



Yearly Progress Report

January – December 2019



Dear Partner, Friend or Reader,

Let's start with a positive news that will impact CPCS work.

L'Harmattan (French Editor) has published a new book : "Children and Youth in Street Situations and their capabilities. "From strategies of urban survival to careers within the protection system" written by Dr. Ryckmans Jean-Christophe, director of CPCS International. Three other books were also published end of 2019 (in French, same editor) on resilience, agency, children in street situations rights, etc.

Those researches use an interactionist approach to understand how children and youth in street situations in Nepal and elsewhere negotiate their social identity while confronted with dynamics of domination, labelling and violence.

Presenting a typology of the existing intervention system, those publications shed light on the existing gaps and the effect of conversion, carried out by NGO's (including CPCS) and Public Authorities. More than 4 years of in-depth research and interviews with children, youth and social workers have been aggregated into one book. In today's globalised world, did the expression "children and youth in street situations" become obsolete? Can or must we think differently, separating stigmas and myths that arise within this terminology? Thanks to a detailed explanation of the status quo, people can understand the necessity for deep rooted change in the humanitarian world, public opinion and in the political perspective.

The book will be available in Nepal (in the CPCS office) from March-April 2020. Online order is open now! Available in all bookstores (orders) or directly on L'Harmattan website. Forewords have been written by Kp Sharma Oli (Prime Minister-Nepal), Didier Reynders (Former Deputy Prime Minister-Belgium), Prabat Gurung (Minister of Women, Children and Senior Citizen-Nepal and Willy Borsus (Vice President Wallonia-Belgium). Contributions by Daniel Stoecklin (Professor-Geneva), Bernard De Vos Dumont (General Delegate for the Rights of the Child (Belgium), Edwin de Boevé (Director - International Network of Street Workers) and Patrick Bruneteaux (Sorbonne -Paris 1)!

Special thanks to all staffs, friends, partners, children and youth who supported, helped, got involve in these researches and publications....

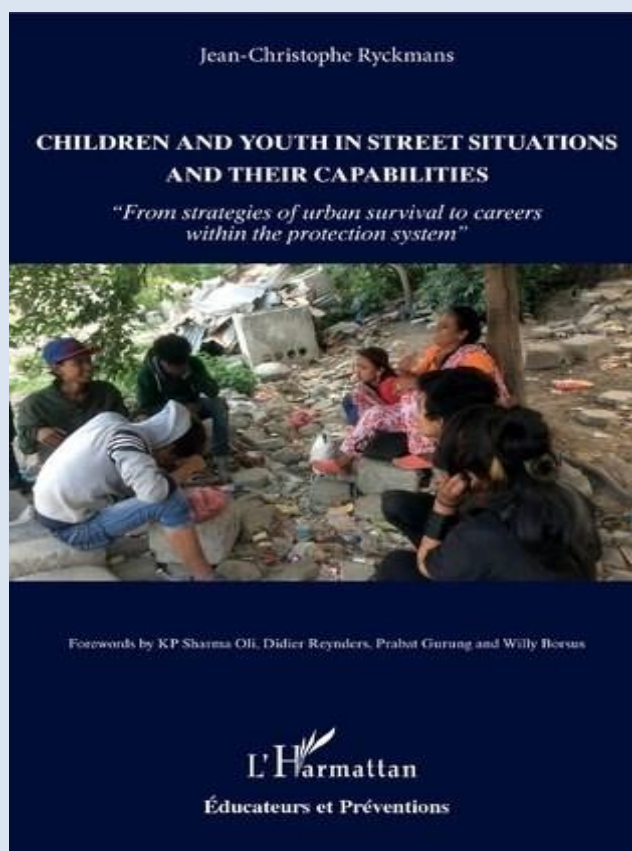




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Abbreviations

| | |
|-------|---|
| 104 | Police Cell – Found and Missing Children |
| BHCA | Better Health Care Access |
| CCWB | Central Child Welfare Board |
| CLASS | CPCS Local Action and Support Services |
| CPP | Child Protection Policy |
| CYIS | Children and Youth in Street Situation |
| DIC | Drop InCenter |
| DKG | Dignity Kit Girls |
| ECD | Early Child Development |
| ET | Education Ticket |
| FCC | Family Care Center |
| IES | Informal Education System |
| INGO | International Non-Governmental Organization |
| LSA | Local Social Actor |
| LSP | Legal Support Program |
| MSP | Medical Support Program |
| NGO | Non-Governmental Organization |
| NCRC | National Child Rights Council |
| RSS | Residential Schooling Support |
| SEE | Secondary Education Exam |
| SSW | Social Street Worker |
| SWC | Social Welfare Board |

INTRODUCTION



CPCS Alliance is a global movement of partners and NGOs helping children and youth in street situations around the world. This alliance aims at realising the pieces of advice in the General comment No. 21 (2017) on children in street situations prepared by the Committee on the Rights of the Child (<https://www.ohchr.org/en/hrbodies/crc/pages/crcindex.aspx>)

The CPCS Alliance defends and uses an Interactionist approach to understand how children and youth in street situations create their social identity while confronted with dynamics of domination, labelling and violence. There's no denying that their ability to survive in the streets has huge impacts on their career, which is also influenced by their ability to use with the institutional network supposed to help or control them. We have approached those life stories with a deep analysis of their inherited identity (e.g., cast, religion, family and community background ; the identity developed by street situations (e.g., survival group, regular activities, drugs, physical, moral and sexual violence); and their projected identity (e.g., dreams, expectations, projections). Inspired by the work of Pr. Daniel Stoecklin (University of Geneva), we use the Actor System (Stoecklin, 2000) and the kaleidoscope of experience (www.self-acting.com) as toolboxes to understand the meaning children are giving to their realities.

The CPCS Alliance and its members foster a rigorous methodological approach but advises meanwhile to include and involve children and youth concerned, by useful, realistic and respectful interventions. The paradox between the institutional discourse (presenting children as actors of their life and rights), and the reality on the ground (where intervention tools integrate a part of the individual's perspectives and the interactional context about concerned subjects) is a thorny issue. Public authorities as well as NGO's should refuse the neo-liberal approach institutionalizing children rights as a "culture of quantitative results" and promoting it as a systemic and comprehensive approach where children are empowered as real social actors. Considering children best interest, reinventing a child protection system, recognizing them as a subject of rights, ensuring partnership with various networks or organisations like-minded, those are the priorities of our Alliance.



www.cpcs-alliance.org



OUR MISSION

CPCS has been working on the protection of children in street situations and marginalized conditions in Nepal since 2002. Numerous reasons lead children to the street: peer pressure, media influence, natural disasters, family break-up, poverty, family violence, dreams of a well-paying job or access to free education, dreams of an easier life in the city.... Children migrate from their hometown or village to Nepal's big cities. Once there, they generally end up on the street where they have to face its multiple dangers: drugs, abuses, crimes, hatred, exploitation, discrimination, intimidation, illegal detention and STDs.

CPCS aims to work for a society where all children are **respected, valued** and **protected**. Our mission is to deliver basic services (medical, legal, psychological, educational, etc.), in order to bring immediate improvement to children in street situations and children at risk.

CPCS Program in 3 levels:

- **Prevention** (*before and during the street life*): a set of interventions focused on
 - ✓ Preventing and avoiding the arrival of the child in a street situation.
 - ✓ Raising awareness among the public, families, authorities, and children themselves about the realities of street life (its causes, dangers, aspects, and consequences).
- **Risk Reduction** (*during life in the street*): a short-term perspective focusing on the immediate reduction of street life dangers.
- **Social Rehabilitation** (*after the street life*): a mid-term perspective focusing on progressive and eventual reintegration of the child into society.

CPCS International and its alliance are members of three networks:

- Street Workers Network – Dynamo International

www.travailderue.org



- Child Safe Alliance – Friends International

<https://thinkchildsafe.org/>



- Consortium for Street Children

<https://www.streetchildren.org/>



OUR OBJECTIVES

- To develop services directly on the street **to offer protection** to children in street situations and to reduce the risks they are exposed to.
- To develop services allowing children in street situations **to take a step forward** toward their reintegration into society and into their family.
- To develop prevention programs to **prevent more children** from coming to the street.
- To **take on the children's problems** with understanding and respect, considering them not as victims or delinquents but as people with diverse skills.
- To be a **bridge** between the street and the society.
- To reduce the risks faced by children in street situations.
- To give the children in street situations basic **education, attention, and support**.
- To protect the **children's fundamental rights**.
- To raise **awareness** of children in street situations in Nepal and abroad.
- To give children access to **healthcare** and **hygiene** services.
- To **reintegrate** children in their community and reunite them with their families.
- To reduce and progressively **abolish** all forms of **child exploitation**.
- To fight against some of the worst forms of child labor.
- To **mobilize** communities, organizations, institutions, and families to better meet the children's needs.
- To contribute to enforcing the Child Act (1992), to provide **legal support** for children in street situations.

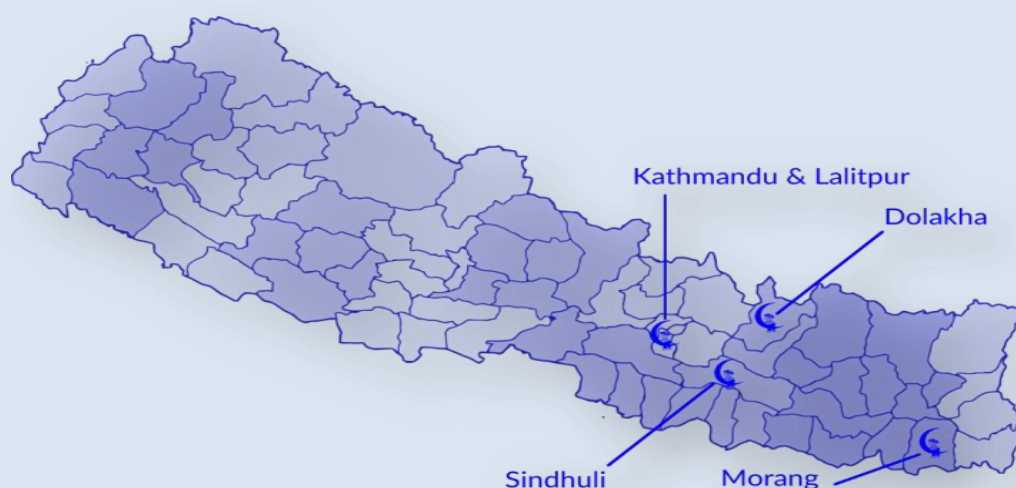
OUR INTERNATIONAL PARTNERS

Special thanks to all our partners for their support:

1. The American Himalayan Foundation (AHF) – USA, 2. L'Association des Amis de Soeur Emmanuelle – Belgium, 3. Dynamo International – Belgium, 4. The Nick SimonsFoundation – USA, 5. SOS Enfants Abandonnés – Belgium, 6. La FondationVieujant – Belgium, 7. Kinderleven-Vie d'Enfant ASBL – Belgium, 8. La Chaîne de l'Espoir – France, 9. CPCS-France and 10. CPCS-Belgium, 11-15. The Rotary Clubs of Honolulu (US), Durbuy (Belgium), Brussels (Belgium), Paris (France), London (England) and the R-6, 16. La communauté de la resurrection – Belgium, 19. L'INDSE de Bastogne – Belgium, 20. Kids in need Nepal – Belgium, 21. De Brug – Belgium, 22. The Van Dijck Family and friends, 23. PPOT (Belgium), 24. Sukhi Home – Belgium; 25. Himalayan Projects – Belgium, 26. Jens Van Cleynenbreugel and friends, 27. Savoir Oser la Solidarité _ Ecole de Management de Grenoble – France, 28. La foundation Futur–Belgique, 29. Rob Van Acker – Belgium, 30. KiNN–Belgium, 31. Damesclub Waregem – Belgium, 32. Rita Rogiers – Belgium, 33. Child Save Movement – Cambodia, 34. Consortium for Street Children – UK, 35. Himalayan Projects - Belgium

OUR LOCAL PARTNERS IN NEPAL

THE CPCS ALLIANCE IN NEPAL



CPCS International supports **4 local NGO partners** in different districts:

Kathmandu – CPCS (Child Protection Centers and Services)

Sindhuli – CRPC (Child Right Protection Center)

Morang – ORCHID (Organization for Child Development)

Dolakha – CPR (Child Protection Child Rights)

The local work force consists of administrative staff, accounting experts, social workers, nurses and health assistants, teachers, psychologists, lawyers, care takers and drivers.

