



Half yearly progress report January – June 2021

Forword



Dear friends, partners, readers,

The pandemic has brought many changes to our lives. We have suffered from lockdown measures, quarantines, no mobility and unpleasant changes in our private and professional lives. Friends, relatives and acquaintances fell ill, were hospitalized. At worst, loved ones died. At the beginning of this year, the Delta variant raged in India and there were millions of victims in just weeks. What happens in neighbouring India inevitably comes to Nepal. At the end of April, the country went into complete lockdown again.

The schools had just reopened at the beginning of April and then closed again after two weeks. Day labourers who work in the informal sector (70% of the Nepalese population) who have just found some work were again unemployed. The tourism sector, which provides more than a million people with an income, has now been completely flat for a year and a half.

The Delta virus spread like wildfire. The fragile Nepalese health care system could not (and cannot) cope with this. Hospitals were soon overcrowded. Patients were lying in the corridors and under the open sky, gasping for breath. There were not enough oxygen cylinders; there was a lack of medical oxygen, too few ventilators in the ICUs, lack of medical personnel.

The CPCS Emergency Line and the mobile phones of the social workers were swamped with calls. Youth and their families in street situations were desperate. Everything was locked down, no rupee to be earned. The biggest problem was the lack of food. People were starving. This population group, left to their own devices, had no access to the most limited form of medical care.

The virus raged in the squatter settlements where people live close together, and this on a minimal surface. Usually, there is no running water, let alone drinking water.

The CPCS Team immediately jumped into action, and countless food parcels were distributed. The social workers were accompanied by health assistants and provided basic health care on the streets. Last year most of the corona infections were concentrated in the cities. Still, during this second wave, it quickly became clear that the highly contagious Delta variant had spread rapidly in the Himalayan hill and mountain villages. In the Terrai, which borders India, the infections quickly spread to the most remote village.

The Universal Declaration of Human Rights states:

Article 25 - Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in the circumstances beyond his control.

This crisis situation has deeply affected so many people. As an organization that respects the Rights of the Child, it was our duty to assist them. Having food and receiving medical care is a human right, not a charity.

A handwritten signature in dark ink, appearing to read 'Inge Bracke', with a stylized flourish at the end.

.....
Inge Bracke
Project Consultant CPCS International

A word from the President of CPCS International



Dear friends, partners, donors,

CPCS is celebrating its 19th birthday on the 19th of July 2021. 19 years of work, commitment and dedication to children and youth at risks.

The Covid Crisis is not the first challenge CPCS is facing. From the early days, We have faced difficulties, troubles, tensions but we keep going ahead for the best interest of the children trusting us.

Nowaday,s CPCS International keeps for sure focusing on Nepal and you will discover in this report the wonderful work carried on by our great team. So many women, men serving children, youth and families since years and years. CPCS International (using methodologies and experiences from Nepal) is also expanding its own Network, the CPCS Alliance and developing projects and partnerships in other countries (Burundi, Congo, etc.)

Very soon, our new “Central Centre” will be ready. The building is supposed to be completed since month but the epidemy delayed it. Sheltering our Recovery Centre, Rehab, Psychosocial and Legal support services, etc., the centre will be our new base for our long term projects and programs.

The World is changing, Nepal is changing, so we keep ensuring our projects serve effectively. More than on beautiful reports, we are focusing and ensuring efficiency. Our ground-based programs are still useful but a strategic programming for coming years is needed. Remote areas in Nepal are seriously on need of additional support while services in Katmandou Valley is nowadays done by many NGO's. We already succeeded our Rehabilitation Centre and Services in Dolakha. Mornang and Sindhuli are well on track aswell. Coming month will be the time to think, to understand better what we can improve again, what we should change, how we can continue to ensure to serve children and youth in street situations in the best way.

Thanks to all of you for your support. Without help, advises, partnerships, CPCS would not exist.

Yallah (let's go ahead),Yallah (let's go ahead),

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

*Dr. Jean Christophe Ryckmans
President CPCS International*

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Abbreviations

104	Police Cell – Found and Missing Children
BHCA	Better Health Care Access
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
FW	Front line worker
IES	Informal Education System
INGO	International Non-Governmental Organization
LSP	Legal Support Program
MSP	Medical Support Program
PSW	Paramedic Social Worker
NGO	Non-Governmental Organization
NCRC	National Child Rights Council
RD	Relief Distribution
RSS	Residential Schooling Support
SEE	Secondary Education Exam
SSW	Social Street Worker
SWC	Social Welfare Board Nepal

INTRODUCTION

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

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

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

OUR MISSION

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

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

CPCS Program in 3 levels:

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

CPCS International and its alliance are members of following networks:

- Street Workers Network – Dynamo International

www.travailderue.org



- Child Safe Alliance – Friends International

<https://thinkchildsafe.org/>



- Consortium for Street Children

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



OUR OBJECTIVES

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

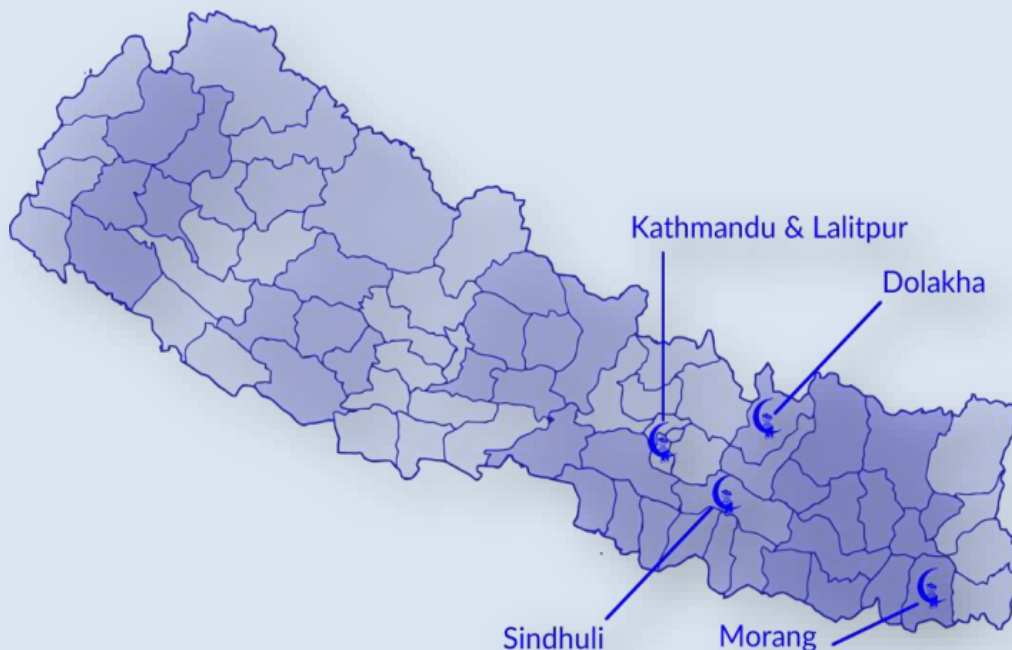
OUR INTERNATIONAL PARTNERS

Special thanks to all our partners for their support:

