

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



Half Yearly Progress Report

January – June 2022

Forword



Dear Friends and Partners,

The past two years have changed the world. Covid has turned our lives upside down. But luckily we are mask-free again, we can travel, we can meet our friends and loved ones again.

CPCS International also had to take a breath. We worked hard, we had to find instant solutions in a situation that was new to us all.

The confusing reports, especially in the media, tired our minds. We had to learn to get out again, we had to recharge our batteries because we were all tired.

It was hell for the people who lost their income for two years. In countries without social security, the poor were pushed even deeper into poverty. As if that was still possible.

The CPCS team had to rethink and reinvent itself. We had to analyze the work done during the Covid period and draw our lessons from it. The foundations of the organization were in need of reinforcement and many meetings, emails, text messages went back and forth.

We are back and ready!! The spirits are refreshed, and we're going for it! New centers in Morang and Lapilang were established and are operating at full capacity

Unfortunately, there is a war going on that has a sad impact on the world food problem. Let us hope that the war makers come to an understanding and ease the misery for many people..

I wish you all a good time of refreshment with your loved ones.

A happy summer vacation to all..

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

.....
Inge Bracke
Project Consultant CPCS International

Table of Contents

INTRODUCTION	6
OUR MISSION	7
OUR OBJECTIVES	8
OUR INTERNATIONAL PARTNERS	9
OUR LOCAL PARTNER IN BURUNDI	10
CPCS INTERNATI OUR LOCAL PARTNERS IN NEPAL	13
ACHIEVEMENTS (JANUARY – JUNE 2019)	14
Prevention program.....	14
BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to June 2022)	14
Daily activities in FCC and regional centers	15
FCC, Regional centers (January until December 2021)	15
Emergency line	16
Medical Support Program (Recovery Godawari).....	16
Schooling program.....	16
Counseling services.....	16
Legal Support Program (LSP)	17
Rehabilitation program	17
Youth program	17
OTHER ACTIVITIES (FROM JANUARY TO JUNE 2022)	18
OPENING NEW REHABILITATION CENTER MORANG	18
START UP SUB REGIONAL CENTER LAPILANG	20
TRAININGS BHCA NURSES	22
ORIENTATION CITIZENSHIP CARDS FOR YOUTH	23
VISIT FRIENDS SOS GRENOBLE	24
PREVENTION SERVICES	25
Introduction:improving family-based care and community involvement	25
Program: Family Care Center (FCC)	26
BHCA – Better Health Care Access	29
National office – GODAWARI, LALITPUR	32
Regional office and FCC’S (DEURALI – DOLAKHA).....	32
Sub Regional office LAPILANG.....	32
Regional office and FCC (MORANG).....	34
Regional office and FCC (SINDHULI).....	34
Awareness programs	36
With the families.....	36
With children “at risk”	37
Witch children in street situations	37
With the public.....	38

With the authorities	38
RISK REDUCTION	39
Introduction	39
The rehabilitation shelter–Godawari.....	39
Self-management and daily activities	41
Street work initiative	42
Day and Night Field visits.....	42
The Recovery center (Medical support).....	44
Medical Support Program(MSP)	46
The emergency line 5560700 / 9801245550.....	47
Legal Protection Program.....	48
Counseling Services	49
SOCIAL REHABILITATION	51
Introduction	51
The Identification Process	51
The Family Reunification Process.....	51
CPCS Drop In Center (DIC), Godawari.....	52
Emergency room for girls.....	54
Dolakha Rehabilitation Program	55
The Ambulance service – Regional Center Dolakha	59
The Schooling Program	61
The Youth Program.....	61
ADMINISTRATION	62
The team (In Nepal)	63
The Management (In Nepal).....	64
The board of directors	64
The executive committee (CDC – Central Direction Committee)	64
The staff meetings.....	64
Implementation of child protection policy	64
Child participation	65
Networking with NGOs and other Child Protection Organizations	65
CPCS ALLIANCE – CONTACT AND OFFICES	67
CPCS (Nepal office)	67
CPCS France.....	67
CPCStan	67
CPCS International (European Office).....	67

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
GHC	General Health Check up
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
RHC	Regular Health Check up
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.self-acting.com) as toolboxes to understand the meaning children are giving to their realities.

The CPCS Alliance and its members foster a rigorous methodological approach but 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

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

The urban area of Buterere is an area where 30,000 inhabitants live in an unhealthy environment and still recurring floods.

Several households in this area feed themselves through the public dump that serves the city of Bujumbura, which exposes children.

Out of poverty, a large number of households in Buterere send their children, most of whom are girls aged 3 to 18, to rummage in the Buterere dump to recover food scraps that will serve as meals for the family. The conditions in which these young people, especially young girls, live expose them more and more to exploitation and sexual violence. In response to this situation, actions have been initiated to facilitate social reintegration as well as the provision of protection services to these most exposed people is essential in these circumstances.

