

CPCS INTERNATIONAL
Child Protection Centers and Services
www.cpcs.international



Yearly Progress Report

January – December 2021

Forword



Dear CPCS partners and friends,

2021 was a year that was again dominated by all possible Coronavirus misery. First we fought the Delta variant, as I write this Omicron is plaguing Nepal and most parts of the world.

The messages and guidance we receive through media and governments are confusing and ever-changing. In Nepal the guidelines are quite drastic. Lockdown, Smart Lockdown, etc. Everyone has to survive and most people can't afford to just stay home without income.

It is a struggle to survive, to work, to feed your children let alone send them to school. The constant closure of schools makes it almost impossible for school boards to run their schools well. Online schooling is only for the better-off who can afford the internet, a computer or a smartphone. Children from less fortunate situations had to do without any form of education for weeks and months. Girls in particular disappeared from the school system, never to return.

Millions of people whose income comes from the tourism sector have not seen any form of income for two years. People are sinking deeper into poverty and there is no form of social security to get through this difficult time.

Despite all the obstacles, the CPCS team has remained active and has been present as much as possible. They have been active in the slums of Kathmandu, in the remote mountain villages and in the Terai villages.

Nurses made many home visits, social workers went to the places where more and more families ended up in a street situation.

In this way we express our gratitude and respect for these courageous frontline workers. But luckily there is also good news!

It is with pride and joy that the new building in Godawari was inaugurated. December 4, 2021 is a memorable day in CPCS's history.

Despite the Corona restrictions, a small inauguration ceremony was organized (in all safety).

All CPCS departments are now under one roof. The Recovery Center, the Rehabilitation Rooms for small boys and youth, the administration, the Drop In Center, the Youth Rehabilitation Program.

The CPCS's team and departments have the pleasure of being centralized again. This makes the operation so much more convenient, eases communication for the benefit of the children and youth.

Everyone is very proud of this beautiful new building which is fully for the service and safety of children and youth. May CPCS continue to open its gates for many years to come.

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

.....
Inge Bracke
Project Consultant CPCS International

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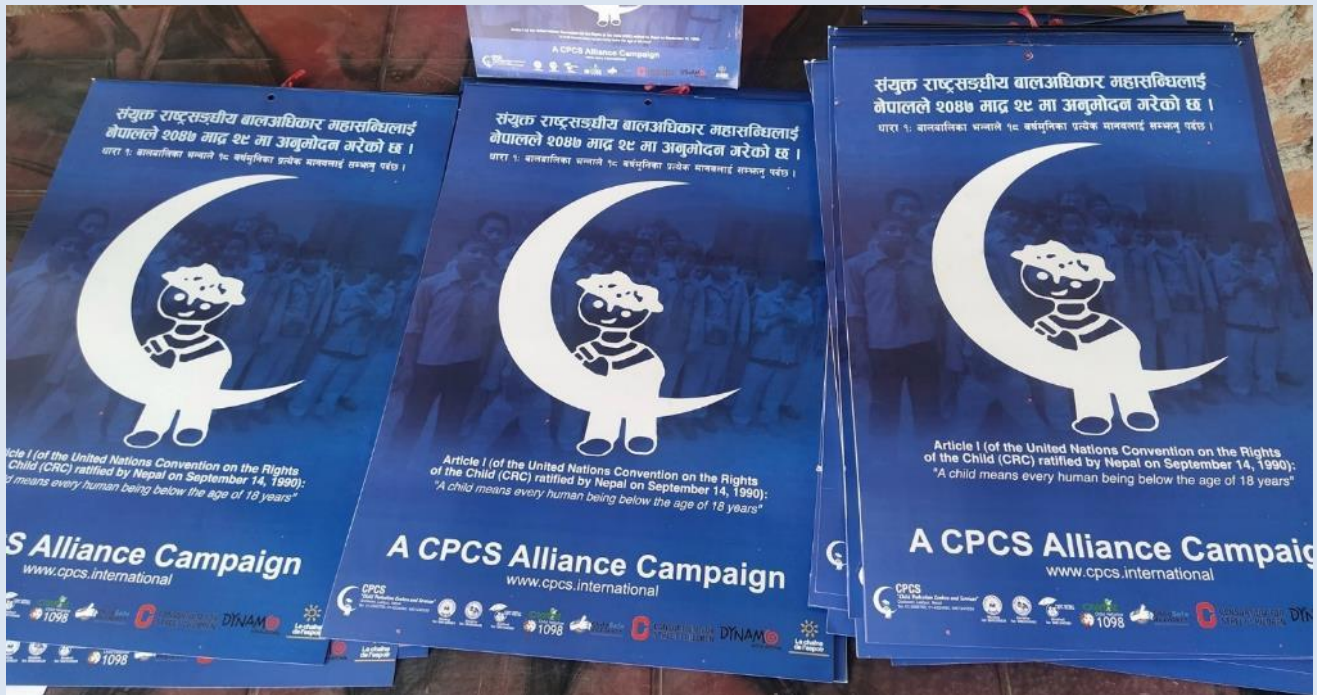
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Abbreviations

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 In Center
DKG	Dignity Kit Girls
ECD	Early Child Development
ET	Education Ticket
FCC	Family Care Center
IES	Informal Education System
INGO	International Non-Governmental Organization
LSA	Local Social Actor
LSP	Legal Support Program
MSP	Medical Support Program
NGO	Non-Governmental Organization
NCRC	National Child Rights Council
RD	Relief Distribution
RSS	Residential Schooling Support
SEE	Secondary Education Exam
SSW	Social Street Worker
SWC	Social Welfare Board

INTRODUCTION



CPCS Alliance is a global movement of partners and NGOs 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 (

