

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



Yearly Progress Report 2022

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Abbreviations

104	Police Cell – Found and Missing Children
BHCA	Better Health Care Access
CPP	Child Protection Policy
CYIS	Children and Youth in Street Situations
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 interactions 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 Stickling (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. Lots of reasons lead children to the streets: 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, etc. Children migrate from their hometown or village to Nepal's big cities. Once there, they generally end up on the street where they have to face its multiple dangers: drugs, abuses, crimes, hatred, exploitation, discrimination, intimidation, illegal detention and STDs. CPCS aims to work for a society where all children are **respected, valued** and **protected**. Our mission is to deliver basic services (medical, legal, psychological, educational, etc.), in order to bring immediate improvement to children in street situations and children at risk.

CPCS Program in 3 levels:

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

CPCS International and its alliance are members of the 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 streets **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** towards their reintegration into society and into their family.
- To develop prevention programs to **prevent more children** from coming to the street.
- To **take on 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 **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.

Special thanks to all our partners for their support:

1. The American Himalayan Foundation (AHF) – USA, 2. L'Association 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 résurrection – 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 fondation 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

Special thanks for the beautiful photos from Pascal Deloche and Elisabeth Verbeeck.

CPCS ALLIANCE IN AFRICA (BURUNDI-RWANDA-RDC)

We are currently processing with the opening of a new branch of the CPCS-Alliance : CPCS-Africa which will be settled in Kigali-Rwanda by the end of June 2023. Along with our partners, carrying our methodologies and experiences, we gone focus on children at risks in three countries (Burundi-Rwanda and RDC (east mainly). In 2022, we were already actively involved in the urban area of Buterere (near Bujumbura). 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 to serious risks.

Out of poverty, a large number of households in Buterere send their children, most of whom are girls between 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. It's essential in these circumstances. For all these reasons and to start understanding Great Lakes Region's realities better, CPCS International was supporting UCBUM since 2 years with a day socialization center called "RUHUKA KIBONDO", dedicated to young people and children in street situations (medical, psychological or social distress), so that they have permanent access to socialization. From Monday to Sunday, the RUHUKA KIBONDO center welcomes 40 children, girls and boys, from 8 a.m. to 5 p.m. The opening of CPCS-Africa will allows again better support, monitoring and methodological inputs. Taking into accounts our experience on the ground, cultural aspects, etc. We are currently designing new programs that will focus on prevention and rehabilitation activities. In 2022, the program has been supported by Soeur Emmanuelle, Vie d'Enfant and CPCS International funds.







CPCS ALLIANCE IN NEPAL

CPCS International is working along **4 local NGO partners** in different districts :

Kathmandu – CPCS (Child Protection Centers and Services)

Sindhuli – CRPC (Child Right Protection Center)

Morang – ORCHID (Organization for Child Development)

Dolakha – CPCR (Child Protection Child Rights)

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

A total of 78 task-oriented jobs. (+part-time specific team members)

WWW.CPCS-ALLIANCE.ORG



ACHIEVEMENTS

Prevention program

Supported by La Chaine de l'Espoir- France

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to June2022)

- **34** supported BHCA Centers (schools)
- **27** nurses hired for the BHCA Program
- **8** Health Assistants hired for BHCA and the regional office
- **9260** student beneficiaries in all **34** BHCA program (School)
- **44267** students got BHCA medical service in different schools (**18108 Boys** and **26159 Girls**)
- In total **72633** people got consultation through the BHCA Program (students and more)
- **16953** Dignity Kits for girls distributed in **34** schools
- **376** meetings with school principals
- **365** meetings with nurses
- **19** sessions of training to nurses about CPP (CPP + First Aid + Counseling +RHC + Dengue prevention)
- **50** Nurses are attending in training in Kathmandu.
- **1230** awareness sessions for children; **37610** children benefiting from awareness sessions
- **637** Health Camps for children; **21666** children benefiting from Health Camps
- **2851** children referred to Hospital/health posts
- **4836** children referred for counseling/psychological support
- **590** awareness sessions for parents; **9638** parents attending awareness sessions
- **202** children got emergency support through the BHCA Program – nutrition and hygiene goods.
- **18** children Hospital visit / admitted through BHCA support.
- **344** Children's file forwarded for emergency supports.
- **3927** students did regular Heath checkup 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 come to the center for Snacks and Activities and **30** children come for the FCC services.
- **In Lalitpur District:** In our Godawari office, **47 +-**children are coming every day for tuition class, and we provide them morning meal before going to school.

- **In Dolakha District: 60 +-** FCC in Dolakha regional center, Regional Center Deurali. **35** children come to the regional office from surrounding area for snacks and activities.
- **In Dolakha Sub regional center: 45 +-** FCC in Dolakha sub regional center, children are coming from surrounding area for morning meal, tuition, snacks and activities.
- **In Sindhuli District:** There is one regional center in which **30** 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, psychosocial** counseling, **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 2022)

- **78201** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **48** health sessions (camp, checkup, awareness) for **1560** children in different centers.
- **2561** children are given health service.



Emergency line

369 calls received by the emergency line: **136** for medical assistance, **11** under arrest, and **149** information calls received this first semester.

“**NCRC National Child Rights Council**” referred **132** children to our DIC through the emergency line.



Medical Support Program (Recovery Godawari)

- **2086** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **1581** children are treated in Recovery center.
- **893** children are treated in recovery center and **272** children admitted for the night.
- In average, **13 children are daily treated** in our recovery centers.
- **45** cases were referred to various hospitals for further checkup.
- **8** children were admitted in hospitals for **73** days and night stay.



