



CPCCS
INTERNATIONAL

Child Protection Centers and Services



Yearly Report 2024

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A WORD FROM THE INTERNATIONAL DIRECTOR – CPCS INTERNATIONAL



Dear friends and partners,

We are pleased to present the extensive report of all activities carried out by CPCS International in Rwanda, Nepal, and Burundi. 2024 has been a particularly challenging year, marked by new crises and growing inequalities. Yet, in the face of adversity, our mission remains unchanged: defending the rights of the most vulnerable children and ensuring that no child is left behind. A heartfelt thank you to all our team members for their dedication and resilience.

We must also celebrate our successes. CPCS International is now firmly established in Rwanda. We have opened a local NGO, CPCS-Africa, which already supports 150 children at risk and their families. With the strong cooperation of the Rwandan authorities, we are planning to expand our activities, ensuring that more children receive the protection, care, and opportunities they deserve.

However, we cannot ignore the difficult global context. In the Great Lakes region, political tensions continue to rise, and Burundi is facing a severe economic crisis, hitting the poorest families the hardest. Yet, we remain steadfast in our commitment, continuing to support the children of Buterere. In Nepal, despite budget cuts, we have restructured our approach, focusing on our core priorities—because children's rights are non-negotiable. Our efforts to professionalize and optimize our programs will continue in 2025 and beyond.

CPCS International has always adapted to evolving challenges, but one thing will never change: our commitment to serving children and young people in street situations or at risk. Every child has the right to protection, education, and a future.

A new board has recently been established in Belgium. With fresh energy and expertise, we are reinforcing our communication, developing new fundraising strategies, and working on improving our digital presence (website, Facebook, LinkedIn, and more).

Our philosophy remains the same. We protect and empower children through three essential steps: prevention, risk reduction, and social rehabilitation. At the same time, we recognize that our methodologies must evolve to meet new challenges. The team is already working on new initiatives, including support for Ukrainian children and youth, as well as stronger engagement in Belgium—because child protection concerns us all, everywhere.

Of course, resources are limited, and we must ensure that every action is sustainable and efficient. But no matter the obstacles, CPCS will continue to stand by the most vulnerable, to fight for their rights, and to be a voice for those who too often go unheard.

"A nation's greatness is measured by how it treats its weakest members."

— Mahatma Gandhi

Together, we can make a difference.

We deeply appreciate your continued support, trust, and commitment to the rights and dignity of all children. Thank you for standing with us in this essential fight.

Warm regards,

Jean-Christophe Ryckmans (Dr.)

CPCS International

A handwritten signature in black ink, appearing to be 'JCR', with a long, sweeping horizontal stroke extending to the right.

INTRODUCTION

CPCS is a global movement of partners and NGOs led by CPCS International that supports children and youth living on the streets worldwide. It 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.

CPCS takes an interactive approach to understand how children and youth in street situations shape their social identity amidst power dynamics, labels, and violence. It is 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.

CPCS advocates 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 International Action (worldwide) 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 or at risks 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 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.

CPCS International is a proud member 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>



Burgerinitiatieven
voor Internationale
Solidariteit

CPCS INTERNATIONAL OBJECTIVES

CPCS International is actively engaged in Nepal, Burundi, and Rwanda and is planning to expand its actions to other countries. Our objectives remain focused on protecting and empowering children and youth in street situations and at risk, ensuring their rights, dignity, and future opportunities :

- **To develop direct outreach services in the streets**, providing immediate protection and reducing the risks faced by children in street situations.
- **To create pathways for reintegration**, supporting children in reconnecting with their families and communities when possible and offering alternatives for a safer future.
- **To promote deinstitutionalization**, prioritizing family- and community-based care solutions over institutional placements, whenever possible and in the best interest of the child.
- **To implement prevention programs**, addressing root causes to reduce the number of children ending up in street situations.
- **To understand and support children with respect**, recognizing their strengths and potential rather than seeing them as mere victims or delinquents.
- **To act as a bridge between the street and society**, facilitating reintegration through education, psychosocial support, and legal assistance.
- **To ensure access to basic needs**, including education, healthcare, nutrition, and hygiene services for children in street situations.
- **To advocate for and protect children's fundamental rights**, ensuring they are respected and upheld at all levels.
- **To raise awareness internationally** about the realities faced by children in street situations and to mobilize action to support them.
- **To combat all forms of child exploitation**, including the worst forms of child labor, trafficking, and abuse.
- **To engage families, communities, institutions, and organizations**, strengthening collective responsibility for children's well-being.
- **To develop strong collaborations with national authorities and child protection actors**, ensuring coordinated, sustainable, and legally sound interventions.
- **To provide legal support and advocacy**, contributing to the enforcement of national and international child protection laws.

CPCS International remains committed to adapting and expanding its actions, ensuring that every child, regardless of their circumstances, has the opportunity to grow in safety, dignity, and hope.

CPCS 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 Fondation Vieujant– Belgium
5. Various Rotary 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 - Ecole de Management de Grenoble – France
- La Fondation 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

CPCS INTERNATIONAL ACTION IN AFRICA

Burundi – Centre Ruhuka Kibondo (Socialisation Center)

CPCS International and UCBUM: Protecting Children's Rights in Buterere and Beyond

In the heart of Buterere, a densely populated slum on the outskirts of Bujumbura, hundreds of children struggle daily to survive. Many of them work on the massive landfill, sifting through waste to collect charcoal and reusable materials. The economic situation in Burundi remains dire, with poverty and instability severely affecting families, pushing countless children into hazardous labor and extreme vulnerability.



CPCS International, in partnership with its local ally UCBUM, is committed to defending children's rights and offering them viable alternatives to life on the streets. Together, they have established the Ruhuka Kibondo Socialization Center, a crucial stepping stone designed to reintegrate children into education and structured support systems. This initiative not only provides a safe space for learning and personal development but also actively combats the cycle of child labor and exploitation.

A Pathway to Education and Reintegration

The Ruhuka Kibondo Center is a transitional space where children receive the time, guidance, and support necessary to prepare for reintegration into formal education. Prior to its launch, more than 30% of children who attempted to return to school without proper preparation failed and ended up back on the streets. Now, through structured psychosocial support and an adapted curriculum, children can regain confidence, autonomy, and a sense of purpose before making the transition to school. This method significantly improves long-term success rates and helps break the cycle of street life.



Although the center is open to all, financial and logistical constraints mean that daily capacity is currently limited to 40 children. Each day, difficult decisions must be made, as the need far exceeds the available resources. With more than 3,000 families relying on the landfill for survival, the demand for support is overwhelming, and the consequences of inaction are severe. The open-air dump not only exposes children to dangerous labor but also serves as a breeding ground for disease and malnutrition, exacerbating an already desperate humanitarian situation.

	Janvier	Fevrier	Mars	Avril	Mai	Juin	Total	Juillet	Aout	Septembre	Octobre	Novembre	Décembre	Total	Grand Total
Nombre d'enfants au centre RK (cumulatif)	60	56	59	58	62	58	79	65	67	76	61	49	54	87	166
Nombre de jours d'ouverture du centre RK	30	29	30	30	31	30	180	31	31	30	31	28	30	181	361
Estimation journalière de la fréquentation	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
Nombre total d'enfants ayant fréquenté le centre	60	56	59	58	62	58	79	65	67	76	61	49	54	40	119
Nombre total de filles ayant fréquenté le centre	25	20	20	24	26	22	34	25	28	36	28	26	28	22	56
Nombre total de garçons ayant fréquenté le centre	35	36	39	34	36	36	45	40	39	40	33	23	26	18	63
Nombre d'enfants transférés vers un autre programme	0	0	0	0	0	0	0	0	0	35	0	0	0	35	35
Nombre de cas de santé détecté	5	10	4	8	6	11	44	2	6	4	3	9	1	25	69
Nombre de cas d'abus physique ou moral détecté	0	0	1	0	1	1	3	0	1	0	1	0	0	2	5
Nombre de cas d'abus sexuel détecté	0	0	1	0	1	1	3	0	0	0	1	0	0	1	4
Nombre de parents reçus et conseillés	4	10	6	11	9	15	55	9	12	12	11	4	10	58	113

Expanding Efforts: The Future of CPCS International in Burundi

CPCS International, through its collaboration with UCBUM, is determined to expand its impact in Bujumbura and other regions of Burundi. Given the scale of the challenges, plans are being developed to extend services beyond Buterere, reinforcing interventions in education, child protection, and family support. The goal is not only to provide immediate relief but also to create sustainable solutions that address the root causes of child vulnerability.

The organization is actively exploring avenues to strengthen child rights advocacy, health support, and economic empowerment for families, ensuring that children are not forced into exploitative situations. This strategic expansion will include increased engagement with local authorities, international partners, and civil society organizations to foster a comprehensive child protection system that guarantees every child's right to education, safety, and dignity.



A Commitment to Children's Rights

At the core of CPCS International's mission in Burundi is an unwavering dedication to the fundamental rights of children. No child should be forced into labor, denied education, or left vulnerable to exploitation. Despite the immense challenges posed by the economic crisis, CPCS International and UCBUM remain steadfast in their commitment to offering hope, protection, and tangible solutions.