The CPCS Alliance defends and uses an interactionist approach to understand how children and youth in street situations create their social identity despite dynamics of domination, labelling and violence. There's no denying that their ability to survive in the streets has huge impacts on their career, which is also influenced by their ability to use with the institutional network supposed to help or control them. We have approached those life stories with a deep analysis of their inherited identity (e.g., cast, religion, family and community background); the identity developed by street situations (e.g., survival group, regular activities, drugs, physical, moral and sexual violence); and their projected identity (e.g., dreams, expectations, projections). Inspired by the work of Pr. Daniel Stoecklin (University of Geneva), we use the Actor System (Stoecklin, 2000) and the kaleidoscope of experience (www.active-self.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 advise 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 concerning subjects) is a thorny issue. Public authorities, as well as NGOs, should refuse the neo-liberal approach of institutionalizing children's 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's best interest, reinventing a child protection system, recognizing them as a subject of rights, ensuring partnership with various networks or organizations like-minded, 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. Lot of reasons lead children to the street: peer pressure, media influence, natural disasters, family's break-up, poverty, family's 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 the street life*): a short-term perspective focusing on the immediate reduction of street life's 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 in the street **to offer protection** to children in street situations and to reduce the risks they are exposed to.
- To develop services allowing children in street situations **to take a step forward** toward their reintegration into society and into their family.
- To develop prevention programs to **prevent more children** from coming to the street.
- To **take on the children's problems** with understanding and respect, considering them not as victims or delinquents but as people with diverse skills.
- To be a **bridge** between the street and the society.
- To reduce the risks faced by children in street situations.
- To give the children in street situations basic **education, attention, and support**.
- To protect the **children's fundamental rights**.
- To raise **awareness** of children in street situations in Nepal and abroad.
- To give children access to **healthcare** and **hygiene** services.
- To **reintegrate** children in their community and reunite them with their families.
- To reduce and progressively **abolish** all forms of **child exploitation**.
- To fight against some of the worst forms of child labor.
- To **mobilize** communities, organizations, institutions, and families to better meet the children's needs.
- To contribute to enforcing the Child Act (1992), to provide **legal support** for children in street situations.

OUR INTERNATIONAL PARTNERS

Special thanks to all our partners for their support:

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

OUR LOCAL PARTNER IN BURUNDI

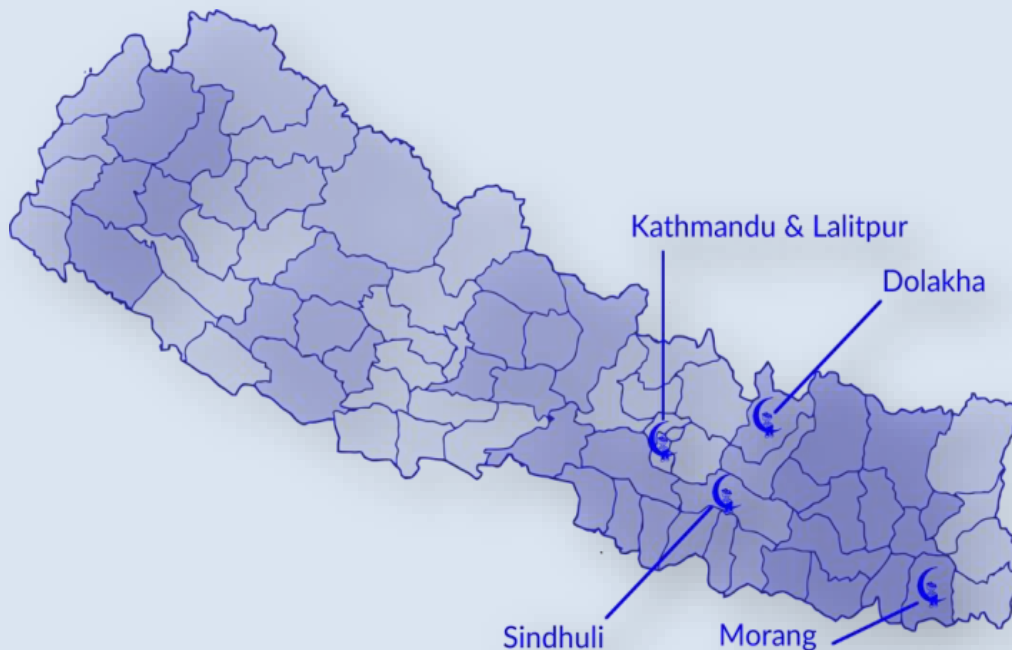
CPCS International was mainly active in Nepal. But the CPCS Alliance, which implements our methodologies and our practices by adapting to the context of other countries, brings its expertise and support elsewhere, where children are suffering and in difficulty... Our means are limited, they are often micro-projects, support in external consultancy, sharing of methods, experience... Projects have already taken place in the DRC, in Timor... Partnerships, exchanges have been woven in India, in Cambodia, Thailand, Vietnam... Now in Burundi, in Bujumbura, on the Buterere landfill where hundreds of children survive, a socialization center is in its infancy. first steps... Since most of CPCS's means are allocated to Nepal and to the difficult period that this country is going through, we are trying (supported by the Friends of Sister Emmanuelle, Vie d'Enfant and private partners) to improve the daily life of dozens of little lives... The center will be improved, slowly nt but surely! The UCBUM organization which is carrying out the project... A sustainable and constructive project coordinated with the local authorities. Step by step, with each child and considering him as an actor "bearer of rights", we will move forward... A great adventure that begins...





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 – CPRC (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 69 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



CRPC NEPAL

Sindhuli
Tel: 9801245508

ACHIEVEMENTS

Prevention program

Supported by La Chaine de l'Espoir- France

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to December 2021)

- **32** supported BHCA Centers (schools)
- **31** nurses hired for the BHCA Program
- **6** Health Assistants hired for BHCA and the regional office
- **18.640** student beneficiaries in all **32** BHCA program
- **32.209** students got BHCA medical service in different schools (**13.513 Boys** and **18.696 Girls**)
- In total **47.572** people got consultation through the BHCA Program (students and more)
- **8.983** Dignity Kits for girls distributed in **32** schools
- **333** meetings with school principals
- **269** meetings with nurses
- **6** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **3** Nurses are attending in training in Kathmandu.
- **978** awareness sessions for children; **33418** children benefiting from awareness sessions
- **531** Health Camps for children; **20116** children benefiting from Health Camps
- **2.560** children referred to Hospital/health posts
- **4.013** children referred for counseling/psychological support
- **677** awareness sessions for parents; **11009** parents attending awareness sessions
- **2.518** children got emergency support through the BHCA Program - nutrition and hygiene goods.

