



CPCCS
INTERNATIONAL

Child Protection Centers and Services




*January to June 2024
Activities and Projects
Report*

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Dear Partners, and Friends,

It is with a deep sense of gratitude and hope that we share this report, highlighting the urgent mission of ensuring that children and youth in at-risk and street situations gain unhindered access to their fundamental rights. These rights include education, care, protection, and the vital necessity of being reunified with their families or communities. Since July 19th, 2002, CPCS-Alliance has been dedicated to bringing compassion and support to the lives of these young individuals across Nepal, Burundi, and Rwanda.

Each day, our commitment grows stronger and our reach broader. Our well-established programs in Nepal continue to flourish with excellence, while our network in Central Africa expands through innovative methodologies and the relentless dedication of our staff, board members, local authorities, and civil society partners.

*In 2024, CPCS made significant strides in improving health and education in rural communities. We are excited to introduce CPCS-Africa in Rwanda's Nyamagabe district, where over 150 children and families are now receiving essential support. These initiatives reflect our unwavering commitment to ensuring that every child and youth can access their basic rights in a tangible and meaningful way. In Nepal, we are equally thrilled to announce a groundbreaking private-public partnership beginning in 2024. **Les Terrasses Himalayan Resort** (www.lesterrasseshimalayanresort.com), a stunning establishment, will not only contribute resources to social projects but also provide training opportunities for youth in hospitality, management, and tourism. This partnership is a significant step towards sustainable empowerment and future security for young people.*

However, we must also share that CPCS is currently facing a very challenging financial period in 2024. Despite our best efforts to manage these difficulties, we urgently need additional financial support to continue providing care and activities for thousands of our beneficiaries. The continuation of our programs and the well-being of the children and youth we support depend on this increased funding.

Our achievements and ongoing initiatives would not be possible without the unwavering support of our generous partners, funders, friends, and well-wishers worldwide. Your steadfast commitment and understanding of our mission inspire us every day. We are deeply grateful for the contributions of schools, foundations, charity clubs, and individual supporters who organize fundraising activities and advocate for our cause. Your support has enabled us to reach thousands of children, youth, and their families, securing for them the essential rights and opportunities that every individual deserves. Your dedication helps us move closer to a world where every child can thrive in a safe, nurturing, and supportive environment.

From the bottom of our hearts, we extend our sincere gratitude for your enduring support, collaboration, and trust in our work. Together, we make a profound difference in the lives of countless children and youth, paving the way for brighter futures and stronger communities.

Thank you for being an integral part of this journey and for inspiring us to continue our efforts.

With heartfelt appreciation,

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 Clubs (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 - Grenoble Ecole de Management – France
- La foundation Futur – Belgique
- Rob Van Acker – Belgium
- Rita Rogiers – Belgium
- Child Save Movement – Cambodia
- Consortium for Street Children - de 4de Pijler Vlaanderen (11.11.11) – Vincent Perrotte – France
- CPCStan- France

Burundi – Centre Ruhuka Kibondo (Socialisation Center)

In the Buterere slum, located on the outskirts of Bujumbura, the suffering of children is palpable. Many dozens of the approximately 3,000 children living in this area, survive by scavenging through a landfill, collecting charcoal and other reusable waste. This dire situation has compelled UCBUM and CPCS to take action by launching the "Ruhuka Kibondo" socialization center. This initiative aims to support these vulnerable children, offering them an alternative to street life and the violence that accompanies it.

Burundi, already reeling from political tensions and natural disasters in 2024, struggles to provide stability for its young population. The Ruhuka Kibondo center stands as a beacon of hope amidst this turmoil. It serves as a preparatory step for two critical projects managed by UCBUM, focusing on reintegrating children into the school environment. This center offers a crucial period of support and preparation, which dramatically increases the children's chances of a successful return to school.



The center is open to all, but financial constraints limit its capacity to 40 children per day. Despite its limited reach, the impact is profound. Every few months, children who have benefited from the center's preparation decide to return to school. This decision sends a powerful message of hope and future possibilities to others still trapped in the cycle of street life. Before the launch of Ruhuka Kibondo, over 30% of children who attempted to return to school without proper preparation ended up back on the streets. Now, with adequate support, children have the autonomy to make their own decisions and a significantly higher success rate.

In Buterere, over 3,000 families watch as their children frequent the open-air dump daily, exposing them to numerous diseases. Although there are few organizations working in this area, our center's limited capacity poses a significant challenge. Each day, we face the heart-wrenching task of turning some children away due to space constraints. While it is crucial to maintain a manageable limit, the emotional toll of deciding between one child's future and another's is monumental.



Your support is vital in expanding our capacity to embrace more children in desperate need. Together, we can transform suffering into hope and provide these children with the opportunities they deserve.

*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 2024, 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, 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, violence, 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.

Location : Phase 1 – Regional Center :

Village : Nyagisozi - Locality : Musange - District : Nyamagabe

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

In February 2024, CPCS-Africa, in close collaboration with local and national authorities in Rwanda, inaugurated the Family Care Center (FCC) in Nyamagabe. This significant milestone represents a beacon of hope and support for 100 to 150 children and their families. The center also extends its reach by providing critical assistance to two local schools and ensuring that at-risk families receive the protection and support they need.



What is a Family Care Center (FCC)?

The Family Care Center (FCC) in Rwanda is designed to operate with a deep understanding of local traditions, regulations, governmental guidelines, cultural practices, and community needs. By late February 2024, the center was fully operational, aiming to accommodate 100 to 150 children daily. Children are selected through a rigorous process conducted by school committees and home visits, ensuring that those who attend the center receive the support they need both before and after school hours, as well as during school days off.



