



Half Yearly Progress Report

January – June 2020



www.cpcs.international



FOREWORD

This report is published in the context of Covid-19.

This report aims to highlight our actions and progresses made since the beginning of the year. The pandemic has brought many challenges for our teams, and the children and families we support. For many children, this pandemic will change for ever their life. There are indeed not only endangered by the contagion of Covid-19 and the lack of medical equipment but also by all the repercussions that Covid-19 will have on many families: financial losses, job losses, death of caregivers...Many things lead children to end up on the streets and Covid-19 is multiplying those reasons.

This pandemic emphasizes vividly the necessity of our work. It is indeed in those contexts of extreme conditions that our actions of preventions and awareness regarding the life on the street make the most sense. However, although we are seeing significant progress in the families we work with in the place of children, our work is far from over. The difficulties have multiplied for families that are sometimes already in a bad position and it is also our duty to help them in every possible way. Thus, by taking the necessary precautions to protect our teams, we have not only followed up on the children, but also distributed relief packages, dignity kits and moral support.

It is our duty to multiply our efforts to forestall children of the street's dangers. Our actions have been taken hand in hand with partner organisations and the three networks of which we are members: Dynamo International, Child Safe Alliance and Consortium for street children. Our partners and donors have been supporting our actions and we are very grateful for the additional help we have been able to receive. We would also like to highlight and applaud the extraordinary involvement of our team, who once again demonstrated their efficiency and dedication.

Although this report is an overview of our actions for the beginning of the year, we remain forward-looking and we reiterate the need for our future actions to be sustained as well.



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COVID-19 RELIEF DISTRIBUTION

Dear partners, friends, well-wishers,

A nationwide lockdown was declared on March 23. Thousands of people fled from the cities to their villages. The less fortunate who, for financial or social reasons, did not get to a village were left in Kathmandu where all the shops and businesses were closed. Temples were closed, which is very weird in the Kathmandu cityscape, and seeing the usually crowded streets empty was terrifying.

Yet those streets are less deserted than one could think at first. Indeed, youths and children in a street situation had nowhere else to go and got quickly into serious trouble by staying there. There was no way for them to get a little money and there was nothing to buy.

After the necessary protocols were worked out for the safety of the team and the children who stayed in the CPCS centers, an alert relief team was immediately deployed. Our teams toured the streets and slums of Kathmandu with an ambulance to monitor the situation. It soon became clear that action had to be taken quickly. Otherwise people would starve faster than they would die of disease. Thus, we joined forces with partner organizations and received help from local people devoted to us. We made and delivered relief food and hygiene packages.



However, despite all our efforts, the longer the lockdown lasted, the greater the need became. The emergency line and mobile phones of our social street workers were ringing continuously. Families, young people, and children who had to survive in street situations were asking for our help. They were indeed not eligible for food aid organized by the government because they were unable to register on the ward list. These people were ignored and forgotten. Emergency calls were also made by partners of the CPCS Alliance. In Sindhuli, Morang, and Dolakha, the underprivileged had no access to the necessary basic needs. There, we acted immediately too.



Thousands of lives were troubled... there was fear and uncertainty. Despite everything, our active team of social workers, nurses, and psychologists decided to act instead of staying in their house. The administrative workers whom worked from their home did everything to support their team. As already shown after the disastrous earthquakes in 2015, it has been demonstrated once again that the CPCS team is fast and efficient in times of crisis.



Thus, we would like to thank all those people for their strength, energy, commitment, concern, and loyalty. We also thank our partners and donors for their quick response.

The COVID-19 crisis is having a far-reaching, long-term negative impact on children and youth in street situations around the world. The COVID-19 virus has caused an economic crisis and we can fear the snowball effect that this will have. Added family stresses related to the COVID-19 crisis – including job loss, isolation, excessive confinement, and anxieties over health and finances – heighten the risk of domestic violence. The United Nations secretary-general has reported a “horrible” global surge in domestic-based violence linked to COVID-19 and calls to help lines have reportedly doubled. Child abuses were less detected during the COVID-19 crisis because child protection agencies had to reduce monitoring to avoid spreading the virus, and teachers were less able to detect signs of ill-treatment with school closure.

Covid-19 will undoubtedly have an impact on the situation of many children. Human Right Experts estimate that the global total of COVID-19 deaths could eventually reach 10 to 40 million, which will inevitably leave many children without one or both parents or other caregivers. Abandoned children are particularly vulnerable to trafficking and other exploitation, including sexual exploitation, forced begging, selling goods on the streets or other child labour. Older children often drop out of school to try to support younger siblings.

***It is said that we are globally all in the same boat for the COVID-19 crisis, but for some it is a luxury yacht while for others it is an open rudderless raft.** We are facing long term difficulties with more people in poverty, more families with children in street situations. The consequences of the lockdown will be hard on every poor families and people in street situations...*



PREDICTED LONG-TERM IMPACT OF COVID-19:

-Increased stigmatization.

*-Increased poverty (migrants coming back) – No work = no income = risks of separation.
(Increase number of children in the street due to poverty)*

-Increased discrimination and lack of access to basic health and legal protection services.

-Increased difficulties to access Public Schools. Social distancing will be very difficult to implement in Public schools because of the huge numbers of students and the lack of facilities.

COVID19 - RELIEF GOODS DISTRIBUTED (March-April-May-June) (Total includes other districts)

S.N	Name of Goods	Kathmandu	Morang	Dolakha	Sindhuli	Total
1	Rice (Kg)	2006	500	4095	500	7500
2	Ciura (Kg)	536	0	0	0	536
3	Noodles (Pkt)	815	0	0	0	815
4	Savon (Pc)	489	340	407	75	1311
5	Sugar (Kg)	343	0	298	0	641
6	Cooking oil (lt)	293	0	149	25	442
7	Face masks (Nbr)	400	0	0	0	1.000
8	Sanitizer	250	0	0	0	250
9	Soya bean (Kg)	60	0	0	0	60
10	Lentils (Kg)	687.5	40	298	50	1075.5
11	Salt (Pkt)	293.5	20	149	25	487.5
12	Biscuits (Pkt)	851	0	0	0	851
13	Sanitary pad (Pkt)	94	300	134	41	569
14	Undergarments	75	600	268	82	1025

The CPCS Team thanks all of its partners, friends and donors for their trust and support. Specific support for COVID-19 was donated by Rotary of Brussels and Durbuy, La chaine de l'Espoir, Les amis de Soeur Emmanuelle, INDSE, Friends of Nepal VZW, Savoir Oser la Solidarité (SOS GEM), Kind in Nood Nepal VZW and various private donors/friends and a special thanks to Charikot Panorama Resort team (Susie and Herman) for their donation!