The American Himalayan Foundation (AHF) – USA - L'Association des Amis de Soeur Emmanuelle – Belgium, Dynamo International – Belgium, The Nick Simons Foundation – USA, SOS Enfants Abandonnés – Belgium, Kinderleven-Vie d'Enfant ASBL – Belgium, La Chaîne de l'Espoir – France, 9. CPCS-France, 10. CPCStanFrance, The Rotary Clubs of Arendonk (Belgium), Durbuy (Belgium), 19. L'INDSE de Bastogne – 20. Belgium, De Brug VZW – Belgium, 21. The Van Dijck Family and friends, 22. PPOT (Belgium), 23. Savoir Oser la Solidarité - Ecole de Management de Grenoble – France, 24. Rob Van Acker – Belgium, 25. Rita Rogiers – Belgium, 26. Child Save Movement – Cambodia, 27. Consortium for Street Children – UK, 28. Medici per la Pace – Italy, 29. Lunsand friends Westerlo – Belgium.

OUR LOCAL PARTNERS IN NEPAL

THE CPCS ALLIANCE IN NEPAL



CPCS International supports 4 local NGO partners in different districts:

Kathmandu – CPCS (Child Protection Centers and Services)

Sindhuli – CRPC (Child Right Protection Center)

Morang – ORCHID (Organization for Child Development)

Dolakha – CPCR (Child Protection Child Rights)

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

A total of 66 task-oriented jobs.

WWW.CPCS-ALLIANCE.ORG



CPCS

"Child Protection Centers and Services"

Godawari, Lalitpur, Nepal
Tel: 01 5560700, 01 6224660, 9801245550



Morang
Tel: 9801245521



Dolakha
Tel: 9880395432



Sindhuli
Tel: 9801245508

ACHIEVEMENTS

PREVENTION PROGRAMS

Supported by La Chaine de l'Espoir- France

BETTER HEALTH CARE ACCESS (BHCA) IN PUBLIC SCHOOLS (JANUARY TO JUNE 2021)

- **27** supported BHCA Centers (schools)
- **26** nurses hired for the BHCA Program
- **6** Health Assistants hired for BHCA and the regional office
- **8615** student beneficiaries in all **27** BHCA program
- **14007** students got BHCA medical service in different schools (**5911 Boys** and **8096 Girls**)
- In total **19726** people got consultation through the BHCA Program (students and more)
- **3461** Dignity Kits for girls distributed in **27** schools
- **143** meetings with school principals
- **113** meetings with nurses
- **0** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **401** awareness sessions for children; **14437** children benefiting from awareness sessions
- **213** Health Camps for children; **9505** children benefiting from Health Camps
- **985** children referred to Hospital/health posts
- **1395** children referred for counseling/psychological support
- **228** awareness sessions for parents; **4958** parents attending awareness sessions
- **1219** children and families got emergency support through the BHCA Program (Nutrition as well as COVID relief)
- **891** door to door visits by BHCA nurses and social workers.
- **2** Zoom meetings with BHCA staffs.
- **377** families received relief packets (food and hygiene)
- **228** Packages food relief distrubued

The BHCA program also offers emergency assistance besides medical and psychological care.

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

- **In Morang District:** **1** Regional Center (**75** children). Those children came to the center for snacks and activities.

- **In Dolakha District:** 2 FCC in Dolakha regional center and Charikot city office, Regional Center Deurali 30 children came to the regional office from surrounding area and in Charikot city FCC center 30 children came for snacks and activities.
- **In Sindhuli District:**

DAILY ACTIVITIES IN FCC AND REGIONAL CENTERS

- **Awareness** on Child Rights, health & hygiene, earthquakes, street risks, sexual abuse, COVID-19.
- **Provide** emergency support for children in need.
- **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, carrom, sports, ...)

FCC, REGIONAL CENTERS, BHCA (January till June 2021)

- 10559 meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- 213 health sessions (camp, check up, awareness) for 9505 children in different centers.
- 14007 children are given medicine and health service.

EMERGENCY LINE

456 calls treated by the emergency line: 206 for medical assistance, 9 under arrest, and 241 information calls (COVID 19-relief and Information about COVID-19) received this first semester.

“National Centre for Children at Risk” referred 2 children to our DIC through the emergency line.

MEDICAL SUPPORT PROGRAM (RECOVERY GODAWARI)

- 466 cases of assistance during the First Aid (day & night) patrols of our medical teams.
- 824 child patients are treated in the recovery center.
- 504 out child patients are treated in the recovery center and 1429 children admitted as patients in the night.
- On average, 4 children are treated daily in our recovery centers.
- 8 cases were referred to various hospitals for further checkup.

- **3** children were admitted to hospitals for a **31** day night stay.

SCHOOLING PROGRAMME

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

COUNSELING SERVICES

- CPCS psychosocial counselors gave individual counselings for **145** cases.
- **2** cases were linked to physical and moral abuses.
- **48** general awareness classes
- **10** awareness sessions for COVID-19.

LEGAL SUPPORT PROGRAM (LSP)

- **7** youths or children benefited from legal assistance after they were taken into custody.
- **7** were released after our intervention.
- **9** jail-visits and **12** custody-visits.
- **15** meetings with the police.
- **199** children attended **18** awareness sessions on legal matters and **6** awareness programs conducted with the public.

REHABILITATION AND DIC PROGRAMMES

- **4** new children enrolled in **CPCS Rehabilitation programme**.
- **2** children referred by (NCRC) and Center for Children at Risk (104) and **3** children rescued from the field.
- **3** children/youths sent to other organizations for rehabilitation.
- **3** youth referred to other organizations for training.
- **7** children/youth family reunions.
- **6** children/youth family visits.
- **0** children/youth dropped out.
- **26** children/youth follow-up families.
- Regular meeting with **104 children** and NCRC for child protection policy.

YOUTH PROGRAM

- **31** youths are followed up by our teams.
- **7** youths are still with us as **peer social workers**.
- **4** youths are in **training**.
- **1** youth completed SEE.
- **3** youths met their families again (**family reunification**).
- **3** youths went back home.
- **30** youths stayed in his/her own room.

OTHER ACTIVITIES (FROM JANUARY TO JUNE 2021)

CONSTRUCTION OF A NEW BUILDING, GODAWARI

The 2020 annual report stated the following:

“Our six-monthly report stated that the new construction would be completed in November 2020. As expected, COVID-19 and the lockdowns have caused a delay and the target date has been moved to the end of February 2021... If work continues at this pace, it looks like the Recovery Center and other services will be able to move into the new building by late February / early March 2021”.

