



CPCS

INTERNATIONAL

Child Protection Centers and Services

Progress Report

2018





Table of Contents

INTRODUCTION	4
OUR MISSION	4
OUR OBJECTIVES.....	5
OUR PARTNERS	5
ACHIEVEMENTS (JAN – DEC 2018)	6
ACTIVITIES (FROM JULY UNTIL DECEMBER 2018)	8
25 PROGRAMS & ACTIONS PLANNED IN 2018	11
PREVENTION SERVICES	12
Introduction – Improving family-based care and community involvement	12
Program: Family Care Center (FCC)	12
Program: CLASS (CPCS Local Action Centers and Services)	15
The operating Prevention Centers	16
A. National Office, at Godawari, Lalitpur	16
B. Regional Office and FCC's (Deurali – Dolakha - Charikot).....	16
C. Regional Office and FCC (Morang).....	17
D. Regional Office + FCC (Sindhuli)	18
10 class centers reorganized in April 2018.....	18
Other awareness programs	19
RISK REDUCTION	20
Introduction.....	20
The rehabilitation shelter - Godawari	21
The street work	22
The Recovery center (Medical support).....	23
The Emergency Line 5560700	25
Legal Protection Program	26
Counseling Services	26
SOCIAL REHABILITATION	28
Introduction.....	28
De-institutionalisation, Family-Based Care and Residential Schooling Support (RSS)	29
CPCS Drop In Center (DIC), Godawari	29
The rehabilitation for girls	30
Dolakha Rehabilitation Program	31
The Schooling Program.....	33
The Youth Program.....	34
ADMINISTRATION.....	36



The team (In Nepal).....	36
The Management (In Nepal)	37
Child participation	37
Networking with Authorities State Bodies and other organizations	38
Networking with NGOs and other Child Protection Organizations.....	38

OUTLOOKS FOR 2019 39

CPCS ALLIANCE – CONTACT AND OFFICES 40

CPCS Int (Nepal office)	40
CPCS France	40
CPCStan	40
CPCS Belgium	40
CPCS International (European Office)	40

Abbreviations

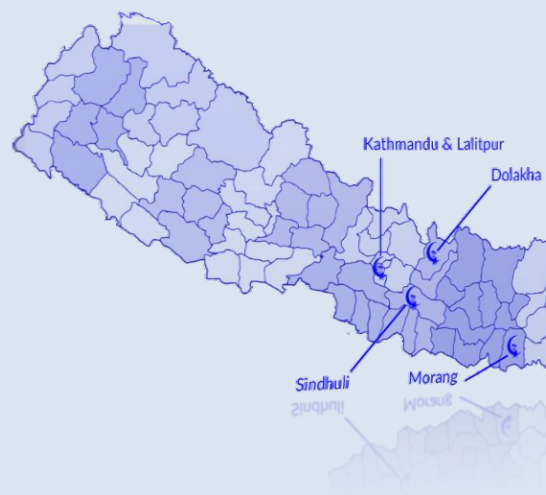
104	Police Cell – Found and Missing Children
CCWB	Central Child Welfare Board
CLASS	CPCS Local Action and Support Services
CPP	Child Protection Policy
DIC	Drop In Center
ECD	Early Child Development
ET	Education Ticket
FCC	Family Care Center
IES	Informal Education System
INGO	International Non-Governmental Organization
LSA	Local Social Actor
LSP	Legal Support Program
MSP	Medical Support Program
NGO	Non-Governmental Organization
RSS	Residential Schooling Support
SEE	Secondary Education Exam
SSW	Social Street Worker
SWC	Social Welfare Board

INTRODUCTION

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

Program in 3 levels

- **Prevention** (*prior to and during the street life*): a set of interventions focused on
 - ✓ Preventing and avoiding the arrival of the child in the street.
 - ✓ Raising awareness among the public, families, and authorities, 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 immediate reduction of the dangers of street life.
- **Social Rehabilitation** (*after life in the street*): a mid-term perspective focusing on progressive and eventual reintegration of the child into society.



66 (Part time and regular) Staffs work in our centers and programs: **1 Risk Reduction Center, 1 Rehabilitation Centers** and **13 CLASS Centers** (CPCS Local Action Support and Services) in Kathmandu valley. **20 other CLASS centers in 3 districts, 3 Family Care Centers (FCC)** in **Dolakha** (near the border with Tibet) in the north of central region, **Morang** and **Sindhuli** in South of Eastern region, nearby India.

OUR MISSION

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 street-based children and children at risks.



OUR OBJECTIVES

- To develop services directly on the street to offer protection to street-based children and to reduce the risks they are exposed to.
- To develop services allowing street-based children 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 like people with diverse skills.
- To be a bridge between the street and society.
- To reduce risks that the children face when they are in the street.
- To give the street-based children basic education, attention and support.
- To protect the children's fundamental rights.
- To raise awareness on street-based children's situation in Nepal and abroad.
- To give the children access to healthcare and hygiene services.
- To reintegrate the 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 the streets.

OUR 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 Simons Foundation – USA, 5. SOS Enfants Abandonnés – Belgium, 6. La Fondation Vieujant – 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, 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. L'école de Management de Grenoble – France, 28. La foundation Futur 21 - Belgique



ACHIEVEMENTS (JAN – DEC 2018)

CLASS & PREVENTION PROGRAMS

Following CLASS centers, FCC (Family Care Center), RSS (Residential Schooling Support) and Regional Center are running in different partner Organization:

- **1** Regional Center (**85** children), **3** CLASS (**70** children) and RSS (**19** children) in Morang District Total of **174** children.
- **10** CLASS Center (**230** children) and RSS (78 children) in Kathmandu District
Total of **308** children.
- **4** CLASS centers (**196** children), **2** FCC (**150** children) in Dolakha and Charikot, **28** children in RSS, In **3** ECD **41** children, Regional Center Deurali **34** children in Dilakha District
Total of **449** children.
- **1** Regional center, **1** CLASS and RSS in Sindhuli District for **120** children.
- This year **23** children passed SEE through different CLASS Center.

In total **from January to December 2018**, **1240** children receive full scholarship through our Regional office, FCC, RSS and CLASS - Prevention programs. **174** Children in ORCHID, **308** in CPCS Kathmandu, and **120** in CRPC Centers in Sindhuli district. **449** children in CPRC Dolakha.

But unfortunately **10** CLASS Centers (CLASS Belbari, Bayarban, Kamala, Phosretar, Kutidanda, Kshamawati, Tikhatal, Kalanki, Sanothimi and Kritipur) were closed (**251** children) due to a lack of funds.

CLASS, FCC, REGIONAL CENTER'S DAILY ACTIVITIES

- Awareness on Child Rights, health & hygiene, earthquake, street risks, sexual abuse, scholarship.
- Distribution of bags and stationeries, dresses ...
- Health & medical checkups, homework check up, information on culture & religion, dancing, drawing, singing, English writing, storytelling, cleaning, art & craft, sports, games, visits, picnics, celebrations (new year, religious: Holi...), competitions (singing, dancing, carumboard, sports, ...)
- Parents and teachers meeting on safety matters, children admission, studies, progress, regularity, complains, problems.

