



CPCS
INTERNATIONAL

Child Protection Centers and Services



Half Yearly Report 2025

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A WORD FROM THE INTERNATIONAL DIRECTOR – CPCS INTERNATIONAL



Dear friends and partners, After a financially challenging year in 2024, CPCS has taken firm steps to stabilize its operations. Thanks to the dedication of our teams and the trust of our partners and beneficiaries, we have managed to rationalize and refocus our efforts where they are most needed.

In Nepal, we have streamlined our activities, discontinued less impactful programs, and implemented cost-saving measures. This has allowed us to reinforce our work with vulnerable youth, develop new and more targeted initiatives, and ensure that our core mission remains sustainable and effective.

In Rwanda, despite political tensions between Belgium and the Rwandan authorities, our commitment to children and families remains unwavering. In Nyamagabe District, we are proud to announce the launch of a new component covering the health insurance (mutuelle de santé) for over 500 children, ensuring their right to basic healthcare.

In Burundi, while the socio-economic and political context remains fragile, we are engaged in a deep reflection to redefine our operational model. The goal is to develop a more impactful and sustainable approach, tailored to the country's unique challenges.

Meanwhile, the new Board of CPCS International is actively working to strengthen governance, improve communication, and explore occasional actions in Belgium and Ukraine. These efforts aim to broaden CPCS's visibility and reinforce the solidarity that sustains our work.

We express our sincere gratitude to our donors, partners, and friends, without whom none of this would be possible. We also want to thank the children and young people who trust us every day – your courage and resilience are our greatest motivation.

To our donors and supporters: we reaffirm our commitment to accountability, transparency, and long-term impact. Your support is more than financial – it is a bond of solidarity that continues to change lives.

“There can be no keener revelation of a society's soul than the way in which it treats its children.”

— Nelson Mandela

Step by step, CPCS moves forward – with conviction, compassion, and a renewed sense of purpose.

Dr. Jean-Christophe Ryckmans

A stylized, handwritten signature in dark ink, consisting of a large, sweeping 'J' followed by a series of loops and a final horizontal stroke.

INTRODUCTION

CPCS is an international alliance of committed NGOs and grassroots partners, coordinated by **CPCS International**, working to protect, support, and empower **children and youth in street situations and at risk** around the world. Our work is directly inspired by and contributes to the implementation of the **UN Committee on the Rights of the Child’s General Comment No. 21 (2017)**, which emphasizes the rights and specific needs of children in street situations.

At the heart of our action lies a commitment to the **Sustainable Development Goals (SDGs)**. CPCS aligns its strategies with several key SDGs, particularly:

- **SDG 1 – No Poverty**, by addressing the root causes of marginalization and exclusion.
- **SDG 3 – Good Health and Well-being**, through medical care, psychosocial support, and access to health insurance schemes.
- **SDG 4 – Quality Education**, by reintegrating children into schools, offering non-formal education, and supporting vocational training.
- **SDG 10 – Reduced Inequalities**, by empowering socially excluded youth and advocating for systemic change.
- **SDG 16 – Peace, Justice and Strong Institutions**, by promoting child protection systems based on justice, inclusion, and human rights.

CPCS employs an **interactive and participatory approach** to better understand how children and youth in street situations build their identity amidst a context of violence, discrimination, institutional control, and survival. Their social positioning and future opportunities are shaped both by their inherited identity (such as caste, religion, and community background) and by their street experiences (survival mechanisms, peer groups, substance use, abuse, and resilience). Their aspirations — their dreams, fears, and goals — are a central focus of our interventions.

Inspired by the work of **Professor Daniel Stoecklin** (University of Geneva), CPCS uses tools such as the **Actor System Theory** (Stoecklin, 2000) and the **Kaleidoscope of Experience** (www.self-acting.com) to explore the way children perceive and narrate their own realities. This allows us to design tailored, respectful, and meaningful support strategies.

CPCS is committed to a **rigorous methodology** and a **child participation-based approach**. We strongly advocate for moving beyond a purely "quantitative" logic and rejecting neoliberal models that reduce child protection to numbers and outputs. Instead, we call on governments, NGOs, and partners to adopt a **systemic, rights-based, and holistic approach** to child protection.

Our guiding principles include:

- Placing the **best interests of the child** at the center of every decision.
- Promoting the **active role of children as rights-holders and social actors**.
- Reinforcing and reimagining **inclusive and accountable protection systems**.
- Building **collaborative partnerships** with like-minded organizations and networks.

"Every child comes with the message that God is not yet discouraged of man."