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 are come to center for Snacks and Activities.
- **In Lalitpur District:** In our Godawari office daily **55 +-** children are coming for tuition class every morning and we provide to them morning meal before go school.
- **In Dolakha District:** **35 +-** FCC in Dolakha regional center, Regional Center Deurali **35** number of children are came to regional office from surrounding area and in Charikot city FCC center **0** numbers of children are came for snacks and activities.

- **In Sindhuli District:** There is one regional center in which **30** numbers of children come for snacks and activities. There are 3 BHCA center.

Daily activities in FCC and regional centers

- **Awareness** on Child Rights, health & hygiene, earthquakes, street risks, sexual abuse, COVID-19.
- **Provide** emergency support for needy children.
- **Health & medical checkups, homework** check-up, information on culture & religion, dancing, drawing, singing, English writing, storytelling, cleaning, art & crafts, sports, games, visits, picnics, celebrations (New Year, religious: Holi...), competitions (singing, dancing, carom, sports, ...)

FCC, Regional centers (January until December 2021)

- **26.111** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **531** health sessions (camp, check up, awareness) for **20216** children in different centers.
- **30.209** children are given medicine and health service.



Emergency line

838 calls treated by the emergency line: **282** for medical assistance, **18** under arrest, and **538** information calls received this first semester.



“National Centre for Children at Risk” referred **7** children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- **798** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **1.734** in patient children are treated in Recovery center.
- **987** out patient children are treated in recovery center and **2694** children admitted in patient night.
- In average, **43 children are daily treated** in our recovery centers.
- **25** cases were referred to various hospitals for further checkup.
- **8** children were admitted in hospitals for **70** day and night stay.



Schooling program

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



Counseling services

- CPCS psychosocial counselors gave individual counseling for **296** cases.
- **5** cases were linked to physical and moral abuse.
- **124** general awareness classes.
- **22** awareness sessions for COVID-19, adolescence period, street risks and Drug abuse.



Legal Support Program (LSP)

- **16** youths or children benefited from legal assistance after they were taken into custody.
- **15** were released after our intervention.
- **36** jail-visits and **35** custody-visits.
- **25** meetings with the police.
- **466** children attended **34** awareness sessions on legal matters and **14** awareness programs conducted with the public.



Rehabilitation program

- **15** new children enrolled in **CPCS Rehabilitation program**.
- **7** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **8** children rescued from field by coordination 104
- **5** children/youth sent to other organization for rehabilitation.
- **1** youth referred in other organization for training.
- **9** children /youth family reunifications.
- **21** children/youth family visits.
- **2** children/youth dropped out.
- **49** children/youth follow-up families.
- Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

- **49** youth are followed up by our teams.
- **5** youth are still with us as **peer social workers**.
- **1** youth are in **training**.
- **1** youth completed SEE/**1** youth lives independently
- **16** youth met their families again (**family reunification**).
- **16** youth went back home with the support of CPCS social workers.



OTHER ACTIVITIES (FROM JANUARY TO DECEMBER 2021)

INAUGURATION OF THE NEW BUILDING, GODAWARI



On December 4th, the new building in Godawari was inaugurated. The construction work has been delayed for almost 3 years due to the problems caused by the Corona pandemic.

The building was inaugurated by Honorary Ms. Uma Regmi, the Minister of Women, Children and senior citizens in the presence of many children, youth and partner organizations. Godawari's mayor and police officers were also present.

A party was organized for children and youth, with music, dance and cultural activities. Despite the

Covid restrictions, it was a very nice day.

Young artists showed their art and the musicians gave their best.



Many thanks to the youth of the Youth Rehabilitation Program who organized the event. Together, with the CPCS team, they ensured that it was a memorable day that no one will ever forget.

All departments of CPCS are now

under one roof. The Rehabilitation Center, the Recovery Center, the Legal and Counseling Department and the Administration are very pleased to be back together. After all, after the earthquakes in 2015, we were forced to leave the building in Dillibazar and the entire CPCS departments were spread over three buildings in Godawari.

Together under one roof means faster communication, more flexible cooperation for the benefit of the child or youth.

WE THANK ONCE AGAIN THE SPONSORS AND PARTNERS WHO HAVE MADE IT POSSIBLE TO SET UP THIS BEAUTIFUL BUILDING. THANKS FOR THE FINANCIAL AND MORAL SUPPORT BUT ESPECIALLY FOR THE PATIENCE.



Work visit : *La Chaîne De L'Espoir*



Due to worldwide travel restrictions imposed by the covid-19, it has been more than 2 years since Mr. Vincent Perrotte of *La Chaîne de l'Espoir* paid a working visit to Nepal and CPCS.

La Chaîne de l'Espoir is an important partner for the CPCS Alliance and supports the Better Health Care Access program.

We mainly visited BHCA centres in Dolakha and went on a prospecting trip to Lapilang. In addition of discussions about plans (more Better Health Care Centers and a sub-regional centre), the situation on the ground was monitored and checked out. For example, the current Better Health Care Centers were evaluated, such as ways to improve the existing services.

Lapilang suffered a lot from the earthquakes of 2015 and so far, there has been little aid to rebuild schools. Medical health care is poor in the area, the roads are appallingly bad and transport to any hospital is badly lacking.

Relief for families winter program

The covid misery has ensured that many families went from poverty to deep poverty.

Nepal's economy has been continuously shut down by the lockdowns. People who already have to fight hard to keep their heads above water have been found without any form of income for two years now. Many lost their meager room because they simply could not afford the rent.

For two years now, many families have been suffering from the consequences of the pandemic. The country is constantly going in and out of lockdowns. When the Delta virus ravaged the country, the borders were closed. Many Nepalese migrate to India to work, however they massively lost their jobs.

Tourism used to play an important role in the Nepalese economy. More than a million inhabitants remained unemployed and ended up in desperate poverty due to the global crisis.