CLASS, FCC, REGIONAL CENTERS

- **247872** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks from prevention program.
- **637** health sessions (camp, check up, awareness) for **21902** children in different center.
- **3995** children are given medicine and health service from prevention program.
- **719** children were sent to local hospitals, health posts and health centers for treatment and **27** children were sent to Kathmandu for further treatment for different centers.
- **13645** parents attended **474** meetings in different centers.
- **5502** children's home visited frequently by LSA.
- **994** meetings with GO, NGO, Club, community attended by the prevention team (LSA and Staffs).
- **23** children passed SEE.

EMERGENCY LINE

213 calls treated by the emergency line: **15** for medical assistance, **1** other, and **187** information calls received this first semester. "National Centre for Children at Risk" referred **134** children to our DIC through the line.



MEDICAL SUPPORT PROGRAM (RECOVERY GODAWARI)

- **948** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **2785** medical consultations, **3009** cases were admitted in our recovery center clinics.
- In average, **8 children are treated daily** in our recovery centers.
- **96** cases were referred to various hospitals for further checkup.
- **25** children were admitted in hospitals for **274** staydays.

SCHOOLING PROGRAM

- **2** youth enrolled in schools **+2** through our residential schooling programs.
- **1** boy and **2** girls passed SEE this year from our residential.

COUNSELING SERVICES

- CPCS psychosocial counselors gave individual counseling for **295** cases and group counseling for **183** cases.
- **29** cases were linked to physical and moral abuses
- **175** general awareness class
- **31** awareness sessions

LEGAL SUPPORT PROGRAM (LSP)

- **55** youths or children benefited from legal assistance after they were taken into custody.
17 were released after our intervention.
- **43** jails and **55** custody visits
- **33** meetings with the police
- **718** children attending in Class on legal matters and **12** awareness programs conducted with public

REHABILITATION AND DIC PROGRAMS

- **134** new children enrolled in CPCS Rehabilitation program.
- **134** children were referred by Central Child Welfare Board (CCWB) and Center for Children at Risk (104).
- **49** children/youth sent to other organization for rehabilitation.
- **68** children /youth family reunification.
- **21** children/youth family visit
- **31** children/youth dropped out and **1** passed away.
- **72** children/youth followup family.
- Regular meeting with **104** and CCWB for child protection policy implement.
- Out reach visit program conduct for all children in Kalinchok, Dolakha.

YOUTH PROGRAM

- **2** youth job placements
- **5** youth family reunifications
- **2** girls and **1** boy completed SEE
- **2** girls family reunification.
- **1** youth internal placement.
- **6** youths still with us

ACTIVITIES (FROM JULY UNTIL DECEMBER 2018)

New building and renovation work - CPCS Rehabilitation and Socialisation Center (DIC - Drop In Center) in Godawari

CPCS aims to welcome children in a child friendly and safe environment. Therefore, the DIC (Drop-In Center) or CPCS in Godawari is now renovated. A new three-room building was established with the support of many partners (Vie d'Enfant, the Rotary Club of Honolulu, the school INDSE (Bastogne), CPCS France and CPCS Stan). The old building has been repainted, the common room is now welcoming with tiles, a nice wood stove for the cold winters.

The compound was cleaned up and declared a "plastic free zone".



Renovation works in the Regional Center – CPCR – Dolakha

Security walls against the landslides during the monsoon rains were added. Because of the heavy rains and accompanying mudslides, the buildings and the compound were additionally reinforced with the support from INDSE and Rotary Club of Honolulu. The petting farm got extra residents, goats and chickens were purchased. In addition, vegetable gardens and fruit trees were planted as part of the youth agriculture program.

The intention is to provide as much as possible in their own foodstuffs, but also to give young people the chance to learn gardening and farming. Working in nature also has a meditative healing effect and lets the mind come to rest. After the hard experiences during street life, young people need to get rid of the negative and confusing feelings in order to plan their future with a clear and fresh mind.

Living away from the polluted cities and in the fresh mountain air has a strengthening effect on body and mind.



Dental Camp in Dolakha – October 3-8, 2018

CPCS organized dental health camps in the Family Care Center Charikot and the public school in Lamanagi and the Regional Center – CPCR – Deurali. Himalayan Projects, a Belgian based organization, came to Dolakha with their mobile dental clinic and dentists. Experienced and professional care was given to 150 kids and 40 teachers and parents. In those remote areas people have no access to hospitals let alone dental care.

While waiting for the dentist, CPCS medical team took care of numerous ulcers caused by leeches. These parasites are very active during and after the monsoon and cause huge infected wounds.

Thanks to the cooperation of the doctors and the medical team, patients received quality medical care. The association also raised awareness about tooth and body hygiene. The population seemed very receptive.

Due to the large number of dental cares that was needed, the medical team did not have time to visit all the schools of the area. However, thanks to the optimal cooperation of local actors, a new dental camp is planned for 2019, to respond to the need of treatments.



International Meeting of Social Street Workers (Pilot Group – Nepal 2018)

“Street-life, Child Protection and better care practices”

The International Network of Street Workers, coordinated by Dynamo International and organized by CPCS International, concluded a week (October 21 till October 27, 2018) of meetings and workshops about children rights and street-based work. More than 30 countries were represented for the reinforcement of the International Network of Street Workers, including Nepal and other Asian countries such as East-Timor, India, Cambodia, Vietnam, Hong-Kong China.

During this week, a time was also dedicated to the International Pilot Group of our network. This meeting was an opportunity to meet social street workers from various countries, to exchange experiences and practices within various social organizations which bring support to vulnerable people, especially youth and children.

One of our major subjects of discussion was the recommendation 21 of the Committee on the Rights of the Child (CRC), that monitors the implementation of the Convention on the Rights of the Child by the States, and that specifically addresses the needs of children in street situation. (<https://www.streetchildren.org/resources/general-comment-no-21-2017-on-children-in-street-situations/>).



On the 22nd of October, the inauguration, organized by CPCS International and Dynamo International, took place in Godawari, Lalitpur, Nepal. It was an honor to receive the following guest speakers : the Honorable Minister of labor and Social Security Mr. Gokarna Bista, the Ambassador of India Mr. H.E Puri, the Ambassador of France Mr. H.E Leger, the Human Right activist Mr. Gauri Pradhan, Mr. Krishna Bdr. Raj Bhandari (DSP - Police - 104), and representatives of local ministries, embassies, CCWB-Police and NGO's.

The Honorable Minister Gokarna Bista declared that the Nepalese Government is actively working on new laws and policies, to ensure a result-oriented and comprehensive environment for INGO's and NGO's working for the best interest of children. The collaboration of the government and NGO's can enable to respond to the challenges, needs and difficulties faced by thousands of Nepali children.

His Excellency, the Indian Ambassador Puri, thanked CPCS former director and now coordinator of the Asian network, Mr. Jean-Christophe Ryckmans, and all the CPCS International team for their work. His Excellency and his wife themselves participated to the fundraising to support Nepal in 2016 while the Ambassador was serving in Brussels, Belgium.

