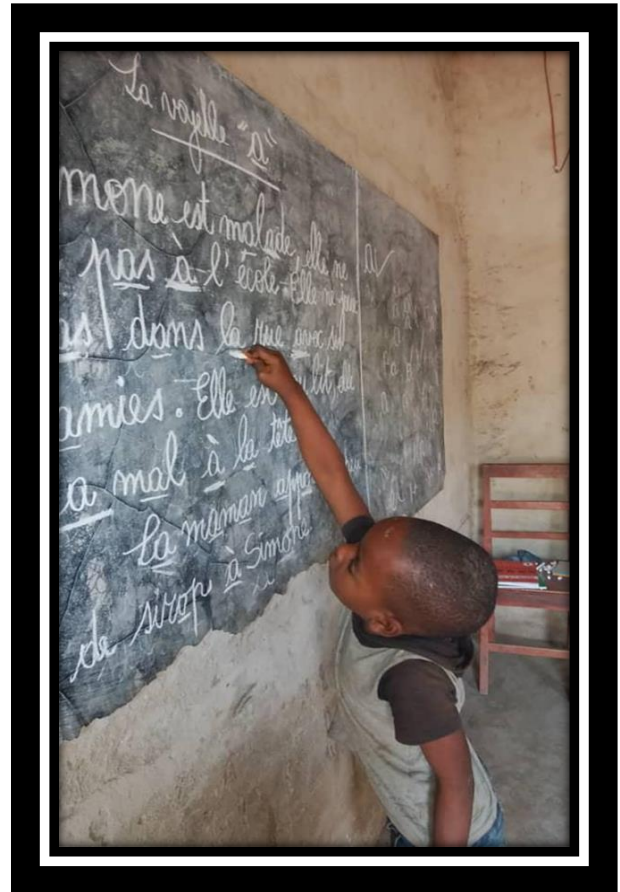




CPCCS

INTERNATIONAL

Child Protection Centers and Services



"Education is the most powerful weapon which you can use to change the world" (Nelson Mandela)

Yearly Report 2023

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Dear well-wishers, partners, and friends,

It is with great pleasure that I share with you this report highlighting the impactful programs and activities of the CPCS-Alliance across Nepal, Burundi, and Rwanda. Since July 19th, 2002, our team has been dedicated to providing efficient, reliable, and child-centered programs aimed at addressing the significant challenges faced by children, youth, and families in street situations and at risk.

With each passing day, our reach and impact continue to expand. While we maintain our commitment to delivering high-quality programs and effective management in our established bases in Nepal, we are excited to announce the progressive expansion of our network in Central Africa. This growth is made possible by the evolving methodologies we employ, supported by the dedication of our staff members and bolstered by the collaboration of board members, authorities, and civil society.

In 2023, CPCS made significant strides in improving health and education support in rural areas, and we are thrilled to welcome CPCS Africa as our newest member in Rwanda. Additionally, in Nepal, we are proud to announce the initiation of a private-public partnership that will commence operations in 2024. Les Terrasses Mountain Resort, a beautiful establishment, aims not only to contribute resources to social projects but also to provide training opportunities for youth in the hospitality industry, management, and other tourism-related fields.

We extend our heartfelt gratitude to our supporters worldwide – friends, partners, foundations, schools, and Charity Clubs – who organize fundraising activities and steadfastly support our mission. Your unwavering commitment and understanding of the importance of our work inspire us to continue our efforts to serve and advocate for the best interests of thousands of children, youth, and their families.

Thank you for your enduring support.

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

A handwritten signature in black ink, appearing to read 'Dr. Jean Christophe Ryckmans'. The signature is stylized and fluid.

Dr. Jean Christophe Ryckmans

INTRODUCTION

CPCS Alliance is a global movement of partners and NGOs that support children and youth living on the streets worldwide. The alliance aims to put into action the recommendations outlined in General Comment No. 21 (2017) on children in street situations, which was prepared by the Committee on the Rights of the Child.

The CPCS Alliance takes an interactive approach to understand how children and youth in street situations shape their social identity amidst power dynamics, labels, and violence. It's evident that their ability to survive on the streets significantly impacts their future prospects, which are also influenced by their interactions with the institutional network designed to assist or control them. We have delved into their life stories by analyzing their inherited identity (such as caste, religion, family, and community background), the identity they develop through street experiences (such as survival groups, daily activities, substance abuse, and various forms of violence), and their aspirations for the future (such as dreams, expectations, and goals). Drawing inspiration from the work of Professor Daniel Stoecklin (University of Geneva), we utilize the Actor System (Stoecklin, 2000) and the kaleidoscope of experience (www.self-acting.com) as tools to comprehend how children perceive their realities.

The CPCS Alliance and its members advocate for a rigorous methodology while also advising the inclusion and active involvement of the children and youth in question through practical, realistic, and respectful interventions. The disconnect between the official discourse, which portrays children as active participants in their own lives with rights, and the reality on the ground, where intervention strategies incorporate individual perspectives and interactive contexts, is a complex issue. Both public authorities and NGOs should reject the neoliberal approach of reducing children's rights to mere "quantitative results" and instead embrace a systemic and comprehensive approach that empowers children as genuine social actors. Priorities for our Alliance include prioritizing the best interests of children, reimagining child protection systems, recognizing children as rights-holders, and establishing partnerships with like-minded networks or organizations.

OUR MISSION

Since 2002, CPCS has been dedicated to safeguarding children in street situations and marginalized conditions in Nepal. There are numerous factors that push children onto the streets, such as peer pressure, media influence, natural disasters, family breakdown, poverty, domestic violence, aspirations for well-paying jobs or access to free education, and dreams of an easier life in the city. Many children migrate from their hometowns or villages to Nepal's major cities, where they often find themselves on the streets, exposed to various perils including drug abuse, exploitation, crime, discrimination, intimidation, illegal detention, and sexually transmitted diseases.

CPCS strives for a society that respects, values, and protects all children. Our mission is to provide essential services, including medical, legal, psychological, and educational support, with the aim of bringing immediate improvement to children in street situations and those at risk.

The CPCS program operates on three levels:

- **Prevention (before and during street life):** This level involves a range of interventions aimed at preventing and deterring children from entering street situations.
It includes:
Measures to prevent children from ending up on the streets.
Raising awareness among the general public, families, authorities, and children themselves about the realities of street life, including its causes, dangers, aspects, and consequences.
- **Risk Reduction (during street life):** This level adopts a short-term perspective, focusing on immediate actions to reduce the dangers associated with street life. The aim is to provide support and protection to children already living on the streets, ensuring their safety and well-being to the best extent possible.
- **Social Rehabilitation (after street life):** This level takes a mid-term perspective, emphasizing the progressive and eventual reintegration of children into society. The focus is on providing the necessary resources, opportunities, and support for children to rebuild their lives beyond the street environment, promoting their social integration, education, vocational training, and overall well-being.

CPCS International and its alliance are members of following networks:

Street Workers Network – Dynamo International

www.travailderue.org



- Child Safe Alliance – Friends International

<https://thinkchildsafe.org/>



4de Pijler Steunpunt België

<http://11.be/4depijler>



OUR OBJECTIVES

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

OUR INTERNATIONAL PARTNERS

Special thanks to our main working and operational partners for their support:

1. L'Association Soeur Emmanuelle – Belgium
2. La Chaine de l'Espoir (France)
3. The Nick Simons Foundation - (US)
4. La foundation Vieujant – Belgium
5. Various Rotarys (including Marche en Famenne, Durbuy, etc.
6. Vie d'enfant / Kinderleven

Our other friends and partners :

Dynamo International – L'INDSE de Bastogne – Belgium, VZW De Brug – Belgium, The Van Dijck Family and friends, PPOT (Belgium), Savoir Oser la Solidarité - Ecole de Management de Grenoble – France, La foundation Futur–Belgique, Rob Van Acker – Belgium, Rita Rogiers – Belgium, Child Save Movement – Cambodia, Consortium for Street Children – UK, Medici de la Pace – Italy, de 4de Pijler Vlaanderen (11.11.11) – Vincent Perrotte – France, Steven Buyse - CVS – Belgium.

Burundi – Centre Ruhuka Kibondo (Socialisation Center)

Many dozens of children live in the Buterere slum (+-3000), on the outskirts of Bujumbura. They survive on the waste heap of the landfill, collecting charcoal and other reusable waste. UCBUM and CPCS have decided to launch a socialization center to support these children, lend them a helping hand, show them an alternative to street life, and violence.



The "Ruhuka Kibondo" socialization center serves as a preparatory step for two other projects managed by UCBUM, specifically focusing on reintegrating children into the school environment. It functions as a preparatory stage, providing children with the necessary time and support to prepare for a successful return to school.

The center is open to everyone, but due to financial constraints, we have limited space available (40 per day). Every few months, some children reach a level that empowers them to choose to return to school, sending a beautiful message of future and hope to other children. Before the launch of Ruhuka Kibondo, over 30% of children who returned to school without adequate preparation failed and ended up back in street situations. With the preparation time provided by the Ruhuka Kibondo project, children now have the autonomy to decide to return to school, resulting in the maximum success rate.



Over 3000 families have children who visit the open-air dump of Buterere on a daily basis, resulting in the spread of many diseases in the area. While there are few organizations active in this specific area, our accommodation capacity is limited. The inability to accommodate more children poses a significant challenge. Every day, we are compelled to turn away some, making it a difficult and heart-wrenching choice. We recognize the importance of maintaining a limit, but it is emotionally taxing to choose between one life and another.

	January	February	March	April	May	June	July	August	September	October	November	December
Number of days when the center has been open	30	28	31	29	31	30	31	31	30	31	30	30
Daily number of children attending at the centre	40	40	40	40	40	40	40	40	40	40	40	40
Total nbr of children benefitting from the center	60	60	60	60	60	68	57	60	40	57	60	60
Total nbr of girls	29	29	29	29	29	37	26	26	16	23	23	24
Total nbr of boys	31	31	31	31	31	31	31	31	24	34	34	36
Number of children referred to another org/program	0	0	0	1	0	0	0	0	44	0	0	0
Number of health problem detected	10	5	7	11	9	15	8	6	5	10	12	8
Number of physical or moral abuses detected	3	4	0	1	6	11	13	4	8	4	5	2
Number of Sexual abuses detected	0	0	3	0	1	3	0	2	0	3	0	0
Nbr of Parents advised/coached	3	2	15	5	7	18	4	13	20	3	5	7



Supported by Sœur Emmanuelle Asbl (NPO), Vie d'enfant-Kinderleven and CPCS internal funding

1. Introduction

CPCS-Africa is dedicated to working towards the protection of children and youth at risk and those in street situations. Registered as an NGO in Rwanda since December 2023, the organization recognizes various reasons that lead children to the streets, including peer pressure, media influence, natural disasters, family breakdown, poverty, family violence, aspirations for well-paying jobs, and access to free education, as well as the dream of an easier life in a city.