Abbreviations

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



IN MEMORIAM

January 2020 -

With a heavy heart, we said goodbye to little Jiten Sharma.



He was an Indian boy found on the streets of Kathmandu. Jiten only spoke Hindi but after a few weeks; he was able to have conversations in Nepali and he loved to play with his friends. He was very fond of Miss Ranju , the psychologist of CPCS in Godawari. Slowly and carefully he opened his heart to her and shared his concerns and worries. Heaven and earth were moved by our social services to track down his family and find out how he ended up on the street alone.

Sadly, Jiten became suddenly very ill and was quickly transferred to the hospital where he unfortunately died under the doctor's hands.



His body was taken by the CPCS center. His friends said goodbye to him and performed the necessary rituals. He was honourably cremated at Pashupatinath in the presence of the CPCS staff.

Rest in peace, little courageous friend, you left us far too soon.



INTRODUCTION

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

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

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



MISSION

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

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

CPCS International and its alliance are members of **three networks**:

- **Street Workers Network – Dynamo International**

www.travailderue.org



- **Child Safe Alliance – Friends International**

<https://thinkchildsafe.org/>



- **Consortium for Street Children**

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





OBJECTIVES

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

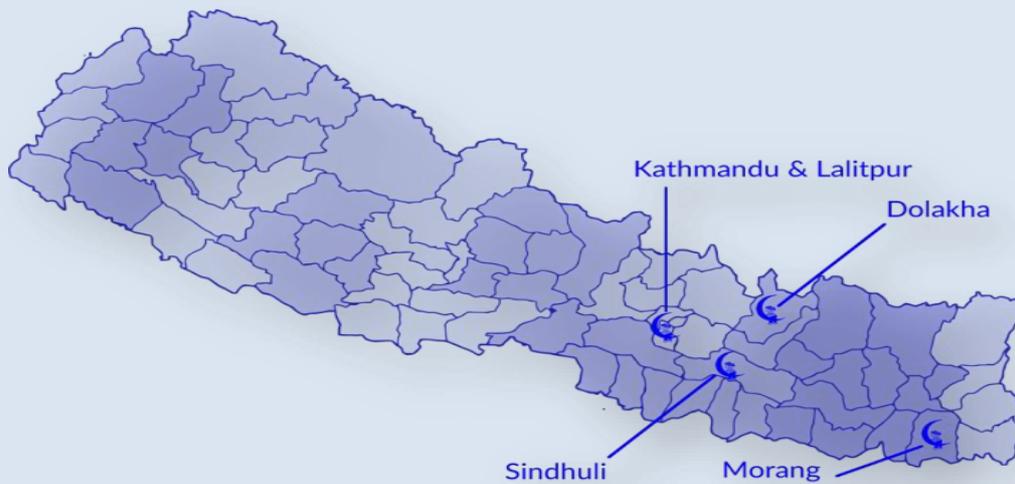
INTERNATIONAL PARTNERS

Special thanks to all our partners for their support:

1. The American Himalayan Foundation (AHF) – USA, 2. L'Association des Amis de Soeur Emmanuelle – Belgium, 3. Dynamo International – Belgium, 4. The Nick Simons Foundation – USA, 5. SOS Enfants Abandonnés – Belgium, 6. La Fondation Vieujant – Belgium, 7. Kinderleven-Vie d'Enfant ASBL – Belgium, 8. La Chaine 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 VZW – Belgium, 21. De Brug VZW – Belgium, 22. The Van Dijck Family and friends, 23. PPOT (Belgium), 24. Sukhi Home – Belgium; 25. Himalayan Projects – Belgium, 26. Jens Van Cleynenbreugel and friends, 27. Savoir Oser la Solidarité - École de Management de Grenoble – France, 28. La foundation Futur–Belgique, 29. Rob Van Acker – Belgium, 30. KINN–Belgium, 31. Damesclub Waregem – Belgium, 32. Rita Rogiers – Belgium, 33. Child Save Movement – Cambodia, 34. Consortium for Street Children – UK, 35. Himalayan Projects – Belgium; Sylvie Casuilis – France/Nepal.



THE CPCS ALLIANCE IN NEPAL



CPCS Alliance includes **4 NGO** in different districts:

Kathmandu – CPCS (Child Protection Centers and Services)

Sindhuli – CRPC (Child Right Protection Center)

Morang – ORCHID (Organization for Child Development)

Dolakha – CPCR (Child Protection Child Rights)

The local work force consists of administrative staff, accounting experts, social workers, nurses and health assistants, teachers, psychologist, lawyers, care takers and drivers. It represents a total of 93 Task-oriented Jobs



ACHIEVEMENTS

PREVENTION PROGRAMS

SUPPORTED BY LA CHAINE DE L'ESPOIR - FRANCE

BETTER HEALTH CARE ACCESS (BHCA) IN PUBLIC SCHOOLS

- **27** supported schools
- **26** nurses hired for the BHCA Program
- **4** Health Assistants hired for BHCA and the regional office
- **8434** student beneficiaries in all the **27** BHCA program
- **9485** students got BHCA medical service in different schools (**4035 Boys** and **5450 Girls**)
- A total of **12 362** people got consultation through the BHCA Program (students and more)
- **1789** Dignity Kits for girls distributed in **27** schools
- **162** meetings with school principals
- **174** meetings with nurses
- **2** sessions of training to nurses about CPP (Child Protection Policy)
- **295** awareness sessions for children **11 117** children have benefited from awareness sessions
- **189** Health Camps for children; **7 320** children have benefited from Health Camps
- **461** children referred to Hospital/health posts
- **705** children referred for counseling/psychological support
- **168** awareness sessions for parents; **2 896** parents attending awareness sessions
- **25** children got emergency support through the BHCA Program

DAILY ACTIVITIES IN FCC AND REGIONAL CENTERS

- **Awareness** on Child Rights, health & hygiene, earthquakes, street risks, sexual abuse, scholarships, CODIV-19 virus.
- **Distribution** of bags and stationeries, dresses ...
- **Health & medical checkups, homework** check-up, information on culture & religion, dancing, drawing, singing, English writing, storytelling, cleaning, art & crafts, sports, games, visits, picnics, celebrations (New Year, religious: Holi...), competitions (singing, dancing, carom, sports, ...)