The journey ahead is difficult, but the message is clear: no child should have to choose between survival and education. CPCS International will continue working tirelessly to expand its reach, advocate for policy changes, and ensure that every child in Buterere—and beyond—has the opportunity to grow up in a safer, more just society.

Supported by Sœur Emmanuelle Asbl (NPO), Vie d'enfant-Kinderleven

and CPCS internal funding

Rwanda – CPCS – Africa (Prevention and awareness)

CPCS International operates through CPCS-Africa to ensure the protection of children and youth at risk and those in street situations. Officially registered as a local NGO in Rwanda since December 2023, the organization recognizes the various factors leading children to the streets, including poverty, family violence, peer pressure, lack of educational opportunities, and the illusion of a better life in urban centers. Children and youth migrating from rural areas often face serious dangers, including drug abuse, exploitation, discrimination, and violence.

CPCS-Africa is committed to working closely with Rwandan authorities to address these challenges. Our tailored approach ensures that every action, service, and methodology aligns with the best interests of children and youth, prioritizing their rights, protection, and well-being.



CPCS-Africa’s primary center is in Nyagisozi, Musange Sector, Nyamagabe District. Phase 1 focuses on establishing a Regional Center in Nyagisozi that integrates two core programs: the Family Care Center (FCC) and CPCS-Local Action Support and Services (CLASS). These initiatives aim to provide direct support to vulnerable children, promote family preservation, and reinforce community engagement in child protection.

The Family Care Center (FCC)

The FCC provides a structured support system for children facing social and economic hardship. Through collaboration with local authorities and school committees, CPCS-Africa identifies children at risk and offers services tailored to their needs. Families facing significant financial or social challenges are encouraged to enroll their children for daily support.



The center ensures access to education, offers homework assistance, medical and psychological care, and provides nutritious snacks. Emergency aid is extended to families in extreme financial distress. The program aligns with national child protection policies and focuses on three key objectives:

1. Preventing family-child separation and unsafe migration
2. Promoting family preservation through a community-based approach
3. Ensuring access to education and essential services for vulnerable children

A dedicated team of educators, social workers, and caregivers oversees daily operations. The FCC serves as a day-care facility during non-school hours, accommodating up to 150 children daily. Activities include literacy programs, structured play, sports, hygiene education, and personal development sessions. Monthly meetings with families focus on key topics such as child rights, migration risks, hygiene, and parenting support.

CPCS-Local Action Support and Services (CLASS)

CLASS focuses on empowering local communities through educational and social services. This initiative supports two primary schools, Nyagisozi and Kibaga, by providing educational resources, school materials, and awareness campaigns on children's rights and protection.

Key activities include:

Training teachers and students on child rights and responsibilities

Providing health and hygiene awareness sessions

Supporting school feeding programs to improve nutrition

Encouraging community engagement in preventing child exploitation

CLASS also strengthens prevention programs in partnership with local authorities, schools, and community leaders to address issues such as domestic violence, school dropout rates, and unsafe migration. Additionally, awareness classes are conducted in schools to address sensitive topics that are often difficult to discuss, such as reproductive health, domestic violence, and substance abuse.

Awareness and Advocacy

CPCS-Africa believes in the power of education and awareness to create long-lasting change. Awareness programs target four key groups:

Families: Community-based discussions help parents understand child protection laws, family reintegration strategies, and the risks of unsafe migration. Social workers conduct home visits to provide tailored support and identify at-risk households.

Children at Risk: Special sessions in schools and community centers educate children on the dangers of street life, drug abuse, domestic violence, and personal safety.

Children in Street Situations: With government approval, CPCS-Africa conducts outreach sessions in urban areas to provide information on health, legal rights, and rehabilitation options.

The General Public: Awareness campaigns target shopkeepers, security forces, educators, and tourists to reshape public perceptions of children in street situations and encourage inclusive social policies.

Health and Nutrition Support

Ensuring that children have access to proper nutrition and healthcare is a priority.

CPCS provides:

- Daily nutritious meals and snacks at the FCC
- Medical assistance and referrals for children in need
- Support for families to access health insurance
- Awareness campaigns on hygiene, disease prevention, and child health
- Basic hygiene support, including access to clean water and washing facilities

Child Participation and Leadership

Children play an active role in shaping the services provided by CPCS-Africa. Through structured elections, child delegates represent their peers and participate in decision-making processes. The Child Club promotes leadership skills and self-advocacy, empowering children to voice their concerns and propose solutions. The organization places particular emphasis on empowering girls, ensuring that they have equal access to opportunities and are actively involved in leadership roles.



Education Tickets: purchase of items by children

Community and Institutional Collaboration

Strong partnerships with local and national authorities ensure the sustainability of CPCS-Africa's initiatives.

The organization works in coordination with:

- District Child Protection Officers
- Local government agencies and social services
- School administrations and teachers
- Community-based organizations

Through these collaborations, CPCS strengthens Rwanda's child protection framework and contributes to the long-term well-being of vulnerable children.



Expansion and Future Goals

CPCS-Africa aims to expand its programs beyond Nyamagabe District, replicating the successful models of the Family Care Center (FCC) and CPCS-Local Action Support and Services (CLASS) in new communities. The organization is also conducting research on child migration patterns to identify root causes and propose policy recommendations that will strengthen national child protection efforts.

CPCS International, through CPCS-Africa, is dedicated to safeguarding the rights of children and youth in Rwanda. By maintaining a strong presence on the ground and collaborating closely with authorities, CPCS-Africa ensures good governance and transparency in its operations. The organization's expansion into new regions reflects its growing commitment to child protection and community empowerment.

Despite the challenges faced in the Great Lakes region, including socio-economic instability and security concerns, CPCS-Africa remains steadfast in its mission. The organization will continue to adapt its strategies to meet the evolving needs of vulnerable children, ensuring that every child has access to safety, dignity, and opportunity. Through advocacy, collaboration, and direct intervention, CPCS-Africa strives to create a sustainable future where children's rights are respected and protected.

TESTIMONIES:

Laura (name changed), 11 years old - I had dropped out of primary school in the 3rd grade when I was 8 years old. My family lacked the means to pay for midday school meals and school supplies. Since CPCS-Africa arrived, they have put me back in school. They provide for my needs such as pens, notebooks, shoes, uniforms, and the contribution for school meals. I receive academic support at the center where teachers help me review my lessons daily. This academic support has facilitated my reintegration into school and helped me catch up on my studies. I am happy to attend school again, and everything is going well. My academic results are good.

Pierre (name changed), 13 years old - I suffered a lot from lacking school supplies. Fortunately, I was selected to join the CPCS-Africa program. Now, I receive everything related to school as well as clothes for everyday life. I benefit from a daily meal at the center, which improves my physical condition and concentration.

Louise (name changed) - 13 years old - I had problems going to school. I studied poorly because I lacked all the school materials. I was often sent home from school because I didn't pay the contribution for school meals. Fortunately, CPAS-Africa started its actions in our area, and I was selected. They provided me with everything I needed, including hygiene supplies and all school materials, as well as kits for girls. I no longer worry about the contribution for school meals. I especially thank this project because it supported me when I had the misfortune of losing my brother. I received food support that allowed my family and me to live for a week.

CPCS International activities in Rwanda are supported by Vie d'enfant – Kinderleven ASBL-VZW, Soeur Emmanuelle ASBL and CPCS International own resources.



CPCS INTERNATIONAL ACTION IN NEPAL

CPCS International: A Rights-Based Approach to Child Protection

At the heart of CPCS International's mission is a steadfast commitment to the rights of children and youth, particularly those at risk and in street situations. Our approach is grounded in adaptability, ensuring that every program and intervention is tailored to serve the best interests of the child, youth, or family that places its trust in us. By prioritizing prevention, risk reduction, and social rehabilitation, we aim to create sustainable solutions that empower children, restore dignity, and strengthen families.

A Network of Local Organizations for Greater Impact

Since 2002, CPCS International has been active in Nepal, evolving over the past 4-5 years into a network of four local NGOs. This evolution enhances local empowerment, facilitates cooperation with authorities, and promotes community-based management. Each of these organizations undertakes specialized activities while adhering to the overarching philosophy of CPCS International:

- 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)

This localized structure ensures that services are tailored to the specific needs of children and youth in various regions, allowing for enhanced responsiveness and efficiency in our work.

A Comprehensive Workforce Dedicated to Child Protection

CPCS International relies on a diverse and dedicated workforce made up of professionals from various disciplines. Each of these experts contributes to the holistic care of children, ensuring that our three core dynamics—prevention, risk reduction, and social rehabilitation—are effectively implemented.

Social Workers – Provide direct support to children in street situations, ensuring their rights are respected and that they receive appropriate care, counseling, and assistance.

Teachers – Provide educational opportunities to help reintegrate children into formal schooling or offer non-formal education to those who are not yet ready for school.

Health Professionals (Nurses and Health Assistants) – Deliver medical care and hygiene support to children, addressing both their immediate and long-term health needs.

Psychologists – Focus on the emotional well-being of children by providing trauma-informed counseling and mental health support.

Legal Experts – Advocate for children’s rights by offering legal aid and navigating justice systems to protect them from exploitation.

Prevention Officers – Develop and implement community-based prevention programs, collaborating directly with at-risk families to reduce the likelihood of children ending up on the streets.