Children and youth often migrate from their hometowns or villages to Rwanda's cities, where they may find themselves on the streets, facing numerous dangers such as drugs, abuse, crimes, hatred, exploitation, discrimination, intimidation, and both moral and physical abuse.

CPCS-Africa is committed to supporting the efforts of Rwandese authorities in addressing these challenges. The organization will tailor its actions, support, and methodologies to ensure a substantial contribution to the best interests of the children and youth of Rwanda.

The 3 levels of CPCS-Africa projects in Rwanda (planification phase for the moment in coordination with the authorities) are:

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

Location : Phase 1 – Regional Center :

Village : Nyagisozi - Locality : Musange - District : Nyamagabe

The first program will start in February 2024.

In the planned phase 2 : A second Regional Centre will open in the Akagera Area mid 2024 (and with the same objectives)

Phase 1 : Establishment of a Regional Center in Nyagisozi (Musange Locality – Nyamagabe Province) supporting BHCA / FCC and CLASS activities.

A) Expected Beneficiaries and project resume :

Direct beneficiaries are at least 200/250 children and youth at risk situations (poverty) who benefit from the various services offered by the project, divided as follows:

- FCC: Family Care Center – 80 to 120 children selected by CPCS-Africa and the local communities, and their families are supported by social service. Families can be advised. Children can access a community center (run by CPCS-Africa), where their well-being is monitored. We want to ensure that these children remain in public schools.
- CLASS: CPCS-Local Action Support and Services will follow up on the local community and ensure awareness, access to rights, and empowerment of vulnerable groups. Basic support will be provided to two primary level schools in the same area. The primary school of Nyagisozi (located very nearby the CPCS-Africa center) and the primary school of Kibaga (located 20 minutes by foot from the CPCS Center). CPCS-Africa, along with the principal and teachers, will contribute to providing students with educational support, awareness, and nutrition support.



B) Additional details about FCC and CLASS :

What is a FCC ?

In Rwanda, the functioning of FCC (Family Care Centers) needs to be tailored to local traditions, regulations, governmental guidelines, cultural practices, and community needs. The Family Care Center is scheduled to commence full operation at the end of February 2024, with the capacity to accommodate 50 to 75 children daily.

Following a selection process conducted by school committees (initially from two primary schools and later from a secondary school) and home visits, chosen children attend the center before and/or after school. Families facing significant financial or social challenges in caring for their children are encouraged to enroll their children, both before and/or after school and during school days off.

The center offers homework classes, medical and psychological care, and provides healthy snacks during activities. Additionally, FCC may extend emergency assistance to families experiencing insufficient access to basic nutrition. For families unable to afford school costs, financial support is available. The well-being of families is continuously monitored and supported by a dedicated social worker/educator. The FCC concept is based on three objectives fit with Governmental Policies of Rwanda:

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

A local team comprising three individuals is dedicated to ensuring the well-being and effective communication with the beneficiaries, their schools, and their families. Among them, one administrative or social worker manages accounting and provides support to families. The caretaker is responsible for cleaning and attending to the children, while a teacher conducts classes.

The primary objective is to offer tailored support to each family. The FCC operates every day, functioning as a day-care center during non-school hours. Initially, the center will accommodate up to 75 children, with the potential to expand to 120 kids. Children attend daily for after-school sessions, receive daily snacks, access the library, and receive assistance with homework. A communal space facilitates participation in social activities such as games, sports, and artistic endeavors. Children also have the opportunity for personal hygiene and basic health care.

Monthly sessions are organized with families to discuss various topics, including child rights, migration, hygiene, medical and legal issues, personal challenges, and daily life obstacles. The involvement of families, local schools, and communities is integral to the process. The center prioritizes supporting local children in street situations, and family visits are key missions. It is a non-residential center, open daily in three shifts of 2.30 hours (3 hours on Saturdays/Sundays and public holidays). A local child club is set up, to encourage

children participation and child empowerment via an election system of two child representatives, etc. In addition, special attention is given to girls and girls' empowerment. Prevention of traffic, mothers' empowerment, child rights advocacy, and defense for vulnerable persons in a non-violent environment are also essential topics.

HOW AN FCC WORKS:

- Open to every child from any public school.
- Daily homework help sessions.
- Library access.
- Sports and games activities.
- 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. (as far as water availability is managed)

- Active participation in local programs, events.
- Family reunification process and follow up.



What is CLASS ?

CPCS-Africa Local Action Support and Services serve as a crucial tool for CPCS-Alliance prevention programs, demonstrating its effectiveness in various countries. The core concept is to establish rights-oriented and community-based programs, tailored to local needs, and sustained through local inclusion to foster enduring and effective initiatives. Given the substantial expertise in Rwanda on the government side, programs will be developed in direct coordination with the authorities. At the local level, involvement and consultation with local authorities will ensure that children are served based on the identified needs in their respective areas. Beyond supporting entire communities, a specific focus will be directed towards schools in the area through the CLASS (Community-Led Awareness and Support Services) project. CLASS is an innovative initiative aiming to provide children in public schools with access to basic health care, hygiene, and awareness about various risks.

CPCS-Africa, in collaboration with government programs, will support education and nutrition for students in two primary schools initially, with plans to extend to one secondary school later. In addition to basic educational support (subject to governmental authorization), awareness classes will be organized to allow

children, young adults, and their guardians to address sensitive topics that are often challenging to discuss. Due to cultural values, subjects such as menstruation, STDs, and related issues are considered taboo, leading to potential prejudice against the children.

A thorough analysis is ongoing and will continue until July 2023 to ensure that programs are built on the genuine needs of the local community, and efforts will be coordinated with other existing initiatives, whether governmental or local, in the area.



An important Focus of CLASS and FCC : Awareness Activities

With the families

CPCS-Africa along with the authorities of Rwanda will collect data and conduct several studies on the topic about children in street situations in Rwanda. This will underline 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. Existing researches and publications (see down, last part of this document), will of course be consulted, used and essential lessons will be learned from it.

The relationship with family is a key element in addressing the issue of children at risks and in street situations. Moreover, CPCS-Africa will develop 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-Africa social workers will support children at risk in villages and rural areas by organizing activities in local public schools. These awareness-raising sessions will cover the dangers of the street (drugs, diseases, and various forms of abuse), the rights and duties of parents and children, domestic violence, hygiene, health, and the use of illicit substances. Without knowledge of their rights and these risks, the child is vulnerable to exploitation by predators.

With children in street situations

As per authorizations negotiated with the authorities of Rwanda, regular information sessions may be organized on the streets to inform children in street situations about the various forms of abuse they may encounter, such as AIDS, drugs, and sexual exploitation.

With the public

Various stakeholders interact with children in street situations and at-risk children in Rwanda, including the general public, security forces, shopkeepers, tourism professionals, tourists, and schools. CPCS-Africa believes that addressing the issue of children in street situations should involve not only the children and their families but also these other stakeholders.

The public perception of children in street situations is often negative. Due to their appearance in dirty clothes, use of inappropriate language, and disregard for social norms, they are often viewed as social parasites, juvenile delinquents, and drug addicts. Children often feel marginalized from society and reject its norms, leading them to form their own parallel society with unique codes, language, and rituals, often involving the consumption of illicit substances. This creates a vicious cycle: society rejects children in street situations because they are seen as antisocial, and children become antisocial because society rejects them.

With the authorities

The authorities of Rwanda are the primary partners of CPCS-Africa, and we intend to work closely with various official services, including child protection agencies, the police, public school authorities, and ministries. Our aim is not only to adhere strictly to rules and regulations but also to establish effective communication and collaboration to ensure the long-term welfare of children in Rwanda.

Supported by Sœur Emmanuelle Asbl (NPO), Vie d'enfant-Kinderleven and CPCS internal funding

OUR ACTION AND ALLIANCE IN NEPAL

THE CPCS ALLIANCE IN NEPAL

CPCS International supports 4 local NGO partners in different districts:

Kathmandu – CPCS (Child Protection Centers and Services)

Sindhuli – CRPC (Child Right Protection Center)

Morang – ORCHID (Organization for Child Development)

Dolakha – CPRC (Child Protection Child Rights)

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

CPCS relies on a diverse and dedicated local workforce to carry out its mission. The workforce includes professionals with expertise in various fields:

1. **Administrative staff:** These individuals handle day-to-day administrative tasks, ensuring smooth operations within the organization.
2. **Accounting experts:** They manage the financial aspects of the organization, including budgeting, financial reporting, and ensuring compliance with financial regulations.
3. **Social workers:** These professionals play a crucial role in providing support and assistance to children in street situations, including case management, counseling, and advocacy.
4. **Nurses and health assistants:** They provide medical care and support to children in street situations, addressing their healthcare needs and promoting their overall well-being.
5. **Teachers:** These individuals are responsible for providing educational support and facilitating learning opportunities for children in street situations, helping them acquire knowledge and skills.
6. **Psychologists:** They provide psychological support and counseling services to children in street situations, addressing their emotional and mental health needs.
7. **Lawyers:** Legal professionals within CPCS offer legal assistance and advocacy for children in street situations, helping them navigate legal processes and protect their rights.
8. **Caretakers:** These individuals provide daily care and supervision to children in residential centers, ensuring their basic needs are met and creating a nurturing environment.
9. **Drivers:** They play a crucial role in transportation, ensuring the safe and efficient movement of staff and children to various locations.

10. Prevention officers: These professionals focus on developing and implementing prevention programs to address the underlying factors that contribute to children ending up on the streets. They work with at-risk families and communities to provide support, education, and resources to prevent children from entering street situations.
11. Reunification officers: These officers specialize in the process of reuniting children in street situations with their families whenever possible. They work closely with children and their families, conducting assessments, facilitating family visits, providing counseling and support, and ensuring a safe and successful reintegration process.

The addition of prevention and reunification officers further strengthens the holistic approach of CPCS, addressing both the root causes of children ending up on the streets and the importance of family and community-based care and support. These professionals play a vital role in preventing children from entering street situations and facilitating the successful reunification of children with their families, promoting long-term stability and well-being.

The combined expertise and dedication of this diverse workforce contribute to the effective implementation of CPCS's programs and services, supporting children in street situations and helping them access the care, support, and resources they need to thrive.

