versus paid was observed amongst the marginalized communities i.e. Dalits followed by Janajatis and Brahmin/ Chhetris. Most of the money

received from selling a kidney was used to either acquire fixed asset or manage financial needs of the family such as education of children and marriage ceremony expenses.

The most ignorant or uneducated donors, who believed the most extravagant falsehoods from brokers, such as “the kidney will resprout,” were offered and received the smallest payments. Hence, reaffirming the fact that population with low level of knowledge and awareness are most at risk of being exploited. Only more than half (58.3) of the victims felt they had been cheated and more than half sought penalties for those who deceived them. A significant portion of the victims placed the responsibility on themselves, saying that they had exercised their own prerogative in choosing to sell a kidney. Joint initiative between NGOs to raise awareness encouraged victims to seek legal redress.

Many donors (66.7%) experienced discrimination and stigma from their communities, and often became melancholy and solitary in their lives (47.2%). Many donors found themselves discriminated as untouchables by neighbors, friends, and relatives, and avoided or were excluded from social gatherings. For some, continuing to live in their village became so difficult that they chose to move to Kathmandu Valley. Some of the experiences faced by the donors were that they became “talk of the town”, neighbors started behaving differently, and their children were discriminated in school.

Some of the general observations illustrated through this chapter were victims fall prey due to ignorance.

Fake legal documents suggest possible complicity of government officials. Therefore, there is a need to strengthen state-led protection mechanisms within the anti-trafficking framework. Increased role of key stakeholders is necessary to protect the rights of the people in all spheres including protection, prosecution, prevention, as well as rehabilitation and reintegration of victims.

## ANALYSIS OF QUALITATIVE INFORMATION

### 8.1 Initial Workshop, Dhulikhel

On February 7, 2013, a workshop was organized for stakeholders in Kavrepalanchowk to establish the issues and methodology of the research. Workshop participants included representatives of government bodies and various NGOs, journalists, and victims of human trafficking.<sup>79</sup> The workshop identified the following issues to be considered in the research on kidney trafficking:

- All workshop participants emphasized that illegal kidney sales are a serious problem in Kavre, and that serious attention from the government and other stakeholders is necessary to address the problem.
- Participants identified the following factors contributing to kidney trafficking: unemployment, poverty, illiteracy, ignorance of the consequences of kidney removal, hope for a quick payday, criminal networks of kidney traffickers, impunity for illegal actors, geographical proximity to the kidney marketplace country, misleading information and persuasion from relatives, friends, and brokers, and ineffectiveness of local agencies and government authorities in the district.
- The participants indicated that in most cases, victims were misinformed, lured, or compelled to give up a kidney. Forged documents—relationship certificates, citizenship papers, and other necessary papers—were common. It was found that brokers paid kidney donors just NRs. 25,000 to 150,000, but charged kidney recipients up to NRs. 1,000,000, realizing a huge profit. However, this was based on anecdotal evidence and hence an empirical based result was necessary to substantiate the observations.
- Participants identified the following consequences of kidney removal: reduced life expectancy, increased health risks, loss of immunity, post-traumatic stress disorder, depression, low confidence and self-esteem, humiliation, gender-based violence and social stigma attached to victims and victims' family members.
- Many people in the community were not aware that removal of a kidney for sale is a crime in Nepal. Police and other administrative bodies in the district were reluctant to take effective action against the crime. Victims were reluctant to seek justice for many reasons: they thought that no one would listen to their pain and they would never get justice, they thought there were no legal remedies for their situation, and they thought brokers had the protection of powerful people.

<sup>79</sup> See Appendix 2 for list of February 27, 2013, participants.

- Most workshop participants appreciated the role of the media in raising the issue regularly and drawing national and international attention. It was also suggested, however, that the media must treat trafficking victims with greater sensitivity when discussing these issues.
- The workshop arrived at an estimate of perhaps 100 to 150 trafficking victims in VDCs of Kavrepalanchowk including Hokse, Jyamdi, Panchkhal, and surrounding villages, with the provision that victims are often reluctant to identify themselves, and the actual number of victims might be substantially higher.
- The workshop identified several initiatives that could begin to change the kidney trafficking situation:
  - A program for villages is needed to raise awareness and warn against illegal kidney removal.
  - Comprehensive statistics on trafficking victims should be collected, and mechanisms must be put in place to provide effective justice for trafficking victims.
  - Media campaigns are vital to raise awareness and combat kidney trafficking.
  - Poor populations in affected villages are vulnerable to kidney trafficking and need programs to help them find alternative sources of income.
  - Trafficking victims should have access to regular medical check-ups.
  - Police surveillance should be increased to discourage brokers from seeking new donors.
  - Police should arrest notorious brokers and take legal action against them, since this will have a deterrent effect on other brokers.
  - Victims should receive the rehabilitation needed to lead a healthy and decent life.

## 8.2. Interaction with Legal Experts in Kathmandu

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A program was organized in Kathmandu on March 22, 2013, to discuss the legal issues related to kidney trafficking. High-ranking officials from the Office of the Attorney General, the Supreme Court, the National Judicial Academy, and the Ministry of Women, Children, and Social Welfare took part in the program. The following issues were raised in the workshop:

- The law related to organ trafficking was promulgated in 2007, but it has not been put into practice effectively, and most legal practitioners remain unaware of the law.
- Raising awareness among the general public and legal professionals and improving training for law enforcement are vital for the effective implementation of the anti-trafficking law.
- Kidney trafficking is a transnational organized crime, and effective investigation and enforcement will require mutual assistance and cooperation among the countries involved.
- Illegal organ traffickers need to be arrested and brought to trial. The victims of trafficking should be offered rehabilitation programs.

- The general public has little trust in the police and the courts in Nepal, and trafficking victims are reluctant to seek justice from these institutions.
- The problem of kidney trafficking has economic, social, psychosocial, and legal facets, and the solution must be similarly multivalent. The Government of Nepal must respond on multiple levels, working with lawyers, NGOs/CBOs, local bodies, and other stakeholders to eliminate kidney trafficking.

### 8.3. Interaction with Political Parties

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The research team consulted with the district leaders of political parties including Nepali Congress, CPN (UML) and UCPN (Maoist). Most agreed that kidney trafficking is a big problem in Kavrepalanchowk district, and showed their willingness to cooperate with government authorities, NGOs/CBOs, and other stakeholders to fight against it. They also agreed that poverty, ignorance, and the reluctance of law-enforcement to make arrests were fundamental factors in the growth and persistence kidney trafficking.

### 8.4 Case Studies

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#### *Case I: Fear of Stigma*

Narayan Shrestha (pseudonym), 46, was a pioneer of kidney trafficking in Hokse, though he now denies any involvement. Researchers sat with him in the yard of his house and talked for about half an hour. He was persistent in denying any past involvement with kidney trafficking, and deflected any blame toward others. Villagers told us, however, that he had been quite active 15 years earlier, before it became a high profile issue. His current reticence about his widely known past may possibly be ascribed to the social stigma attached to kidney trafficking today.

#### *Case I: Poor, Deceived Tailor*

Shyam Nepali (pseudonym), 52, was working as a tailor in Kathmandu. A person contacted him and offered to improve his economic circumstances by paying him a hand some sum of money for one of his kidney. This person told Shyam that the kidney is an insignificant organ, and that people can work and live a normal life with just one. Shyam's medical tests were done, and he was taken to an Indian city. After his kidney was removed, he was paid just half of what had been promised, and his economic circumstances grew worse rather than better because he can no longer work as before and must constantly pay for medicines.

#### *Conclusion*

- The study was designed in consultation with a broad range of stakeholders, and both quantitative and qualitative modes of content analysis were devised.
- Pre-survey study had already identified some variables, such as unemployment, poverty, illiteracy, ignorance of the consequences of kidney removal, hope for a quick payday, criminal networks of kidney traffickers, impunity for illegal actors, geographical proximity to the kidney marketplace country, misleading information and persuasion from relatives, friends, and brokers, and ineffectiveness of local agencies and government authorities in the district.

- Forged documents—relationship certificates, citizenship papers, and other necessary papers—were common.
- Consequences of kidney removal include reduced life expectancy, increased health risks, loss of immunity, PTSD, depression, low confidence and self-esteem, humiliation, gender-based violence, and social stigma attached to victims and victims' family members including children.
- Police and other administrative bodies are reluctant to take effective action against the crime.
- Victims are poor and powerless and have no ready access to justice.
- The role of the media in raising the issue regularly and drawing national and international attention is important, but trafficking victims need to be treated with sensitivity to their situation.
- Workshop participants also highlighted the need for the following:
  - Effective awareness programs
  - Mechanisms for victims to gain access to justice
  - Effective media campaigns
  - Income-generating program for economically vulnerable potential victims
  - Regular health check-ups for victims
  - Police surveillance of brokers and trafficking networks
  - Arrest of known brokers and legal action against them
  - Rehabilitation programs for victims
- Another consultation arrived at the following ideas:
  - Nepal needs a strong national policy on donation and transplant of human organs.
  - The organ trafficking law has not been put effectively into practice, and most legal practitioners remain unaware of the law.
  - Kidney trafficking needs effective investigation due to the gravity of the problem.
  - State actions are inadequate and ineffective.
  - The general public has little trust in the police and the courts in Nepal, and trafficking victims are reluctant to seek justice from these institutions.
  - Kidney trafficking is complex and requires the cooperation of all concerned agencies of the government, lawyers, and NGOs/CBOs.
- Consultation with political parties in Kavrepalanchowk highlighted the following:
  - Kidney trafficking is a huge, emerging problem.

- Political parties are committed to stop such activities.
  - They will cooperate with government authorities and NGOs/CBOs to reduce kidney trafficking.
  - Parties have a consensus that the main causes of this problem are poverty, ignorance, and lack of action by law enforcement to apprehend and prosecute criminal organ traffickers.
- 
- Some findings of case studies that need to be addressed in campaigns are:
    - A woman was found changing husbands, and recruiting them for kidney trafficking.
    - Many victims are unwilling to come forward because of the social stigma of selling a kidney. Work is needed to reduce this stigma so victims can seek justice.
    - Deception is the primary tool of brokers and recruiters; a strong awareness campaign involving electronic, print, and live media is important.

## CONCLUSIONS AND RECOMMENDATIONS

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The following conclusions and recommendations are based on quantitative analysis of survey data from trafficking victims and other community members, and qualitative analysis of victim case histories, consultations with multiple stakeholders, focus group discussions, and in-depth interviews. The research team urges all concerned stakeholders to consult these conclusions and recommendations to help set priorities and implement programs that make best use of available resources and grass roots and institutional networks.