Reunification Officers – Facilitate family reunification processes, ensuring that children who can safely return home receive the necessary support and follow-up to maintain stability.

Caretakers – Ensure that children in CPCS-supported centers receive daily care, emotional support, and supervision within a nurturing environment.

Administrative and Financial Staff – Manage operations to ensure accountability, efficiency, and sustainability of programs.

Drivers and Logistics Teams – Provide essential mobility and transport services to ensure smooth program implementation.

A Holistic Approach to Child Protection

CPCS International believes in long-term, sustainable solutions rather than short-term fixes. Our intervention model is structured around three fundamental pillars:

Prevention – Working within communities to address the root causes of child vulnerability, such as poverty, family breakdown, and lack of education. We engage in community awareness programs, parental guidance sessions, and provide direct support to at-risk families.

Risk Reduction – Providing immediate protection to children in street situations through drop-in centers, healthcare, legal aid, and psycho-social support.

Social Rehabilitation – Supporting children in their transition back to family life, school, or vocational training, ensuring they have a sustainable and secure future.

A Future Focused on Child Rights and Expansion

CPCS International is continuously adapting its programs to address the changing needs of children and youth. Our presence in Nepal has grown significantly, and we remain committed to strengthening our legal advocacy, education initiatives, and rehabilitation programs. Moving forward, CPCS International aims to expand its services by building new partnerships and reinforcing its role as a leading defender of child rights.

Through a rights-based approach, CPCS International remains at the forefront of child protection, education, and family reunification, ensuring that no child is left behind and that every young person has the opportunity to build a dignified and independent future.

CPCS International network in Nepal :

 <p>CPCS <i>"Child Protection Centers and Services"</i> Godawari, Lalitpur, Nepal Tel: 01 5560700, 01 6224660, 9801245550</p>	 <p>Organization For Child Development ORCID Morang Tel: 9801245521</p>	 <p>Dolakha 2006 Dolakha Tel: 9880395432</p>	 <p>CRPC NEPAL Sindhuli Tel: 9801245508</p>
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ACHIEVEMENTS

Prevention program

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

- **38** supported BHCA Centers (schools)
- **24** nurses hired for the BHCA Program
- **10** Health Assistants hired for BHCA and the regional office
- **9550** student beneficiaries in all **38** BHCA program (School)
- **33695** students got BHCA medical service in different schools.
- In total **66175** people got consultation through the BHCA Program (students and more)
- **17946** Dignity Kits for girls distributed in **38** schools
- **187** meetings with school principals
- **78** meetings with nurses
- **92** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **17** Nurses are attending in training in Kathmandu, Dolakha, Morang and Sindhuli.
- **1126** awareness sessions for children; **39073** children benefiting from awareness sessions
- **684** Health Camps for children; **21004** children benefiting from Health Camps
- **1518** children referred to Hospital/health posts
- **1715 children** referred for counseling/psychological support
- **518** awareness sessions for parents; **8244** parents attending awareness sessions
- **3454** children got emergency support through the BHCA Program – Stationary Support FCC / BHCA.
- **193** children Hospital visit / admitted through BHCA support.
- **686** Children's file forwarded for emergency supports.
- **6396** 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 **30** children. These children who 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, **30** children attend the FCC for tuition classes every morning. They receive a morning meal before going to school.
3. In **Dolakha District**: There are **30** 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

- **93915** meals/snacks (Plats) have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **44** health sessions (camp, checkup, awareness) for **200 +** children in different centers (Godawari, Dolakha, Sindhuli and Morang).
- **402** children received medical support.

Emergency line

457 calls treated by the emergency line: 98 for medical assistance, 32 under arrest, and 104 information calls received in the year 2024.



“National Centre for Children at Risk” referred 59 children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- 1306 children were treated in the Recovery center (in patients’ nights).
- 1503 children (out patients) were treated in the recovery center.
- In average, 5 children are daily treated in our recovery centers.
- 26 cases were referred to various hospitals for further checkup.
- 9 children were admitted in hospitals for 158 days.



Schooling program

- 1 (Godawari) + 23 (Dolakha) youth enrolled in school.



Counseling services (National)

- CPCS psychosocial counselors gave individual counseling for 598 cases.
- CPCS psychosocial counselors gave group counseling for 168 cases
- 17 cases were linked to physical and moral abuse (CPP).
- 187 general awareness classes.
- 12 cases were linked sexual abuse victims supported.
- 22 awareness sessions with the team.
- 12 training and orientation with the team.



Legal Support Program (LSP)

- **28** youths or children benefited from legal assistance after they were taken into custody.
- **19** were released after our intervention.
- **54** Jail-visits and **57** custody-visits.
- **20** Meetings with the police.
- **938** children attended **37** awareness sessions on legal matters and **34** awareness programs conducted with the public.
- **4** children / youth got their birth certificate and/or citizenship card.



Rehabilitation program

- **59** children enrolled in **CPCS Rehabilitation program**.
- **59** children were referred by National Child rights Council (NCRC) and Center for Children at Risk (104).
- **11** children/youth sent to other organization for rehabilitation.
- **5** youth referred in other organization for training.
- **55** children /youth family reunifications.
- **40** children/youth family visits.
- **7** children/youth dropped out.
- **69** children/youth follow-up families.
- **20** Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

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



OTHER ACTIVITIES - 2024

FLOODS EMERGENCY SUPPORT

The floods in September 2024 were unprecedented, with heavy rains triggering flash floods and landslides across Nepal. More than 215 people, including 35 children, were killed, and dozens were reported missing. The capital, Kathmandu, witnessed the most intense rainfall in over half a century, leading to significant damage to houses, schools, and hospitals. The southern part of the city remained inundated for several days.

The rains, which began on September 27 and lasted for more than 72 hours, affected 44 of Nepal's 77 districts. Many areas were cut off, with bridges and roads swept away and powerlines and telecommunication networks disrupted. Security forces and volunteers rescued about 4,500 people, and over 7,600 families were severely affected, many of whom lived in informal settlements that were washed away.

In response to the disaster, UN humanitarian teams, alongside the Government and partners, mobilized rapidly to deliver aid and assess the damage. Emergency teams from UNICEF distributed vital supplies, including hygiene kits, water purification tablets, blankets, and mosquito nets. A medical tent was set up to temporarily replace a major hospital that was destroyed, potentially providing healthcare to up to 2,000 people.

CPCS was actively involved in the rescue and relief operations in the Godawari and Thapathali areas. They focused on rescuing people from slum areas and providing essential relief supplies to those affected by the floods. Additionally, CPCS provided medical healthcare to flood victims, ensuring that they received the necessary medical attention during this challenging time.

Godawari and Thapathali Slum Area Relief Efforts

In response to the devastating floods in September 2024, CPCS launched a comprehensive relief operation in the Godawari and Thapathali slum areas. Their efforts focused on providing essential relief packages, dignity kits, and health services to the affected individuals.

CPCS distributed relief packages to the flood victims. Each package was designed to meet the basic needs of the affected families and included:

1 bag of rice (30 kg); 1 pack of lentils; Salt; cooking oil; Sugar; Soyabean; soap.

Understanding the importance of menstrual hygiene, CPCS also provided dignity kits to women in the affected areas. Each kit contained essential menstrual hygiene items such as sanitary pads and towels.

To address the immediate health concerns of the flood victims, CPCS offered free health check-ups and first-aid medicines. These health services were crucial in ensuring that the affected individuals received prompt medical attention and care during this challenging period.

CPCS has been supported by Vie d'enfant and many individuals to provide an emergency support during this challenging period.







VISIT from our PARTNERS from THE NICK SIMONS' FOUNDATION

Introductory Meeting and Monitoring with Ms. Deidre Lee from the Nick Simons Foundation. The discussions focused primarily on the Child Protection Policy and the additional training undertaken by CPCS staff. The training is fully funded by NSF.

We once again expressed our condolences for the passing of Mr. Jim Simons, the visionary and founder of NSF. We fondly remember his many visits, along with his wife, to the CPCS Center during its early days.



VISIT from our PARTNERS from LA CHAÎNE DE L'ESPOIR

In 2024, the French partner La Chaîne de l'Espoir visited and monitored the Better Health Care Access (BHCA) Centers in Kathmandu and Dolakha. These centers, organized by CPCS, are located in small government schools and operate with the financial support of La Chaîne de l'Espoir. The visit aimed to ensure the centers delivered high-quality healthcare services to the school children and local communities.

During their visit, La Chaîne de l'Espoir representatives assessed the facilities, interacted with healthcare staff, and gathered feedback from beneficiaries. This evaluation helped identify areas for improvement and provided valuable recommendations to optimize the services offered by the BHCA Centers.

Their involvement included training sessions for medical staff, workshops on best practices, and meetings with local authorities. These activities enhanced the skills and knowledge of healthcare providers and fostered a sense of community and shared responsibility.



CPCS International: A New Era in Youth Empowerment and Vocational Training

For over two decades, CPCS International and its partners have been dedicated to protecting children and youth in street situations in Nepal. In 2022, after a comprehensive analysis of the challenges faced by young people, CPCS International launched the **Youth Empowerment and Capacity Building Approach (YEC-BA)**, an innovative framework designed to support youth aged 14 to 25. This approach builds on past experiences, research, and successful models like Friends International in Cambodia, aiming to provide not only care and protection but also **real opportunities for sustainable autonomy**.