A total of 97 task-oriented jobs (in Nepal and abroad)

WWW.CPCS-ALLIANCE.ORG

The banner features four logos and their corresponding contact details:

- CPCS**: "Child Protection Centers and Services", Godawari, Lalitpur, Nepal, Tel: 01 5560700, 01 6224660, 9801245550
- ORCID**: Organization For Child Development, Morang, Tel: 9801245521
- Dolakha**: Dolakha 2068, Dolakha, Tel: 9880395432
- CRPC NEPAL**: Sindhuli, Tel: 9801245508

ACHIEVEMENTS

Prevention program

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to December 2023)

- **40** supported BHCA Centers (schools)
- **27** nurses hired for the BHCA Program
- **10** Health Assistants hired for BHCA and the regional office
- **9097** student beneficiaries in all **40** BHCA program (School)
- **39492** students got BHCA medical service in different schools (**16826 Boys** and **22666 Girls**)
- In total **70308** people got consultation through the BHCA Program (students and more)
- **19086** Dignity Kits for girls distributed in **40** schools
- **118** meetings with school principals
- **139** meetings with nurses
- **5** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **27** Nurses are attending in training in Kathmandu, Dolakha, Morang and Sindhuli.
- **1087** awareness sessions for children; **35667** children benefiting from awareness sessions
- **643** Health Camps for children; **19446** children benefiting from Health Camps
- **944** children referred to Hospital/health posts
- **1585 children** referred for counseling/psychological support
- **600** awareness sessions for parents; **9745** parents attending awareness sessions
- **1724** children got emergency support through the BHCA Program - nutrition and hygiene goods.
- **1071** children Hospital visit / admitted through BHCA support.
- **1562** Children's file forwarded for emergency supports and **1234** children got support.
- **9126** students did regular Health checkup for individual File.

In various partner organizations, FCC (Family Care Centers), RSS (Residential Schooling Support), and Regional Centers are operational in different districts:

1. In **Morang District**: There is a Regional Center catering to **40** children. These children attend morning tuition classes at the center and are provided with meals, snacks, and activities throughout the day.

2. In **Lalitpur District**: At our Godawari office, **50** children attend FCC for tuition classes every morning. They receive a morning meal before going to school.

3. In **Dolakha District**: There are **52** FCCs in Dolakha regional center. Additionally, at the Regional Center in Deurali, children from the surrounding area come for snacks and activities. However, no specific number of children is mentioned for this center.

Daily activities in FCC and regional centers

- **Awareness** on Child Rights, health & hygiene, abuse, violence...
- **Provide** emergency support for children from financially struggling households.
- **Health & medical checkups, educational aid**, 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 2023)

- **42407** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **1243** health sessions (camp, checkup, awareness) for **29191** children in different centers.
- **70308** children received medical support.



Emergency line

532 calls treated by the emergency line: **131** for medical assistance, **34** under arrest, and **192** information calls received in 12 months (2023).



“National Centre for Children at Risk” referred **93** children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- **1607** children were treated in the Recovery center (in patients’ nights).
- **1668** children (out patients) were treated in the recovery center.
- In average, **5 children are daily treated** in our recovery centers.
- **35** cases were referred to various hospitals for further checkup.
- **6** children were admitted in hospitals for **29** days.



Schooling program

- **3 (Godawari) + 24 (Dolakha)** youth enrolled in school.



Counseling services

- CPCS psychosocial counselors gave individual counseling for **939** cases.
- CPCS psychosocial counselors gave group counseling for **472** cases
- **67** cases were linked to physical and moral abuse (CPP).
- **295** general awareness classes.
- **76** cases were linked sexual abuse victims supported.
- **43** awareness sessions with the team.
- **12** training and orientation with the team.



Legal Support Program (LSP)

- **47** youths or children benefited from legal assistance after they were taken into custody.
- **17** were released after our intervention.
- **44** Jail-visits and **47** custody-visits.
- **30** Meetings with the police.
- **1022** children attended **50** awareness sessions on legal matters and **27** awareness programs conducted with the public.
- **2** got their birth certificate and/or citizenship card.



Rehabilitation program

- **93** new children enrolled in **CPCS Rehabilitation program**.
- **93** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **0** child rescued from field by coordination104
- **14** children/youth sent to other organization for rehabilitation.
- **9** youth referred in other organization for training.
- **59** children /youth family reunifications.
- **131** children/youth family visits.
- **11** children/youth dropped out.
- **206** children/youth follow-up families.
- **16** Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

- **57 youth** are followed up by our team.
- **7** youth are still with us as **peer social workers**.
- **9** youth are in **training**.
- **2** youth lives independently
- **13 youth** met their families again (**family reunification**).



OTHER ACTIVITIES - 2023

RENOVATION SOCIALISATION CENTER/DIC GODAWARI

The renovation works at the CPCS center in Godawari have been completed. Following the occupation of the new building last year, the old building underwent a comprehensive renovation process. The worn-out sanitary facilities have been completely renewed, ensuring their functionality and improving their overall condition. To address the issue of leaks, the corrugated iron roof was entirely replaced.

The kitchen, which was completely worn out, has been renovated with quality materials to ensure food hygiene is guaranteed. Additionally, the outdoor terrace was refreshed, and a shelter was constructed to provide shade during the hot pre-monsoon days and offer protection for everyone during the heavy rainy season. The entire building has been repainted, giving it a revitalized appearance.

The outdoor playgrounds have also been made child-friendly, providing an ideal environment for children to exercise, play, and spend time with their friends. The renovation work has been supported by Vie d'Enfant, Sos-Grenoble, and the Nick Simons Foundation.





TRAININGS BHCA NURSES AND HEALTH ASSISTANTS

In remote and underserved areas, nurses play a crucial role in providing healthcare services to communities. Among their responsibilities, one of the most vital is detecting basic and general health problems in schoolchildren. However, due to the challenges of working in remote regions, it is essential for nurses to receive regular training to equip them with the necessary knowledge and skills to identify and address health issues effectively.

1. Enhancing Health Awareness:

Regular training sessions for nurses in remote areas serve to enhance their health awareness, enabling them to recognize the early signs of common health problems in schoolchildren. Armed with up-to-date knowledge, nurses can quickly identify issues such as malnutrition, infections, and communicable diseases, enabling timely intervention and prevention.

2. Promoting Preventive Healthcare:

Preventive healthcare is of utmost importance in remote areas, where access to advanced medical facilities may be limited. By providing nurses with regular training, they can educate schoolchildren and their communities about hygiene, sanitation, and healthy lifestyle practices. This empowers children to take ownership of their health and reduces the risk of preventable diseases.

3. Early Detection of Health Conditions:

Early detection of health conditions significantly improves treatment outcomes. Nurses trained to detect basic health and general health problems in schoolchildren can identify issues such as vision and hearing impairments, developmental delays, and mental health concerns at an early stage. Timely detection ensures that children receive the necessary medical attention and support, preventing potential long-term consequences.

4. Reducing Health Disparities:

Remote areas often face higher health disparities due to limited access to healthcare services. By providing nurses with regular training, the quality of healthcare in these regions improves, bridging the gap between remote communities and urban centers. This, in turn, contributes to overall health equity and ensures that children in remote areas receive the same level of care as those in urban settings.

5. Building Trust and Community Engagement:

When nurses in remote areas receive regular training, they gain expertise that commands respect within their communities. As their competence increases, so does the trust placed in them by the locals. This trust is vital for effective community engagement, enabling nurses to work closely with families, teachers, and community leaders to address health issues collectively.

The significance of providing regular training to nurses in remote areas cannot be overstated. These healthcare professionals are at the forefront of delivering primary healthcare services to schoolchildren, making their ability to detect basic health and general health problems crucial for the overall well-being of the community. By investing in their training, we empower nurses to serve as agents of positive change, ensuring that children in remote areas have access to quality healthcare and a brighter, healthier future.



VISIT FRIENDS SOS-GRENOBLE

A group of enthusiastic students from SOS Grenoble recently embarked on a meaningful journey to our center in Dolakha. The visit was filled with excitement and purpose as the students were eager to engage with the local community and make a positive impact. Upon arriving at our center, the students were warmly welcomed by our team and the members of the Dolakha community. They quickly immersed themselves in the local culture, exchanging smiles and building connections with the people of the region.

During their stay, the students took the initiative to organize a series of activities that brought joy and enrichment to the lives of the center's residents. They planned various educational workshops, recreational games, and creative sessions, catering to people of different age groups and interests. These activities not only served as an opportunity for learning and enjoyment but also fostered a sense of unity and togetherness among everyone involved. The students' passion and dedication were evident in the way they approached each task, striving to ensure that every individual felt valued and included. They tirelessly worked hand in hand with the locals, creating a harmonious environment where cultural exchange and learning flowed naturally.

In addition to the activities, the students also took the time to explore the breathtaking landscapes and natural beauty of Dolakha. Their adventures in the region allowed them to gain a deeper appreciation for the challenges and strengths of the community they were supporting.

As the visit came to an end, the bond formed between the SOS Grenoble students and the residents of our center was truly heartwarming. The memories created during this visit will undoubtedly leave a lasting impact on both the students and the community, inspiring a continued commitment to humanitarian efforts and intercultural understanding.



PURCHASE OF A NEW RESCUE VEHICLE

The CPCS vehicle fleet is old and worn out. The ambulance has served for many years but has ultimately given up. The repair costs were exorbitant, and we did not comply with the regulations of the Nepalese government. Steven Buyse and his group paid us a visit and witnessed the deplorable condition of our vehicle fleet. A rescue vehicle is absolutely essential for visiting children and youth on the premises during day and night tours.

CPCS was able to purchase a new rescue/emergency vehicle to serve children at risk and in street situations... A very useful tool to provide medical and legal support and to ensure Street Visits (day and night)...

Thanks to CVC (<https://www.cvc.com/about/>), especially to Steven, Judy, Jane, Jo, and Frederik... Thanks also to the Rotary Club of Durbuy and the Rotary Club of Marche-en-Famenne...



MR. STEVEN BUYSE - CVS



VISIT FROM THE KWANSEI GAKUIN UNIVERSITY -JAPAN

The Regional Center in Dolakha received a honorable visit from Mrs. Yuko Morishige and her colleagues from the Kwansei Gakuin University in Hyogo, Japan.

The University encourages its students to strive beyond the academic and engage in social services globally. Experiences were shared, and there was interaction with the children, youth, and staff of the Regional Center. It was agreed to maintain continuous contact and provide students with the opportunity for research and support.



MONITORING VISIT LA CHAINE DE L'ESPOIR -FRANCE

La Chaîne de l'Espoir is our key partner for the Better Health Care Access (BHCA) program. In the BHCA program, children and their communities receive basic medical care through collaboration in local public schools. This year, the focus is on addressing more severe medical issues. Medical care is precarious in Nepal and often unaffordable for many. As a result, children's futures are limited by health issues, and they may miss out on education. Supporting surgeries and proper medical treatment gives a child a new life and a better future. Clémentine De Broucker, a qualified nurse, visited the Regional Center in Dolakha for a month, observing the opportunities and challenges of this new direction.



YOUTH EMPOWERMENT AND CAPACITY BUILDING APPROACH

CPCS International and its partners have been working on the protection of children and youth in street situations in Nepal since 2002. In 2022, following a thorough analysis of the current situations faced by youth in Nepal, CPCS International introduced an innovative approach called the "Youth Empowerment and Capacity Building Approach." This approach utilizes past experiences, research, and other materials to support youth from 14 to 25 years old, with a focus on addressing more severe medical problems. The strategy is based on practical success stories from organizations like Friends International in Cambodia. The proposed changes are systemic to the entire CPCS "system," aiming not only to provide new tools but also to use existing programs differently for better support, care, and autonomy. With support from La Chaîne de l'Espoir in 2022, some changes have already been tested on youth, and the implementation of other aspects of the new approach is ongoing. This approach is adaptable to the unique needs of each youth entering the program.