Mr. Edwin de Boevé, the International director of Dynamo, and Mr. Gauri Pradha, a former Human Rights Commission member and CWIN founder, explained the dramatic situation faced by millions of children all over the world and the ways to support them with efficiency, respect, compassion. Street-based work has been recognized as a main path to build trust with children living on the street without basic care, love and elementary rights. Working with them with professionalism, respect and care is day after day a difficult challenge. Social street workers do their best to ensure their returns into society as active members.

Social street workers from 34 different countries, as well as Nepalese social workers from various organizations (CWIN, VOC, CONCERN, Kids Shangrila, Ama Ghar, Sober) shared their experiences about street-life, street-work, and child protection. Children and youths showed their talents with dances, dramas, and songs. (Thanks to the International French School kids who also performed great dances.)

On the 23th of October, more than 100 children and youths attended a picnic with the international coordinators and enjoyed games and discussions. Informal meetings were held and formal trainings about child protection organized by one of the Dynamo Expert, Monic Polquin. The training in Child Protection continued later in Dolakha.

This week was a time of joy and sharing, right between Dashain and Tihar. While focusing on child rights, child protection, deinstitutionalization, family-based care and the importance of street-based work, adults and children also enjoyed a great time in the beautiful country that is Nepal.

The Nepalese media properly covered the event and raised awareness about children in street situation among the civil society. Officials from various governmental institutions also attended the meeting.

CPCS International founder and International Director, Jean-Christophe Ryckmans, became the Regional Coordinator for the Asian Regional Network. Inge Bracke was appointed Vice Coordinator, and coordinators Bijesh Shrestha, Nawaraj Pokharel and Aitaraj Limbu also joined the team.





25 PROGRAMS & ACTIONS PLANNED IN 2018

1. Socialization centers facilities welcoming 30 to 50 children daily.
2. Informal Education Service : working in the street and meeting with 20 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 street-based children and youths.
5. Recovery center and medical care for 50 to 70 children, youths and street adults monthly.
6. Counseling and psychological support for 200 to 300 children monthly (mainly in Dolakha and Kathmandu offices).
7. Research on various issues (abuse, drugs, livelihood and other risks)
8. Daily games and activities for 1500 to 1800 children.
9. Cultural activities for 1500 to 1800 children daily (including CLASS programs).
10. Youth Empowerment Programs for 20-40 youths in street situation.
11. Family visits and reunification for 10-15 children monthly.
12. Schooling support for 1524 children (through CLASS program or other programs).
13. Public awareness campaigns.
14. Socialization and alphabetization classes for 1600-1800 children daily.
15. Raise of international awareness about children's rights and the street-based children's situation.
16. Local networking and international partnerships.
17. Rehabilitation process for 30-50 children and youths yearly.
18. Hygiene and clothes distribution for 1200 to 1600 children.
19. Access to 10 to 20 safety lockers for working street-based children (street bank).
20. Leisure activities as picnics, camps or games in the open.
21. Kitchen club - feeding 100 to 200 children daily (+ snacks for 1500).
22. Raise of children's self-esteem and awareness about children's rights, fundamental rights and national law.
23. Children library and literacy classes for 1500-1800 children daily.
24. Child social rehabilitation process, and individual interventions for children and youths.
25. Child rights protection programs – security, legal help and court actions.

PREVENTION SERVICES

Introduction – Improving family-based care and community involvement

In 2004, CPCS set up **prevention programs** and **awareness activities** for children and families outside and inside of the Kathmandu valley, in order to prevent the arrival of children in the streets. We developed different programs focused on families, community and children at risk. The aim is to address the multiple problems and risks met by children in certain cities of Nepal where the phenomenon is evolving. Children are threatened by domestic violence, social exclusion, drug abuse or lack of family planning. Combination of those causes push children to escape to seek refuge elsewhere. That is why CPCS wants to stop the flow of children at the source and reduce their number by encouraging and sustaining their education.

Launched in 2004 in Dolakha, **CLASS** (*CPCS Local Action and Support Services*) is a prevention program focused on different realities of the street and working directly on their foundations : village problems, domestic violence, social exclusion, consumption of alcohol or drugs, absence of family planning, etc. Through the CLASS program, we support children in their home places, with schooling and scholarship ; we enhance their parent's awareness on their right to education, on the importance to attend school, on the risks associated with school dropout and on the dangers of the streets. After two years of a pilot project in Morang and Sindhuli, we reached to the conclusion that those two regional centers still have a better impact than the 25 or 50 kids CLASS centers, are cost effective, and easier to monitor. Family Care Centers (FCC) functioning as Morang and Sindhuli Pilot project will progressively replaced the CLASS programs out of Kathmandu.

They will be located in spots where their efficiency is maximised while fitting with Running Agreements between CPCS International and the Authorities. Other factors will also be taken into account : origin of street-based children (area prone to unsafe migration), areas affected by poverty, semi or urban area, areas with schools interested with a partnership and collaboration, areas where local community and a local NGO commit itselfs to support the project (and not covered by other partners/INGO's).

Program: Family Care Center (FCC)

The FCC concept is based on three objectives:

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





Since April 2018, 5 FCC's are running, one in Sindhuli district, one in Morang district, three in Dolakha district.

The idea is to support 75 children and their 75 families in a rural or semi-urban area per FCC. The target of the CLASS project is marginalised communities, children who cannot go to school due to economic and other social circumstances, and poor rural families who are not able to take care of their family and to send their children to school (poverty, discrimination). The selected children need support to stay in the schooling system and avoid unsafe migration, family separation and/or going to the street. They are the most vulnerable groups and the risk of abuse is high.



A local team is responsible for the wellbeing and good communication with the beneficiaries and their families. One admin / social worker deals with accounting and support to families, one social worker with cleaning, caring children, teaching, and one medical person (Nurse or Ha) able to provide hygiene classes, awareness classes, basic medical care, tuitions and support.

Appropriate family-based care is the goal. Weekly sessions with families are organized to discuss about various matters. The FCC's are open daily and runs as day-care center. They are open for discussions about child rights, migration, hygiene, medical and legal problems, personal problems and obstacles in daily life. The center has enough space for 100 children but at the beginning, up to 75 kids are selected. The children come daily, after school sessions, daily snacks, library, support with school work. There is a common room for social activities like games, possibility to take care of personal hygiene and of basic health care.



Families and local communities are fully integrated in the process and a local NGO or partner is selected to provide the necessary care, infrastructure and materials (trained, supported and monitored by CPCS International). The center is a place for family reunification and back support of the CPCS deinstitutionalisation system. Street work, family visits and back support for local children in street situations are also priority missions of the center.

The center is non-residential, open daily for 8 hours. On Saturday's and public holidays, the center is open 3 hours a day. A local Child Club will be set up which mains goals are children participation (election system of two ministers, etc) and child empowerment. Special attention is given to girls and girls empowerment. Prevention of traffic, empowerment of mothers, child rights advocacy, and defence for vulnerable persons in a non-violent environment are also important topics.