### 9.1: Measures Related to Social Transformation

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- More Dalits were victims of kidney trafficking than Brahmin-Chhetris or Janajatis. Programs are needed to help economically and socially marginalized communities to enter the mainstream of development, and to end the stigma of selling a kidney that keeps victims silent.
- Low literacy rates and educational achievement were strongly associated with kidney trafficking. Improved literacy and education were catalytic in combating kidney trafficking.
- Brokers often recruit victims by exploiting their ignorance, assuring them, for example, that one kidney is enough for a healthy life, that it's just an "insignificant organ," and even that a donated kidney will "resprout." They hold out the promise of acquiring a house and land. Community-based awareness programs are needed, using local media such as FM stations and newspapers, to combat this misinformation. A regular (weekly) radio program advocating against kidney trafficking is recommended.
- Community, government, and non-government agencies should work together to thwart known kidney brokers.
- Women must be included in decision-making at the household, community, and higher levels.
- The self-esteem of trafficking victims can be improved by participation in public programs on kidney trafficking. Those who volunteer as counselors should be recognized and rewarded.
- Much work is needed to remove the stigma from trafficking victims. Communities need to be persuaded, through media and awareness campaigns, that trafficking victims deserve to be treated with dignity rather than hated and ostracized by the community.
- Children of trafficking victims should be provided with scholarships to improve their educational attainment. Adult men and women of those families should have opportunities for continuing education.
- Village programs should be established to raise awareness about kidney trafficking and discourage the selling of kidneys
- Victims of kidney trafficking should have access to regular medical check-ups.

## 9.2 Recommendations for Media

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- A media campaign against kidney trafficking is necessary. The campaigns should be targeted to reach the vulnerable and marginalized communities to raise awareness on organ trafficking.
- Nepali doctors and other medical professionals must be educated in the legal aspects of kidney trafficking, emphasizing a rights-based approach.

## 9.3: Economic Measures

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- Selling a kidney to manage a personal economic crisis should never be necessary. Vulnerable populations need other opportunities, such as easy access to low interest loans, skills training, and economic development. Dalit and other especially poor communities should be priority targets for economic development.
- Women donors were found to be especially vulnerable to organ trafficking. Thus appropriate economic measures should be undertaken for the economic upliftment of women from vulnerable population.
- Both landholding and non-agricultural employment were negatively associated with kidney trafficking. Land redistribution and non-agricultural employment programs could help mitigate kidney trafficking.
- Kidney trafficking victims, as well as families with a member working abroad, should be encouraged to open bank accounts and save money. Saving and investment schemes focusing particularly on Dalit and Janajati families are suggested.
- Many trafficking victims were not paid what they were promised. The perpetrators should be apprehended and prosecuted, and their victims should be fully compensated.

## 9.4: Participatory Measures

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- Watch committees should be formed at the community level to monitor kidney trafficking activity and discourage kidney brokers.
- Victims of kidney trafficking should be trained and employed as counselors for others.

## 9.5: Demographic Measures

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- Young people with high aspirations and limited resources are vulnerable to kidney trafficking; they need economic opportunity and other programs addressing the special needs of youth.

## 9.6: Legal and Administrative Measures

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- Punishing the victims of organ trafficking makes it impossible for them to come forward to identify their traffickers. Instead of punishment, victims should receive free legal assistance to help put traffickers behind bars.

- Counseling teams should be established at the Nepal-India border. A system should be established to record the stated purpose of all cross-border visits. Special attention should be given to the Bhairahawa-Sunauli and Kakarvitta-Panitanki border crossings.
- SAARC countries must use their regional forum to establish a common commitment to combating international organ trafficking, including awareness campaigns for medical professionals in places of origin and destination.
- Government should establish a special and dignified rehabilitation program for trafficking victims.
- Stronger prosecutorial process should be initiated by the judicial and law enforcement sector to prosecute parties involved in this crime. Since there is strong indication of trans-national organised crime, appropriate measures should be initiated to curb the crime beyond national boundaries.
- Government officials involved in preparing fake documents must be identified and punished as provided by law.
- A joint committee of stakeholders (GOs and NGOs) should be formed at the district level, coordinated by the chief district officer.
- Police surveillance should be increased to discourage brokers from entering villages to seek kidneys.
- Police should arrest notorious brokers and take legal action against them as a deterrent to other brokers.
- Victims should receive a victims rehabilitation package to help them lead a decent life
- Government should formulate improved policies on kidney donations and transplants so that poor people will not be victimized.
- A separate policy for combating trafficking must be implemented.
- Raising awareness of kidney trafficking among legal professionals and the general public is essential to properly enforce the law. Law enforcement authorities also need training to properly enforce the law.
- Kidney trafficking is a transnational organized crime; therefore, mutual legal assistance is required among the countries involved.
- The district-level public health committee should expand the framework of defining 'victims' eligible for government supported medical care to include victims of other organ diseases such as heart or kidney failure.
- The problem of kidney trafficking is complex, with economic, social, psychosocial, and legal dimensions. Government should therefore adopt a multidisciplinary approach, working with lawyers, NGOs, CBOs, and local bodies to address the problem.
- Government should ratify the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime.
- Discourage illegal organ sales by considering alternative measures such as increasing the supply of posthumous donations.

## 9.7: Academic

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- In order to formulate policies and strategies responsive to current conditions, periodic research must be conducted with the support of local NGOs to keep track of the ever shifting dimensions of the organ trafficking problem.
- While it is difficult to estimate the magnitude of kidney trafficking or the actual numbers of illegal kidney transplants in Kavrepalanchowk district. Calculations suggest, however, that the number of victims could range from 119 to 178 (Appendix Table 14). The exact number of victims to date needs to be established through extensive quantitative studies for policy and structural reform to address organ trafficking.



## Codes used for Fa

### B3: Sex

1-Male                      2-Female                      3-Bisexual                      8-Don't know                      9-Not stated

### B4: Age

Exact completed age (years completed after the date of birth) 98-Don't know 99-Not stated  
(If the person is 98 or more years old, make a small note for desk editing)

### B5: Relation

01-Head	08-Brother/Sister	13-Grandparent
02-Spouse	09-Brother/Sister-in-law	14-Not Related but dependent on the family,
03-Son/Daughter	10-Nephew/Niece	15-Friend and Visitor
04-Son/Daughter-in-Law	11-Other relatives	98-Don't know
05-Grandchild	12-Adopted/Foster/Step-Child	99-Not stated
06-Parent		15-Other
07-Parent-in-law		

Note: define relationships of head of household to the person enumerated. [Caution: Relationships TO head of the household is opposite of required information.]

### B6: Ethnicity

01-Chhetri	29-Gharti/Bhujel	57-Gangai	83-Churaute (Hill Muslim)
02-Hill Brahmin	30-Mallaha	58-Lodha	84-Badi
03-Magar	31-Kalwar	59-Rajbhar	85-Meche
04-Tharu	32-Kumal	60-Tham,	86-Lepcha
05-Tamang	33-Hajam/Thakur	61-Dhimal	87-Halkhor
06-Newar	34-Kanu	62-Bhote	88-Punjabi/Shikh
07-Muslim	35-Rajbansi	63-Bind.Binda	89-Kisan
08-Kami	36-Sunuwar	64-Bhediya/Gaderi	90-Raji
09-Yadav	37-Sudhi	65-Nurang	91-Byansi
10-Rai	38-Lohar	66-Yakha	92-Hayu
11-Gurung	39-Tatma	67-Darai	93-Koche
12-Damai/Dholi	40-Khatwe	68-Tajpuriya	94-Dhuniya
13-Limbu	41-Dhobi	69-Thakali	95-Walung
14-Thakuri	42-Majhi	70-Chidimar	96-Jain (Jaine)
15-Sarki	43-Nuniya	71-Pahari	97-Munda
16-Teli	44-Kumhar	72-Mali	98-Raute
17-Chamar, Harijan, Ram	45-Danuwar	73-Bengali	99-Yehmo
18-Koiri	46-Chepang (Praja)	74-Chhantyal/Chhantel	100-Paiththarkatta/Kushwadiya
19-Kurmi	47-Halwai	75-Dom	101-Kusunda
20-Samnyasi	48-Rajput	76-Kamar	102-Dalits
21-Dhamuk	49-Kayastha	77-Bote	(Others)
22-Musahar	50-Badhai	78-Brahmu/Baramu	103-Unidentified
23-Dusadh/Paswan/Pasi	51-Marwari	79-Gaine	104-Others
24-Serpa	52-Santhal/Satar	80-Jirel	998-Don't Know
25-Sonar (Sunar)	53-Jhangad/Dhangad	81-Aadibasi/Janjati (unidentified)	999-Not State
26-Kewat	54-Bantar	82-Dura	
27-Terai Brahmin	55-Barae		
28-Baniya	56-Kahar		

**B7: Religion**

- |            |             |              |
|------------|-------------|--------------|
| 1-Buddhist | 4-Christian | 7-Other      |
| 2-Hindu    | 5-Kiranti   | 8-Not stated |
| 3-Muslim   | 6-Jain      | 9-Don't know |

**B8: Literacy**

- 1-Literate
- 2-Illiterate (if 2, skip to B10)

**B9: Education (For population aged 5 years and above)**

- |                                   |                         |
|-----------------------------------|-------------------------|
| 0-Literate but no schooling       | 16-Fourth-year bachelor |
| 1-10-grade completed from 1 to 10 | 17-Bachelor completed   |
| 11-SLC and 11 Class               | 18-First-year Master    |
| 12-Plus two or intermediate       | 19-Master completed     |
| 13-First-year bachelor            | 22-PhD completed        |
| 14-Second-year bachelor           | 98-Don't know           |
| 15-Third-year bachelor            | 99-Not stated           |

**B10: Occupation**

- |   |  |
|---|--|
| 01-Agriculture  | 10-Service (employed in job in formal/informal sector) outside Nepal |
| 02-Animal husbandry   | 11-Trade/business  |
| 03-Fishing  | 12-Household job   |
| 04-Porter   | 13-Student   |
| 05-Agricultural wage labor within Nepal                         | 14-Dependent   |
| 06-Agricultural wage labor outside Nepal                        | 15-Others (specify)  |
| 07-Non-agricultural wage labor within Nepal                     | 98-Don't know  |
| 08-Non-agricultural wage labor outside Nepal                    | 99-Not stated  |
| 09-Service (employed in job in formal/informal sector) in Nepal |  |

**B11: Skill**

- |                                  |                        |
|----------------------------------|------------------------|
| 0-No Skill                       | 7-Driver (heavy/light) |
| 1-Manson                         | 8-Goldsmith            |
| 2-Tailor                         | 9-Clay work            |
| 3-Carpenter                      | 10-Bamboo work         |
| 4-Blacksmith                     | 11-Others              |
| 5-Shoemaker                      | 98-Don't know          |
| 6-Weaver (woolen garments, etc.) | 99-Not Stated          |

**B13: Marital Status of individuals aged 5 years and above**

- |   |   |
|---|---|
| 1-Unmarried                                   | 5-Widowed                                 |
| 2-Currently married (spouses living together) | 6-Married but not started living together |
| 3-Separated                                   | 7-Others (Specify)                        |
| 4-Divorced                                    | 8-Don't know                              |
|   | 9-Not stated                              |

**B14: Birth Place and Lifetime Migration Status of Individuals**

- 1-Born in the same VDC/municipality (Non-migrant)
- 2-Born in other VDC/municipality (Migrant)
- 8-Don't know
- 9-Not stated

**B15: Presence—Is the person who lives in the house permanently or temporarily absent (no more than 6–12 months)?**

1-Present  
 2-Temporarily absent, but in the same district  
 3-Temporarily absent, but within Nepal  
 4-Abroad  
 8-Don't Know  
 9-Not stated

**B16: Survey Status of Individuals**

1-Head of the household  
 2-Selected respondent  
 3-Family member or others [Since this is determined by the enumerator and supervisor there will be no DK and NS].