Nepal faces challenges in integrating its young population into the development process, with a significant number of youths entering the labor market each year. The participation of youth in civic spaces within the country is low. Those staying in street situations are at high risk and extremely vulnerable.

The YEC-BA program is structured into seven groups, each offering specific services, and seven phases with funding perspectives. These groups range from newcomers aged 14 to 18 to non-stabilized youths aged 16 to 25. The seven services provided include medical, legal, and counseling services; activities at Drop-In Centers; family visits and "Identity Rights" fulfillment; an existing youth program developed in Dolakha and Godawari; transfer to partner vocational training centers or inclusion in CPCS's internal vocational training

scheme; micro-business training; and micro-finance access. The goal is to address the diverse needs of youth and empower them for a better future.

Testimonials from youth who obtained legal support for identity documents ***(The names have been changed out of respect for the witnesses' privacy)***

Krishna P – I used to attend classes and have meals at CPCS when it was located in Siphel and later in Dillibazar when I was younger. To this day, despite the organization relocating to Godawari municipality, I remain in contact with both the organization and its staff. A few months ago, I approached the staff for assistance with the citizenship process, and they graciously provided support

With the help of field workers, my details were collected. The citizenship process proved challenging for me, as my father had not accepted me in the past and was unwilling to grant me citizenship in his name. CPCS went above and beyond, attempting to persuade my father, but he remained unyielding. Consequently, we turned to my mother, who readily accepted the proposal and signed the necessary documents. I am immensely grateful to the organization, as I can now easily pursue any job and possess an identity that affirms my Nepalese nationality.

Subhadra R - In the past, I resided in the CPCs girls' shelter and pursued my education for several years. Eventually, I was reunited with my family. Both of my parents were visually impaired, and CPCS played a crucial role in supporting my education, as my parents were unable to provide the necessary expenses for my upbringing. Presently, I am happily married with three children and reside in a rented room.

As mentioned earlier, having children necessitated finding work, which proved challenging due to my lack of citizenship. Securing employment without citizenship seemed nearly impossible. Additionally, obtaining birth certificates for my children required having citizenship.

When I reached out to CPCS, I faced difficulties because my parents never had citizenship.

Unfortunately, my mother passed away, and although my father eventually obtained citizenship with the help of local individuals, I lacked proof that he was my father.

Later, through the ingenious ideas and assistance of CPCS field workers, I successfully acquired citizenship. Now, I am leading a contented life with my family after a prolonged period of challenges. I extend my heartfelt gratitude to the entire CPCS team, not only for facilitating my citizenship but also for the unwavering help and support I received throughout my life.

PREVENTION SERVICES

(Mainly Supported by La Chaine de l'Espoir- France)

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 a 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 children in a street situation by**



encouraging and sustaining their education and give them access to Better Health Care.

Program: Family Care Center (FCC)

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

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

A local team of **3 people** is responsible for the wellbeing and good communication with the beneficiaries and their families. One admin or social worker deals with accounting and support to families. A caretaker does the cleaning, takes care of the children and a teacher gives them classes. One medical person (Nurse or Health Assistant) provides hygiene and awareness classes, basic medical care, tuitions, and support. The goal is to offer **adequate support** to every family. The FCC is open every day and runs as day-care centre. Each centre welcomes at the beginning up to 75 children and can go up to **100 kids**. The children come 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.

Namaste, my name is Sunita S, and I reside in Dolakha-2. Currently, I am a student in class 8. In my family, there are seven members, including my father, who works in agriculture, my mother, who takes care of our home, my two older brothers, my little brother, my little sister, and my grandparents. Life has its challenges, especially with the limited land we have for agriculture. My parents work hard, but the income isn't always enough to meet our needs. To supplement our income, my older brother takes on wage labor to support our big family.

Despite the financial constraints, my family places a high value on education. Two of my brothers and I study at the same school, with one in class 7 and me in class 8.

The CPR organization has played a significant role in our lives by stationing a nurse at our school. This has been a tremendous support when we fall sick. The nurse provides timely checkups and medicines, preventing the need to travel to distant health institutions. Even when my parents are unwell, the nurse comes to our school to ensure everyone receives the care they need.

Additionally, the CPR organization has generously provided me with a school uniform, addressing a need that was previously unmet. The organization has actively engaged with our school community, offering health-related classes and bringing in experts to educate us on various topics.

My family and I are genuinely happy and thankful for the positive impact it had on our lives.

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

The **support of local children** in street situations and **family visits** are also priority missions of the centre. The centre is non-**residential**, and open daily for 8 hours (3 hours on Saturdays and public holidays). A **local child club** is set up, to encourage children participation and **child empowerment** via an election system of two child representatives, etc. In addition, special attention is given to girls and **girls empowerment**. Prevention of traffic, mothers' empowerment, child rights advocacy, and defence for vulnerable persons in a non-violent environment are also essential topics.

*I am **Mohan K**, a 9-year-old boy from Dolakha BMP-2. My family consists of 6 members. Our financial situation is challenging, with my father and mother both working in the fields. Despite their hard work, our family income is very low.*

My parents are determined to educate my two sisters and me. They face the struggle for fulfill our different type of needs, often having to sacrifice meals. It had been thought for us to afforded medicine when we fall sick, and I missed my school due to illnesses.

However, things have changed for the better for me since the CPCS organization started providing different type of CPCS alliance support. Now, I receive medical treatment and necessary medicines from the school nurse, eliminating the need for my family to buy medicine. This support has made a significant difference in my life.

I have shared my various problems with the organization, and they have been incredibly supportive. I now have access to health materials even during school holidays. Thanks to this assistance, I haven't missed any school days due to illness, and if a more advanced treatment is required, the organization arranges for me to go to another hospital.

I am grateful for the services provided by the CPCS organization. With their continued support, I am confident that I can pursue my studies without interruptions, and I am hopeful that I will receive various forms of support to overcome the challenges my family faces.

HOW AN FCC WORKS:

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

PREVENTION PROGRAM BHCA ACHIEVEMENT DATA – (JAN-DEC 2023)

Total number of people who got a consultation through BHCA	70.308
Health awareness sessions for children	1.087
Children attending awareness sessions	3.5667
Number of Health camp for Children	643
Children attending health camps	19.446
Number of children Local Hospital/Health post Referral	944
Number of awareness sessions and meeting with Parents	600
Number of Parents attending awareness meetings	9.745
Number of Dignity kits distributed to girls	19.086
Number of children who received medical services in Hospital through BHCA support	1.071

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) and **10 HAs** 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.

Mabin Rai (Health Assistant and BHCA Coordinator, Prevention Team Kathmandu)

Namaste, I am Mabin Rai, Health Assistant and the coordinator of Better Health Care Access (BHCA) from the Prevention Team Kathmandu. Since 2018, we have been successfully implementing the BHCA program across Nepal, with four regional centers and thirty-one BHCA centers. This program is a flagship initiative of the CPCS and plays a crucial role in supporting children from various sectors.

Despite facing numerous challenges and difficulties during the COVID-19 pandemic, we embraced new challenges and stood firm. Our dedicated health workers, serving as BHCA nurses, continued to provide support to every child. Even as many of our staff members were affected by the virus, we did not waver in our commitment. As the situation gradually normalized, we regained our momentum, and now the programs are running smoothly and effectively in all centers.

The primary goal of the BHCA program is to prevent children from various risks and encourage them to excel in their studies. Our focus includes preventive activities such as Special Medical Cases, Individual Regular Health check-ups, Awareness Health Education classes, General Health camps, Distribution of hygiene materials (Dignity kit), Family and Home visits, and Providing different forms of support (Education, Dress, medical support & Nutrition Support). The BHCA program establishes direct connections with children, addressing their problems and difficulties for their well-being.

We have identified numerous special medical cases that require referral to higher centers for further treatment, and we actively engage in these cases. BHCA nurses in each center provide first aid treatment, distribute necessary symptomatic medicine, and manage different seasonal diseases. Regular Health check-ups are conducted for early disease detection and prevention of complications. Health awareness classes on various topics help students avoid viral and seasonal diseases.

Adolescent girls receive a Dignity kit, supporting their health during the menstrual period. BHCA nurses conduct menstrual awareness classes, empowering students to be self-aware about menstruation. Simultaneously, we actively monitor the mental health of children, providing counseling to help them attend school and study regularly. We also investigate instances of physical and moral abuse, maintaining individual files for each student with records of regular medical check-ups, counseling sessions, daily medication, and family situation information.

Despite facing various difficulties, our BHCA program has brought about a remarkable change in thousands of children throughout Nepal. Many children can now attend classes regularly and benefit from the support provided by the program. The BHCA initiative has truly benefited students, positively impacting their knowledge and behavior, contributing to the overall growth and development of children.

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
- Intervention and support for serious health problems including surgery.

BHCA Program in Kathmandu Valley (CPCS NGO) – 2694 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	187
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	627
Shree Mahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	307
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	225
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA – Kritipur	181
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	403
Shree Ganesh Secondary School	Khowpa - Bhaktapur	BHCA- Bhaktapur	575
	Dakshinkali - Kathmandu	BHCA -Chalnakhel	114
Shree Siddeshwar Basic School	Godawari - Lalitapur	BHCA - Godawari	75

BHCA Program in DOLAKHA District (CPCR) – 1846 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	84
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	40
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	64
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	116

Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	30
Shree Bhumeshwari Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	17
Shree Gujarpa Basic School	Kalinchok - Dolakha	BHCA - Gujarpa	90
Shree Sundrawati Basic School	Bhimeshwar - Dolakha	BHCA - Sundrawati	100
Shree Deurali Basic School	Kalinchok - Dolakha	BHCA - Lapilang	113
Shree Sitka Secondary School	Kalinchok - Dolakha	BHCA - Sunkhani	165
Shree Jagaran Bhimeshwor Basic School	Kalinchok - Dolakha	BHCA - Sunkhani	83

BHCA Program MORANG district (ORCHID) -3197 Children

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	475
Shree NawajanaJyoti Basic School	SundarHaraincha–1,Morang	BHCA – NawajanaJyoti School	205
Shree Bhagawati Secondary School	Belbari – 3, Morang	BHCA – BhagawatiSchool	619
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	597
Shree Dhanpal Secondary School	Belbari - Morang	BHCA – Dhanpal School	519
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	441
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – Singhadevi School	87
Shree Sahid Smirti Primary School	Belbari -1, Morang	BHCA Sahid School	57
Shree Devkota Basic School	Belbari -6, Morang	BHCA Devkota School	197

BHCA Program SINDHULI district (CRPC) – 1215 Children

School	Address	BHCA CENTER	Children
Shree Panchakanya Secondary School	Kamalamai, Sindhuli	FCC / Regional Office	146
Shree Siddhababa Secondary School	Kamalamai, Sindhuli	BHCA Sindhuli	586
Shree Chandeshwari Secondary School	Kamalamai , Sindhuli	BHCA Dadi	320
Shree Barundevi Secondary School	Kamalamai , Sindhuli	BHCA Khattar	163

70.308 children are now benefiting from improved health care access across 35 schools. This positive development ensures that these young students have enhanced medical services readily available to them. With better access to healthcare, these children are likely to receive essential medical attention, regular check-ups, vaccinations, and other necessary healthcare services. This improvement in healthcare provisions is expected to have a positive impact on their overall well-being, contributing to healthier and thriving communities within the school environment.