HOW AN FCC WORKS :

- Children can come from any public school in the surrounding;
- School costs/fees will be paid, uniform and basic stationeries provided;
- Daily homework support Class;
- Library access;
- Sports and Games activities;
- Bi-weekly awareness meeting with families on parenting skills, migration, health, hygiene;
- Health and hygiene follow up for the children and their siblings;
- Daily snacks provided;
- Saturday and during day offs the center is open 3 hours with sports, cultural activities, TV;
- Community active participation and involvement;
- Child Club establishment and Minister System (to elect child representatives);
- Coordination with local authorities and District Education Officers;
- Basic support of local street-based children (field work);
- Family-based visits (to assess situations) advises, and provide good 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 any 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 advises 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) YEARLY ACHIVEMENT DATA – (JAN-DEC 2018)									
Total no of children attend Program	Health Session	Nbr of Children Health Session	Medical Case Local (Nbr.)	Hospital or Referral (to Ktm) Cases	Local Hospital/Health post Referral	Number s of Parents Meetin g	Nbr of Parents attendin g Meeting	Numb er of Home visit by LSA	Meeting with Local /Commun ity/ Gov
247872	637	21902	3995	27	719	474	13645	5502	994





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 showing that they were the ones from which the majority of Children in street situations come from, notably because major roads pass by these towns.

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.

Altogether **2.050** parents, teachers and children benefit from our CLASS Programs. **4** offices; National and Regional deliver CPCS support to the children through **23** local centers and **66** staffs.

CLASS Centers (run by CPCS NGO)

School	Address	CENTER	Children
Shree Ram Basic School	Budhanilakantha, Kathmandu	CLASS Budhanilkantha	21
Shree Nepal Rastriya Nirman 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	Khwoop, Bhaktapur	CLASS Khwoop	25
Shree Siddhi Kamaladevi S School	Chautara, Sindhupalchok	CLASS Chautara	24
Shree Azad Secondary School	Banepa, Kavre	CLASS Banepa	23
Shree Chamelidevi Piya 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



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

A. National Office, at Godawari, Lalitpur

18 regular staffs and 15 part time staffs work for the office in various programs including prevention: **CLASS**, “**Drop In Center**” (DIC), **rehabilitation center**, **legal and medical support**, **counseling**, **field services**, **youth empowerment**, **school support**, **residential school support and education support for families**.

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

B. Regional Office and FCC's (Deurali – Dolakha - Charikot)

24 staffs (full time and part time) are working **daily** in the 3 CLASS and 3 ECD (Early Child Development) programs, 2 FCC (Family Care Center) Program and Regional office Deurali. In total 449 children, living with their families, attend schools, FCC, Regional office, ECDs and CLASS programs.

3 CLASS, 3 ECD Centers, 3 FCC, Regional Center Deurali support 449 children, running regular in regional office Dolakha.

All centers (Lapilang, Kshamawati, Deurali, Bhedikhor, Lamanagi, FCC Dolakha, FCCCharikot) are located in Bhimeshwor Municipality and surrounding Rural Municipality. 3 schools have now their own ECD (Early Child Development) Centers, children, supported by our programs (shree kalinchowk higher Secondary school, Shree Mahendrodaya Secondary, Lapilang Higher secondary Raj Kuleshwor lower Secondary and shree Buddha Primary, Bhim Secondary). Those ECD Centers were 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.



CLASS Centers in Dolakha region

School	Address	CENTER	Children	ECD Children
Shree Mahendrodaya Sec. School	Mati, Dolakha	RSS Mati	6	0
Shree Lapilang Secondary School	Lapilang, Dolakha	CLASS Lapilang	44	13
Shree Kutidanda H Sec School	Bhimeswar, Dolakha	RSS Kutidanda	4	0
Shree Kshamawati H Sec School	Kshamawati, Dolakha	RSS Kshamawati	10	0
Shree Manthali Secondary School	Manthali, Ramechhap	RSS	8	0
Shree Buddha Primary School	Kshamawati, Dolakha	CLASS Deurali	8	7
Shree Lamanagi L S School	Kshamawati, Dolakha	CLASS Lamanagi	118	21
Shree Bhumeswari Primary School	Kshamawati, Dolakha	CLASS Bhedikhor	26	0
FCC Charikot	Bhimeswar, Dolakha	FCC Charikot	75	0
FCC Dolakha	Bhimeswar, Dolakha	FCC Dolakha	75	0
Regional Center	Deurali, Dolakha	Regional Office	34	0

C. Regional Office and FCC (Morang)



Morang is located in Morang district adjoining the Sunsari district (2 dense populated districts), 20 kilometers far from the Indian border. It is mainly used during the reunification processes and to create links with the families living in the district (174 children supported). A small medical corner (part of our CLASS programs) provides check up and care as well as it provides services to the schooling children and their parents. The center runs also daily CLASS programs. Parents also attend a monthly awareness meeting in the center. 5 staffs work daily with 174 children in 1 Regional Office, 3 CLASS Programs and 2 RSS in the Rehabilitation 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 the children (from underprivileged families) are supported for their education in 6 government schools (school and extra-class CLASS activities: Kabir Secondary School, Janata Secondary School, Shree Devi Secondary School, Shree Mahendra Secondary School from Belbari Municipality, Koshi Haraicha Municipality, Itahari Sub metropolitencity, Lahan Municipality). 85 Children from "Kabir Higher Secondary School" attend daily CLASS activities in the regional office.

In April 2018, 2 CLASS Centers closed due to phase out (CLASS Belbari, CLASS Bayarban)

Running CLASS and RSS Centers for 174 children in Regional Office Morang.

School	Address	CENTER	Children
Shree Mahendra Secondary School	Koshi Haraincha- 6, Morang	KOSHI HARAINCHA	25
Shree Janata Secondary School	Itahari - 8, Sunsari	ITAHARI	15



Shree Saraswati Aadarsh S School	Lahan - Siraha	LAHAN	21
Shree Kawir Secondary School	Belbari- 4, Morang	REGIONAL OFFICE	85
Shree Devi Secondary School	Birtamod - Jhapa	RSS	8
	Surunga - Jhapa	RSS	10

D. Regional Office + FCC (Sindhuli)

Sindhuli is a mid-hill district located at the junction of the main highway to Indian boarder and East way highway. It is located in the heart of Sindhuli city. It is used for the reunification process and to create links with the families living in the district. A small medical corner provides check up and can cure children as well as it provides services to the children at risk.

6 staffs are working daily in 1 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, Bhabishya Nirman Secondary school, Shree kamala Secondary Shree Janajyoti from Kamalamai*). **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.

1 Regional and 1 Running CLASS Centers and RSS in regional office Sindhuli support 219 children.

All CLASS Centers have been 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. Those of Bhabishya Nirman Higher Secondary School and Shree Sidhi Primary school attend daily CLASS activities in CRPC office. **In April 2018 2 CLASS Centres (CLASS Kamala and CLASS Phosretar) were closed because of a lack of fund.**

School	Address	CLASS CENTER	Children
Shree Siddhi Primary School	Kamalamai, Sindhuli	Regional Office	10
Shree Kamala Sec School	Kamalamai, Sindhuli	RSS	5
Shree Janajyoti Sec School	Kamalamai, Sindhuli	RSS	3
Shree Panchakanya Sec School	Kamalamai, Sindhuli	CLASS Sindhuli	27
Shree Bhawisya Nirmata S School	Kamalamai, Sindhuli	Regional Office	75

10 class centers reorganized in April 2018

Due to a lack of financial resources and changes in government policies, we had to adapt 10 Centers in different districts, (*Morang, Dolakha, Kathmandu, Bhaktapur and Sindhuli*) and ensure Kids support through FCC's or RSS.