- **Parents and teachers' meetings** on safety matters, children admissions, studies, progress, regularity, complaints, problems.

EMERGENCY LINE

1 062 calls treated by the emergency line: **524** for medical assistance, **6** under arrest, and **532 for information** about COVID-19 virus and others calls received this first semester.

"National Centre for Children at Risk" referred **14** children to our DIC through the emergency line.

MEDICAL SUPPORT PROGRAM (Recovery Godawari)

- **1 278** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **1 961** medical consultations, **1 549** cases admitted in our recovery center clinics.
- In average, **10** children are treated daily in our recovery centers.
- **14** cases were forwarded to various hospitals for further checkup.
- **10** children were admitted in hospitals for **47** -day stay.

COUNSELING SERVICES

- CPCS psychosocial counselors gave individual counseling for **165** CASES and group counseling for **46** cases.
- **5** cases were linked to physical and moral abuses.
- **80** were general awareness classes
- **21** were awareness sessions for Covid19.

LEGAL SUPPORT PROGRAM

- **9** youths or children benefited from legal assistance after they were taken into custody.
- **9** were released after our intervention.



- **8** jail and **17** custody-visits
- **14** meetings with the police
- **410** children waiting for awareness sessions on legal matters and **12** awareness programs conducted with the public.

Legal counsel was denied access to jails during the lockdown.

REHABILITATION AND DIC PROGRAMS

- **19** new children enrolled in **CPCS Rehabilitation program.**
- **14** children were referred by the National Child Rights Council (NCRC) and the Police Cell for Children at Risk (104) and **5** children rescued from the field.
- **4** children/youths sent to other organization for rehabilitation.
- **4** youth referred in other organization for training.
- **22** children /youth family reunifications.
- **27** children/youth family visits.
- **4** children/youth dropped out.
- **61** children/youth follow-up families.

Regular meeting with 104 children and NCRC for child protection policy implement.

YOUTH PROGRAM

- **61** Youths are followed up by our team.
- **4** Youths are still with us as **peer educators.**
- **4** Youths are in **training.**
- **18** Youths met their families again (**family reunification**).
- **1** Youth went back home.



OTHER ACTIVITIES (FROM JANUARY UNTIL JUNE 2020)

COVID-19 PROTOCOL TRAININGS FOR STAFF

A covid-19 protocol was introduced in all centers. This protocol was strictly monitored.

The entire team received training and much-needed information about the effects of the virus on both centers and communities. the operations in the centers have been adapted for everyone's safety.

Information and awareness leaflets were also made and distributed in communities.

कोरोनाभाइरस- कोविड १९ सचेतनाका लागि अभियान
NOVEL CORONA VIRUS (nCoV)
 संसारभरभन्दा छिटो प्रकोपग्रस्त हुने संक्रमण

नोभेल कोरोना भाइरसका मुख्य लक्षणहरू:

- उष्णता
- संक्रमणको आरम्भिक लक्षणहरू
- रुचा र शक्ति

नोभेल कोरोना भाइरसबाट कसरी बचाउ र जसलाई बचाउने?

- निश्चित रूपमा हात धुने
- सोरोस र सान्छो सार्सबाट बच्ने
- पाहुन आउनु अघि आफ्नो शरीरमा स्यान्टिज लगाउने
- जसलाई बचाउनु आवश्यक छ

प्रतिकारक: कोभिड-१९को उपचारको लागि अहिलेको कुनै पनि उपचारको उपलब्धता सीमित छ।

प्रायः सोचिने प्रश्नहरू

- कोभिड-१९को लक्षणहरू के हुन्?
- कोभिड-१९को संक्रमण कसरी फैलन्छ?
- कोभिड-१९को उपचार के हो?
- कोभिड-१९को रोकथाम के हो?
- कोभिड-१९को लक्षणहरू के हुन्?
- कोभिड-१९को संक्रमण कसरी फैलन्छ?
- कोभिड-१९को उपचार के हो?
- कोभिड-१९को रोकथाम के हो?

CPCS Child Protection Centers and Services
 Dharan, Lalitpur, Nepal
 Tel: 016224660, 016224660, 980124550
 Website: www.cpcs.international

NEPAL
 Dharan
 Tel: 980124552

CRPC NEPAL
 Dharan
 Tel: 980124552

La Chhappi Chhappori

A CPCS Alliance Campaign (www.cpcs.international)





COVID-19 AWARENESS SESSIONS FOR LOCAL COMMUNITIES



BETTER HEALTH CARE ACCESS

Due to COVID-19, all schools have been closed since March 23. Therefore, nurses of the BHCA project made house calls in their village community. They kept in touch with the children and young girls. During the home visits, they kept abreast of the child's mental and physical condition.



Dignity Kits for Girls were before provided in the BHCA program at school. Because this was now impossible, the DKGs were handed over to the girls personally. An ideal time to have a chat and inquire about the situation at home.



CONSTRUCTION OF A NEW BUILDING, GODAWARI



Construction started for a unit on the site of Godawari. All buildings, which we currently rent, will be now under one roof, including the Recovery Center, the offices, and rehabilitation and socialization centers. This way, we will avoid paying house rent, and we foresee a better and smoother coordination of our team.

Several Partners already committed to support the building: *Les amis de Soeur Emmanuelle, Vie d'enfant – Kinderleven, School Indse, Vieujant Foundation. Nick Simons Foundation* will support the “furniture” of the Recovery (medical) part.

CPCS is still going ahead with the building of our future central base.... (part of rehab, psychological support, recovery) but the work is obviously slower due to all the necessary precautions we are taking and has been delayed by the lockdown...





SELF-SUSTAINABLE FARMING PROJECT, REGIONAL CENTER – DOLAKHA

A **self-sustainable farming project** started in the Regional Center of Dolakha. A vegetable garden was set up and enables the center to grow its own organic **vegetables**. **Animals** like goats, rabbits and chickens are reared in the center.



All the products coming from the farm are used for the **consumption** in the center and cultivated without pesticides or chemicals. Children of the center participate in the farming process.