A total of 93 task-oriented jobs.



ACHIEVEMENTS

PREVENTION PROGRAMS

Supported by La Chaine de l'Espoir - France

BETTER HEALTH CARE ACCESS (BHCA) IN PUBLIC SCHOOLS (FROM APRIL TILL DECEMBER)

- **26** supported schools
- **26** nurses hired for the BHCA Program
- **4** Health Assistants hired for BHCA and the regional office
- **8.088** student beneficiaries in all 24 BHCA program
- **26.027** students got BHCA medical service in different schools (**11.170 Boys** and **14.852 Girls**)
- In total **34.178** people got consultation through the BHCA Program (students and more)
- **3.719** Dignity Kits for girls distributed in 26 schools
- **208** meetings with school principals
- **416** meetings with nurses
- **26** sessions of training to nurses about CPP (Child Protection Policy)
- **1.268** awareness sessions for children; **35.562** children benefiting from awareness sessions
- **615** Health Camps for children; **20573** children benefiting from Health Camps
- **1.628** children referred to Hospital/health posts
- **1.767** children referred for counseling/psychological support
- **549** awareness sessions for parents; **10.928** parents attending awareness sessions
- **229** children got emergency support through the BHCA Program (Nutrition-74, Admission-75 and Clothes-80 Children)

CLASS (CPCS LOCAL ACTION AND SUPPORT SERVICES) FROM JANUARY TILL MARCH

Total CLASS children from Jan till April 2019:

174 children in ORCHID, **308** in CPCS Kathmandu, **120** in CRPC Centers in Sindhuli district, **449** in CPRC Dolakha.

Following CLASS centers, FCC (Family Care Centers), RSS (Residential Schooling Support) and Regional Centers are running in different partners' organizations:

- **In Morang District:** **1** Regional Center (**85** children), **3** CLASS (**70** children) and RSS (**19** children).
Total of **174** children.



- **In Kathmandu District:** **10** CLASS Center (**230** children) and RSS (**78** children). Total of **308** children.
- **In Dolakha District:** **4** CLASS centers (**196** children), **2** FCC (**150** children) in Dolakha and Charikot, **28** children in RSS, **3** ECD (**41** children), Regional Center Deurali (**34** children)
Total of **449** children.
- **In Sindhuli District:** **1** Regional Center, **1** CLASS and RSS in Sindhuli District
Total of **120** children.

In total **from January to March 2019:** **1.240** children received full scholarships through our Regional office, FCC, RSS and CLASS - Prevention programs.

DAILY ACTIVITIES IN FCC AND REGIONAL CENTERS

- **Awareness** on Child Rights, health & hygiene, earthquakes, street risks, sexual abuse, scholarships.
- **Distribution** of bags and stationeries, dresses ...
- **Health & medical checkups, homework** check-up, information on culture & religion, dancing, drawing, singing, English writing, storytelling, cleaning, art & crafts, sports, games, visits, picnics, celebrations (New Year, religious: Holi...), competitions (singing, dancing, carom, sports, ...)
- **Parents and teachers meeting** on safety matters, children admission, studies, progress, regularity, complaints, problems.

CLASS, FCC, REGIONAL CENTERS (January to April 2019)

- **61.122** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program.
- **231** health sessions (camp, check up, awareness) for **9.420** children in different centers.
- **1.909** children are given medicine and health service from the prevention program.
- **235** children were sent to local hospitals, health posts and health centers for treatment and **5** children were sent to Kathmandu for further treatment from different centers.
- **3.031** parents attended **179** meetings in different centers.
- **1.754** children's home visited frequently by LSA.
- **252** meetings with GO, NGO, Club, community attended by the prevention team (LSA and Staffs).



EMERGENCY LINE

315 calls treated by the emergency line: **35** for medical assistance, **12** Under arrest, and **251** information calls received this first semester.

“National Centre for Children at Risk” referred **123** children to our DIC through the emergency line.

MEDICAL SUPPORT PROGRAM (RECOVERY GODAWARI)

- **953** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **3422** medical consultations, **3856** cases admitted in our recovery center clinics.
- In average, **9 children are treated daily** in our recovery centers.
- **65** cases were referred to various hospitals for further checkup.
- **26** children were admitted in hospitals for **90-day** stay.

SCHOOLING PROGRAM

- **2** youths enrolled in schools + **2** through our residential schooling programs.
- **1** youth passed SEE.

COUNSELING SERVICES

- CPCS psychosocial counselors gave individual counseling for **398** cases and group counseling for **205** cases.
- **38** cases were linked to physical and moral abuses and **4** were sexual abuses.
- **167** general awareness classes
- **24** awareness sessions

LEGAL SUPPORT PROGRAM (LSP)

- **20** youths or children benefited from legal assistance after they were taken into custody.
- **20** were released after our intervention.
- **31** jail- and **55** custody-visits
- **32** meetings with the police



- **555** children attending awareness sessions on legal matters and **8** awareness programs conducted with the public.

REHABILITATION AND DIC PROGRAMS

- **133** new children enrolled in **CPCS Rehabilitation program**.
- **123** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **10** children rescued from field.
- **32** children/youths sent to other organization for rehabilitation.
- **14** youth referred in other organization for training.
- **72** children /youth family reunifications.
- **29** children/youth family visits.
- **23** children/youth dropped out.
- **37** children/youth follow-up families.
- **1** Children passed away.
- Regular meeting with **104 children** and NCRC for child protection policy implement.

YOUTH PROGRAM

- **37** Youths are followed up by our teams.
- **5** Youths are still with us as **peer educators**.
- **14** Youths are in **training**.
- **1** child completed SEE.
- **35** Youths met their families again (**family reunification**).
- **10** Youths went back home.
- **3** Youths stayed in their own room.

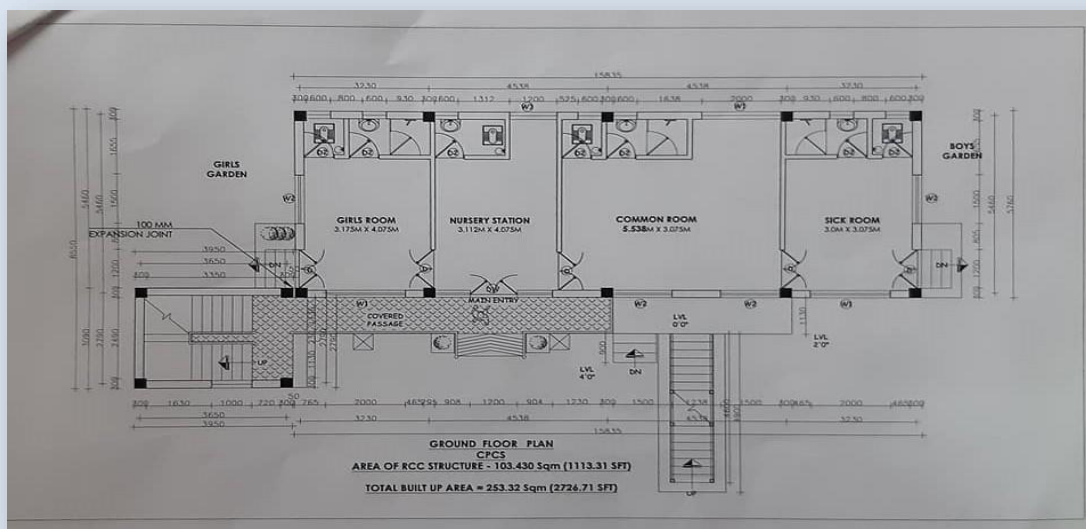
OTHER ACTIVITIES (FROM JANUARY UNTIL DECEMBER 2019)

CONSTRUCTION OF A NEW BUILDING, GODAWARI

Construction started for a unit on the site of Godawari. All buildings, which we currently rent, are now under one roof, including the Recovery Center, the offices, rehabilitation and socialization centers.

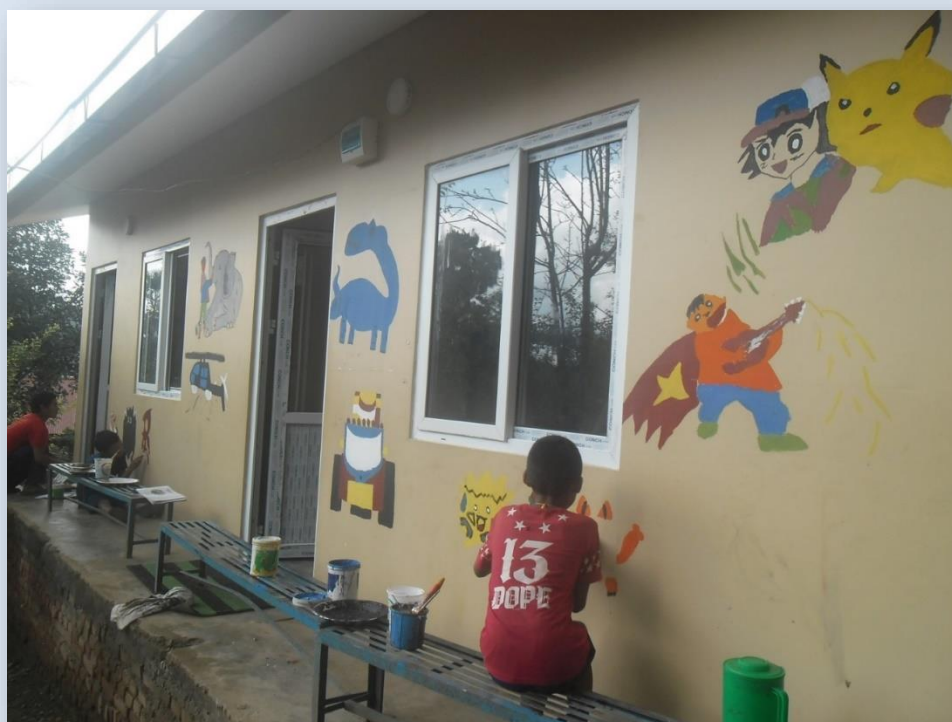
This way, it will be possible to work more coherently, we will avoid paying house rent and the coordination of the team will be smoother. Several Partners are already committed to support the building : Les amis de Soeur Emmanuelle, Vie d'enfant – Kinderleven, the School Indse, the Vieujant Foundation. The Nick Simons Foundation will support the “furnitures” of the Recovery (medical) part. We are still looking for additional support to complete the building on time. (November 2020 – expected)





CONSTRUCTION OF A 3-ROOM BUILDING - REHABILITATION CENTER FOR BOYS – GODAWARI (COMPLETED IN 2019)

A new 3-room building was built. It contains 1 office and 2 separated dormitories: one room for small children and another one for older boys. The building has been supported by the Indse school, Rotary of Honolulu, Vie d'enfant – Kinderleven support and other foundations/charities support.