The evolution of CPCS's strategy represents a **major turning point**, broadening the scope of intervention beyond protection and immediate assistance. Moving forward, a key aspect of the program will be its **strategic partnership with Les Terrasses Himalayan Resort (www.lesterrasseshimalayanresort.com)**, which will provide vulnerable youth with **vocational training in agriculture, tourism, and hospitality**. This partnership marks the beginning of a **significant transformation** in how CPCS equips young people with skills that will allow them to reintegrate into society with dignity and financial self-sufficiency.

A Structured Approach to Empowerment

Nepal faces significant challenges in integrating its young population into the workforce, with thousands of young people entering the job market each year and struggling to find sustainable employment. Many youths who remain in **street situations** or unstable environments face extreme risks, including exploitation, legal troubles, and severe health issues.

To address these challenges, CPCS International's **YEC-BA program** is structured around seven core areas, targeting different categories of youth, and follows a phased approach that provides:

- **Medical, legal, and counseling services** to stabilize youth and address immediate risks
- **Activities at Drop-In Centers**, offering a safe space for education, social support, and skill-building
- **Family visits and assistance in obtaining legal identity documents**, ensuring youth regain their fundamental rights
- **Vocational training in collaboration with Les Terrasses Himalayan Resort**, where young people will learn practical skills in **hospitality, agriculture, and tourism**, preparing them for stable employment

- **Opportunities for internships and apprenticeships**, allowing for gradual reintegration into the workforce
- **Entrepreneurship training and self-reliance programs**, ensuring that youth gain the tools necessary to build sustainable futures

A Long-Term Vision for Sustainability

The collaboration between **CPCS International and Les Terrasses Himalayan Resort** is not only a response to the immediate needs of at-risk youth but also a step toward **self-sustaining social impact**. As Les Terrasses grows into a recognized destination for travelers and tourists, the revenues generated will contribute to **partially funding CPCS's initiatives**, ensuring greater financial independence for child protection programs. This model of progressive self-financing will allow CPCS to **scale its impact** and extend its efforts beyond Kathmandu, Sindhuli, Morang, and Dolakha.

The ambition is clear: **to elevate CPCS's intervention from protection to full empowerment, equipping Nepal's most vulnerable youth with the skills, support, and opportunities necessary to build a dignified and independent future**. This shift marks the beginning of a new chapter, one where young people are not only rescued but actively **prepared for a brighter future**, contributing meaningfully to their communities and breaking the cycle of vulnerability.

The Youth Empowerment program is mainly supported by Vincent Perrotte and Soeur Emmanuelle ASBL.





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 in the streets**.

Different programs focusing on families, communities, and children at risk were developed to **address** the severe problems and risks met by children in some cities of Nepal where the phenomenon of children in a street situation is evolving. Children are threatened by domestic violence, social exclusion, drug abuse. A combination of those **causes pushes children to escape to seek refuge elsewhere**. Consequently, CPCS aims **to stop this phenomenon at its source and reduce the number of children in a street situation** by encouraging and sustaining their education and give them access to Better Health Care.

Program: Family Care Center (FCC)

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

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

A local team of **3 people** is responsible for the wellbeing and good communication with the beneficiaries and their families. One admin or social worker deals with accounting and support to families.

A caretaker does the cleaning, takes care of the children and a teacher gives them classes. One medical person (Nurse or Health Assistant) provides hygiene and awareness classes, basic medical care, tuitions, and support. The goal is to offer **adequate support** to every family. The FCC is open every day and runs as day-care centre. Each centre welcomes at the beginning up to 75 children and can go up to **100 kids**. The children come every day to enjoy after school sessions, daily snacks, the library and the help with homework. A common room enables them to participate in social activities, such as games, sports or artistic activities. They also have the possibility to take care of personal hygiene and receive basic health care.

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

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

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

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

Testimonial Mohan Nepali (name changed)

My name is Mohan Nepali, and I am currently pursuing a diploma in agriculture with a focus on plant science, while also working. I have been living at CPCS since childhood, and this organization has played a significant role in my life. Although I have not yet discovered my family, I find great joy in being a part of CPCS, which has provided me with education up to the 12th grade. The support and guidance I have received from the respected staff and mentors here have deeply inspired me.

Living in this organization has allowed me to form lasting friendships and connections with others. I am grateful for the dedication of the teachers and volunteers who have fulfilled their responsibilities and offered their support. Currently, I am involved in the youth program at CPCS, where I am gaining new skills and experiences. Despite not having citizenship, I strive to maintain a positive attitude. I recognize that CPCS is a stepping stone toward my citizenship, and it has given me hope and the belief that I can overcome challenges.

Overall, my journey with CPCS has been transformative, instilling in me the resilience to move forward even in difficult circumstances. I am truly thankful for the opportunities I've had and the ongoing support I continue to receive.

Testimonial Sonam Rai (name changed)

My name is Sonam Rai, and I am 13 years old, studying in class 7 at Shree Siddeshowr Basic School, Godawari. I live with my family, including my sibling, and my father works as a laborer. I have been receiving tuition classes since 2022, and I am incredibly thankful for all the support I have received from CPCS. They have been a great help to me—not only do they provide essential medical care, but they also ensure I have the proper nutrition to stay healthy and strong. They offer us healthy food, which contains the right amount of nutrients.

Additionally, the stationery support they provide has been invaluable in helping me with my studies. With all the resources they give me, I feel more confident in my ability to succeed and pursue my dreams. I am truly grateful for everything CPCS has done for me, and I hope to continue growing with their support. The staff at CPCS have always treated me with warmth and kindness, making me feel at home during tuition classes. Because of this, CPCS holds a special place in my heart. All the teachers are so kind and supportive, always giving me good guidance every step of the way. I would like to express my sincere thanks to CPCS for the role they have played in my development.

HOW AN FCC WORKS:

- Open to **all** children from any public school.
- Daily **homework** assistance 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.
- Active community participation and engagement.
- Establishment of a **Child Club** and Ministerial System (to elect child representatives).
- Coordination with **local authorities, District Child Protection Officers**.
- Basic support for local children in street situations (fieldwork).
- **Family visits** (to assess situations), counselling and parenting tools.
- Team capacity building.
- **Weekly discussions** with children on various subjects, childcare, education, risks of unsafe migration and trafficking.
- Non-violence policy and full Child Protection Policy implemented in the center. No moral or physical violence is tolerated.
- Possibility to **do laundry** and **take a bath**.
- Active participation in local programs and 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 certificates and other documents.
- Emergency zone in case of natural or political problem (Child Protection Zone).
- **Youth** empowerment.

PREVENTION PROGRAM BHCA ACHIEVEMENT DATA – (JANUARY-DECEMBER 2024)

Total number of people who got a consultation through BHCA	56863
Health awareness sessions for children	1126
Children attending awareness sessions	39073
Number of Health camp for Children	684
Children attending health camps	21004
Number of children Local Hospital/Health post Referral	1322
Number of awareness sessions and meeting with Parents	518
Number of Parents attending awareness meetings	8244
Number of Dignity kits distributed to girls	17946
Number of children who received surgical and medical services in Hospital through BHCA support	193

BHCA – Better Health Care Access

The BHCA Program is an innovative project aiming to ensure that **children in public schools have access to basic healthcare, 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 provide children, young adults and their guardians with the opportunity to address difficult topics. Due to cultural values, subjects such as menstruation, STDs, mental health issues are taboo, which can lead to prejudices in children's minds.



After thorough research, CPCS concluded that many children in public schools have little or no access to health care. However, **with BHCA, more children will have access to 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 reallocated 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 supplies, 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, diarrhoea, stomach pains, low fever), but also to raise **awareness** about hygiene (in the school toilets and in general). **They identify children who need additional nutritional support or emergency clothing.** Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focusing on medical and hygiene issues (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.). Extra attention is given to girls and especially to **those who are going through their menstrual cycle.** Many girls stay home for 4 days a month and **miss a full month of education in a full school year.** The nurses ensure that they are properly supported, and CPCS provides the schools with the necessary resources.



The objectives of the program:

- Basic healthcare access in public schools;
- Promotion and campaigning for girls' rights;
- Basic sex education and prevention of sexual abuse;
- School hygiene (handwashing programs, clean toilets, etc.);
- Hygiene awareness for all students;
- Conducting camps (twice a month) to increase Basic Healthcare Knowledge;
- Gender-based violence awareness;
- Emergency support for families in need (clothing, nutrition);
- Making the school a child-friendly zone
- Intervention and support for serious health problems including surgery.

BHCA Program in Kathmandu Valley (CPCS NGO) – 2672 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	135
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	640
Shree Mahendra Basic School	Sanothimi – Bhaktapur	BHCA – Sanothimi	290
Shree Halchok Secondary School	Nagarjun – Kathmandu	BHCA – Halchok	200
Shree Adinath Secondary School	Kritipur – Kathmandu	BHCA – Kritipur	265
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	463
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) – 1664 Children

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	422
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	295
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	77
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	30
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	47
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	114
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	20
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	102
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	48
Janajyoti Secondary School	Kalinchok - Dolakha	BHCA - Dolakha	164

BHCA Program MORANG district (ORCHID) - 2477 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	456
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	51
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

Total 31 (24 full-time and 7 part-time) employees work across various programs:

- “Drop-In Center” (DIC) Rehabilitation Center for boys
- Legal support
- Medical support
- Emergency rooms for girls
- Psychosocial counseling
- Fieldwork
- Youth empowerment
- Educational support
- Reunification and deinstitutionalization
- Residential School Support
- Better Health Care Access in public schools

Regional office and FCC’S (DEURALI – DOLAKHA)

23 staff (11 full-time and 12 part-time) work *daily* at **1 FCC (Family Care Centers) and 1 Regional office in Deurali.**

A total of 30 + 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 Municipalities.