— **Rabindranath Tagore**, Indian Nobel Laureate

CPCS is not only a set of programs – it is a global movement, grounded in **solidarity, expertise, and human dignity**, striving to ensure that no child is left behind.



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
7. Le Fonds Lokumo (pars Caritas-Belgique)

Our other friends and partners :

- Chimay (Abbaye Trappiste)
- 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 and UCBUM – Advancing the SDGs and Protecting Children’s Rights in Buterere, Burundi

In the heart of **Buterere**, one of the most densely populated informal settlements on the outskirts of **Bujumbura**, **thousands of children face daily risks** linked to extreme poverty, child labor, and social exclusion. Many spend their days on the city’s massive open-air landfill, scavenging for charcoal, metal, or plastic to support themselves and their families. The consequences of this hazardous environment are profound: disease, malnutrition, exposure to violence, and the denial of fundamental rights.



Amidst these difficult conditions, **CPCS International**, in partnership with its local ally **UCBUM** (*Union des Centres de Bien-Être pour les Enfants Marginalisés*), is working to deliver a coordinated, rights-based response. At the heart of this partnership is the **Ruhuka Kibondo Socialization Center**—a safe and structured space where **40 children** are welcomed **each day** to learn, play, grow, and **access their fundamental rights**, in alignment with the **UN Convention on the Rights of the Child** and key **Sustainable Development Goals (SDGs)**.



A Safe Space for Dignity, Learning, and Reintegration

The **Ruhuka Kibondo Center** functions as a **transitional and rehabilitative space**, offering children psychosocial support, life-skills education, nutritional care, and structured learning activities. The aim is to prepare each child for a **return to formal education** and sustainable reintegration into family and community life.

This approach responds to a critical reality: before the Center's opening, more than **30% of children** who attempted to return to school **without proper preparation** dropped out and returned to the street. By prioritizing **confidence-building, routine, and adapted pedagogy**, the center increases long-term reintegration success and reduces relapse into street life.



Each child welcomed at the Center is given **access to basic rights**, including:

- Protection from child labor and exploitation (*SDG 8 – Decent Work and Economic Growth*)
- Access to quality non-formal education (*SDG 4 – Quality Education*)
- Daily meals and hygiene support (*SDG 3 – Good Health and Well-being*)
- Emotional and psychological support (*SDG 16 – Peace, Justice and Strong Institutions*)
- Inclusion and non-discrimination (*SDG 10 – Reduced Inequalities*)

While the Center is open to all children in need, **resource constraints limit daily capacity to just 40 children**. This forces staff to make difficult choices every morning, despite the overwhelming need. With over **3,000 families** surviving from the landfill economy, the demand for protection, education, and basic services continues to outpace what is available.



Buterere Today, Burundi Tomorrow: Scaling Up Impact

Recognizing the **magnitude of the challenge**, CPCS International and UCBUM are actively working to **scale up** their efforts beyond Buterere. The vision includes:

- Expanding the **Ruhuka Kibondo model** to other urban and peri-urban zones
- Reinforcing **community-based child protection mechanisms**
- Supporting vulnerable families to reduce dependence on hazardous child labor
- Strengthening access to **education, healthcare, and civil documentation**
- Deepening collaboration with **local authorities**, including the **Ministry of National Solidarity, Social Affairs, Human Rights and Gender**, to improve systemic responses.



In parallel, a **strategic reflection is underway to design a renewed vision for CPCS International’s action in Burundi starting in 2026**, focusing on more **sustainable, integrated, and large-scale interventions** that combine education, economic empowerment, and community resilience.

Children First: A Shared Commitment

CPCS International and UCBUM operate with a simple but powerful conviction: **no child should have to choose between survival and education**. The situation in Buterere may be dire, but the daily presence of children at the Ruhuka Kibondo Center—learning, laughing, building trust—is a reminder that **change is possible, one child at a time**.

Every day, **40 children** access a space of **dignity, learning, and care**. Behind each number is a name, a face, a future. Through continued investment, partnership, and advocacy, CPCS and UCBUM reaffirm their commitment to protecting **every child’s right to safety, education, and hope**.

“We owe our children – the most vulnerable citizens in any society – a life free from violence and fear.”