SELF-SUSTAINABLE FARMING PROJECT, REGIONAL CENTER - DOLAKHA

A **self-sustainable farming project** has started in the Regional Center of Dolakha. A vegetable garden was set up and enables the center to grow its own organic **vegetables**. **Animals** like goats, rabbits and chickens are reared in the center. All the products coming from the farm are used for the **consumption** of the center and cultivated without pesticides or chemicals. Children of the center participate in the farming process.

RENOVATION WORKS, REGIONAL CENTER – DOLAKHA

Because of the heavy monsoon rains, the buildings of the regional center were flooded. Extra retaining walls were built, and extra water drainage lines were dug.



REGULAR MEETINGS WITH LOCAL PARTNERS -STREET FIELDWORKERS FORUM

A meeting, with local partners working to help children in street situations, (**Social Street Workers**) is organized on a regular basis. Experiences and problems are shared via an informal platform.



“TRAINING FOR TRAINERS” AND DIALOGUE WITH SOCIAL WORKERS IN THE PHILIPPINES

In February 2019, two staff members have been attending the “Training for Trainers” event organized by the **Street Work Training Institute** - partner of Dynamo International in the Erasmus+ AsyaProject. The trainees have shared good practices, advice and experiences with 9 Asian organizations working with children in street situations. The CPCS members learned new methods that will be used in the centers.



TRAINING AGENTS – CHILD SAFE MOVEMENT, CAMBODIA

In August 2019, three staff members attended a training to become an agent of the Child Safe Movement. Hundreds of millions of children live on the margins of society around the world and feel stuck. This number



is increasing. ChildSafe works to protect the youth that is living and working on the streets, using drugs, suffering from AIDS. They are also struggling to protect migrants at risk of unsafe migration, in prison or in conflict with the law, victims of abuse and domestic violence, people involved in the sex trade, school dropouts or unemployed. People living in poverty or affected in any other way by something withholding their international rights. Young people living on the margins of society are exposed to many abuses, from physical and emotional violence to sexual exploitation, forced labor or lack of access to health care and education.

7 Tips for Travelers

Every year, millions of tourists travel to developing countries or underdeveloped countries. Once arrived, they are shocked and affected by the difficult living conditions of children and they want to help. Despite their good intentions, their behavior can often have a negative impact upon those children's lives. Visiting orphanages or schools, visiting slums, giving money or food to begging children, these are all behaviors which keep children in poverty or even in abusive situations.

The 7 tips for travellers promotion will start in 2020, in collaboration with the Nepalese government and partner organizations.



NATIONAL CHILD PROTECTION POLICY TRAININGS

National Child Protection Policy training for staff members are organized on a regular basis. It's mandatory for all 93 team members to read, sign and get acquainted with the Child Protection Policy and apply its principles to their daily work.



DENTAL CAMP BELBARI – MORANG

CPCS has organized with its partner Himalayan Project a 3 days-dental camp in the Regional Center in Morang. More than 250 patients got dental care and advice about dental hygiene.



BEST INTERESTS DETERMINATION (BID)

This year the Convention of the Child Rights celebrated its 30th anniversary. One of the most important point of it is that children are not objects who belong to their parents and for whom decisions are made. Instead, they are human beings and with their own rights. The Convention insisted on the fact that childhood is separated from adulthood and lasts until 18 years of age; it is a period in which children must be protected and are allowed to grow, learn, play, develop and flourish with dignity. The Convention went on to become the most widely ratified human rights treaty in history and has helped transform children's lives.

The stake is to determine the child's best interests concerning important decisions affecting the child, that require procedural guarantee. Such process should ensure suitable child participation without discrimination.

It involves decision-makers with relevant areas of expertise and who balance all relevant factors in order to assess the best option. CPCS adheres the CCR and follows the guidelines of the BID and the methodologies. (recommendation 21).

VISIT OF "LA CHAÎNE DE L'ESPOIR" – MAIN PARTNER FOR ALL BHCA AND PREVENTION

October 2019 - Mr. Vincent Perrotte from La Chaîne de l'Espoir – France - paid a working visit to the CPCS Alliance centers and schools in Dolakha, Sindhuli and Morang. During a week we toured through Nepal and visited as many centers and schools as possible where CPCS International started the Better Health Care programs. More than 8,000 children, their families and the community received basic medical care directly in their local school. Usually there is no medical service in those specific locations. Better Health Care Access focuses on girls who are forced to stay at home for a week every month due to a lack of personal hygiene material. These girls get the necessary comfort at the BHCA centers. With warm thanks for the support of all donors who make this program a reality.



VISIT SOS GRENOBLE ECOLE DE MANAGEMENT

SOS, Savoir Oser La Solidarité, is the humanitarian and solidarity association of Grenoble Ecole de Management (GEM) - France. The association brings together 250 members around 14 local and international projects. The student volunteers are involved throughout their first two years at GEM to bring help and smile to disadvantaged children in the Grenoble region and around the world.

Among them, a group of students visited Nepal and CPCS had the honor to receive them in its centers. They brought toys and educational material with them and put their hands to the wheel.





PROGRAMS & ACTIONS PLANNED IN 2020

1. Socialization centers facilities welcoming 30 to 50 children daily
2. Informal Education Service: working in the street and meeting up to 50 children and youths daily
3. Field activities covering more than 20 areas in 8 districts (mainly around Morang, Sindhuli, Dolakha, Kathmandu and Lalitpur districts): 4000 to 5000 beneficiaries per month
4. Emergency line available 24 hours a day in Katmandu and focusing on children and youths in street situations
5. Recovery center and medical care for 50 to 70 children monthly (including probably a new structure in Morang)
6. Counseling and psychological support for 200 to 300 children monthly (mainly in Dolakha and Kathmandu offices)
7. Research on various issues (abuse)
8. BHCA and awareness for schoolchildren and guardians daily
9. Youth Empowerment Programs for 20-40 youths in street situation
10. Family visits and reunification for 10-15 children monthly
11. Schooling support for 15.000 children (through BHCA program or other programs).
12. Public awareness campaigns – Distributing 7 tips for travelers – Child Safe Movement
13. Socialization and alphabetization classes for 1600-1800 children daily
14. Raise international awareness about children's rights and the case of children in street situations
15. Local networking and international partnerships
16. The rehabilitation process for 30-50 children and youths
17. Hygiene and clothes distribution for 1200 to 1600 children
18. Street bank for children in street situations
19. Leisure activities as picnics, camps or games in the open
20. Kitchen club - feeding 100 to 200 children daily (+ snacks for 1500)
21. Raise of children's self-esteem and awareness about children's rights, fundamental rights, and national law
22. Children library and literacy classes for 1500-1800 children daily
23. Child social rehabilitation process, and individual interventions for children and youths
24. Child rights protection programs – security, legal help and court actions



PREVENTION SERVICES

Introduction: improving family-based care and community involvement

In **2004**, CPCS sets up prevention programs and awareness activities for children and families from the Kathmandu valley and other areas, to **prevent the arrival of children in the streets**.

Different programs focusing on families, communities, and children at risk were developed to **address** the several problems and risks met by children in some cities of Nepal where the phenomenon of children in street situation is evolving. Children are threatened by domestic violence, social exclusion, drug abuse or lack of family planning. A combination of those **causes pushes children to escape to seek refuge elsewhere**. As a consequence, CPCS aims **to stop this phenomenon at its source** and **reduce the number of street-based children** by encouraging and sustaining their education.

Launched in **2004** in Dolakha, **CLASS** (CPCS Local Action and Support Services) is a **prevention program** focusing on different realities of the street's life and working directly on the **roots** of the problem: village problems, domestic violence, social exclusion, consumption of alcohol or drugs, absence of family planning, etc.

Through this program, we support children at home (with schooling and scholarship); we enhance their parents' awareness of their right to education and its importance, on the risks of school dropout and the dangers of the streets.

Program: Family Care Center (FCC)

The FCC concept is based on **3 objectives**:

- 1.-**Preventing** family-child separation and unsafe migration,
- 2.-**Promoting** a community-based approach to family preservation,
- 3.-**Ensuring** access to education and health care for children in vulnerable conditions.

Since April 2018, 4 FCC has been operational in Sindhuli district (1), in Morang district (1) and in Dolakha district (2).

A local team of **3 people** is responsible for the wellbeing and good communication with the beneficiaries and their families. One admin or social worker deals with accounting and support to families.



One social worker does the cleaning, takes care of the children and gives them classes. One medical person (Nurse or Ha) is able to provide hygiene and awareness classes, basic medical care, tuitions, and support.

The goal is to offer **adequate support** to every family. The FCC is open every day and runs as day-care centers. Each center welcome at the beginning up to 75 children, and then can go up to **100 kids**. The children come daily, to enjoy after school sessions, daily snacks, access to the library, homework help. A common room enables them to participate in social activities, such as games, sports or artistic activities. They also have the possibility to take care of personal hygiene and receive basic health care.

Weekly sessions are organized with the families to discuss various matters, child rights, migration, hygiene, medical and legal problems, or personal problems and obstacles in daily life.

Families and local communities are fully integrated into the process, and a local NGO or partner is selected to provide the necessary care, infrastructure, and material (trained, supported and monitored by CPCS International). These centers are a place for family reunifications and support to the CPCS deinstitutionalization system.

The **support of local children** in street situations and **family visits** are also priority missions of the center. The center is non-**residential**, and open daily for 8 hours (3 hours on Saturdays and public holidays). A **local child club** is set up, to encourage children participation and **child empowerment**, via an election system, of two child representatives, etc. Special attention is given to girls and **girls empowerment**. Prevention of traffic, empowerment of mothers, child rights advocacy, and defense for vulnerable persons in a non-violent environment are also essential topics.