Services and Support Provided by FCC

The FCC offers a holistic range of essential services, including:

- **Homework Assistance:** Helping children with their after-school assignments to ensure they stay on track with their education.
- **Medical and Psychological Care:** Providing access to basic health services and psychological support to address both physical and mental well-being.
- **Healthy Snacks:** Ensuring that children receive nutritious snacks during their time at the center.
- **Emergency Assistance:** Offering aid to families experiencing food insecurity and financial difficulties that prevent them from meeting school costs.
- **Continuous Monitoring and Support:** A dedicated social worker monitors the well-being of the families, providing ongoing support and interventions as needed.

Comprehensive Community Support

Operating every day, the FCC effectively functions as a daycare center during non-school hours. Initially, it accommodates up to 75 children, with plans to expand to 120. The center provides:

- **After-School Sessions:** Engaging children in productive activities post-school hours.
- **Library Access:** Offering a space for children to read and enhance their knowledge.
- **Daily Snacks:** Ensuring nutritional needs are met.

- **Homework Help:** Supporting children in completing their school assignments.
- **Social Activities:** Engaging children in games, sports, and arts to foster a sense of community and creativity.
- **Hygiene and Health Care:** Providing facilities for personal hygiene and basic health care.

Monthly sessions with families cover crucial topics like child rights, migration, hygiene, medical and legal issues, and daily life challenges. This community-centric approach ensures active involvement from all stakeholders. Special attention is given to children in street situations, with family visits playing a pivotal role in the mission.

The Role of CLASS

In tandem with the FCC, the Community-Led Awareness and Support Services (CLASS) project is vital in supporting local communities. CLASS focuses on providing children in public schools with access to basic health care, hygiene education, and awareness about various risks. Initially covering two primary schools and planning to expand to a secondary school, CLASS addresses often-taboo topics such as menstruation and STDs.

The goals of CLASS and FCC align closely: preventing family-child separation, promoting community-based family preservation, and ensuring access to education for vulnerable children. By addressing core issues, these initiatives aim to create a safer and more inclusive environment for all children.

An Active and Dedicated Team

At the heart of these initiatives is a devoted and compassionate team. The local team, comprising three dedicated individuals, ensures effective communication with the beneficiaries, their schools, and their families. Among them, an administrative or social worker manages accounting and provides support to families, while a caretaker attends to the children and maintains the center. A teacher is responsible for conducting educational activities and classes.



This team works tirelessly every day to support the children and families, providing tailored assistance and fostering a nurturing environment.



Supporting Remote Communities

The success of these programs heavily relies on the collaboration of local authorities, schools, families, and the wider community. CPCS-Africa adopts a holistic approach, involving all stakeholders in safeguarding children's rights and well-being. From health follow-ups to family reunification, the FCC and CLASS initiatives are crucial, especially in remote and underserved areas.

Continued and expanded support from the community and beyond is essential to sustain these efforts. Investing in remote communities ensures that vulnerable children receive the education, care, and protection they deserve. By broadening our reach and impact, we can turn hope into reality for more children and families. The collective effort of all stakeholders—local authorities, schools, families, and the CPCS-Africa team—creates a robust support system that ensures the sustained well-being and development of these children.

Community Engagement and Empowerment

Monthly sessions with families cover a wide range of topics essential for holistic development and well-being. These topics include child rights, health and hygiene, education, and daily life challenges. Such community-centric approaches ensure that every stakeholder, especially families, understands their role and importance in the children's lives.



Special attention is given to children at risks, with family visits forming a core part of the mission. These visits help in assessing individual family situations and tailoring specific interventions aimed at family preservation and child protection.