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

Regional office and FCC’S (DEURALI – DOLAKHA)

26 staffs (**14** full-time and **12** part-time) are working *daily, 2 FCC (Family Care Centers) and 1 Regional office in Deurali.*

A total of 52 children, living with their families, attend schools, FCC, Regional office.

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

Kumar T (FCC Supported School, Shree Janajyoti Secondary School)

My name is Kumar Tamang, and I am a student in Class 4 at Shree Janajyoti Secondary School. I am 12 years old, living with my father and sister. Unfortunately, my mother left our family when I was 10 years old and married someone else. My father works as a daily wage laborer, attempting to meet our needs, but it remains challenging to provide for essentials like proper food, education, and shelter. The FCC program organized by CRPC has been instrumental in supporting my studies and day-to-day life. I am delighted to be a part of this program and particularly enjoy engaging in activities such as drawing. I am sincerely grateful to the CRPC team for their assistance.

Sumitra T (FCC Supported School, Shree Janajyoti Secondary School)

My name is Sumitra Thami, and I am a student in Class 4 at Shree Janajyoti Secondary School. I am 11 years old and live with my father. Unfortunately, my mother left our family when I was 4 years old and married another man. My father works as a laborer in a factory, earning a modest income. In the morning, I wake up and come to the CRPC office for tuition. The teacher provides me with classwork and helps with school homework. We engage in various activities, including playing football and badminton. We also have our morning meal and breakfast at the office. Additionally, we participate in different activities like dancing, drawing, and singing. I am very happy to enjoy these moments with my friends.

Regional office and FCC (MORANG)

4 full time and **9** part time staffs work daily with **75** children in **one Regional Office ,40 BHCA Programs** in the Rehabilitation Center.

Morang is located in the Morang district near the Sunsari district (*2 densely populated districts*), 45 kilometers away from the Indian border Biratnagar. The center was mainly used during the **reunification processes** to create links between the families living in the district (**40** children in FCC Day snacks and Morning Tuition class and meal supported). A small medical office in the corner of the room (*part of our BHCA programs*) provides checkup and care as well as services to the children studying along with their parents. The center also runs daily CLASS programs. Parents also attend a monthly sensibilization meeting in the center.

Regional office and FCC (SINDHULI)

Sindhuli is a mid-hill district located at the intersection of the main highway to the Indian boarder and the Easter highway. It is located in the heart of Sindhuli city. Its main goal is to allow the reunification

process and to create relations with the families living in the district. A small medical office provides checkup and cure to children as well as it provides services to the children at risk. **3 staffs are working daily in one** Regional Office on **2 BHCA** programs with from financially struggling households. 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.

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

Children in the street and those who attend our shelters take part in awareness-raising sessions. Without knowledge of these risks, the child is a designated victim.

With the public

My name is Parvati K, and I am currently in grade ten at BHCA Shree Halchowk Secondary School in Halchowk, Kathmandu. I have been studying here since the first grade. I come from a financially disadvantaged family and currently reside with my aunt in a small, old tin cottage. Growing up without parents has been challenging, but my aunt has been a source of support, fulfilling my basic needs. Despite having a brother, he is currently out of contact. My childhood deviated from the norm, as, according to my aunt, my parents passed away due to HIV/AIDS when I was three years old. My aunt has been instrumental in supporting me through these difficult circumstances. Recently, I have been facing health challenges, specifically Tuberculosis and low hemoglobin levels since last year. The BHCA nurse and the CPCS team played a crucial role in identifying my illness. Initially, I was unaware of my condition, and I developed a painful lump in my neck. The CPCS team took me to Bir Hospital for a comprehensive check-up, and after various tests, I was diagnosed with extra-pulmonary TB and HIV-positive. It was a challenging period, but the team provided counseling, and I am now regularly taking medications for Tuberculosis. CPCS has been a tremendous support, not only in terms of medical assistance but also in providing nutrition support. Currently, my aunt is facing some medical issues, and during these tough times, CPCS continues to stand by me, ensuring I can pursue my studies and attend school. I express my heartfelt gratitude to all the members of CPCS for their unwavering support, which has given me a new lease on life.

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.

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 case of offences. On our side, we try to explain to the child that certain behavior can be harmful to their image and justify police intervention.



RISK REDUCTION

Introduction

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

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

The rehabilitation shelter–Godawari

Due to some policy changes decided by 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, carom board, 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.

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

Self-management and daily activities

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

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



Street work initiative

Day and Night Field visits

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



MONTHLY STATISTICS FOR DAY FIELDS VISITS (2023)

Day Field Visits (KTM)	Total	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 – Avg No.of children (Thamel)	15	12	11	15	16	17	16	11	13	15	13	12	14
Area 2 – Avg No.of children (Ratnapark)	13	10	11	13	15	15	16	9	9	10	11	10	12
Area 3 – Avg No.of children (Balaju)	4	4	5	2	4	4	4	6	6	5	6	6	6
Area 4 – Avg No.of children (Kalanki)	2	2	0	1	2	0	4	3	2	3	4	4	5
Area 5 – Avg No.of children (Pashupati)	22	20	25	24	22	24	21	25	30	30	35	30	30

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

NIGHT FIELDS VISITS MONTHLY STATISTICS (2023)

Night Field Visits (KTM)	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 - Average No. of Children	21	19	20	20	21	19	18	20	20	22	20	19
Area 2 - Average No. of Children	13	11	12	11	13	12	10	10	12	12	13	13
Area 3 - Average No. of Children	7	7	8	7	6	6	10	10	9	10	11	10
Area 4 - Average No. of Children	2	2	1	2	3	2	4	5	4	4	6	6
No. of Children treated on Field	25	28	30	27	28	26	30	30	25	27	30	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	11	12	13	12	13	11	10	11	10	11	11	11

The Recovery center (Medical support)



Professional health assistants and qualified nurses work in shifts to ensure that the **Recovery Center of Godawari** can provide service 24/7 for children in need of assistance. Children who are brought to CPCS for the first time undergo a general health examination. A psychologist then attempts to engage them in dialogue to assess whether they know where their family lives or if they remember any contact details. The objective is to reach the children's relatives or friends who live within the same community in order to reunite the children with their families. A comprehensive network of social workers, paramedics, and rehabilitation officers strives to find the best individual solution for each child.

The Recovery Center is equipped with 10 beds for sick children to recover. Special meals and diets are prepared according to recommendations from our medical staff. Additionally, the Recovery Center 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 hospitals. Doctors' advice is strictly followed.

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

Approximately five mothers who had to give birth to their children on the streets were provided with shelter and postnatal care. Women who are victims of physical abuse and urgently need shelter will find a safe place in the Emergency Recovery Room. During their stay in the emergency shelter, our team will consult with victims of domestic violence to identify the best possible long-term security solution for them.

If the medical care we can provide for children is insufficient, they are sent to a hospital in Kathmandu, as 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 return after their treatments. Once they have recovered, they can return to their families and friends.



GODAWARI RECOVERY (MEDICAL) SUPPORT MONTHLY STATISTICS (2023)

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	1668	155	110	150	170	155	178	120	118	125	142	135	110
Daily average		5	3	5	6	5	6	4	4	4	5	5	3
Number of “clinic in” children treated	1607	115	125	155	135	111	128	125	129	155	151	150	128
Daily average		4	4	5	5	4	4	4	4	5	5	5	4
No. of In-Patients Nights	1416	120	110	115	118	120	120	120	118	115	120	120	120
Average age of in-patients		10	11	10	9	13	13	9	12	15	12	15	10
Number of hospital cases	35	3	0	3	2	2	4	3	5	4	3	3	3
Number of patients admitted in hospital	6	0	0	0	1	1	0	0	1	2	1	0	0
Hospitalization Days	29	0	0	0	1	3	0	0	10	12	3	0	0
No. of children treated in DIC Godawari	74	5	3	4	5	7	5	7	10	11	5	7	5
No. of children treated in outreach (Day Field)	41	3	5	7	5	0	4	3	5	4	2	3	0
No. of children treated in outreach (Night Field)	334	25	28	30	27	28	26	30	30	25	27	30	28

Medical Support Program (MSP)

The Medical Support Program aims to support children and youth in street situations by:

- ✓ 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 by providing diagnosis, lab tests, and further medical intervention at public hospitals.
- ✓ Increasing awareness among street children about topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STIs, STDs, and other diseases.

CPCS medical staff is present in different areas in Kathmandu through day and night field visits. Medical support is provided to all children without any discrimination, regardless of their religion or health status. The 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 remain 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 we are up to date with current issues and new rules and regulations. CPCS also participates in coordination meetings with the Nepalese Red Cross, the Chief District Officer of Kathmandu, and the Nepal Police to discuss strategies for rescuing street children.

Supported by the Nick Simons Foundation

We, Ganesh KC (10 years old) and Ram KC (8 years old), want to share our story of change and hope. We used to live a life of hardship, begging on the Thapathali bridge in Kathmandu city. Our family, consisting of our father, mother, a big brother, a little sister, and us, faced daily struggles just to survive. Our mother, amidst her own challenges, would force us to beg, and if she didn't think the amount was enough, she would beat us. Our father, a hardworking full-time laborer, did his best to provide for us. Our big brother had already moved to CRPC, a partner organization of CPCS, in Dolakha for mid-term rehabilitation, and he was attending school nearby. Things took a turn for the better when the police rescued us from the streets and brought us to CPCS. Here, in our own words, we want to express our gratitude and share our experiences.

Life at CPCS has been a blessing. The caring staff members welcomed us with open arms. We are attending general classes where the teachers are helping us catch up on the education we missed while on the streets. Soon, we will join our big brother in school, starting a new chapter of our lives. Being away from the streets means we are free from the daily struggles of begging. We no longer fear being beaten for not bringing in enough money. Our mother, who used to beg when she had no other work, is gradually finding alternative means of livelihood.

Our big brother is already making strides in his education at CRPC, and we are inspired by his dedication. We look forward to reuniting with him and continuing our studies after the academic year starts. CPCS has become a place of safety and support for us. We are excited about the opportunities that lie ahead, and we are determined to make the most of them. We are grateful to everyone who has helped us along this journey and given us a chance for a brighter future.



The emergency line: 9801245550



CPCS operates a 24/7 emergency line that is accessible to parents, policemen, shopkeepers, tourists, teachers, government organizations (GOs), other NGOs, and children in street situations. They mostly call to inform us about a fight, an injured child needing medical assistance, availability for citizens, or a friend taken into custody. Other groups of people call us to report a case or to inquire about information.