CLASS Center	District	Children
Belbari	Morang	25
Bayarban	Morang	25
Phosretar	Sindhuli	22
Andhari	Sindhuli	20
Kshamawati	Dolakha	50
Kutidanda	Dolakha	50
Tikhatal	Dolakha	25
Sanothimi	Bhaktapur	10
Kalanki	Kathmandu	14
Kritipur	Kathmandu	10



Other awareness programs

WITH THE FAMILIES : CPCS has been able to collect data and conduct several studies on the topic of children in street situations in Nepal. This has enabled the organization to identify the underlying characteristics of poor households that are likely to lead to the migration of a child 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 times, alcohol consumption, family break-up or domestic violence can provoke the leaving of children and placing all their dreams in the myth of 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 SITUATION : 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 the children about the various forms of abuse that Children in street situations might be exposed to (i.e. AIDS, drugs, and sexual exploitation). By doing this, we try to make them better prepared to face the dangers. Children in the street and the ones attending our shelters participate 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 the children.

WITH THE PUBLIC : **Different stakeholders** interact with children in street situations in Nepal, including the general public, security forces, shopkeepers, tourist 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 image of children in street situation among the public 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 addicts. Children often feel that 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 its own rituals, which often include consumption of illicit substances. This leads to a **vicious circle**: society rejects children in street situations because they are non-social and children are non-social 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 children in street situations’ living conditions might 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 problems of the street is a key to our work. Our objective is to calm tensions between the police and the 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 make it necessary for the police to intervene.



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 street-based children and encourage them to walk toward their own social Rehabilitation path gradually.

CPCS short-term risk reduction programs (conducted both in the streets and in our socialization centers), constitutes the first steps to the building of a relationship between the child and CPCS. CPCS then offers any street-based child who desires it, an individual counseling 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 street-based children within our centers, we gain experience about the daily life and problems that are facing street-based children. In addition, CPCS values very much its network with other NGOs working with street-based children 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 within our centers. On the street, the children who met our social/field workers received information on our activities, programs, counseling services, informal education classes, and first aid service. Our social workers were also responsible for identifying and approaching new street-based children.

*Nepal's Government has changed its policy concerning street-based children in coordination with existing NGOs. First Aid services directly in the street are now forbidden in favor of placement in Rehabilitation centers. MOWCSW and CCWB have published a [Guidelines and operational manual](#) for organizations working with children in street situations concerning the **Drop In Centers** (DIC) and Rehabilitation/Socialization centers. They started that program on 10th May 2016 in partnership with 10 NGOs.*





The rehabilitation shelter - Godawari

Due to some policy changes decided by the Central Child Welfare Board, our “shelters” are not fully opened anymore. Children have to stay inside and follow a full socialization process. The socialization center is a place where former street-based children can be safe and receive assistance when needed. They have access to various entertainments (football, board games, carumbord, marbles, cricket, badminton, table tennis, watching a movie) while the educators take 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 educator or friends studying in secondary level.

Our Aims

- ✓ *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 street-based children and children at risk*

Coordination with CCWB, 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 shelter is partly managed by the children themselves to rise up children’s sense of responsibility giving them the possibility 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 each 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 when needed.

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 child care in our Godawari center.

The street work

DAY FIELD VISITS

These frequent outreach visits enable CPCS educators to get a better understanding of the street life, to identify new street-based children, to keep and build a relationship with them. A senior staff member and a social worker provide the children counseling about street problems, awareness sessions, informal classes and games.

DAY FIELDS VISITS MONTHLY STATISTICS

Day Field Visits (KTM)	A.To tal	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - Avg No.of children	20	15	20	22	24	22	25	19	14	18	19	18	19
Area 2 - Avg No.of children	11	10	12	14	12	14	14	9	9	8	10	9	8
Area 3 - Avg No.of children	7	7	8	6	7	10	10	5	6	6	7	6	5
Area 4 - Avg No.of children	10	7	10	10	11	14	14	11	10	9	10	8	8
Area 5 - Avg No.of children	5	5	6	5	6	7	6	4	5	5	4	5	4

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 street-based children 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 CCWB 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-JUNE 2018)

Night Field Visits (KTM)	Tot.A.	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - Average No. of Children	3	4	4	3	3	3	3	2	3	3	4	5	5
Area 2 - Average No. of Children	2	3	2	1	1	1	1	1	2	4	4	4	5
Area 3 - Average No. of Children	2	3	2	0	0	0	0	2	3	3	5	4	3
Area 4 - Average No. of Children	1	1	1	1	0	0	0	0	0	0	0	0	0
No. of Children treated on Field	250	28	16	9	17	19	12	8	12	23	27	31	48
Children brought to center by field	1	0	0	0	0	0	0	0	0	0	0	0	1
Average No. children in daily Night field	6	10	7	4	5	6	5	3	6	5	6	5	10

The Recovery center (Medical support)

The *Recovery Center of Godawari* is opened 24 hours a day. Professional Health Assistants and qualified nurses work in shifts.

Children who are brought to CPCS for the first time pass through the Recovery Center for a general health examination. They also have a conversation with the psychologist.

An investigation is also being conducted into their origin, to assess whether their family is reachable in their community or not, and if it is possible for them to be reunited with their family.

A whole network of social workers, paramedics, reunification and rehabilitation officers is called in to see what the best solution is for the child.

In the Recovery Center, which is equipped with 10 beds, sick children can recover. Special meals can be prepared according to doctors' recommendations. The clinic also treats viral diseases and epidemics. Children can receive daily consultations and needed treatments including hospitalizations.

After surgery, the necessary medical care is administered, in collaboration with the attending physician and the hospital. Doctor's advice is strictly followed.

On the ground floor of the Recovery Center is a two-room apartment where girls in need receive care. 10 mothers with babies, who have unfortunately given birth to their child on the street, are given shelter and postnatal care.

Girls who were victim of abuse and who very urgently need a shelter find a safe place in the Emergency Recovery Room. During their time in the emergency shelter, the team and the girl will discuss what the best solution is in the short or long term.