For all these reasons, CPCS International and UCBUM have decided to open a reception and socialization center for the day "Centre RUHUKA KIBONDO" open to young people and children in street situations (medical, psychological or social distress) (young and children living in poor conditions) so that they have permanent access to accommodation and daily socialization. From Monday to Sunday, the RUHUKA KIBONDO center welcomes 40 children, girls and boys, from 8 a.m. to 5 p.m.



Main achievements

The achievements made in this month of execution are among others the services given to the children of our center. The services received are: monitoring of children as we do every day, awareness sessions for children on the importance of going to school, collective sports, awareness on hygiene and some recreational games.

In this month we started to teach the children some small notions of school such as counting numbers, reading vowels, in order to make them aware of going to school.

The lessons learned during this period of project execution are remarkable, we see that many families are beginning to understand the benefits of taking children to school, the children of our center United For Children Burundi Bw 'Uno Minsi in acronym UCBUM begin to distinguish themselves from others thanks to the education acquired at the RUHUKA KIBONDO center. The children who come regularly to the center make their friends aware of the effects of narcotics consumption and those of lack of hygiene, hence the positive impact of the project. on behavior change in the community. The community recognizes that the center is there for the protection of children.

The activities carried out by UCBUM under the financing of CPCS allow children participating in the life of the center to improve their standard of living, the development of educational capacities as well as the strengthening of the capacities of young people/children who attend the center in order to strengthen their resilience, and therefore create a protective environment for vulnerable children. The activities planned for this month have gone well and are also promising.

Our target for the coming months: Increase the number of children who receive the actions of the RUHUKA KIBONDO center because the children who want to go back to school are very numerous.



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 **75** task-oriented jobs.

WWW.CPCS-ALLIANCE.ORG



The image displays four logos and their corresponding contact information on a dark blue background. From left to right: 1. CPCS logo featuring a crescent moon and a child, with the text "CPCS" in orange and "Child Protection Centers and Services" in white. Contact: Godawari, Lalitpur, Nepal; Tel: 01 5560700, 01 6224660, 9801245550. 2. ORCHID logo featuring a butterfly and the text "Organization For Child Development" and "ORCHID". Contact: Morang; Tel: 9801245521. 3. Dolakha logo featuring a circular emblem with a child and the text "Dolakha 2008" and "Child Protection of Old Nepal". Contact: Dolakha; Tel: 9880395432. 4. CRPC NEPAL logo featuring an umbrella and the text "CRPC NEPAL". Contact: Sindhuli; Tel: 9801245508.

ACHIEVEMENTS

Prevention program

Supported by La Chaine de l'Espoir- France

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to June 2022)

- **34** supported BHCA Centers (schools)
- **33** nurses hired for the BHCA Program
- **7** Health Assistants hired for BHCA and the regional office
- **9362** student beneficiaries in all **34** BHCA program (School)
- **22299** students got BHCA medical service in different schools (**8999 Boys** and **13300 Girls**)
- In total **33364** people got consultation through the BHCA Program (students and more)
- **6292** Dignity Kits for girls distributed in **34** schools
- **184** meetings with school principals
- **172** meetings with nurses
- **11** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **19** Nurses are attending in training in Kathmandu.
- **605** awareness sessions for children; **20575** children benefiting from awareness sessions
- **334** Health Camps for children; **12291** children benefiting from Health Camps
- **1627** children referred to Hospital/health posts
- **2499** children referred for counseling/psychological support
- **313** awareness sessions for parents; **5277** parents attending awareness sessions
- **0** children got emergency support through the BHCA Program - nutrition and hygiene goods.
- **7** children Hospital visit / admitted through BHCA support.
- **34** Children's file forwarded for emergency supports and **5** children got support.
- **581** students did regular Health check up for individual File.

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 for snacks and activities.
- **In Dolakha Sub regional center: 38 +- FCC** in Dolakha sub regional center, children are came from surrounding area for morning meal , tuition, 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)

- **28684** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **605** health sessions (camp, check up, awareness) for **20575** children in different centers.
- **22299** children are given medicine and health service.

Emergency line

260 calls treated by the emergency line: **76** for medical assistance, **9** under arrest, and **175** information calls received this first semester.



“National Centre for Children at Risk” referred **63** children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- **1339** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **872** in patient children are treated in Recovery center.
- **467** outpatient children are treated in recovery center and **1232** children admitted in patient night.
- In average, **28 children are daily treated** in our recovery centers.
- **20** cases were referred to various hospitals for further checkup.
- **4** children were admitted in hospitals for **41** day and night stay.



Schooling program

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



Counseling services

- CPCS psychosocial counselors gave individual counseling for **304** cases.
- **14** cases were linked to physical and moral abuse (CPP).
- **105** general awareness classes.
- **11** awareness sessions with team.
- **11** training and orientation with team.



Legal Support Program (LSP)

- **18** youths or children benefited from legal assistance after they were taken into custody.
- **8** were released after our intervention.
- **17** Jail-visits and **23** custody-visits.
- **12** Meetings with the police.
- **559** children attended **22** awareness sessions on legal matters and **11** awareness programs conducted with the public.