Due to the restrictions of the new lockdown that was introduced at the end of April, the construction work has been stopped.

In the meantime, relaxation has come into effect and we hope to be able to move definitively in September.

The work is progressing so slowly due to a lack of construction workers. After all, many daily wage earners left for their villages for fear of the virus spreading and of being stuck in Kathmandu without any income.

The contractors are having trouble finding skilled workers and returning to the cities is a long process. People have to travel far and long, bus tickets are hard to come by and are also very expensive.

Recently, work has continued on the building, but with a minimal work crew, let's hope things get moving quickly.

The target date to move into the new building is mid-September 2021.



TRAININGS - PROTOCOLS AND PERSONAL PROTECTION EQUIPMENT – COVID-19

When the second lockdown was announced at the end of April, extra oxygen cylinders were immediately purchased.

All beds in the Recovery Centers in Godawari and in Dolakha were equipped with an oxygen cylinder and nasal cannulas.

A quarantine room was organized in the DIC Godawari. The volunteer apartment above the offices was transformed into a quarantine place for staff members.

In Dolakha, a tent was set up outside so that visitors could still receive medical care without entering the center.

All staff members were provided with extra PPE suits. Disinfectant spray pumps were purchased to disinfect the ambulances and rooms.

All staff members received refresher training for following stricter protocols, the use of protective clothing and approaching the public and children safely during their shift.

Social workers and paramedics received extra training to be able to work safely in the field.

The nurses of the Better Health Care Access programmes were instructed via Zoom meetings to strictly follow the protocol when making home visits.





RELIEF DISTRIBUTIONS

COVID-19 has turned our lives upside down. Lockdowns came, then they were relaxed, then tightened again ... for many day laborers, people with uncertain incomes, those already in difficult financial and social situations, 2020 was already a horrible year but 2021 was even harder to survive.

Relief distributions Kathmandu – Dolakha – Morang - Sindhuli

Families living in the slums near the riverbeds were quickly struggling on the streets or were very quickly in danger of having to leave their meager homes. Even for a shack, rent has to be paid.

The CPCS Emergency Line was red hot with desperate calls from youth in street situations and soon an intervention team went on patrol to scout the situation on the streets. The entire scenario of 2020 was repeated. The experience gained from last year meant that the tasks were quickly and efficiently distributed and performed by the staff members.

The frontline workers were supported by the staff members who stayed in the centers under strict protocol.

The home workers made the orders and payments for the purchases and contacted the authorities if necessary.

It ran like clockwork.

Although this time there was more fear and uncertainty due to the aggressiveness with which the virus raged. Unlike the previous lockdown, the social workers were not hindered by authorities. During the first lockdown in 2020, the social workers of CPCS experienced repressive measures from the police.

The authorities in Dolakha, Morang and Sindhuli were also very cooperative and helpful.

There was much better cooperation with authorities during the second lockdown.

Despite the severity of the virus, there were fewer aid supplies from the authorities in Kathmandu during the second lockdown. It was mainly organizations and initiatives of the public that ensured that food parcels or cooked meals were distributed where necessary.

Awareness was of paramount importance and flyers and posters with COVID-19 information were printed and distributed.

The social workers of the Regional Centers and the Family Care Centers went from community to community. They also made home visits to protect people from false information, careless activities and provided good and clear information.

All schools were closed, as a result, children were left at home without any contact with the outside world. They had no access to their teacher (education) or their nurse from the BHCA (medical care and psychological support). For many, there was no or too little food on their plates and the tensions at home increased by the hour.

The Regional Centers and Family Care Centers played an important role in gauging the problems and where, what and how to offer relief to support families in their desperate situation. The virus had broken out in the smallest villages. There were a lot of infections in a very short amount of time. The fear was strong.



Distributed relief goods from March till June 2021

- 13.220 kilos of rice
- 1.149 kilos of chiura (beaten rice)
- 1.946 packs of noodles
- 1.075 kilos of sugar
- 520 kg of dried soybean beans
- 1.518 kg of dried lentils
- 610 liters of cooking oil
- 550 kg of table salt
- 1.950 packets of cookies
- 1.953 bars of soap
- 2.500 face masks
- 800 liters of hand sanitizer
- 1.000 Dignity Kits for Girls
- 800 pieces of underwear
- 100 packs of mosquito coils
- 100 packs of baby food





Testimonials from lockdown survivors in Kathmandu who were either already in a street situation or who lost their homes due to the prolonged lockdown. These people could make ends meet by making a day-to-day income.

The testimonies were recorded by the social workers of CPCS while distributing emergency food packages and during regular field work. Out of respect for the right to privacy, no names are mentioned.

...The problems have increased after the Lockdown, and many people are struggling to find work. Work has also stopped at the place where we were working. Food has also been running out for a few weeks. Now we are begging for food with our friends...

...My husband has not been able to find work, the problem of food in the room has increased, we have not been able to take care of children properly, especially we women have faced various issues, she said...

There is always a fight in our room because there is no food and money; my mother always drinks alcohol...

... I used to work in the Pashupati area, but now we are not allowed to work there; that is why my family is having problems, not paying for food, education and even room rent. Sometimes we can get a labour job that pays less, but we can't get a job...

...Now my work stopped. I am looking for a new job, but I can't find one. I have been unemployed for a month now. My wife is crying because we are kicked out of our room. We can't pay the house rent...

...We are on the street again, there is a problem in the room, the children have a problem with food, there is no work, they stay here all day long, there is tension, they can't go anywhere, and nobody can work...

..The main problem is that our job-place is closed. If there were work, this situation would not have happened...

...We women have a lot of problems. There is no water, and it is difficult to be healthy and clean. There is always fighting and tension in the room...

...It is now forbidden to go to Pashupati. Our way of earning was there. The government of Nepal enforced that rule, which has made it very difficult for us to make a living. I am constantly looking for a job, but it is not possible to get a job. I can't even do rag picking...

...Now I am working to clean other people's houses, but they don't believe me because I don't have citizenship and I can't find any other work anywhere else. My husband's work has stopped, it is difficult for me to support my family with only my income...

...It is difficult for me to educate my sons and daughters, it is difficult to eat with the money I have earned, the problems are increasing day by day, making it very difficult for us to live. Sometimes even when we are sick, it very difficult to find treatment and medicine...

...It has become difficult to pass the time due to lack of work, and children are restless. We can not go to our village and it is difficult to live here. It has become more difficult after the lockdown...

...My husband left. I have a small child with me, how can I work?? It has become tough. There is a serious problem with food. I can't pay the house rent because I have no income. I have run out of rice. The shopkeeper does not lend me anything anymore...

...I am earning money and try to run a normal household, but I am not the only one here. There are many families here. We are helping each other together, but it isn't easy. The situation of many is critical. Some of them have lost their family ties...