The "NCRC / National Center for Children at Risk (#104)" referred **93** children to us for short-term rehabilitation.

EMERGENCY LINE MONTHLY STATISTICS (2023)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Medical Problems	131	15	12	11	14	10	16	10	9	7	10	9	8
Under Arrest	34	4	3	3	2	2	3	2	3	4	5	2	1
Abuses - trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	32	2	3	1	2	3	2	1	4	2	3	4	5
Child Labour	6	0	0	1	1	1	1	0	0	1	0	1	0
Information about others	192	15	16	14	13	15	16	20	15	10	15	21	22
Kathmandu Line	114	10	9	8	11	10	9	15	10	5	6	11	10
Child lost cases	8	1	1	0	1	0	1	1	1	0	1	1	0
Family Missing cases	14	1	0	1	0	1	1	2	2	1	2	1	2
Line Calls Total	532	48	44	39	43	42	49	53	44	30	42	50	48

Child Focus: Notices about lost children and missing families were also published in weekly publications and newspapers. Nepali TV channels collaborated with the Police cell 104 to publish missing ads. Additionally, publications were made on social media platforms such as Facebook.

Legal Protection Program

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

LEGAL SUPPORT MONTHLY STATISTICS (2023)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Jail visits	44	4	3	4	5	4	5	3	2	5	4	2	3
Children/youth in jail	33	3	3	3	3	3	3	3	3	3	2	1	3
Custodies visits	47	4	3	3	2	2	3	6	5	4	5	6	4
Children/youth met at custody	17	1	2	1	3	1	2	2	1	0	2	1	1
Children/youth released from custody	17	1	2	1	3	1	2	2	1	0	2	1	1
Court Action	2	0	0	0	0	0	0	0	0	0	0	1	1
Meetings with Police	30	4	3	3	3	2	3	3	2	2	1	2	2
Awareness Program / Class with children	50	5	4	5	4	3	5	5	4	4	3	4	4
Awareness Children /Public	1022	114	99	95	97	105	95	80	85	55	60	65	72
Awareness Programs Public	27	3	4	5	4	3	2	1	1	1	1	1	1

Counseling Services

COUNSELING SERVICES MONTHLY STATISTICS (2023)

COUNSELING SERVICES Godawari	Total	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Individual Counseling	682	45	39	62	53	61	63	62	59	60	61	62	55
Group Counseling	272	18	42	16	33	19	17	15	30	18	30	18	16
General Awareness Classes	262	20	30	15	18	17	20	25	20	15	18	31	33
Sexual Abuses Victims Support	6	1	0	2	1	0	0	0	0	1	0	0	1
Physical and moral abuse victims supported (CPP)	29	2	2	2	3	3	2	3	2	4	2	1	3
Awareness Sessions with team	29	2	4	2	2	2	2	2	3	3	2	3	2
Training / Orientations	20	3	6	2	1	1	1	1	1	1	1	1	1

Most of the children encountered by the CPCS team or residing in our centers have experienced life on the streets and various forms of violence, trauma, or torture. Many of them have been victims of physical, psychological, or sexual abuse, and have also struggled with drug addiction, criminal activities, or detention. These experiences often lead to 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 available for all our programs and centers. Social workers can refer children in need of psychosocial support, but children can also request to meet with a counselor themselves. Our centers ensure effective follow-up of each case with involved staff members. Counselors also make recommendations regarding possible and suitable rehabilitation for each child, such as family reunification or schooling.

SOCIAL REHABILITATION

Introduction

CPCS has developed services to encourage children in street situations for social rehabilitation and to protect them from risks. One of the main objectives is the reintegration of children into their community and, if conditions permit, into their families. Through these programs, we strive to provide the best solutions for them based on their age, personal wishes, and family situation. Additionally, we encourage them to transition away from street life and support them in finding their path to a better future, whether through family reunification or through other means such as non-formal education, formal education, or vocational training.

The Identification Process

We strive to gather as much information as possible about the children we encounter. To achieve this, we have developed various strategies to identify the child and their family. These strategies include questioning the child directly, interviewing their friends, conducting field visits to the area mentioned by the child to inquire with local people and authorities, among others.

The Family Reunification Process

CPCS strongly believes that, for a child's optimal development, the best place is within their own family, if the situation allows. Moreover, children in street situations often express their desire to return home during counseling sessions or interactions with social workers. The success of family reunification

depends on the child's willingness to return home and the family's readiness to receive them again. CPCS never imposes pressure on a child to return to their family or on the family to take back a child. We have developed a range of medium and long-term interventions for each stage of the family reunification process with the families involved.

The Family Reunification Social Workers' cell provides support for the "before," "during," and "after" stages of reunification. CPCS collaborates with the child, the social worker, and the family to analyze the reasons why the child ended up on the streets initially, whether due to poverty, family problems, or other factors. We organize counseling sessions for the child and arrange family visits. After these visits, CPCS evaluates the feasibility of reunifying the child with their family.

CPCS acts as a mediator, encouraging children to return home with their families and supporting their reintegration into society independently. Reunified children maintain contact with CPCS, allowing us to monitor the situation's progress. Consequently, we can ascertain whether the child remains with their family or returns to the streets. During festivals or cultural events, CPCS facilitates visits for children to see their families, providing another voluntary reunification opportunity.

REHABILITATION MONTHLY STATISTICS (2023)

Particular		J	F	M	A	M	J	J	A	S	O	N	D
YT	Youth Training	2	0	0	0	2	0	3	2	0	0	0	0
F/R	Family Reunification	3	3	4	11	3	4	5	6	2	6	8	2
F/V	Family Visit	6	7	9	8	13	11	13	15	11	23	6	9
CHP	Child Home Placement	0	0	1	0	2	0	0	0	0	0	0	0
O/R	Own Room	0	0	0	0	0	0	0	0	0	0	0	0
F/U	Follow Up	19	17	13	19	16	14	17	23	15	23	14	16

CPCS Drop In Center (DIC), Godawari

The CPCS Drop-In Centre is dedicated to former street children who seek to leave street life behind and develop **themselves in a more positive and promising environment**. Children at the centre benefit from three **educational sessions** per day, covering subjects such as Nepali, English, mathematics, physical education, or personal hygiene. This program combines **education and socialization** through artistic and sports activities, aiming to restore children's **self-esteem**. It helps them overcome negative street habits such

as drug addiction, violence, and pickpocketing, while also preparing them for more structured study programs or family reunification.

Therefore, CPCS particularly focuses on **personal counseling**, thanks to our social workers, and regular interventions with psychological counselors. After **spending two months** in the initial 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 referral to other NGOs for vocational training or schooling programs.

DIC - CENTERS MONTHLY ATTENDANCE STATISTICS (2023)

Drop In Centre (DIC), Godawari	Total	J	F	M	A	M	J	J	A	S	O	N	D
Sent from NCRC-104	49+44	7	6	9	14	5	8	12	4	5	4	13	6
Field from Organization CPCS	2	0	0	0	0	1	0	0	0	0	0	1	0
Family Reunification	59	2	5	4	9	5	7	4	6	3	4	9	1
Refer to other organization	14	1	2	1	0	5	4	0	0	0	0	0	1
Send For Training	9	2	0	0	0	2	0	3	2	0	0	0	0
Drop Out	11	2	0	1	4	0	2	0	0	0	0	1	1
Refer From our organization	12	1	0	0	0	0	3	3	0	0	2	2	1
Pass Away	1	0	0	0	0	0	0	0	0	0	0	1	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	268	25	23	30	25	27	30	30	25	14	18	17	22
Support of case in Street situation	73	3	5	4	6	5	4	8	7	10	5	6	10
Counseling for case management with Support	176	15	14	11	14	10	13	20	17	14	18	11	19
Covid Awareness program in street (field)	148	10	11	12	10	13	9	20	20	25	20	20	18
Medical Support in Street Situation	76	7	8	5	4	8	6	7	8	5	4	8	6
Pass Away from Street situation	7	0	1	0	0	1	1	0	1	0	1	2	0
Pregnancy and delivery support in street situation	9	0	0	1	1	2	1	0	1	1	1	0	1

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

Emergency room for girls

The Emergency Room for Girls, in conjunction with the Recovery Center, serves as a critical establishment addressing the urgent needs of girls facing precarious street situations and high-risk circumstances. This facility aims to provide secure and temporary shelter for these vulnerable individuals, offering much-needed safety and support during challenging times. Additionally, the center extends its services to teenage mothers, allowing them to recover after childbirth while facilitating discussions on future solutions. Furthermore, the medical team carefully monitors the well-being of both young mothers and their infants, ensuring comprehensive care during their stay

In situations where no family or viable alternatives can be found for girls under the age of 12, the Rehabilitation Center in Dolakha offers an extensive rehabilitation process lasting two to three months. This report emphasizes the essential role played by these centers in safeguarding and empowering girls, as well as the measures taken in case of a missing child, involving prompt communication with relevant authorities and the utilization of media channels to aid in their swift recovery.



Dolakha Rehabilitation Program



The Dolakha Rehabilitation Center is dedicated to providing refuge and care to children who have been rescued from street life or are facing life-threatening circumstances. The core objective of the center is to facilitate the swift reintegration of these children into their respective communities and families, adhering to the principle of "deinstitutionalization."

The region surrounding the rehabilitation center is afflicted by pervasive poverty, particularly impacting the marginalized Thami ethnic group. Historically subjected to suppression, the Thami community lacks proper documentation, property rights, and opportunities for socioeconomic advancement. Agricultural labor on landlords' fields has been their primary means of sustenance, with only a meager share of the yield allocated for their subsistence.

Considering the challenging conditions, educational support has been extended to local schools in the form of libraries and game equipment. CPCS encourages these schools to offer quality education and foster educational opportunities for the children. Due to the absence of medical facilities in the area, the

establishment of the rehabilitation center was imperative to provide a safe transition and nurturing environment for children escaping street life or exploitative labor.

The rehabilitation center comprises separate facilities for boys and girls, a recovery center with ambulance services, and a communal space housing a library and games. CPCS places significant emphasis on community involvement and active participation, recognizing the value of proximity to beneficiaries. Consequently, the center not only caters to the children within its premises but also extends its support to the surrounding communities, actively engaging with their challenges and seeking collaborative solutions.

Quantitative indicators demonstrate the positive impact of the program, with **24** boys benefiting from the rehabilitation and schooling program. An additional 55 children from the local area visit the regional center daily, utilizing the common room facilities. Approximately 65+ families derive significant benefits from the common room, medical center, and library services, collectively impacting over 200 family members. Moreover, more than 100 children access libraries in schools and visit the regional office in Deurali, Dolakha, further underscoring the program's influence.

The center enhances its self-sufficiency through the rearing of farm goats and chickens, which provide a crucial source of eggs and meat. This practice plays a pivotal role in fostering a sense of responsibility and bolstering the self-esteem of the children, both of which are crucial components of the rehabilitation process.