Rehabilitation program

- **63** new children enrolled in **CPCS Rehabilitation program**.
- **62** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **1** children rescued from field by coordination104
- **8** children/youth sent to other organization for rehabilitation.
- **1** youth referred in other organization for training.
- **49** children /youth family reunifications.
- **44** children/youth family visits.
- **5** children/youth dropped out.
- **84** children/youth follow-up families.
- Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

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



OTHER ACTIVITIES (FROM JANUARY TO JUNE 2022)

OPENING NEW REHABILITATION CENTER MORANG

Due to its geographical location near the border with India, a rehabilitation and socialization center for boys was opened in April. The new center has seats for 10 children and young people. The border area between Nepal and India is very busy, most towns are along the main lane connecting the industry on the Indian side with main distributors for Nepal. Every day laborers cross the border to work in the factories or harvest fruit and vegetables on both sides of the border.

It is an area where people are constantly migrating from one job to another. Children migrate with their parents and often do not go to school. They have to cooperate for the family income at a very young age. One of the major problems is that many children are sold and used as cheap labour. They lose their parents and end up on the street.

They live together in groups at intersections and at bus parks in the larger cities.

On request and in collaboration with other organizations such as CWIN and VOC, who are also active in this border area, CPCS opened a rehabilitation center adjacent to a recovery room. Children and young people find support, shelter, medical care, psychological and legal help here to find their families and make reunification possible.

There is good cooperation with the local police and authorities. We regularly look for a complementary collaboration with other organizations so that no duplication of work is done.

Its main purpose is to reunite children with their families and protect their legal status.

MORANG DIC - CENTERS MONTHLY STATISTICS (MAY – JUNE 2022)

Drop In Centre (DIC), Morang	Tot.				April	May	June
Sent from NCRC-104	20				0	13	7
Field from Organization CPCS	1				0	0	1
Family Reunification	2				0	2	0
Refer to Other organization	1				0	0	1
Send For Training	0				0	0	0
Drop Out	15				0	8	7
Refer From our organization	0				0	0	0



START UP SUB REGIONAL CENTER LAPILANG



Due to the poor condition of the rare roads in the Dolakha area, the Regional Center team encountered difficulties in accessing the BHCA centers spread far into Lapilang. Especially during the monsoon the roads are due to landslides and mud pools. The ambulance and the mopeds get stuck in the mud and it is necessary to walk for hours to provide the centers with the necessary medication and hygienic material. Especially in Lapilang there is hardly any public transport and the government health post is often unmanned or has an empty pharmacy. Local people have to walk for hours with their children to the nearest hospital in Charikot. As a result, children usually do not receive medical help or advice on time. It was decided to open in April 2022 a Sub Regional Center in Lapilang providing basic medical care for children.

The Sub Regional Center is open daily to children from the area. There are homework classes, fun and sports activities, nutrition programs, medical and psychological care. The Regional Center team is always called in when there are medical problems and acute health problems need to be referred. In this area many families have economic problems and most young men have migrated to India to work. People often live



from agriculture, but due to the varying weather conditions in the high mountains, growing crops is not an obvious matter. The Sub Regional Center talks and listens to the problems of, mostly the women who are left behind and have to take on the heavy farm work. We look for solutions together. This can range from support for school fees or school materials, food or medical support.



Hiruta - a class 9 student of Bhim Mavi Dolakha

My name is Hiruta. We're a family of 4. When my father died, my mother had to face many difficulties. She started working as a labourer. We barely have enough to survive and it is hard to face the difficulties. I study at Bhim secondary school in Dolakha.

CPCR started the BHCA program and BHCA nurses were hired. Thanks to this program I have received a variety of services such as dignity kits, medicine and counseling. Before, if i was sick or menstruating during school time I would just go home.

Your embarrassment diminishes when your organization opens a BHCA center in the school and when the nurses start giving classes on menstruation and the reproductive system and discuss further with us.

Nowadays the discrimination between boys and girls has also come under control. Now boys help us a lot in various school work. We are very happy to have a BHCA nurse.

It is also easier to talk about our problems and have access to pads and medicines. Are study results improved because of the support for girls.

TRAININGS BHCA NURSES

The results of a massive Covid19 vaccination program are also clearly visible in Nepal. Fortunately, there are fewer infections and the number of fatalities has been severely reduced. Due to the difficult access to mountain villages and remote villages in the plains, the vaccination program went less quickly than everyone wanted, but much to everyone's relief, people can travel freely again.

This means that the training program for the BHCA nurses is running again at full speed.

This time the focus is mainly on the importance of the preventive work they do for good health care in the schools.

From the new school year (in April) Regular Health Check ups were started that are very person-oriented. Every student, from kindergarden to the highest grade, is given a full examination. Class by class, child by child.

This requires organisation, a good administrative system to fill in, keep up to date and follow up every child's personal file.