...None of us has had any fun activities since the Lockdown. Everyone here is tensed, angry and many people are fighting...

...I am selling my jewellery to support my family. We don't have any work to do. Everyone is telling me their grief. That's why sometimes I call CPCS for help. Other organizations also come here, but CPCS is always here...

...I always go to Pashupati in search of some work and hoping that our old job will be resumed, sometimes my family and I will stay in the same Pashupati if there is a festival. There are many like us in Pashupati. It is not easy. The situation is very difficult. Security guards scare us off...

...Lockdown again, and there is no work. The situation is more complicated than before. Almost everyone is getting sick. It isn't easy to earn money. Children are in more trouble...

...Sir, it is difficult for us to pay the rent for our room. Some friends have left the room because they could not pay. I have many problems in my house, and I don't have anyone to help me when I'm sick, I can't get out. The money earned is also gone...

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 severe problems and risks met by children in some cities of Nepal where the phenomenon of children in street situation is evolving. Children are threatened by domestic violence, social exclusion, drug abuse. A combination of those **causes pushes children to escape to seek refuge elsewhere**. Consequently, CPCS aims **to stop this phenomenon at its source** and **reduce the number of street-based children** by encouraging and sustaining their education and giving them access to Better Health Care.

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.

A caretaker does the cleaning, takes care of the children and a teacher gives them classes. One medical person (Nurse or Health Assistant) provides 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 centre. Each centre welcomes at the beginning up to 75 children and can go up to **100 children**. The children come daily to enjoy after school sessions, daily snacks, the library and the help with homework.

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, personal problems and obstacles in daily life.

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

The **support of local children** in street situations and **family visits** are also priority missions of the centre. The centre is non-**residential**, and open daily for 8 hours (3 hours on Saturdays and public holidays).

A **local child club** is set up to encourage children participation and **child empowerment** via an election system of two child representatives, etc. In addition, 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.
- 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 centre is open for 3 hours and offers leisure activities, sports, TV, cultural activities.
- Community active participation and involvement.
- **Child Club** establishment and Minister System (to elect child representatives).
- Coordination with **local authorities, District Child Protection Officers**.
- Basic support of local children in street situations (fieldwork).
- **Family visits** (to assess situations), counselling with advice and parenting tools.
- Team Capacity building.
- **Weekly discussions** with children about various subjects, childcare, education, risks of unsafe migration, trafficking.

- Non-violence and full Child Protection Policy implemented in the centre. No moral or physical violence is 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

Schools opened their doors at the end of December early January, followed by a month of school holidays.

The school year in Nepal starts in April. After the start of the new school year, they had to close their gates again due to a new lockdown.

The Family Care Centers remained open but had to follow protocols. There was a permanent contact with the management of the schools and in collaboration with the school committee a teacher was brought in to guide children with schoolwork.

Textbooks and school materials were delivered to their home or could be picked up at the Regional Center and the Family Care Center.

Where possible, a tent was set up outside so that children and their families could still receive medical care and psychological support.

Nurses and social workers went round to distribute Dignity Kits and to find out what the child's home situation was like. In this way it was possible to check whether the child was safe.

PREVENTION PROGRAM BHCA ACHIEVEMENT DATA – (JAN-JUNI 2021)

Total number of people who got consultation through BHCA	19.726
Health awareness sessions for children	401
Children attending health sessions	14.437
Number of Health camp for Children	213
Children attending health camps	9.505
Number of children Local Hospital/Health post Referral	985
Number of awareness sessions and meeting with Parents	228
Number of Parents attending in awareness meetings	4.958
Number of Dignity kits distributed to girls	3.461
Number of children received medical service	14.007

Rewati Tiwari (In-charge Regional Office Morang- ORCHID CPCS Alliance)

I have been working for the last 5 years as in charge, of the Regional Office, Morang. During the first variant, we have been providing continuous services and facilities to the children and their families even after all the closures. This year too, the second variant of the Corona has had a profound effect on public life. My team and I went door-to-door with the children to provide services and counseling, even when it was closed this year. In our area too many people were being infected from Corona. Corona's influence was growing rapidly. We regularly coordinated with the municipality to update Corona's status, alert children and their families, get information about their financial and current situation, and distribute dignity kits to girls. Going to the office regularly and working with Tim made me feel a little uncomfortable physically. My throat started to ache and all parts of my body started to ache then I informed my team and I started sitting alone in the room. After 4/5 days I started getting fever and shortness of breath. I went to the nearest health center and checked the corona and my report came back positive. I also requested all my friends and relatives to be vigilant for a week. I kept my spirits up and lived in solitude but I had an old and sick father in my house and I had to protect my wife from this infection. I was terrified that the infection would spread to other family members, but because of my awareness and adherence to all health standards, others could not be infected. I felt nauseous for about a week. I also used some antibiotics and other medicines on the advice of a doctor. Making myself positive, exercising, eating nutritious food and staying in home isolation for 10 days. 10 days later I went to check the corona again and I saw a negative report. Now I have returned to work after defeating Corona. The body is still feeling weak. It is a very complex type of virus infection. I urge everyone to follow all the health standards to avoid this as I have been exposed to this virus and I have seen 3 people lose their lives in my area.

Tanka Maya Karki (BHCA Nurse – Sahid Smirti Basic School, Morang)

I am a health worker. During this pandemic, our country has been closed and lockdown started to control the pandemic. In this situation all the schools were closed and I am working in two schools from this organization and that schools are Shree Singh Devi Basic school and Sahid Smirti Basic School. We visited students home, during the visit we have felt many difficulties, sometimes raining and the way is very difficult. And their houses were very far and we don't have our transport. Due to this COVID-19, many students were suffered. They were mentally distracted and afraid too. Their studies were disturbed too and they are having problems in their studies. Many students belong to a very poor family and most of their parents were labor and doesn't earn lots of money. Now because of the lockdown they don't have any work and problems in their daily needs. They are starving from hunger and we aware of the personnel hygiene and this COVID-19, and provided them a dignity kit. After sometimes I was suffering from this virus (COVID-19). At first my husband was suffered from the virus and then I was suffered. We stayed in home isolation for 10 days. I stayed in a separate room. I stay away from my two little child and my brothers in law gave me food and other necessary things. I apply all the safety measures as well as I already got both doses of vaccine . Now I am joining office work regularly.



The 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, mental health problems are taboo, which can cause prejudice to the children.