Schooling program

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



Counseling services

- CPCS psychosocial counselors gave individual counseling to **662** children.
- **29** cases were linked to physical and moral abuse (CPP).
- **208** general awareness classes.
- **22** awareness sessions with team.
- **17** training and orientation with team.



Legal Support Program (LSP)

- **37** children benefited from legal assistance after they were taken into custody.
- **19** were released after our intervention.
- **44** Jail-visits and **50** custody-visits.
- **29** Meetings with the police.
- **1123** children attended **48** awareness sessions on legal matters and **26** awareness programs conducted with the public.



Rehabilitation program

- **134** new children enrolled in **CPCS Rehabilitation program**.
- **132** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **2** children were rescued from the field.
- **29** children were sent to another organization for rehabilitation.
- **19** youth referred in other organization for training.
- **70** children /youth family reunifications.
- **44** children/youth family visits.
- **5** children/youth dropped out.
- **200** children/youth follow-up families.
- Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

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



OTHER ACTIVITIES (FROM JANUARY TO DECEMBER 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.

In this area, people are constantly migrating from one job to another. Children usually go with their parents instead of going 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 manpower. They lose their parents and end up on the street.

They live together in groups at intersections and at bus parks in 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 and psychological help. They also receive legal help, 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 – DECEMBER 2022)

Drop In Center (DIC), Morang	Tot.	Jan	Feb	Mar	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Sent from NCRC-104	39	0	0	0	0	13	7	4	1	7	0	2	5
Field from Organization CPCS	1	0	0	0	0	0	1	0	0	0	0	0	0
Family reunification	7	0	0	0	0	2	0	0	1	0	0	0	4
Refer to other organization	1	0	0	0	0	0	1	0	0	0	0	0	0
Send for training	0	0	0	0	0	0	0	0	0	0	0	0	0
Drop out	26	0	0	0	0	8	7	4	0	6	0	1	0
Refer from our organization	0	0	0	0	0	0	0	0	0	0	0	0	0

START UP FAMILY CARE CENTER MORANG



The Family Care Center was opened in December. The Center receives 35 children every day. After a selection by the school committee and home visits, selected children come before and after school. When the family lives in extremely difficult financial or other social problems to care for their children, they are welcome before and after school and during school days off.

Homework classes are organized; there is medical and psychological care. Children benefit from a meal before going to school.

Research has shown that girls are usually sent to a public school while their brothers go to private schools and receive preferential treatments. The girls have to go to school on an empty stomach. The afternoon snack is the only food they receive.

The FCC also provides emergency assistance for families with insufficient basic nutrition. A contribution for school costs is also possible if the family cannot afford this.

WORK VISIT PARTNER LA CHAINE DE L'ESPOIR



Mr. Vincent Perrotte and Mrs. Sophie Tran from La Chaîne de l'Espoir paid a working and monitoring visit to the CPCS Alliance.

The focus was to evaluate the operation of the BHCA program and to discuss its future operation for the next two years. Schools, where a BHCA program operates, were visited and employees talked about their positive and negative working experiences.

Visits were made to the Regional Centers in Kathmandu, Dolakha and Sindhuli.

Experiences and obstacles were evaluated in collaboration with the team.

Youth Empowerment and Capacity-Building Approach

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. As difficult as it is, there are legal ways to obtain an ID card. The legal and rehabilitation departments are bringing this problem to the attention of the appropriate government departments, NCRC and SWC. NCRC promised cooperation to help many undocumented children who come knocking at CPCS and present this problem.

The Youth Program focuses on legally obtaining identity papers for the thousands of young people who struggle with this problem.

In collaboration with other organizations, we approach the government. However, they haven't given us the promised positive results yet.

CPCS International and its partners in Nepal work on the protection of children and youth in street situations in Nepal since 2002.



In 2022, following strong analysis of the current situations faced by youth in Nepal (from street situations and/or at risks), CPCS International decided to go ahead with an innovative approach (a living approach based on facts and case studies) called “Youth Empowerment and Capacity Building Approach”. The idea is to use past experiences (Youth Rehabilitation Programs, Youth Support), our research, other materials to develop a new way to support young people from 14 years old to 25 years old. The analysis proposed by the CPCS supported research: *“Children and Youth in street situations and their capabilities. From strategies of urban survival to careers within the protection system.”* (Paris, L’Harmattan, 2020), which is a strong pillar of the new strategy. Practical success-stories from similar organizations in other countries (mainly Friends International in Cambodia) is also influencing the proposed innovative approach.

While several new tools will be created, the change proposed is systemic to the whole “system” of CPCS. The idea is not only to provide new innovative tools but also to use different existing programs to ensure a better support, better care and better access to autonomy.

Most of the proposed changes have no impact on CPCS funding capacities. It’s a methodological move with adapted services proposed.

Nepal has a very young population. According to Nepal’s National Youth Policy (where youth are defined as people between 16 and 40 years old), approximately 20.8% of the total population of the country is in the 16-25 years old age group, while 40.68% of the population lies in the 16-40 years old age group and 70% of the population is under the age of 35. This phenomenon, where the youth account for the largest segment of the population of any country is defined as ‘population dividend’ or ‘youth bulge’. This is a unique opportunity for Nepal.

Each Year, over 550 000 young people enter the labour market, and 91% of them go abroad – especially to Malaysia and the Gulf. The participation of youth in civic spaces is very low inside the country. One of the major challenges facing Nepal's development is the integration of the Nepali youth into the development process. There is a shortage of institutional platforms for harnessing the myriad of youth-based resources and translating them into refined materials for the nation's development. The Nepali youth contribute significantly to the political and economic development of the country, but we found many difficulties in bringing them into the mainstream of the development of the nation.

