

CPCS

Child Protection Centers and Services



**January to December 2007
Programs and Progress Report**

TABLE OF CONTENTS

INTRODUCTION	4
MAIN OBJECTIVES OF CPCS.....	6
RISK REDUCTION CENTRES AND SERVICES.....	6
RISK REDUCTION CENTRES AND SERVICES.....	7
The Mobile Field Units.....	8
Field Visits Service	8
Informal Education Service (IES).....	9
Street-Based Actions and Community Involvement Program (SBA-CIP).....	10
The Emergency Line – 44 11 000	11
The Socialization Shelters.....	12
The Dillibazar Socialization Shelter	13
The Kalanki Shelter	14
The Butwal Shelter	15
The Narayangadh Shelter.....	16
Stories from the CPCS Socialization Shelters	18
The CPCS Clinics.....	19
The Rajesh Clinic, Dillibazar	19
In the Field – Mobile Medical Activities	22
The Butwal Clinic	22
Stories from the CPCS Clinics	25
INCOSCH & the CPCS “Street Banking System”	26
INCOSCH	26
The CPCS Street Banking System	27
Counseling Services.....	28
Stories from the CPCS Counseling Services	29
The Education Ticket (ET) System.....	30
Legal Support.....	33
Stories from Legal Support	34
SOCIAL REHABILITATION CENTRES AND SERVICES.....	35
Family Reunification Program	35
Stories from the CPCS Family Reunification Program.....	36
The Street-Arts Program	37
The Kakani Centre	38
Stories from the CPCS Street-Arts Program.....	38
The CPCS Schooling Program.....	39
Kathmandu Boys Schooling Program	40
Syuchatar Girls Rehabilitation Program.....	42
Butwal Schooling Program.....	42
Narayangadh Schooling Program.....	43
Stories from the CPCS Schooling Program	43
The CPCS Local Action Support and Services (CLASS) program	44
Kakani – A Case Study	46
The Dolakha Education Program (DEP)	46
Stories from the DEP	46
Residential Schooling Support Program (RSS).....	47

Stories from the RSS	47
The Youth Program.....	48
Stories from the CPCS Youth Program	49
Smoking Habit Reduction Program	50
The Street Children of Kathmandu	50
Beli: A story from the roadside	52
THE ADMINISTRATION OF CPCS	53
Plan and focus for 2007	53
CPCS Regional Coordination Centre (CRCC)	54
CPCS Community Based Shelters (CCBS).....	54
Management and Reporting System.....	55
The Board of Directors.....	55
The Central Coordination and Monitoring Committee (CCMC).....	55
The Children's Central Government (CCG)	55
Links with other GOs & NGOs.....	56
The CPCS Team	58
Plan of Action for 2008	59

Introduction

Following is the mid year programs and progress report for the Child Protection Centers and Services (CPCS) for 2007.

CPCS was established to address the needs of the street children of Nepal. Due to the increasing trend of urbanization, family economic instability, disintegration, domestic violence, unemployment and other socio-economic and political problems, many children have migrated to various cities in the country. In these cities, children are compelled to live on the streets where they have to face various problems and challenges without any means of social support. The children become vulnerable to exploitation, physical, sexual and emotional abuse and are exposed to risks of substance abuse.



The driving principles of CPCS are:

- Risk Reduction, which provide short-term measures to reduce the dangers that street life presents, and
- Social Rehabilitation, which provide long-term plans to reintegrate the child back into society.

CPCS is available to all children who ho have chosen to or who ho do not have any other choice than work on the streets. There is no selection criterion based on caste, religion, history or social stature. It is estimated that CPCS has approximately 780 names on the Street Children register at any given time.

CPCS now has three locations in Kathmandu and one each in Narayangadh and Butwal. We also have workers in five other regional centres where the CPCS Local Action Support and Services (CLASS) programs operate.

CPCS is proud to report the following achievements this year have included:

- The kitchens served well over 200 000 meals to street children
- Approximately 100 000 sleepovers occurred by children taking refuge in our night shelters or homes
- The teachers delivered 44 000 student contact hours of education
- 177 students attended schools in the Schooling program
- The medical clinics treated 14 900 outpatients
- 654 inpatients stayed a total of 4 320 nights
- 174 children were taken by CPCS to Nepali hospitals
- The emergence line – 44 11 000 – received 1 818 calls
- CPCS mobile medical team treated 2 669 street children in the field
- The counsellors listened in 613 individual sessions and 2 665 children joined the group counselling classes
- The launch in March of the book *The Street Children of Kathmandu*
- Release of book about the history of CPCS, *L'espoir au bout de la rue*
- The making of the film *Beli: A story from the roadside*
- The printing of Lost and Found Children advertisements in the local papers

We are very proud of the hard work our team does each day and the numbers quoted above are proof that our programs are and will continue to work efficiently and effectively.

Main Objectives of CPCS

- Address the problems of street children with understanding and respect by regarding and treating them as competent and able persons and not as delinquents or victims
- Provide street children with emergency shelters, an emergency telephone line, and emergency support in order to reduce the consequences of street-based life
- Provide street children with access to health care and personal hygiene products
- Protect the children's basic rights while on the street
- Reduce the risks threatening street children while on the street
- Rehabilitate the children in their communities and reunite with families according to children's wishes
- Provide street children with basic education, care and support
- Be a bridge between street children and society
- Raise and broaden public awareness about the situation and problems of street children
- Raise national and international concern about the situation of street children in Nepal and abroad
- Progressively reduce and abolish all forms of child exploitation
- Reduce the occurrence of some of the worst forms of child labour
- Mobilize communities, organizations, institutions, and families towards the needs and concerns of the street children
- Support the implementation of the Child Act (1992) in the legal support of street children



Risk Reduction Centres and Services

The first steps toward the rehabilitation and reintegration of street children involve risk reduction – the short-term actions to reduce the dangers of street life.