— Nelson Mandela



The road ahead is long, but CPCS International will not stop walking it—alongside the children of Buterere and the people of Burundi—until **every child’s rights are fully respected, protected, and fulfilled.**

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

Rwanda – CPCS – Africa (Prevention and awareness)

Local Partnerships, Global Commitments: Advancing Child Protection in Rwanda

In early 2025, **CPCS-Africa**, the regional arm of **CPCS International**, continued to deepen its presence in **Nyamagabe District**, southern Rwanda. Officially registered as a local NGO in December 2023, CPCS-Africa has since focused on supporting vulnerable children and their families through structured, rights-based interventions, in close collaboration with schools, local authorities, and community actors.



From our **main center in Nyagisozi Sector**, CPCS-Africa delivers a range of services designed to promote the well-being, development, and protection of children facing difficult family, social, or economic circumstances. The approach is holistic—placing the **best interests of the child** at the center—and guided by international standards, including the **UN Convention on the Rights of the Child** and **General Comment No. 21**.



At every step, our work is aligned with key **Sustainable Development Goals (SDGs)**. Whether through education, nutrition, psychosocial support, or awareness-raising, our programs are concrete contributions to:

- **SDG 1 – No Poverty**
- **SDG 3 – Good Health and Well-being**
- **SDG 4 – Quality Education**
- **SDG 5 – Gender Equality**
- **SDG 10 – Reduced Inequalities**
- **SDG 16 – Peace, Justice and Strong Institutions**

A Daily Commitment to Care

The Family Care Center in Nyamagabe

The heart of our action remains the **Family Care Center (FCC)**, located in Nyagisozi. Every day, the center welcomes a regular group of children—an **average of 110 to 130 per day**, out of a maximum capacity of 150—offering them a structured and safe environment to learn, grow, and thrive.

Children benefit from:

- Daily meals and snacks
- School support and tutoring
- Literacy activities, sports, and structured play
- Basic health care and psychological follow-up
- Hygiene promotion and life-skills training
- Parenting sessions and monthly family meetings
- Emergency assistance for the most vulnerable households



Here is the **average daily attendance** over the past six months:

Month	Children Attended (daily average)
January	123
February	114
March	131
April	122
May	120
June	113

During this period, **39 children experienced health issues**, and all serious cases were followed up with home visits and personalized care. Tragically, one child passed away unexpectedly due to illness. The CPCS-Africa team stood by the family throughout, offering material and emotional support, and reaffirming its commitment to each child's dignity and rights.

Strengthening Communities – The CLASS Program

The **CPCS–Local Action Support and Services (CLASS)** program complements the FCC by working directly with local schools—particularly **Nyagisozi** and **Kibaga**—and reinforcing community engagement in child protection.

Key activities include:

- Training teachers and students on children's rights and responsibilities
- Promoting hygiene, reproductive health, and violence prevention
- Supporting school feeding programs
- Providing learning materials and uniforms
- Raising awareness on child safety and the risks of school dropout

In partnership with local leaders, CLASS also facilitates **community-based prevention campaigns**, encouraging families, schools, and institutions to work together to create safer, more nurturing environments for children.



Awareness, Events and Engagement

CPCS-Africa believes that **lasting change happens at the community level**. Over the past months, we have run several awareness initiatives targeting children, parents, teachers, local leaders, and the general public.

Highlights from the semester include:

- A friendly football match with **Compassion International**, building solidarity and joy
- Participation in Rwanda's national **Genocide Commemoration**, including a donation of clothing to survivor families

Child-led elections at the FCC, empowering children to represent their peers and take part in decisions affecting them

In addition, our team conducts **regular home visits** to monitor family situations, support parenting, and ensure no child is left behind.

Health, Nutrition and Well-being

Ensuring children's physical and mental well-being is a fundamental pillar of our work. In the first half of 2025, CPCS-Africa provided:

- **Nutritious daily meals** at the center
 - **Basic medical assistance and referrals**
 - Support for the **Mutuelle de Santé** health insurance scheme (targeting over 500 children)
 - Hygiene campaigns and disease prevention activities
 - Access to clean water and sanitation
-

Child Participation and Empowerment

Children are not just beneficiaries—they are **active participants** in shaping our work. Through the **Child Club**, peer elections, and daily feedback sessions, children help design activities, raise concerns, and support one another. Particular attention is given to ensuring **girls' participation and leadership**, as part of our commitment to **SDG 5 – Gender Equality**.

Working Together

Local Institutions at the Heart of the Response

Everything we do is built on **solid collaboration with local institutions**. CPCS-Africa works hand in hand with:

- **Nyamagabe District** and child protection services
- Sector-level social affairs officers
- Local schools and school committees
- Community leaders and neighborhood structures
- Local health centers and **Mutuelle** offices

These partnerships ensure that our interventions are **coordinated, sustainable, and aligned with national policies**. Regular meetings, joint planning sessions, and shared monitoring tools make cooperation smooth and responsive.