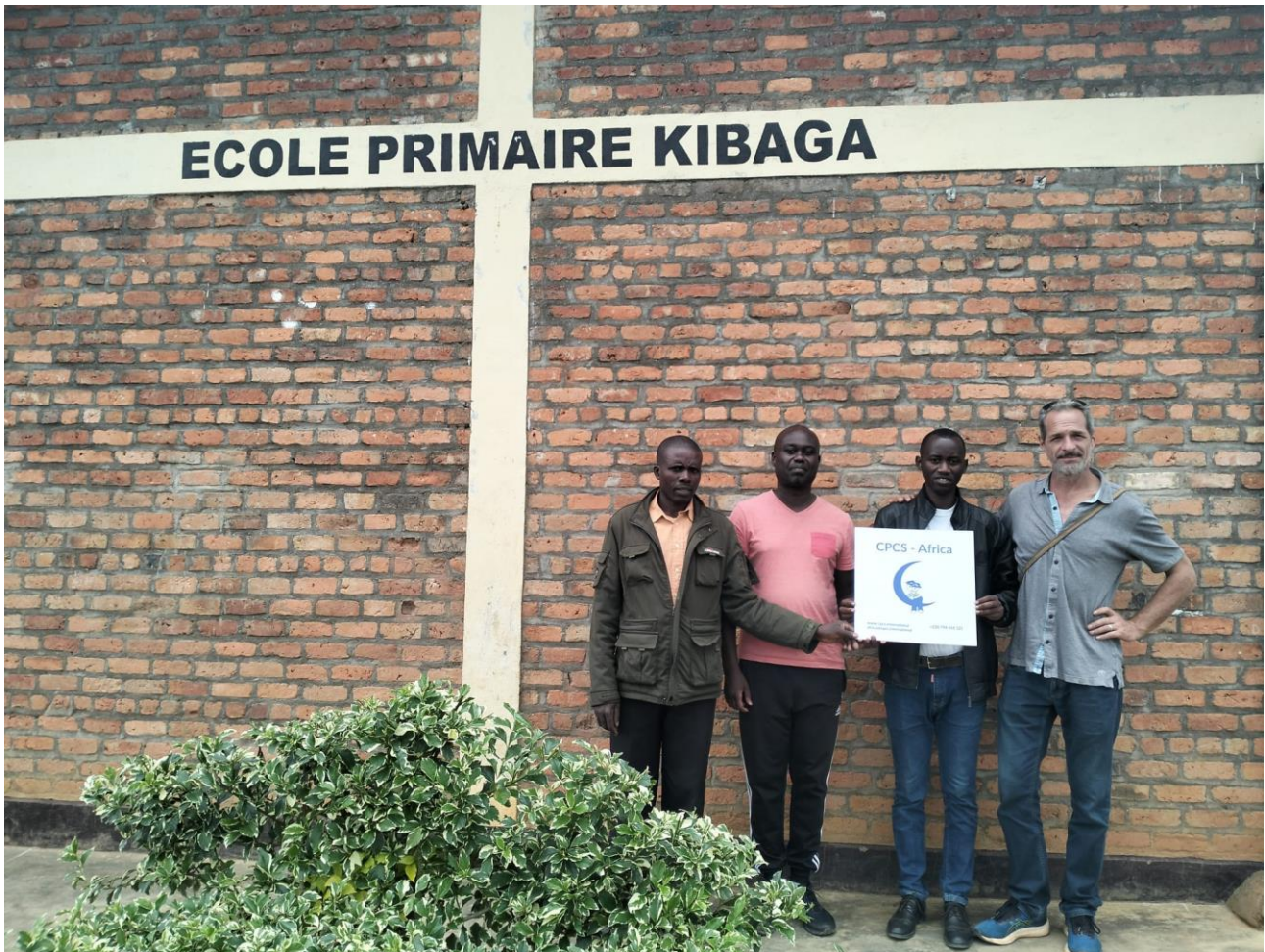
Towards a Brighter Future

The FCC and CLASS initiatives underscore the importance of a community-based approach to child welfare and education. By addressing the fundamental issues and providing robust support systems, these programs

aim to create a nurturing and safe environment for every child. The dedication of the local team and the active involvement of the community form the backbone of these initiatives, fostering a sense of hope and stability in the region.

Call for Continued Support

The journey to transform the lives of vulnerable children in Nyamagabe is an ongoing one. Continued and expanded support is crucial to ensuring that these initiatives thrive and reach more children and families in need. By investing in remote and underserved communities, we can guarantee that every child has access to essential services, education, and a protective environment.



With your support, we can broaden our reach and make a lasting difference. Together, we can create brighter futures for the children and families in Nyamagabe, turning hope into tangible reality and ensuring a better tomorrow for the next generation.

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 four local NGO partners in different districts:

- Kathmandu – CPCS (Child Protection Centers and Services)**
- Sindhuli – CRPC (Child Rights Protection Center)**
- Morang – ORCHID (Organization for Child Development)**
- Dolakha – CPRC (Child Protection and Child Rights)**

The local workforce consists of administrative staff, accounting experts, social workers, nurses and health assistants, teachers, psychologists, lawyers, caretakers, 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 **89** task-oriented jobs (full time) (in Nepal and abroad)

WWW.CPCS-ALLIANCE.ORG



ACHIEVEMENTS

Prevention program

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to June 2024)

- **38** supported BHCA Centers (schools)
- **24** nurses hired for the BHCA Program
- **10** Health Assistants hired for BHCA and the regional office
- **9643** student beneficiaries in all **38** BHCA program (School)
- **15335** students got BHCA medical service in different schools (**6700 Boys** and **8635 Girls**)
- In total **31695** people got consultation through the BHCA Program (students and more)
- **11784** Dignity Kits for girls distributed in **38** schools
- **107** meetings with school principals
- **46** meetings with nurses
- **67** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **11** Nurses are attending in training in Kathmandu, Dolakha, Morang and Sindhuli.
- **593** awareness sessions for children; **21624** children benefiting from awareness sessions
- **365** Health Camps for children; **11232** children benefiting from Health Camps
- **446** children referred to Hospital/health posts
- **985 children** referred for counseling/psychological support
- **251** awareness sessions for parents; **3884** parents attending awareness sessions
- **2652** children got emergency support through the BHCA Program – Stationary Support FCC / BHCA.
- **109** children Hospital visit / admitted through BHCA support.
- **383** Children's file forwarded for emergency supports and **383** children got support.
- **3716** 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 **45** 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, **55** children attend FCC for tuition classes every morning. They receive a morning meal before going to school.

3. In **Dolakha District**: There are **50** 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 June 2024)

- **48043** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **24** health sessions (camp, checkup, awareness) for **200+** children in different centers (Godawari, Dolakha, Sindhuli and Morang).
- **245** children received medical support.

Emergency line

227 calls treated by the emergency line: **53** for medical assistance, **23** under arrest, and **104** information calls received in the first 6 months of the year 2024.

“**National Centre for Children at Risk**” referred **43** children to our DIC through the emergency line.



Medical Support Program (Recovery Godawari)

- **814** children were treated in the Recovery center (in patients' nights).
- **913** children (out patients) were treated in the recovery center.
- In average, **6** children are daily treated in our recovery centers.
- **12** cases were referred to various hospitals for further checkup.
- **5** children were admitted in hospitals for **49** days.



Schooling program

- **2 (Godawari) + 25 (Dolakha)** youth enrolled in school.



Counseling services (Netional)

- CPCS psychosocial counselors gave individual counseling for **457** cases.
- CPCS psychosocial counselors gave group counseling for **248** cases
- **13** cases were linked to physical and moral abuse (CPP).
- **117** general awareness classes.
- **16** cases were linked sexual abuse victims supported.
- **12** awareness sessions with the team.
- **6** training and orientation with the team.



Legal Support Program (LSP)

- **12** youths or children benefited from legal assistance after they were taken into custody.
- **12** were released after our intervention.
- **23** Jail-visits and **30** custody-visits.
- **9** Meetings with the police.
- **457** children attended **19** awareness sessions on legal matters and **21** awareness programs conducted with the public.
- **4** children / youth got their birth certificate and/or citizenship card.