Youths who are staying in street situations are at a very high risk and are extremely vulnerable to the dangers of street life.

Seven groups – Seven type of Services – Seven Steps

A. Seven groups (types of youth):

Group 1: "14 to 18 years old" – Newcomers: Referred by the authorities (104 or NCRC) or reaching CPCS Centers from the Street or any other at risks context.

Group 2: "Stabilized 14 to 16 years old": youth with a formal education possibility & family reunification possibility.

Group 3: "Stabilized 14 to 16 years old": youth with very basic education possibility (organic farming training) + level youth system.

Group 4: "Stabilized" 16 to 18 years old" youth with a formal education possibility (vocational or school/campus)

Group 5: "Stabilized" 16 to 18 years old" youth without a formal education possibility (socialization tools and family visits)

Group 6: "Stabilized" youth 18 to 25 years old with a formal education possibility (only selected if in contact prior to 18 years old)

Group 7: "Not stabilized 16 to 25 years old group"

B. Seven services (type of support):

Service 1: Medical – Legal and Counselling Services: Available to any groups (1 to 7).

Service 2: Activities at Drop-In Centers (DIC): First level care and socialization centers offer initial support for a short period (1-2 months) with the aim of analysing the youth's situation through a Best Interest Determination Process (BID-P) and assessing, in a short time, a potential reunification of the youth with his/her family, if present. This program aims to welcome youth from the Group 2 who have indicated their willingness to leave the street or their dangerous situation. They are provided with training sessions, both educational (English, Nepalese, mathematics, etc.) and aimed at illustrating an appropriate and healthy lifestyle (personal hygiene, prevention, etc.). The aim of this activity is to guarantee a safe environment for personal growth in order to set up a personalized rehabilitation program, carried out in collaboration with educators, social workers and psychologists. If family reunification is not feasible and/or desirable, the youth welcomed into the DIC are involved in a rehabilitation program that determines long-term solutions, which involves relocation to facilities run by other NGOs or entrusting them to more specific school-educational programs.

Service 3: Family Visits and “Identity Rights” fulfilment: Many youths are in a street situation due to home violence, the death of relatives, family breakdown, war, natural disasters, poor socioeconomic status, drugs habit. Some of them are in a street situation since childhood. Many of them have no idea about their origin and identity. Due to a lack of legal documents (birth certificates, citizenship cards) they have no recognition in society or official bodies. They can't get a job or a driver's license (no ID card), open a bank account, work abroad (no passport). CPCS Alliance partners (along with 104 and the authorities) will increase the focus on ensuring “papers to youth” (open to any group 1 to 7) ...Family visits will also strongly be supported. To ensure rights to property, link with community, etc. De-institutionalization process for family visits and/or reunification (group 2 to 6): The process, developed and set up in collaboration with the police forces of the city of Kathmandu, aims to ensure initial contact with the family of origin, where present, or to re-establish a connection between the child and the community. The family context of origin has a great influence on the child's decision to live on the street; most of these children claim to have abandoned the family for financial reasons or because they were advised by friends. Often the children, being used to work from an early age, have the erroneous belief that they are able to find stable employment and become independent, underestimating all the risks and negative consequences that this choice entails. Some, on the other hand, seek in escape the solution to situations of abuse or domestic violence. CPCS, in consideration of the interests and the best solution identified for the specific child, analyses each individual situation in order to trace the reasons that led him/her to abandon the family. If it is considered feasible and safe, the primary objective is to proceed with reintegration within the same family of origin. This process is accompanied by constant psychological and counselling support.

Service 4 (existing youth program but developed in Dolakha and Godawari): This 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.

Service 5 (transfer to partner vocational training centers or inclusion in the internal vocational training scheme from CPCS):

A. External Vocational Trainings: In partnership with other organisations, external vocational trainings can be proposed to Youth from group 2-3-4 depending on their skills and willingness. (Free trainings)

B. CPCS Alliance will establish from November 2022 to February 2023 4 types of internal vocational training:

1. *Organic Farming* – Les terrasses has been operating as an Organic Farm for the past 4 years. Youth will be trained by an already trained local team and will learn organic ways of planting and cultivating using organic pesticides, organic fertilizers, etc. This skill will ensure youth to go back home with basic additional skills.

2. *Animal Husbandry* – Eco-friendly, the place is ensuring respect for the animals but also sustainability. Animals are used in the resort restaurant and/or to feed the children of the Rehab center. Youth will be trained on how to care, to protect themselves from wild animals and how to ensure a “basic income” from animal husbandry. We already have the local manpower to develop properly the activity.

3. *Hotel Management (several trainings)*

Receptionist, guide, cleaner, etc. Several trainings (external trainers will be hired).

4. *Restaurant Management*

Organic nice and clean food, prepared mainly with local production (from our own eco farm) or from local farmers. It will ensure costumers satisfaction and 2 additional youth will be trained to become “cook assistant”.

Service 6 (Micro-business) training

To be developed later with an access to at risk populations and a curriculum that can be used also in Morang/Sindhuli and Kathmandu valley. Several external partners and an external funding will be searched to develop it from 2024.

Service 7 (Micro-finance) access

To be developed later using methodologies already used in Nepal by several banks.

C. Seven phases

Phase 1: Ongoing since 2002. CPCS Alliance team is gathering experiences. We have tried several ways, trainings, vocational trainings, awareness, medical support, etc. CPCS is still trusted on the street by Youth. Past experiences, the 6 years full YRP program (2009 to 2015) are strong bases to plan effective tools.