The CPCS Risk Reduction services are:

- The Mobile Field Units
- Informal Education Services (IES)
- The Emergency Line
- The Socialization Shelters
- The CPCS Clinics
- INCOSCH & the CPCS “street banking system”
- The Education Ticket (ET) System
- Legal Support



The Mobile Field Units

Because it is estimated that 60 to 70% of all street children remain on the streets, the Mobile Field Units are arguably the most important department of CPCS. They are the front line troops that we employ on the streets of Kathmandu and at our regional locations. The CPCS Field Unit social workers meet the street children on their turf – where they live and work. Here they gain first hand knowledge about the plight of the children and see in what ways CPCS may be able to assist them.

The two Kathmandu Mobile Field Units have access to two vehicles but for many days they choose to travel by tempo or microbus instead. Typically, each mobile unit - one staff member and one youth - will travel around three designated routes each day. These paths cover areas where it is known that street children live and work. They are 12 different routes that cross Kathmandu. Each site is visited at approximately the same time every second day. At Narayangadh and Butwal the social workers see approximately 60 children on the streets each week.

Once the Field Units find a group of street children they will stop and offer a range of activities to the group. It may be just a “meet and greet” service on field visits, offering first aid (see page 21) or run the Informal Education Service (IES).

Field Visits Service

Depending upon the day, the mobile field units would see anywhere between 7 and thirty street children each day. The essential first step of these visits is to build up enough rapport with the children to gain their trust. This is done by talking to them as human beings, respecting their right to live as they do without judgment and showing them that CPCS is genuinely concerned for their health and wellbeing. Once the social workers have built up relationships with the street children they can then offer first aid, run informal education programs (IES) and talk about CPCS.

Being on the streets enables the mobile field units to keep an eye out for new children and can feel the “pulse” of what is happening. They receive first hand reports of any problems or potential problems that may arise and receive valuable feedback about CPCS. The social workers also encourage every child who wishes to go to a CPCS Shelter to accompany them there.

As there are many “regulars” at each site, the CPCS social workers have now established solid relationships with the street children. Some of the children prefer the life on the street and the perceived freedoms that they have. For these regulars the CPCS social workers run IES awareness classes or advise them of upcoming vocational courses that they may be interested in.

Nowadays the regulars also act as unofficial spokespeople for CPCS. They will talk to new street children about the various CPCS services or refer their friends to us. They have also been helpful with the CPCS Lost and Found Children program.

Informal Education Service (IES)

As the mobile field units travel around Kathmandu they offer an Informal Education Service (IES) to the children living and working on the streets. Opportunities are given to participate in socialization and educational activities such as puzzles, games, arts, sports and general education (e.g. reading books). Awareness classes about health, wellbeing, independence and survival skills are also taught. Recent classes have included HIV, drugs, dendrite (glue sniffing), hygiene and empowerment skills.

A new initiative of the mobile field units is to run the IES visitation and awareness program. Each month the children along the different routes are given the chance to join others to visit different places that are usually inaccessible to them.



The aims of the visitation program are to:

- Build further rapport and trust between the children and CPCS
- Allow the children to have a substance free day
- Socialize with others from different kwards (junkyards)
- Improve their health, hygiene and fitness
- Run an awareness class
- Improve the relationships with the public and police

In 2007, IES visitation and awareness excursions have been a picnic in the mountains, a trip to the zoo and going to the cinema. Between 20 and 35 children normally attend these activities. Many local business owners also joined in different IES excursions.

Street-Based Actions and Community Involvement Program (SBA-CIP)

Another important role of the mobile field units is to actively improve the relationships with local business owners, landlords, the police and other organizations supporting street children. This program is called Street-Based Actions and Community Involvement Program (SBA-CIP).

The goal of SBA-CIP is to establish a link between the CPCS field workers and the community. CPCS staff meets regularly with police officers, shopkeepers and other organizations whilst they are on the road. They tell them about CPCS and what we are trying to achieve and help them to recognize that street children are a part of our society.

This year our relationship with the police continues to strengthen, especially with the Balkhu and Kalanki Police Stations. Awareness classes have been held for the police about the life of a street child and CPCS is seeing that the relationships the children are having with the police improve. The mobile field staff have also been leaving Lost Child leaflets at the various police stations. The police are now calling our Emergency Line to notify us of children in custody and seek to release them into our care.

Each week since June, the Kathmandu papers have been print Lost and Found Child messages in the papers. So far this campaign has been highly effective in locating runaways or in reunifying children back with their families. In September, the campaign went to the next step where CPCS was granted between five and 10 minutes to show a Lost and Found segment on national television.

The relationship with local storekeepers and kaward owners continues to grow. Many are now familiar with their local street children and continue (on the whole) to treat them with respect. Many have reported that they “share their pain and their pleasure”. Conversely, the street children also pay their respect to the shopkeepers and kaward owners and their property.

Other SBA-CIP projects carried out in 2007 include:

- The quit smoking poster campaign
- The glue sniffing (dendrite) poster and awareness campaign
- The rights of street children billboards project
- *Beli: A story from the roadside* film
- Advertisements in the “Yellow Pages” telephone books

The main sponsor of SBA-CIP projects is the Embassy of Finland in Kathmandu, Nepal.