Rehabilitation program

- **43** new children enrolled in **CPCS Rehabilitation program**.
- **43** children were referred by Central Child Welfare Board (NCRC) and Center for Children at Risk (104) and **4 Youth/** child rescued from field by coordination104
- **5** children/youth sent to other organization for rehabilitation.
- **4** youth referred in other organization for training.
- **37** children /youth family reunifications.
- **24** children/youth family visits.
- **5** children/youth dropped out.
- **28** children/youth follow-up families.
- **17** Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

- **28 youth** are followed up by our team.
- **7 youth** are still with us as **peer social workers**.
- **4 youth** are in **training**.
- **1 youth** live independently
- **7 youth** met their families again (**family reunification**).



OTHER ACTIVITIES - 2024

RENOVATION REGIONAL CENTER DOLAKHA

At the Regional Center in Dolakha, extensive renovation work was carried out. The kitchen, children's dormitories, and Recovery Center were revamped. The Recovery Center was reorganized and equipped with proper sanitary facilities to ensure patients receive care under the best conditions. A new dormitory for boys aged 12 and above was constructed. The girls' dormitory was renovated, now featuring indoor access to the sanitary facilities. There is accommodation for 12 girls.



VISIT STUDENTS FROM L'INDSE – BASTOGNE – BELGIUM AND SOS-GRENOBLE - FRANCE

A group of enthusiastic students from SOS Grenoble France and l'Indse – Bastogne – Belgium 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



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.



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 youth 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.

PREVENTION SERVICES

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

Introduction:improving family-based care and community involvement

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

Different programs focusing on families, communities, and children at risk were developed to **address** the severe problems and risks faced 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 these **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 giving them access to Better Health Care.

Program: Family Care Center (FCC)

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

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

A local team of **3 people** is responsible for the well-being and good communication with the beneficiaries and their families. One admin or social worker deals with accounting and support for 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, tuition, and support. The goal is to offer **adequate support** to every family. The FCC is open every day and runs as a day-care center. Each center welcomes at the beginning up to 75 children and can go up to **100 kids**. The children come every day to enjoy after school sessions, daily snacks, the library and the help with homework. A common room enables them to participate in social activities, such as games, sports or artistic activities. They also have the possibility to take care of personal hygiene and receive basic health care.

Some testimonies (names changed)

My name is Sagar Gurung. I am 14 years old and I live in Sindhuli, with my father and mother. I study in class 10 at Shree Chandeshori Secondary School.

My father is an alcoholic; he drinks all the time and doesn't have a job. He doesn't work to support our family. My mother works as a daily wage worker in agriculture. She earns money to meet our basic needs, but her income is not enough for us. Because of our financial problems, it seems difficult for me to continue with higher education after SEE.

The education support, nutrition support, and general medical checkup program organized by CRPC Nepal have helped me a lot in my studies and daily life. I am very pleased and thankful to the CRPC Nepal team.

My name is Rina Tamang and I study in class 2 at Shree Kamala Secondary School. I am 9 years old. I live with my father's sister. My mother left me after I was born. My father lives and works in Kathmandu, but he is not in contact with me. My grandfather has two wives, and he is currently with his second wife. My aunt and her husband don't have a regular source of income, but they provide me with food, housing, and education.

At school, there is a nurse who helps me a lot. She gives me medicine when I have a cold or diarrhea. She checks my eyes, ears, and teeth and measures my height and weight regularly. She also teaches us about personal health and hygiene, environmental sanitation, and respiratory diseases. Sometimes she gives me notebooks, chart paper, and pencils, which encourage me to come to school daily. She also provides us with dignity kits and hand wash supplies. This support has helped me a lot and made daily life easier. I am very thankful to CPCS for supporting me and my family.

My name is Anjali Lama. I am 11 years old and I study at Shree Jananjyoti Secondary School in Kamalamai-5, Phoshretar. I live with my family in a rented house in Milan Chock. There are seven members in my family, including three stepbrothers. My mother and father work as daily wage workers in agriculture. My younger brother and stepbrothers also study at the same school. Our family's monthly income is not enough for us.

On school days, I come early in the morning to the CRPC Nepal regional office for morning classes, games, dance practice, morning meals, and other activities. I come during the day when school is closed. The education tools provided by the ET system, like notebooks, pencils, ball pens, geometry boxes, and drawing books, are very helpful for students like me. Three months ago, I fell from a ladder at school, and the regional office team provided me with medical support for my ankle. The support with medical treatment, food, snacks, hygiene materials, games, entertainment, and education has helped me and other students a lot in our daily lives. I am very thankful to the CPCS Alliance team for supporting me and my family.

Weekly sessions are organized with the families to discuss various matters such as child rights, migration, hygiene, medical and legal problems, personal problems and obstacles in daily life as well.

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

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

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

Hello! We are Bibek and Ganesh Tiwari (names changed). I am Bibek, and I am 9 years old, and my brother Ganesh is 8 years old. We come from Rautahat.

Before we were rescued, we used to beg for money from passengers on the Thapathali bridge in Kathmandu when vehicles stopped at the traffic lights. Our mother, Viva Devi, has also been begging there for a long time. After our father died, our mother remarried.

Our stepfather didn't take care of us properly and forced us to beg for food, so my brother and I ended up begging in the same place as our mother. The National Child Rights Council tried to help us, they submitted an application to manage our care, but nothing has happened yet.

Our older brother, Prem, was also rescued and is currently under the protection of CPCS. He was rescued from the Child Search Coordination Center in Bhrikuti Mandap, Kathmandu.

When we talk to our parents about coming back home, they say they want us back, but they haven't come to the 104 center to understand our situation and take us back. The authorities don't want to send us back home because they are afraid we'll be forced to beg again. They find it hard to decide what's best for us because we don't want to stay with our mother as our stepfather forces us to beg on the streets.