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

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

26 nurses (ANM or CMA) are appointed by the CPCS Alliance members to work in partner schools. They work in collaboration with the school team (Principal and teachers) to **ensure children have access to**

basic health care (cut, small injuries, diarrhea, stomach pain, small fever), but also to raise **awareness** about hygiene (in school toilets and in general). **They identify children in need of extra nutrition support or emergency clothes.** Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focused on medical and hygiene matters (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.). Extra attention is paid to girls and especially **girls experiencing their menstrual cycle.** 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 la child-friendly zone

BHCA Program in Kathmandu Valley (CPCS NGO)

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	126
Shree Nepal RastriyaNirman School	KageswariManahara - Kathmandu	BHCA - Mulpani	551
ShreeMahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	320
ShreeHalchokSecondarySchool	Nagarjun - Kathmandu	BHCA - Halchok	251
ShreeAdinathSecondarySchool	Kritipur - Kathmandu	BHCA – Kritipur	235
ShreePharpingSecondarySchool	Dakshinkali - Kathmandu	BHCA - Pharping	595
Shree Ganesh SecondarySchool	Khwapa - Bhaktapur	BHCA - Bhaktapur	435
ShreeChalnakhel Basic School	Dakshinkali - Kathmandu	BHCA – Chalnakhel	115

BHCA Program in DOLAKHA District (CPCR)

School	Address	BHCA CENTER	Children
ShreeKutidandaSecondarySchool	Bhimeshwar - Dolakha	BHCA – Kutidanda	486
ShreeBhimSecondarySchool	Bhimeshwar - Dolakha	BHCA – BhimSchool	464
ShreeRajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	106
ShreeBalmandirPrimarySchool	Bhimeshwar - Dolakha	BHCA - Balmandir	67
ShreeTikhatalPrimarySchool	Bhimeshwar - Dolakha	BHCA – Tikhatal	51
ShreeLamanagi Basic School	Bhimeshwar - Dolakha	BHCA - Lamanagi	147
Shree Buddha PrimarySchool	Bhimeshwar - Dolakha	BHCA - Deurali	30
ShreeBhumeshworiPrimarySchool	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	26
ShreeJanajyotiSecondarySchool	Kalinchok - Dolakha	BHCA - Lapilang	276

BHCA Program MORANG district (ORCHID)

School	Address	BHCA CENTER	Children
ShreeMahendraSecondarySchool	Sundar Haraincha - 12, Morang	BHCA – MahendraSchool	557
ShreeNawajanaJyoti Basic School	SundarHaraincha–1,Morang	BHCA – NawajanaJyotiSchool	212
ShreeBhagawatiSecondarySchool	Belbari – 3, Morang	BHCA – BhagawatiSchool	1187
ShreeKawirSecondarySchool	Belbari- 2, Morang	REGIONAL OFFICE	683
ShreeDhanpalSecondarySchool	Belbari - Morang	BHCA – DhanpalSchool	647
ShreeJanataSecondarySchool	Belbari -1, Morang	BHCA - JanataSchool	274
ShreeSinghadeviPrimarySchool	Belbari -2, Morang	BHCA – SinghadeviSchool	77
ShreeSahidSmirtiPrimarySchool	Belbari -1, Morang	BHCA - SahidSchool	60



BHCA Program SINDHULI district (CRPC)

School	Address	BHCA CENTER	Children
ShreePanchakanyaSecondarySchool	Kamalamai, Sindhuli	FCC / Regional Office	215
ShreeSecondarySchool	Kamalamai, Sindhuli	BHCA Sindhuli	422

A total of **8615** children have better health care access in **27** schools.

Tenjina Rai (BHCA Nurse Shree Halchowk secondary school, Halchowk)

I am working as a nurse in Shree Halchowk Secondary School. Now Nepal is fighting with the pandemic of covid -19. I am living in Halchowk area in rent. Due to the second variant of corona virus, second phase lockdown has started in our area. At that time I also felt similar clinical symptoms (fever >100f, body ache, cough and loss smell and taste of food) of corona virus so, I gave a sample collection and my report was positive. At that time I am so scared. I remembered that how my home's owner and roommate response to my corona positive report. I left I was kicked out of my owner's home. I informed about my report to my friend that I have to stay in home isolation. I also take suggestions with doctors because at that time hospital's bed isn't easily available.

At first I was socially and mentally affected. I was left alone and hopeless. I didn't like to talk with other people, but I grow with positive thoughts and take the appropriate medicine. I strictly follow preventive measures of coronavirus. I eat plenty of warm water and hygienic food. After 10 days of home isolation I repeated my laboratory test and finally that time report was negative. Now I am feeling well and continue my work. I am going to a home visit and meet students and their families. They are also living a difficult like and some of them need relief materials also. Hope we can tackle this virus one day.

Viru Tamang (15 years old student – Regional Center Sindhuli)

My father has a long-term illness, and therefore he can't work. My brother runs a small shop on the streets in Kathmandu. Our sister-in-law was so kind to let us stay in her home. Two weeks ago sister-in-law had a high fever. A few days later, others also fell ill.

The BHCA nurse suggested us to follow the covid-19 protocol. She was helping us with paracetamol, cough syrup, vitamin c. She gave us a poster, masks and disinfectant. Sir and Miss from CPCS provided Covid19 posters to every house in our village.

Our sister-in-law testing PCR report came positive. Her condition was getting worse. She was in urgent need of oxygen, but the hospital did not have a bed with oxygen. They tried in many hospitals but did not get beds. Sadly, one day later, she died at the hospital.

According to Hindu rites, it is customary to burn the dead body. The army took her body for the funeral to the ghat. The army left her half-burnt body during the night. The foxes took one hand off her body. The villagers saw some body parts in the morning and called the local police. After that, the employee of the municipality disregarded all this.

My other family members didn't take a Covid test; it's too expensive for us, we don't have the money to pay for this.

Luckily we all recovered, but I'm still sad for my sister-in-law.



NATIONAL OFFICE – GODAWARI, LALITPUR

23 full-time staffs and **13** part-time staffs are working in 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)

21 staffs (**9** full-time and **12** part-time) are working *daily*, **2 FCC (Family Care Centers)** and **1 Regional office Deurali**.

A total of 110 children, living with their families, attend schools, FCC, Regional office.

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)

11 (**3** full time and **8** Part Time) 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*), 45 kilometers away from the Indian border Biratnagar. The center is mainly used during the **reunification processes** to create links with the families living in the district (**3697** children supported). A small medical office in the corner of the room (*part of our BHCA programs*) provides checkup and care as well as services to the schooling children along with their parents. The center also runs daily CLASS programs. Parents also attend a monthly awareness meeting in the center.