Families were evicted from their rented rooms so they ended up on the streets. A large part of the population live from their informal jobs, as the poorly performing economy collapsed, many people had to rely on the benevolence of organizations for basic needs. Some neighborhoods organized food distributions, still this was not enough to provide everyone with the most basic necessities. Furthermore, sick people couldn't afford medical care and were left alone in their hospitalization since there is no social security in Nepal.

CPCS has distributed food parcels and provided medical care in collaboration with other organizations. For instance, warm clothes for children were provided to survive during the cold winter.

Winter came back and we are concerned about families in street situations, food and medical care shortages for small children.

Therefore, CPCS set up an extra winter program where basic nutrition and medical care were provided for families in a street situation. Distributions of warm clothes for children and young mothers with babies were organised.

Testimonials noted by social workers during fieldwork

Veejay says that the work of picking firewood has stopped. It has become difficult for the family to eat as I have to earn alone. The work at the temple has also stopped.

Suraj says: "There was enough yesterday but today it is over. In Pashupati, everyone has started eating at the food distribution place, but that is only open one day in a week".

Mira says: "We live in a small hut ." The current situation has made it difficult for us to work. We also need treatment and medicine".

Krishna says: "I have been released from jail, now my family has a problem, I have not been able to earn money, We have been begging food and eating with our friends".

Sarah says "Our children are suffering more than others, we have not been able to take care of them. We have a lot of fear and anxiety after the lockdown".

Subhadra says: "The Pashupati area is closed. We walk all day in search of people distributing food and relief. Security guards have not allowed us to stay where we used to live before".

Maya says: "I used to sell flower garlands and earn money from it and feed the children with the money I earned. Now we are stressed because I can't work due to the lockdown."

Krishna says, "We have been given an identity card to work in the Pashupati area. Until now, it was working, but now it is locked down again, so we have problems eating and living. Some boys are also getting sick".

Deuki says that even the small amount of money that she had saved earlier has been spent. The problem of food has increased. During the day, the children stay at Pashupati. We also stay with the some friends. We leave our room after nightfall.

Gunja says "I work in a hairdresser's place, now it is closed there too, I am sitting in the room, my mother is a little sick, the owner of the house is shouting, she is not allowed to go out".

Relief distributions

In total 1,299 relief packets were distributed:

Distributed relief goods from January until December 2021

- **13.220 kg** of rice
- **1.149 kg** of chiura (beaten rice)
- **1.946 packs** of noodles
- **1.075 kg** 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
- **2.449 bars** of soap
- **3.075** face masks
- **800** liters of hand sanitizer
- **2.100** Dignity Kits for girls
- **1.768 pieces** of underwear
- **100 packs** of mosquito coils
- **100 packs** of baby food
- **668 pcs** CPCS LOGO T-Shirt
- **750** fleece jackets and pants
- **400** warm jackets
- **750** socks, gloves, scarves and hats
- **200** mother and baby kits

Covid-19 Vaccination program for families, youth and children in street situations

The vaccination campaign, organized by the government, started quickly but suddenly stopped. There was insufficient vaccine to provide a second dose to the population that had already received a first one.

A major problem for undocumented Nepalese was that they were not registered on any vaccination list. After all, one must be registered and present his identity papers in order to obtain a vaccine.

In Kathmandu, CPCS compiled a list of names and took it to the NCRC and the local Wards. There was good cooperation with the local government services and youth without identity papers were soon able to get their vaccinations.

The cooperation with the local authorities also went smoothly at the CPCS Alliance partners in Morang, Sindhuli and Dolakha.



Relief contributions – in Kathmandu, Dolakha, Morang and Sindhuli



Due to the deteriorating economic conditions and the hopeless job prospects, CPCS decided to continue the relief work. The winter program was really useful because of the need for warm clothing for youth, children and babies. Food packages were arranged and distributed. Since there was a great lack of medical care, first medical aid was also provided on the street.

Young girls and young mothers with babies in particular were hopelessly worried. The field team was reinforced with a female nurse to listen to the personal problems of the girls and women. Dignity Kits for girls and care kits for girls with a baby were provided.

Opening new BHCA Centers

On December 1st, 2021, 5 new BHCA Centers were opened. In the new building in Godawari, 60 children come everyday to attend homework classes and to get a meal before going to school. After monitoring in the neighbourhood, parents, who are going through some financial difficulties, were invited and it was explained what services their children and them could rely on.



Unfortunately, the schools closed again due to the Omicron variant and children had to stay at home with their parents. Medical care can be requested 24 hours a day in the CPCS center and they can make use of the ambulance service at all times.

Child Protection Policy trainings

After two years, the nurses from the Better Health Care Access program were finally able to meet again. After all, nearly two years ago the Child Protection Policy trainings were stopped because travels was impossible in Nepal.

There were always virtual and phone contacts, but nothing counts as a real meeting in which the trainers and trainees participate.

Thirty-two participants attended the training that is mainly concerned with understanding and putting into practice the organization's Child Protection Policy.



PREVENTION SERVICES

Introduction: improving family-based care and community involvement

In **2004**, CPCS has set up prevention programs and awareness activities for children and families from the Kathmandu valley and other areas, to avoid **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 give 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.

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 kids**. The children come everyday 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 as child rights, migration, hygiene, medical and legal problems, personal problems and obstacles in daily life as well.

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, mothers' empowerment, child rights advocacy, and defense for vulnerable persons in a non-violent environment are also essential topics.