Testimonial Prabin Paryar (name changed)

My name is Prabin Paryar, and I am originally from Ruby Valley, Dhading, in the Bagmati Province. In my family, I have parents and siblings. Most of my older brothers are married and have gone to the Gulf countries for work, and my sisters are also married. Currently, only my older brother, Purna, lives with my parents. Our house is located near Mount Ganesh Himal. Last year, I came to Kathmandu because my brother Purna was working at a hotel there. I didn't enjoy the animal husbandry tasks in the village, so I decided to leave home and move to Kathmandu. However, when I arrived, my brother Purna had just left his job and returned to the village, so I couldn't meet him.

Unable to find my brothers, I ended up living on the streets. After some time, a police officer rescued me and took me to the Balaju police station. I had to wait there for 4-5 days for my relatives, but no one came to visit me. Eventually, the Balaju police sent me to NCCR (104), and later, I was transferred to the VOC organization. I found the rules at VOC to be very strict, which I didn't like, so I escaped through a window and made my way back to Machhapokhari. However, the police caught me again and sent me back to 104. From there, I was sent to the CPCS Godawari center. When I arrived at the Godawari center, I was able to reconnect with my brother Purna and my family through the ward chairman. Now I have my brother's contact number, and he has agreed to come pick me up. However, it would be difficult to take care of the animals and manage the farm in the village. Still, if my brother comes to visit, I will go back with him soon.

There is also a school in my village. Although the studies were not very regular, I was able to participate in the final examinations to advance to the next grade. Last year, I was in class 5. My parents are getting older; my mother is unable to walk and cannot do anything for herself. We need to support our parents, so we are actively looking for job opportunities to earn money.

Regional office and FCC (MORANG)

6 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 in Biratnagar. The center was mainly used during the **reunification processes** to create links between the families living in the district (30 children in FCC Day snacks and Morning Tuition class, with 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 border and the Eastern highway. It is situated 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 checkups and care to children as well as it provides services to the children at risk. 5 staff members are working daily in one Regional Office on 5 BHCA programs, assisting families from financially struggling households. All the children live with their families and attend school in 5 government schools (*Shree Panchakanya Secondary School, Shree Siddhababa Secondary School*). **CRPC (Child Right Protection Center)** was registered with the Sindhuli District Administration office in 2007 as a local NGO to work for and with children at risk in Sindhuli District.

Unfortunately, this program will have to be “suspended” from 2025 due mainly to our difficult financial situation. However, Sindhuli remains a priority and we will resume activities their as soon as possible. A BHCA will be maintained to keep our relationships with local authorities.

Awareness programs

With the families

CPCS has been able to collect data and conduct several studies on the topic **on the issue of children in street situations in Nepal**. This underscores 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 on the streets and for using their child as a source of income. This typically happens when the father loses his job. Other situations, such as excessive alcohol consumption, family break-ups or domestic violence can lead to children to run away 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. Additionally, 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 villages by organizing activities in the local schools. These awareness-raising sessions address the dangers of street life (drugs, diseases various forms of abuse), the rights and duties of parents and children, domestic violence, hygiene, health, the use of illicit substances. Without awareness of their rights and these dangers, children become easy targets for exploitation.

With children in street situations

In Nepal, **about 65% of the children who end up on the streets remain there**. This is why our social workers organize regular **information sessions in the streets**, educating children about the various forms of abuse they may encounter, including AIDS, drug addiction, and sexual exploitation. These sessions aim to equip them with the knowledge and resilience needed **to face these dangers**. Both children living on the streets and those attending our shelters participate in these awareness programs. Without an understanding of these risks, children become easy targets for exploitation.

With the public

Various stakeholders interact with children in street situations in Nepal, including the general public, security forces, shopkeepers, tourism professionals, tourists, and schools. CPCS believes that addressing this issue requires more than just focusing on the children and their families—it also demands engagement and awareness at the level of these other stakeholders.

With the authorities

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



RISK REDUCTION

Introduction

CPCS **respects the child's wishes and beliefs**. It is the child's **own decision** to come to CPCS and then go back to their family or to choose another option. We have developed programs and activities that encourage children to come to our centers where we can help them on their path back to their family. Street-based field workers educate children living on the streets 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 important of all, their 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 greatly values 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 were 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 from street situations can be safe and receive assistance when needed. They have access to various form of entertainment (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 on AIDS/HIV, drugs, child rights and give information about the services that CPCS can offer if they decide to leave the street. Dances, music classes and other activities are also initiated by their peer social workers or friends studying in secondary level.

- ✓ To offer children a safe place to sleep, take care of their personal hygiene and socialize with others.
- ✓ To give children nutritious and hygienic meals.
- ✓ To offer children free access to medical care and counseling in recovery center.

Testimonial Ram Kharki (name changed)

My name is Ram Kharki, and I am 16 years old. I am from Dailekh, where my family consists of three members: my father, my brother, and myself. I originally came to Kathmandu to study with my mother and father, but my father didn't support my education. Fortunately, my uncle, Suman, took on the responsibility of educating me. He owned a hotel where my older brother worked.

One day, I fell ill, and during that time, my uncle took care of me. My brother stayed at my uncle's hotel, working there. After I recovered, I returned to my father's house. I decided to visit Symbhu, a place I was familiar with. However, since it was dark, I ended up staying overnight at the house of a man I didn't know. The next morning, he took me to the police station, and from there, I was sent to a care center at 104. Eventually, I found a job at Delhi Bazaar CPCS. Currently, I am staying in Dolakha at CPCR, which is part of the CPCS Alliance. Here, I have the opportunity to study, and I am currently in class 9 at Kutidanda School. I am also participating in a youth program that offers various training sessions. I am focusing on hotel management training, which I believe will be very beneficial for my future.

I am very grateful for the support I've received here, as it has provided me with opportunities that I wouldn't have had otherwise. However, I am also concerned about my citizenship status. My family is being actively searched for, and since I've turned 16, I understand the importance of obtaining citizenship in order to officially establish myself in this country. I remain hopeful as I continue to remember my family and work towards reuniting with them while building a better future for myself through education and training.

- ✓ 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.

Testimonial Prem BK (name changed):

My name is Prem BK, and I am 18 years old. I come from a village called Khoplang in Gorkha, where I live with my father, grandmother, younger sister, and older brother. Unfortunately, my brother is missing, and we have lost contact with him. As for my mother, she left us when I was young to be with someone else, leaving my father to care for us in our village. When I was about to continue my education, I was studying in Grade 2 at Gyan Chacksu Bhadrakali School. Due to my circumstances, I moved to Kathmandu to find work, encouraged by relatives who were already working there. My first job was in a hotel, where I worked for about a month. I found the work challenging, as I had to wash dishes in cold water, which I didn't enjoy. Eventually, I left that hotel and found another job through a driver. I worked at this new hotel for around three years; however, I was dismissed for stealing money. In a moment of anger, caused by the owner's harsh treatment, I made a poor choice.

After leaving that job, I tried to find work at another hotel, but just a month later, I fell ill and had to go to the hospital. During my hospital stay, the owner of the first hotel I worked at came looking for me, hoping I would return. I refused, and he took me to the police. I spent about an hour and a half at the police station before they dropped me off at Bhrikutimandap. At this difficult time, I was taken in by CPCS (Child Protection Center Services). Initially, I felt uneasy and surprised, thinking, "Is this really a place where I can live?" However, over time, I adapted and became comfortable with both my friends and the staff members. I stayed at CPCS for about 5-6 months before moving to Dolakha to continue my studies. I had heard that Dolakha offered a great environment and good educational programs, so I seized the opportunity.

I have now re-engaged with my studies after having to leave school as a child. I recognize this as my last chance to pursue my education, and I am determined not to waste it. Through the youth program at CPCS, I have gained invaluable skills related to hospitality and farming. My experience in the hotel industry has been beneficial, and I am grateful for the opportunity to continue learning in this field. I am truly happy and thankful to the CPCS Alliance family for helping me regain my chance at education and providing me with the skills I need for my future.

- ✓ To reintegrate children after tracing family through family visit and counseling.
- ✓ To reduce risk among children in street situations and children at risk.

Coordination with NCRC, Center for Children at Risk.

- **97** children were referred for Rehabilitation in CPCS DIC by different organizations.
- **76** 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 children's sense of responsibility by giving them the opportunity to play an active role in the organization of the center (maintenance, household cleaning, food shopping, cooking, and defining the rules of good behavior).