Furthermore, the center actively engages with the local community through awareness campaigns, disseminating preventive messages to discourage the migration of daughters to urban centers in pursuit of an illusory "better future." The common room serves as a unifying space, facilitating interactions among beneficiaries, residents, schoolchildren, and teachers. Additionally, educational access is extended to two local schools, enriching the educational experience of the students.

- **27** boys are enrolled in the rehabilitation / Schooling program in Dolakha.
- **52** - children come to the regional center from the local area daily to use the common room
- **100 +**-families benefit from the common room, medical center and library services.
- A total of **200 +** family members benefit from the program.
- **More than 100 +** children use the libraries in schools and visit the regional office Deurali, Dolakha.

The local community benefits from awareness information, with various prevention messages being disseminated, including messages advising against sending daughters to big cities in pursuit of a so-called

"better future." The common room serves as a meeting point for beneficiaries, residents, as well as surrounding schoolchildren and their teachers. Additionally, students from two nearby public schools have access to a library and games within the center.



DOLAKHA PROGRAMS MONTHLY STATISTICS (2023)

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Out patients) treated	777	74	67	64	57	66	51	55	64	70	34	73	102
No. Of Patients admitted in clinic	33	0	1	3	0	11	7	3	0	6	0	0	2
In Patients bed Nights	107	0	1	3	0	25	35	6	0	27	0	0	10
No. Of community patients treated	884	70	80	58	99	83	59	67	62	124	56	49	77
Ambulance of referred community patients	94	7	4	9	4	7	14	5	13	16	6	7	2
Total # of referred CPR child patient	38	0	3	2	1	15	10	3	1	2	0	1	0
Children treated on the field	51	6	6	5	4	5	0	1	0	4	4	16	0

REHAB PROGRAM DATA OF DOLAKHA (2023)

Dolakha Rehabilitation Center	Total	J	F	M	A	M	J	J	A	S	O	N	D
No. Of children (beg)	5	9	9	9	1	1	5	9	7	6	6	2	2
New children	9	0	0	1	0	4	4	0	0	0	0	0	0
F.R from office	0	0	0	0	0	0	0	0	0	0	0	0	0
Internal Referral	16	0	0	9	0	0	0	1	0	0	4	0	2
Drop Out	0	0	0	0	0	0	0	0	1	0	0	0	0
No. Of children (end)	0	9	9	1	1	5	9	7	6	6	2	2	0

SCHOLING DATA OF DOLAKHA (2023)

Dolakha Schooling	Total	J	F	M	A	M	J	J	A	S	O	N	D
Scholarised children (beg)	24	16	16	16	25	25	24	24	25	23	22	24	24
New children	9	0	0	9	0	0	0	0	0	0	0	0	0
Family Reunified Children	3	0	0	0	0	0	0	0	0	1	2	0	0
Other NGO Reffer	1	0	0	0	0	0	0	0	1	0	0	0	0
Drop Out	1	0	0	0	0	0	0	0	1	0	0	0	0
Internally Referred children	7	0	0	0	0	0	0	1	0	0	4	0	2
Scholarised children (end)	26	16	16	25	25	25	24	25	23	22	24	24	26

COUNSELING PROGRAM DATA OF DOLAKHA (2023)

COUNSELING SERVICES Dolakha	Tot.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Individual Counseling	257	16	15	23	21	22	26	22	25	22	16	22	27
Group Counseling	200	10	19	16	10	20	17	20	20	24	19	10	15
General Awareness Classes	33	2	2	2	1	2	2	1	5	6	2	2	6
Sexual Abuses Victims Support	15	7	7	0	0	0	0	0	0	1	0	0	0
Physical and moral abuse victims supported	38	7	7	1	2	1	2	3	4	4	4	3	0
Awareness Sessions with the team	14	2	1	3	1	2	2	0	0	1	0	1	1
Training / Orientation	10	1	1	2	1	1	2	2	0	0	0	0	0

The Ambulance service – Regional Center Dolakha

An ambulance service in a remote area is of utmost importance as it provides timely medical response, transportation to distant healthcare facilities, and life-saving interventions during emergencies. It ensures that residents have access to critical medical care, improves survival rates, and enhances overall community health and well-being.

In the remote area of Dolakha, where people must walk 3 to 5 hours to reach a hospital, the ambulance service from the Regional Center is a lifesaving asset for the locals. It plays a crucial role in providing timely medical assistance, reducing the risks during transit, and ensuring that critical patients receive emergency interventions during the journey. By offering this essential service, the ambulance from the Regional Center in Dolakha improves access to healthcare, supports vulnerable individuals, and brings much-needed relief to the community, instilling a sense of trust and security among the residents.

Testimonial from the villagers of Deurali near the Regional Center Dolakha

The villagers of Deurali, are grateful for the FCC programs facilitated by the CPCS Alliance. These initiatives have significantly contributed to the progress and advancement of education for our children in our community.

The FCC program, particularly the Open Tuition Classes, has been a beacon of hope for the development of education among our children. During vacations, when academic activities often wane, the extracurricular programs offered by CPCS Alliance have provided invaluable support and engagement for our children.

The CPCR organization has been a consistent source of assistance for our children's studies, offering timely help and guidance whenever needed. Through their development programs, we have witnessed the intellectual growth and progress of our children firsthand.

We extend our heartfelt gratitude to the CPCR organization for their unwavering commitment to the education and well-being of our children. Their efforts have not only enhanced academic opportunities but have also fostered a spirit of learning and exploration among the youth of our community.

As villagers of Deurali, we express our sincere thanks to the CPCR organization and eagerly anticipate the continuation of their impactful programs for the betterment of our children's futures. We hope that the organization will continue to bring forth innovative and beneficial initiatives for our children in the years to come.

With gratitude,

The Villagers of Deurali Dolakha

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** to offer them services tailored to their circumstances. Through schooling, the children socialize, interact with other children and transition away from the street environment. It enables them to integrate into and become part of a community different from street situations. These children attend government schools and participate in examinations just like any other student. They engage in classes covering subjects such as Nepali, English, mathematics, social studies, sciences, and sports.

Most children in street situations typically attended school in their hometowns. However, due to illiteracy and various social problems, education often takes a backseat for parents, resulting in frequent school absences and dropouts. The general level of education is notably low in rural areas of Nepal. Furthermore, the time spent by children in the streets leads to significant gaps in their education. Therefore, CPCS has established strong and close relationships with each of the schools attended by these children. Teachers collaborate with CPCS social workers to assess the child's educational level and determine the appropriate class for admission. CPCS is gradually reducing its residential schooling support programs to concentrate on family reintegration and community-based care. As a result, several students have returned home, while others have joined the Rehabilitation program.

The Youth Program (YEC-BA)

(Supported by Vincent Perrotte et Soeur Emmanuelle)

Introduction – (Rationale) and Sustainability

CPCS International and its partners in Nepal works 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, realities and case after case perspectives) called “Youth Empowerment and Capacity Building Approach”. (YEC-BA)

The idea is to use past experiences (Youth Rehabilitation Programs, Youth Support), our researches, other materials to develop a new way to support youth from 14years 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) 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 (see down), 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 differently already funded and 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. In 2022, with the support provide by Vincent Perrotte, some of the changes have already been tested on youth. We progressively implemented the other parts of the new proposed approach. Keeping in mind, it will be adapted to the need of each youth entering the program. Nepal has a very young population.

According to Nepal’s National Youth Policy (where youth are defined as 16-40 years old), approximately 20.8% of the total population of the country falls in the age group 16-25 years, while 40.68% of the population lies in the age group 16-40 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 provides a unique opportunity for Nepal. Yearly, over 550,000 youth enter into the labour market, out of which 91% of youth 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.

Seven groups – Seven type of Services – Seven Phases (and funding perspectives)

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 : “Stabilised” 16 to 18 years old” youth with a formal education possibility. (Vocational or school/campus)

Group 5 : “Stabilised” 16 to 18 years old” youth without a formal education possibility. (socialization tools and family visits)

Group 6 : “Stabilised” youth 18 to 25 years old with a formal education possibility. (only selected if in contact prior to 18 years old)

Group 7 : “Not-stabilised 16 to 25 years old group”

The Youth program was developed with the aim of providing services and interventions tailored to the specific needs of young individuals. CPCS achieves this by assigning them responsibilities and offering guidance towards their professional and future endeavors, taking into account their literacy levels, educational backgrounds, and aspirations. CPCS promotes youth's responsibility through their participation in daily work activities, involvement in CPCS programs, tutoring, office assistance, kitchen support, and participation in discussion groups. Additionally, the program offers opportunities for youth to work as volunteers.

Youth also have the option to choose from various pathways that offer progressive responsibilities:

- ✓ Training in 5 levels leading to becoming a social worker: Starting as a junior social worker, progressing to a social worker assistant, and eventually becoming a full-fledged social worker.
- ✓ Vocational training in various fields (such as electricity or mechanics) provided by partner organizations. (and eco-farming since 2022/2023 + hospitality, tourism, trekking in 2024 by Les Terrasses Mountain Resort.
- ✓ Informal classes in art and sports.

Keeping youth in street situations away from city attractions during their Eco farming training in the Dolakha center (in link with and coordinated by Les Terrasses Mountain Resort) can have several important reasons and benefits:

1. *Distraction-Free Environment*: By being away from city attractions, youth in street situations can focus more effectively on their Eco farming training. City attractions often come with distractions such as entertainment venues, social gatherings, and other temptations that can divert their attention and hinder their learning process. Being in a serene and less stimulating environment allows them to concentrate on acquiring the necessary knowledge and skills.

2. *Reconnecting with Nature*: Dolakha's rural setting provides an opportunity for youth in street situations to reconnect with nature. Spending time away from city attractions allows them to immerse themselves in the natural surroundings, which can be therapeutic and conducive to personal growth. It enables them to appreciate the beauty of the natural environment and develop a deeper understanding of the importance of ecofarming and environmental conservation.

3. *Reduced Negative Influences*: City attractions can sometimes expose youth to negative influences such as substance abuse, criminal activities, or unhealthy social behaviors. By being away from these attractions, they are less likely to be influenced by such detrimental activities. Instead, they can focus on positive learning experiences, building healthier relationships, and engaging in activities that promote personal and professional development.

4. *Building a Strong Community*: Being away from city attractions encourages youth in street situations to form a close-knit community with their peers and trainers in the Dolakha center. This sense of community fosters a supportive and encouraging environment, where they can share experiences, learn from one another, and collaborate on ecofarming projects. It enhances their social skills, teamwork, and creates a sense of belonging and camaraderie.

5. *Immersion in Agricultural Environment*: Dolakha's rural setting provides a unique opportunity for youth in street situations to fully immerse themselves in the agricultural environment. By being away from city attractions, they can experience firsthand the challenges, rewards, and practical aspects of Eco farming. This immersive experience helps them develop a deeper connection to the land, understand the local agricultural practices, and cultivate a passion for sustainable farming.