Phase 2 (Ongoing since January 2022):

Youth Support Program. It allows our team to restart some of the tools already tested in the past.

Phase 3 (Starting in November 2022): Reinforcement of the basic services (Services 1-2-3) in Kathmandu valley and progressive enlargement to Morang, Sindhuli and Dolakha. This part is funded as based on other programs. (Improvements of methodologies).

Phase 4 (Preparation starting in November 2022 but operational in March 2023): Establishment of the 4 first vocational trainings: Organic Farming, Animal Husbandry, Hotel Management (various), Restaurant (cooking, serving, bar).

Phase 5: (depending on funding – starting in June 2023): Micro-business training in Dolakha (first) then possible extensions. Additional vocational trainings (cheese, bakery). Formal partnership with CVET and/or opening of own CVET affiliated branch.

Phase 6: Starting of the Micro-finance section (January 2024 depending on funding) and in partnership with already established actors.

Phase 7: Extension of the activities to Kathmandu Valley-Morang and Sindhuli area.

INTERNAL TRAININGS



The CPCS Alliance focuses on Child Protection and Child Rights. Training is regularly organized with the medical team members, but also with the social workers, care takers, drivers and administrative workers. The training courses are adapted to the specific domain of the trainees.

SOCIAL STREET WORK AND MENTAL HEALTH

Mental healthcare is still in its early days in Nepal. Organizations that take care of children in street situations, or at risk, regularly have to deal with children who have mental disabilities or psychological problems. There are not enough shelters let alone appropriate treatment for these children and youth.

Kanti Hospital, the children's hospital in Kathmandu, has opened a psychiatric ward for children in collaboration with CWIN (Child Workers in Nepal). Together with the members of the Street Workers Forum, we were invited for a tour and were given an explanation of how it works. To the great relief of the social workers, there is finally a place where children receive professional care.



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 center. Each center welcomes at the beginning up to 75 children and can go up to **100 kids**. The children come every day 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 centers 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 center. The center 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 center 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 center. No moral or physical violence is tolerated.
- Possibility to **do the laundry** and **to take a 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-DECEMBER 2022)

Total number of people who got a consultation through BHCA	72633
Health awareness sessions for children	1230
Children attending awareness sessions	37610
Number of Health camp for Children	637
Children attending health camps	21666
Number of children Local Hospital/Health post Referral	2851
Number of awareness sessions and meeting with Parents	590
Number of Parents attending awareness meetings	9638
Number of Dignity kits distributed to girls	16953
Number of children who received medical services	44267
Number of children who received counselling services	4836

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).

27 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) – 2943 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	155
Shree Nepal RastriyaNirman School	KageswariManahara - Kathmandu	BHCA - Mulpani	777
ShreeMahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	283
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	225
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA – Kritipur	249
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	571
Shree Ganesh SecondarySchool	Khowpa - Bhaktapur	BHCA- Bhaktapur	511
ShreeChalnakhel Basic School	Dakshinkali - Kathmandu	BHCA -Chalnakhel	103
ShreeSiddeshwar Basic School	Godawari - Lalitapur	BHCA - Godawari	69

BHCA Program in DOLAKHA District (CPCR)–1990 Children

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	479
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	465
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	89
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	38
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	71
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	142
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	32
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	26
Shree Janajyoti Secondary School	Kalinchok - Dolakha	BHCA - Lapilang	170
Shree Gujarpa Basic School	Kalinchok - Dolakha	BHCA - Gujarpa	91
Shree Sundrawati Basic School	Bhimeshwar - Dolakha	BHCA - Sundrawati	104
Shree Deurali Basic School	Kalinchok - Dolakha	BHCA - Lapilang	125
Shree Sitka Secondary School	Kalinchok - Dolakha	BHCA - Sunkhani	158

BHCA Program MORANG district (ORCHID) -3212 Children

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	582
Shree NawajanaJyoti Basic School	SundarHaraincha–1,Morang	BHCA – Nawajana JyotiSchool	184
Shree Bhagawati Secondary School	Belbari – 3, Morang	BHCA– Bhagawati School	520
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	593
Shree Dhanpal Secondary School	Belbari - Morang	BHCA – Dhanpa ISchool	526
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	440
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – SinghadeviSchool	90
Shree Sahid Smirti Primary School	Belbari -1, Morang	BHCA Sahid School	55
Shree Devkota Basic School	Belbari -6, Morang	BHCA Devkota School	222

BHCA Program SINDHULI district (CRPC) – 1115 Children

School	Address	BHCA CENTER	Children
ShreePanchakanyaSecondarySchool	Kamalamai, Sindhuli	FCC / Regional Office	160
ShreeSiddhababaSecondarySchool	Kamalamai, Sindhuli	BHCA Sindhuli	605
ShreeChandeshwariSecondarySchool	Kamalamai , Sindhuli	BHCA Dadi	350

A total of **9260** children have better health care access in **34** schools and 3
in CPCS Centers (Internal)



National office – GODAWARI, LALITPUR

24 full-time and 9 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
- Family Care Center for 35 children daily

Regional office and FCC’S (DEURALI – DOLAKHA)

25 staffs (14 full-time and 11 part-time) are working **daily**, 2 FCC (*Family Care Centers*) and 1 Regional office in Deurali.

A total of 60 +-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 40 - 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.