The Emergency Line – 44 11 000

The emergency line is a 24-hour medical and legal emergency line for street children. This line has been operating for over two years now and both the street children and the greater population are patronizing the number. The program has three cars available to be mobilized quickly and respond to any call for medical treatment or police liaison. Calls are received from community organizations, children, parents, police, partner NGOs and citizens.

Most emergency calls are from the children, who request medical support (18%) and legal assistance (12%), from the public to ask information (40%) and from parents to report lost children (7%). However the service also helps children to recover wages that their employers owe them and is used by the police to inform CPCS about a child's release from custody. The Emergency Line received 1818 emergency calls during 2007. Compared to the previous year, the average number of calls each month received has risen by 22% from 125 to 152.

Table 1: Emergency Line Calls

Month	Medical Support	Under Arrest	Information	Lost Child	Other	Total
Jan.	35	20	60	15	13	143
Feb.	25	20	55	5	40	145
Mar.	20	20	55	10	35	140
Apr.	25	15	40	5	20	105
May	40	30	70	10	30	180
Jun.	50	25	50	10	20	155
Jul.	29	11	72	18	25	155
Aug.	23	17	58	10	27	135
Sep.	13	12	77	15	63	180
Oct.	22	18	76	9	60	185
Nov.	20	9	71	13	47	160
Dec.	17	28	47	8	35	135
Total	319	225	731	128	415	1818
% of overall calls	18%	12%	40%	7%	23%	

The Socialization Shelters

The purposes of the Socialization Shelters are fivefold:

- To offer the street children a safe and secure place to sleep, wash and socialize each day
- To feed the children hygienic and nutritious meals
- Access to free medical and counseling services at our clinics
- The ability to use INCOSCH & the CPCS “street banking system”
- To participate in education classes, sports and cultural activities

Since 2006, CPCS has improved the shelter arrangements for street girls and also opened up a second boys’ shelter in the Kathmandu suburb of Kalanki. The Kalanki centre has eased the burden on the Dillibazar shelter and has given the boys a more “homely” atmosphere.

A participative approach is adopted in each shelter. An example of this is the Kitchen Club. In 2006, CPCS ran a canteen system for meals and snacks but many children were discourteous of the canteen and its owner. The children complained about the costs charged and the quality of the food. Accordingly, the canteen was removed and replaced by the Kitchen Club at the start of 2007.

All children are now allocated to different groups (ie. the schooling program, reunification program ...). Each group captain supervises the purchase of food from the market; the bookkeeping and cash withdrawal of allotted funds; and cooking and cleaning roster. Priority and strict attention is given to the food quality, hygiene and quantity of food stocked, distributed, eaten or thrown away. It is the role of the children to become creative and make the atmosphere, cleanliness and aesthetic look of the “kitchen” welcoming. Life skills that are continually being learnt include leadership, respect for others, tolerance, teamwork and improved self-confidence in their abilities to complete given tasks in a timely manner.

Every day two children are in charge of cooking the rice, lentils, curries and vegetables for all the CPCS children and staff.

Each shelter also has a library and lockers. The libraries contain books on many different subjects and are used by children to read books each day. The lockers allow the children to safely store their belongings (clothes, shoes and valuables) while they are at the shelter.

During 2007, CPCS has:

- Served 62 200 meals and snacks
- Given shelter to 27 000 children
- Treated 15 000 outpatients
- Allowed 654 inpatients to stay a total of 4 320 nights
- Taken 570 children to Nepali hospitals
- Counselling 613 individuals and 2 665 children have joined the group counselling classes
- Delivered 44 000 student contact hours of informal education

Unfortunately, due to financial pressures, the Kalanki site had to close down later in the 2007 year. All children were relocated into the Kathmandu and Butwal shelters or other NGO shelters located near Kalanki.

The Dillibazar Socialization Shelter

The Dillibazar Socialization Shelter is located in the centre of Kathmandu and offers shelter, support and counseling to working and street children. Throughout the year of 2007, Dillibazar has served approximately 24 000 meals at an average of 33 people per meal. It is estimated that there has been 12 500 sleepovers at an average 34 children per night.



Just fewer than 75% of the children who stayed in shelters overnight attended the educational class the next morning. Morning and afternoon educational classes teach English, Nepali, Mathematics, Physical Education, Arts and Social Skills. Events such as picnics, sports tournaments and drama productions are also organized for the children every week. Awareness sessions are held in the evening. Issues discussed in the awareness sessions include health and hygiene, INCOSCH, the “street banking system”, violence, children’s rights and responsibilities, home management, good and bad habits.

An alarming statistic is that the class numbers dropped by 40% from the morning to afternoon sessions. Meal figures showed that most of the children are still in or near the shelter because they came for the lunchtime snack.

Of the 118 new boys who entered the shelter, most have been referred by other street children or came with them to Dillibazar. This is pleasing because it means that we are making an impact on the streets and that CPCS is seen as a safe and viable alternative compared to staying on the streets.

Table 2: Daily Average Use of Dillibazar Shelter Facilities

Daily Average Use	Morning Class	Afternoon Class	Evening Class	Morning Meal	Snacks	Evening Meal	Night Shelter
Jan.	33	17	37	46	41	46	47
Feb.	26	14	27	31	30	48	48
Mar.	21	na	na	24	25	26	25
Apr.	14	na	na	16	14	15	15
May	22	na	na	25	25	31	28
Jun.	32	15	28	41	40	43	43
Jul.	8	8	31	34	36	38	39
Aug.	10	7	21	30	28	31	32
Sept.	15	6	11	23	23	22	23
Oct.	25	11	23	22	20	22	25
Nov.	16	6	14	16	14	16	18
Dec.	12	7	12	13	11	14	14
Average	25	15	31	31	29	35	34
Total pa	9 003	5 597	11 193	11 133	10 646	12 714	12 532

The Kalanki Shelter

The new Kalanki Shelter opened its doors in June 2007 but due to financial pressures, CPCS was forced to close the shelter in the last quarter of the calendar year. This decision, although distressing for staff and children, was softened by the decision of partner NGO's to expand their operations in and around the Kalanki area.