We hope that someone can help us find a safe place to live and go to school so we don't have to beg anymore. Thank you for listening to our story.

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 – (JANUARY-JUNE 2024)

Total number of people who got a consultation through BHCA	31695
Health awareness sessions for children	593
Children attending awareness sessions	21624
Number of Health camp for Children	365
Children attending health camps	11232
Number of children Local Hospital/Health post Referral	446
Number of awareness sessions and meeting with Parents	251
Number of Parents attending awareness meetings	3884
Number of Dignity kits distributed to girls	11784
Number of children who received medical services in Hospital through BHCA support	109

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, and 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 stationery, uniforms).

24 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, diarrhea, stomach pains, low fever), but also to raise **awareness** about hygiene (in the school toilets and in general). **They identify children who need additional nutritional support or emergency clothing.** Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focusing on medical and hygiene issues (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.). Extra attention is given to girls and especially to **those who are going through their menstrual cycle.** Many girls stay home for 4 days a month and **miss a full month of education in a full school year.** The nurses ensure that they are properly supported, and CPCS provides the schools with

My name is Sagar Ghising, and I am 14 years old. I live in Kamalamai Municipality-1, Dadi Sindhuli, with my father and mother. I study in class 10 at Shree Chandeshori Secondary School.

My father drinks alcohol every day, all the time. He doesn't have a job and doesn't work to earn money for our family. My mother works as a daily wage worker in agriculture. She earns money to fulfill our basic needs, but her income is not enough for us. Because of our financial problems, it seems difficult for me to continue with higher education after SEE.

The education support, nutrition support, and general medical checkup program organized by CRPC Nepal have helped a lot in my studies and daily life. I am very pleased and thankful to the CRPC Nepal team. committee to find potential partners to provide other health services if needed.

The objectives of the program:

- Basic health care access inside public schools;
- Promotion and campaigning for girls’ rights;
- Basic sex education and prevention of sexual abuse;
- 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);
- Creating a child-friendly school environment
- Intervention and support for serious health problems, including surgery.

BHCA Program in Kathmandu Valley (CPCS NGO) – 2776 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	148
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	640
Shree Mahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	306
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	200
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA – Kritipur	258
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	545
Shree Ganesh Secondary School	Khowpa - Bhaktapur	BHCA- Bhaktapur	506
Shree Chalnakhel Secondary School	Dakshinkali - Kathmandu	BHCA -Chalnakhel	103
Shree Siddeshwar Basic School	Godawari - Lalitapur	BHCA - Godawari	70

BHCA Program in DOLAKHA District (CPCR) – 1791 Children

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	422
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	415
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	84
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	32
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	44
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	107
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	21
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	18
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	92
Shree Sitka Secondary School	Kalinchok - Dolakha	BHCA - Sunkhani	145
Shree Jagaran Bhimeshwor Basic School	Kalinchok - Dolakha	BHCA - Sunkhani	57
Janajyoti Secondary School	Kalinchok - Dolakha	BHCA - Dolakha	164

BHCA Program MORANG district (ORCHID) - 2478 Children

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	437
Shree NawajanaJyoti Basic School	SundarHaraincha–1,Morang	BHCA – NawajanaJyoti School	205
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	459
Shree Dhanpal Secondary School	Belbari – Morang	BHCA – Dhanpal School	443
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	373
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – Singhadevi School	78
Shree Sahid Smirti Primary School	Belbari -1, Morang	BHCA Sahid School	49
Shree Devkota Basic School	Belbari -6, Morang	BHCA Devkota School	157
Shree Ramjanaki Basic School	Belbari -6, Morang	BHCA Ramajanaki	226
Shree Kisan Basic School	Belbari -6, Morang	BHCA Kisan	51

BHCA Program SINDHULI district (CRPC) – 2391 Children

School	Address	BHCA CENTER	Children
Shree Panchakanya Secondary School	Kamalamai, Sindhuli	FCC / Regional Office	145
Shree Janajyoti Secondary School	Kamalamai, Sindhuli	BHCA Sindhuli	1246
Shree Chandeshwari Secondary School	Kamalamai , Sindhuli	BHCA Dadi	350
Shree Barundevi Secondary School	Kamalamai , Sindhuli	BHCA Khattar	122
Shree Siddha Primary School	Kamalamai, Sindhuli	BHCA Siddha	50
Shree Kamala Secondary School	Kamalamai, Sindhuli	BHCA Kamala	478

National office – GODAWARI, LALITPUR

23 full-time and 7 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)

16 staffs (10 full-time and 6 part-time) are working *daily*, 2 FCC (Family Care Centers) and 1 Regional office in Deurali.

A total of 100+ 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.

Testimonial - Hi, I'm Bidur Lama (name changed), and I'd like to share my story with you. I was born in Lukla (name of village changed), Nepal, and my family means everything to me. My grandmother, father, and younger sister have always been there for me. My early years were spent with my mom in Kathmandu, but life wasn't easy. My mom worked at a hotel, trying her best to support us, but we struggled a lot.

I was in class five at Ganachakshu Bhandarikali School in Basundhara, Kathmandu, during that time. I loved studying and being with my friends, but we had to move back to Gorkha because things got too tough. My mom remarried and left us, which was really hard to deal with. My dad started drinking a lot and eventually went to India to find work.

Back in Lukla, life was a daily struggle. We often didn't have enough food or proper clothes. I knew I had to do something to help my family, so my elder sister and I decided to go back to Kathmandu to find work.

I started working at a hotel where I did all sorts of tasks, like washing dishes, preparing vegetables, and calling guests. The owner promised to pay me 5000 rupees per month, but I only got 12,000 rupees in total after all my hard work. Still, I was grateful because the owner helped me with food when I was sick.