REGIONAL OFFICE and FCC (Sindhuli)

Sindhuli is a mid-hill district located at the junction of the main highway to the Indian boarder and the Easter highway. It is located in the heart of Sindhuli city. Its main goal is to allow the reunification process and to create links with the families living in the district. A small medical office provides checkup and cure to children as well as it provides services to the children at risk. **4 staffs are working daily in one** Regional Office in 2 **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 School, Shree Siddhababa 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

WITH THE FAMILIES:

CPCS has been able to collect data and conduct several studies on the topic about children in street situations in Nepal. This underlines the **organization's ability to identify the underlying characteristics of poor households** that are more likely to lead to a child's migration to the street. **Sometimes, parents themselves are responsible** for sending their children to work in the streets and use their child as a source of income. This generally happens when the father loses his job. Other situations, such as alcohol consumption, family break-up or domestic violence can lead to children's runaway to follow their dreams in 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 social workers also support children in street situations in the villages by organizing activities in the local schools. These awareness-raising sessions cover the dangers of the street (drugs, diseases and abuses of all kind), the rights and duties of parents and children, domestic violence, hygiene, health, the use of illicit substances. Without knowledge of their rights and these risks, the child is an easy prey for a predator.

WITH CHILDREN IN STREET SITUATIONS:

In Nepal, **about 65% of the children who arrive on the street usually stay there**. This is why our social workers 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 situations is **generally quite negative**. Because they wear dirty clothes, use bad language and deny most social norms, they are considered 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 prefer 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.

Introduction

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

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

The rehabilitation shelter–Godawari

Due to some policy changes decided by the Central Child Welfare Board, our “shelters” are no longer fully open. Children have to stay inside and follow a full socialization process. The socialization center is a place where former children in street situations can be safe and receive assistance when needed. They have access to various entertainments (football, board games, carumboard, marbles, cricket, badminton, table tennis, watching a movie) while the social workers 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 social workers or friends studying in secondary level.

- ✓ *To offer children a safe place to sleep, take care of their personal hygiene and socialize with others.*
- ✓ *To give children nutritious and hygienic meals.*
- ✓ *To offer children free access to medical care and counseling in recovery center.*
- ✓ *To offer 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.

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

SELF-MANAGEMENT AND DAILY ACTIVITIES

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

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

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 social workers to better grasp the current situation on Nepalese streets and the conditions under which street children have to suffer. These initiatives help CPCS staff to also find new children who 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 – JUNE 2021)

Day Field Visits (KTM)	A.Total	J	F	M	A	M	J
Area 1 - AvgNo.of children (Thamel)	30	25	30	25	35	35	35
Area 2 - AvgNo.of children (Ratnapark)	17	12	15	15	17	20	20
Area 3 - AvgNo.of children (Balaju)	17	15	15	15	15	20	20
Area 4 - AvgNo.of children (Kalanki)	10	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
Area 5 - AvgNo.of children (Pashupati)	37	35	35	40	35	35	40

NIGHT FIELD VISITS

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 :

Nightfield patrols were restricted by the Nepalese Government. Additional relief visits during daytime were made to distribute food and administer medical care.

Since entire families were in trouble, all family members were watched to be safe. Extra awareness about Covid19 and how to protect oneself and the environment received more attention. Families with children expressed their fear of getting sick and being hospitalized.

The frontline workers handed out leaflets but were often addressed about tensions and aggression (domestic violence, bullied by the police...).

The Recovery center (Medical support)

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

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

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. Their 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 advice is strictly followed.



Muna KC (name changed)

"It's been 25 years since I started living in Kathmandu. I was born in Kathmandu," she said. My parents used to beg in this Pashupati. This is how I grew up in Pashupati area and lived a street life. Suffering from various problems here, today I am changing myself and living a different life by marrying a young man who is suffering like me. I have two children, my husband works at Pashupati Ghat collecting firewood. We are now struggling for the future of our families and children. We have always been earning daily wages but now due to the complex situation, we are finding it difficult to make a living.

Geeta Tamang (name changed)

I was born in Jawalakhel, I don't know anything about my father. We have only mother. She has been picking and selling plastic in this kawad for many years. I also grew up in the same kawad and now I am married to a plastic picker. I have a daughter, now I am pregnant. While living here, I did many kinds of things, how good they were and how bad they were. Life is still not easy, now there are various problems. My condition is critical now and I am afraid to go to the hospital. My husband's work is also stopped. I can't do any work. That's why there is a problem with food.

CPCS is supporting me with the delivery of my baby. It makes me less scared.

Ishwor Gurung (name changed)

I left home when I was young and still live on the streets of Kathmandu. I have lived here for a long time and many times I have lived in an organization but I did not want to live in any organization. I like to live here Here are all my old friends, the work is done that does not touch our society. I often change places to live and eat. Before there were many opportunities, there was no mind, now there is a mind but no opportunity. The current problem of Covit-19 has put us all in a difficult situation. The money that could not be deposited was spent on all the drugs. I used to live in Chamero Guffa last week but due to a fight there I live now in Thamel with old friends. Sir from CPCS is taking care of me when I'm sick.

Sita Rai (name changed)

My family lives and work in Pashupati. I spent my childhood in an organisation. I could not read and write properly. I left that organisation and came back to the streets. I married a young man and we had two children. But my husband left us. Now my children and I all live in this Pashupati temple. I am suffering so much that the future of my children is not bright. There is no cooking equipment and no space; I was evicted from the old room by the house owner because the room rent could not be paid. It's all because of the lockdown. CPCS is supporting me with food and health care for my children.

The Recovery Center also maintains a two-room apartment, reserved exclusively for young girls in need.

About 10 mothers who had to give birth to their children on the streets were given shelter and postnatal care.

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

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

GODAWARI RECOVERY (MEDICAL) SUPPORT MONTHLY STATISTICS JAN –JUNE 2021

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Out patients) treated	504	85	87	88	79	83	82
Daily average	3	4	4	4	3	3	3
Number of “clinic in” children treated	824	180	124	120	138	142	120
Daily average	4	6	4	4	4	5	4
No. of In-Patients Nights	1429	168	233	240	240	270	278
Average age of in-patients	12	6	11	13	13	14	14
Number of hospital cases	8	1	1	3	1	0	2
Number of patients admitted in hospital	3	1	1	0	0	0	1
Hospitalization Days	31	19	7	0	0	0	5
No. of children treated in DIC Godawari	181	35	30	28	26	30	32
No. of children treated in outreach (Day Field)	382	95	86	55	68	38	40
No. of children treated in outreach (Night Field)	84	23	21	29	11	0	0

MEDICAL SUPPORT PROGRAM (MSP)

The Medical Support Program aims to support children and youth in street situations 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 amongstreet children for topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STI's, STD's and other diseases.

CPCS medical staff is present in different areas in Kathmandu through Day & Night Field visits. Medical support is provided to all children without any discrimination, regardless of their religion or health status. MSP also organizes health camps to perform medical check-ups for children. We work in partnership with several public hospitals and other health organizations. Through preventive measures such as training and immunization, CPCS ensures that its staff remains healthy and safe when providing support to children. Furthermore, our medical team meets with other health organizations in Nepal on a regular basis.