REGULAR MEETINGS AND ADVOCACY WITH LOCAL PARTNERS AND GOVERNMENT





CPCS participated in a national meeting "Need of formation of a national action plan for Child Rights Promotion" organized by CWIN Nepal. An interaction program between GOs, NGOs and INGOs.

CHILD SAFE MOVEMENT, 7-TIPS FOR TRAVELERS “VISIT NEPAL 2020”

Every year, millions of tourists travel to underdeveloped countries. Once arrived, they are shocked and shaken by the difficult living conditions of children and want to help. Despite their good intentions, their behavior can often have a negative impact upon those children’s lives. Visiting orphanages, schools, slums and giving money or food to begging children: these are all behaviors which keep children in poverty or even in abusive situations. Begging represents indeed often real organized systems of child exploitation.

Because of COVID-19, the Nepali Government cancelled the Visit Nepal 2020 campaign.

The trainings for the Child Safe Agents nationwide are postponed.

NATIONAL CHILD PROTECTION POLICY AND ORIENTATION TRAININGS FOR BHCA NURSES





The nurses of the BHCA centers nationwide followed a training to understand the philosophy of the organization and how it operates. Emphasis is placed on Child Protection and working with marginalized groups.

Two of the five groups followed the training. Unfortunately, because of the COVID-19 pandemic and its lockdown, the program could not have been totally completed.

BHCA nurses who completed the training are now able to:

- Know about the programs that the organization is doing in the field of children until now.
- Know about the uniformity of the programs conducted by the network all over Nepal.
- Get information about the child protection policy and to implement the said policy.
- Know how to give psychosocial counselling to children.
- Facilitate the education of girls specifically concerning menstruation and personal hygiene.
- Inform the children about the first aid and to know about the method of treatment.
- Know basic account knowledge.
- Know Basic knowledge about stock, demand system.
- Know Basic knowledge to prepare program report.
- Help children preparing their personal file.



PROGRAMS AND ACTIONS PLANNED IN 2020

1. Socialization centers facilities welcoming 30 to 50 children daily.
2. Informal Education Service: working in the street and meeting up to 50 children and youths daily.
3. Field activities covering more than 20 areas in 8 districts (mainly around Morang, Sindhuli, Dolakha, Kathmandu and Lalitpur districts): 4.000 to 5.000 beneficiaries per month.
4. Emergency line available 24 hours a day in Katmandu and focusing on children and youths in street situation.
5. Recovery center and medical care for 50 to 70 children monthly.
6. Counseling and psychological support for 200 to 300 children monthly (mainly in Dolakha and Kathmandu offices)
7. Research on various issues (such as abuses).
8. BHCA and awareness for schoolchildren and guardians daily.
9. Youth Empowerment Programs for 20-40 youths in street situation.
10. Family visits and reunification for 10-15 children monthly.
11. Schooling support for 15.000 children (through BHCA program or other programs).
12. Public awareness campaigns – Distributing 7 tips for travelers – Child Safe Movement.
13. Socialization and alphabetization classes for 1600-1800 children daily.
14. Raise international awareness about children’s rights and the case of children in street situation.
15. Local networking and international partnerships.
16. The rehabilitation process for 30-50 children and youths.
17. Hygiene and clothes distribution for 1200 to 1600 children.
18. Street bank for children in street situation.
19. Leisure activities as picnics, camps or games in the open.
20. Kitchen club - feeding 100 to 200 children daily (+ snacks for 1500)
21. Raise of children’s self-esteem and awareness about children’s rights, fundamental rights, and national law.
22. Children library and literacy classes for 1500-1800 children daily.
23. Child social rehabilitation process, and individual interventions for children and youths.
24. Child rights protection programs – security, legal help and court actions.
25. COVID19 – Awareness sessions in all BHCA Centers and the Partners of the CPCS Alliance.



PREVENTION SERVICES

INTRODUCTION: IMPROVING FAMILY-BASED CARE AND COMMUNITY INVOLVEMENT

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

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

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

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

PROGRAM: FAMILY CARE CENTER (FCC)

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

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



Since April 2018, 4 FCC has been operational in Sindhuli district (1), in Morang district (1) and in Dolakha district (2). A local team of **3 people** is responsible for the wellbeing and good communication with the beneficiaries and their families. One admin or social worker deals with accounting and support to families. One other social worker does the cleaning, takes care of the children and gives them classes. One medical person (Nurse or Ha) is able to provide hygiene and awareness classes, basic medical care, tuitions, and support.

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

Weekly sessions are organized with the families to discuss various matters: child rights, migration, hygiene, medical and legal problems, or personal problems and obstacles in their daily life. Families and local communities are fully integrated into the process, and a local NGO or partner is selected to provide the necessary care, infrastructure, and material (trained, supported and monitored by CPCS International). These centers are a place for family reunifications and a support to the CPCS deinstitutionalization system.

The **support of local children** in street situation and **family visits** are also priority missions of the center. The center is non-**residential**, and open daily for 8 hours (3 hours on Saturdays and public holidays). A **local child club** has been set up to encourage children participation and **child empowerment**, via an election system, of two child representatives. 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 essential topics.



HOW AN FCC WORKS:

- Open to **every** child from any public school;
- Payment of the **school costs**/fees, uniforms and basic stationeries provided;
- Daily **homework** help session;
- **Library** access;
- Sports and games activities;
- Bi-weekly awareness meetings with families, on parenting skills, migration, health, hygiene;
- Health and hygiene follow up for the children and their siblings;
- Provision of daily **snacks**;
- On Saturdays and days off, the center is open for 3 hours and offer leisure activities, sports, TV, cultural activities;
- Community active participation and involvement;
- **ChildClub** establishment and Minister System (to elect child representatives);
- Coordination with **local authorities** and District Education Officers;
- Basic support of local children in street situations (fieldwork);
- **Family visits** (to assess situations), counselling with advices and parenting tools;
- Team Capacity building;
- **Weekly discussions** with children about various subjects, child care, education, risks of unsafe migration, trafficking;
- Non-violence and full Child Protection Policy implemented in the center. No moral or physical violence tolerated;
- Possibility to **wash clothes and to bath**;
- Active participation in local programs, events;
- **Family reunification** process and follow up;
- Medical Corner and follow up with **local hospitals** (partnerships for free treatment);
- **Legal advice** and support for birth certificate and other documents;
- Emergency zone in case of natural or political problem (Child Protection Zone);
- **Youth** empowerment
- **Covid-19 awareness**



PROGRAM: CLASS (CPCS LOCAL ACTION CENTERS AND SERVICES)

From April 2019, we phased out all the regional center CLASS programs and started our new BHCA program.