HOW AN FCC WORKS:

- Open to **every** child from any public school.
- Daily **homework** help sessions.
- **Library** access.
- Sports and games activities.
- Bi-weekly awareness meetings with families on parenting skills, migration, health and 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 and cultural activities.
- Community active participation and involvement.
- **ChildClub** 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 and parenting tools.
- Team Capacity building.
- **Weekly discussions** with children about various subjects, childcare, education, risks of unsafe migration and trafficking.
- Non-violence and full Child Protection Policy implemented in the centre. No moral or physical violence is tolerated.
- Possibility to **do the laundry** and **to bath**.
- Active participation in local programs, events.
- **Family reunification** process and follow up.
- Medical Corner and follow up with **local hospitals** (partnerships for free treatment).
- **Legal advice** and support for birth certificate and other documents.
- Emergency zone in case of natural or political problem (Child Protection Zone).
- **Youth** empowerment



PREVENTION PROGRAM BHCA ACHIVEMENT DATA – (JAN-DEC 2021)

Total number of people who got a consultation through BHCA	47.572
Health awareness sessions for children	978
Children attending awareness sessions	33.418
Number of Health camp for Children	531
Children attending health camps	20.116
Number of children Local Hospital/Health post Referral	2.560
Number of awareness sessions and meeting with Parents	677
Number of Parents attending awareness meetings	11.009
Number of Dignity kits distributed to girls	8.983
Number of children who received medical services	32.209

BHCA – Better Health Care Access

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. Because of cultural values, subjects such as menstruation, STDs, mental health problems are taboo, which can lead to prejudice in the children's mind.

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 (Director and teachers) to **ensure that children have access** to basic health care (cuts, small wounds, diarrhea, stomach pains, low fever), but also to raise **awareness** about hygiene (in the school toilets and in general). **They identify children who need additional nutritional support or emergency clothing.** Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focusing on medical and hygiene issues (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.). Extra attention is given to girls and especially to **those who are going through their menstrual cycle.** Many girls stay home for 4 days a month and **miss a full month of education in a full school year.** The nurses ensure that they are properly supported, and CPCS provides the schools with Dignity kits for girls. The nurses also communicate with the CPCS Alliance team and the school management committee to find out potential partners to provide other health service if needed.

The objectives of the program:

- Basic health care access inside public schools;
- Promotion and campaigning for girls' rights;
- Basic sex education and prevention of sexual abuses;
- School hygiene (handwashing programs, clean toilets, etc.);
- Hygiene awareness for all students;
- Conducting camps (twice a month) to increase Basic Health Care Knowledge;
- Gender-based violence awareness;
- Emergency support for families in need (clothing, nutrition);
- To make the school the child-friendly zone.

BHCA Program in Kathmandu Valley (CPCS NGO)

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	125
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	873
Shree Mahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	270
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	300
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA – Kritipur	230
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	590
Shree Ganesh Secondary School	Khowpa - Bhaktapur	BHCA- Bhaktapur	506
Shree Chalnakhel Basic School	Dakshinkali - Kathmandu	BHCA -Chalnakhel	134
Shree Siddeshwar Basic School	Godawari - Lalitapur	BHCA - Godawari	75

BHCA Program in DOLAKHA District (CPCR)

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	503
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	435
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	111
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	45
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	75
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	150
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	24
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	24
Shree Janajyoti Secondary School	Kalinchok - Dolakha	BHCA - Lapilang	278
Shree Gujarpa Basic School	Kalinchk-Dolakha	BHCA - Gujarpa	121
Shree Sundrawati Basic School	Bhimeshwar - Dolakha	BHCA - Sundrawati	113

BHCA Program MORANG district (ORCHID)

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	587
Shree NawajanaJyoti Basic School	SundarHaraincha –1,Morang	BHCA – NawajanaJyoti School	181
Shree Bhagawati Secondary School	Belbari – 3, Morang	BHCA – Bhagawati School	1041
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	697
Shree Dhanpal Secondary School	Belbari - Morang	BHCA – Dhanpal School	671
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	430
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – Singhadevi School	101
Shree Sahid Smirti Primary School	Belbari -1, Morang	BHCA Sahid School	50
Shree Devkota Basic School	Belbari -6, Morang	BHCA Devkota School	170

BHCA Program SINDHULI district (CRPC)

School	Address	BHCA CENTER	Children
Shree Panchakanya Secondary School	Kamalamai, Sindhuli	FCC / Regional Office	160
Shree Siddhababa Secondary School	Kamalamai, Sindhuli	BHCA Sindhuli	605
Shree Chandeshwari Secondary School	Kamalamai , Sindhuli	BHCA Dadi	350

A total of **10.025** children have better health care access in **32** schools.



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

National office – GODAWARI, LALITPUR

21 full-time and **8** part-time employees work 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)

20 staffs (**10** full-time and **10** part-time) are working *daily*, **2 FCC (Family Care Centers)** and **1 Regional office in Deurali**.

A total of 35+- children, living with their families, attend schools, FCC, Regional office.

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

Shreejana KC – 12 years old (whose name has been changed) During the lockdown our school was closed. I helped my mother with different tasks (i.e. kitchen, field etc.). We studied in the house, and I also helped my brother and my sister with their studies. After the lockdown, my school reopened and we started taking classes on an alternative system. In our BHCA, the nurse helped us to respect Covid measures so that we could still go to school, and she provided sanitizer, masks, pads, medicines, and gave us sensibilization classes about COVID-19 and other topics. Also, our nurse provided iron folic tablets to us. I feel safe when the BHCA nurse is visiting our home.

Regional office and FCC (MORANG)

3 full time and **10** part time staffs work daily with **75** children in **one Regional Office, 9 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 was mainly used during the **reunification processes** to create links between the families living in the district (**75** 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 children studying along with their parents. The center also runs daily CLASS programs. Parents also attend a monthly sensibilization meeting in the center.

Regional office and FCC (SINDHULI)

Sindhuli is a mid-hill district located at the intersection 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 relations 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. **5 staffs are working daily in one Regional Office on 2 BHCA programs with 3 children** from underprivileged families. All the children are living with their families and are attending school in **3** 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.

All CLASS Centers were opened in different wards of the Municipality. They are located within a radius of 3 kms from CRPC office. All supported children attend government schools. Since May 2019, we have started the BHCA program in the following school through Regional Office (CRPC) Sindhuli: Shree Siddhababa Secondary School and Shree Panchakanya Secondary school that attend daily BHCA activities.