For the past four years, I've been living at CPCS (Child Protection Centers and Services), and I'm now in grade 9 at Kutidanda Secondary School in Dolakha. CPCS has been amazing, supporting me in ways I never imagined. As part of their Youth Program, I help out with animal husbandry, keeping the office area clean, and even cooking and cutting vegetables.

I feel very lucky to be part of this program, and I'm really happy here. My dream is to finish my studies and get training to become a cook. I believe that with the support I have now, I can achieve my goals.

Looking back, my journey has been tough, but it's made me who I am today. I'm thankful for the help I've received and hopeful for a brighter future. Programs like CPCS show how important it is to support young people like me who face difficult circumstances.

Thank you for listening to my story.

Regional office and FCC (MORANG)

4 full time and **7 part** time staffs work daily with children in **one Regional Office , 8 BHCA Programs** in the Regional Center.

Morang is located in the Morang district near the Sunsari district (*2 densely populated districts*), 45 kilometers away from the Indian border Biratnagar. The center was mainly used during the **reunification**

processes to create links between the families living in the district (55 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. **5 staffs are working daily in one** Regional Office on **5 BHCA** programs with from financially struggling households. All the children are living with their families and are attending school in **5** 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 kinds), 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 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.

Namaste, we are the villagers of Deurali, and we want to share our heartfelt thanks for the amazing support we've received from the CPCS Alliance. Thanks to their free ambulance service and FCC programs, our community, especially our children, has seen incredible progress and opportunities.

One of the standout programs is the Open Tuition Classes from the FCC initiative. These classes have been a beacon of hope, especially during vacations when school activities slow down. The extracurricular programs offered by CPCS Alliance have kept our children engaged and supported, ensuring their continuous learning and development. The CPCR organization has been a reliable friend to our children's education. They've always been there to help, providing timely assistance and guidance. Through their various development programs, we've watched our children grow intellectually and make significant progress in their studies.

We can't express enough how grateful we are to the CPCS organization for their unwavering dedication to our children's education and well-being. Their efforts have not only improved academic opportunities but also inspired a love for learning and exploration among our youth.

As villagers of Deurali, we extend our sincere thanks to the CPCS organization and look forward to the continuation of their impactful programs. We hope they will keep bringing innovative and beneficial initiatives for our children in the years to come.

With gratitude,

The Villagers of Deurali, Dolakha

With the public

Different stakeholders interact with children in street situations in Nepal, including the general public, security forces, shopkeepers, tourism professionals, tourists and schools. CPCS considers that the issue of children in street situations should not only be tackled at the level of the children and their families, 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 poorly informed about children's rights and the living conditions of children in street situations may behave unlawfully towards children and notably use violence against them. **By informing the police, we can expect a better understanding and a more humane attitude.** Secondly, working in collaboration with the police on the street problems is the key to our work. Our objective is to **reduce tensions 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 offenses. On our side, we try to explain to the child that certain behaviors can be harmful to their image and may 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 their family or 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 their personal history, educational background, personal abilities, age, and most importantly, 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 is 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 are also responsible for identifying and approaching new children in street situations.

The rehabilitation shelter–Godawari

Due to some policy changes decided by NCRC (formerly 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 their awareness about AIDS/HIV, drugs, child rights and give information about the services that CPCS can offer if they decide to leave the street. Dance, music classes and other activities are also initiated by their peer social workers or friends studying at the 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 the 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 their family through family visit and counseling.
- ✓ To reduce risks among children in street situations and children at risk.



Coordination with NCRC, Center for Children at Risk.

- **43** children were referred for Rehabilitation in CPCS DIC by different organizations.
- **37** 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 raise their 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 savings 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 find new children who have recently become homeless. By directly interacting with them on-site, our personnel can gain children's trust more quickly. This trust-building is essential for improving the children's 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 (2024)

Day Field Visits (KTM)	Total	J	F	M	A	M	J
Area 1 – Avg No.of children (Thamel)	15	15	14	15	15	16	16
Area 2 – Avg No.of children (Ratnapark)	13	10	11	11	14	14	15
Area 3 – Avg No.of children (Balaju)	7	7	7	8	7	7	7
Area 4 – Avg No.of children (Kalanki)	4	4	4	5	5	4	4
Area 5 – Avg No.of children (Pashupati)	24	21	24	24	24	24	25

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 **24** 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 (2024)

Night Field Visits (KTM)	J	F	M	A	M	J
Area 1 - Average No. of Children	18	17	16	17	18	19
Area 2 - Average No. of Children	10	11	11	10	12	11
Area 3 - Average No. of Children	7	8	8	7	9	9
Area 4 - Average No. of Children	3	3	3	3	3	3
No. of Children treated on Field	20	20	25	27	22	22
Children brought to center by field	0	0	0	0	0	0
Average No. children in daily Night field	15	15	16	16	16	16

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 gave 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 for 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 (2024)

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Out patients) treated	913	151	125	148	168	153	168
Daily average	5	5	4	5	6	5	6
Number of "clinic in" children treated	838	125	115	152	125	141	180
Daily average	5	4	4	5	4	5	6
No. of In-Patients Nights	814	119	120	125	120	150	180
Average age of in-patients	14	10	11	10	9	16	18
Number of hospital cases	12	2	3	3	1	2	1
Number of patients admitted in hospital	5	0	0	2	1	1	1
Hospitalization Days	49	0	0	7	30	2	10
No. of children treated in DIC Godawari	27	3	5	4	4	6	5
No. of children treated in outreach (Day Field)	15	2	2	3	2	2	4
No. of children treated in outreach (Night Field in average %)	16	15	15	16	16	16	16



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 needs such as surgeries by providing diagnoses, 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 while 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 stay 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

My name is Sita, living in Bhimeshwar Municipality-1. One night, I experienced severe pain in my lower abdomen that quickly became unbearable. Realizing I needed immediate medical attention, I was in a state of panic and distress.