Children who have special needs (such as eye or hearing problems) are referred to specialized medical services in conjunction with the school board and parents.

An individual medical examination is also a good opportunity to talk to the child and find out if there are psychological problems that can have many causes and consequences (family tension, abuse, bad economic situation).



ORIENTATION CITIZENSHIP CARDS FOR YOUTH



Over four million people in Nepal are stateless as women aren't allowed to pass their citizenship onto their children. With the latest constitutional deadline passing, concerns are growing for these undocumented people.

However, almost all of these four million undocumented people are actually entitled to Nepalese citizenship. At the end of Nepal's 2006 Civil War, the country created a provisional constitution. Under this constitution, nationality laws were relaxed and women were able to pass citizenship on to their children regardless of the status of the father. Unfortunately, these rights exist only on paper. According to the interim constitution, it is sufficient evidence if one of the parents is Nepalese – but this law is hardly enforced.

Much of the legal interpretation is up to the discretion of district administrations comprised of mostly male members. When children in Nepal reach legal age, then local authorities can recommend them as future citizens. Unfortunately for these undocumented youths, the last word rest with the district officials, who in many places are still influenced by patriarchal tradition.

If you don't have an identity card, you don't have access to a job, a bank account, driver's license, some purchases or a passport because in fact you don't exist.

As difficult as it is, there are legal ways to obtain an ID card. CPCS DIC organized an orientation day for youth in street situations. The legal department of CPCS took care of the training.

About 25 young people eagerly accepted the invitation and were very interested in the steps they should take. The legal department of CPCS remains at their disposal for further support.

VISIT FRIENDS SOS GRENOBLE



Visit of the students of Savoir Oser la Solidarité (Grenoble).

After a delay of 2 years due to the Covid measures, it was finally possible to travel from France to Nepal.

The interaction with the team and the children was educational and heartwarming. The exchange of experiences and differences in cultures created a warm bond. Stories were exchanged and fun activities were organised.

We thank the students for their moral and financial support.

International exchanges are key in a world where war and bigotry seem to reign. By meeting and understanding each other, so many prejudices are swept away.

Thanks to all participants for their positive presence, the great cooperation and the will to make this world a better place.

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 defence for vulnerable persons in a non-violent environment are also essential topics.

HOW AN FCC WORKS:

- Open to **every** child from any public school.
- Daily **homework** help 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.
- **Child Club** establishment and Minister System (to elect child representatives).
- Coordination with **local authorities, District Child Protection Officers**.
- Basic support of local children in street situations (fieldwork).
- **Family visits** (to assess situations), counselling 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 ACHIEVEMENT DATA – (JAN-JUNE 2022)

Total number of people who got a consultation through BHCA	33.364
Health awareness sessions for children	605
Children attending awareness sessions	20.575
Number of Health camp for Children	334
Children attending health camps	12.291
Number of children Local Hospital/Health post Referral	1.627
Number of awareness sessions and meeting with Parents	313
Number of Parents attending awareness meetings	5.277
Number of Dignity kits distributed to girls	6.292
Number of children who received medical services	22.299

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).

33 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, diarrhoea, 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 (hand washing 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) – 2293 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	133
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	497
Shree Mahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	270
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	305
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA – Kritipur	230
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	350
Shree Ganesh Secondary School	Khowpa - Bhaktapur	BHCA- Bhaktapur	317
Shree Chalnakhel Basic School	Dakshinkali - Kathmandu	BHCA -Chalnakhel	114
Shree Siddeshwar Basic School	Godawari - Lalitapur	BHCA - Godawari	77

BHCA Program in DOLAKHA District (CPCR) – 2188 Children

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	460
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	450
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	109
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	37
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	68
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	151
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	23
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	35
Shree Janajyoti Secondary School	Kalinchok - Dolakha	BHCA - Lapilang	236
Shree Gujarpa Basic School	Kalinchok - Dolakha	BHCA - Gujarpa	115
Shree Sundrawati Basic School	Bhimeshwar - Dolakha	BHCA - Sundrawati	124
Shree Deurali Basic School	Kalinchok - Dolakha	BHCA - Lapilang	145
Shree Sitka Secondary School	Kalinchok - Dolakha	BHCA - Sunkhani	235

BHCA Program MORANG district (ORCHID) -3766 Children

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – MahendraSchool	673
Shree NawajanaJyoti Basic School	SundarHaraincha–1,Morang	BHCA – NawajanaJyotiSchool	208
Shree Bhagawati Secondary School	Belbari – 3, Morang	BHCA – BhagawatiSchool	955
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	550
Shree Dhanpal Secondary School	Belbari - Morang	BHCA – DhanpalSchool	542
Shree Janata Secondary School	Belbari -1, Morang	BHCA- JanataSchool	482
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – SinghadeviSchool	90
Shree Sahid Smirti Primary School	Belbari -1, Morang	BHCA SahidSchool	52
Shree Devkota Basic School	Belbari -6, Morang	BHCA DevkotaSchool	214

BHCA Program SINDHULI district (CRPC) – 1115 Children

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 **9362** children have better health care access in **34** schools

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.