HOW AN FCC WORKS:

- Open to **every** child from any public school;
- Payment of the **school costs**/fees, uniforms and basic stationeries provided;
- Daily **homework** help session;
- **Library** access;
- Sports and games activities;
- Bi-weekly awareness meetings with families, on parenting skills, migration, health, hygiene;
- Health and hygiene follow up for the children and their siblings;



- Provision of daily **snacks**;
- On Saturdays and days off, the center is open for 3 hours and offer leisure activities, sports, TV, cultural activities;
- Community active participation and involvement;
- **ChildClub** establishment and Minister System (to elect child representatives);
- Coordination with **local authorities** and District Education Officers;
- Basic support of local children in street situations (fieldwork);
- **Family visits** (to assess situations), counseling with advices and parenting tools;
- Team Capacity building;
- **Weekly discussions** with children about various subjects, child care, education, risks of unsafe migration, trafficking;
- Non-violence and full Child Protection Policy implemented in the center. No moral or physical violence tolerated;
- Possibility to **wash clothes** and **to bath**;
- Active participation in local programs, events;
- **Family reunification** process and follow up;
- Medical Corner and follow up with **local hospitals** (partnerships for free treatment);
- **Legal advice** and support for birth certificate and other documents;
- Emergency zone in case of natural or political problem (Child Protection Zone);
- **Youth** empowerment

PREVENTION PROGRAM (CLASS /FCC/ECD) ACHIVEMENT DATA – (JAN-APRIL 2019)

| Total no of children attending the Program | Health Sessions | Children attending Health Sessions | Medical Local Cases | Hospital or Referral (to Ktm) Cases | Local Hospital/ Health post Referral | Numbers of Parents Meeting | Nbrof Parents attending Meeting | Number of Home visit by LSA | Meeting with Community/ Gov |
|--|-----------------|------------------------------------|---------------------|-------------------------------------|--------------------------------------|----------------------------|---------------------------------|-----------------------------|-----------------------------|
| 61.122 | 231 | 6.489 | 1.909 | 5 | 235 | 179 | 3.031 | 1.754 | 252 |

Program: CLASS (CPCS Local Action Centers and Services)

CPCS believes that prevention programs should also be conducted outside of the valley to **address the issue** of children in street situations at its **source**. Our CLASS program aims to raise **awareness** among ordinary people and stakeholders, outside and inside the Kathmandu valley area.

Through the CLASS program, CPCS conducts **prevention programs** in **4** Regional Offices, **18** CLASS centers, **3** ECD, **2** FCC and RSS in different schools, in Kathmandu valley and in other districts. These places were selected after a study showed that most of children in street situation come from them, notably because major roads pass by these towns.

Altogether **2.050** parents, teachers and children benefit from our CLASS Programs, through 23 local centers and 66 staffs.

CPCS provides financial support to the family for **school related expenses** (*monthly fees, exam fees, uniforms, books, stationary etc...*), **support to the child** (*which he/she usually do not get at home due to illiteracy and lack of education in his/her family*).

The LSA also works as a social counselor trying to install or re-install, through dialogue, a better communication between the family members.

CLASS CENTERS (run by CPCS NGO)

| School | Address | CENTER | Children |
|-------------------------------------|----------------------------|----------------------|-----------|
| Shree Ram Basic School | Budhanilakantha, Kathmandu | CLASS Budhanilkantha | 21 |
| Shree Nepal RastriyaNirman S School | Mulpani, Kathmandu | CLASS Mulpani | 23 |
| Shree Halchowk Secondary School | Halchowk, Kathmandu | CLASS Halchowk | 25 |
| Shree Pharping Secondary School | Pharping, Kathmandu | CLASS Pharping | 24 |
| Shree Chalnakhel Secondary School | Chalnakhel, Kathmandu | CLASS Chalnakhel | 25 |
| Shree Jana Jagritiyanrasmi S School | Balaju, Kathmandu | CLASS Balaju | 21 |
| Shree Ganesh Secondary School | Khwoj, Bhaktapur | CLASS Khwoj | 25 |
| Shree Siddhi Kamaladevi S School | Chautara, Sindhupalchok | CLASS Chautara | 24 |
| Shree Azad Secondary School | Banepa, Kavre | CLASS Banepa | 23 |
| Shree ChamelideviPiya S School | Narayangadh, Chitawan | CLASS Narayangadh | 19 |
| Shree Amarjyoti Secondary School | Kalanki, Kathmandu | RSS | 11 |
| Shree Adinath Secondary School | Kritipur, Kathmandu | RSS | 15 |
| Shree Mahendra Basic School | Sanothimi, Bhaktapur | RSS | 15 |
| Shree Laxmi Secondary School | Hetauda, Makawanpur | RSS | 11 |
| Various School | Kathmandu, Bhaktapur | RSS | 26 |

BHCA – Better Health Care Access



The new BHCA Program is an innovative project aiming to ensure that **children in public schools have access to basic health care, hygiene and awareness** about various risks.

CPCS supports Better Health Care Access for students in public schools in Kathmandu, Sindhuli, Morang and Dolakha. In addition to basic medical care, **awareness classes** are organized to give children, young adults and their guardians, the opportunity to address topics that are difficult to discuss. It is due to cultural values, subjects such as menstruation, STDs and linked problems are taboo, which can cause prejudice to the children.

After thorough research, CPCS concluded that many children in public schools have little or no access to health care. However, **with BHCA, more children could reach it as well as their community.** It was therefore decided to make an extra effort for better healthcare in public schools. The **budget for education was reviewed and deployed for healthcare.** In this way, **more beneficiaries were reached and served.**



For families in need, extra support is still possible. Consultations are held with the school committee, to determine who urgently needs this extra support (warm clothing, food, school stationary, uniforms).



26 nurses (ANM or CMA) are appointed by the CPCS Alliance members to work in partner schools. They work in collaboration with the school team (Principal and teachers) to **ensure children have access** to basic health care (cut, small injuries, diarrhea, stomach pain, small fever), but also to raise **awareness** about hygiene (in school toilets and in general). **They identify children in need of extra nutrition support or emergency clothes.**

Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focused on medical and hygiene matters (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.)



Extra attention is paid to girls and especially **girls old enough to have their periods**. Many girls stay at home for 4 days a month and **miss a full month of education in a full school year**. The nurses make sure that they are properly supported, and CPCS provides the schools with Dignity kits for girls. Nurses also communicate with the CPCS Alliance team and the school management committee to find out potential partners to provide further health service if needed.



Objectives of the program:

- Basic health care access inside public schools;
- Girls rights' promotion and campaign;
- Basic sexual education and prevention of sexual abuses;
- Hygiene in the school (hand wash programs, clean toilets, etc.);
- Awareness for all students about hygiene;
- Organization of camps (twice a month) to increase Basic Health Care Knowledge;
- Awareness about gender-based violence;
- Emergency support for families in need (clothes, nutrition);
- To make the school a child-friendly area.

BHCA Program in Kathmandu Valley (CPCS NGO)

| School | Address | BHCA CENTER | Children |
|------------------------------------|--------------------------------|-----------------------|----------|
| Shree Ram Basic School | Budhanilkantha - Kathmandu | BHCA – Budhanilkantha | 126 |
| Shree Nepal RastriyaNirmanS School | KageswariManahara Kathmandu | BHCA – Mulpani | 639 |
| Shree Mahendra Basic School | Sanothimi - Bhaktapur | BHCA – Sanothimi | 310 |
| Shree Halchok Secondary School | Nagarjun - Kathmandu | BHCA – Halchok | 251 |
| Shree Adinath Secondary School | Kritipur - Kathmandu | BHCA – Kritipur | 196 |
| Shree Pharping Secondary School | Dakshinkali - Kathmandu | BHCA- Pharping | 466 |
| Shree Ganesh Secondary School | Khwapa - Bhaktapur | CLASS Bhaktapur | 25 |
| Shree Chalnakhel Basic School | Dakshinkali - Kathmandu | CLASS Chalnakhel | 25 |

BHCA Program in DOLAKHA District (CPCR)

| School | Address | BHCA CENTER | Children |
|----------------------------------|----------------------|----------------------------|----------|
| Shree Kutidanda Secondary School | Bhimeshwar - Dolakha | BHCA – Kutidanda School | 486 |
| Shree Bhim Secondary School | Bhimeshwar - Dolakha | BHCA – Bhim School | 464 |
| Shree Rajkuleshwor Basic School | Bhimeshwar - Dolakha | BHCA – Rajkuleshwor School | 106 |
| Shree Balmandir Primary School | Bhimeshwar - Dolakha | BHCA –Balmandir School | 67 |
| Shree Tikhatal Primary School | Bhimeshwar - Dolakha | BHCA – Tikhatal School | 51 |
| Shree Lamanagi Basic School | Bhimeshwar - Dolakha | BHCA- Lamanagi School | 147 |
| Shree Buddha Primary School | Bhimeshwar - Dolakha | BHCA –Deurali School | 30 |
| Shree Bhumeshwori Primary School | Bhimeshwar – Dolakha | BHCA –Bhumeshwari School | 26 |
| Shree Janajyoti Secondary School | Kalinchok - Dolakha | BHCA –Lapilang School | 276 |

BHCA Program MORANG

| School | Address | BHCA CENTER | Children |
|----------------------------------|------------------------------|------------------------------|----------|
| Shree Mahendra Secondary School | SundarHaraincha - 12, Morang | BHCA – Mahendra School | 557 |
| Shree NawajanaJyoti Basic School | SundarHaraincha – 1, Morang | BHCA – NawajanaJyoti School | 212 |
| Shree BhagawatiSecondary School | Belbari – 3, Morang | BHCA – Bhagawati School | 1187 |
| Shree Kawir Secondary School | Belbari- 2, Morang | REGIONAL OFFICE / BHCA Kawir | 683 |
| Shree Dhanpal Secondary School | Belbari - Morang | BHCA – Dhanpal School | 647 |
| Shree Janata Secondary School | Belbari -1, Morang | BHCA- Janata School | 274 |
| Shree Singhadevi Primary School | Belbari -2, Morang | BHCA – Singhadevi School | 77 |
| Shree SahidSmirti Primary School | Belbari -1, Morang | BHCA Sahid School | 60 |

BHCA Program SINDHULI

| School | Address | BHCA CENTER | Children |
|------------------------------------|---------------------|-----------------------|----------|
| Shree Panchakanya Secondary School | Kamalamai, Sindhuli | FCC / Regional Office | 215 |
| Shree Secondary School | Kamalamai, Sindhuli | BHCA Sindhuli | 422 |

A total of **8.088** children have better health care access in school.



The operating Prevention Centers (supported by La Chaine de l'Espoir)

NATIONAL OFFICE – GODAWARI, LALITPUR

18 full-time staffs and **15** part-time staffs are working in various programs:

- CLASS
- “Drop In Center” (DIC) Rehabilitation Center for boys
- Legal support
- Medical support
- Emergency rooms for girls
- Psychosocial counseling
- Field work
- Youth empowerment
- Educational support
- Reunification and deinstitutionalization
- Residential School Support
- Better Health Care Access in public schools

Two boys are attending school through the residential program and a total of **308** children are in CLASS programs.

REGIONAL OFFICE AND FCC’S (Deurali – Dolakha - Charikot)

19 staffs (full-time and part-time) are working **daily** in the **3** CLASS and **3** ECD (Early Child Development) programs, **2 FCC (Family Care Centers) and 1 Regional office Deurali.**

A total of 449 children, living with their families, attend schools, FCC, Regional office, ECDs and CLASS programs.

All centers (*Lapilang, Kshamawati, Deurali, Bhedikhor, Lamanagi, FCC Dolakha, FCC Charikot*) are located in **Bhimeshwor Municipality** and surrounding Rural Municipality. **Three schools** have now started their own ECD centers and to help children supported by our programs (*shreekalinchowk higher Secondary school, Shree Mahendrodaya Secondary, Lapilang Higher secondary Raj Kuleshwor lower Secondary and shree Buddha Primary, Bhim Secondary*). Those ECD Centers have been opened in April 2016 with some of the new CLASS programs. The Programs of Charikot and Dolakha established in 2007 have started their ECD support in 2016.