In conjunction with the partnership of the Alliance of NGO's working with Street Children, CPCS is committed to optimizing the services for the children and reducing the duplication of services in particular areas. The Managing Committee of CPCS felt that ever-scarce resources would better be used for our rural programs and the south and inner central areas of Kathmandu where CPCS already has a strong representation.

Children who attended the Kalanki shelter were familiar with the CPCS Dillibazar shelter and the other NGO shelters so readily relocated to another location. Tracking reports have shown that the children have adapted to their new sites.

The Butwal Shelter

Butwal is 250 kilometres south west of Kathmandu in the Terai region, along the highway that links the West with the East of Nepal. It is one of the many forgotten cities of Nepal as far as street children are concerned. Butwal served just over 12 500 meals at an average of 17 people per meal. The beds were used 7 200 times at an average 20 children per night.



Just fewer than 50% of the children who stayed overnight attended the educational class the next morning. Classes normally consist of alphabetical exercises and regular extra-curriculum activities such as art, football, volleyball and caramboard. 55% of children who stayed at the shelter each night attended evening awareness and hygiene classes. These conversion figures are slowly increasing throughout the year as children continue to see the benefits of the educational sessions.

Table 3: Daily Average Use of Butwal Shelter Facilities

Daily Average Use	Morning Class	Afternoon Class	Evening Class	Morning Meal	Snacks	Evening Meal	Night Shelter
Jan.	9	6	8	18	19	23	23
Feb.	11	7	11	17	17	23	23
Mar.	9	8	9	16	18	21	21
Apr.	7	5	9	12	15	18	18
May	11	11	10	15	20	11	11
Jun.	12	10	10	23	24	22	28
July.	14	9	11	23	27	27	29
Aug.	10	4	6	15	14	21	21
Sept.	9	5	4	16	19	20	19
Oct.	5	3	4	11	15	16	16
Nov	4	4	5	5	7	12	12
Dec.	11	4	44	11	11	16	16
Average	9	6	11	15	17	19	20
Total pa	3407	2312	3985	5536	6266	6996	7209

Of the new boys who entered the shelter, 44% came from “word of mouth” referrals, 33% by the Police and 22% from the greater public. Our good relationship with the Police has meant that they are now treating CPCS as a real option when dealing with street children. Favourable exposure by the local media has also meant that the public is aware of our services and is feeling more comfortable referring children to CPCS.

The Narayangadh Shelter

Narayangadh is in the Chitwan region, 130 kilometres south of Kathmandu, near the Indian border. This city is strategic in the migration of populations since it is located in the middle of the highway that goes through Nepal from West to East and is the last point of transit before reaching Kathmandu.

In Narayangadh, the shelter has made approximately 15 000 meals at an average of 20 children each meal. An average of 20 children stay in the shelter each night for a total of 7 239 sleepovers. All newcomers to the shelter have come with someone already staying here or have been referred by a friend to CPCS.

In the shelter, the children are interested in playing football so CPCS arranged a football competition between the shelter children and the rehabilitation group. This was held in June. The winning side was presented with a prize (5 chocolates); the runner up received 3 chocolates. All other participants did not go without – they also received a chocolate for participating. Each child and staff reported that everyone was very happy with the event and requested for more tournaments and team based activities be organised.



Like Butwal, the conversion from meals to classes has been low. 36% of children who stayed in shelter overnight attended the next morning's class; 33% of children who stayed for snacks (lunch) attending afternoon classes; and 47% of children who came for dinner stayed for evening classes. Teaching staff commented that the children are just not interested in attending or staying in classes. Awareness classes have been held on glue sniffing and smoking but both still remain major issues at Narayangadh.

Table 4: Daily Average Use of Shelter Facilities

Daily Average Use	Morning Class	Afternoon Class	Evening Class	Morning Meal	Snacks	Evening Meal	Night Shelter
Jan.	9	6	9	26	25	25	26
Feb.	12	12	11	27	24	20	21
Mar.	14	9	13	31	29	23	23
Apr.	14	9	15	35	36	25	25
May	10	na	10	42	37	25	25
Jun.	11	12	8	34	26	21	21
July.	8	0	8	3	27	17	8
Aug.	0	5	8	4	24	18	18
Sep.	0	7	11	3	25	21	22
Oct.	0	5	8	5	15	15	16
Nov	5	3	6	4	6	13	13
Dec.	6	3	8	6	7	20	20
Average	7	6	10	18	23	20	20
Total pa	2707	2356	3498	6692	8547	7391	7239

Unlike of our other locations, there seems to be a negative perception of the shelter from the greater public. They are still suspicious of CPCS, its philosophies, the facilities and what happens behind our gates. When petty theft increased in the area in May, the public targeted our children as the culprits. More work is needed to change this public perception and events such as the Drawing Competition in May and inviting the local media to do a story may improve the situation.