My name is Kumari, and I am in class 4 in Tikhatal Basic School. My mother works as a daily wage worker in Dolakha and my father is unemployed and does not take care of us. I live in my mother and my brother; my mother works hard to provide food and pay for our studies but unfortunately it is not enough. But my grandmother gives us some money to survive when my mother can't work. Our financial situation is affecting our studies. I want to do some things with my life and take care of my family. I want to study but it is not possible due to our low income. I got medical help from a BHCA nurse in my school, I am happy because we usually have no money to buy medicine but that time, I got medicine support. We got a lot of support from the program.

My name is Subadra, and I am in class 4 at the Janjoti secondary school. We are a family of 5, my father works as a carpenter and is also a farmer, my mom also works at the farm. My family doesn't have enough money for food, health, and education. I am a humble and disciplined student of my class, and I am involved in multiple school programs. I won a prize which included school supplies, it helps me work in great conditions. CPCS has been helping our school for about 4 years. The school nurse helps us on personal hygiene and first aid and many more things. I am so grateful and happy, Thanks to CPCS and its staff who provide us health services and other things for me and the janjoti school family.

My name is Krishna, and I am in class 8. I study at janjyoti secondary school. We are a family of five, my father worked as a labor and my mother left us and got married to another man. My father went abroad, and we cannot contact him. Two of my sisters and my elder brother and sister moved to Kathmandu. My remaining sister left to study and got married. Now I am alone in my home, I cook for myself and go to school. My big sister gives me money for my expenses. I am humble and disciplined. And in my school, there has been a BHCA program for the past 3-4 years. This organization helps all the students at our school. The school nurse helps us on personal hygiene and first aid and many more things. I am so grateful and happy, Thanks to CPCRC and its staff to provide us health service and other things for me and the janjyoti school family.



Regional office and FCC (MORANG)

4 full time and **9** part time staffs work daily with **75** children in *one Regional Office, 9 BHCA Programs and 34 FCC children* in the regional 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. 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 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. **6 staffs are working daily in one Regional Office on 3 BHCA programs with 30 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.

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.

Aitaraj Limbu – Social Street Worker – Morang Rehabilitation Center Director

I have started working here in Morang about 9 months ago, meanwhile I have gained a lot of experience and learned some new things which is very important to me.

I am currently managing staff in Morang's office, where the ORCHID and CPCS program is managed in an Alliance. Three other programs are also operating in Morang : BHCA, Rehab and FCC.

In this area too, many children and young people are living in the streets which is very dangerous. There are few organizations in this area but it is not enough. A few years ago, we wanted to start the Rehab program, but due to various reasons, it couldn't happen. However, on the request of the National Child Rights Association, we have now managed to conduct Morang's Rehab program. (NCRC 104 Pd 1) Every week children and teenagers are rescued and sent to our rehab for protection. Currently, 10 children and teenagers are benefiting from the program. They are getting legal advice, health treatment and safety. They are also experiencing a family environment, entertainment, and we provide them with food, beds, and clothes.

I visited some of the schools the children were studying in. They were living in very poor and difficult conditions. In this area, some people are suffering from discrimination because of their casts or the color of their skin. Girls are neglected compared to the boys: we could see more boys going to private schools with their lunch while many girls had to go to public schools without anything to eat. We have selected with the school 30 children (very poor and bad family situations) for whom we have arranged morning tuition and meals to help them.

I also teach football to the youths of the community every morning to save them from poverty and drugs. Also, sometimes, children from Rehab, BHCA and FCC come there. I have to say that football is a way to change them which is helping to make the trust and connection stronger.

My name is Sita, I am 13 and I am in class 7. There are 5 people in my family, my grandmother, my grandfather, my two sisters and me. My father left us and went to Dharan with another family. My mother also left. My sisters and I have been living with my grandparents. My grandfather works as a road side cleaner and my grandmother does housework, which makes it very difficult for us to eat and study. Our grandparents are old and can't do that much work. We have no money to buy salt and oil. We must go to work in other people's houses during school holidays to earn some money. With that money, I buy oil, rice, coffee, and pencils for our home. The municipality has been giving us 2000 rupees per month since 2078 which helped us buy copy and pencil. We were not supported by any municipality before this.

In the school where we study, CPCS organization has hired a nurse and helped us in education and clothing even before they helped us by giving us food. Our financial situation is very weak. I will become strong by studying. And I would like to express my gratitude to my sister for helping me, I also which she will keep helping people in need.

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.

With children in street situations

In Nepal, **about 65% of the children who arrive in the streets 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, 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 human 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.



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.

RISK REDUCTION

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 NCRC (previous 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.

- **29** children were referred for Rehabilitation in CPCS DIC by different organizations.
- **70** 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, and 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 in the streets, and the conditions under which street children suffer. These initiatives help CPCS staff to also find new children who recently became homeless. By directly interacting with them on site, our staff 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 – DECEMBER 2022)

Day Field Visites (KTM)	A.Total	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 – Avg No.of children (Thamel)	12	10	8	11	11	7	10	9	6	10	12	11	14
Area 2 – Avg No.of children (Ratnapark)	12	10	11	13	15	15	16	9	8	8	9	8	8
Area 3 – Avg No.of children (Balaju)	4	4	5	3	4	4	4	1	1	2	2	2	2
Area 4 – Avg No.of children (Kalanki)	2	2	0	1	2	0	4	1	1	2	2	2	2
Area 5 – Avg No.of children (Pashupati)	17	16	15	21	19	12	20	19	14	16	18	20	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 **18** 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 – DECEMBER 2022)

Night Field Visits (KTM)	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - Average No. of Children	25	23	18	27	20	22	20	22	20	21	21	22
Area 2 - Average No. of Children	14	13	10	11	14	16	14	14	15	13	14	15
Area 3 - Average No. of Children	8	6	5	6	8	7	7	8	7	7	7	8
Area 4 - Average No. of Children	4	2	3	4	2	4	4	4	4	4	4	4
No. of Children treated on Field	24	25	15	19	26	27	30	27	30	24	25	28
Children brought to center by field	0	0	0	0	0	0	0	0	0	0	0	0
Average No. children in daily Night field	12	11	9	12	11	13	13	12	13	10	11	15

The Recovery center (Medical support)

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

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

A psychologist then tries to get into a dialogue with them to assess whether they know where their family lives or if they remember any contact details. Their objective is to reach children's relatives or friends that live within the same community in order to bring the children back to their families. A whole network of social workers, paramedics and rehabilitation officers try to come up with the best individual solution for every child.