Sub Regional office LAPILANG

3 staffs (**2** full-time and **1** part-time) are working *daily*

A total of 38 - children, living with their families, attend school.

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

Sujan Bhattarai, Health Assistant Regional Office Morang (ORCHID)

I am Sujan Bhattarai, and I work as Health Assistance in the Regional Office of Morang.

Together with the teams, we play our role and engage our responsibility in the most respectful and collaborative way. Our organization is filling the gap between what's need and what's lacking for the children, with better access to health care, proper food, fun activities and many more other things, contributing to the good development of the children. The BHCA prevention program provides quality services to the students. Many of them don't have proper access to basic health care, and this is where the BHCA becomes important, thanks to frequent health screenings. Sometimes, the screenings are interrupted during a lead time of the disease, but most times, the screenings allow us to detect the disease before the rise of the symptoms. The program also includes prevention classes, focusing on the needs of the children. The efficiency of this program can be seen crystal clear, as it increases the Knowledge, Attitude and Practice (KAP) of each child, by helping them developing healthy habits.

It's easy to notice children facing nutritional deficiencies, due to multiple causes (poverty, unemployment of their parents...). Clearly, our program is showing good results these days, but still has an important role to play in the future.

Kumari Lama – supported BHCA student

My name is Kumari Lama and I am in class 5 at Shree Mahendra secondary school. My mother works in the construction department and my father is unemployed, he drinks alcohol and doesn't take care of us. I have four sisters, they all go to the same school as me. The only source of income is provided by my mother but it is not enough to fulfil the needs of the family. Our economic condition is affecting our studies. I want to do great things with my life and look after my family. I want to study hard but it is compromised because of our low income. I got support for my school uniform and stationary from the BHCA nurse, this helps me a lot because I like going to school very much.

Tara Pariyar – supported BHCA student

My name is Tara Pariyar and I am 11 years old. I am studying in class 4 at Shree Mahendra secondary school. My father is a driver and my mother is a housewife. My brother goes to the same school as mine but in the Nursery class. Since we are very poor we have to face many problems. We have difficulties to read or write or to do daily life activities. The only source of income in our family is from our father but it is insufficient to fulfil our needs. It also affects our studies. I want to study and do something with my life

I got a school uniform through the BHCA nurse. My parents also got some support for food in our house.

This helps me and my siblings to continue the school. I like the nurse very much.

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 3 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, Shree Chandeshwari Secondary School and Shree Panchakanya Secondary school that attend daily BHCA activities.

Susmi Tamang – supported Child BHCA Pharphing

My name is Susmi Tamang. I am twelve years old and studying in grade seven at Pharphing Secondary School. I live in Pharphing in rent with my family but my permanent address was Makawanpur. There are six members in my family including a father, a mother, two sisters, and a brother. My father only earns money for our family. My mother used to work as a labor in the construction area but now she is unable to do work because she is suffering from cancer. There are no other income sources in our family. We are facing a lot of difficulties

My elder sister also stops her education due to our financial problems. I want to read goodly and become a great person in the future. Almost all the money goes to mummy's treatment and rents so it's hard to cover household expenses which directly affect my study. If I get more support, I am able to read and write properly. The BHCA nurse present in our school and she gives me medicine and dignity kits .

This is so helpful to me to attend school every day.

Nikhil Thami – supported child Sub Regional Center Lapilang

I live in Lapilang, in a remote area and I study at Shree Jana Jyoti Secondary school. CPCR is supporting me in the BHCA program.

My life was very critical because my family are farmers and have a low income.

It's difficult to manage my life. I like to go to school and to study but there are always problems and I can't always attend school. This makes me sad. My family is not supporting me with my studies. I know, the main problem is always food in our house.

It was hard for me because nobody told me to make my homework or to study well.

I'm very happy now because I got support in the Sub Regional Center. They help me with my homework and I take morning classes there. All my friends are also there. After school we go to the center and play lots of games, I have a lot of fun with my friends.

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.

During the Covid lockdowns, many children and youth did not know how to protect themselves against the high risk of being infected.

They also completely failed to register with the local Wards for vaccinations as they have no citizenship cards. Social workers went from area to area and collected their data which to presented to the authorities. In this way they were eligible for a vaccination.



With the public

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

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

With the authorities

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

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 counseling based on his personal history, educational background, personal abilities, age, and most important of all, on his personal wishes and interests. Through daily fieldwork and contacts with 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, counseling 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, caramboard, 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 **"child saving 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

Day and Night Field visits

These frequent field visits enable CPCS social workers to better grasp the current situation on Nepalese streets and the conditions under which street children have to suffer. These initiatives help CPCS staff to also find new children who recently became homeless. By directly interacting with them on site, our personnel can gain children's trust more quickly. This enables our staff to build trust, which is the basis for improving children's current situation in the long-term. Furthermore, senior staff members and social workers educate children about problems that can arise when living on the street during awareness sessions, informal classes and games.