REGIONAL OFFICE and FCC (Morang)

12 staffs work daily with **75** children in **one Regional Office, 8 BHCA Programs** in the Rehabilitation Center.

Morang is located in the Morang district near the Sunsari district (*2 densely populated districts*), 20 kilometers away from the Indian border. The center is mainly used during the **reunification processes** to create links with the families living in the district (**174** children supported). A small medical office in the corner of the room (*part of our BHCA programs*) provides checkup and care as well as services to the schooling children along with their parents. The center also runs daily CLASS programs. Parents also attend a monthly awareness meeting in the center.



ORCHID (Organization for Child Development) was registered in Morang's District Administration office in 2015 as a local NGO working for and with children at risk in the District. All children (*from underprivileged families*) are supported for their Better Health Care Access (BHCA) in 8 government schools (*BHCA activities: Kabir Secondary School, Janata Secondary School, Shree Bhagawati Secondary School, Shree Dhanpal Secondary School, Shree Singhdevi Primary School, Shree Sahid Smirti Primary School, Shree Mahendra Secondary School, Shree Nawajana Jyoti Basic School from Belbari Municipality, Koshi Haraicha Municipality, Itahari Sub metropolitan city, Lahan Municipality*). **A total of 75 children** from "Kabir Higher Secondary School" attend daily CLASS activities in the regional office



In April 2019, 4 CLASS Centers closed due to phase out (CLASS SundarHaraincha- Shree Mahendra Secondary School and start new program BHCA): CLASS Itahari (Shree Janata Secondary School), CLASS Lahan (Shree Shahid Secondary School) and 2 RSS (Birtamod and Jhapa).

REGIONAL OFFICE and FCC (Sindhuli)

Sindhuli is a mid-hill district located at the junction of the main highway to the Indian boarder and the Easter highway. It is located in the heart of Sindhuli city. Its main goal is to allow the reunification process and to create links with the families living in the district. A small medical office provides checkup and cure to children as well as it provides services to the children at risk.

6 staffs are working daily in one Regional Office **1** CLASS programs with **117 children** from underprivileged families. All the children are living with their families and are attending school in 8 government schools (Panchakanya Secondary, Shree Siddhi primary, BhabishyaNirman Secondary school, Shree kamala Secondary Shree JanajyotifromKamalamai). **CRPC (Child Right Protection Center)** was registered in Sindhuli District Administration office in 2007 as a local NGO to work for and with children at risk in Sindhuli District.

All CLASS Centers were opened in different wards of the Municipality. They are located within a radius of 3 km from CRPC office. All supported children attend government schools. Since May 2019, we have started BHCA program in the following school through Regional Office (CRPC) Sindhuli: Shree Secondary School and Shree Panchakanya Secondary school that attend daily BHCA activities. **In March 2019, 2 CLASS Centres (CLASS Kamala and CLASS Phosretar) were closed because of a lack of fund.**



Other awareness programs

WITH THE FAMILIES:

CPCS has been able to collect data and conduct several studies on the topic about children in street situations in Nepal. This underlines the **organization's ability to identify the underlying characteristics of poor households** that are more likely to lead to a child's migration to the street. **Sometimes, parents themselves are responsible** for sending their children to work in the streets and use their child as a source of income. This generally happens when the father loses his job. Other situations, such as alcohol consumption, family break-up or domestic violence can lead to children's runaway to follow their dreams about the city.

The relationship with the family is therefore a key element in addressing the issue of children in street situations. Moreover, CPCS has developed prevention programs targeted not only at the children themselves but also at families and children identified as "at risk" by our social workers and their partners (local schools, local organizations, and the authorities).

WITH CHILDREN "AT RISK":

CPCS educators also support children in street situations in the villages by organizing activities in the local schools. These awareness-raising sessions cover the dangers of the street (drugs, diseases and abuses of all kind), the rights and duties of parents and children, domestic violence, hygiene, health, the use of illicit substances. Without knowledge of their rights and these risks, the child is an easy prey for a predator.

WITH CHILDREN IN STREET SITUATIONS:

In Nepal, **about 65% of the children who arrive on the street usually stay there**. This is why our educators organize regular **information sessions in the street** to inform children about the different forms of abuse to which children in street situations can be exposed (i.e. AIDS, drugs, and sexual exploitation). By doing this, we try to prepare them **to face the dangers**.

Children in the street and those who attend our shelters take part in awareness-raising sessions. Without knowledge of these risks, the child is a designated victim. For example, CPCS has launched a campaign on HIV/AIDS, the risks of clandestine sexual intercourse, and the consumption of drugs. We deal with these topics by using posters and other materials, which facilitate communication with children.



WITH THE PUBLIC:

Different stakeholders interact with children in street situations in Nepal, including the general public, security forces, shopkeepers, tourism professionals, tourists and schools. CPCS considers that the issue of children in street situations should not only be tackled at the children and their families' level, but also at the level of these other stakeholders.

The public image of children in street situation is **generally quite negative**. Because they wear dirty clothes, use bad language and deny most social norms, they are considered as social parasites, young criminals and drug-addicted persons. Children often feel they have **no other choice** but to live outside the society and reject most of its rules. They form a parallel society with its own codes, its own language and rituals, which often include consumption of illicit substances. This leads to a **vicious circle**: society rejects children in street situations because they are asocial, and children are asocial because society rejects them.



WITH THE AUTHORITIES:

The **police can also be a partner** in the fight that CPCS is leading. Firstly, police officers who are badly informed about children's rights and the living conditions of children in street situations may behave unlawfully towards children and notably use violence against them. **By informing the police, we can expect a better understanding and a more humane attitude**. Secondly, working in collaboration with the police on the street problems is the key to our work. Our objective is to **calm tenseness between the police and children**. Today, thanks to a good relationship with CPCS, the police prefers to **contact our hotline** rather than incarcerate children in the case of offences. On our side, we try to explain to the child that certain behavior can be harmful to their image and justify police intervention.



RISK REDUCTION

Introduction

CPCS **respects the child's wishes and believes**. It is the child's **own decision** to come to CPCS and then go back to its family or to choose another option. We have developed programs and activities that encourage children to come to our centers where we can help them on their path back to their family. Street-based field workers inform children in street situations and encourage them to gradually follow their own path of social rehabilitation.

CPCS short-term risk reduction programs (conducted both in the streets and in our socialization centers), are the first steps towards building a relationship between the child and CPCS. CPCS then offers any street-based child who desires it, an individual counselling based on his personal history, educational background, personal abilities, age, and most important of all, on his personal wishes and interests. Through daily fieldwork and contacts with children in street situations within our centers, we gain experience about the daily life and problems faced by children in street situations. In addition, CPCS values very much its network with other NGOs working with children in street situations around the world. Being part of the **"Street Field Workers International Network"** gives us the opportunity to share our experiences and learn from others. CPCS' outreach work was essentially based on frequent day-and-night field visits and on activities in our centers. On the street, children who met our social/field workers received information about our activities, programs, counselling services, informal education classes, and first aid services. Our social workers were also responsible for identifying and approaching new children in street situations.

The rehabilitation shelter–Godawari

Due to some policy changes decided by the Central Child Welfare Board, our "shelters" are no longer fully open. Children have to stay inside and follow a full socialization process. The socialization center is a place where former children in street situations can be safe and receive assistance when needed. They have access to various entertainments (football, board games, carumboard, marbles, cricket, badminton, table tennis, watching a movie) while the educators take advantage of these opportunities to raise up their awareness on AIDS/HIV, drugs, child rights and give information about the services that CPCS can offer if they decide to leave the street. Dances, music classes and other activities are also initiated by their peer educators or friends studying in secondary level.



- ✓ *To offer the children a safe place to sleep, take care of their personal hygiene and socialize with others.*
- ✓ *To give the children nutritious and hygienic meals.*
- ✓ *To offer the children free access to medical care and counseling in recovery center.*
- ✓ *To offer the children non-formal education, sports, culture and child rights classes.*
- ✓ *To manage family reunifications and family visits.*
- ✓ *To provide children legal assistance and plead on behalf of them in court action.*
- ✓ *To reintegrate children after tracing family through family visit and counseling*
- ✓ *To reduce risk among children in street situations and children at risk*



Coordination with NCRC, Center for Children at Risk.

- 15 Children were referred for Rehabilitation in CPCS DIC by different organizations.
- 24 children were referred from our DIC center to their family.



SELF-MANAGEMENT AND DAILY ACTIVITIES

The socialization center is partly managed by the children themselves to rise up children's sense of responsibility by giving them the opportunity to play an active role in the organization of the center (maintenance, household cleaning, food shopping, cooking, and defining the rules of good behavior).

- ✓ A **library** provides books on various subjects and is used by several children every day. They can borrow books as they wish.
- ✓ **Individual locker deposit boxes** are available for their belongings (*clothes, shoes and valuables*) while they are staying in the center.
- ✓ A **"street banking system"** also encourages children to save money and protects them from having their money stolen by street gangs, junkyard owners... They can deposit their money and retrieve it if they need it.

*Activities supported by "Les amis de Soeur Emmanuelle"–Belgium and the Vieujant Foundation
The support of the Honolulu Rotary and Vie d'enfant-Kinderleven allows us to build an additional building to ensure appropriate childcare in our Godawari center.*

Street work initiative

FIELD VISITS

These frequent field visits enable CPCS educators to better grasp the current situation on Nepalese streets and the conditions under which street children have to suffer. These initiatives help CPCS staff to also find new children which recently became homeless. By directly interacting with them on site, our personnel can gain children's trust more quickly. This enables our staff to build trust, which is the basis for improving children's current situation in the long-term. Furthermore, senior staff members and social workers educate children about problems that can arise when living on the street during awareness sessions, informal classes and games.

MONTHLY STATISTICS FOR FIELDS VISITS (JAN – DEC 2019)

| Day Field Visits (KTM) | A.Total | J | F | M | A | M | J | J | A | S | O | N | D |
|----------------------------|---------|----|----|----|----|----|----|----|----|----|----|----|----|
| Area 1 - AvgNo.of children | 10 | 10 | 10 | 12 | 12 | 12 | 9 | 10 | 9 | 9 | 8 | 9 | 8 |
| Area 2 - AvgNo.of children | 7 | 6 | 6 | 9 | 8 | 8 | 7 | 7 | 6 | 6 | 7 | 6 | 5 |
| Area 3 - AvgNo.of children | 7 | 8 | 8 | 8 | 7 | 7 | 6 | 6 | 5 | 5 | 6 | 6 | 6 |
| Area 4 - AvgNo.of children | 5 | 5 | 5 | 5 | 5 | 7 | 5 | 5 | 6 | 5 | 5 | 5 | 5 |
| Area 5 - AvgNo.of children | 15 | 13 | 13 | 16 | 15 | 18 | 15 | 11 | 10 | 11 | 11 | 10 | 11 |

NIGHT FIELD VISITS



Night Field visits started 5 years ago, **3 to 4** days/week, at night. A Health Assistant, a senior social worker and an ambulance driver patrol the different areas of Kathmandu where children in street situations hang out at night. Every night, we meet an average of **7** children.