In my moment of need, the CPCR ambulance service arrived promptly and rescued me. Their swift response and efficient service provided the support I desperately needed during that critical time. I am immensely grateful to the CPCR ambulance team for their timely assistance.

This experience has opened my eyes to the invaluable service that CPCR ambulance offers to our community. Their dedication to providing free and essential medical assistance is both commendable and truly necessary. From the bottom of my heart, I extend my sincerest gratitude to the entire CPCR ambulance team for their unwavering commitment to our community's well-being.

Sita

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 **43** children to us for short-term rehabilitation.

EMERGENCY LINE MONTHLY STATISTICS (2024)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	53	10	9	7	10	9	8
Under Arrest	23	4	4	5	3	3	4
Abuses - trafficking	0	0	0	0	0	0	0
Others	27	3	4	5	5	6	4
Child Labour	8	0	2	1	2	1	2
Information about others	104	25	19	11	13	21	15
Child lost cases	5	2	1	0	1	1	0
Family Missing cases	7	1	1	1	2	1	1
Line Calls Total	227	45	40	30	36	42	34

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 person 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 (2024)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun
Jail visits	23	4	4	5	3	3	4
Children/youth in jail	12	2	2	2	2	2	2
Custodies visits	30	5	6	5	5	4	5
Children/youth met at custody	10	3	2	0	3	2	0
Children/youth released from custody	10	3	2	0	3	2	0
Court Action	0	0	0	0	0	0	0
Meetings with Police	9	2	1	3	1	1	1
Awareness Class with children	19	4	3	3	3	3	3
Nbr of children attending Awareness class	457	85	84	75	73	69	71
Awareness Programs with Public	21	3	4	5	4	3	2

Counseling Services

COUNSELING SERVICES MONTHLY STATISTICS (2024)

COUNSELING SERVICES Godawari	Total	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	292	59	51	40	37	43	62
Group Counseling	119	19	21	18	25	19	17
General Awareness Classes	102	19	18	24	18	15	8
Sexual Abuses Victims Support	11	0	0	0	1	0	10
Physical and moral abuse victims supported (CPP)	8	2	2	1	1	1	1
Awareness Sessions with team	11	2	2	2	1	2	2
Training / Orientations with team	6	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 to pursue 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 methods.

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 analyse the reasons why the child ended up on the streets initially, whether due to poverty, family problems, or other factors. We organize counselling 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 opportunity for voluntary reunification.

REHABILITATION MONTHLY STATISTICS (2024)

Particular		J	F	M	A	M	J
YT	Youth Training	0	4	0	0	0	0
F/R	Family Reunification	5	10	3	6	7	6
F/V	Family Visit	19	24	27	18	14	9
CHP	Child Home Placement	1	0	0	0	0	0
O/R	Own Room	0	1	0	0	0	2
F/U	Follow Up	23	28	27	16	9	11

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 counselling**, thanks to our social workers, and regular interventions with psychological counsellors. 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 (2024)

Drop In Centre (DIC), Godawari	Total	J	F	M	A	M	J
Sent from NCRC-104	43	9	14	5	5	7	3
Field from Organization CPCS	4	0	0	1	0	1	2
Family Reunification	37	4	10	5	6	7	5
Refer to other organization	5	1	1	2	0	0	1
Send For Training	4	0	4	0	0	0	0
Drop Out	5	1	0	0	2	2	0
Refer From our organization	9	0	0	0	8	1	0
Pass Away	0	0	0	0	0	0	0

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

Case support in the street	Total	J	F	M	A	M	J
Call from Street situation	92	15	17	10	21	10	19
Support of case in Street situation	34	7	4	7	5	6	5
Counseling for case management with Support	68	11	9	12	10	12	14
Covid Awareness program in street (field)	52	7	8	8	10	11	8
Medical Support in Street Situation	34	5	7	5	6	4	8
Pass Away from Street situation	1	0	0	1	0	0	0
Pregnancy and delivery support in street situation	4	0	0	0	1	2	1

Supported by La Chaîne 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 the 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 **35** boys benefiting from the rehabilitation and schooling program. An additional **45** 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.

- **35** boys are enrolled in the rehabilitation / schooling program in Dolakha.
- **40 +** - children come to the regional center from the local area daily to use the common room
- **150 +** - families benefit from the common room, medical center and library services.
- A total of **200 +** family members benefit from the program.
- **More than 65 +** children use the libraries in schools and visit the regional office in 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 (2024)

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J
No. of children (Out patients) treated	407	93	90	63	65	43	56
No. Of Patients admitted in clinic	11	1	1	1	2	0	6
In Patients bed Nights	49	3	4	5	19	0	18
No. Of community patients treated	501	97	120	93	67	57	67
Ambulance of referred community patients	31	0	5	8	7	6	5
Total # of referred CPR child patient	13	6	1	2	4	0	0
Children treated on the field	0	0	0	0	0	0	0

SCHOLING DATA OF DOLAKHA (2024)

Dolakha Schooling	Total	J	F	M	A	M	J
Scholarised children (beg)	25	26	26	26	26	25	25

New children	0	0	0	0	0	0	0
Family Reunified Children	0	0	0	0	0	0	0
Other NGO Reffer	0	0	0	0	1	0	0
Drop Out	0	0	0	0	0	0	0
Internally Referred children	0	0	0	0	0	0	0
Scholarised children (end)	25	26	26	26	25	25	25

COUNSELING PROGRAM DATA OF DOLAKHA (2024)

COUNSELING SERVICES Dolakha	Tot.	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	165	23	24	26	33	29	30
Group Counseling	129	33	30	21	15	8	22
General Awareness Classes	15	2	4	1	3	2	3
Sexual Abuses Victims Support	5	0	1	0	1	2	1
Physical and moral abuse victims supported	5	3	1	0	1	0	0
Awareness Sessions with the team	2	1	0	0	0	1	0
Training / Orientation	3	0	1	1	0	0	1



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.