The West of Nepal is rural and mainly inhabited by the poorer castes and economically and socially dominating ethnic groups. As well, it has suffered the most devastation in Nepal because of the conflict raging since 1996. Many of the children from this area arrive in the big cities located along the highway in the hope to find work while fleeing the violence of the conflict, the Maoist enrolment or having been ejected by their parents in order for the family to survive. For these reasons Narayangadh and Butwal are very important migration points and places of work for the children.

Stories from the CPCS Socialization Shelters

Purna KC's father left the family when he was small, so his mother had to work selling vegetables and nuts. At that time he was at school but then his mother died suddenly. Purna was 9 years old. Without support, he started to work as a conductor on a tempo during the day and slept on the streets at night. One day he started using dendrite (glue) with friends and got fired from work. Purna then started to collect garbage in the Patan area and also begged for money. He is now 14 years old. This year Purna found out about the CPCS Kaward and INCOSCH system, so he started to drop off his rags and plastic at CPCS. After a period, he began to be a regular at the Dillibazar shelter and has now entered the Education program. Purna's behaviour has considerably improved and is working well at school. He can read and write Nepali and English and is good at Math and drawing.

Bikash Nagarkoti spent two years on the streets before coming to CPCS. He has had many bad experiences on the street – youth beatings; ordered by gangs to do work but received no payment; being robbed. One of Bikash's friends mentioned CPCS so he decided to come to the shelter. Now he regularly comes to the night shelter and has opened up a CPCS street savings account to keep his money safe. In May, he transferred from the shelter into the Butwal schooling program.

When Hari Basnet lived on the streets of Bhaktapur, he took many drugs and had adopted many bad habits. He came to the CPCS Dillibazar shelter with a friend one day and joined our program. Hari has been an active boy and has made many friends at the shelter. He has been kind to the other boys and respectful to the teachers and has stayed at the shelter every day and night since coming here. Many times he has been the shelter minister. After a while, CPCS has managed to reconnect Hari with his family. He has been very happy since going back home and is going to a local school. He has told CPCS that he never wants to go back to the streets again.

Raj BK is 13 years old and comes from India. He lived with his mother and younger brother. He came to Palpa with his relatives for a visit from India. In Butwal, the bus stopped for a food and toilet break. At that time the bus left without him. The police who then referred him to CPCS Butwal picked him up on the streets. At present he is staying at the shelter and CPCS is working with his relatives for a family reunification.

Nvaraj Rawal is 12 years old. His house is in Humla. His father sent him with his older brother to Butwal so that he could teach him. When they got to Butwal his brother offered him to a stranger to stay and work in his shop. Nvaraj worked as a shopkeeper and did extra work in his house for three years. One day he ran away from the shop and ended up living on the streets. He was lucky because a social worker talked to him and then took him to CPCS. He has now been staying at the shelter for one month.

My name is Thulobhai Magar and I am 10 years old. Two month ago I arrived at CPCS. I used to live with my parents and my six sisters and brothers. My parents do labour work and my family was very poor. So I did not go to school and I do not want to study. I am interested into being part of the Police here. So I want to go to the classes of Informal Education so I can fulfil my dream.

The CPCS Clinics

CPCS operates two medical clinics and a mobile medical service. The major clinic is located in Kathmandu based at the Dillibazar centre and a smaller clinic operates from the Butwal base.

The cooperation and efficient coordination of all our medical departments has ensured excellent results in our clinics, increased public awareness, improved hygiene practices, regular follow up and rehabilitation.

The Rajesh Clinic, Dillibazar

The CPCS Rajesh Clinic in Dillibazar is a 24-hour medical facility, staffed by trained nurses and regularly visited by a qualified doctor. We offer street children outpatient, inpatient and pharmacy services. More serious cases are referred to Kathmandu hospitals for x-rays, medical tests or inpatient services.

The clinic has four beds for emergencies, six beds in the contagious diseases ward, ten beds for general patients and one dressing room. The young patients can also use the library, TV and games facilities.



The medical staff reported that the Rajesh Clinic has provided appropriate care to the children who service the clinic. 'Most of the children here are an epidemic of skin diseases' the constant promotion of health and wellbeing and the improvement of inpatient facilities has seen an improvement to the health of the children.

‘Although children more cautious about their personal hygiene there are still some problems which are due to lack of hygiene maintenance.’ Unsafe drinking water and contaminated food are main factors. As always, there is a need for more showers, more soap and more towels.

The below table indicates how busy the Dillibazar clinic becomes. An average of 29 outpatients are treated daily, with peak periods from December until April. This may reflect the increase in illness during the colder weather. Throughout the year, the inpatient beds were constantly being used. With a capacity of 13, there seems to be a great need for more beds and resources required in the inpatient area of the clinic.

Table 5: The Monthly Services of CPCS Rajesh Clinic - Dillibazar

Type of Service	Jan.	Feb.	Mar.	Apr.	May	Jun.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Outpatient services	943	886	974	1192	830	659	633	747	745	720	802	1118	10249
Average number treated per day	30	32	35	38	28	22	21	25	25	24	27	37	29
Number of inpatients at clinic	30	35	42	55	35	53	61	35	60	32	72	28	538
Inpatients bed nights	250	227	372	431	434	258	331	160	286	139	301	269	3458
Average number of days as inpatient	8	6	9	8	12	5	11	6	10	4	10	9	8
Average age of inpatients	14	13	13	13	13	13	13	13	13	13	13	12	13
Number of patients hospitalized	10	5	10	13	12	9	20	10	9	12	14	6	130
Hospitalization days	52	57	99	61	47	36	62	22	30	28	21	11	526
Medical field treatment patients	86	181	26	432	122	221	187	157	271	233	293	460	2669

During the months of February to April Chicken Pox circulated amongst the street kids population. Also in April bouts of diarrhea and jaundice seemed to afflict the kids at our shelters. Again HIV infectious cases were reported to be increasing on a daily basis. An HIV awareness campaign still needs to be implemented.