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

Street work initiatives

Day and Night Field visits

These frequent field visits enable CPCS social workers to better grasp the current situation of Nepalese streets and the conditions under which street children are forced to live. These initiatives help CPCS staff also to 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 enables our staff to build trust, which is the basis for improving children's current situation in the long run. 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	J	A	S	O	N	D
Area 1 – Avg No.of children (Thamel)	15	15	14	15	15	16	16	14	14	12	12	13	13
Area 2 – Avg No.of children (Ratnapark)	13	10	11	11	14	14	15	9	10	12	12	13	13
Area 3 – Avg No.of children (Balaju)	9	7	7	8	7	7	7	10	10	11	10	10	10
Area 4 – Avg No.of children (Kalanki)	5	4	4	5	5	4	4	7	7	6	6	6	6
Area 5 – Avg No.of children (Pashupati)	24	21	24	24	24	24	25	22	24	26	26	27	27

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 **20** 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	J	A	S	O	N	D
Area 1 - Average No. of Children	18	17	16	17	18	19	17	18	19	18	19	18
Area 2 - Average No. of Children	10	11	11	10	12	11	12	12	11	11	10	11
Area 3 - Average No. of Children	7	8	8	7	9	9	8	8	9	8	9	8
Area 4 - Average No. of Children	3	3	3	3	3	3	4	4	4	3	4	3
No. of Children treated on Field	20	20	25	27	22	22	19	20	20	21	21	22
Children brought to center by field	0	0	0	0	0	0	0	0	0	0	0	0
Average No. children in daily Night field	15	15	16	16	16	16	17	17	17	16	15	18

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 to reunite the children with their families. A comprehensive network of social workers, paramedics, and rehabilitation officers strives to find the best individual solution for each child.

The Recovery Center is equipped with 10 beds for sick children to recover. Special meals and diets are prepared according to recommendations from our medical staff. Additionally, the Recovery Center treats viral diseases and epidemics. Children can receive daily consultations and treatments, including hospitalizations. In the case of surgeries, the necessary medical care is administered in collaboration with the attending physician and hospitals. Doctors' advice is strictly followed.

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

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

If the medical care we can provide for children is insufficient, they are sent to a hospital in Kathmandu, as rural areas do not have the same medical infrastructure available. For these children, beds and care are provided to prepare them in advance of their medical treatment in Kathmandu and to ensure a safe and speedy recovery when they return after their treatments. Once they have recovered, they can return to their families and friends.

GODAWARI RECOVERY (MEDICAL) SUPPORT MONTHLY STATISTICS (2024)

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Outpatients) treated	1503	151	125	148	168	153	168	115	120	105	95	84	71
Daily average	4	5	4	5	6	5	6	4	4	4	3	2	2
Number of "clinic in" children treated	1371	125	115	152	125	141	180	121	112	94	87	65	54
Daily average	5	4	4	5	4	5	6	4	4	3	3	2	2
No. of In-Patients Nights	1306	119	120	125	120	150	180	117	98	111	71	62	33
Average age of in-patients	11	10	11	10	9	16	18	9	10	12	12	10	8
Number of hospital cases	26	2	3	3	1	2	1	2	2	3	2	3	2
Number of patients admitted in hospital	9	0	0	2	1	1	1	0	1	0	1	1	1
Hospitalization Days	158	0	0	7	30	2	10	0	45	0	3	30	31
No. of children treated in DIC Godawari	48	3	5	4	4	6	5	5	4	3	3	4	2
No. of children treated in outreach (Day Field)	36	2	2	3	2	2	4	3	2	4	3	5	4
No. of children treated outreach (Night Field)	15	15	15	16	16	16	15	13	14	15	14	16	15

Medical Support Program

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

- ✓ Conducting day-and-night field visits and providing first-aid emergency treatments directly on the streets.
- ✓ Providing first aid and regular medical support for injuries and illnesses to children in all CPCS centers.
- ✓ Supporting children with more serious requirements such as surgeries by providing diagnosis, lab tests, and further medical intervention at public hospitals.
- ✓ Increasing awareness among street children about topics concerning HIV, AIDS, drugs, Hepatitis, Jaundice, STIs, STDs, and other diseases.

CPCS medical staff is present in different areas in Kathmandu through day and night field visits. Medical support is provided to all children without any discrimination, regardless of their religion or health status. The MSP also organizes health camps to perform medical check-ups for children. We work in partnership with several public hospitals and other health organizations. Through preventive measures such as training and immunization, CPCS ensures that its staff remain healthy and safe when providing support to children. Furthermore, our medical team meets with other health organizations in Nepal on a regular basis. We frequently participate in Ambulance Management meetings in Kathmandu to ensure we are up to date with current issues and new rules and regulations. CPCS also participates in coordination meetings with the Nepalese Red Cross, the Chief District Officer of Kathmandu, and the Nepal Police to discuss strategies for rescuing street children.

Supported by the Nick Simons Foundation

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

EMERGENCY LINE MONTHLY STATISTICS (2024)

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Medical Problems	98	10	9	7	10	9	8	9	8	7	8	7	6
Under Arrest	32	4	4	5	3	3	4	2	1	1	2	2	1
Abuses - trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	56	3	4	5	5	6	4	4	5	4	3	6	5
Child Labour	17	0	2	1	2	1	2	1	2	1	2	1	2
Information about others	220	25	19	11	13	21	15	22	21	20	15	23	15
Child lost cases	18	2	1	0	1	1	0	2	2	2	3	2	2
Family Missing cases	18	1	1	1	2	1	1	2	2	3	2	1	1
Line Calls Total	457	45	40	30	36	42	34	42	41	38	35	42	32

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

Legal Protection Program

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

LEGAL SUPPORT MONTHLY STATISTICS (2024)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Jail visits	54	4	4	5	3	3	4	5	5	6	4	5	6
Children/youth in jail	28	2	2	2	2	2	2	3	3	3	3	2	2
Custodies visits	57	5	6	5	5	4	5	6	4	5	4	3	5
Children/youth met at custody	19	3	2	0	3	2	0	2	1	1	2	2	1
Children/youth released from custody	19	3	2	0	3	2	0	2	1	1	2	2	1
Court Action	4	0	0	0	0	0	0	0	0	0	1	1	2
Meetings with Police	20	2	1	3	1	1	1	3	2	1	2	1	2
Awareness Class with children	37	4	3	3	3	3	3	3	2	4	4	3	2
Nbr of children attending Awareness class	938	85	84	75	73	69	71	84	75	83	81	86	72
Awareness Programs with Public	34	3	4	5	4	3	2	1	2	3	2	3	2

COUNSELING SERVICES MONTHLY STATISTICS (2024)

COUNSELING SERVICES Godawari	Total	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Individual Counseling	598	59	51	40	37	43	62	55	48	49	50	52	52
Group Counseling	168	19	21	18	25	19	17	14	6	7	10	6	6
General Awareness Classes	187	19	18	24	18	15	8	16	8	7	12	20	22
Sexual Abuses Victims Support	12	0	0	0	1	0	10	0	0	0	1	0	0
Physical and moral abuse victims	17	2	2	1	1	1	1	2	2	1	1	2	1
Awareness Sessions with team	22	2	2	2	1	2	2	2	2	2	1	2	2
Training / Orientations with team	12	1	1	1	1	1	1	1	1	1	1	1	1

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

SOCIAL REHABILITATION

Introduction

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

The Identification Process

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

The Family Reunification Process

CPCS strongly believes that, for a child's optimal development, the best place is within their own family, if the situation allows. Moreover, children in street situations often express their desire to return home during counselling 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 voluntary reunification opportunity.

REHABILITATION MONTHLY STATISTICS (2024)

Particular		J	F	M	A	M	J	J	A	S	O	N	D	Total
YT	Youth Training	0	4	0	0	0	0	0	1	0	0	0	0	5
F/R	Family Reunification	5	10	3	6	7	6	6	3	1	10	2	3	62
F/V	Family Visit	19	24	27	18	14	9	10	13	9	8	4	6	161
CHP	Child Home Placement	1	0	0	0	0	0	1	0	0	0	0	0	2
O/R	Own Room	0	1	0	0	0	2	0	0	0	1	0	0	4
F/U	Follow Up	23	28	27	16	9	11	19	14	10	14	6	10	187

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	J	A	S	O	N	D
Sent from NCRC-104	59	9	14	5	5	7	3	4	5	1	5	1	0
Field from Organization CPCS	4	0	0	1	0	1	2	0	0	0	0	0	0
Family Reunification	55	4	10	5	6	7	5	3	2	1	9	2	1
Refer to other organization	6	1	1	2	0	0	1	1	0	0	0	0	0
Send For Training	5	0	4	0	0	0	0	0	1	0	0	0	0
Drop Out	7	1	0	0	2	2	0	0	2	0	0	0	0
Refer From our organization	11	0	0	0	8	1	0	0	0	0	0	1	1
Pass Away	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	Total	J	F	M	A	M	J	J	A	S	O	N	D
Call from youth	160	15	17	10	21	10	19	10	8	14	12	9	15
Support of case in Street situation	69	7	4	7	5	6	5	7	4	7	5	6	6
Counseling for case management with Support	118	11	9	12	10	12	14	10	9	10	11	9	11
Covid Awareness program in street (field)	107	7	8	8	10	11	8	10	8	8	10	11	8
Medical Support in Street Situation	34	5	7	5	6	4	8	0	0	0	0	0	0
Pass Away from Street situation	5	0	0	1	0	0	0	0	0	1	1	1	1
Pregnancy and delivery support in street situation	7	0	0	0	1	2	1	0	0	0	1	1	1

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

Emergency room for girls

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

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

Testimonial Tara (name changed)

Her name was Tara. She lived in the Tilganga area with her husband. She gave birth to a baby girl, but when she was only 10 days old, she suffered from fever and vomiting. At first, we took her to the emergency department at Kathmandu Medical College (KMC) Hospital for treatment. My husband works as a daily wage laborer in Pashupati. At KMC, the doctors examined my daughter and referred her to Kanti Children's Hospital for admission to the NICU. However, we did not have any money for her treatment. In desperation, she called CPCS for medical support. With their help, we moved to Kanti Children's Hospital, where my daughter was admitted to the NICU. Her condition slowly improved, but she continued to vomit frequently. It was a very difficult time for us, as her newborn was unable to receive her breast milk due to her vomiting problem.