The main objective is to reduce risk exposure for children at night, (*physical and sexual abuse, alcohol, marijuana or glue, injuries during gang fights ...*). Our team can decide to take a child to a hospital or to transfer them to one of our centers.

Since the NCRC has launched the program "**no-child should stay in the street**", children are less appearing in the street. We assume they hide to avoid police sending them to a nearby DIC. Our night field program has thus been reduced to 3days/week, instead of 6 previously.

NIGHT FIELDS VISITS MONTHLY STATISTICS (JAN-DEC 2019)

| Night Field Visits (KTM) | J | F | M | A | M | J | J | A | S | O | N | D |
|---|----|----|----|----|----|----|----|----|----|----|----|----|
| Area 1 - Average No. of Children | 10 | 9 | 9 | 8 | 10 | 11 | 15 | 11 | 14 | 12 | 9 | 6 |
| Area 2 - Average No. of Children | 11 | 8 | 8 | 10 | 10 | 12 | 9 | 11 | 8 | 8 | 6 | 6 |
| Area 3 - Average No. of Children | 7 | 3 | 8 | 7 | 4 | 8 | 7 | 7 | 7 | 7 | 7 | 7 |
| Area 4 - Average No. of Children | 7 | 3 | 7 | 7 | 4 | 5 | 7 | 7 | 5 | 5 | 5 | 5 |
| No. of Children treated on Field | 43 | 33 | 35 | 39 | 46 | 34 | 14 | 35 | 34 | 9 | 18 | 11 |
| Children brought to center by field | 0 | 1 | 0 | 0 | 1 | 2 | 0 | 3 | 1 | 0 | 1 | 1 |
| Average No. children in daily Night field | 13 | 13 | 14 | 12 | 12 | 14 | 13 | 12 | 16 | 13 | 5 | 6 |

The Recovery center (Medical support)

Professional Health Assistants and qualified nurses work in shifts to ensure that the *Recovery Center of Godawari* can be at service 24 hours per day for children in need.

Children who are brought to CPCS for the first time are put through a general health examination. A psychologist then tries to get into a dialogue with them to assess whether they know where their family lives or if they remember any contact details. The objective is to reach children's relatives or friends that live within the same community in order to bring the children back to their families. A whole network of social workers, paramedics and rehabilitation officers try to come up with the best individual solution for every child.

The Recovery Center is equipped with 10 beds in which sick children can recover. Special meals and diets are prepared according to recommendations from our medical staff. The Recovery Center also treats viral diseases and epidemics. Children can receive daily consultations and treatments, including hospitalizations.

In the case of surgeries, the necessary medical care is administered in collaboration with the attending physician and the hospitals. Doctor's advices are strictly followed.

The Recovery Center also maintains a two-room apartment, reserved exclusively for women in need. About 10 mothers who had to give birth to their children on the streets were given shelter and postnatal care. Women who became victims of physical abuse and urgently need a shelter will find a safe place in the Emergency Recovery Room. During their time in the emergency shelter, our team will consult victims of domestic violence on the possibly best solution to ensure their long-term security.

If the medical care we can provide for children is insufficient, children are sent to a hospital in Kathmandu since rural areas do not have the same medical infrastructure available. For these children beds and care are provided to prepare them in advance of their medical treatment in Kathmandu and to ensure a safe and speedy recovery when they come back after their treatments. Once they have been fully recovered, they can return to their family and friends.



MEDICAL SUPPORT MONTHLY STATISTICS

| MEDICAL SUPPORT RECOVERY GODAWARI | Tot. | J | F | M | A | M | J | J | A | S | O | N | D |
|---|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| No. of children (Out patients) treated | 953 | 80 | 81 | 85 | 75 | 81 | 82 | 80 | 81 | 88 | 79 | 82 | 59 |
| Daily average | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 |
| Number of "clinic in" children treated | 3422 | 285 | 301 | 299 | 280 | 303 | 250 | 288 | 300 | 297 | 279 | 300 | 240 |
| Daily average | 9 | 8 | 9 | 9 | 9 | 10 | 10 | 9 | 9 | 8 | 9 | 9 | 8 |
| No. of In-Patients Nights | 3856 | 287 | 314 | 322 | 341 | 342 | 351 | 228 | 313 | 321 | 344 | 341 | 352 |
| Average age of in-patients | 11 | 9 | 10 | 10 | 11 | 11 | 12 | 9 | 10 | 10 | 11 | 11 | 12 |
| Number of hospital cases | 65 | 4 | 3 | 6 | 7 | 5 | 8 | 4 | 4 | 5 | 6 | 6 | 7 |
| Number of patients admitted in hospital | 26 | 2 | 1 | 2 | 1 | 4 | 1 | 3 | 2 | 2 | 2 | 3 | 3 |
| Hospitalization Days | 90 | 8 | 6 | 3 | 5 | 6 | 13 | 9 | 4 | 5 | 4 | 8 | 19 |
| No. of children treated in DIC Godawari | 3492 | 321 | 312 | 240 | 311 | 308 | 313 | 200 | 315 | 220 | 332 | 305 | 315 |
| No. of children treated in outreach (Day Field) | 2849 | 311 | 232 | 244 | 255 | 204 | 197 | 312 | 235 | 228 | 225 | 207 | 199 |
| No. of children treated in outreach (Night Field) | 1010 | 99 | 77 | 86 | 103 | 107 | 166 | 44 | 35 | 80 | 90 | 67 | 56 |

MEDICAL SUPPORT PROGRAM (MSP)

The Medical Support Program aims to support homeless children in terms of:

- ✓ Conducting day-and-night field visits and providing first-aid emergency treatments directly on the streets.
- ✓ Providing first aid and regular medical support for injuries and illnesses to children in all CPCS centers.
- ✓ Supporting children with more serious requirements such as surgeries in terms of diagnosis, lab tests and further medical intervention to public hospitals.
- ✓ Increasing awareness among street children for topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STI's, STD's and other diseases.

CPCS medical staff is present in different areas in Kathmandu through Day & Night Field visits. Medical support is provided to all children without any discrimination, regardless of their religion or health status. MSP also organizes health camps to perform medical check-ups for children.

We work in partnership with several public hospitals and other health organizations. Through preventive measures such as training and immunization, CPCS ensures that its staff remains healthy and safe when providing support to children. Furthermore, our medical team meets with other health organizations in Nepal on a regular basis. We frequently participate in Ambulance Management meetings in Kathmandu to ensure being up to date for current issues and new rules and regulations. CPCS also participates in coordination meetings with the Nepalese Red Cross, the Chief District Officer of Kathmandu and the Nepal Police to discuss strategies to for rescuing street children.

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The Emergency Line 5560700

CPCS operates a 24 hours emergency line available for citizens, parents, policeman, shopkeepers, tourists, teachers, GOs, other NGOs, and children in street situations themselves. They mostly call to inform us about a fight, an injured child needing medical assistance, or a friend taken into custody. Other groups of people call us to report a case, or to query information.

The “National Center for Children at Risk (#104)” referred us 55 children for rehab.

EMERGENCY LINE MONTHLY STATISTICS

| Emergency Line Cases | Tot. | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Medical Problems | 35 | 3 | 2 | 0 | 2 | 2 | 1 | 3 | 4 | 4 | 3 | 6 | 5 |
| Under Arrest | 12 | 0 | 1 | 2 | 1 | 1 | 0 | 3 | 2 | 1 | 0 | 0 | 1 |
| Abuses - trafficking | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Others | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 1 | 5 | 6 |
| Child Labour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Information | 251 | 21 | 17 | 19 | 18 | 16 | 19 | 23 | 19 | 21 | 22 | 27 | 29 |
| Line Calls Total | 315 | 24 | 20 | 21 | 21 | 19 | 20 | 31 | 25 | 29 | 26 | 38 | 41 |

Child Focus: Notices about children lost and family missing were also submitted in weekly publications and newspapers. We are replacing it by online publications in our Blog and through other social Media (Facebook, Twitter...).

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Legal Protection Program

CPCS provides a legal assistance to children in street situations and youth. Professional lawyers are ready to operate when a child is in illegal detention, or if we want to initiate legal procedures to obtain his birth registration/ his citizenship certificates or parental legacies. They can also operate to recover wages from employees. Also, a CPCS lawyer and a staff member conduct regular visits to police custody. Many cases are also reported by the police or the public through our Emergency Line service.

LEGAL SUPPORT MONTHLY STATISTICS (JAN-DEC 2019)

| Legal Support | Tot. | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jail visits | 31 | 2 | 3 | 2 | 1 | 2 | 2 | 3 | 4 | 3 | 3 | 4 | 2 |
| Children/youths in jail | 19 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| Custodies visits | 55 | 5 | 6 | 4 | 3 | 4 | 3 | 6 | 6 | 5 | 6 | 4 | 3 |
| Children/youths met in custody | 20 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 0 | 0 | 1 |
| Children/youths released from custody | 20 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 0 | 0 | 1 |
| Court Action | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Meetings with Police | 32 | 2 | 3 | 2 | 1 | 1 | 1 | 4 | 3 | 4 | 5 | 4 | 2 |
| Awareness Program / Class with children | 61 | 5 | 4 | 6 | 5 | 3 | 4 | 6 | 7 | 6 | 5 | 4 | 6 |
| Children in Class programs | 555 | 60 | 40 | 44 | 55 | 34 | 36 | 70 | 50 | 41 | 51 | 35 | 39 |
| Awareness Programs with Public | 21 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 1 |

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Counseling Services

Most of the children met by the CPCS team or living in our centers have experimented street situation and some forms of violence, trauma or torture. A majority of them have been victims of physical, psychological or sexual abuses and have experimented drug addiction, criminal activities, or detention. These experiences often result in psychological disorders such as low self-esteem, loneliness, insecurity, inferiority complex, substance addiction or violent behavior. Therefore, CPCS provides children with psychosocial support through individual and group sessions.

We have 2 psychosocial counselors for all our programs and centers. Social Workers can refer children in need of the psychosocial support, but children can also request to meet a counselor. Our centers ensure with involved members of staff an effective follow-up of each case. Counselors make also recommendations concerning the possible and suitable rehabilitation for each child (family reunification, schooling).



COUNSELING SERVICES MONTHLY STATISTICS (JAN-DEC 2019)

| COUNSELING SERVICES Godawari | Tot. | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual Counseling | 398 | 40 | 35 | 32 | 34 | 33 | 26 | 35 | 36 | 36 | 27 | 34 | 30 |
| Group Counseling | 205 | 22 | 20 | 22 | 10 | 20 | 18 | 25 | 23 | 12 | 10 | 13 | 10 |
| General Awareness Classes | 167 | 10 | 10 | 14 | 31 | 8 | 12 | 10 | 12 | 22 | 14 | 14 | 10 |
| Sexual Abuses Victims Support | 4 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Physical and moral abuse victims supported | 38 | 4 | 4 | 3 | 4 | 3 | 3 | 3 | 3 | 4 | 2 | 3 | 2 |
| Awareness Sessions with the team | 24 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |



SOCIAL REHABILITATION

Introduction

CPCS has developed services to encourage Child Street to have social rehabilitation as well as to protect them from risks. One of the main objectives is children reintegration into their community and, if conditions enable it, into their family. Through these programs, we try to provide the best solutions for them, according to their age, personal wishes, and family situation. In addition, we encourage them to get off the streets and help them, according to their wishes and to find their way to a better future, either through family reunification or by any other most appropriate means: non-formal education, formal education or vocational training.