In Kathmandu, the program was held in two centres (CLASS Chalnakhel and CLASS Khowp, PPOT supported Program) until April 2020. Due to the lockdown, the program centers have not been able to continue.

After the lockdown, those two centers in Kathmandu will also conduct a BHCA program. The launch of BHCA program in Dolakha is scheduled after the lockdown in two schools. 1 new BHCA centers will be added in Morang and Sindhuli.

BHCA – BETTER HEALTH CARE ACCESS

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



CPCS supports Better Health Care Access for students in public schools in Kathmandu, Sindhuli, Morang and Dolakha. In addition to basic medical care, **awareness classes** are organized to give children, young adults and their guardians, the

opportunity to address topics that are difficult to discuss. It is due to cultural values, subjects such as menstruation, STDs and linked problems are taboo, which can cause prejudice to the children.

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



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

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

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

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



Objectives of the program:

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



Prevention BHCA Program 2020 (Jan - June)

BHCA PROGRAM IN KATHMANDU VALLEY (CPCS NGO)

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA - Budhanilkantha	126
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	639
Shree Mahendra Basic School	Sanothimi - Bhaktapur	BHCA - Sanothimi	310
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	251
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA - Kritipur	196
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA - Pharping	466
Shree Ganesh Secondary School	Khwapa - Bhaktapur	CLASS Bhaktapur*	370
Shree Chalnakhel Basic School	Dakshinkali - Kathmandu	CLASS Chalnakhel*	89

BHCA PROGRAM IN DOLAKHA DISTRICT (CPCR)

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



BHCA Program MORANG

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	557
Shree Nawajanajyoti Basic School	Sundar Haraincha – 1, Morang	BHCA – Nawajana Jyoti School	212
Shree Bhagawati Secondary School	Belbari – 3, Morang	BHCA – Bhagawati School	1187
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	683
Shree Dhanpal Secondary School	Belbari - Morang	BHCA – Dhanpal School	647
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	274
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – Singhadevi School	77
Shree SahidSmirti Primary School	Belbari -1, Morang	BHCA Sahid School	60

BHCA Program SINDHULI

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

A total of 8434 children have better health care access in 27 school.



THE OPERATING PREVENTION CENTERS

Supported by La Chaîne de l'Espoir

NATIONAL OFFICE – GODAWARI, LALITPUR

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

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

REGIONAL OFFICE AND FCC'S (DEURALI – DOLAKHA - CHARIKOT)

19 staffs (full-time and part-time) are working DAILY in 3 ECD (Early Child Development) programs, 2 FCC (FAMILY CARE CENTERS) AND 1 REGIONAL OFFICE DEURALI.

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

All centers (*Lapilang, Kshamawati, Deurali, Bhedikhor, Lamanagi, FCC Dolakha, FCC Charikot*) are located in **Bhimeshwor Municipality** and surrounding Rural Municipality.



REGIONAL OFFICE AND FCC (MORANG)

12 staffs work daily with 75 children in ONE REGIONAL OFFICE, 8 BHCA PROGRAMS in the Rehabilitation Center.

Morang is located in the Morang district near the Sunsari district (*2 densely populated districts*), 20 kilometers away from the Indian border. The center is mainly used during the **reunification processes** to create links with the families living in the district (**8 school BHCA program and regional office, 3697** children get facilities). A small medical office in the corner of the room (*part of our BHCA programs*) provides checkups and care as well as services to the schooling children and their parents. The center also runs daily CLASS programs. Parents also attend a monthly awareness meeting in the center.

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



REGIONAL OFFICE AND FCC (SINDHULI)

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

4 staffs are working daily in one Regional Office 1 BHCA programs with 637 CHILDREN from underprivileged families. All the children are living with their families and are attending school in 2 government schools (*Shree Panchakanya Secondary and Shree Secondary School*). **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.



AWARENESS PROGRAMS

Since March all awareness programs are focused on COVID-19 related problems.



WITH THE FAMILIES:

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

The relationship with the family is therefore a key element in addressing the issue of children in street situation. Moreover, CPCS has developed prevention programs targeted not only the children themselves but also the 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 situation in the villages by organizing activities in the local schools. These awareness-raising sessions cover the dangers of the street (drugs, diseases and abuses of all kind), the rights and duties of parents and children, domestic violence, hygiene, health, the use of illicit substances. Without knowledge of their rights and these risks, the child is an easy prey for a predator.



WITH CHILDREN IN STREET SITUATIONS:

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

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

WITH THE PUBLIC:



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

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



WITH THE AUTHORITIES:



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



RISK REDUCTION

INTRODUCTION

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

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

THE REHABILITATION SHELTER–GODAWARI

Due to some policy changes decided by the NCRC, our “shelters” are no longer fully open. Children have to stay inside and follow a full socialization process. The socialization center is a place where former children in street situations can be safe and receive assistance when needed. They have access to various entertainments (football, board games, carumboard, marbles, cricket, badminton, table tennis, watching a movie) while the educators take advantage of these



opportunities to raise up their awareness on AIDS/HIV, drugs, child rights and give information about the services that CPCS can offer if they decide to leave the street. Dances, music classes and other activities are also initiated by their peer educators or friends studying in secondary level.

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

Coordination with NCRC, Center for Children at Risk.

- **4** children were referred for Rehabilitation in CPCS DIC by different organizations.
- **14** children were referred from our DIC center to their family.

SELF-MANAGEMENT AND DAILY ACTIVITIES

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

- ✓ A **library** provides books on various subjects and is used by several children every day. They can borrow as many books as they wish.
- ✓ **Individual locker deposit boxes** are available for their belongings (*clothes, shoes and valuables*) while they are staying in the center.



- ✓ A “STREET BANKING SYSTEM” also encourages children to save money and protects them from having their money stolen by street gangs, junkyard owners... They can deposit their money and retrieve it if they need it.

Activities supported by “les Amis de Soeur Emmanuelle”–Belgium and the Vieujant Foundation. The support of the Honolulu Rotary and Vie d’Enfant-Kinderleven allows us to build an additional building to ensure appropriate childcare in our Godawari center.