## B:2 Family Accounts

(Firstly, fill in the details of head of the family and of other family members. Fill in the details of all the family members)

Details of all family members					Details of family members aged more than 5 years										Of all members				
B1. Serial	B2. Name (optional)	B3. Sex	B4. Age	B5. 3 Relation to family head	B6. Caste	B7. Religion	B8. Education	B9. Grade/class completed	B10. Occupation	B11. Skill	B12. Average earnings per month					B13. Marital status	B14. Place of birth	B15. Is s/he currently at home?	B16. Research identity of the individual
0	1																		
0	2																		
0	3																		
0	4																		
0	5																		
0	6																		
0	7																		
0	8																		
0	9																		
1	0																		

### C: 3 Social and Economic Status of the Family

C1.	<i>Interviewer: Do not ask this question of the interviewee. Identify yourself looking at the size of the family, its members and its structure:</i> 1. Nuclear 2. Joint 3. Extended										
C2.	<b>Does the family have land?</b> 1. Yes 2. No 3. Don't know 4. Not stated → C7										
C3.	Area of the land	Total area of land in ropani (all types of land) → If it's in Bigha/Kattha/square meters	Ropani			Aana		Paisa		Daam	
C4.	<b>Is the land registered in the name of female members of the family? If yes how much?</b> .....										
C5.	<b>Is the yearly crop enough to feed the whole family for the whole year?</b>										
	1. Yes 2. No 8. Don't know 9. Not stated										
C6.	<b>If the crop is not enough for the whole year, how many months will it last?</b>										
	1 2 3 4 5 6 7 8 9 10 11										
C7.	<b>Do you have your own house?</b> <i>Interviewer: Count the house owned by any other family member who is not currently residing with the parents or family.</i>										
	1. Yes 2. No 8. Don't know 9. Not stated										
C8.	<b>Type of house?</b> 1. Stone/Concrete 2. Partial concrete 3. Mud										
C9.	<b>Does your family raise cattle?</b>										
	1. Yes 2. No 8. Don't know 9. Not stated										
C10.	<b>What facilities do you have at your home among the ones listed below?</b>										
N1	Bicycle				1. Yes		2. No				
N2	Motor Bike				1. Yes		2. No				
N3	Any type of vehicle, Tractor (hand)				1. Yes		2. No				
N4	Electricity				1. Yes		2. No				
N5	Radio				1. Yes		2. No				
N6	Television				1. Yes		2. No				
N7	Telephone/Mobile				1. Yes		2. No				
N8	Refrigerator/Freezer				1. Yes		2. No				
N9	Computer				1. Yes		2. No				
N10	Internet facility				1. Yes		2. No				
N11	Biogas plant (from cow dung)				1. Yes		2. No				
N12	Solar panel (for electricity or heating)				1. Yes		2. No				
N13	Any other facilities? .....				1. Yes						
C11.	<b>How long have you been using your own toilet? .....</b> <i>Interviewer: write the actual from-date-to-date. If they don't have a toilet of their own, write 99</i>										
C12.	<b>What do you use mostly to cook food at home?</b> 1. Electricity 2. Bio-gas 3. Kerosene 4. Cylinder gas 5. Wood 6. Cow dung cakes 7. Others, specify .....										

#### D: 4 Participation in family issues, and community and gender roles

D1.	<b>Who decides important issues in your family?</b> 1. Always men 2. Mostly men 3. Equally by men and women 4. Mostly women 5. Always women 8. Don't know 9. Not stated	
D2.	<b>How often is advice sought from women to decide important family issues?</b> 1. Always 2. Often 3. Sometimes 4. Not so often 5. Never 8. Don't know 9. Not stated	
D3.	<b>From whom do you need permission to spend your income?</b> 1. No one 2. Wife/Husband 3. Other male family member 4. Other female family member 5. Other (specify) .....	

D4.	<b>Who does the following activities/work at your home?</b>		
N14	Prepare food	1. Always men 2. Mostly men 3. Men and women equally 4. Mostly women 5. Always women	
N15	Gather firewood	1. Always men 2. Mostly men 3. Men and women equally 4. Mostly women 5. Always women	
N16	Collect water	1. Always men 2. Mostly men 3. Men and women equally, 4. Mostly women 5. Always women	
N17	Wash clothes	1. Always men 2. Mostly men 3. Men and women equally, 4. Mostly women 5. Always women	
N18	Pay electricity and phone bills	1. Always men 2. Mostly men 3. Men and women equally 4. Mostly women 5. Always women	
N19	Feed the cattle	1. Always men 2. Mostly men 3. Men and women equally, 4. Mostly women 5. Always women	
N20	Take children to and from school	1. Always men 2. Mostly men 3. Men and women equally, 4. Mostly women 5. Always women	
N21	Clean and bathe small children	1. Always men 2. Mostly men 3. Men and women equally, 4. Mostly women 5. Always women	
N22	Trips to the market (Daily marketing)	1. Always men 2. Mostly men 3. Men and women equally, 4. Mostly women 5. Always women	
N23	Other (specify) .....	1. Always men 2. Mostly men 3. Men and women equally 4. Mostly women 5. Always women	

D5.	<b>Is any family member affiliated with(a member of) any political party?</b> <i>Interviewer: Do not ask which party, do not specify which party or its organization</i> 1. Yes 2. No 8. Don't know 9. Not stated→D7	
D6.	<b>Who is the member of the political party?</b> 1. Any male member 2. Any female member 3. Both male and female members	
D7.	<b>Is any family member affiliated with local committees? If yes, which ones?</b>	

N24	Road User Committee(Group)	1. Few men 2. Few women 3. Both men & women 4. No one	
N25	Forest User Committee (Group)	1. Few men 2. Few women 3. Both men & women 4. No one	
N26	School Management Committee	1. Few men 2. Few women 3. Both men & women 4. No one	
N27	Local temple, religious or other committees	1. Few men 2. Few women 3. Both men & women 4. No one	
N28	Local club	1. Few men 2. Few women 3. Both men & women 4. No one	
N29	NGOs	1. Few men 2. Few women 3. Both men & women 4. No one	
N30	Others (specify) .....	1. Few men 2. Few women 3. Both men & women 4. No one	
<b>D8.</b>	<b>Do you think caste-based discrimination exists in your community?</b> 1. Not at all 2. Not so often 3. Sometimes 4. Often 5. Very often 8. Don't know 9. Not stated		
<b>D9.</b>	<b>Do you think there is bias/favoritism/discrimination between men and women, young and old, within your family?</b> 1. Not at all 2. Not so often 3. Sometimes 4. Often 5. Very often 8. Don't know 9. Not stated		

### E: 5 Donating a Kidney: Cause and Effect

<b>E1.</b>	<b>In your community, how do you manage money in case of an emergency?</b>	
N31	Borrow money from friends/relatives 1. Yes 2. No 8. Don't know 9. Not stated	
N32	Take a loan from bank, finance, or cooperatives 1. Yes 2. No 8. Don't know 9. Not stated	
N33	Sell goods or cattle 1. Yes 2. No 8. Don't know 9. Not stated	
N34	Sell land 1. Yes 2. No 8. Don't know 9. Not stated	
N35	Sell a kidney 1. Yes 2. No 8. Don't know 9. Not stated	
N36	Other, specify ..... 1. Yes	
<b>E2.</b>	<b>Have you donated a kidney to a relative, friend, or neighbor?</b> 1. Yes 2. No 8. Don't know 9. Not stated → E4	
<b>E3.</b>	<b>How many of your family members or relatives have donated a kidney? .....</b>	
<b>E4.</b>	<b>Has anyone suggested or advised that you donate a kidney?</b> 1. Yes 2. No 8. Don't know 9. Not stated → E7	

E6.	<b>What advice or justification did you receive to persuade you to donate a kidney?</b> <i>Interviewer: listen to the interviewee and circle all the correct options.</i>			
N37	You're only donating a small organ of the body.	1. Yes	2. No	8. Don't know 9. Not stated
N38	The kidney will resprout.	1. Yes	2. No	8. Don't know 9. Not stated
N39	One kidney is enough to live a healthy life.	1. Yes	2. No	8. Don't know 9. Not stated
N40	It will not make any difference to your body.	1. Yes	2. No	8. Don't know 9. Not stated
N41	You will get lots of money or land in return.	1. Yes	2. No	8. Don't know 9. Not stated
N42	You will have an opportunity to visit a foreign land.	1. Yes	2. No	8. Don't know 9. Not stated
N43	Other (specify.....)	1. Yes		
E7.	<b>Have you donated a kidney?</b> 1. Yes 2. No If the answer is No, then go directly to section → H1			
E8.	<b>Have you ever told or taken advice from your family before donating (about to donate) your kidney?</b> 1. Yes 2. No 8. Don't know 9. Not stated			
E9.	<b>To whom did you donate your kidney?</b> 1. Relative 2. Close friend 3. Another Nepali familiar to me 4. A Nepali unknown to me 5. An unknown Indian national 6. An unknown foreigner 7. Others (specify).....			
E10.	<b>Did you have direct conversation with the recipient of your kidney?</b> 1. Yes 2. No, a middlemen conducted the conversation 3. Relatives			
E11.	<b>Is the middleman related to you (a relative)?</b> 1. Yes 2. No 8. Don't know 9. Not stated			
E12.	<b>How much money did the kidney recipient promise to pay you for your kidney?</b> NRs. .... (write in letters also.....)			
E13.	<b>How much money were you actually paid after donating your kidney?</b> NRs. .... (write in letters also.....)			
E14.	<b>How did you get the money?</b> 1. All at once 2. Some before and some after 3. Several installments 4. There are installments still remaining 5. Other (specify) .....			
E15.	<b>Do you know how much money the middleman got?</b> NRs. .... (write in letters also) ..... 98. Don't know 99. Not stated			
E16.	<b>Where was your kidney removed?</b> Country ..... City .....			