CPCS supported her during this period. We provided financial assistance for medicines and medical tests and also offered nutritional support. Despite the doctors' efforts, they were initially unable to determine the exact cause of her daughter's illness. They conducted blood tests on me as well, and I was diagnosed with Hepatitis C. After about a month, the doctors detected a CMV infection in my daughter, along with ulcers in her stomach. During her hospitalization, we spoke with the hospital management and social service department, who provided us with some financial relief. The doctors started antiviral treatment for CMV, but her daughter had to undergo two surgeries during her stay. CPCS covered almost all the costs of her medicines and medical tests.

We spent a total of 71 days at Kanti Children's Hospital.

Despite all our efforts, we were unable to save her.

May her soul rest in peace. We will always miss her.

Dolakha Rehabilitation Program

The Dolakha Rehabilitation Center provides 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 **68** boys benefiting from the rehabilitation and schooling program. An additional **49** 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.

- **22** boys to 45 boys are enrolled in the rehabilitation / Schooling program in Dolakha.
- **45 +** - children come to the regional center from the local area daily to use the common room
- **100 +** -families benefit from the common room, medical center and library services.
- A total of **200 +** family members benefit from the program.
- **More than 200 +** children use the libraries in schools and visit the regional office Deurali, Dolakha.

The local community benefits from awareness information, with various prevention messages being disseminated, including messages advising against sending daughters to big cities in pursuit of a so-called "better future." The common room serves as a meeting point for beneficiaries, residents, as well as surrounding schoolchildren and their teachers. Additionally, students from two nearby public schools have access to a library and games within the center.

DOLAKHA RECOVERY PROGRAMS MONTHLY STATISTICS (2024)

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J	J	A	S	O	N	D
Out patients treated	881	93	90	60	65	43	56	48	100	77	75	92	82
Patients admitted in clinic	59	1	1	1	2	0	6	4	10	4	2	18	10
In Patients bed Nights	200	3	4	5	19	0	18	14	37	8	9	58	25
Community patients treated	971	97	120	93	67	57	67	68	74	83	50	116	79
Ambulance community patients	60	0	5	8	7	6	5	1	8	4	7	4	5
Total CPR child patient	14	6	1	2	4	0	0	0	0	0	0	1	0
Children treated on the field	0	0	0	0	0	0	0	0	0	0	0	0	0

SCHOLING DATA OF DOLAKHA (2024)

Dolakha Schooling	Total	J	F	M	A	M	J	J	A	S	O	N	D
Scholarised children (beg)	22	26	26	26	26	25	25	25	23	22	22	22	22
New children	15	0	0	0	0	0	0	0	0	0	7	7	1
Family Reunified Children	8	0	0	0	0	0	0	2	0	0	3	3	0
Other NGO Reffer	1	0	0	0	1	0	0	0	0	0	0	0	0
Drop Out	2	0	0	0	0	0	0	0	1	1	0	0	0
Internally Referred children	0	0	0	0	0	0	0	0	0	0	0	0	0
Scholarised children (end)	25	26	26	26	25	25	25	23	22	22	22	22	23

COUNSELING PROGRAM DATA OF DOLAKHA (2024)

COUNSELING SERVICES Dolakha	Tot.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Individual Counseling	297	23	24	26	33	29	30	40	25	26	24	17	0
Group Counseling	250	33	30	21	15	8	22	16	14	52	16	23	0
Gen Awareness Classes	26	2	4	1	3	2	3	1	1	4	4	1	0
Sexual Abuses Victims	5	0	1	0	1	2	1	0	0	0	0	0	0
Physical and moral abuse	6	3	1	0	1	0	0	0	1	0	0	0	0

The Ambulance service – Regional Center Dolakha

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

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



The Schooling Program

Due to family problems or lack of information on the location of families, family reunification is sometimes not suitable for some children in street situations. Therefore, **CPCS has developed a schooling program** to offer them services tailored to their circumstances. Through schooling, the children socialize, interact with other children and transition away from the street environment. It enables them to integrate into and become part of a community different from street situations. These children attend government schools and participate in examinations just like any other student. They engage in classes covering subjects such as Nepali, English, mathematics, social studies, sciences, and sports.

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



The Youth Program (YEC-BA)

(Supported by Vincent Perrotte and Soeur Emmanuelle ASBL)

Introduction – (Rationale) and Sustainability

CPCS International and its partners in Nepal works on the protection of children and youth in street situations in Nepal since 2002. In 2022, following strong analysis of the current situations faced by youth in Nepal (from street situations and/or at risks), CPCS International decided to go ahead with an innovative approach (a living approach based on facts, realities and case after case perspectives) called “Youth Empowerment and Capacity Building Approach”. (YEC-BA)

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

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

Most of the proposed changes have no impact on CPCS funding capacities. It’s a methodological move with adapted services proposed. In 2022, with the support provide by Vincent Perrotte, some of the changes have already been tested on youth. We progressively implemented the other parts of the new proposed approach. Keeping in mind, it will be adapted to the need of each youth entering the program. Nepal has a very young population.

According to Nepal’s National Youth Policy (where youth are defined as 16-40 years old), approximately 20.8% of the total population of the country falls in the age group 16-25 years, while 40.68% of the population lies in the age group 16-40 and 70% of the population is under the age of 35. This phenomenon, where the youth account for the largest segment of the population of any country is defined as ‘population dividend’ or ‘youth bulge’. This provides a unique opportunity for Nepal. Yearly, over 550,000 youth enter into the labor market, out of which 91% of youth go abroad – especially to Malaysia and the Gulf. The participation of youth in civic spaces is very low inside the country. One of the major challenges facing Nepal’s development is the integration of the Nepali youth into the development process.

There is a shortage of institutional platforms for harnessing the myriads of youth-based resources and translating them into refined materials for the nation's development.

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

A. Seven groups (types of youth):

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

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

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

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

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

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

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

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, considering their literacy levels, educational backgrounds, and aspirations. CPCS promotes youth's responsibility through their participation in daily work activities, involvement in CPCS programs, tutoring, office assistance, kitchen support, and participation in discussion groups. Additionally, the program offers opportunities for youth to work as volunteers.

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

- ✓ Training in 5 levels leading to becoming a social worker: Starting as a junior social worker, progressing to a social worker assistant, and eventually becoming a full-fledged social worker.

- ✓ Vocational training in various fields (such as electricity or mechanics) provided by partner organizations. (and eco-farming since 2022/2024 + 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 attractions allows them to immerse themselves in the natural surroundings, which can be therapeutic and conducive to personal growth. It enables them to appreciate the beauty of the natural environment and develop a deeper understanding of the importance of Eco farming 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 Eco farming projects. It enhances their social skills, teamwork, and creates a sense of belonging and camaraderie.

5. *Immersion in Agricultural Environment:* Dolakha's rural setting provides a unique opportunity for youth in street situations to fully immerse themselves in the agricultural environment. By being away from city attractions, they can experience firsthand the challenges, rewards, and practical aspects of Eco farming.

This immersive experience helps them develop a deeper connection to the land, understand the local agricultural practices, and cultivate a passion for sustainable farming.

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

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

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

YOUTH PROGRAM MONTHLY STATISTICS (2024)

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total
Scholarised Youth (beg)	7	7	7	7	5	5	7	6	6	6	6	5	74
Non-scholarised Youth (beg)	8	8	6	6	6	6	8	12	10	7	4	3	84
New Youth	2	0	2	0	0	2	2	6	2	0	0	0	16
Family Reunified Youth	2	0	0	0	0	2	2	1	0	3	3	2	15
Internally Referred youth	1	0	0	0	1	0	0	0	0	0	1	0	3
Other Ngo Ref Youth	0	4	0	0	0	0	1	1	0	0	0	0	6
Drop out Youth	1	0	0	3	0	0	0	1	1	0	0	0	6
Scholarised Youth (end)	7	6	7	7	5	5	7	6	6	6	6	6	74

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. We started our action in Nepal and we also had pilot initiatives in several countries (RDC, Cambodia, Thailand) or field visits to assess the possibility to open programs. We are now also operating in Burundi and in Rwanda.

In Nepal, after 11 years of operation through CPCS NGO, three new organizations were created to implement CPCS International activities in other districts: CPCR (Dolakha), CRPC (Sindhuli), and ORCHID (Morang). CPCS International 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 loop recently to ensure progressively self-sustainability and real support for youth at risks. It's operations started in 2024. (as a pilot innovative project)

The team

CPCS International has a strong board of advisors mainly based in Belgium.