MONTHLY STATISTICS FOR FIELDS VISITS (JAN – JUNE 2022)

Day Field Visits (KTM)	A.Total	J	F	M	A	M	J
Area 1 – Avg No.of children (Thamel)	12	10	8	11	11	7	10
Area 2 – Avg No.of children (Ratnapark)	12	10	11	13	15	15	16
Area 3 – Avg No.of children (Balaju)	4	4	5	3	4	4	4
Area 4 – Avg No.of children (Kalanki)	2	2	0	1	2	0	4
Area 5 – Avg No.of children (Pashupati)	17	16	15	21	19	12	20

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 **8** 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 – JUNE 2022)

Night Field Visits (KTM)	J	F	M	A	M	J
Area 1 - Average No. of Children	25	23	18	27	20	22
Area 2 - Average No. of Children	14	13	10	11	14	16
Area 3 - Average No. of Children	8	6	5	6	8	7
Area 4 - Average No. of Children	4	2	3	4	2	4
No. of Children treated on Field	24	25	15	19	26	27
Children brought to center by field	0	0	0	0	0	0
Average No. children in daily Night field	12	11	9	12	11	13



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 Centers 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 5 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 – JUNE 2022)

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Out patients) treated	467	70	73	80	85	78	81
Daily average	3	3	3	3	4	3	3
Number of “clinic in” children treated	872	150	152	140	150	145	135
Daily average	5	5	5	4	5	5	4
No. of In-Patients Nights	1232	210	210	208	200	204	200
Average age of in-patients	12	14	12	14	10	14	10
Number of hospital cases	20	6	2	5	1	5	1
Number of patients admitted in hospital	4	0	0	1	0	2	1
Hospitalization Days	41	0	0	5	0	13	23
No. of children treated in DIC Godawari	174	30	32	29	27	30	26
No. of children treated in outreach (Day Field)	188	20	30	25	30	38	45
No. of children treated in outreach (Night Field)	137	26	25	21	23	22	20

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 – JUNE 2022)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	76	12	10	11	13	15	15
Under Arrest	9	1	1	2	2	2	1
Abuses - trafficking	0	0	0	0	0	0	0
Others	102	15	10	21	20	20	16
Child Labour	2	0	0	0	1	0	1
Information about COVID-19	71	10	12	11	13	15	10
Line Calls Total	260						

Child Focus: Notices about children lost and family missing were also submitted in weekly publications and newspapers. Nepali TV channels published missing ads through collaboration with the Police cell 104. Publications on social media (Face book) 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 – JUNE 2022)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun
Jail visits	17	3	2	4	3	2	3
Children/youth in jail	18	3	3	3	3	3	3
Custodies visits	23	5	4	4	4	3	3
Children/youth met in custody	8	1	1	2	1	2	1
Children/youth released from custody	8	1	1	2	1	2	1
Court Action	0	0	0	0	0	0	0
Meetings with Police	12	3	2	1	3	2	1
Awareness Program / Class with children	22	4	3	4	4	3	4
Awareness Children and Public (COVID-19)	559	95	90	95	96	98	85
Awareness Programs with Public	11	2	3	2	2	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).

COUNSELING SERVICES MONTHLY STATISTICS (JAN – JUNE 2022)

COUNSELING SERVICES Godawari	Total	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	304	28	53	54	56	56	57
Group Counseling	102	16	18	16	14	18	20
General Awareness Classes	108	15	25	15	15	17	18
Sexual Abuses Victims Support	0	0	0	0	0	0	0
Physical and moral abuse victims supported (CPP)	14	2	2	3	2	2	3
Awareness Sessions with the team	11	2	2	2	1	2	2
Training / Orientations	11	1	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 analyse for what reasons the child ended up on the street in the first place: poverty, family problems or other reasons.

We organize child counselling and family visits. After family visits, CPCS evaluates the possibility of reunifying the child with his family. CPCS acts as a mediator, motivating children to go back home with their families and 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.

REHABILITATION MONTHLY STATISTICS (JAN – JUNE 2022)

Particular		J	F	M	A	M	J	Total
YT	Youth Training	0	0	0	0	0	2	2
F/R	Family Reunification	2	2	0	22	7	16	49
F/V	Family Visit	2	3	2	22	9	6	44
CHP	Child Home Placement	2	1	0	0	4	2	9
O/R	Own Room	0	0	0	0	0	0	0
F/U	Follow Up	2	12	6	25	23	16	84

CPCS Drop In Center (DIC), Godawari

Because of the COVID-19 situation and the strict protocol in the centres, most children stayed in the Recovery Centre. The CPCS Drop In Centre 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.