STREET WORK INITIATIVE

FIELD VISITS



These frequent field visits enable CPCS educators to better grasp the current situation on Nepalese streets and the conditions which street children have to suffer. These initiatives help CPCS staff to also find new children which recently became homeless. By directly interacting with them on site, our personnel can gain children’s trust more quickly.

This enables our staff to build trust, which is the basis for improving children’s current situation in the long-term. Furthermore, senior staff members and social workers educate children about problems that can arise when living on the street during awareness sessions, informal classes and games.



MONTHLY STATISTICS FOR FIELDS VISITS (JAN – JUN 2020)

Day Field Visits (KTM)	Average Total	J	F	M	A	M	J
Area 1 - AvgNo.of children	6	8	7	8	7	8	6
Area 2 - AvgNo.of children	5	5	4	4	4	5	5
Area 3 - AvgNo.of children	3	4	4	3	4	5	5
Area 4 - AvgNo.of children	3	3	3	2	3	2	3
Area 5 - AvgNo.of children	5	5	6	6	5	5	6

NIGHT FIELD VISITS

Night field visits started 6 years ago, **3 to 4** days/week, at night. A health assistant, a senior social worker and an ambulance driver patrol the different areas of Kathmandu where children in street situations hang out at night. Every night, we meet an average of **7** children.

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

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

NIGHT FIELDS VISITS MONTHLY STATISTICS (JAN-JUN 2020)

Night Field Visits (KTM)	J	F	M	A	M	J
Area 1 - Average No. of Children	10	7	4	0	0	0
Area 2 - Average No. of Children	9	7	3	0	0	0
Area 3 - Average No. of Children	8	6	0	0	0	0
Area 4 - Average No. of Children	2	2	2	0	0	0
No. of Children treated on Field	27	26	6	0	0	0
Children brought to center by field	0	0	0	0	0	0
Average No. children in daily Night field	6	8	6	0	0	0

Night field rounds were not allowed due to government lockdown restriction



THE RECOVERY CENTER (MEDICAL SUPPORT)

Professional Health Assistants and qualified nurses work in shifts to ensure that the RECOVERY CENTER OF GODAWARI can beat service 24 hours per day for children in need.

Children who are brought to CPCS for the first time are put through a general health examination.

A psychologist then tries to get into a dialogue with them to assess whether they know where



their family lives or if they remember any contact details. The objective is to reach children's relatives or friends that live within the same community in order to bring the children back to their families. A whole network of social workers, paramedics and rehabilitation officers try to come up with the best individual solution for every child.

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

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

The Recovery Center also maintains a two-room apartment, reserved exclusively for women in need. About 10 mothers who had to give birth to their children on the streets have been given a shelter and a postnatal care.

Women victims of physical abuse and who urgently need a shelter can find a safe place in the Emergency Recovery Room. During their time in the emergency shelter, our team will consult victims of domestic violence on the best solution to ensure their long-term security.



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



SPECIAL ATTENTION IS GIVEN TO COVID19, QUARANTINE AND ISOLATION OPTIONS AND COOPERATION WITH LOCAL HOSPITALS AND AUTHORITIES.

MEDICAL SUPPORT MONTHLY STATISTICS (JANUARY-JUNE 2020)

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Out patients) treated	412	82	79	87	74	48	42
Daily average	3	4	3	4	3	2	1
Number of “clinic in” children treated	1549	279	274	293	257	247	199
Daily average	7	9	8	10	7	6	5
No. of In-Patients Nights	1895	223	331	324	343	332	342
Average age of in-patients	10	7	10	9	11	8	11
Number of hospital cases	14	3	2	1	2	2	4
Number of patients admitted in hospital	10	3	2	2	2	1	0
Hospitalization Days	47	17	7	5	8	10	0
No. of children treated in DIC Godawari	717	200	315	150	0	1	51
No. of children treated in outreach (Day Field)	1200	312	235	190	104	200	159
No. of children treated in outreach (Night Field)	78	35	30	13	0	0	0



MEDICAL SUPPORT PROGRAM (MSP)

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

- ✓ Conducting day-and-night field visits and providing first-aid emergency treatments directly on the streets.
- ✓ Providing first aid and regular medical support for injuries and illnesses to children in all CPCS centers.
- ✓ Supporting children with more serious requirements such as surgeries in terms of diagnosis, lab tests and further medical intervention to public hospitals.
- ✓ Increasing awareness among street children for topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STI's, STD's, Covid19 and other diseases.

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

We work in partnership with several public hospitals and other health organizations. Through preventive measures such as training and immunization, CPCS ensures that its staff remains healthy and safe when providing support to children. Furthermore, our medical team meets with other health organizations in Nepal on a regular basis.

We frequently take part in Ambulance Management meetings in Kathmandu to ensure being up to date of current issues and new rules and regulations. CPCS also participates in coordination meetings with the Nepalese Red Cross, the Chief District Officer of Kathmandu and the Nepal Police to discuss strategies for rescuing street children.

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

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



EMERGENCY LINE MONTHLY STATISTICS (JANUARY-JUNE 2020)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	524	81	98	91	76	79	99
Under Arrest	6	3	2	1	0	0	0
Abuses - trafficking	0	0	0	0	0	0	0
Others	182	5	15	37	45	41	39
Child Labour	0	0	0	0	0	0	0
Information about Covid19	350	25	22	63	70	79	91
Line Calls Total	1062	114	137	192	191	199	229

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

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LEGAL PROTECTION PROGRAM

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

LEGAL SUPPORT MONTHLY STATISTICS (JANUARY-JUNE2020)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun
Jail visits	8	3	2	2	0	1	0
Children/youths in jail	2	1	1	0	0	0	0
Custodies visits	17	4	3	4	0	2	4
Children/youths met in custody	6	3	2	1	0	0	0
Children/youths released from custody	9	3	2	4	0	0	0
Court Action	0	0	0	0	0	0	0
Meetings with Police	14	1	3	2	2	2	4
Awareness Program / Class with children	12	4	3	2	2	1	0
Awareness Children and Public Covid19	410	59	75	65	91	85	35
Awareness Programs with Public	12	10	2	3	6	0	0

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COUNSELING SERVICES

Most of the children met by the CPCS team or living in our centers have experienced street situation and some forms of violence, trauma or torture. A majority of them have been victims of physical, psychological or sexual abuses and have experimented drug addiction, criminal activities, or detention. These experiences often result in psychological disorders such as low self-esteem, loneliness, insecurity, inferiority complex, substance addiction or violent behavior. Therefore, CPCS provides children with psychosocial support through individual and group sessions. We have **2** psychosocial counselors for all our programs and centers. Social Workers can refer children in need of the psychosocial support, but children can also request to meet a counselor. Our centers ensure with involved members of staff an effective follow-up of each case. Counselors also make recommendations concerning the possible and suitable rehabilitation for each child (family reunification, schooling).