The blood donation program on 12 June was very effective to raise much need blood supplies so now the medical staff are planning a general health checkup drive for the near future.

In the second half of the year, there were no noticeable outbreaks of any particular condition. Unfortunately, the medical staff are still continuing to deal with “poverty diseases” that are rarely needed to be treated in western societies.

Table 6: Most Common Patients Illnesses – Dillibazar

January to June 2007:

Medical Problem	Percentage of Overall Problems	Medical Problem	Percentage of Overall Problems
Chicken Pox	11%	Burns	3%
Diarrhea, Vomiting	8%	Chest Infection	3%
Fever	8%	Fall Injury	3%
Cut/Open Wound/Injury	7%	Congenital Deformities CD	2%
Muscular Skeletal (Sprains)	6%	Cellulitis	2%
Infected Wound	4%	Enteric Fever	2%
Scabies	4%	RTA & Suturing	2%
Psychological Problems	4%	Tubercular Ascitis / TB	2%
Jaundice / Hepatitis A	3%	Other	24%
Leg Fractures	3%		

July to December 2007:

Medical Problem	Percentage of Overall Problems	Medical Problem	Percentage of Overall Problems
Fever	15%	Fall Injury	3%
Diarrhea, Vomiting	13%	RTA & Suturing	3%
Infected Wound	11%	Scabies	3%
Chest Infection	8%	Burns	2%
Cut/Open Wound/Injury	7%	Leg Fractures	2%
Muscular Skeletal (Sprains)	5%	Jaundice / Hepatitis A	1%
Cellulitis	5%	Tubercular Ascitis / TB	1%
Enteric Fever	3%	Other	18%
Psychological Problems	3%		

In the Field – Mobile Medical Activities

The CPCS field officers have been covering large areas of Kathmandu, Butwal and Narayangadh on a daily basis and have been receiving positive feedback from the street children in the field. Depending upon the condition, they will offer first aid on the spot or refer the patient to the CPCS Clinic. In cases that require emergency treatment the children are taken to hospital.

The general report from the field is that:

- The hygiene of children is improving at the street level
- Scabies & injuries treated are consistent with cuts from sharp foreign bodies and physical assault
- Many street children are pleased with the services offered by the Mobile Unit and the CPCS Clinic
- The children are now asking for HIV tests

Looking at the data in Table 8 (above), the mobile medical team is fast becoming recognized and used by the street children of Nepal. The average number of patients treated in the field has increased by 200% over the course of 12 months. As much as this is a positive step in improving the health and wellbeing of the street children, the CPCS medical resources are becoming more and more stretched.

Because field staff are in direct physical contact with street children, there is a concern about the risks of staff becoming infected with Hepatitis or HIV. Preventative measures such as training and immunizations need to be considered.

The Butwal Clinic

In the Butwal clinic, children can receive first aid treatments. The more serious cases are referred to the Lumbini Zonal Hospital. Cases that need further investigation are also sent to our clinic in Kathmandu.

The Butwal clinic is also proactive in delivering Health and Hygiene classes and programs whenever the need arises. So far in 2007 they have addressed improving hygiene habits and eye/ear preventative practices.

The medical staff at Butwal are looking at doing some research into the problems faced by the street children in the Sukumbashi area and what facilities are available for them. The initial view is that there is a need to offer medical services in this area.

Table 7: The Monthly Services of CPCS Clinic - Butwal

Type of Service	Outpatient services	Average number treated per day	Number of inpatients at clinic	Inpatients bed nights	Average number of days as inpatient	Average age of inpatients	Number of patients hospitalized
Jan.	337	11	7	55	8	15	12
Feb.	315	11	5	26	5	13	0
Mar.	365	12	6	40	7	15	7
Apr.	406	13	18	145	8	12	4
May	397	13	7	68	10	12	16
Jun.	394	13	10	74	7	13	4
Jul.	465	15	11	62	3	13	1
Aug.	403	13	7	64	3	14	0
Sep.	420	14	10	58	2	14	0
Oct.	403	13	14	61	2	15	0
Nov.	390	13	13	104	4	15	na
Dec.	372	12	8	105	4	11	0
Total	4667	13	116	862	5	14	44



Table 8: Most Common Patients Illnesses – Butwal

January to June 2007:

Medical Problem	Percentage of Overall Problems	Medical Problem	Percentage of Overall Problems
Fever	22%	Ear Infection	3%
Chicken Pox	13%	Blood in Stool	2%
Eye Infection	13%	Cellulites	2%
Chest Pain	6%	Constipation	2%
Cut Injury	5%	Diarrhea, Vomiting	2%
Dog Bite	5%	Herpes Zoster	2%
Headache	5%	PTB & Pleural Effusion	2%
Muscular Skeletal (Sprains)	5%	Swollen Leg	2%
Fracture of Hand	3%	Tonsillitis	2%
Abscess Wound	3%	Unconscious	2%
Abdominal Pain	3%		

July to December 2007:

Medical Problem	Percentage of Overall Problems	Medical Problem	Percentage of Overall Problems
Cut/Open Wound/Injury	35%	Infected Wound	4%
Fever	32%	Scabies	4%
Diarrhea, Vomiting	11%	Burns	1%
Muscular Skeletal (Sprains)	7%	Leg Fractures	1%
Chest Infection	5%		

At Butwal, medical conditions have seen to differ between the two halves of the year. Small Pox, Fever and Eye Infections were very common at the start of the year. Awareness workshops were given to the children who frequented the shelter and informal classes were held for those in the schooling program about eye and ear health issues. As the year progressed, eye infections reduced considerably.