Children can be sent to Kathmandu through the Family Care Centers because there is often insufficient medical assistance in remote areas. For these children, beds and care are also provided, which can be before and after their medical treatment in a hospital in Kathmandu. After this care, they return to their family and community





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	948	73	62	87	77	91	78	75	67	79	91	87	81
Daily average	3	2	2	3	3	3	3	3	3	3	4	3	3
Number of "clinic in" children treated	2785	216	158	158	137	218	228	242	294	281	261	303	289
Daily average	8	7	5	5	5	7	8	8	9	9	9	10	10
No. of In-Patients Nights	3009	190	131	234	176	226	209	206	313	341	311	331	341
Average age of in-patients	8	14	11	15	12	12	14	14	14	14	11	12	12
Number of hospital cases	96	1	5	3	11	17	8	2	8	13	12	7	9
Number of patients admitted in hospital	25	1	2	1	2	2	2	1	1	2	3	6	2
Hospitalization Days	274	29	37	24	5	10	10	8	16	29	31	42	33
No. of children treated in DIC Godawari	3528	289	297	312	308	267	276	320	256	281	311	302	309
No. of children treated in outreach (Day Field)	2697	241	197	207	213	251	209	253	249	237	245	206	189
No. of children treated in outreach (Night Field)	1098	73	79	91	87	82	89	94	78	83	102	106	134

MEDICAL SUPPORT PROGRAM (MSP)

The Medical Support Program aims to support street-based children's medical rights, and it consists of:

- ✓ Conducting day-and-night field visits and provide first-aid treatment directly on the streets to children in street situation.
- ✓ Providing first aid or medical support for minor injuries & illness to children of all CPCS programs and centers.
- ✓ Referring more serious cases such as surgery, diagnosis, lab tests or further medical intervention to public hospitals.
- ✓ Increasing the street-based children and youths' awareness about the risk of HIV, AIDS, drugs, Hepatitis, Jaundice, STI's, STD's and other communicable 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 pathology, toxic addiction, or HIV status.

MSP also organizes health camps to perform medical check-ups and inform the youths.

We work in partnership with several public hospitals and coordinate with other health organizations. CPCS ensures its staffs remain healthy and safe through preventive measures, training and immunization. The medical team meets with other health organizations in Nepal on a regular basis. We frequently participate in an Ambulances Management meeting in the District Health Office, Kathmandu to ensure that we follow the rules and regulations applicable to ambulances in general. CPCS also participates in coordination meetings with the Nepal Red Cross Society, the Chief District Officer, and the Nepal Police about mechanisms and strategies to be adopted by social NGOs to rescue Children in street situations when demonstrations and general strikes hit the country. Our medical staff faces some serious infection risks (AIDS, hepatitis or other diseases) due to their work; CPCS ensures the staffs remain healthy and safe through preventive measures, training and immunization.

Supported by the Nick Simons Foundation through the American Himalayan Foundation

The Emergency Line 5560700

CPCS operates a 24 hours emergency line, available for citizens, parents, police, shopkeepers, tourists, teachers, GOs, other NGOs, and street-based children themselves. They mostly call us 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 for information.

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

EMERGENCY LINE MONTHLY STATISTICS

Emergency Line Cases	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Medical Problems	15	3	0	1	2	2	1	2	1	0	1	2	0
Under Arrest	5	0	0	0	0	0	0	2	0	1	0	2	0
Abuses - trafficking	1	0	0	0	0	0	1	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0	0	0	0	0	0
Child Labour	0	0	0	0	0	0	0	0	0	0	0	0	0
Information	187	7	7	13	6	7	12	19	23	21	22	27	23
Line Calls Total	213	10	7	14	8	9	19	23	24	22	23	31	23

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



Supported by the Nick Simons Foundation through the American Himalayan Foundation

CASE STUDY

Prakash Nepali (name changed) – 12 years old

Prakash Nepali is a 12 years old boy. He is from Kusma – Baacha. His father is a construction worker. His mother left the family and remarried. That’s why there was no one to take care of him. One day he was roaming around, he got lost and reached Kathmandu.

There he got some new street friends and started smoking, drinking, and using dendrite- glue. 104 police caught him and referred him to the CPCS DIC. He had severe chest pain, and CPCS staffs admitted him at the hospital (Gangala Hospital) for treatment. He is suffering from VSD (Ventricular septal defect). According to the doctor, he needs surgery. CPCS financed the surgery and Prakash is getting well



Legal Protection Program

CPCS provides legal assistance to street-based children and youth. Professional lawyers are ready to operate when a child is involved in illegal detention, for recovering wage from an employee, in cases of sexual abuses, or when a street child wants to initiate the legal procedures to obtain his birth registration, his citizenship certificates or to recover parental inheritance. 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-JUNE 2018)

Legal Support	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Jail visits	43	2	3	4	2	4	2	5	4	3	3	5	6
Children/youths in jail	24	2	2	2	2	2	2	3	3	2	1	1	2
Custodies visits	55	5	6	3	6	3	5	6	5	4	5	3	4
Children/youths met in custody	17	3	1	0	2	0	0	2	3	2	2	1	1
Children/youths released from custody	17	3	1	0	2	0	0	2	3	2	2	1	1
Court Action	0	0	0	0	0	0	0	0	0	0	0	0	0
Meetings with Police	33	5	6	2	1	1	1	4	6	2	1	1	3
Awareness Program / Class with children	63	6	4	2	7	4	2	7	6	7	5	7	6
Children in Class programs	718	51	60	55	88	56	44	76	61	71	51	53	52
Awareness Programs with Public	12	1	1	1	0	0	0	1	1	1	3	2	1

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Counseling Services

Most of the children met by CPCS or living in our centers have experienced street life and some forms of violence, trauma or torture. A majority of them has been victims of physical, psychological or sexual abuses and has experienced drug addiction, criminal activities, or detention. These experiences often result of 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 cell, but children can also request to meet a counselor. The cell in collaboration with the involved staff ensures 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-JUNE 2018)

COUNSELING SERVICES Godawari	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Individual Counseling	295	28	23	18	10	9	17	31	27	29	35	32	36
Group Counseling	183	15	15	12	11	8	15	11	13	17	22	21	23
General Awareness Classes	175	18	15	15	12	12	15	14	16	17	16	13	12
Sexual Abuses Victims Support	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical and moral abuse victims supported	29	4	3	1	2	1	3	1	3	2	4	3	2
Awareness Sessions with the team	32	2	2	2	2	2	3	3	4	3	3	2	4



CASE STUDY

Laxmi Pariyar (name changed) - 15 years old

Laxmi is a 15 year old girl. She is studying in class five. Her father is a guard; her mother is a domestic worker. She has a younger brother. In the beginning, her parents could not support her education, so they left Purnika to her grandparent's house. Purnika lived there to support her grandparents. But instead of education she got to work as a domestic servant in a private home. She was sexually abused by her employer. One day she managed to escape and was found by 104 police who brought her to the CPCS Emergency room for girls. Laxmi was very upset and distracted, she needed several counseling sessions.

After a while she could go back to her grandparent's home. Small support from CPCS gave her an opportunity to study, and she is making the most out of it.



SOCIAL REHABILITATION

Introduction

CPCS has developed services to encourage street-based children's social rehabilitation as well as to protect them from risks. One of the objectives is the child's reintegration into its community and if the conditions enable it, into its family. Through these programs, we try to provide the best solutions for the child, according to his age, personal wishes, and family situation. We encourage them to leave the streets and help them, when they want, to find their path toward a better future either through family reunification or by any other most suiting mean: non-formal education, formal education or vocational training.