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

Supported by the Nick Simons Foundation through the American Himalayan Foundation

Saroj Khanal – Health Assistant In Charge - Recovery Center Godawari

In total, 22 children stayed many weeks inside the Recovery Center during this lockdown. Many of us experienced tensions and stress. My coworkers went to the field to provide relief to needy people and we went to the Center to prepare emergency packets. The protocol was very strict.

I think that's why all the kids and staff didn't get sick. No one was infected with the Covid19 virus. We were all very apprehensive about the Indian variant, which passed very quickly.

Some kids had to go for a follow-up in the hospital, but the hospital staff suggested to wait for any treatment until the lockdown was over.

The kids were busy with general classes with some help from youth. We organized various activities to have a bit of fun.

The main problem we faced was mainly mentally related .Still, we tried and created happy environment and smiles on the kids' faces.



The Emergency Line 5560700 / 9801245550



CPCS operates a 24 hours emergency line, 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, available for citizens 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 2 children for rehab.

EMERGENCY LINE MONTHLY STATISTICS (JAN – JUNE 2021)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	206	35	41	37	41	21	31
Under Arrest	9	3	3	2	1	0	0
Abuses - trafficking	0	0	0	0	0	0	0
Request for Covid19 relief	114	0	0	0	42	35	37
Child Labour	0	0	0	0	0	0	0
Information about COVID-19	127	0	0	0	43	39	45
Line Calls Total	456	38	44	39	127	95	113

Child Focus: Notices about lost children and missing family were also submitted in weekly publications and newspapers. Nepali TV channels published missing adds through collaboration with the Police cell 104. Publications on social media (Facebook) were made.

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.

On March 30th, a meeting was convened by CPCS. Employees of 10 organizations working for the rights of the child were invited.

All participants spoke about the difficulties they face when trying to obtain birth certificates or citizenship cards for undocumented children and young people.

Since each organization individually tackles these problems and encounters a lot of opposition from the authorities, it was decided to join forces. A list was made with all the names of children and young people who are in contact with different organizations.

The list is centralized at the CPCS legal service. Further legal action will be taken.



LEGAL SUPPORT MONTHLY STATISTICS (JAN-JUNE 2021)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun
Jail visits	9	3	3	2	1	0	0
Children/youth in jail	2	2	2	2	2	2	2
Custodies visits	12	3	4	3	2	0	0
Children/youth met in custody	7	3	1	2	1	0	0
Children/youth released from custody	7	3	1	2	1	0	0
Court Action	0	0	0	0	0	0	0
Meetings with Police	15	3	2	3	2	3	2
Awareness Program / Class with children	18	6	5	4	3	0	0
Awareness Children and Public COVID-19	199	45	51	36	67	0	0
Awareness Programs with Public	6	2	1	2	1	0	0

Counseling Services

Most of the children met by the CPCS team or living in our centers have experimented the street situation and some forms of violence, trauma, or torture. Most of them have been victims of physical, psychological, or sexual abuses and have experimented with drug addiction, criminal activities, or detention. These experiences are often the 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 two psychosocial counselors for all our programs and centers. Social Workers can refer children in need of psychosocial support, but children can also request to meet a counselor. Our centers ensure, with involved members of staff, an effective follow-up of each case. Counselors make also recommendations concerning the possible and suitable rehabilitation for each child (family reunification, schooling).

COUNSELING SERVICES MONTHLY STATISTICS (JAN-JUNE 2021)

COUNSELING SERVICES Godawari	Tot.	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	145	24	23	25	28	20	25
Group Counseling	0	0	0	0	0	0	0
General Awareness Classes	48	12	10	8	8	0	10
Sexual Abuses Victims Support	0	0	0	0	0	0	0
Physical and moral abuse victims supported	2	2	0	0	0	0	0
Awareness Sessions Covid 19	10	2	2	2	2	0	2

SOCIAL REHABILITATION



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

THE IDENTIFICATION PROCESS

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

THE FAMILY REUNIFICATION PROCESS

CPCS strongly believes that, to develop itself, the best place for a child is within his own family, if the situation makes it possible. Moreover, 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 analyze 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. Therefore, 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)

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

REHABILITATION MONTHLY STATISTICS (JAN-JUNE 2021)

Particular		J	F	M	A	M	J
OO	Youth Training	2	0	1	0	0	0
F/R	Family Reunification	3	1	0	0	0	0
F/V	Family Visit	3	1	0	0	0	0
CHP	Child Home Placement	0	0	0	0	0	0
O/R	Own Room	0	0	0	0	0	0
F/U	Follow Up	5	3	3	5	5	5

CPCS Drop In Center (DIC), Godawari

Because of the COVID-19 situation and the strict protocol in the centers, most children were welcomed and stayed in the Recovery Center. The CPCS Drop In Center is dedicated to former street children 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 art and sport 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 street is frequent. Therefore, CPCS particularly focuses on **personal counselling** thanks to our social workers and regular interventions with the psychological counsellors. 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
Sent from NCRC-104	14+2	0	1	0	1	0	0

Field from Organization CPCS	3	0	2	0	0	0	1
Family Reunification	2	0	2	0	0	0	0
Refer to Other organization	2	2	0	0	0	0	0
Send For Training	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0
Passedaway	0	0	0	0	0	0	0

Now Total Children in DIC / Recovery -15

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

Emergency room for girls

The Emergency Room for girls is under a roof with the Recovery Center. Girls in street situations and in high-risk circumstances find temporary shelter and a safe place there.

Teenage mothers with a baby are welcome in the emergency center. They can recover after childbirth and discuss solutions for the future together with the social worker and the psychologist. During their stay, the young mommy and baby are carefully monitored by the medical team. This facility has a full range of maternal and child equipment.

Young girl under the age of 12 are sent to the Rehabilitation Center in Dolakha if no family or other solution can be found. The rehabilitation process can take two to three months. If the child is lost, the police are informed, and social media and national television channels are used.

The Emergency Room for Girls will be expanded in the future new building in Godawari. There, girls will have two full rooms and their own sanitary facilities and a garden.

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 takes place in the context of "deinstitutionalization".

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 to give children opportunities to attend school. There are no medical facilities in the area where CPCS has built its rehabilitation center. Once former children in street situations or working children decide to leave the street life or their working life, they need a transition and a safe environment. Therefore, CPCS runs rehabilitation centers for both boys and girls. We believe in the importance of the **community participation and involvement**, and therefore think it is important to be close to the beneficiaries.

The purpose 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 (to play, to watch tv, to have a snack).

- **18** boys in the rehabilitation / Schooling program in Dolakha.
- **30** children are daily coming to the regional center from local area (common room).
- **Over 150** families benefit from the common room, medical center and library.
- A total of **200** family members benefit from the program.
- **More than 250** children use the libraries in schools and regional office Deurali, Dolakha.