COUNSELING SERVICES MONTHLY STATISTICS (JANUARY-JUNE 2020)

COUNSELING SERVICES Godawari	Tot.	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	165	28	26	30	25	30	26
Group Counseling	46	24	10	12	0	0	0
General Awareness Classes	80	29	22	1	0	0	28
Sexual Abuses Victims Support	0	0	0	0	0	0	0
Physical and moral abuse victims supported	5	2	2	1	0	0	0
Awareness Sessions with the team	21	2	2	2	8	5	2



SOCIAL REHABILITATION

INTRODUCTION

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

THE IDENTIFICATION PROCESS

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

THE FAMILY REUNIFICATION PROCESS

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

We organize child counselling and family visits. After family visits, CPCS evaluates the possibility of reunifying the child with his family. CPCS acts as a mediator, motivating children to go back home with their families and reintegrate into society independently. Reunified children remain in contact with CPCS, making it possible to follow the evolution of the situation. As a



consequence, it makes it possible for us to know if the child stays with his family or finally ends up back on the street. During festivals or other cultural events, CPCS allows children to visit their family, which is another way of voluntarily reuniting children with their family.

DE-INSTITUTIONALIZATION, FAMILY-BASED CARE AND RESIDENTIAL SCHOOLING SUPPORT (RSS)

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

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

REHABILITATION MONTHLY STATISTICS (JANUARY-JUNE 2020)

Particular		J	F	M	A	M	J
YT	Youth Training	0	1	1	0	0	0
F/R	Family Reunification	7	8	1	0	0	2
F/V	Family Visit	5	6	1	6	6	3
CHP	Child Home Placement	1	1	1	1	0	0
O/R	Own Room	0	0	0	0	0	0
F/U	Follow Up	13	11	9	11	8	9



CPCS DROP IN CENTER (DIC), GODAWARI

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



This program combines **education** and **socialization** through the arts and sports and helps restore children’s **self-esteem**. It enables them to get over bad street habits such as drug

addiction, violence, and pick pocketing, and prepares them for a more rigorous study program or family reunification. Children involved in these programs have spent time on the street enjoying total freedom and living in a world without any form of obligation or commitments, their stability often remains fragile and the temptation to go back to the streets are frequent. Therefore, CPCS particularly focuses on **personal counselling** thanks to our social workers and regular interventions with the psychological counsellors. After **spending 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
Sent from NCRC-104	37=23+14	5	5	4	0	0	0
Field from Organization CPCS	5	2	0	2	0	0	1
Family Reunification	14	6	6	1	0	0	1
Refer to Other organization	4	1	3	0	0	0	0
Send For Training	4	2	0	1	1	0	0
Drop Out	4	2	0	1	1	0	0
Pass away	0	0	0	0	0	0	0

Now 16 children and youth are in our DIC center.

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

THE REHABILITATION FOR GIRLS

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



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

DOLAKHA REHABILITATION PROGRAM

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

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





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

There is a lot of poverty in the area. Most of the local residents are Thami, an ethnic group that has been suppressed for centuries. They are considered as a « low caste », are paperless, do not have rights, neither property and have always worked on the landlords' fields. Often the farmer must deliver the yield to its owner and gets a small portion for his own use. CPCS supports schools in its CLASS prevention program. In cooperation with the local social workers, usually schoolteachers, we try 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 had to operate, CPCS **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 were no medical facilities in the area before CPCS built its rehabilitation center. Once former children in street situations or working children decide to leave the street life or their working life, they need a transition and a safe environment. Therefore, CPCS runs rehabilitation centers for both boys and girls. We believe in the importance of the **community participation and involvement**, and therefore think it is important to be close to the beneficiaries.

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

- **17** boys in the rehabilitation program in Dolakha.
- **34** children are daily coming to the regional center from local area (common room).
- **Over 100** families benefit from the common room, medical center and library.



- A total of **449** family members benefit from the program.
- **More than 500** children use the libraries in schools and regional office Deurali, Dolakha.

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

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

DOLAKHA PROGRAMS MONTHLY STATISTICS JANUARY –JUNE 2020

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J
No. of children (Out patients) treated	185	27	42	46	3	18	49
Patients admitted in clinic	7	1	0	2	1	1	2
In Patients bed Nights	17	3	0	5	3	2	4
No. Of community patients treated	403	69	77	119	15	69	54
Ambulance of referred community patients	4	2	0	0	0	0	2
Total # of referred CPR child patient	29	4	5	9	2	4	5

Dolakha Rehabilitation Center	Total	J	F	M	A	M	J
No. Of children (beg)	1	1	0	0	0	0	0
New children	0	0	0	0	0	0	0
F.R from office	1	1	0	0	0	0	0
Internal Referral	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0
No. Of children (end)	0	0	0	0	0	0	0



Dolakha Schooling	Total	J	F	M	A	M	J
Scholarised children (beg)	18	18	17	17	17	17	17
New children	0	0	0	0	0	0	0
Family Reunified Kids	0	0	0	0	0	0	0
Other NGO Referrer	1	1	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0
Internally Referred Kids	0	0	0	0	0	0	0
Scholarised children (end)	17	17	17	17	17	17	17

THE SCHOOLING PROGRAM

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

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



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

The Youth program was developed with the idea of providing services and means of intervention adapted to the particular needs of these young people. CPCS does so by giving them responsibilities and guidance towards the youth's professional life and future according to their literacy, educational

background and wishes. CPCS encourages youth's responsibility (*participation in daily work life, involvement in CPCS programs, tuition, office support, help in the kitchen, discussion groups*) and possibility to work as a volunteer.