THE IDENTIFICATION PROCESS

We try to collect as much information as possible about children we meet. We have developed different strategies to identify the child and his family (questioning the child, 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 the best place for a child to develop itself is within its family, as long as and if the situation makes it possible. In addition, street-based children often express their will to go back to their houses 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 its family or on a family to take back a child. We have thus developed a set of mid-term and long-term interventions with the families concerned, for each stage of the family reunification process. Our 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 the reasons why 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 its family. CPCS plays a mediator role, which motivates children to go back home to their family and reintegrate with 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 the family or finally ends up back on the street. During festivals or other cultural events, CPCS lets children visit their family, which is another tool to reunite children with their family voluntarily.

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 for and aware about the children's rights and especially their responsibility towards their own children. NGOs can be the short-term solution to this family awareness and behavior. We launched family visits and family reunification programs this year.

33 children were reunified to their own family. The RSS program was launched in 2009 for children who had reintegrated their family but were in need of educational support for 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 the visits of schools and students by our prevention teams.

REHABILITATION MONTHLY STATISTICS (JAN-JUNE 2018)

Particular		J	F	M	A	M	J	J	A	S	O	N	D
OO	Other Organization	6	4	4	11	4	2	0	2	4	1	7	4
F/R	Family Reunification	2	1	3	8	13	6	3	2	5	3	2	20
F/V	Family Visit	6	0	3	4	3	2	0	0	0	2	0	1
D/O	Drop Out	0	1	1	1	5	6	1	2	0	1	0	13
P/A	Pass Away	0	0	0	1	0	0	0	0	0	0	0	0
F/U	Follow Up	2	1	6	8	13	6	17	8	4	3	2	2

CPCS Drop In Center (DIC), Godawari



The CPCS Drop In Centre is for former street and working children who want to leave the street life in order to develop themselves within a more positive and promising environment. Children are offered three educational sessions per day (*Nepali, English, mathematics, physical education, or personal hygiene*). This program mixes education and socialization through arts and sports and helps to bring back children's self-esteem. It enables children 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 obligations and commitments, their stability often remains fragile and temptations 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 CCWB-104	134	23	3	12	12	11	14	5	12	5	8	3	26
Field from Organization CPCS	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Reunification	51	2	2	4	2	9	5	3	6	5	3	2	8
Refer to Other organization	26	4	4	3	1	1	2	1	1	0	7	0	2
Drop Out	36	0	0	1	2	4	6	2	2	4	4	0	11

Supported by La Chaine de l'espoir – Vieujant Foundation – Les amis de Sœur Emmanuelle

The rehabilitation for girls

There are few girls in the street. However, once they are 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 that are specialized in fighting against the traffic of women and girls. CPCS takes care of the emergency shelter. The girls can stay in the emergency center until a solution is found for them.

Supported by Kids in Need - Nepal

CASE STUDY

ShiluKC (name changed) – 11 years old

Shilu KC Danuwar is studying in class 3 in Shree Kawir Secondary School, Belbari, Morang. Her father passed away when she was one year old. Her mother remarried. Her elder sister Susma is a laborer, had to migrate to different places for work and earns very little money. Her uncle and her neighbor are taking care of her but it is not enough to fulfill Sushmita's basic needs. They do not have their own house and property. Sushmita wants to become a social worker and help the ones in need, but therefore she needs to continue her studies. As a consequence, she needs the support and assistance of CPCS to reach her goals.

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 village 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. The majority 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 get a small portion for their own use. CPCS supports schools in its CLASS prevention program. In cooperation with the local social worker, usually school teachers, it is trying 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 street-based children 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 next to the beneficiaries.



The objective is to support not only the child in the rehabilitation center but also the surrounding communities and to listen to the problems, the needs and to search for 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 led the children and their family 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 (play, watch tv, have a snack).



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

The 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, local residents as well as for the surrounding school children and their teachers. School children in two schools have access to a library and games.





DOLAKHA PROGRAMS MONTHLY STATISTICS JAN –DEC 2018

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	466	11	13	46	36	33	21	33	37	109	60	45	22
Patients admitted in clinic	13	2	2	0	4	0	0	1	1	3	0	0	0
In Patients bed Nights	76	21	6	0	20	0	0	0	2	10	0	0	17
No. Of community patients treated	685	34	50	48	44	81	70	57	68	71	71	51	40
Ambulance of referred community patients	43	2	8	10	3	4	0	6	1	0	0	5	4
Total # of referred CPR child patient	26	4	4	7	3	5	0	0	1	0	0	0	2
Children treated on the field	0	0	0	0	0	0	0	0	0	0	0	0	0

Dolakha Rehabilitation Center	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (beg)	24	2	2	3	4	0	0	0	0	0	0	7	6
New children	15	0	1	1	0	0	3	0	0	3	0	7	0
F.R from office	5	0	0	0	1	0	1	0	0	3	0	0	0
Internal Referral	3	0	0	0	0	0	2	0	0	0	0	1	0
Drop Out	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of children (end)	6	2	3	4	0	0	2	0	0	0	0	6	6

Dolakha Schooling	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Scholarised children (beg)	23	41	36	36	35	22	20	20	20	20	19	19	19
New children	3	0	0	0	3	0	0	0	0	0	0	0	0
Other NGO Reffer	22	5	0	1	16	0	0	0	0	0	0	0	0
Drop Out	2	0	0	0	0	2	0	0	0	0	0	0	0
Internally Referred Kids	2	0	0	0	0	0	0	0	0	1	0	0	1
Scholarised children (end)	19	41	36	35	22	20	20	20	20	19	19	19	19

The Schooling Program

Due to family problems or lack of information on families' whereabouts, family reunification is sometimes not suitable for some of the street-based children. 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 than the one of the street-based children. Children attend government schools and pass exams just like any other student. They attend classes in Nepali, English, mathematics, social studies, sciences, and sports.

Most street-based children 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 causes school absence and frequent 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 great gap in their education. Hence, CPCS has developed good and close relationships with each of the schools that children attend. The teachers help CPCS social workers assess the level of the child and the class he



should be admitted in. 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.

CASE STUDY

Pasang Thami (name changed) – 11 years old

Pasang lives in Dolakha with his seven family members. His father and mother are both uneducated and are from a marginalized group. They have no land and live on a small piece of land in a hut. They are farmers on other's land. They have to give the crops to the owner and may keep a minimum for themselves to survive. Pasang's father said: how can I provide my children education? We all have to work. Without working we do not get food so, how can I send them to school? He and his siblings work as domestic workers in the village, but they also go to school. Now, the representatives of the organization convinced his father and his mother to participate in different community meetings. Thanks to the educational support from CPCS, Pasang's capacity to study improved. The parents regularly participate in the community meetings, and after awareness classes, they said that they had made a mistake by not sending their children to school. They realized the pain they gave to their children, but they are aware that they had little choice because of poor economical conditions.

The Youth Program

Many former street-based children 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. Youths of this age who have spent time on the streets are likely to engage in delinquency or criminal activities.

The Youth program was developed with the idea of delivering services and means of intervention tailored to those youths' particular needs. 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 of working as a volunteer.