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



DOLAKHA PROGRAMS MONTHLY STATISTICS JANUARY –JUNE 2021

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J
No. of children (Out patients) treated	272	53	39	40	51	53	36
Patients admitted in clinic	10	4	0	2	1	3	0
In Patients bed Nights	54	18	0	9	14	13	0
No. Of community patients treated	398	49	70	63	59	87	70
Ambulance of referred community patients	44	8	7	6	5	11	7
Total # of referred CPRC child patient	9	0	2	3	2	1	1
Children treated on the field	0	0	0	0	0	0	0

Dolakha Rehabilitation Center	Total	J	F	M	A	M	J
No. Of children (beg)	2	2	0	0	0	0	0
New children	4	2	2	0	0	0	0
F.R from office	0	0	0	0	0	0	0
Internal Referral	1	0	0	0	0	1	0
Drop Out	0	0	0	0	0	0	0
No. Of children (end)	5	2	1	1	1	0	0

Dolakha Schooling	Total	J	F	M	A	M	J
Scholarised children (beg)	16	15	15	15	15	16	16
New children	0	0	0	0	0	0	0
Family Reunified Children	0	0	0	0	0	0	0
Other NGO Reffer	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0
Internally Referred children	2	0	0	0	0	1	1
Scholarised children (end)	16	15	15	15	15	16	16

The Schooling Program

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

Most children in street situations used to attend school in their hometown. However, because of illiteracy and other social problems, education is rarely a priority for the parents. This leads to frequent absences from school and dropouts. The general level of education is also very low in rural areas of Nepal. Additionally, the time children have spent in the street results in a large gap in their education. Hence, CPCS has developed good and close relationships with each of the schools that children attend. The teachers help the CPCS social workers to assess the child's level and the class to which he or she should be admitted. CPCS is slowly decreasing its residential schooling support programs to focus on family reintegration and community-based care. It decreased from 110 to 84 students in different CPCS centers this year. Several students went back home, and some others joined the Rehabilitation program.

The Youth Program

Due to the lockdowns, the mobility of youth and social workers was very limited. Most youths were approached and encouraged in the street during fieldwork. 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. Youths of this age who have spent time on the streets are likely to engage in delinquency or criminal activities.

The Youth programme was developed with the idea of providing services and means of intervention adapted to the particular needs of these youths. 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.

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

YOUTH PROGRAM MONTHLY STATISTICS (JAN – JUNE 2021)

	Jan	Feb	Mar	Apr	May	Jun
Scholarised Youth (beg)	2	2	2	2	2	2
Non-scholarised Youth (beg)	6	4	5	4	4	5
New Youth	1	1	2	0	0	1
Family Reunified Youth	1	1	1	0	0	0
Internally Referred youth	1	0	0	0	0	0
Other Ngo Ref Youth	2	1	0	0	0	0
Drop out Youth	0	0	0	0	0	0
Scholarised Youth (end)	2	2	2	2	2	2

Vocational training centers remained closed due to lockdown restrictions.

Trainees were also unable to do internships due to the closing of workshops, restaurants and hotels.

Most youth were busy finding solutions to survive and find basic livelihoods for their family or friends in their group.

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 2020 gathers **66** 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
Project Consultant (CPCS- INT)	Ms. Inge Bracke
Deputy Country Director (CPCS- INT)	Mr. Nawaraj Pokharel
General Director (CPCS- INT)- Program	Mr. Bijesh Shrestha
Center Director (DIC Godawari)	Mr. Aitaraj Limbu
National Director (Monitoring Evaluation Partnership) (CPCS-INT)	Mr. Ekta Narayan Pradhan
Deputy Centre Director (DIC Socialization)	Mr. Kailash Rawal
Financial Manager	Mr. Tek Bahadur Paudyal
Accountant	Mr. Bikram Bahadur Bohora
Assistant Accountant	Mr. Bijaya Adhikari
Reunification and deinstitutionalization officer	Mr. Badri Prasad Sharma
Reunification assistant	Mr. Rajendra Rokka
Center Director (Regional)	Mr. Padam Adhikari
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Psychologist	Ms. Ranju Shrestha
Expert (Public Relations)	Mr. Dabal Pandey
Program Officer – Socialization	Mr. Nabaraj Baniya
Driving officers (senior)	Mr. Krishna Prasad Dhital
Driver	Mr. Krishna Kumar Nepali
Health assistant Night Field	Lob Kumar Shrestha
Health Assistant In Charge Recovery Center	Mr. Saroj Khanal
Health Assistant (Prevention)	Mr. Mabin Rai
Health Assistant (Prevention)	Mr. Bodhraj Magar
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

Members of the board of director from different NGO's could usually meet each other. They work on the organization of the operations and events. In fact, plans elaboration should permit 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 or discussing on different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS's projects, centers and programs or the suitable way of information to the team and the Human Resources Management. Then, proposals of meetings are submitted to the executive board for approval.

THE STAFF MEETINGS

Once a week, the staff from all the centers has a meeting with the children "ministers". It is essential for them to flow properly information from the top to the 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 leaded by our lawyers.

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

IMPLEMENTATION OF CHILD PROTECTION POLICY

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

Child participation

CPCS has created a children's central government. Government members are elected democratically by all the children and meet each other every week in Godawari. These meetings permit to give children an opportunity to get themselves heard. Those meetings are separated 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. After every meeting, the government members write a report about what was said and possible required actions.

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

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

Networking with NGOs and other Child Protection Organizations

Coordination with organisations, mainly through the orientation of youths 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 National Child Right Council organized meetings on the rehabilitation of children living in Kathmandu streets.
- ✓ Series of meetings were held by a 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.

OUTLOOKS FOR 2021

- Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Center(for girls and boys).
- Improve our innovative approach ensuring access to schools by accessing Basic Health Care (Public Schools). – BHCA – Better Health Care Access.
- 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 (children as rights-holders)
- Improve the socialization centre (Short-term care) in Kathmandu valley and opening of a new DIC in Morang area.
- Finish the construction of the Recovery Center/office building Godawari Land.
- Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance).
- Ensure the development of the Dynamo International Regional Alliance (Asia) and start a fruitful collaboration with Child Safe Alliance (Cambodia-based in Friends International).
- Reinforce our link and partnership with local authorities (DDC, SWC, NCRC, MOWCSW).
- Implement better the new Human Resources and Financial policy.
- Improve the implementation of Child Protection Policy among staffs.
- Open a Youth Support Program in Dolakha including farming, rehabilitation and trainings (for girls and boys).
- Reinforce the Sindhuli and Morang Regional Centers to ensure long term, costs-effective and efficient support.
- Adopt new strategies/methodologies to keep working with children in street situations (including street work, field, local partnerships).
- Improve our monitoring and reporting system and expenses control.
- Recovery Center and administration moving to the new building in Godawari.
- Cooperation with the authorities to also vaccinate young people in street situations against the Covid19 virus.

CPCS ALLIANCE – CONTACT AND OFFICES

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Site: <http://www.CPCS.fr/>

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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