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

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



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

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 – DECEMBER 2022)

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	893	70	73	80	85	78	81	80	78	70	72	60	66
Daily average	3	3	3	3	4	3	3	3	3	2	2	2	2
Number of “clinic in” children treated	1581	150	152	140	150	145	135	120	133	117	129	100	110
Daily average	4	5	5	4	5	5	4	4	4	4	4	3	4
No. of In-Patients Nights	2086	210	210	208	200	204	200	150	146	150	125	144	139
Average age of in-patients	9	14	12	14	10	14	10	5	5	5	4	5	5
Number of hospital cases	45	6	2	5	1	5	1	6	5	5	2	4	3
Number of patients admitted in hospital	8	0	0	1	0	2	1	0	1	1	0	2	0
Hospitalization Days	73	0	0	5	0	13	23	0	6	10	0	16	0
No. of children treated in DIC Godawari	272	30	32	29	27	30	26	10	15	22	20	19	12
No. of children treated in outreach (Day Field)	318	20	30	25	30	38	45	37	14	20	19	18	22
No. of children treated in outreach (Night Field)	269	26	25	21	23	22	20	22	24	23	20	21	22

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.

Teenage mothers and their children are regularly invited to the CPCS center where they receive medical care, counseling and legal advice. Spending a carefree afternoon together with a nice picnic gives relaxation to the mind and the chance to form new supportive friendships with other mothers. 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.



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-hour 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 **132** children for short term rehab.

EMERGENCY LINE MONTHLY STATISTICS (JAN – DECEMBER 2022)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Medical Problems	136	12	10	11	13	15	15	12	9	11	10	9	9
Under Arrest	11	1	1	2	2	2	1	1	1	0	0	0	0
Abuses - trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	149	15	10	21	20	20	16	11	9	9	8	8	2
Child Labour	2	0	0	0	1	0	1	0	0	0	0	0	0
Information about COVID-19	71	10	12	11	13	15	10	0	0	0	0	0	0
Line Calls Total	369	38	33	45	49	52	43	24	19	20	18	17	11

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. Regular publications on social media were made.

Legal Protection Program

CPCS provides legal assistance to children in street situations. 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 – DECEMBER 2022)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jail visits	44	3	2	4	3	2	3	4	3	4	5	5	6
Children/youth in jail	37	3	3	3	3	3	3	4	3	3	3	3	3
Custodies visits	50	5	4	4	4	3	3	6	5	4	5	4	3
Children/youth met in custody	19	1	1	2	1	2	1	2	1	3	2	1	2
Children/youth released from custody	19	1	1	2	1	2	1	2	1	3	2	1	2
Court Action	1	0	0	0	0	0	0	0	0	0	0	0	1
Meetings with Police	29	3	2	1	3	2	1	4	3	2	3	2	3
Awareness Program / Class with children	48	4	3	4	4	3	4	5	4	5	3	5	4
Awareness Children and Public (COVID-19)	1123	95	90	95	96	98	85	98	95	96	91	98	86
Awareness Programs with Public	26	2	3	2	2	1	1	3	2	3	2	2	3

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 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 – DECEMBER 2022)

COUNSELING SERVICES Godawari	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Individual Counseling	662	28	53	54	56	56	57	56	54	70	59	61	58
Group Counseling	205	16	18	16	14	18	20	16	20	16	14	17	20
General Awareness Classes	208	15	25	15	15	17	18	18	18	15	15	19	18
Sexual Abuses Victims Support	5	0	0	0	0	0	0	1	2	1	1	0	0
Physical and moral abuse victims supported (CPP)	29	2	2	3	2	2	3	3	3	2	1	3	3
Awareness Sessions with the team	22	2	2	2	1	2	2	2	2	2	1	2	2
Training / Orientations	17	1	2	2	2	2	2	1	1	1	1	1	1



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 children we meet. We have developed different strategies to identify a 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. Consequently, 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 – DECEMBER 2022)

Particular		J	F	M	A	M	J	J	A	S	O	N	D	Total
YT	Youth Training	0	0	0	0	0	2	0	5	1	1	6	4	19
F/R	Family Reunification	2	2	0	22	7	16	5	4	8	3	6	2	77
F/V	Family Visit	2	3	2	22	9	6	5	4	13	1	17	8	92
CHP	Child Home Placement	2	1	0	0	4	2	0	0	1	2	6	0	18
O/R	Own Room	0	0	0	0	0	0	0	0	0	0	0	1	1
F/U	Follow Up	2	12	6	25	23	16	12	16	23	14	28	23	200

CPCS Drop In Center (DIC), Godawari

Because of the COVID-19 situation and the strict protocol in the centers, most children stayed in the Recovery Center. The CPCS Drop InCenter 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 _ DECEMBER 2022)