In the second half of the year, cuts and wound injuries increased far more than expected. Further investigation needs to be made to ascertain the reason, but anecdotal evidence suggests an increase in physical abuse and rag collection occurring in more dangerous locations.

Stories from the CPCS Clinics

Raju Karki came to clinic about three weeks back with a complaint of a wound around the buttocks region, which was found to be a perennial abscess. The nature of abscess was such that we had to send him to hospital for further treatment. As the wound improved, he was discharged from hospital however the abscess returned and spread to both buttocks. The most probable cause may be lack of proper hygiene management. He requested to be treated at the CPCS clinic and now his wound is healing properly.

Sujau Thapa Magar is a 16-year-old street boy. On 15th June 2007 a motorcycle hit him. He suffered extreme damage to his upper left limb. He also suffered from a chronic seizure for two minutes and urinary incontinence. Fortunately, a bystander took him to the Bir Hospital in Kathmandu. After six days in hospital he was discharged. Because he was living on the streets and had no contactable family, CPCS were notified and upon his release was taken to the CPCS Rajesh Clinic. Now his general condition has improved. During Sujaus time at the CPCS Clinic, he receives ongoing treatment and constant supervision by our doctor and nursing team.

Subash Sharma is a schoolboy aged 15 who has had chest pain problems for a long time. CPCS Butwal took him to the Lumbini Zonal Hospital where they diagnosed him with pleural effusion with PTB. Now is taking ATT medication under the close supervision of our clinical staff. His general health is now improving.

Purna Magar is 16 years old. Because of family problems he ended up on the streets. Later he came to the CPCS shelter and joined the Schooling Program. On day at school he had an epileptic seizure. He was admitted into the CPCS clinic for diagnosis and treatment. He was also taken to hospital to have a CT scan and an ECG test. After two months observation, tests and treatment he has not suffered another seizure. Purna feels well again and has gone back to Butwal and resumed his studies.

Raju Lama is 24 years old and has been at or near CPCS for the last 12 years. He now is in Pashupati with friends. He has suffered from Jaundice severely this year. He came directly to the CPCS clinic with hope of being treated. He recovered and is back in Pashupati. Now if his friends are sick he takes them to the CPCS clinic.

INCOSCH & the CPCS "Street Banking System"

INCOSCH & the “street banking system” makes children aware of the benefits of saving money through the CPCS “bank” and to further protect the children from having their money stolen by street gangs or junkyard owners. Through education in this area, the children come to understand why depositing their earnings in a bank is a safe and viable alternative.



INCOSCH

Rag pickers collect plastics, metals, bottles, cans, anything that is recyclable or of value and then take their scraps garbage collection centres for payment. Frequently, local mafia or criminal elements run these centres. Rag pickers also rely on their pickings for extra food.

In Kathmandu alone, there are approximately 15 000 rag pickers and it is estimated that 400 of those are street children. Although it is universally accepted that rag picking is the worst form of child labour, the reality is that it will continue for some time yet. CPCS realize this and wanted to do something to minimize the exploitation and contact that the street children would have with criminals so INCOSCH was developed.

INCOSCH (the Informal Cooperative of Street Children) was conceived, established and now managed by street children to offer a safe way for child rag pickers to sell their scraps. To make it attractive for the street children to become involved with INCOSCH, scraps are bought at above market rates. The collections are then sold directly to reputable recyclers in India. 60% of the profits go to the managers and 40% go back to the CPCS Shelters.

Strict age guidelines about who can sell scraps and how the money earned is spent are enforced through the INCOSCH Constitution. The majority of the money goes into the child's Savings account and the remainder into their Current account.

The CPCS Street Banking System

The benefits of the CPCS Street Banking System are twofold as it also provides an opportunity to further socialize the children and helps them adopt a more responsible lifestyle.

The process works this way: The children are provided with their own separate savings and current bank accounts. The monies are directly deposited into their current account. They can then transfer some of the money from their current account (their working account) into their savings account. This process teaches the children how to save part of their earnings for future use.

Children still on the street can deposit their money directly with the Mobile Field Units or otherwise come to one of the CPCS shelters throughout Nepal. As at 30 June 2007, there are nearly 700 customers of the CPCS Street Banking System.

Table 9: Interest and bonus accumulation in savings accounts

Level reached	Duration in account (weeks)	Interest Rate	Bonus
Level 1	0 to 10	0%	1 T-shirt
Level 2	10 to 20	10%	1 pair of shorts
Level 3	20 to 30	15%	1 pair of trousers
Level 4	30 to 40	20%	Nil

Account holders can also borrow up to 20% of their total savings. The loan is to be paid off as soon as they earn the funds to do so. The children cannot close out their savings accounts until they become self-dependent.

Money can be withdrawn from the savings accounts for useful purposes. These include:

- Being integrated back with their families
- Starting their own small business
- Enrolled in a training program or purchasing ET items
- Rental money for their own room

Counseling Services

The counseling team providing individual and group counseling is composed of one full-time counselor and an expert in awareness programs. The counselors work with the children to identify their psychosocial challenges with the ultimate goal being to rebuild their psychological health. Increasingly, children ask to receive counseling, as they see and understand the benefits of those sessions. The group counseling classes have been very effective for changing the children's errant behaviours.