6. *Cultivating Discipline and Responsibility*: Distance from city attractions can contribute to cultivating discipline and a sense of responsibility among youth in street situations. Living and working in a rural environment with structured training schedules and farming tasks instills important values such as punctuality, perseverance, and accountability. These qualities are essential for success in Eco farming and can also be applied to other aspects of life.

7. *Promoting Healthy Lifestyles:* City attractions often revolve around sedentary activities and unhealthy habits. By being away from these attractions, youth in street situations are more likely to engage in physical activities, embrace healthier lifestyles, and develop habits that promote their overall well-being. Eco farming involves physical work, outdoor activities, and a focus on nutritious food, which further supports their journey towards a healthier lifestyle.

Overall, being away from city attractions during Eco farming training in the Dolakha center provides youth in street situations with a conducive learning environment, shields them from negative influences, fosters community building, immerses them in agriculture, cultivates discipline, and promotes healthier lifestyles. These factors contribute to a more effective and transformative training experience, empowering them to create sustainable futures for themselves and their communities.

YOUTH PROGRAM MONTHLY STATISTICS (2023)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Scholarised Youth (beg)	7	7	9	9	9	9	9	9	10	10	10	10
Non-scholarised Youth (beg)	9	12	10	11	10	8	9	8	5	4	4	4
New Youth	7	2	2	2	2	2	1	1	1	1	1	0
Family Reunified Youth	0	1	2	2	1	2	0	1	1	2	1	0
Internally Referred youth	1	0	1	0	1	0	0	0	0	0	0	0
Other Ngo Ref Youth	2	0	1	0	2	0	3	2	0	0	0	1
Drop out Youth	2	0	1	3	0	1	0	0	0	0	0	1
Scholarised Youth (end)	7	7	9	9	9	9	9	9	10	10	10	10

ADMINISTRATION AND NETWORKING

Child Protection Centres and Services-International was established formally in December 2005, although it had been running activities since July 19th, 2002. The organization is dedicated to assisting children at risk and children in street situations. After 11 years of partnership with CPCS NGO, three new organizations were created to implement CPCS activities in other districts: CPCR (Dolakha), CRPC (Sindhuli), and ORCHID (Morang). The **CPCS Alliance** coordinates all four Nepali partner NGOs (and three country offices abroad) to ensure proper monitoring and efficiency. A private partner (Les Terrasses Mountain Resort pvt-ltd) has been included in the Alliance recently to ensure progressively self-sustainability and real support for youth at risks. It's operations will start in 2024.

The team

In **2023**, the CPCS team consists of **77 (full time only in Nepal)** professionals, including members from the four NGOs grouped under CPCS-Alliance, both regular and part-time staff. The team is continuously evolving, exploring new directions, and welcoming new staff to join the adventure.

Position	Name
International Director (CPCS- INT)	Dr. Jean-Christophe Ryckmans
Project Consultant (CPCS- INT)	Ms.Inge Bracke
Program Director (Prevention)	Mr.Nawaraj Pokharel
General Director	Mr.Bijesh Shrestha
Rehabilitation Centre Director (DIC Morang)	Mr.Aitaraj Limbu
HR Manager	Mr.Ekta Narayan Pradhan
Deputy Centre Director (DIC Socialization)	Mr.Kailash Rawal
Finance Director	Mr.Tek Bahadur Paudyal
Accountant (Senior)	Mr.Bikram Bahadur Bohora
Accountant	Mr.Bijaya Adhikari
Reunification and deinstitutionalization Director	Mr.Badri Prasad Sharma
Reunification assistant	Mr. Rajendra Rokka
Center Director (Regional)	Mr.Padam Adhikari



Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Psychologist	Ms.Ranju Shrestha
Expert (Public Relations)	Ms. Shanta Pandey
Program Officer – Socialization	Mr.Nabaraj Baniya
Driver	Mr. Rabi Bhandari
Driver	Mr. Krishna Kumar Nepali
Health Assistant (Recovery Center)	Mr.Saroj Khanal
Health Assistant (Prevention Program Coordinator)	Mr.Mabin Rai
Health Assistant (Prevention)	Mr. Bodhraj Magar
Nurse	Ms.Sangita Pradhan
Data Officer/Emergency Line	Mr.Gunja Lama
Social worker/administrative officer	Mr. Mohan Tamang

The Management (In Nepal)

CPCS is composed of a **Board of Directors** and an **Executive Management Committee**. The organization brings together professionals with diverse areas of expertise, including legal, social work, fieldwork, administration, management, and medical fields. Employees work across different centers and programs, ensuring services from dawn to dusk.

The board of directors

The Board of Directors comprises members from different NGOs who typically convene to coordinate operations and events. They collaborate on strategic planning to ensure a promising future for CPCS International.

The executive committee (CDC – Central Direction Committee)

This committee is mandated by the Board of Directors to ensure overall coordination and daily management between centers and divisional directors. The Committee is responsible for making decisions regarding various subjects, including the implementation of directives from the Board of Directors, the coordination and efficiency of CPCS's projects, centers, and programs, as well as the appropriate dissemination of information to the team and Human Resources Management. Proposals for meetings are then 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 down and vice versa. Every child elected by their peers to represent a program at the meeting is present. CPCS frequently organizes internal training for staff about Child Protection Policy led by our lawyers.

Additionally, CPCS organizes various types of training and meetings every month for CLASS LSA from Kathmandu Valley. All LSAs participate in these trainings, which cover child rights and issues related to CLASS programs.

Implementation of child protection policy

CPCS frequently organizes monitoring sessions for staff to ensure the implementation and awareness of child protection policies in the workplace. In a recent session, **77** staff members attended the program, representing various centers both within and outside the Kathmandu Valley. These sessions aim to inform staff about best practices and guidelines for safeguarding children in their care.



Child participation

CPCS has established a children's central government, with members elected democratically by all the children. These government members convene weekly in Godawari, providing children with the opportunity to voice their opinions and be actively involved in decision-making processes. The meetings are divided into two phases: firstly, each child can express their thoughts about their own center, and then there is an in-depth discussion about ideas or comments raised by the children. After each meeting, government members compile a report detailing the discussions and any necessary actions to be taken.

Furthermore, the children have formed a court of justice to ensure that the system functions properly and that rules are followed accordingly. The objective of this government is to empower children by making them aware of the management of the centers and their daily lives, while also educating them about how society operates.

To facilitate communication and feedback, CPCS provides a "suggestion box" in every center where children can submit their comments, critiques, and suggestions. These boxes are opened monthly, with representatives of the children, a lawyer, and the President present. The proposals gathered from the suggestion boxes are then discussed during CDC meetings. Many of the program's improvements stem from the children's own suggestions, highlighting the importance of their involvement in the decision-making process.

Networking with NGOs and other Child Protection Organizations

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

- ✓ Regular coordination with the *Center for Children Search and Found or 104 (CCSF, BalbalikaKhojtalash Kendra)*, whose mission is to look for lost children's families, to inform about lost children (*who 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 manage the enrollment of CPCS' children at school and offer support for their academic growth and development.
- ✓ The National Child Right Council organized meetings on the rehabilitation of children living on the streets of Kathmandu.
- ✓ A 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. The Ministry and **NCRC** have already formulated guidelines to regulate and monitor the work concerning children in street situations in the Kathmandu Valley. NGOs involved in Child Protection attended these meetings.

✓ Public-private partnership to ensure Youth Support and Self-sustainability. (Les Terrasses)

To ensure the Phase 4 (of the YEC-BA) project can be operational, a full-fledged Mountain Resort called “Les Terrasses” will open its doors in 2024. Progressively, various hospitality trainings (hotel, restaurant, trekking, bar, household, ...) will be provided to Youth at risks. 40 to 60% of the profits generated will ensure self-funding of some social activities.



The training centre is located next by the Regional Office – Dolakha. It’s a prime touristic area located 3 to 4 hours from Kathmandu. There is a huge potential of development with superb touristic sites located nearby (Kalinchowk – 4000 m high – pristine Hindu Sanctuary) – Dolakha Old town – Thami Historical museum, etc. The risk of failure is really low. The resort will be the best place 100 km around. (A Quality mountain resort, with nice, clean facilities.



All formal authorisations from government have been obtained and buildings were designed by a UN engineer following strong anti-seismic prescriptions. The view from the resort (and training centre) is simply wonderful and the link with the rehab centre next by is a excellent way to develop long lasting programs.



Organic training will ensure youth go back to their homeplace (usually in village) with additional skills, Trainers are already ready on the spot as we are practicing organic agriculture there since 5 years. Animal Husbandry New activity was started in 2023 and start generating funds. Animals (chicken, duck, goats) will be used by the resort and/or the rehab centre. Same as for organic farming, youth will be trained with best practices. Hotel Management + Tourism/trekking trainings, back supported by Business advisors in Nepal will slowly start from 2024. Cleaning, accounting, reception, welcoming, English, basic buisness tools will be used and teached. Trainers costs will be covered by the guests income (of the resort) Restaurant equipment and training Cook training will be provided in cooperation with the municipality and Ktm based prime restaurants. Basic organic food will be served to guests. Youth will be trained to become chef and job placements will be organized from 2025.



OUTLOOKS FOR 2024

- Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Center(for girls and boys).
- Improving our innovative approach ensuring access to schools by accessing Basic Health Care (Public Schools). – BHCA – Better Health Care Access.
- Focus on prevention / Family – based support.
- Update Human Resource and Financial Policies
- Deinstitutionalize more children in street situations or children at risk and improve the reintegration process to ensure the reunification of children with their families.
- Improve support and services to children in street situations out of Kathmandu valley and focus better on their legal support. (through the progressive implementation of the recommendation 21)
- Quality improvement and child protection / participation. (kids as rights-holders)
- Improve the socialization centre (Short-term care) in Kathmandu valley and opening of a new DIC in Morang area.
- Enforce the rehabilitation center in Morang to accommodate victims of child trafficking, child labor at the border between India and Nepal.
- Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance).
- Improving digital means of communication to make the operation more efficient and a better monitoring picture of the operation of the CPCS Alliance partners.
- Reinforce our link and partnership with local authorities (DDC, SWC, NCRC, MOWCSW).
- Implement the new Human Resources and Financial policy.
- Improve the implementation of Child Protection Policy among staffs.
- Resumption of the Youth Rehabilitation Program to give youth the opportunity to retrain, follow vocational training and live independently. (YEC-BA)
- Reinforce the Sindhuli and Morang Regional Centers to ensure long term, costs-effective and efficient support.
- Adopt new strategies/methodologies to keep working with children in street situations
- (including street work, field, local partnerships).
- Improve our monitoring and reporting system and expenses control.
- Improve the environment of the new building in Godawari.
- Renovations works Recovery Center Dolakha.
- Improving the Regional Center in Sindhuli by moving to a better location (near to the city center and bus park).

CPCS ALLIANCE – CONTACT AND OFFICES

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

CPCStan

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

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