E6.	<b>What advice or justification did you receive to persuade you to donate a kidney?</b> <i>Interviewer: listen to the interviewee and circle all the correct options.</i>			
N37	You're only donating a small organ of the body.	1. Yes	2. No	8. Don't know 9. Not stated
N38	The kidney will resprout.	1. Yes	2. No	8. Don't know 9. Not stated
N39	One kidney is enough to live a healthy life.	1. Yes	2. No	8. Don't know 9. Not stated
N40	It will not make any difference to your body.	1. Yes	2. No	8. Don't know 9. Not stated
N41	You will get lots of money or land in return.	1. Yes	2. No	8. Don't know 9. Not stated
N42	You will have an opportunity to visit a foreign land.	1. Yes	2. No	8. Don't know 9. Not stated
N43	Other (specify.....)	1. Yes		
E7.	<b>Have you donated a kidney?</b> 1. Yes 2. No If the answer is No, then go directly to section → H1			
E8.	<b>Have you ever told or taken advice from your family before donating (about to donate) your kidney?</b> 1. Yes 2. No 8. Don't know 9. Not stated			
E9.	<b>To whom did you donate your kidney?</b> 1. Relative 2. Close friend 3. Another Nepali familiar to me 4. A Nepali unknown to me 5. An unknown Indian national 6. An unknown foreigner 7. Others (specify).....			
E10.	<b>Did you have direct conversation with the recipient of your kidney?</b> 1. Yes 2. No, a middlemen conducted the conversation 3. Relatives			
E11.	<b>Is the middleman related to you (a relative)?</b> 1. Yes 2. No 8. Don't know 9. Not stated			
E12.	<b>How much money did the kidney recipient promise to pay you for your kidney?</b> NRs. .... (write in letters also.....)			
E13.	<b>How much money were you actually paid after donating your kidney?</b> NRs. .... (write in letters also.....)			
E14.	<b>How did you get the money?</b> 1. All at once 2. Some before and some after 3. Several installments 4. There are installments still remaining 5. Other (specify) .....			
E15.	<b>Do you know how much money the middleman got?</b> NRs. .... (write in letters also) ..... 98. Don't know 99. Not stated			
E16.	<b>Where was your kidney removed?</b> Country ..... City .....			



F9.	<b>Do you still have those documents?</b> 1. Yes, I have them all. 2. I have some of them. 3. No, I don't have any. 8. Don't know 9. Not stated	
F10.	<b>What type of documents were they?</b> 1. All fake 2. Some authentic and some fake 3. All authentic 8. Don't know 9. Not stated	
F11.	<b>Do you know or recognize any person who helped you to make the documents?</b> 1. Yes, I know them all. 2. Some I know, some I don't. 3. No, I don't know any of them. 8. Don't know 9. Not stated	
F12.	<b>How were the documents paid for?</b> 1. All by me 2. Partly by me and partly by middleman and recipient 3. All by the recipient 8. Don't know 9. Not stated	
F13.	<b>What transportation did you use to travel from your village to the city where the surgery was done?</b> 1. Airplane      2. Airplane and bus      3. Airplane and train 4. Bus and train   5. Airplane, train. and bus   6. Other (specify) .....	
F14.	<b>Where did you leave the country?</b> 1. Kathmandu(airplane)   2. Kaakadvitta      3. Jogbani, Biratnagar 4. Janakpur, Vitthamod   5. Birgunj, Raksoul      6. Bhairahawa, Sunouli 7. Nepalgunj, Rupaidiha   8. Kanchanpur, Banabasaa   9.Others, specify..... 98. Don't know      99. Not stated	
F15.	<b>What transportation did you use to cross the border?</b> 1. Rickshaw   2. On foot   3. Bus or taxi   4. Other (specify) .....	
F16.	<b>When you were travelling, what did the Nepal police do?</b> 1. Questioned everyone in the bus or vehicle      2. Questioned a few 3. Questioned no one      4. Don't know 5. Not stated	
F17.	<b>When you were travelling in the other country (India), what did the police of that country do?</b> 1. Questioned everyone      2. Questioned a few      3. Questioned no one 4. Don't know      5. Not stated	
F18.	<b>Who did you travel with?</b>	
N57	A member of my family	1. Yes   2. No   8. Don't know 9. Not stated
N58	Middleman and his/her aide	1. Yes   2. No   8. Don't know 9. Not stated
N59	Kidney recipient and his/her family	1. Yes   2. No   8. Don't know 9. Not stated
N60	Person designated by kidney recipient	1. Yes   2. No   8. Don't know 9. Not stated
N61	Person from some organization (specify).....	1. Yes
N62	Other (specify) .....	1. Yes

<b>F19.</b>	<b>How were travel expenses paid for you and those accompanying you?</b> 1. All by me                      2. Partly by me and partly by middleman and recipient 3. All by the recipient        4. All by the middleman 8. Don't know                    9. Not stated	
<b>F20.</b>	<b>Where were you and those accompanying you lodged before your kidney was removed?</b> 1. Nice hotel with all facilities                      2. Average hotel with few facilities 3. Charity guest house( <i>Dharmashala</i> )        4. Other (specify) ..... 8. Don't know    9. Not stated	
<b>F21.</b>	<b>Did you and the kidney recipient stay in the same hotel or lodgings?</b> 1. Yes, in the same place    2. No, I stayed in a cheaper hotel and s/he stayed in a better hotel 3. Don't know    4. Not stated	

<b>F22.</b>	<b>How was the management of the hotel or lodgings that you stayed in?</b>	
N63	Tight security	1. Yes    2. No    8. Don't know    9. Not stated
N64	Strictly prohibited to leave the premises	1. Yes    2. No    8. Don't know    9. Not stated
N65	Under surveillance by recipient's men	1. Yes    2. No    8. Don't know    9. Not stated
N66	I was always accompanied	1. Yes    2. No    8. Don't know    9. Not stated
N67	Other (specify) ..... .....	1. Yes
<b>F23.</b>	<b>What was done before the removal of your kidney?</b>	
N68	Blood test	1. Yes    2. No    8. Don't know    9. Not stated
N69	Medical check-up	1. Yes    2. No    8. Don't know    9. Not stated
N70	Verification of my documents	1. Yes    2. No    8. Don't know    9. Not stated
N71	Blood test of kidney recipient	1. Yes    2. No    8. Don't know    9. Not stated
N72	Medical check-up of kidney recipient	1. Yes    2. No    8. Don't know    9. Not stated
N72	Verification of recipient's documents	1. Yes    2. No    8. Don't know    9. Not stated
N74	My signature on the legal documents	1. Yes    2. No    8. Don't know    9. Not stated
N75	Recipient's signature on the legal documents	1. Yes    2. No    8. Don't know    9. Not stated
N76	Other (specify) ..... .....	1. Yes

F24.	<b>Was your consent obtained before your kidney was removed?</b> 1. Yes, I gave my consent. 2. No, I didn't feel like donating, but I was forced. 3. My kidney was removed without my knowledge. 8. Don't know 9. Not stated	
F25.	How did you feel when your kidney was about to be removed? <i>Interviewer: this is a subjective question. Listen to the interviewee and write not more than 3 major points</i>	
N77		
N78		
N79		
F26.	<b>Do you remember the name and appearance of the doctor who did the surgery?</b> <i>Interviewer: write in interviewee's words</i> ..... .....	
F27.	<b>How many days did you and the recipient stay in the hospital after the surgery?</b>	
N80	You:..... days	
N81	Recipient:..... days 99. Don't know	
F28.	<b>How was your wound when you were discharged from the hospital?</b> 1. It was completely healed. 2. It was not completely healed. 3. The wound was still fresh. 8. Don't know 9. Not stated	
F29.	<b>Where were you and the person accompanying you lodged after your kidney was removed?</b> 1. Nice hotel with all facilities 2. Average hotel with few facilities 3. Charity Guest House ( <i>Dharmashala</i> ) 4. Other (specify)..... 8. Don't know 9. Not stated.	
F30.	<b>Did you and the kidney receiver stayed in the same place/hotel after your kidney was removed?</b> 1. Yes, in the same place 2. No, I stayed in a cheaper hotel and s/he stayed in a better hotel 3. Don't know 4. Not stated	
F31.	<b>What transportation did you use to return home?</b> 1. Airplane 2. Airplane and bus 3. Airplane and train 4. Bus and train 5. Airplane, bus, and train 6. Other (specify) .....	
F32.	<b>How were your travel expenses paid to return home?</b> 1. All by me 2. Partly by me and partly by middleman and recipient 3. All by the recipient 8. Don't know 9. Not stated	
F33.	<b>How many times did you meet the middleman or the kidney recipient after your kidney was removed?</b> 1. Time and again 2. A few times 3. Not many 4. Never	
F34.	<b>Were you paid what you were promised?</b> 1. Yes, all of it 2. Much of it 3. A small part of it 4. No, not at all	

<b>F35.</b>	<i>Interviewer: use polite language. Your name will be kept confidential. We assure you that we will help kidney donors like you. Write the answers of the following questions in a separate diary.</i>	
N82	Can you name the person/middleman who encouraged you to donate your kidney?	
N83	Can you name the official who helped you to make the fake documents that you needed to donate a kidney?	
N84	Can you name the medical doctor who performed the medical examination that you needed to donate a kidney?	