... of the respondents 46% reporting physical abuse occurring usually or often ... 44% reported usually or often being ridiculed as a street child ...

- Pgs 95, 98 *The Street Children of Kathmandu*, CPCS 2007

CPCS Counselors have reported that the main types of abuse and perpetrators are:

- Physical violence (usually beating with an object) caused by a family member or guardian and then by the public
- Emotional abuse by way of social stigmatization, threats or discrimination from the public or being imprisoned at home
- Sexual abuse mainly by street adults
- Labour abuse in small restaurants – momo shops, tea shops

The result of such abuse leads to a myriad of problems. Many street children leave home because of emotional and physical abuse caused by alcoholic parents, guardians & stepparents. Children develop psychological problems such as lack of trust, insecurities and a feeling of being unloved.

Table 10: Number of Children Who Received Group and Individual Counseling

	Individual Counseling	Group Counseling	Total
Jan.	37	240	277
Feb.	58	230	288
Mar.	57	219	276
Apr.	69	273	342
May	59	252	311
Jun.	42	178	220
Jul.	46	235	281
Aug.	55	294	349
Sep.	42	188	230
Oct.	39	220	259
Nov.	67	154	221
Dec.	42	182	224
Total	613	2665	3278

In May there was a focus on sexual abuse. Most realize that sexual intercourse with children is a crime but many were not aware of other forms of sexual abuse. The CPCS Social Workers indicated that some children did not want to explore sexually related cases. There is a need for further rapport building to gain more trust from the victims before discussing sexual abuse and the associated problems. Once rapport has been built the counseling group will hold more individual sessions & group awareness classes on the issue.

Legal Support

Relations between street children and security alliances can be tense in Nepal. Many street children are legally and illegally arrested and abused by the police and private security staff. Legal authorities often take street children into custody without evidence and incorrectly charge them for a range of criminal activities.

CPCS continues to work with the Police and security forces raising awareness and compassion about the backgrounds and plight of street children. The Legal Support team encourages them to allow the children to call our emergency line directly or to release new detainees from custody into CPCS care.

Table 12: Number of Children who received Legal Support by CPCS

Support Given	Custody Visits	Children Released from Custody	Children Released from Jail	Total Number of Children Supported
Jan.	13	5	2	7
Feb.	na	na	na	na
Mar.	9	5	0	5
Apr.	15	12	1	13
May	20	15	0	15
Jun.	10	6	0	6
Jul.	9	2	0	11
Aug.	4	5	0	9
Sep.	7	2	0	9
Oct.	8	7	0	15
Nov.	6	4	0	10
Dec.	11	3	0	14
Average per Month	10	6	0	10

A large number of children were visited by CPCS whilst in custody. Some of these obtained direct support, although a considerable number either did not want help or did have family members who could assist them.

In 2007, CPCS provided direct support to over 120 children. Most cases involved the children being released from custody. In some cases the offenders were released into CPCS care whilst repeat felons were granted legal assistance.

Stories from Legal Support

Kaji Shrestha, Umakanta Chaudari and Ramesh Chhetri are street children. They are very close friends. One night in November they were sleeping in a laneway in Kalimati. At midnight, all of a sudden, people gathered around them and started to shout at them and beat them. The boys were blamed of stealing a gas cylinder and stoves. They were severely beaten by the mob and took them to police for punishS as c nder o 2Tw 12 40 2 t n b am

Narayangadh Schooling Program

There are 16 children participating in the Narayangadh Schooling program most aged between five and 13 years old. They are all enrolled at the same school. Throughout the six months many of the students have improved their reading and writing skills and have passed their exams. At school, their schoolteachers only have good comments about their attitudes and studies.

Staff at Narayangadh report that ‘the children are interested to study but their parents are against them and force the children to do some work during the vacations so they can earn some money. Family counseling is needed. They think school is not good for their children.’

Early in the year, the parents were not supportive of their children studying so they feel mentally let down by their parents. Many of the parents are undereducated and sometimes have trouble with their children who act as smart alecks or answer back. Because of family resistance, school attendance had become irregular for some students. After CPCS met with many of the parents, they gave their commitment for the children to go to school and not force them into labour. In May, all the children were very happy to return back to school after the holidays.

The American Himalayan Foundation (AHF) supports all the schooling costs for the Narayangadh Schooling Program.

Stories from the CPCS Schooling Program

Sarita Nepali is 13 years old girl. She came to CPCS from Pashupati area. Her father died one year ago. She was begging at Pashupati with her mother so we took her to CPCS. She is studying at class 3 of Amar Jyoti School. Her education has been good. Her teachers and her classmates love Sarita.

Arjun Bhujel is 17 years old. His family home is in Ramechap. He came to Kathmandu after stealing his father’s money. He thinks that he can enjoy life in the city. He enjoyed Kathmandu until he had no money and was then forced to live on the street. After a while, another street child referred him to CPCS. He used to use dendrite and cigarettes whilst living on the street. Through CPCS he now gets the opportunity to go to school. Arjun recently became the top student in his class.

Maya Bk is 15 years old. She used to stay at CPCS since 3 years. Her family composition is big. She has had 3 stepmothers and 15-20 brothers and sisters. As expected, her family’s economical condition is poor so she came to CPCS. Maya is studying at class 6. Her studies are good but she ran away from CPCS in November due to her “friends” saying bad things to and about her.

Gunja Tamang is 18 years old. He came to the street after his father died. He has used dendrite, cigarettes and other substances when he was on the street. After he came to CPCS, he has improved himself. He has left all his bad habits. Gunja is improving his studies. He is one of the best students of his class and his extra