Dilmaya – 10 years old (whose name has been changed) - *I am student in the Janajyoti secondary school of Lapilang, the village I am from. Our main work is agriculture. I have a total of 5 family members in my house. My father went abroad for a job when I was a child, but he still did not come back home. I know about the current situation of my father. My mother is working hard for us and our education because our living conditions are very poor.*

Despite it all, I benefit a great support from your organization but also from my teacher, and our school is regularly open. A new class started in which your BHCA nurse really helped us to protect ourselves from the coronavirus.

She has also taught us about personal hygiene and medication. I have got sanitary pad when my period will start. Thank you for supporting us. I hope I will have more support from the future.



Sabitra Uprati nurse at the BHCA Center Bhim secondary school

I am working as a BHCA nurse in Bhim, a secondary school in Dolakha. After the lockdown in Nepal, schools opened again and now, students regularly go to school. Supporting the students and the teachers is easier to do at school than at home. Nowadays, I am taking an awareness class for student under treatment, for sick children and for girls, providing dignity kits for their periods

After the reopening of the schools after the lockdown, students were scared of the coronavirus and were not ready to go back to school at that time. The schools are more counselling to the students about Covid-19 and provide masks to them. In class, we teach about respecting social distances.

After 15 days, more students came to school. Students and teachers were very happy about our program and support. I had my little baby with me during Covid-19. However, I regularly go to the fields in the villages near the school. The school was closed for a long time. During this period, students were frightened, which made it difficult to bring the students back to a normal situation. I distributed dignity kits while visiting the countryside for girls and took photos with them. Sometimes, I heard various kinds of bad things said by people of the village. For example, people say that we transfer the virus to them when we come to visit them.

At the checkup of patients in the villages, people even scolded at the students for transmitting the virus. They asked them to leave the dignity kits at the front door so they can get it back without having contact with them.

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 for using their child as a source of income. This generally happens when the father loses his job. Other situations, such as excessive alcohol consumption, family break-ups 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.

Witch 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.

Whith 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.

RISK REDUCTION

Introduction

CPCS **respects the child's wishes and beliefs**. 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 educate 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 must remain indoors 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.

- **3** children were referred for Rehabilitation in CPCS DIC by different organizations.
- **16** 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 MEDICI PER LA PACE – ITALY

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 FIELD VISITS (JAN – DEC 2021)

Day Field Visits (KTM)	A.Total	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - AvgNo.of children	32	25	30	25	35	35	35	24	30	25	26	30	35
Area 2 - AvgNo.of children	18	12	15	15	17	20	20	15	15	20	15	20	25
Area 3 - AvgNo.of children	17	15	15	15	15	20	20	15	15	15	15	20	20
Area 4 - AvgNo.of children	12	10	10	10	10	10	10	8	10	12	12	15	15
Area 5 - AvgNo.of children	38	35	35	40	35	35	40	30	35	30	30	30	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. Every night, we meet an average of **7** children

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



NIGHT FIELDS VISITS MONTHLY STATISTICS (JAN-DEC 2021)

Night Field Visits (KTM)	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - Average No. of Children	18	12	16	9	12	11	15	19	21	20	18	22
Area 2 - Average No. of Children	11	10	7	6	5	7	10	14	13	10	12	15
Area 3 - Average No. of Children	9	8	6	5	4	6	7	10	9	6	7	9
Area 4 - Average No. of Children	3	2	2	3	1	0	2	2	3	2	1	3
No. of Children treated on Field	28	23	21	13	12	16	26	32	38	32	31	39
Children brought to center by field	0	0	0	0	0	0	0	0	0	0	0	0
Average No. children in daily Night field	13	14	13	9	9	10	15	20	21	17	18	22

The Recovery center (Medical support)



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

Children who are brought to CPCS for the first time are put through a general health examination. A psychologist then tries to get into a dialogue with them to assess whether they know where their family lives or if they remember any contact details. 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 advices are strictly followed.

The Recovery Center also maintains a separate room with sanitary, reserved exclusively for girls and young women in need.

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

Women victim of physical abuse and urgently need 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 recovered, they can return to their family and friends.

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

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	987	85	87	88	79	83	82	80	79	82	78	83	81
Daily average	43	4	4	4	3	3	3	4	3	4	3	4	4
Number of “clinic in” children treated	1734	180	124	120	138	142	120	170	140	145	135	148	172
Daily average	58	6	4	4	4	5	4	6	4	5	4	6	6
No. of In-Patients Nights	2694	168	233	240	240	270	278	210	200	220	190	210	235
Average age of in-patients	130	6	11	13	13	14	14	10	9	11	8	10	11
Number of hospital cases	25	1	1	3	1	0	2	3	4	3	2	3	2

Number of patients admitted in hospital	8	1	1	0	0	0	1	1	2	1	0	0	1
Hospitalization Days	70	19	7	0	0	0	5	21	7	7	0	0	4
No. of children treated in DIC Godawari	406	35	30	28	26	30	32	36	38	37	40	35	39
No. of children treated in outreach (Day Field)	601	95	86	55	68	38	40	20	25	30	45	50	49
No. of children treated in outreach (Night Field)	197	23	21	29	11	0	0	15	20	21	17	18	22

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 street children for topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STI's, STD's and other diseases.

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

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

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

Supported by the Nick Simons Foundation through the American Himalayan Foundation

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. 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 “NCRC / National Center for Children at Risk (#104)” referred us 7 children for short term rehab.

EMERGENCY LINE MONTHLY STATISTICS (JAN – DEC 2021)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Medical Problems	282	35	41	37	41	21	31	12	10	11	13	15	15
Under Arrest	18	3	3	2	1	0	0	2	2	1	0	1	3
Abuses - trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	223	0	0	0	42	35	37	18	18	19	13	20	21
Child Labour	2	0	0	0	1	0	0	0	0	0	1	0	0
Information about COVID-19	313	0	0	0	43	39	45	33	26	29	31	37	30
Line Calls Total	838	38	44	39	128	95	113	65	56	60	58	73	69

Child Focus: Notices about children lost and family missing 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.