In **2024**, the whole CPCS International team and family consists of professionals based in Nepal, Rwanda, Burundi and Belgium. The team is continuously evolving, exploring new directions, and welcoming new staff to join the adventure.

Operational lead :

International Director – Dr. Jean-Christophe Ryckmans

President of the board (2024-2025) – Ingrid Bracke

General Director (Nepal) – Bijesh Shrestha

General Coordinator (Africa) – Christophe Bimenyimana

Administration and Finance Director (Nepal) – Tek Paudhyal

Coordinator (Burundi) – Arsene Ntungane

Regional Director (Morang) – Nawaraj Pokharel

Regional Director (Dolakha) – Ekta Pradhan

The Management (International and Local)

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

The executive committee (EDC – Eentral Direction Committee)

This committee is mandated by the local boards 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 in Burundi, Nepal or Rwanda have a meeting with the children "ministers." It is essential for them to properly share information from the top down and vice versa. Every child elected by their peers to represent a program at the meeting is present.

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.

Child participation

CPCS International has established a children's central government in every operating country, with members elected democratically by all the children. These government members convene weekly in each country, 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

- ✓ In Nepal, CPCS has 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. The National Child Right Council organized meetings on the rehabilitation of children living on the streets of Kathmandu. A series of meetings were held by a Ministry of Women, Children and Social Welfare (MOWCSW) and NCRC with other active NGOs for consultation and partnership. The Ministry and NCRC have already formulated guidelines to regulate and monitor the work concerning children in street situations in the Kathmandu Valley. NGOs involved in Child Protection attended these meetings.
- ✓ In Africa, CPCS-International is coordinating with ministries, authorities, (at provincial, regional and national level) to ensure, CPCS is following national policies and develop strong and useful partnerships with local government bodies. (for the best interests of the children, we care).

✓ [Public-private partnership to ensure Youth Support and Self-sustainability. \(Les Terrasses / www.lesterrasseshimalayanresort.com\)](http://www.lesterrasseshimalayanresort.com)

Les Terrasses Himalayan Resort: A New Era for Youth Training and Sustainability

To ensure the successful implementation of **Phase 4 of the YEC-BA project**, **Les Terrasses Himalayan Resort** officially opened its doors in 2024. This initiative represents a significant milestone for **CPCS International**, marking a transition from purely protective services to long-term empowerment through **vocational training and sustainable self-funding**.

Progressively, young people at risk are being involved in various professional training programs at Les Terrasses, covering **agriculture, hospitality, tourism, and culinary arts**. These **qualifying training opportunities** are essential to providing youth with **marketable skills, job placement opportunities, and a sustainable path out of vulnerability**.

A Training and Social Enterprise Hub in Dolakha

The training center is located adjacent to the **CPCS Regional Office in Dolakha**, a prime tourist destination just 3 to 4 hours from Kathmandu. This area offers significant development potential, with **renowned attractions such as Kalinchowk (a pristine Hindu sanctuary at 4000m altitude), the historic town of Dolakha, and the Thami Historical Museum**. The potential for success is extremely high, as **Les Terrasses Himalayan Resort** will set the standard as the premier mountain resort within a 100-km radius, offering **high-quality, clean, and well-managed facilities**.

All **necessary government approvals** have been secured, and the infrastructure has been designed by a UN engineer to comply with **strict earthquake-resistant standards**. The resort's breathtaking views, combined with its **proximity to the CPCS rehabilitation center**, create an ideal environment for long-term training programs.

Training Programs: A Pathway to Independence

The goal of **Les Terrasses Himalayan Resort** is to integrate **progressive and structured training** into its operations, ensuring that young people are **equipped with practical skills and real job opportunities**:

- **Organic Agriculture Training:** Young trainees will learn modern organic farming techniques, enabling them to return to their home villages with new agricultural skills. The training is already well-established, as organic farming has been practiced on-site for over five years.
- **Animal Husbandry:** Launched in 2024, this initiative is already generating funds. Youth are trained in **poultry farming (chicken, duck), and livestock management (goats)**. The farm will supply both **the resort and the rehabilitation center**, reinforcing self-sufficiency.

- **Hotel and Tourism Management:** Starting in 2024, training in **cleaning, accounting, reception, guest services, English, and basic business management** will be introduced. The courses will be supported by **business advisors from Nepal**, and trainer costs will be **covered by guest income from the resort**.
- **Restaurant and Culinary Training:** In cooperation with the **municipality and top restaurants in Kathmandu**, young people will be trained to become professional chefs. **Organic food production** will be prioritized, and youth will gain hands-on experience preparing meals for resort guests. From 2025, job placements will be facilitated for those completing their training.

A Model for Sustainable Growth

Beyond empowering youth, **Les Terrasses Himalayan Resort** is designed to **contribute directly to the financial sustainability of CPCS International’s social programs in Dolakha**. Over time, **40 to 60% of the profits** generated by the resort will help fund CPCS initiatives, reducing dependency on external donations.

This model represents a **major turning point** in CPCS International’s strategy, providing both **training and income-generation opportunities**. As the program expands, a **second training hub is planned for Godawari**, focusing on **additional vocational skills tailored to local economic opportunities**.

The vision is clear: **to transform the way CPCS International supports at-risk youth, empowering them with skills, dignity, and financial independence while creating a sustainable funding mechanism for the organization’s future work**.



Strategic Objectives: A Global and Sustainable Approach to Child and Youth Protection

CPCS International is committed to aligning its programs with the **2030 Sustainable Development Goals (SDGs)** by integrating a **rights-based, results-oriented approach** to its work. With a focus on **Burundi, Rwanda, Nepal, and potential expansion in Belgium and Ukraine**, we aim to **strengthen partnerships, diversify funding sources, optimize resources, and promote youth empowerment** while ensuring strong cooperation with local authorities in each country. Our strategic objectives reflect our mission to **provide sustainable and impactful solutions for children and youth at risk**.

Reinforcement of Child Protection and Rehabilitation Programs

- Strengthen **rehabilitation programs** with **specialized mid-term care** in the **Dolakha Regional Center** for both girls and boys, ensuring a holistic and gender-sensitive approach.
- Expand **short-term socialization centers** in Kathmandu Valley and improve the **Drop-In Center (DIC) in Morang**, reinforcing emergency and transitional care.
- Enforce the **Morang Rehabilitation Center** to accommodate and protect **victims of child trafficking and child labor** at the Nepal-India border.
- Adopt and implement strategies to **deinstitutionalize children**, ensuring **family-based reintegration processes** that align with international best practices and **child reunification principles**.
- Improve **support and legal assistance** for children in street situations outside Kathmandu Valley, progressively implementing **Recommendation 21**.
- Strengthen programs aimed at **youth empowerment**, giving them access to **vocational training and pathways to independent living** (YEC-BA).

Education, Health, and Prevention Programs

- Strengthen the **Better Health Care Access (BHCA) initiative** to ensure that children access public schooling through **comprehensive health care programs**.
- Enhance **family-based prevention programs**, offering **community support services** to prevent child abandonment and unsafe migration.
- Improve **access to education and skills training** for youth at risk, integrating **formal schooling, vocational training, and life skills development**.

- Expand and develop **Les Terrasses Himalayan Resort** in Dolakha as a training hub for **agriculture, tourism, hospitality, and culinary arts**, creating self-sustaining social programs.
- Initiate **new training programs in Godawari**, expanding vocational opportunities for youth in Nepal.
- Promote **gender equality and girls' rights**, ensuring targeted interventions for **adolescent girls at risk**, including educational access, protection from gender-based violence, and economic empowerment.

Governance, Structural Improvement, and International Expansion

- Strengthen **CPCS International's governance** by improving **board structures, management, and coordination across all operational countries**.
- Expand the **CPCS Alliance** by establishing **new partnerships in Burundi, Rwanda, Nepal, Belgium, and Ukraine**, adapting our approach to local contexts.
- Enhance **monitoring, evaluation, and reporting systems** to ensure better tracking of results, impact assessment, and transparency in financial expenditures.
- Rationalize **human and financial resources**, ensuring **cost-effective** and high-quality service delivery.
- Strengthen **cooperation with local authorities** in each country, working closely with **child protection agencies, ministries, and social services** to create sustainable child protection frameworks.
- Diversify **funding sources**, reducing dependency on external donors by developing **social enterprise models like Les Terrasses Himalayan Resort**, enabling **progressive self-financing** of social programs.
- Develop **new digital tools** to improve **internal communication, efficiency, and operational coordination** between CPCS Alliance partners.

Infrastructure, Security, and Environment

- Enhance the **Godawari Regional Center**, ensuring a **safe, child-friendly environment**.
- Complete **renovation work** at the **Recovery Center in Dolakha**, improving facilities for children in rehabilitation.

A Global Commitment to Child and Youth Protection

Through these strategic objectives, CPCS International is reinforcing its **commitment to children's rights, youth empowerment, and sustainable development**. By focusing on **prevention, risk reduction, and social rehabilitation**, we aim to **scale up impact** in Nepal, Burundi, Rwanda, and beyond. Our vision is to **create long-lasting systemic change**, ensuring that every child and young person has access to **protection, education, and opportunities for a dignified and independent future**.

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CPCStan

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

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

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