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 on 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 and Soeur Emmanuelle Asbl)

Introduction – (Rationale) and Sustainability

CPCS International and its partners in Nepal have been working 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-by-case perspectives) called “Youth Empowerment and Capacity Building Approach” (YEC-BA).

The idea is to use past experiences (Youth Rehabilitation Programs, Youth Support), our research, other materials to develop a new way to support youth from 14 years old to 25 years old. The analysis proposed by the CPCS supported research: “Children and Youth in street situations and their capabilities. From strategies of urban survival to careers within the protection system. (Paris, L’Harmattan, 2020) is a strong pillar of the new strategy.

Practical success stories from similar organizations in other countries (mainly Friends International in Cambodia) are also influencing the proposed innovative approach. While several new tools will be created (see below), the change proposed is systemic to the whole “system” of CPCS. The idea is not only to provide new innovative tools but also to utilize already funded and existing programs differently to ensure better support, care and access to autonomy.

Most of the proposed changes have no impact on CPCS funding capacities. They’re a methodological move with adapted services proposed. In 2022, with the support provided 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 that it will be adapted to the needs 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 within the age group 16-25 years, while 40.68% of the population lies within 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. Each year, over 550,000 youth enter into the labour market, 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 and 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 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 2022/2024 + 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 distractions 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 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 (2024)

	Jan	Feb	Mar	Apr	May	Jun
Scholarised Youth (beg)	7	7	7	7	5	5
Non-scholarised Youth (beg)	8	8	6	6	6	6
New Youth	2	0	2	0	0	2
Family Reunified Youth	2	0	0	0	0	2
Internally Referred youth	1	0	0	0	1	0
Other Ngo Ref Youth	0	4	0	0	0	0
Drop out Youth	1	0	0	3	0	0
Scholarised Youth (end)	7	6	7	7	5	5

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. Its operations will start in 2024.

The team

In **2024**, the CPCS team consists of **89 (full-time only in Nepal) 7 (in Rwanda) and 6 (in Burundi including UCBUM team involved in Ruhuka Kibondo)** professionals, including members from the eight NGOs grouped under CPCS-Alliance. 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
President CPCS International	Ms.Inge Bracke
Regional Director (Africa)	Mr. Christophe Bimenyimana
National Director (Nepal)	Mr.Bijesh Shrestha
Program Director (Prevention)	Mr.Nawaraj Pokharel
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
Rwanda Coordinator	Mr. Frederic Parmentier
Burundi Coordinator	Mr. Arsene Ntungane
Accountant (Senior)	Mr.Bikram Bahadur Bohora
Accountant	Mr.Bijaya Adhikari
Reunification and deinstitutionalization Director	Mr.Badri Prasad Sharma
Center Director (Rwanda)	Mr. Jean Mbabajende

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
Center Deputy Coordinator (Rwanda)	Mr. Paul Bimenyimana
Program Officer – Socialization	Mr. Nabaraj Baniya
Program Coordinator – Regional Office Morang	Mr. Rewati Tiwari
Education Coordinator	Ms. Anne-Marie Nishimwe
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
Health Assistant (Prevention Morang)	Mr. Sujun Bhattarai
Nurse	Ms. Sangita Pradhan
Data Officer/Emergency Line	Mr. Gunja Lama
Social worker/administrative officer	Mr. Mohan Tamang
Health Assistant (Prevention Sindhuli)	Mr. Anil Guragain

The Management (In Nepal, Rwanda and International)

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 are available 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 successful 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 holds a meeting with the children "ministers." It is essential for them to properly share information both ways. Every child elected by their peers to represent a program at the meeting is attends. CPCS frequently organizes internal training for staff on Child Protection Policy led by our lawyers.

Additionally, CPCS organizes various types of training and meetings every month for CLASS LSAs from the 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, all alliance 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. A Full review of the CPCS Child Protection policy and safeguarding procedures is currently under process with the support of NSF and Child Frontiers-Uk.



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 was held by the 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 Himalayan Resort (www.lesterrasseshimalayanresort.com) called “Les Terrasses” opened its doors in 2024. Progressively, various hospitality trainings (hotel, restaurant, trekking, bar, household, ...) will be provided to Youth at risks. Between 40% and 60% of the profits generated will ensure self-funding of some social activities.





The training centre is located next to the Regional Office – Dolakha. It's a prime touristic area located 3 to 4 hours from Kathmandu. There is a significant potential for development with superb tourist sites located nearby (Kalinchowk – 4000 m high – pristine Hindu Sanctuary) – Dolakha Old town – Thami Historical museum, etc. The risk of failure is very 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-sismic prescriptions. The view from the resort (and training centre) is simply wonderful and the link with the rehab centre nearby is an excellent way to develop long lasting programs.



Organic training will ensure youth return to their home (usually in village) with additional skills, Trainers are already ready on the spot as we have been practicing organic agriculture there for 5 years. Animal Husbandry New activity was started in 2024, has begun 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 business tools will be used and taught. 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

CPCS (Nepal office)

Phone: (+977)01 5174040, 9801245550

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

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

Website: www.cpcs.international

CPCS-Africa

Email: africa@cpcs.international

Address: Kigali, Rwanda

Site: www.cpcs.international

CPCS France

Email: CPCSfrance@gmail.com

Address: 43b rue Chateaubriand, 57990 Hundling, France1

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

CPCStan

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

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

CPCS International (Int Office)

Phone : (+32)86 36 66 74

E-mail: info@cpcs.international or jean-christophe@cpcs.international

Address: 18 rue de Larmont, 5377 Noiseux – Belgium

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