LEGAL SUPPORT MONTHLY STATISTICS (JAN-DEC 2021)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jail visits	36	3	3	2	1	0	0	5	6	4	3	4	5
Children/youth in jail	3	2	2	2	2	2	2	3	3	3	3	3	3
Custodies visits	35	3	4	3	2	0	0	4	3	4	5	4	3
Children/youth met in custody	16	3	1	2	1	0	0	2	2	1	0	1	3
Children/youth released from custody	15	3	1	2	1	0	0	2	2	1	0	1	2
Court Action	2	0	0	0	0	0	0	0	0	0	0	1	1
Meetings with Police	25	3	2	3	2	3	2	1	1	1	2	2	3
Awareness Program / Class with children	34	6	5	4	3	0	0	3	2	1	2	4	4
Awareness Children and Public COVID-19	466	45	51	36	67	0	0	41	42	36	31	32	85
Awareness Programs with Public	14	2	1	2	1	0	0	2	1	2	1	1	1

Counseling Services

Most of the children met by the CPCS team or living in our centers have experimented with 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 often result in psychological disorders such as low self-esteem, loneliness, insecurity, inferiority complex, substance addiction, or violent behavior. Therefore, CPCS provides children with psychosocial support through individual and group sessions. We have 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).

Ranju Shrestha – Psychologist CPCS

I am a psychological counselor at CPCS. My job is to talk to the children and get to know their stories and difficulties. At the same time, I also provide therapy sessions for children facing emotional and mental trauma. That helps them to heal from their pain and move forward to a better future. Knowing the children's problems and desires helps the CPCS team make informed decisions for a better tomorrow.

During the COVID-19 pandemic, the biggest difficulty children faced was the transition of face-to-face to online classes. Because the children I worked with came from poor socioeconomic backgrounds, they didn't have access to computers or smartphones to make the online transition. Likewise, their physical activity significantly decreased.

The children were anxious and frightened by their uncertain future. To help them to feel more relaxed and happier, I called them and advised to answer to the problems children could face. This was a new challenge for me, as I was not able to assess the child in person and therefore provide support based on phone conversation only. Overall, my experience at CPCS has been successful and instructive.



COUNSELING SERVICES MONTHLY STATISTICS (JAN-DEC 2021)

COUNSELING SERVICES Godawari	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Individual Counseling	296	24	23	25	28	20	25	21	23	20	20	24	43
Group Counseling	0	0	0	0	0	0	0	0	0	0	0	0	0
General Awareness Classes	124	12	10	8	8	0	10	10	10	10	8	8	30
Sexual Abuses Victims Support	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical and moral abuse victims supported	5	2	0	0	0	0	0	1	0	0	0	2	0
Awareness Sessions with the team	22	2	2	2	2	0	2	2	2	2	2	2	2

SOCIAL REHABILITATION

Introduction

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. In addition, children in street situations often express their will to go back to their house during counselling sessions or while interacting with the social worker. Family reunification success relies on the child's willingness to go back home and on the family's readiness to receive him again.

CPCS never puts 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 provides support for 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 reintegrating them into society independently. Reunified children remain in contact with CPCS, making it possible to follow the evolution of the situation. As a consequence, it makes it possible for us to know if the child stays with his family or finally ends up back on the street. During festivals or other cultural events, CPCS allows children to visit their family, which is another way of voluntarily reuniting children with their family.

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

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

REHABILITATION MONTHLY STATISTICS (JAN-DEC 2021)

Particular		J	F	M	A	M	J	J	A	S	O	N	D	Total
OO	Youth Training	2	0	1	0	0	0	0	0	0	0	0	1	4
F/R	Family Reunification	3	1	0	0	0	0	3	5	0	0	1	3	16
F/V	Family Visit	3	1	0	0	0	0	3	4	0	0	2	2	15
CHP	Child Home Placement	0	0	0	0	0	0	1	0	0	0	0	2	3
O/R	Own Room	0	0	0	0	0	0	1	0	0	0	0	0	1
F/U	Follow Up	5	3	3	5	5	5	5	4	2	3	3	6	49

CPCS Drop In Center (DIC), Godawari

Because of the COVID-19 situation and the strict protocol in the centers, most children 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 artistic and sport activities, 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 for a 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 commitment, their stability often remains fragile and the temptation to go back to the streets 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 the first rehabilitation program, children who have not been reunified with their families join **the second rehabilitation program** where more long-term solutions are considered such as referring to other NGOs for vocational training, or schooling programs.



CENTERS MONTHLY ATTENDANCE STATISTICS (JANUARY – DECEMBER 2021)

Drop In Centre (DIC), Godawari	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Sent from NCRC-104	14+7	0	1	0	1	0	0	2	1	0	1	0	1
Field from Organization CPCS	8	0	2	0	0	0	1	0	3	1	0	0	1
Family Reunification	9	0	2	0	0	0	0	1	3	0	0	2	1
Referred to Another Organization	5	2	0	0	0	0	0	1	0	0	0	0	2
Sent for Training	0	0	0	0	0	0	0	0	0	0	0	0	0
Drop Out	2	0	0	0	0	0	0	0	1	0	1	0	0
Passed Away	0	0	0	0	0	0	0	0	0	0	0	0	0

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



Emergency room for girls

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

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 mother 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 mobilized.

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 who's life is at risk. The idea is to bring back children to 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".

After the devastating **earthquakes in April and May 2015** many children escaped from their villages because there was nothing left for them there. Buildings and schools were destroyed and, because of land

shifts, no crops could be grown. People have lost everything: their cattle, their life stocks, their official documents, their belongings.

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

There is a lot of poverty in the area. Most of the local residents are Thami, an ethnic group that has been suppressed for centuries. They are considered a « low caste », are paperless, do not have rights, neither property and have always worked on the landlords' fields. Often the farmer must deliver the yield to its owner and gets a small portion for his own use.

The Covid-19 pandemic has made life even more difficult for ordinary people. Due to the lockdowns, farmers were unable to sell their crops as all transport was halted.

Men mostly work in India because there are not enough jobs in the area. Due to the closing of the border between India and Nepal, these migrants were also blocked either in India or in Nepal.

Most large and small companies also had to stop working and were unable to pay wages.

There are harrowing stories of people who went on foot from India to their Nepali village. They were on the road for weeks without money, food and could not afford shelter.