Youths can also choose between different options offering progressive responsibilities:

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

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



YOUTH PROGRAM MONTHLY STATISTICS (JANUARY-JUNE 2020)

Number	Jan	Feb	Mar	Apr	May	Jun
Scholarised Youths (beg)	0	0	0	0	0	0
Non-scholarised Youths (beg)	4	4	6	7	7	7
New Youth	1	3	2	0	0	0
Family Reunified Youths	1	1	1	0	0	1
Internally Referred youths	0	0	0	0	0	0
Other Ngo Ref Youths	0	0	0	0	0	0
Drop out Youths	0	0	0	0	0	0
Scholarised Youths (end)	4	6	7	7	7	6

ADMINISTRATION

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

THE TEAM (IN NEPAL)

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

Position	Name
International General Director (CPCS- INT)	Mr. Jean-Christophe Ryckmans
Country Director (CPCS- INT)	Ms.Inge Bracke
Deputy Country Director (CPCS- INT)	Mr.Nawaraj Pokharel
General Director (CPCS- INT)- Program	Mr.Bijesh Shrestha



Center Director (DIC Godawari)	Mr.Aitaraj Limbu
National Director (Monitoring Evaluation Partnership) (CPCS-INT)	Mr.Ekta Narayan Pradhan
Deputy Centre Director (DIC Socialization)	Mr.Kailash Rawal
Financial Manager	Mr.TekBahadur Paudyal
Accountant	Mr.Bikram Bahadur Bohora
Assitant Accountant	Mr.Bijaya Adhikari
Reunification and deinstitutionalization officer	Mr.Badri Prasad Sharma
Reunification officer assistant	Mr. Rajendra Rokka
Center Director (Regional)	Mr.Padam Adhikari
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Program Coordinator (Medical)	Ms. Kamala Timalsina
Psychologist	Ms.Ranju Shrestha
LSA and Expert (Public Relation)	Mr.Dabal Pandey
Program Officer – Socialization	Mr.Nabaraj Baniya
Driving officers (senior)	Mr. Krishna Prasad Dhital
Driver	Mr. Krishna Kumar Nepali
Health Assistant (Recovery Center)	Ms. Kamala Timalsana
Health Assistant (Recovery Center)	Mr; Saroj Khanal
Health Assistant (Prevention)	Mr.Mabin Rai
Health Assistant (Prevention)	Mr. Santosh Khatri
Health Assistant (Night Field)	Mr. Lob Kumar Shrestha
Nurse	Ms.Sangita Pradhan
Data Officer/Emergency Line	Mr.Gunja Lama



THE MANAGEMENT (IN NEPAL)

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

THE BOARD OF DIRECTORS

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

THE EXECUTIVE COMMITTEE (CDC – CENTRAL DIRECTION COMMITTEE)

This committee is mandated by the Board of Directors to ensure the overall coordination and daily management between centers and divisional directors. The Committee makes decisions discussing different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS's projects, centers and programs, the suitable way of communicating 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 staffs from all the centers have a meeting with the children "ministers". It is essential for them to flow properly information from top to bottom and reverse. All the children elected by their peers to represent a program at the meeting are present. CPCS frequently organized internal training for staffs about Child Protection Policy led by our lawyers.

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



IMPLEMENTATION OF CHILD PROTECTION POLICY

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

CHILD PARTICIPATION

CPCS has created a children's central government. Government members are elected democratically by all the children and meet every week in Godawari. These meetings give children an opportunity to have their say on the issue. Those meetings consist of two different phases. Firstly, every child can give their opinion about their own center. Then, there is an in-depth discussion about ideas or comments that were brought up by the children. After every meeting, the government members write a report about what was said and about possible required actions.

The children have formed a court of Justice to ensure that the system works and that the rules are followed properly. The objective of this government is to make the children aware of the management of the centers and their daily lives and to teach them how society works.

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

NETWORKING WITH NGOS AND OTHER CHILD PROTECTION ORGANIZATIONS

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

- ✓ Regular coordination with the *Center for Children Search and Found or 104 (CCSF, Balbalika Khojtalash Kendra)*, whose mission is to search lost children's families, to inform about lost children (*they do not know their home address*) and to reduce the risks of violence, abuse, or exploitation of children.



- ✓ Collaboration with Kitini Higher Secondary school, and others which managed the enrollment of CPCS' children at school and offered support for their academic growth and development.
- ✓ The Central Council for Child Welfare (now NCRC) organized meetings on the rehabilitation of street children in Kathmandu and aimed at making Kathmandu free of street children.
- ✓ Series of meetings were held in ministry of women, children and social welfare (**MOWCSW**) and **NCRC** with other active NGOs for consultation and partnership. Ministry and **NCRC** already made the guidelines to regulate and monitor the Children-in-street-situations work in Kathmandu Valley. The NGOs that participated in the meeting were: CWIN, SAATHI, SATHATH, PRAYAS, and KHUSHI, VOICE OF CHILDREN CONCERN, HEARTBEAT. NCRC has also visited CPCS DIC Godawari and proposed to increase its capacity for children rehabilitation.



OUTLOOKS FOR 2020

- Reinforce the rehabilitation program with specific mid-term care in the dolakha regional center (for girls and boys).
- Improving our innovative approach ensuring access to schools by accessing basic health care (inside public schools). – bhca – better health care access... (opening of 4 new bhca's)
- Focus on prevention / family – based support.
- Deinstitutionalize more children in street situations or children at risk and improve the reintegration process to ensure the reunification of children with their families.
- Improve support and services to children in street situations out of kathmandu valley and focus better on their legal support. (through the progressive implementation of the recommendation 21)
- Quality improvement and child protection / participation. (kids as rights-holders)
- Improve the socialization centre (short-term care) in kathmandu valley and opening of a new dic in morang area.
- Construction of a recovery center/office building godawari land.
- Improve the cpcs structure (board, cdc, management) with multiple local partners and develop the international alliance (the cpcs alliance).
- Ensure the development of the dynamo international regional alliance (asia) and start a fruitful collaboration with child safe alliance (cambodia-based in friends international).
- Reinforce our link and partnership with local authorities (ddc, swc, nrc, 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.
- Adopting new strategies/methodologies to keep working with children in street situations (including street work, field, local partnerships).
- Improve our monitoring and reporting system and *expenses* control.
- Awareness and activities related to covid19 problems.



CPCS ALLIANCE – CONTACT AND OFFICES

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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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