## G: 7. Situation after Kidney Donation

<b>G1. After donating kidney how do you feel?</b>					
N85	Tired/fatigued	1. Yes	2. No	8. Don't know	9. Not stated
N86	Weak	1. Yes	2. No	8. Don't know	9. Not stated
N87	Lack of appetite	1. Yes	2. No	8. Don't know	9. Not stated
N88	Sleeplessness/sleep disturbances	1. Yes	2. No	8. Don't know	9. Not stated
N89	Nausea	1. Yes	2. No	8. Don't know	9. Not stated
N90	Unable to walk or work for long hours	1. Yes	2. No	8. Don't know	9. Not stated
N91	Regular headache, cold and fever	1. Yes	2. No	8. Don't know	9. Not stated
N92	Unable to have sexual intercourse as before	1. Yes	2. No	8. Don't know	9. Not stated
N93	Other (specify).....	1. Yes			
<b>G2. How do you feel socially after donating kidney?</b>					
N94	Disrespected, humiliated	1. Yes	2. No	8. Don't know	9. Not stated
N95	Same as before, or different with everyone	1. Yes	2. No	8. Don't know	9. Not stated
N96	Want to be secluded; only want to meet people like myself	1. Yes	2. No	8. Don't know	9. Not stated
N97	Other negative (specify) .....	1. Yes			
<b>G3. What did you do with the money you got for your kidney?</b>					
N98	Bought land or built a house	1. Yes	2. No	8. Don't know	9. Not stated
N99	Bought TV, telephone, or other facilities	1. Yes	2. No	8. Don't know	9. Not stated

N100	Bought valuable ornaments, shares, or other properties	1. Yes	2. No	8. Don't know	9. Not stated	
N101	Bought car, motorbike, or other machines	1. Yes	2. No	8. Don't know	9. Not stated	
N102	Opened a shop, started a business or workshop	1. Yes	2. No	8. Don't know	9. Not stated	
N103	Started raising cattle or added cattle	1. Yes	2. No	8. Don't know	9. Not stated	
N104	Saved money to go seek foreign employment	1. Yes	2. No	8. Don't know	9. Not stated	
N105	Spent on marriage and festivals	1. Yes	2. No	8. Don't know	9. Not stated	
N106	Invested in children's education	1. Yes	2. No	8. Don't know	9. Not stated	
N107	Other (specify).....	1. Yes				
<b>G4.</b>	<b>Did you have your medical check-up after donating your kidney?</b> 1. Yes, I did. 2. No, I didn't. 8. Don't know 9. Not stated					
<b>G5.</b>	<b>What did the report show about your health?</b> 1. Better than before 2. Same as before 3. Worse than before 8. Don't know 9. Not stated					
<b>G6.</b>	<b>Are you currently taking any medication?</b> 1. Yes 2. No 8. Don't know 9. Not stated					
<b>G7.</b>	<b>On average, how much money do you have to spend for the medication per month?</b> NRs. ....					
<b>G8.</b>	<b>After donating a kidney, what positive emotions did you feel?</b>					
N108	Pride in being the instrument to save someone's life	1. Yes	2. No	8. Don't know	9. Not stated	
N109	Satisfaction that I improved the economic status of my home	1. Yes	2. No	8. Don't know	9. Not stated	
N110	Other (specify).....	1. Yes				
N111	Other (specify).....	1. Yes				
<b>G9.</b>	<b>After donating a kidney, what negative emotions did you feel?</b>					
N112	Felt cheated	1. Yes	2. No	8. Don't know	9. Not stated	
N113	Felt socially rejected	1. Yes	2. No	8. Don't know	9. Not stated	
N114	Felt depressed	1. Yes	2. No	8. Don't know	9. Not stated	
N115	Other (specify).....	1. Yes				
N116	Other (specify).....	1. Yes				

<b>G10.</b>	<b>What did you experience from relatives and the community?</b>	
N117	Neighbors acted differently than before.	1. Yes 2. No 8. Don't know 9. Not stated
N118	Children were insulted in school as the child of kidney seller	1. Yes 2. No 8. Don't know 9. Not stated
N119	Dropped from local committees on water, roads, forests, etc.	1. Yes 2. No 8. Don't know 9. Not stated
N120	Neighbors started back-biting	1. Yes 2. No 8. Don't know 9. Not stated
N121	Discrimination from the VDC, NGOs, and other organizations	1. Yes 2. No 8. Don't know 9. Not stated
N122	Other (specify).....	1. Yes
<b>G11.</b>	<b>Do you ever feel that you should not have donated your kidney?</b> 1. Very much 2. To some extent 3. Not much 4. Not at all	
<b>G12.</b>	<b>In your opinion, what caused you to become a victim of kidney trafficking?</b>	
N123	Lack of education and knowledge	1. Yes 2. No 8. Don't know 9. Not stated
N124	Lack of family support	1. Yes 2. No 8. Don't know 9. Not stated
N125	Poverty	1. Yes 2. No 8. Don't know 9. Not stated
N126	Circle of friends	1. Yes 2. No 8. Don't know 9. Not stated
N127	Substance abuse or alcoholism	1. Yes 2. No 8. Don't know 9. Not stated
N128	Lack of government controls	1. Yes 2. No 8. Don't know 9. Not stated
N129	Believing others too easily	1. Yes 2. No 8. Don't know 9. Not stated
N130	Following the footsteps of friends and others	1. Yes 2. No 8. Don't know 9. Not stated
N131	Wanting to have delicious food and wear nice clothes	1. Yes 2. No 8. Don't know 9. Not stated
N132	Other (specify).....	1. Yes
<b>G13.</b>	<b>Do you want to take legal action against those who deceived you into this state?</b> 1. Yes 2. No 8. Don't know 9. Not stated	
<b>G14.</b>	<b>What do you think about having become a victim of kidney trafficking?</b> 1. It was my wish. 2. It was my destiny. 3. I feel cheated. 8. Don't know 9. Not stated	
<b>G15.</b>	<b>After your return, did you seek any legal remedy?</b> 1. Yes 2. No → G17	

<b>G16.</b>	<b>Who helped you to seek a legal remedy?</b>				
N133	No one. I was on my own.				
N134	Government	1. Yes	2. No	8. Don't know	9. Not stated
N135	Non-government organization	1. Yes	2. No	8. Don't know	9. Not stated
N136	Local people	1. Yes	2. No	8. Don't know	9. Not stated
N137	Political party	1. Yes	2. No	8. Don't know	9. Not stated
N138	Other (specify).....	1. Yes			
<b>G17.</b>	<b>Why didn't you seek a legal remedy?</b>				
N139	Due to fear of being punished	1. Yes	2. No	8. Don't know	9. Not stated
N140	Could not find the kidney recipient	1. Yes	2. No	8. Don't know	9. Not stated
N141	Family didn't agree	1. Yes	2. No	8. Don't know	9. Not stated
N142	Didn't get legal aid	1. Yes	2. No	8. Don't know	9. Not stated
N143	Didn't have access to government offices	1. Yes	2. No	8. Don't know	9. Not stated
N144	Other (specify).....	1. Yes			

*Interviewer: the questionnaire to survivors is finished. Now take suggestions and recommendations to improve current situation → I-01*

## H: 8. Information at the Community Level

<b>H1.</b>	<b>In your opinion, how many survivors of kidney trafficking are there in your community?</b> 1. None 2. A few 3. In every house 8. Don't know 9. Not stated				
<b>H2.</b>	<b>In your opinion, mostly who makes the contacts to get kidneys?</b>				
N145	The kidney recipient or his or her relatives	1. Yes	2. No	8. Don't know	9. Not stated
N146	Social activists	1. Yes	2. No	8. Don't know	9. Not stated
N147	People involved in politics or associated with political parties	1. Yes	2. No	8. Don't know	9. Not stated
N148	Senior official or staff of some office	1. Yes	2. No	8. Don't know	9. Not stated
N149	Member of some committee	1. Yes	2. No	8. Don't know	9. Not stated
N150	Middlemen	1. Yes	2. No	8. Don't know	9. Not stated
N151	Other (specify).....	1. Yes	2. No	8. Don't know	9. Not stated
<b>H3.</b>	<b>How do they reach out to the prospective kidney donor?</b>				
N152	Through friends of the prospective kidney donor	1. Yes	2. No	8. Don't know	9. Not stated
N153	Through relatives of the prospective kidney donor	1. Yes	2. No	8. Don't know	9. Not stated

N154	Through the employer of the prospective kidney donor	1. Yes	2. No	8. Don't know	9. Not stated	
N155	Through community leaders	1. Yes	2. No	8. Don't know	9. Not stated	
N156	Through political relations/contacts	1. Yes	2. No	8. Don't know	9. Not stated	
N157	Through former kidney donors and common friends	1. Yes	2. No	8. Don't know	9. Not stated	
N158	Other (specify).....	1. Yes				
<b>H4.</b>	<b>What do you think of donating a kidney to people other than your relatives?</b>					
N159	It's an expression of humanity.	1. Yes	2. No	8. Don't know	9. Not stated	
N160	It's a life-saving and religious act.	1. Yes	2. No	8. Don't know	9. Not stated	
N161	Poverty forces people to do it.	1. Yes	2. No	8. Don't know	9. Not stated	
N162	It's a violation of human rights.	1. Yes	2. No	8. Don't know	9. Not stated	
N163	It's a form of human trafficking.	1. Yes	2. No	8. Don't know	9. Not stated	
N164	It's a social crime.	1. Yes	2. No	8. Don't know	9. Not stated	
N165	Other (specify).....	1. Yes				
<b>H5.</b>	<b>In your opinion, what type of support and facilities do the survivors of kidney trafficking need?</b>					
N166	Employment and economic support	1. Yes	2. No	8. Don't know	9. Not stated	
N167	Low-interest loans to start a business	1. Yes	2. No	8. Don't know	9. Not stated	
N168	Psychosocial counseling services	1. Yes	2. No	8. Don't know	9. Not stated	
N169	Social rehabilitation	1. Yes	2. No	8. Don't know	9. Not stated	
N170	Legal aid	1. Yes	2. No	8. Don't know	9. Not stated	
N171	Income/skill development activities	1. Yes	2. No	8. Don't know	9. Not stated	
N172	Life-skills training	1. Yes	2. No	8. Don't know	9. Not stated	
N173	Other (specify).....	1. Yes				
<b>H6.</b>	<b>In your opinion, how important is it to raise the awareness of the following groups in order to stop trafficking?</b>					
N174	Possible traffickers	1. Very much	2. Quite a lot	3. To some extent	4. Not necessary	5. Don't know
N175	Buyers	1. Very much	2. Quite a lot	3. To some extent	4. Not necessary	5. Don't know
N176	Legal professionals	1. Very much	2. Quite a lot	3. To some extent	4. Not necessary	5. Don't know
N177	Police	1. Very much	2. Quite a lot	3. To some extent	4. Not necessary	5. Don't know
N178	Administrative personnel	1. Very much	2. Quite a lot	3. To some extent	4. Not necessary	5. Don't know