This therefore has a major impact on the economic situation of families.





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

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

- **16** boys in the rehabilitation / Schooling program in Dolakha.
- **35+-** children are daily coming to the regional center from local area (common room).

- **200 +**-families benefit from the common room, medical center and library.
- A total of **200+-** family members benefit from the program.
- **More than 150** children use the libraries in schools and visit the regional office Deurali, Dolakha.

Farm goats and chicken provide eggs and meat for an exclusive use. In addition, the children strengthen their sense of responsibility. It increases their self-esteem, which is an important tool in the rehabilitation process.

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



DOLAKHA PROGRAMS MONTHLY STATISTICS (JAN –DEC 2021)

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	657	53	39	40	51	53	36	30	77	68	55	74	81
Patients admitted in clinic	22	4	0	2	1	3	0	2	5	2	0	2	1
In Patients bed Nights	118	18	0	9	14	13	0	14	31	10	0	6	3
No. Of community patients treated	834	49	70	63	59	87	70	59	101	79	85	36	76
Ambulance of referred community patients	89	8	7	6	5	11	7	9	11	4	12	2	7
Total # of referred CPR child patient	16	0	2	3	2	1	1	2	2	1	1	0	1
Children treated on the field	0	0	0	0	0	0	0	0	0	0	0	0	0

REHAB PROGRAM DATA OF DOLAKHA (JAN-DEC 2021)

DolakhaRehabilitation Center	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. Of children (beg)	3	2	0	0	0	0	0	0	0	1	1	0	0
New children	5	2	2	0	0	0	0	0	0	1	0	0	0
F.R from office	1	0	0	0	0	0	0	0	0	1	0	0	0
InternalReferral	1	0	0	0	0	1	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0	0	0	0	0	0	0
No. Of children (end)	5	2	2	0	0	1	0	0	0	3	1	0	0

SCHOLING DATA OF DOLAKHA (JAN-DEC 2021)

DolakhaSchooling	Total	J	F	M	A	M	J	J	A	S	O	N	D
Scholarisedchildren (beg)	16	15	15	15	15	16	16	16	16	16	16	16	16
New children	0	0	0	0	0	0	0	0	0	0	0	0	0
FamilyReunifiedChildren	0	0	0	0	0	0	0	0	0	0	0	0	0
Other NGO Reffer	0	0	0	0	0	0	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0	0	0	0	0	0	0
InternallyReferredchildren	4	0	0	0	0	1	1	1	1	0	0	0	0
Scholarisedchildren (end)	16	15	15	15	15	16	16	16	16	16	16	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 youth 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. Youth 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

youth. 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.

Youth 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.



YOUTH PROGRAM MONTHLY STATISTICS (JANUARY – DECEMBER 2021)

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

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 2021 gathers **69** professionals (*members of the 4 NGOs grouped under CPCS-Alliance, regular and part-time*). The team is continuously evolving, choosing new directions and new staffs to join the adventure.

Position	Name
International Director (CPCS- INT)	Mr. Jean-Christophe Ryckmans
Project Consultant (CPCS- INT)	Ms.Inge Bracke
Prevention program Director	Mr.Nawaraj Pokharel
General Director	Mr.Bijesh Shrestha
Center Director (DIC Godawari)	Mr.Aitaraj Limbu
HR Manager	Mr.Ekta Narayan Pradhan
Deputy Centre Director (DIC Socialization)	Mr.Kailash Rawal
Finance Director	Mr.Tek Bahadur Paudyal
Accountant (Senior)	Mr.BikramBahadurBohora
Accountant	Mr.BijayaAdhikari
Reunification and deinstitutionalization Director	Mr.Badri Prasad Sharma
Reunification assistant	Mr. Rajendra Rokka
Center Director (Regional)	Mr.PadamAdhikari
Program Director (Legal)	Mr. Hem BahadurBudhathoki
Counselor	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 (Recovery Center)	Mr.Saroj Khanal
Health Assistant (Prevention Program Coordinator)	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 by 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 directors from different NGO's coan usually meet each other. They work on the organization of the operations and events. In fact, plans elaboration should be able to guarantee a good future for CPCS International.

The executive comittee (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 concerning 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 properly share information from the top to the bottom and reverse. Every child 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. 32 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 give children the opportunity to be 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 allow children to be aware of the management of the centers and their daily lives, and to teach them how society works.

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

Networking with NGOs and other Child Protection Organizations

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

- ✓ Regular coordination with the *Center for Children Search and Found* or 104 (CCSF, *BalbalikaKhojtalash Kendra*), whose mission is to look for 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).
- Improving 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.
- Start up of a Sub Regional Center in Lapilang (Dolakha) with extra BHCA Centers and an ambulance service.
- Update Covid19 Protocol
- Deinstitutionalize more children in street situations or children at risk and improve the reintegration process to ensure the reunification of children with their families.
- Improve support and services to children in street situations out of Kathmandu valley and focus better on their legal support. (through the progressive implementation of the recommendation 21)
- Quality improvement and child protection / participation. (kids as rights-holders)
- Improve the socialization centre (Short-term care) in Kathmandu valley and opening of a new DIC in Morang area.
- Establishing a rehabilitation center in Morang to accommodate victims of child trafficking, child labor at the border between India and Nepal.
- Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance).
- Improving digital means of communication to make the operation more efficient and a better monitoring picture of the operation of the CPCS Alliance partners.
- Reinforce our link and partnership with local authorities (DDC, SWC, NCRC, MOWCSW).
- Implement the new Human Resources and Financial policy.
- Improve the implementation of Child Protection Policy among staffs.
- Resumption of the Youth Rehabilitation Program to give youth the opportunity to retrain, follow vocational training and live independently.
- Reinforce the Sindhuli and Morang Regional Centers to ensure long term, costs-effective and efficient support.
- Adopt new strategies/methodologies to keep working with children in street situations (including street work, field, local partnerships).
- Improve our monitoring and reporting system and expences control.

CPCS ALLIANCE – CONTACT AND OFFICES

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CPCStan

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

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