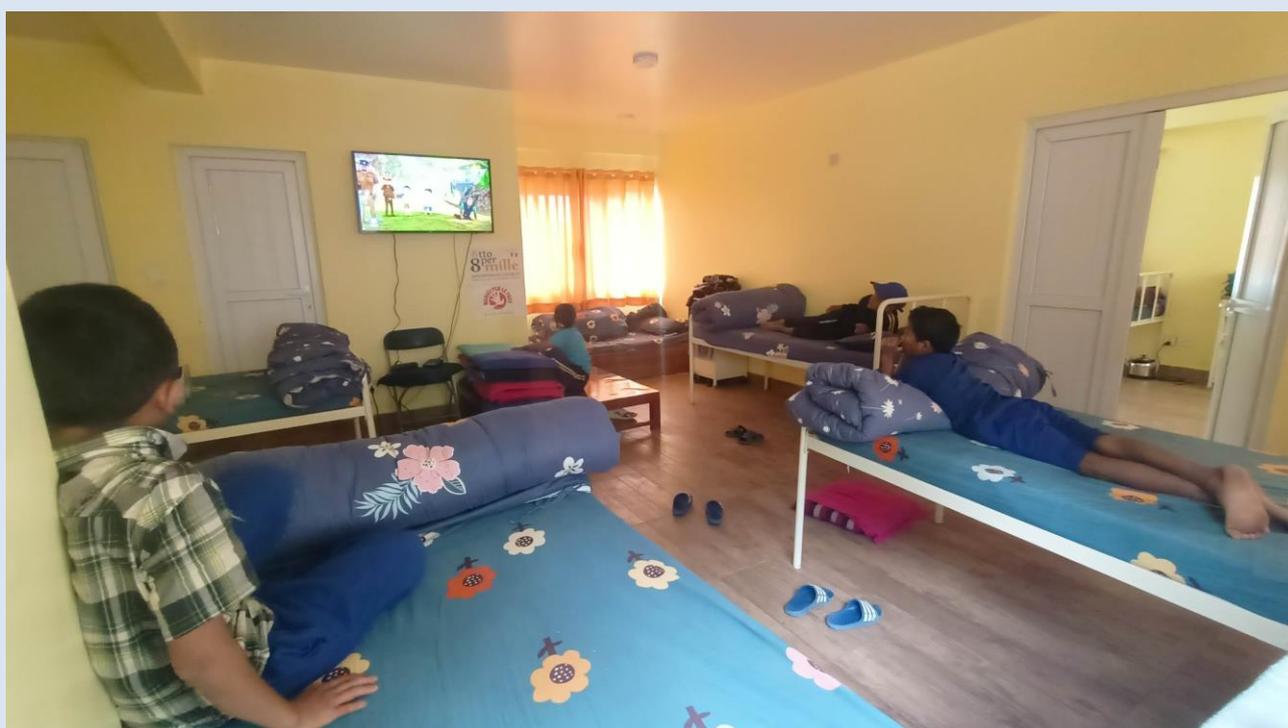
DIC - CENTERS MONTHLY ATTENDANCE STATISTICS (JAN – JUNE 2022)

Drop In Centre (DIC), Godawari	Total	J	F	M	A	M	J
Sent from NCRC-104	15+ 62	4	2	1	31	9	15
Field from Organization CPCS	1	0	0	0	0	1	0
Family Reunification	49	2	2	0	22	7	16
Refer to Other organization	8	0	1	0	0	4	3
Send For Training	1	0	0	0	0	0	1
Drop Out	5	0	2	0	1	2	0
Refer From our organization	4	1	0	0	1	2	0

SOCIAL FIELD CASE MANAGEMENT (IN THE STREET SITUATION) STATISTICS OF FIELD ACTIVITIES

Case support in the street	Tot.	J	F	M	A	M	J
Call from Street situation	98	15	10	20	18	20	15
Support of case in Street situation	20	3	4	3	2	5	3
Counseling for case management with Support	35	5	8	7	5	4	6
Covid Awareness program in street (field)	104	20	15	20	14	18	17
Medical Support in Street Situation	53	10	8	11	9	7	8
Pass Away from Street situation	3	0	1	1	0	1	0
Pregnancy and delivery support in street situation	3	0	0	1	0	1	1

Supported by La Chaine de l'espoir – Vieujant Foundation – 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 girls 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.

Dolakha Rehabilitation Program

The Dolakha Rehabilitation center is **sheltering children rescued from street life** and/or whose 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.