N179	Officials of Judiciary	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N180	Politicians and political leaders	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N181	Human right activists	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N182	NGOs	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N183	Social activists (leaders)	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N184	Journalists, media	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N185	Family members	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	
N186	Other (specify).....	1. Very much 4. Not necessary	2. Quite a lot 5. Don't know	3. To some extent	

<b>H7. In your opinion, what could be an effective tool to prevent kidney trafficking?</b>					
N187	Community-based awareness raising program	1. Yes	2. No	8. Don't know	9. Not stated
N188	House-to-house awareness raising program	1. Yes	2. No	8. Don't know	9. Not stated
N189	Behavioral Change Communication (BCC)	1. Yes	2. No	8. Don't know	9. Not stated
N190	Psychosocial counseling service	1. Yes	2. No	8. Don't know	9. Not stated
N191	Skills-development training	1. Yes	2. No	8. Don't know	9. Not stated
N192	Income-generating activities	1. Yes	2. No	8. Don't know	9. Not stated
N193	Activities to enhance self-esteem, self-worth	1. Yes	2. No	8. Don't know	9. Not stated
N194	Rehabilitation and reintegration	1. Yes	2. No	8. Don't know	9. Not stated
N195	Prevention activities at the community level	1. Yes	2. No	8. Don't know	9. Not stated
N196	Prevention activities at border check points	1. Yes	2. No	8. Don't know	9. Not stated
N197	Other (specify).....	1. Yes			

<b>H8. In your opinion, how do kidney donors behave in their social spheres?</b>		
N198	They are more respected or the same as before.	1. Yes 2. No 8. Don't know 9. Not stated
N199	They are disrespected, humiliated.	1. Yes 2. No 8. Don't know 9. Not stated
N200	They mix with others easily, or the same as before.	1. Yes 2. No 8. Don't know 9. Not stated
N201	They prefer solitude, company of others like themselves.	1. Yes 2. No 8. Don't know 9. Not stated
N202	Other positive (specify).....	1. Yes
N203	Other negative (specify).....	1. Yes
<b>H9. How did the kidney donors spend the money they were paid for their kidneys?</b>		
N204	Bought land or built a house	1. Yes 2. No 8. Don't know 9. Not stated
N205	Bought TV, telephone, or other facilities	1. Yes 2. No 8. Don't know 9. Not stated
N206	Bought valuable ornaments, shares, or other properties	1. Yes 2. No 8. Don't know 9. Not stated
N207	Bought car, motorbike, or other machines	1. Yes 2. No 8. Don't know 9. Not stated
N208	Opened a shop, started a business or workshop	1. Yes 2. No 8. Don't know 9. Not stated
N209	Started cattle raising or added cattle	1. Yes stated 2. No 8. Don't know 9. Not
N210	Saved money to go seek foreign employment	1. Yes stated 2. No 8. Don't know 9. Not
N211	Spent it on marriage and festivals	1. Yes stated 2. No 8. Don't know 9. Not
N212	Invested in children's education	1. Yes stated 2. No 8. Don't know 9. Not
N213	Other (specify).....	1. Yes
<b>H10. In your opinion, what positive emotions do kidney donors feel?</b>		
N214	Pride in having saved someone's life	1. Yes 2. No 8. Don't know 9. Not stated
N215	Satisfaction in having improved economic status at home	1. Yes 2. No 8. Don't know 9. Not stated
N216	Other (specify).....	1. Yes
<b>H11. In your opinion, what negative emotions do the kidney donors feel?</b>		
N217	They feel cheated.	1. Yes 2. No 8. Don't know 9. Not stated

N218	They feel socially rejected.	1. Yes 2. No 8. Don't know 9. Not stated	
N219	They feel depressed.	1. Yes 2. No 8. Don't know 9. Not stated	
N220	Other (specify).....	1. Yes	
<b>H12. How do kidney donors feel in the community?</b>			
N221	Neighbors act differently than before.	1. Yes 2. No 8. Don't know 9. Not stated	
N222	Children are insulted in school as the child of kidney seller.	1. Yes 2. No 8. Don't know 9. Not stated	
N223	Dropped from local committees on water, roads, forests, etc.	1. Yes 2. No 8. Don't know 9. Not stated	
N224	Neighbors started backbiting.	1. Yes 2. No 8. Don't know 9. Not stated	
N225	Discrimination from the VDC, NGOs, and other organizations	1. Yes 2. No 8. Don't know 9. Not stated	
N226	Other (specify).....	1. Yes	
<b>H13. In your opinion, what caused local people to become victims of kidney trafficking?</b>			
N227	Lack of education and knowledge	1. Yes 2. No 8. Don't know 9. Not stated	
N228	Lack of family support	1. Yes 2. No 8. Don't know 9. Not stated	
N229	Poverty	1. Yes 2. No 8. Don't know 9. Not stated	
N230	Circle of friends	1. Yes 2. No 8. Don't know 9. Not stated	
N231	Substance abuse or alcoholism	1. Yes 2. No 8. Don't know 9. Not stated	
N232	Lack of government controls	1. Yes 2. No 8. Don't know 9. Not stated	
N233	Believing others too easily	1. Yes 2. No 8. Don't know 9. Not stated	
N234	Wanting to have delicious food and wear nice clothes	1. Yes 2. No 8. Don't know 9. Not stated	
N235	Other (specify).....	1. Yes	
<b>H14. Are kidney traffickers and middlemen convicted?</b>			
1. Yes 2. The process has started 3. No 8. Don't know 9. Not stated			
<b>H14 Have survivors of kidney trafficking sought any legal remedy after returning to the community?</b>			
1. Yes 3. No 8. Don't know 9. Not stated			
<b>H14 Did they get any help from other people or organizations? 1. Yes 3. No</b>			
N236	Government	1. Yes 2. No 8. Don't know 9. Not stated	
N237	Non-government organization	1. Yes 2. No 8. Don't know 9. Not stated	
N238	Local people	1. Yes 2. No 8. Don't know 9. Not stated	
N239	Political party	1. Yes 2. No 8. Don't know 9. Not stated	
N240	No one. They were on their own.	1. Yes 2. No 8. Don't know 9. Not stated	
N241	Other (specify).....	1. Yes	
<b>H14 If survivors do not often seek legal remedy, what are the reasons in your opinion?</b>			
N242	Fear of being punished	1. Yes 2. No 8. Don't know 9. Not stated	

N243	Could not find the kidney recipient.	1. Yes 2. No 8. Don't know 9. Not stated	
N244	Survivor's family didn't agree.	1. Yes 2. No 8. Don't know 9. Not stated	
N245	Survivors didn't get legal aid.	1. Yes 2. No 8. Don't know 9. Not stated	
N246	Survivors didn't have access to government offices.	1. Yes 2. No 8. Don't know 9. Not stated	
N247	Other (specify).....	1. Yes	

## I:9 Recommendations

I01	<p><b>What would you suggest or recommend to fight human trafficking and the illegal buying and selling of kidneys?</b></p> <p><i>Interviewer: write not more than three recommendations</i></p>	
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Your response will definitely contribute to building a prosperous society. We heartily thank you for talking with us and providing your valuable time.

### Section to be filled by Supervisor

How is the filled up questionnaire ?

1. Good, send for data entry. 2. Needs editing. 3. Not appropriate, to be filled in again.



Send the entire questionnaire. Sit with the interviewer and edit. Let the interviewer fill in the questionnaire.

Date: .../.../2014.....Supervisor's signature

Data Entry Operator (Name) .....	Code No: .....
Date of Entry ...../...../.....	Time of Entry ...../...../..... Signature.....
Checked by: ..... Date: .....	

## APPENDIX 2

# PEOPLE CONTACTED FOR INTERACTION PROGRAM, FGD, AND KII

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## February 7, 2013, Dhulikhel, Kavre

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Bhim Gautam	Saurya Daily
Bhojraj Timilsina	INSEC, Kavre
Bidhan Acharya	Central Department of Population Studies
Bindeshwor Raya	District Health Office
Bipana Bal	NTWG, Dhulikhel
Daya Bajra Lama	Shyampati
Ganesh Bardewa	Jamdi VDC
Ganga Bdr. Tamang	Jaisithok VDC
Govind Bdr. Karki	DDC, Kavre
Krishna Pyari Nakarmi	PPR Nepal
Mahesh Paudel	Nepal Patrakar Mahasang
Manoj Basnet	Kantipur Daily
Maya Lohani	Women & Children's Office
Mina Poudel	USAID
Nabaraj Bardewa	Jyamdi VDC
Nagendra Adhikari	Madhyamarga newspaper
Nandita Baruah	TAF
Neema Lama	Jaisithok VDC
Nirmala Kafle	Women Rights Activist
Niyama Rai	The Asia Foundation
Prem Kumari Paudel	LACC, Kavre
Rachana Shrestha	The Asia Foundation
Radha Shrestha	Hokse VDC
Radha Shrestha	Hokse VDC
Rajan Silwal	Central Bureau of Statistic
Rajaram Gautam	Image Chanel
Rajendra Ghimire	PPR Nepal
Ram Kumar Bardewa	Jamdi VDC
Ramesh Khanal	Nindu Indrawati
Sangita Oli	TPO Nepal
Satish Sharma	PPR Nepal
Sharada Koirala	District Attorney's office
Shivahari Paudel	District Court, Kavre
Sita Shrestha	District Police office

## March 22, 2013, Kathmandu

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Bal Bdr. Mukhiya	Nepal law Campus
Bidhan Acharya	Central Department of Population Studies
Bishal Khanal	Freelancer/former secretary, NHRC
Hemanta Rawal	Supreme Court
Kedar Pd. Dahal	Advocate
Kiran Rupakheti	Ministry of Women, Children and Social Welfare
Koshal Chandra Subedi	Ministry of Law
Mahesh Sharma Paudel	Attorney General's Office
Meena Paudel	USAID
Nandita Baruah	The Asia Foundation
Narendra Pd. Pathak	People Law Firm & Research Centre
Niyama Rai	The Asia Foundation
Rachana Shrestha	The Asia Foundation
Rajan Silwal	Central Bureau of Statistic
Rajendra Ghimire	PPR Nepal
Rajit Bhakta Pradhanang	Nepal law Campus
Ram Krishna Timalsena	NLAC
Ramila Bhandari	Ministry of Women, Children and Social Welfare
Rita Mainali	Advocate
Rudra Nepal	Advocate
Sabita Shrestha	USAID
Satish Sharma	PPR Nepal
Shankar Kumar Shrestha	Supreme Court, BAR
Shreekanta Paudel	Supreme Court
Shreekrishna Mulmi	National Judicial Academy
Surya Pd. Koirala	Attorney General's Office
Tikaram Pokharel	PPR Nepal