Youths can also choose between different options offering progressive responsibilities:

- ✓ A 5 levels training leading them to become a social worker: starting as a Junior Social Worker, then as an Assistant Social Worker 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 covers about youths from the street and from Rehabilitation centers. Seven youths live in Godawari.

YOUTH PROGRAM MONTHLY STATISTICS

Nbr of	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Scholarised Youths (beg)	11	9	13	13	10	8	4	3	2	2	2	2
Non-scholarised Youths (beg)	4	4	4	4	4	4	4	4	4	4	4	4
New Youth	0	0	0	0	0	0	0	0	0	0	0	0
Family Reunified Youthss	0	0	0	3	2	0	1	0	0	0	0	0
Internally Referred youths	2	0	0	0	0	0	0	1	0	0	0	0
Other Ngo Ref Youths	0	0	0	0	0	1	0	0	0	0	0	0
Drop out Youths	0	0	0	0	0	0	0	0	0	0	0	0
Scholarised Youths (end)	13	13	13	10	8	7	7	6	6	6	6	6

Case Study

Sonam Lama (name changed) – 17 years old

*He has no idea about his family permanent address, he only listens **Hetauda Phaparbari**. His father's name is Dorge lama and his mother's name is Phulmaya lama. He has two siblings. His elder brother's name is Furba lama and his small brother's name is Pema Lama. He arrived in CPCS with street friends. At that time, he worked in a hotel in Hadigau, Kathmandu. At the beginning, both parents used to drink and to quarrel a lot. His big brother was working in a hotel but he has never shared the name of the hotel.*

When he presents his discipline, he enrolled in the rehabilitation program but due to the unclear address, he has no longer find his family. He spent his childhood in Kathmandu, not in a village. He ended up in the street because his father left his mother and escaped somewhere else. They have never seen the father again after this event. As the mother had three children, she started to work in a relative hotel in Hadigau in which she was sheltered. Then, his elder brother also disappeared from the location but his small brother stayed with his mother. After some time, when he went back there, the hotel wasn't there anymore.

Now Sonam has completed his secondary examination level by getting 2.85 GPA. He still keeps studying. He wants to go back in the village to search his family.

To respect his desire, our reunification team sent him to Makawanpur so that he could find his family. He was looking for his parents during 4 days. During the visit, people did not recognize him, so he came back to our program and has enrolled in the 11 study class in Kitini secondary class. We are still trying to find his family. We are in contact with the local government and the police of his village, where our legal team is also providing us help.



ADMINISTRATION

Child Protection Centers and Services International were established formally in December 2005. (but have run activities since July 19th 2002) It is meant to help children at risk and street-based children. 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 2018 gathers **70 to 90** 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
Financial Director (CPCS-INT)	Ms. Anna Vermeulen
General Director (CPCS NGO)- Administration and Finance	Mr. Himmat Maskey
General Director (CPCS- INT)- Program	Mr. Bijesh Shrestha
Deputy Country Director (CPCS- INT)	Mr. Nawaraj Pokharel
Center Director (DIC Godawari)	Mr. Aitaraj Limbu
Financial Manager	Mr. Tek Bahadur Paudyal
National Director (Monitoring Evaluation Partnership) (CPCS-INT)	Mr. Ekta Narayan Pradhan
Center Director (Regional)	Mr. Badri Prasad Sharma
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Program Coordinator (Medical)	Mr. Padam Adhikari
Deputy National Director (Prevention)	Ms. Ranju Shrestha
LSA and Expert (Public Relation)	Mr. Dabal Pandey
Deputy Centre Director (DIC Socialization)	Mr. Kailash Rawal
Driving Officer (Senior)	Mr. Krishna Prasad Dhital
Program Officer – Socialization	Mr. Nabaraj Baniya
Health Assistant	Mr. Kamala Timalisina
Health Assistant	Mr. Santosh Khatri
Nurse	Ms. Sangita Pradhan
Driver	Mr. Saroj Suwal
Data Officer	Mr. Gunja Lama



The Management (In Nepal)

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

THE BOARD OF DIRECTORS

Board Members from the different NGO's supported and coordinated by CPCS International meet regularly. They work on the organization's operation 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 takes decisions discussing different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS' projects, centers and programs, the suitable way of communicating information 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 the information to flow properly 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 Kathman du 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 followup 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 the children the possibility to have a say in the matter. Those meetings take place in 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. For every meeting the government members write a report about what was said and about possible actions that are to be required. 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.



Suggestion box in centers

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 improvements brought to the programs comes from children's own suggestions.

Networking with Authorities State Bodies and other organizations

CPCS International organized District Project Advisory Committee (DPAC) meeting in Kathmandu on 7th June 2018 in District Coordination Committee hall, Babarmahal. As we did DPAC in 13th June 2018 in Biratnagar, Morang. On 14th June in Sindhuli and 18th June 2018 in Dolakha. In All DPAC Meeting Participated CDO, LDO, Chief of District etc.

Networking with NGOs and other Child Protection Organizations

- ✓ CPCS has developed a partnership with the Central Child Welfare Board (CCWB) and attended dozens of meetings about the **"no one child should stay in street onward"** program campaign.
- ✓ Coordination and collaboration with "Kids Shangrila" and other organizations mainly through youth's referral for skills and vocational trainings.
- ✓ Regular coordination with the *Center for Children Search and Found or 104 (CCSF, Balbalika Khojtalash Kendra)*, whose mission is to search/find 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 Child Welfare Board (CCWB) organized meeting on rehabilitation of Kathmandu Children in street situations and aimed at Kathmandu to become Children-in-street-situations free.
- ✓ Series of meetings were held in ministry of women, children and social welfare (**MOWCSW**) and **CCWB** with other active NGOs for consultation and partnership. Ministry and **CCWB** already made the guidelines to regulate and monitor the Children-in-street-situations work in Kathmandu Valley. NGOs assisting the meeting were: CWIN, SAATHI, SATHATH, PRAYAS, and KHUSHI, VOICE OF CHILDREN CONCERN, HEARTBEAT. CCWB has also visited CPCS DIC Godawari and proposed to increase its capacity for children rehabilitation. CCWB Chief Mr Tarak Dhital has visited CPCS and CCWB representative Mr Chitra Poudel participated in our night field's activities for few days. He has also identified the number of children met in the street.
- ✓ Different government's and privates' colleges; Padma kanya College, Saint Xavier College, Saint Lawrence College, KMC College, Nobel College, Stupa College, Trichandra College has sent their interns and volunteers for the fieldworks.



OUTLOOKS FOR 2019

- Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Centre. (for girls and boys) -
- Adapting our schooling support program to a new innovative approach ensuring access to schools by accessing Basic Health Care (inside Public Schools)
- Focus on prevention / Family – based support.
- Deinstitutionalize more street-based children or children at risks and develop/enhance the reinsertion process to ensure reunification between children and their families and these children's empowerment.
- Improve support and services to street-based children out of Kathmandu valley and focus better on their legal support.
- Quality improvement and child protection / participation focus.
- Improve the socialization centre (Short-term care) in Kathmandu valley
- 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 we develop 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, CCWB, 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 street-based kids (including street work, field, local partnerships)



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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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