THE IDENTIFICATION PROCESS

We try to collect as much information as possible about the child we meet. We have developed different strategies to identify the child and his family (questioning him, interviewing his friends, conducting field visits in the area mentioned by the child to inquire with the local people and local authorities ...).

THE FAMILY REUNIFICATION PROCESS

CPCS strongly believes that, to develop itself, the best place for a child is within his own family, if the situation makes it possible. In addition, children in street situations often express their will to go back to their house during counseling sessions or while interacting with the social worker. Family reunification success relies on the child's willingness to go back home and on the family's readiness to receive him again. CPCS never put pressure on a child to go back to his family or on the family to take back a child. We have developed a set of medium and long-term interventions with the families concerned, for each stage of the family reunification process. The family reunification social workers cell support these "before", "during" and "after" stages. CPCS interacts with the child, the social worker and the family to analyze for what reasons the child ended up on the street in the first place: poverty, family problems or other reasons.

We organize child counseling and family visits. After family visits, CPCS evaluates the possibility of reunifying the child with his family. CPCS acts as a mediator, motivating children to go back home with their families and reintegrate into society independently. Reunified children remain in contact with CPCS, making it possible to follow the evolution of the situation. As a consequence, it makes it possible for us to know if the child stays with his family or finally ends up back on the street. During festivals or other cultural events, CPCS allows children to visit their family, which is another way of voluntarily reuniting children with their family.

De-institutionalisation, Family-Based Care and Residential Schooling Support (RSS)

CPCS believes in family care, love and support for children. Indeed, our ultimate goal is to make families responsible and aware of children's rights and especially of their responsibility towards their own children. NGOs can be the short-term solution to this family awareness and behavior. We have launched family visits and family reunification programs this year.

33 children were reunified with their family. The RSS program was launched in 2009 for children who had been reintegrated into their family but who need pedagogical support for their schooling. Underprivileged and poor families benefit from the education support. Some governmental authorities, CBOs and partners, NGOs use our RSS support which is coordinated with our CLASS programs and with visits to schools and students by our prevention teams.

REHABILITATION MONTHLY STATISTICS (JAN-DEC 2019)

| Particular | J | F | M | A | M | J | J | A | S | O | N | D |
|--------------------------|----|---|---|---|---|----|---|---|---|---|---|---|
| OO Youth Training | 1 | 2 | 1 | 2 | 2 | 6 | 2 | 3 | 1 | 0 | 1 | 0 |
| F/R Family Reunification | 10 | 8 | 1 | 0 | 2 | 11 | 2 | 0 | 1 | 0 | 1 | 1 |
| F/V Family Visit | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| CHP Child Home Placement | 3 | 1 | 1 | 4 | 0 | 0 | 2 | 1 | 3 | 0 | 1 | 0 |
| O/R Own Room | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| F/U Follow Up | 13 | 6 | 7 | 5 | 4 | 2 | 4 | 2 | 4 | 0 | 2 | 1 |

CPCS Drop In Center (DIC), Godawari

The CPCS Drop In Center is dedicated for former child street who want to leave the street life in order to develop **themselves within a more positive and promising environment**. The children benefit from **three educational sessions** per day (*Nepali, English, mathematics, physical education, or personal hygiene*).

This program combines **education** and **socialization** through the arts and sports and helps restore children's **self-esteem**. It enables them to get over bad street habits such as drug addiction, violence, and pick pocketing, and prepares them for a more rigorous study program or family reunification. Children involved in these programs have spent time on the street enjoying total freedom and living in a world without any form of obligation or commitments, their stability often remains fragile and the temptation to go back to the streets are frequent. Therefore, CPCS particularly focuses on **personal counseling** thanks to our social workers and regular interventions with the psychological counselors. After having **spent two months** in Rehabilitation, children who have not been reunified with their families join **the second Rehabilitation program** where more long-term solutions are considered such as referral to other NGOs for vocational training, or schooling programs.

CENTERS MONTHLY ATTENDANCE STATISTICS OF DIC

| Drop In Centre (DIC), Godawari | Tot. | J | F | M | A | M | J | J | A | S | O | N | D |
|--------------------------------|------|---|----|---|----|----|----|----|---|----|----|----|----|
| Sent from NCRC-104 | 123 | 7 | 23 | 3 | 4 | 10 | 10 | 10 | 7 | 11 | 12 | 14 | 12 |
| Field from Organization CPCS | 10 | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 1 | 2 | 2 | 0 | 0 |
| Family Reunification | 72 | 5 | 12 | 1 | 3 | 1 | 8 | 4 | 6 | 8 | 4 | 15 | 5 |
| Refer to Other organization | 32 | 3 | 0 | 0 | 13 | 9 | 0 | 2 | 1 | 3 | 0 | 1 | 0 |
| Send For Training | 13 | 0 | 0 | 0 | 2 | 3 | 4 | 0 | 1 | 1 | 1 | 1 | 0 |
| Pass away | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

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The rehabilitation for girls

There are few girls in the street. However, once they are out on the streets, they are unfortunately much more vulnerable to any kind of abuse including sexual abuse. It is essential to provide a safe place where they can benefit from socialization and rehabilitation services.

Many young girls and their mothers were approached after the April 2015 earthquakes by human traffickers who lured them to Kathmandu with lies and false promises. CPCS works with women's organizations who are specialized in fighting against women and girls trafficking. CPCS takes care of the emergency shelter. The girls can stay in the emergency center until a solution is found for them. Young mothers and their babies get medical care and psychosocial counseling on Saturdays.



Dolakha Rehabilitation Program



The Dolakha Rehabilitation center is **sheltering children rescued from street life** and/or life at risk. The idea is to bring back children within their community and/or family as soon as possible. **CPCS strongly believes that children belong to their family or village community and not to institutions.** This in the context of "deinstitutionalization".

After the devastating **earthquakes in April and May 2015** many children escaped from their villages because nothing was left. Destroyed buildings, schools and because of land shifts no crops could be grown. People had lost everything: their cattle, their life stocks, their official documents, their belongings.

Due to Dolakha's geographical location, life is hard, and it is difficult to survive. After the earthquakes, the poorest's life became even more difficult than before. As there was nothing left in their area, children and sometimes families decided to flee to the cities hoping to find work or at least a better life. Traffickers also became very active and led children with false promises to Kathmandu. Once arrived in Kathmandu, many children were left on their own or disappeared in networks. CPCS wants to bring these children back to their family.

There is a lot of poverty in the area. Most of the local residents are Thami, an ethnic group that has been suppressed for centuries. They are considered as a « low caste », are paperless, do not have rights, neither property and have always worked on the landlords' fields. Often the farmer must deliver the yield to its owner and gets a small portion for his own use. CPCS supports schools in its CLASS prevention program. In cooperation with the local social workers, usually schoolteachers, it tries to find out which children can't attend school because of the poor economic conditions of the family.

Considering the difficult circumstances in which schools should operate, **it was decided to offer support with libraries and game equipment.** Supported schools are encouraged to offer good education and give children opportunities to attend school. There are no medical facilities in the area where CPCS has built its rehabilitation center. Once former children in street situations or working children decide to leave the street life or their working life, they need a transition and a safe environment. Therefore, CPCS runs rehabilitation centers for both boys and girls. We believe in the importance of the **community participation and involvement**, and therefore think it is important to be close to the beneficiaries.



The objective is to support not only the children in the rehabilitation center but also the surrounding communities and to listen to their problems, their needs and seek solutions together. To do so, CPCS constructed a building for boys and girls separated, a recovery center with an ambulance service and a regional common room with a library and games. The common room is also opened for the surrounding communities. Many are the reasons that drive the children and their families to come to the center. Indeed, it can be for medical or legal purposes, to receive help for homework, to have a listening ear to everyday problems, or just for entertainment (playing, watching tv, having a snack).

- **24** boys in the rehabilitation program in Dolakha.
- **34** children are daily coming to the regional center from local area (common room).
- **Over 100** families benefit from the common room, medical center and library.
- A total of **449** family members benefit from the program.
- **More than 500** children use the libraries in schools and regional office Deurali, Dolakha.

Goats and chicken farms provide for an exclusive use eggs and meat. In addition, the children strengthen their sense of responsibility and this is good for their self-esteem, which is an important tool in the rehabilitation process.

The local community benefits from awareness information and many awareness messages are spread, such as “do not send your daughters to the big cities to have a so-called better future”. The common room is a meeting point for the beneficiaries, residents as well as for the surrounding schoolchildren and their teachers. School children in two schools have access to a library and games.

DOLAKHA PROGRAMS MONTHLY STATISTICS JANUARY –DECEMBER2019

| MEDICAL SUPPORT Dolakha | Total | J | F | M | A | M | J | J | A | S | O | N | D |
|--|-------|----|----|----|----|-----|-----|-----|-----|-----|----|----|----|
| No. of children (Out patients) treated | 320 | 57 | 38 | 48 | 56 | 91 | 30 | 37 | 53 | 58 | 47 | 30 | 17 |
| Patients admitted in clinic | 8 | 0 | 3 | 1 | 0 | 2 | 2 | 0 | 0 | 2 | 0 | 0 | 0 |
| In Patients bedNights | 45 | 0 | 7 | 15 | 0 | 12 | 11 | 0 | 0 | 8 | 0 | 0 | 0 |
| No. Of community patients treated | 602 | 69 | 65 | 79 | 90 | 164 | 135 | 165 | 184 | 114 | 90 | 64 | 54 |
| Ambulance of referred community patients | 53 | 4 | 0 | 11 | 17 | 14 | 7 | 19 | 28 | 1 | 16 | 19 | 10 |
| Total # of referred CPR child patient | 27 | 2 | 2 | 1 | 6 | 9 | 7 | 2 | 1 | 0 | 3 | 2 | 8 |
| Children treated on the field | 272 | 0 | 0 | 0 | 26 | 73 | 173 | 107 | 89 | 76 | 97 | 94 | 82 |

| DolakhaRehabilitation Center | Total | J | F | M | A | M | J | J | A | S | O | N | D |
|------------------------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|
| No. ofchildren (beg) | 15 | 6 | 0 | 0 | 0 | 0 | 9 | 8 | 0 | 0 | 0 | 9 | 0 |
| New children | 9 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| F.R from office | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| InternalReferral | 7 | 6 | 0 | 0 | 0 | 0 | 1 | 8 | 0 | 0 | 0 | 0 | 0 |
| Drop Out | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No. Ofchildren (end) | 9 | 0 | 0 | 0 | 0 | 9 | 8 | 0 | 0 | 0 | 0 | 9 | 0 |

| Dolakha Schooling | Total | J | F | M | A | M | J | J | A | S | O | N | D |
|---------------------------|-------|----|----|----|----|----|----|----|----|----|----|----|----|
| Scholarisedchildren (beg) | 11 | 18 | 22 | 22 | 22 | 13 | 11 | 21 | 19 | 20 | 22 | 22 | 18 |
| New children | 7 | 6 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 |
| FamilyReunified Kids | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Other NGO Reffer | 12 | 0 | 1 | 0 | 9 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drop Out | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| InternallyReferred Kids | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 2 | 0 |
| Scholarisedchildren (end) | 11 | 22 | 22 | 22 | 13 | 11 | 11 | 19 | 19 | 19 | 22 | 18 | 18 |



The Schooling Program

Due to family problems or lack of information on the location of families, family reunification is sometimes not suitable for some children in street situations. Therefore, **CPCS has developed a schooling program** in order to offer them services adapted to their situation. Through schooling, the children socialize, meet other children and get out of the street environment. It allows them to enter and be part of another community different from street situations. Children attend government schools and pass exams just like any other students. They attend classes in Nepali, English, mathematics, social studies, sciences, and sports.