Drop In Center (DIC), Godawari	Total	J	F	M	A	M	J	J	A	S	O	N	D
Sent from NCRC-104	132	4	2	1	31	8	14	7	18	8	6	6	6
Field from Organization CPCS	2	0	0	0	0	1	0	0	0	1	0	0	0
Family Reunification	70	2	2	0	23	5	15	3	6	1	1	6	6
Refer to Other organization	29	1	1	0	0	4	4	1	0	12	2	2	2
Send For Training	4	0	0	0	0	0	1	0	0	0	0	3	0
Drop Out	5	0	2	0	0	0	0	0	0	0	2	1	0
Refer From our organization	4	1	0	0	1	2	0	0	0	0	0	0	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	J	A	S	O	N	D
Call from Street situation	155	15	10	20	18	20	15	10	8	7	10	10	12
Support of case in Street situation	36	3	4	3	2	5	3	2	3	3	2	4	2
Counseling for case management with Support	84	5	8	7	5	4	6	8	7	5	9	10	10
Covid Awareness program in street (field)	227	20	15	20	14	18	17	20	25	25	20	15	18
Medical Support in Street Situation	128	10	8	11	9	7	8	10	12	12	14	15	12
Pass Away from Street situation	11	0	1	1	0	1	0	1	1	2	1	2	1
Pregnancy and delivery support in street situation	5	0	0	1	0	1	1	0	1	0	1	0	0

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

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 oppressed 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).

- **19** boys in the rehabilitation / Schooling program in Dolakha.
- **60+-** 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 **250+-** family members benefit from the program.
- **More than 100** 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 –DECEMBER 2022)

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (patients) treated	992	84	36	141	77	60	90	68	138	136	61	77	24
Patients admitted in clinic	22	0	0	0	0	0	2	0	9	9	1	1	0
In Patients bed Nights	134	0	0	0	0	0	15	0	43	54	16	6	0
No. Of community patients treated	1323	138	95	182	114	118	95	113	123	130	80	88	47
Ambulance of referred community patients	107	11	6	9	7	10	15	9	17	8	7	5	3
Total # of referred CPR child patient	24	1	0	0	0	1	9	2	4	1	4	2	0
Children treated on the field	4	0	0	0	0	0	0	2	2	0	0	0	0

REHAB PROGRAM DATA OF DOLAKHA (JAN-DECEMBER 2022)

DolakhaRehabilitation Center	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. Of children (beg)	12	0	0	0	0	4	4	4	4	4	12	12	9
New children	15	0	0	0	0	4	0	0	0	10	0	1	0
F.R from office	0	0	0	0	0	0	0	0	0	0	0	0	0
Internal Referral	0	0	0	0	0	0	0	0	0	0	0	0	0
Drop Out	2	0	0	0	0	0	0	0	0	2	0	0	0
No. Of children (end)	9	0	0	0	0	4	4	4	4	12	12	9	9

SCHOLING DATA OF DOLAKHA (JAN-DECEMBER 2022)

DolakhaSchooling	Total	J	F	M	A	M	J	J	A	S	O	N	D
Scholarisedchildren (beg)	17	16	16	15	15	16	12	14	14	14	13	13	17
New children	1	0	0	0	1	0	0	0	0	0	0	0	0
Family Reunified Children	1	0	0	0	0	1	0	0	0	0	0	0	0
Other NGO Reffer	1	0	0	0	0	1	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0	0	0	1	0	0	0
Internally Referred children	0	0	0	0	0	0	0	0	0	0	0	4	0
Scholarised children (end)	17	15	16	15	16	14	12	14	14	13	13	17	17

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

COUNSELING	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Individual Counseling	84	0	0	0	4	5	2	14	13	10	11	11	14
Group Counseling	5	0	0	0	1	0	0	0	1	1	0	1	1
General Awareness Classes	10	0	0	0	2	1	1	1	1	1	1	1	1
Sexual Abuses Victims Support	1	0	0	0	0	0	0	0	0	0	0	0	1
Physical and moral abuse victims supported	2	0	0	0	0	0	0	0	0	0	0	1	1
Awareness Sessions with the team	2	0	0	0	0	0	0	0	1	1	0	0	0



The FCC programs, which are run by the CPCS organization, are amazing for the education of our children in the area. In particular, the FCC program with open classes helps a lot for the development of the education of the children, thanks to its extracurricular activities during vacations. Children really benefit a lot from the help of the CPCR organization during their studies. Because it deeply contributes to the intellectual progression of the children of our area, I would like to thank CPCS, and I hope this organization will keep offering great programs for our children in the future.

This was written by Radhika Thapa (nurse), with other villagers.

My name is Tara. I study in class 10, in Bhim secondary school from Dolakha. My family is composed with 5 people. The relationship between my father and my mother is not doing well, so I live with my mother. My father doesn't help us financially, for the studies in particular. My mother works as a laborer in the village, and that's not enough for us. My mother doesn't earn enough money to buy me the clothes, food and studies that I need. I am therefor very happy about the help from the CPCS alliance. This organization supports my education, and also the one of my friends in need, so I am very grateful.

My name is Subhadra. I study at Shree Sundravati basic school. We are a family of four. My mother left us to get married with somebody else. My father works as a farmer. I live with my grandparents. We live thanks to the money earned by my father, but it's very difficult. In fact, my grandmother is sick, and it's hard to be able to pay for her treatment. Since my mom left to marry somebody else, it's been tough for my family. She left when I was 2 years old, and I had no news from her until I was 14. The conditions me and my family live in don't encourage me to study, but I do my best to keep going, despite the difficulties. My father and my grandparents suffered a lot. My father worked day and night so I could graduate. Seeing him doing all of this for me makes me feel sad, and therefore I find it hard to keep studying. I can see that the problems at home are very serious, and I realize how much the school expenses are, I know what my father earns is not enough, and it makes want to stop my education. It stresses me out a lot. Sometimes, I feel like with the help of somebody else, I could continue my studies. I am good at it, I like it, and with some help, my dream of completing my studies could come true. In our school, there is a program called BHCA, operated by the CPCS alliance, which provides health care, but also facilities for our education. I know this information thanks to the health worker of our office. In the end, the BHCA program supported me.