## APPENDIX 3

# ADDITIONAL TABLES DISCUSSED IN ANALYSIS OF SOME VARIABLES

Appendix Table 1: Characteristics of Population of Sample Household

Background Characteristics	Survey Status			Total
	Head of Household	Respondent	Other Family Member	
<b>VDC</b>				
Hokse	41	85	241	367
Sathighar Bhagawati	6	19	52	77
Anekot	2	11	60	73
Devbhoomi Baluwa	9	12	39	60
Kabhre Nitya Chandeshwari	16	20	87	123
Paanchkhaal	9	15	42	66
Phoolbaari	6	7	27	40
Jyamdi	12	59	197	268
Jaisithok	0	14	46	60
<b>Sex</b>				
Male	76	161	349	586
Female	25	81	442	548
<b>Age Group</b>				
00–04	1	0	46	47
05–09	1	0	79	80
09–14	3	0	128	131
15–19	2	9	145	156
20–24	3	22	106	131
25–29	5	26	76	107
30–34	5	25	43	73
35–39	11	39	47	97
40–44	8	33	37	78
45–49	11	27	22	60
50–54	12	26	12	50
55–59	10	12	10	32
60–64	12	10	17	39
65–69	4	6	6	16
70–74	7	4	5	16
75 +	6	3	12	21
<b>Ethnic Groups</b>				
Brahmin Chhetris	31	98	317	446
Janajatis	46	96	321	463
Dalits	24	48	153	225
<b>Religion</b>				
Buddhist	23	54	160	237
Hindu	64	170	589	823
Christian	13	17	37	67
Kiranti	1	1	5	7

Background Characteristics	Survey Status			Total
	Head of Household	Respondent	Other Family Member	
<b>Educational Group *</b>				
No Education	49	83	159	291
Primary Level	25	72	295	392
High School Level	13	30	122	165
Higher Secondary Level	10	40	120	170
Higher Education	3	17	49	69
<b>Occupational Group *</b>				
Agriculture and Household	63	136	327	526
Service Jobs	1	10	13	24
Wage Labor	12	43	57	112
Trade and Commerce	11	35	35	81
Student and Dependent	7	13	308	328
Other	6	5	5	16
<b>Income Group *</b>				
Up to 4,999	47	101	645	793
5,000–9999	22	60	41	123
10,000–19,999	20	67	44	131
20,000 plus	11	14	15	40
<b>Marital Status *</b>				
Single Never Married	8	32	427	467
Currently Married	73	191	302	566
Separated	1	5	3	9
Widowed	18	14	12	44
Other	0	0	1	1
<b>Birthplace</b>				
Non-migrant	83	181	580	844
Migrant	18	61	211	290
<b>Total</b>	<b>101</b>	<b>242</b>	<b>791</b>	<b>1134</b>

\* Aged 5 years and above

**Appendix Table 2: Distribution of Total Population and Respondents in Sample VDCs, by Ethnic Group, Kavrepalanchowk, 2013**

VDC	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
<b>Total Population</b>								
Hokse	157	42.8	154	42.0	56	15.3	367	100.0
Sathighar Bhagawati	14	18.2	56	72.7	7	9.1	77	100.0
Anekot	11	15.1	58	79.5	4	5.5	73	100.0
Devbhoomi Baluwa	19	31.7	24	40.0	17	28.3	60	100.0
Kabhre Nitya Chandeshwari	47	38.2	49	39.8	27	22.0	123	100.0
Paanchkhaal	31	47.0	17	25.8	18	27.3	66	100.0
Phoolbaari	20	50.0	11	27.5	9	22.5	40	100.0
Jyamdi	116	43.3	74	27.6	78	29.1	268	100.0
Jaisithok	31	51.7	20	33.3	9	15.0	60	100.0
<b>Total</b>	<b>446</b>	<b>39.3</b>	<b>463</b>	<b>40.8</b>	<b>225</b>	<b>19.8</b>	<b>1134</b>	<b>100.0</b>
<b>Respondents</b>								
Hokse	37	43.5	35	41.2	13	15.3	85	100.0
Sathighar Bhagawati	4	21.1	13	68.4	2	10.5	19	100.0
Anekot	1	9.1	9	81.8	1	9.1	11	100.0
Devbhoomi Baluwa	4	33.3	4	33.3	4	33.3	12	100.0
Kabhre Nitya Chandeshwari	8	40.0	9	45.0	3	15.0	20	100.0
Paanchkhaal	5	33.3	5	33.3	5	33.3	15	100.0
Phoolbaari	3	42.9	2	28.6	2	28.6	7	100.0
Jyamdi	28	47.5	15	25.4	16	27.1	59	100.0
Jaisithok	8	57.1	4	28.6	2	14.3	14	100.0
<b>Total</b>	<b>98</b>	<b>40.5</b>	<b>96</b>	<b>39.7</b>	<b>48</b>	<b>19.8</b>	<b>242</b>	<b>100.0</b>

**Appendix Table 3: Family Related Information**

Background Characteristics		Victim or Ordinary Community Member		Total
		Victim	Community	
Type of Family	Nuclear	27	157	184
	Joint	8	49	57
Household Landholding	Landless	11	38	49
	Less than 1 Ropani	3	6	9
	1 to 5 Ropani	13	52	65
	5.1 to 10 Ropani	6	68	74
	10.1 Ropani and More	3	42	45
Annual Food Sufficiency	Yes	3	86	89
	No	27	110	137
Ownership of Dwelling Unit	Yes	33	194	227
	No	3	12	15
Livestock Ownership	Yes	24	175	199
	No	12	31	43
Total		36	206	242

**Appendix Table 4: House and Land Related Information**

Background Characteristics		Victim or Ordinary Community Member		Total
		Victim	Community	
Type of Family	Nuclear	27	157	184
	Joint	8	49	57
Land Holding	Yes	28	190	218
	No	8	8	16
	Don't Know	0	2	2
	Not Stated	0	1	1
Land with Women	No	35	182	217
	Yes	1	24	25
Annual Food Sufficiency	Yes	3	86	89
	No	27	110	137
Ownership of Dwelling Unit	Yes	33	194	227
	No	3	12	15
Type of Residential Dwelling	RCC Constructed	2	20	22
	Semi-RCC Constructed	0	29	29
	Mud-Thatch Temporary	33	155	188
Livestock Ownership	Yes	24	175	199
	No	12	31	43
Total		36	206	242

**Appendix Table 5: Mean Monthly Income, by Occupational Group, Ethnic Group, and Sex**

Occupational Group	Ethnic Group	Sex	Mean	N	Std. Deviation
<b>Agriculture &amp; Allied</b>	Brahmin Chhetris	Male	7,122.58	62	5,212.734
		Female	4,017.65	51	4,360.491
		Total	5,721.24	113	5,069.155
	Janajatis	Male	10,079.17	48	15,264.239
		Female	4,090.32	31	8,822.674
		Total	7,729.11	79	13,378.898
	Dalits	Male	8,178.57	28	6,055.628
		Female	2,966.67	30	2,442.206
		Total	5,482.76	58	5,225.583
	Total	Male	8,365.22	138	10,049.590
		Female	3,756.25	112	5,602.843
		Total	6,300.40	250	8,650.745
<b>Service Jobs</b>	Brahmin Chhetris	Total	12,725.00	40	7,537.896
			8,375.00	8	5,878.229
			12,000.00	48	7,414.764
	Janajatis	Male	13,306.45	31	8,807.835
		Female	11,236.36	11	11,137.978
		Total	12,764.29	42	9,373.908
	Dalits	Male	7,828.00	25	5,105.350
		Female	2,500.00	2	707.107
		Total	7,433.33	27	5,108.891
	Total	Male	11,637.50	96	7,722.370
		Female	9,314.29	21	9,009.677
		Total	11,220.51	117	7,977.236
<b>Trade &amp; Commerce</b>	Brahmin Chhetris	Male	16,384.62	13	25,811.943
		Female	11,000.00	5	9,055.385
		Total	14,888.89	18	22,265.481
	Janajatis	Male	18,975.00	20	15,861.634
		Female	9,357.14	14	10,193.189
		Total	15,014.71	34	14,452.370
	Dalits	Male	17,200.00	5	12,316.655
		Female	6,334.33	3	7,766.231
		Total	13,125.38	8	11,642.264
	Total	Male	17,855.26	38	19,057.136
		Female	9,318.32	22	9,361.056
		Total	14,725.05	60	16,617.901

Occupational Group	Ethnic Group	Sex	Mean	N	Std. Deviation
<b>Student &amp; Dependent</b>	Brahmin Chhetris	Male	4,733.33	15	12,870.046
		Female	.00	4	.000
		Total	3,736.84	19	11,522.163
	Janajatis	Male	5,000.00	2	7,071.068
		Female	.00	1	.
		Total	3,333.33	3	5,773.503
	Dalits	Male	.00	5	.000
		Female	.00	3	.000
		Total	.00	8	.000
	Total	Male	3,681.82	22	10,816.154
Female		.00	8	.000	
Total		2,700.00	30	9,351.931	

<b>Other</b>	Brahmin Chhetris	Male	7,500.00	2	10,606.602
		Total	7,500.00	2	10,606.602
	Janajatis	Male	11,333.33	3	2,309.401
		Female	10,500.00	2	4,949.747
		Total	11,000.00	5	3,000.000
	Dalits	Male	15,000.00	5	11,726.039
		Female	1,800.00	2	1,697.056
		Total	11,228.57	7	11,559.947
	Total	Male	12,400.00	10	9,179.688
		Female	6,150.00	4	5,861.456
Total		10,614.29	14	8,651.710	

<b>Total</b>	Brahmin Chhetris	Male	9,466.67	132	11,062.388
		Female	4,807.35	68	5,378.767
		Total	7,882.50	200	9,756.845
	Janajatis	Male	12,690.38	104	13,714.102
		Female	6,820.34	59	9,791.090
		Total	10,565.64	163	12,724.335
	Dalits	Male	8,613.24	68	7,468.059
		Female	2,915.08	40	3,040.131
		Total	6,502.81	108	6,777.443
	Total	Male	10,378.62	304	11,492.203
Female		5,065.29	167	7,041.285	
Total		8,494.70	471	10,446.486	