Most children in street situations used to attend school in their hometown. However, because of illiteracy and other social problems, education is often not a priority for the parents. This leads to frequent absences from school and dropouts. The general level of education is also very low in rural areas of Nepal. Additionally, the time children have spent in the street results in a large gap in their education. Hence, CPCS has developed good and close relationships with each of the schools that children attend. The teachers help the CPCS social workers to assess the child's level and the class to which he or she should be admitted. CPCS is slowly decreasing its residential schooling support programs to focus on family reintegration and community-based care. It decreased from 110 to 84 students in different CPCS centers this year. Several students went back home, and some others joined the Rehabilitation program.

The Youth Program

Many former children in street situations are above sixteen and have been referred to the youth program. They are going through adolescence and deserve a specific kind of attention. They need to have responsibilities and to be fully involved in their Rehabilitation process so it can be successful. Young people of this age who have spent time on the streets are likely to engage in delinquency or criminal activities.

The Youth programme was developed with the idea of providing services and means of intervention adapted to the particular needs of these young people. CPCS does so by giving them responsibilities and guidance towards the youth's professional life and future according to their literacy, educational background and wishes. CPCS encourages youth's responsibility (*participation in daily work life, involvement in CPCS programs, tuition, office support, help in the kitchen, discussion groups*) and possibility to work as a volunteer.

Youths can also choose between different options offering progressive responsibilities:

- ✓ A training in 5 levels leading them to become a social worker: first as a junior social worker, then as a social worker assistant before becoming a social worker.
- ✓ Vocational trainings in various fields (electricity or mechanics for example) provided by partner organizations.
- ✓ Art and Sport informal classes.



CPCS also organizes awareness programs and orientation for youths to motivate them and talk about their family, personal life, skill training, vocation center, personal hygiene, personality, citizenship and personal identification. It is held on different dates. It focuses on street youth and rehabilitation centres youth. Seven youths live in Godawari.

YOUTH PROGRAM MONTHLY STATISTICS (JAN – DEC 2019)

| Number | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Scholarised Youths (beg) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 |
| Non-scholarised Youths (beg) | 4 | 3 | 3 | 9 | 7 | 8 | 3 | 3 | 3 | 1 | 3 | 3 |
| New Youth | 0 | 0 | 0 | 6 | 0 | 0 | 2 | 2 | 1 | 1 | 0 | 2 |
| Family Reunified Youths | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 2 | 0 | 1 | 1 |
| Internally Referred youths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Ngo Ref Youths | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 3 | 0 | 1 | 0 | 0 |
| Drop out Youths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| Scholarised Youths (end) | 5 | 5 | 5 | 11 | 8 | 6 | 2 | 2 | 2 | 0 | 0 | 0 |



ADMINISTRATION

Child Protection Centers and Services International was established formally in December 2005 (but have run activities since July 19th, 2002). It is meant to help children at risk and children in street situations. After 11 years of partnership with CPCS NGO, three new organisations have been created to implement CPCS International Activities in other Districts: CPCR (Dolakha), CRPC (Sindhuli) and ORCHID (Morang). The **CPCS Alliance** coordinates all the 4 Nepali partners NGOs (and 3 Country Office abroad) and ensures proper monitoring and efficiency.

The team (In Nepal)

The CPCS team in 2019 gathers **93** professionals (*members of the 4 NGOs grouped under CPCS-Alliance, regular and part time*). The team is continuously changing with some staffs choosing new directions and new staffs joining the adventure.

| Position | Name |
|--|------------------------------|
| International General Director (CPCS- INT) | Mr. Jean-Christophe Ryckmans |
| Country Director (CPCS- INT) | Ms.Inge Bracke |
| Deputy Country Director (CPCS- INT) | Mr.Nawaraj Pokharel |
| General Director (CPCS- INT)- Program | Mr.Bijesh Shrestha |
| Center Director (DIC Godawari) | Mr.Aitaraj Limbu |
| National Director (Monitoring Evaluation Partnership) (CPCS-INT) | Mr.Ekta Narayan Pradhan |
| Deputy Centre Director (DIC Socialization) | Mr.Kailash Rawal |
| Financial Manager | Mr.Tek Bahadur Paudyal |
| Accountant | Mr.Bikram Bahadur Bohora |
| Assitant Accountant | Mr.Bijaya Adhikari |
| Reunification and deinstitutionalization officer | Mr.Badri Prasad Sharma |
| Center Director (Regional) | Mr.Padam Adhikari |
| Program Director (Legal) | Mr. Hem Bahadur Budhathoki |
| Program Coordinator (Medical) | Ms. Kamala Timalina |
| Psychologist | Ms.Ranju Shrestha |
| LSA and Expert (Public Relation) | Mr.Dabal Pandey |
| Program Officer – Socialization | Mr.Nabaraj Baniya |
| Driving officers (senior) | Mr. Krishna Prasad Dhital |
| Driver | Mr. Krishna Kumar Nepali |
| Health Assistant (Recovery Center) | Mr.Saroj Khanal |
| Health Assistant (Prevention) | Mr.Mabin Rai |
| Health Assistant (Prevention) | Mr. Santosh Khatri |
| Nurse | Ms.Sangita Pradhan |
| Data Officer/Emergency Line | Mr.Gunja Lama |



The Management (In Nepal)

CPCS is composed of a **Board of Directors** and an **Executive Management Committee**. The organization gathers various areas of expertise: legal, social, fieldwork, administration, management, and medical. The employees work in different centers and programs ensuring services from dawn to dusk.

THE BOARD OF DIRECTORS

Board Members from different NGO's supported and coordinated by CPCS International meet regularly. They work on the organization of the operations and events. Plans are made to ensure a good future for CPCS International.

THE EXECUTIVE COMMITTEE (CDC – Central Direction Committee)

This committee is mandated by the Board of Directors to ensure the overall coordination and daily management between centers and divisional directors. The Committee makes decisions discussing different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS's projects, centers and programs, the suitable way of communicating informations to the entire team and the Human Resources Management. Proposals of meetings are submitted to the executive board for approval.

THE STAFF MEETINGS

Once a week, the staff from all the centers has a meeting with the children "ministers". It is essential for them to flow properly information from top to bottom and reverse. All the children elected by their peers to represent a program at the meeting are present. CPCS frequently organized internal training for staffs about Child Protection Policy led by our lawyers.

CPCS organizes every month different kind of trainings and meetings for CLASS LSA from Kathmandu valley. All LSAs participate. The training covers the child rights and the objectives and the issues of CLASS programs.

IMPLEMENTATION OF CHILD PROTECTION POLICY

CPCS often organizes monitoring sessions for staffs to implement and inform about child protection at work. 36 staffs attended the program. They came from different centers in Kathmandu and out of the valley.

Child participation

CPCS has created a children's central government. Government members are elected democratically by all the children and meet every week in Godawari. These meetings give children an opportunity to have their say on the issue. Those meetings consist of two different phases. Firstly, every child can give their opinion about their own center. Then, there is an in-depth discussion about ideas or comments that were brought up by the children. After every meeting, the government members write a report about what was said and about possible required actions. The children have formed a court of Justice to ensure that the system works and that the rules are followed properly. The objective of this government is to make the children aware of the management of the centers and their daily lives and to teach them how society works.



CPCS provides a “suggestion box” in every center where children can put their comments, critics and/or suggestions. The box is opened every month with representatives of the children, a lawyer and the President. The proposals are submitted during CDC meetings. Most of the program’s improvements come from children’s own suggestions.

Networking with NGOs and other Child Protection Organizations

Coordination with organisations, mainly through the orientation of young people towards vocational training and skills.

- ✓ Regular coordination with the *Center for Children Search and Found* or 104 (CCSF, *Balbalika Khojtalash Kendra*), whose mission is to search lost children’s families, to inform about lost children (*they do not know their home address*) and to reduce the risks of violence, abuse, or exploitation of children.
- ✓ Collaboration with Kitini Higher Secondary school, and others which managed the enrollment of CPCS’ children at school and offered support for their academic growth and development.
- ✓ The Central Council for Child Welfare (now NCRC) organized meetings on the rehabilitation of street children in Kathmandu and aimed at making Kathmandu free of street children.
- ✓ Series of meetings were held in ministry of women, children and social welfare (**MOWCSW**) and **NCRC** with other active NGOs for consultation and partnership. Ministry and **NCRC** already made the guidelines to regulate and monitor the Children-in-street-situations work in Kathmandu Valley. The NGOs that participated in the meeting were: CWIN, SAATHI, SATHATH, PRAYAS, and KHUSHI, VOICE OF CHILDREN CONCERN, HEARTBEAT. NCRC has also visited CPCS DIC Godawari and proposed to increase its capacity for children rehabilitation.
- ✓ Different governments and privates’ colleges; Padma kanya College, Saint Xavier College, Saint Lawrence College, KMC College, Nobel College, Stupa College, Trichandra College have sent their interns and volunteers for the fieldworks.

OUTLOOKS FOR 2020

- Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Center (for girls and boys).
- Improving our innovative approach ensuring access to schools by accessing Basic Health Care (inside Public Schools). – BHCA – Better Health Care Access... (opening of 4 new BHCA's)
- Focus on prevention / Family – based support.
- Deinstitutionalize more children instreet situations or children at risk and improve the reintegration process to ensure the reunification of children with their families.
- Improve support and services to children in street situations out of Kathmandu valley and focus better on their legal support. (through the progressive implementation of the recommendation 21)
- Quality improvement and child protection / participation. (kids as rights-holders)
- Improve the socialization centre (Short-term care) in Kathmandu valley and opening of a new DIC in Morang area.
- Construction of a Recovery Center/office building Godawari Land.
- Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance).
- Ensure the development of the Dynamo International Regional Alliance (Asia) and start a fruitful collaboration with Child Safe Alliance (Cambodia-based in Friends International).
- Reinforce our link and partnership with local authorities (DDC, SWC, NCRC, MOWCSW).
- Implement better the new Human Resources and Financial policy.
- Improve the implementation of Child Protection Policy among staffs.
- Open a Youth Support Program in Dolakha including farming, rehabilitation and trainings (for girls and boys).
- Reinforce the Sindhuli and Morang Regional Centers to ensure long term, costs-effective and efficient support.
- Adopt new strategies/methodologies to keep working with children in street situations (including street work, field, local partnerships).
- Improve our monitoring and reporting system and expences control.



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CPCStan

CPCStan is a student association in Cannes (an association constituted in accordance with the French law of 1901 concerning non-profit organizations) raising funds for CPCS and creating awareness about the children's living conditions in Nepal.

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