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 –JUNE 2022)

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J
No. of children (Out patients) treated	488	84	36	141	77	60	90
Patients admitted in clinic	2	0	0	0	0	0	2
In Patients bed Nights	15	0	0	0	0	0	15
No. Of community patients treated	742	138	95	182	114	118	95
Ambulance of referred community patients	58	11	6	9	7	10	15
Total # of referred CPR child patient	11	1	0	0	0	1	9
Children treated on the field	0	0	0	0	0	0	0

REHAB PROGRAM DATA OF DOLAKHA (JAN-JUNE 2022)

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

SCHOLING DATA OF DOLAKHA (JAN-JUNE 2022)

Dolakha Schooling	Total	J	F	M	A	M	J
Scholarised children (beg)	12	16	16	15	15	16	12
New children	1	0	0	0	1	0	0
Family Reunified Children	1	0	0	0	0	1	0
Other NGO Reffer	1	0	0	0	0	1	0
Drop Out	0	0	0	0	0	0	0
Internally Referred children	0	0	0	0	0	0	0
Scholarised children (end)	12	15	16	15	16	14	12

DOLAKHA - COUNSELING SERVICES MONTHLY STATISTICS (JAN – JUNE 2022)

COUNSELING SERVICES Godawari	Tot.	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	11	0	0	0	4	5	2
Group Counseling	1	0	0	0	1	0	0
General Awareness Classes	4	0	0	0	2	1	1
Sexual Abuses Victims Support	0	0	0	0	0	0	0
Physical and moral abuse victims supported	0	0	0	0	0	0	0
Awareness Sessions with the team	0	0	0	0	0	0	0



The Ambulance service – Regional Center Dolakha

Padam Adhikari – Health Assistant in Charge – Regional Center Dolakha - CPR

The Regional Center is located in a hilly area so the roads are very bad and muddy.

People have to walk to the hospital in Charikot and carry the patient on the back or a selfmade stretcher. Renting a car is very expensive even though it's sometimes not very far from an urban area.

Most of the communities we serve are poor. They depend on agriculture and have little wages. So they don't have much money, they find it difficult to raise their children. Without an ambulance, it was very difficult to get him from Lamanagi to the city on a stretcher.

Since 2017 we have provided ambulance services to people from all communities and especially children. We are driving the ambulance 7/7 days and 24/24 hrs.

From January to June we provided the ambulance service more than 66 cases.

Bhanu Das Thami 45 years – Deurali municipality-1

I had a serious deep cut injury and haemorrhagic and needed care in the hospital.

That time CPR ambulance came in time and provided me ambulance service so I would like to thank from my bottom of heart and now I know CPR ambulance really provide free service to our community area.

Nimdiki Sherpa - 25 Years – Deurali municipality-1

According to her father (55-year-old Sharkey Sherpa), I am very grateful to the NGO that provides ambulance service at midnight, even when I am really in trouble. As long as I remember we did not have any kind of vehicle service in our Suspa kshamawati . We know this NGO providing ambulance free service since 3-4 year ago. Before when someone is sick or delivery case we had a really difficult time reach the community hospital in Charikot. We had to carry patients on stretcher



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

The Youth program 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 (JAN – JUNE 2022)

	Jan	Feb	Mar	Apr	May	Jun
Scholarised Youth (beg)	2	3	3	4	4	4
Non-scholarised Youth (beg)	8	8	8	9	10	9
New Youth	0	1	0	1	1	2
Family Reunified Youth	1	0	0	0	0	4
Internally Referred youth	0	0	0	1	0	0
Other Ngo Ref Youth	1	0	0	0	0	2
Drop out Youth	0	0	0	1	0	0
Scholarised Youth (end)	2	3	3	3	4	4

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 **2022** gathers **75** 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
Program Director (Prevention)	Mr.Nawaraj Pokharel
General Director	Mr.Bijesh Shrestha
Rehabilitation Center Director (DIC Morang)	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.Bikram Bahadur Bohora
Accountant	Mr.Bijaya Adhikari
Reunification and deinstitutionalization Director	Mr.Badri Prasad Sharma
Reunification assistant	Mr. Rajendra Rokka
Center Director (Regional)	Mr.Padam Adhikari
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Counsellor	Ms.Ranju Shrestha
Expert (Public Relations)	Ms. Shanta 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 can usually meet each other. They work on the organization of the operations and events. In fact, plan elaboration should be able to guarantee a good future for CPCS International.

The executive committee (CDC – Central Direction Committee)

This committee is mandated by the Board of Directors to ensure the overall coordination and daily management between centers and divisional directors. The Committee takes decisions 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 led 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 2022

- 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.
- Enforce the new Sub Regional Center in Lapilang (Dolakha) with extra BHCA Centers and an ambulance service.
- Update Human Resource and Financial Policies
- 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.
- Enforce the 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 expenses control.
- Improve the environment of the new building in Godawari.

CPCS ALLIANCE – CONTACT AND OFFICES

CPCS (Nepal office)

Phone: (+977)16224660

Email: bijesh@cpcs.international or inge@cpcs.international

Address: G.P.O.Box 8975 – EPC 5173, Godawari, Lalitpur, Nepal

Website: www.cpcs.international

Facebook: CPCS International

CPCS France

Phone: (+33) 685049571

Email: CPCSfrance@gmail.com

Address: 43b rue Chateaubriand, 57990 Hundling, France1

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

CPCStan

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

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

CPCS International (European Office)

Phone : (+32)86 36 66 74

E-mail: jean-christophe@cpcs.international

Address: 18 rue de Larmont, 5377 Noiseux - Belgium

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

Blog: <http://blog.CPCS.international>