**Appendix Table 6: Marital Status of Persons in Household of Respondent, by Ethnicity**

Marital Status	Ethnic Groups						Total	
	Brahmin Chhetris		Janajatis		Dalits		N	%
	N	%	N	%	N	%		
Never Married	183	42.7	195	43.8	89	41.8	467	43.0
Currently Married	223	52.0	225	50.6	118	55.4	566	52.1
Separated	4	.9	3	.7	2	.9	9	.8
Widowed	19	4.4	22	4.9	3	1.4	44	4.0
Others	0	.0	0	.0	1	.5	1	.1
Total	429	100.0	445	100.0	213	100.0	1087	100.0

**Appendix Table 7: Who Advised You to Donate a Kidney**

Did You Get Your Family's Consent?	Ever Donated a Kidney?				Total	
	Yes		No		N	%
	N	%	N	%		
Yes	5	100.0	0	.0	5	100.0
No	31	100.0	0	.0	31	100.0
Total	36	100.0	0	.0	36	100.0
Person Who Advised You to Sell a Kidney						
Close Relative	10	83.3	2	16.7	12	100.0
Friend or Peer	5	83.3	1	16.7	6	100.0
Local Broker Known to Me	13	100.0	0	.0	13	100.0
Broker Unknown to Me	5	100.0	0	.0	5	100.0
Employer or Other Powerful Person	1	50.0	1	50.0	2	100.0
Other	2	100.0	0	.0	2	100.0
Total	36	90.0	4	10.0	40	100.0

**Appendix Table 8: Route and Destination for Kidney Trafficking**

Route of Travel	Destination Town for Kidney Trafficking				Total
	Chandigarh	Chennai	New Delhi	Unknown to Victim	
Kathmandu Airport	0	0	1	2	3
Kakadbhitta	0	8	0	3	11
Birgang Raxaul	1	2	0	1	4
Bhairahawa Sunauli	5	7	0	3	15
Others	0	1	0	2	3
<b>Total</b>	<b>6</b>	<b>18</b>	<b>1</b>	<b>11</b>	<b>36</b>

**Appendix Table 9: Amount Promised vs. Amount Paid to Buy a Kidney, by Mode of Persuasion**

Mode of Persuasion	Amount Promised to Buy a Kidney	Amount Paid to Buy a Kidney
It's just a small, insignificant organ.	237,083.33	143,750.00
You will be able to acquire a house and land.	230,416.67	139,583.33
One kidney is sufficient.	219,545.45	140,416.67
There will be no adverse effect.	192,352.94	117,058.82
You will have a chance to travel abroad.	182,500.00	77,500.00
The kidney will resprout.	100,000.00	60,000.00
Other	197,500.00	70,833.33

**Appendix Table 10: Amount Promised vs. Amount Paid to Buy a Kidney**

Promised	Frequency	Valid Percent	Cumulative Percent
50,000	1	3.6	3.6
60,000	1	3.6	7.1
70,000	4	14.3	21.4
75,000	1	3.6	25.0
80,000	3	10.7	35.7
100,000	1	3.6	39.3
120,000	1	3.6	42.9
125,000	1	3.6	46.4
150,000	3	10.7	57.1
160,000	4	14.3	71.4
200,000	3	10.7	82.1
250,000	1	3.6	85.7
300,000	2	7.1	92.9
400,000	1	3.6	96.4
840,000	1	3.6	100.0
<b>Total</b>	<b>28</b>	<b>100.0</b>	
Paid	Frequency	Valid Percent	Cumulative Percent
10,000	1	3.3	3.3
35,000	1	3.3	6.7
40,000	2	6.7	13.3
50,000	3	10.0	23.3
55,000	1	3.3	26.7
60,000	5	16.7	43.3
70,000	7	23.3	66.7
80,000	1	3.3	70.0
100,000	2	6.7	76.7
120,000	1	3.3	80.0
125,000	1	3.3	83.3
130,000	2	6.7	90.0
160,000	2	6.7	96.7
840,000	1	3.3	100.0
<b>Total</b>	<b>30</b>	<b>100.0</b>	

**Appendix Table 11: Amenities in Household**

Amenities in Household	Victim or Ordinary Community Member		Total
	Victim	Community Member	
Bicycle	0	15	15
Motorcycle	0	48	48
Car or Truck	1	16	17
Electricity	28	194	222
Radio	22	156	178
TV	18	172	190
Telephone, Mobile	25	190	215
Refrigerator	3	43	46
Computer	0	39	39
Internet	0	17	17
Biogas	0	35	35
Solar Energy	0	13	13
Others	1	3	4

**Appendix Table 12: Fuel Used for Cooking, by Victim or Ordinary Community Member**

Fuel Used for Cooking	Victim	Community Member	Total
Electricity	0	2	2
Biogas/Gobar (Cow Dung) Gas	0	16	16
Kerosene	0	2	2
Petroleum Gas	3	40	43
Firewood	33	146	179
Total	36	206	242

**Appendix Table 13: Who Performs Household Tasks, Men or Women, by Ethnic Group**

Household Tasks	Brahmin Chhetris		Janajatis		Dalits		Total	
	N	%	N	%	N	%	N	%
<b>Prepare Meals or Tiffin (Snacks)</b>								
Always Men	5	5.1	0	0.0	2	4.2	7	2.9
Men and Women Equally	29	29.6	36	37.5	10	20.8	75	31.0
Mostly Women	41	41.8	35	36.5	17	35.4	93	38.4
Always Women	22	22.4	25	26.0	18	37.5	65	26.9
<b>Collect Fuel or Firewood</b>								
Always Men	9	9.2	5	5.2	2	4.2	16	6.6
Mostly Men	6	6.1	3	3.1	2	4.2	11	4.5
Men and Women Equally	37	37.8	41	42.7	12	25.0	90	37.2
Mostly Women	29	29.6	27	28.1	15	31.3	71	29.3
Always Women	16	16.3	20	20.8	16	33.3	52	21.5
<b>Fetch Water</b>								
Always Men	6	6.1	2	2.1	2	4.2	10	4.1
Mostly Men	3	3.1	3	3.1	1	2.1	7	2.9
Men and Women Equally	39	39.8	40	41.7	14	29.2	93	38.4
Mostly Women	31	31.6	31	32.3	16	33.3	78	32.2
Always Women	18	18.4	20	20.8	14	29.2	52	21.5
<b>Wash Clothes</b>								
Always Men	7	7.1	0	0.0	2	4.2	9	3.7
Mostly Men	2	2.0	0	0.0	0	0.0	2	0.8
Men and Women Equally	21	21.4	26	27.1	5	10.4	52	21.5
Mostly Women	47	48.0	40	41.7	21	43.8	108	44.6
Always Women	20	20.4	30	31.3	18	37.5	68	28.1
<b>Pay Electric and Phone Bills</b>								
Always Men	30	30.6	20	20.8	17	35.4	67	27.7
Mostly Men	25	25.5	24	25.0	11	22.9	60	24.8
Men and Women Equally	19	19.4	32	33.3	8	16.7	59	24.4
Mostly Women	10	10.2	5	5.2	3	6.3	18	7.4
Always Women	13	13.3	15	15.6	7	14.6	35	14.5
<b>Tend Cattle</b>								
Always Men	6	6.1	0	0.0	2	4.2	8	3.3
Mostly Men	3	3.1	2	2.1	1	2.1	6	2.5
Men and Women Equally	43	43.9	52	54.2	20	41.7	115	47.5
Mostly Women	28	28.6	23	24.0	11	22.9	62	25.6
Always Women	16	16.3	19	19.8	12	25.0	47	19.4

<b>Escort Children to and from School</b>								
Always Men	5	5.1	2	2.1	1	2.1	8	3.3
Mostly Men	1	1.0	2	2.1	1	2.1	4	1.7
Men and Women Equally	38	38.8	36	37.5	15	31.3	89	36.8
Mostly Women	33	33.7	36	37.5	17	35.4	86	35.5
Always Women	16	16.3	18	18.8	13	27.1	47	19.4
<b>Bathe Children</b>								
Always Men	4	4.1	0	0.0	1	2.1	5	2.1
Mostly Men	0	0.0	1	1.0	0	0.0	1	0.4
Men and Women Equally	26	26.5	29	30.2	11	22.9	66	27.3
Mostly Women	47	48.0	44	45.8	20	41.7	111	45.9
Always Women	17	17.3	20	20.8	15	31.3	52	21.5
<b>Do Daily Shopping and Errands</b>								
Always Men	20	20.4	11	11.5	12	25.0	43	17.8
Mostly Men	21	21.4	26	27.1	9	18.8	56	23.1
Men and Women Equally	24	24.5	30	31.3	10	20.8	64	26.4
Mostly Women	18	18.4	12	12.5	9	18.8	39	16.1
Always Women	13	13.3	17	17.7	7	14.6	37	15.3
Total	98	100.0	96	100.0	48	100.0	242	100.0

**Appendix Table 14: Calculation of the Number of Kidney Trafficking Victims in Kavrepalanchowk District**

SN	Description	Source or Calculation Function	Result
1	Total population of Nepal	CBS	26,497,504
2	Urban population	CBS	4,523,820
3	Rural population	CBS	21,973,684
4	Total households	CBS	5,423,297
5	Household size	r3/r4	4.9
6	Total VDCs	CBS	3,915
7	Population per VDC	r3/r6	5,613
8	Total wards per VDC	Known	9
9	Population per ward	r7/r8	624
10	Households per ward	r9/r5	128
11	Mean number of known kidney donors per respondent	Table 49	1.82
12	Known kidney donors per person in respondent's household = 1.82/4.9	r11/r5	0.371429
13	Population of Kavrepalanchowk (2011)	CBS	199,001
14	Probability a person will be a kidney trafficking victim in Kavrepalanchowk District (average or medium variant=0.000596)	r12/r13	119
15	Probability a person will be a kidney trafficking victim in Kavrepalanchowk District (high variant=0.000792)	1.33(r14)	158
16	Probability a person will be a kidney trafficking victim in Kavrepalanchowk District (low variant = 0.000393)	.66(r14)	78

### *Assumptions*

1. Based on respondents' knowledge of the number of persons donating a kidney.
2. Victims are uniformly distributed in all VDCs, and also in urban areas at the same rate.
3. Considering the flow of population in Kavrepalanchowk from other districts too, and the problem being spread in other districts, the VDCs population is estimated for total Nepal.





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