I don't know anything about how and why I was chosen to benefit from this program. I knew what it did, but I had no idea I could be selected. I received some information, and apparently, they chose me because they learned about my situation. They met the schoolteacher and the health workers. Also, there is Counselor Miss, who comes every day to motivate us, and to remind us why we must study. All of this helps a lot, and these days, thanks to everyone's sympathy and motivation, my studies have become a little better. Thanks to the support of this program, and not only the financial help but also the motivation it provides, I have found myself more focused on my studies. My situation is way more comfortable now, for me but also for my family, we don't have to worry as much as me used to. My school expenses are now supported by the program. Thanks to the BHCA program, people in need like me have more space to work and get a better environment for us to study.

The Ambulance service – Regional Center Dolakha



109 patients could count on the ambulance services

My name is Gajab, I am 83 years old, and I come from the Bhimeshwar Municipality. One day, I went to the forest to collect grass for my animals, and a bear attacked me. I was seriously injured, and my son called the CPR staff. They rescued me and took me to the hospital with the ambulance. It was absolutely necessary for my recovery to go immediately to the hospital. It was impossible for me to join the hospital in time without the help of CPR. The ambulance of CPR came on time and made it possible for me to arrive in time at the hospital and get a treatment. I thank CPR for having saved my life, and for providing free emergency service to our community.

My name is Ram, I am 27 years old, and I come from the Bhimeshwar municipality. On my return from Charikot by motorcycle, I had an accident. I was badly injured, and my mother, who was less hurt, called CPR for ambulance support. CPR came and rescued me, by taking me quickly to the hospital with their ambulance. I want to thank CPR for having saved my life, by taking me in time to the hospital. Their free ambulance service is deeply helping our community.

Kalawoti, 31 years –Bhimeshwar municipality-1. I had a serious abdominal pain (APD) and needed care in the hospital. That time the CPR ambulance came in time and provided me with an ambulance service so I would like to thank CPR from the bottom of my heart for the free services in our community area.

My name is Chandika, I live in Lamanagi, I am a 24-year-old married woman, and all the programs of CPR are good. People are happy when the organization provides free ambulance service, medical and other services. After I got pregnant, on my due date, people from my village weren't able to help me get to the hospital so they called CPR for ambulance help, CPR staff responded quickly and rescued me by taking me to PHC. I am very happy because. I wish CPR Org work well for our kids and us in future.

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. Therefore, 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 the youth. CPCS does so by giving them responsibilities and guidance towards the children's professional life and future according to their literacy, educational background and wishes. CPCS encourages children'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 centers youth.

YOUTH PROGRAM MONTHLY STATISTICS (JAN – DECEMBER 2022)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Scholarised Youth (beg)	2	3	3	4	4	4	6	2	2	2	1	1
Non-scholarised Youth (beg)	8	8	8	9	10	9	12	20	22	11	13	12
New Youth	0	1	0	1	1	2	2	3	2	0	1	2
Family Reunified Youth	1	0	0	0	0	4	2	0	6	0	0	0
Internally Referred youth	0	0	0	1	0	0	1	0	1	0	3	0
Other Ngo Ref Youth	1	0	0	0	0	2	0	0	4	0	3	4
Drop out Youth	0	0	0	1	0	0	0	0	0	2	0	2
Scholarised Youth (end)	2	3	3	3	4	4	5	2	2	2	1	1

ADMINISTRATION

The team (In Nepal)

The CPCS team in **2022** gathers more than **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 Center Director (DIC Socialization)	Mr. Kailash Rawal
Finance Director	Mr. Tek Bahadur Paudyal
Accountant Assistant	Mr. Bikram Bahadur Bohora
Accountant Assistant	Mr. Bijaya Adhikari
Reunification and deinstitutionalization Director	Mr. Badri Prasad Sharma
Reunification assistant	Mr. Rajendra Rokka
Center Director (Regional Center Dolakha)	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 officer (senior)	Mr. Krishna Prasad Dhital
Driver	Mr. Krishna Kumar Nepali
Health Assistant in Charge (Recovery Center)	Mr. Saroj Khanal
Health Assistant (Prevention Program Coordinator)	Mr. Mabin Rai
Health Assistant (Prevention)	Mr. Bodhraj Magar
Regional Center Dolakha program assistant	Mr. Mohan Tamang
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 leaded by our lawyers.

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

Implementation of child protection policy

CPCS often organizes monitoring sessions for staffs to implement and inform about child protection at work. 32 staffs attended the program. They came from different centers in Kathmandu and out of the valley.

Child participation



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

The children have formed a court of Justice to ensure that the system works and that the rules are followed properly. The goal 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, *Balbalika Khojtalash 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 and youth.
- ✓ 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 and youth 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 2023

- ☐ Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Center (for girls and boys).
- ☐ Focus on Youth Empowerment and identity documents.
- ☐ 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). 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 center (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.
- ☐ Ensure that every child in all Centers have at least 1 complete health checkup yearly.
- ☐ Improve psychosocial counseling in all the Centers and programs.
- ☐ Trainings for all staff members about sexual and moral abuse.

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CPCStan

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

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