Looking Forward

The past six months have confirmed that **community-based child protection works**—when it is done with humility, consistency, and respect. While challenges remain—such as family poverty, lack of mental health resources, and fragile socio-economic conditions—CPCS-Africa remains committed to deepening its presence and strengthening its systems.

Testimony

Patrick, 13 years old – Grade 4

My name is Patrick. I'm 10 years old and in Grade 4 of primary school.

I dropped out of school because we couldn't afford basic supplies like notebooks and hygiene kits. I was living with guardians who were not my biological parents, and I experienced discrimination. I felt like no one really cared for me.

During a field visit, the CPCS-Africa team met me on the road. At first, I was scared to speak honestly about my life, but a kind woman from the household I stayed in explained my situation to them.

CPCS-Africa decided to support me. They helped me return to school, where I found peace and kindness. However, I was still facing difficulties at home. When CPCS returned to discuss my situation, my uncle said he could not continue caring for me as he was already struggling to provide for my brother.

Thankfully, I was welcomed into another household where I am treated with care and respect. I spend most of my time at school or with CPCS, and I feel safe and supported. Thanks to this care, my school performance has greatly improved.



Testimony

Joselyne, 14 years old – Grade 4

My name is Joselyne, I am 10 years old and currently in Grade 4.

I had to stop going to school because my family was very poor. We couldn't afford school supplies or hygiene products. My parents were often fighting and eventually separated. Life at home became very difficult, and I decided to leave and go to Nyagatare District to work as a domestic helper. I wanted to earn some money to meet my basic needs.

One day, I returned home for a short visit and met a team from CPCS. They were supporting children who had dropped out of school. When they asked about my situation, I told them I had left school because of poverty and was working to survive.

The CPCS team explained that working wouldn't help me build a better future — that education was the key to change my life. They offered to support me and helped me return to school, providing school materials and hygiene kits. Today, I am back in class and receiving care and support from CPCS-Africa.

Even though my parents reconciled, they sometimes still argue. One day, I left again and went to stay with relatives. CPCS came to see me, comforted me while I was crying, and took the time to talk with my parents. They helped them understand how harmful their fights are for children. Since then, things have improved at home.

In the coming months, we plan to:

- Expand FCC and CLASS models into other parts of Nyamagabe
- Finalize **Mutuelle de Santé** enrollment for 500+ children
- Strengthen collaboration with **local gouvernement actors** national actors
- Launch qualitative research on child vulnerability and mobility
- Deepen our internal monitoring and build staff capacity

Testimony

Apollinaire, 13 years old – Grade 2

My name is Apollinaire. I'm 13 years old and in Grade 2 at Nyagisozi Primary School.

I started school late because I didn't have biological parents to care for me. I felt lonely and sad without their presence and support.

When I was in Grade 1, my father sent me to live with my sister. He was raising five children alone and couldn't manage on his own. But soon after, my sister sent me to stay with our aunt — a woman without children and very limited means. I stayed with her because I felt compassion for her. She was alone and needed help around the house.

Despite her limited resources, my aunt helped me return to school. Nyagisozi Primary School identified me as an orphan and referred me for additional support. That's how CPCS-Africa found me.

They welcomed me into their program with kindness and provided school uniforms, shoes, and essential materials — for which I am truly grateful.

Thanks to CPCS, I now have hope. I believe in my future, and I know that my dreams can come true.

Clefia, 9 years old – Grade 2

My name is Clefia, I am 9 years old and in Grade 2 of primary school.

I live with my grandmother, as I have only one parent and we don't live together. There are nine people in our household, but only three of us are still in school. The others dropped out because they couldn't afford school supplies and had to work.

For me too, it was becoming very hard to continue. We had no money for school materials, and I didn't even have proper clothes or soap to stay clean.

But now, thanks to CPCS-Africa, I have received school supplies and a clean uniform. I can go to school with dignity. I take care of myself and I feel confident and happy.

I have big dreams for the future, and today, I believe they are possible.

“The children of today are the leaders of tomorrow. They are not only the future; they are also the present.”

— Graça Machel

Step by step, CPCS-Africa will continue to grow—always rooted in the community, always driven by the rights of the child, and always committed to a better, fairer future for Rwanda’s children.

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.

CPCS International network in Nepal :



ACHIEVEMENTS

Prevention program

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January to July 2025)

- **32** supported BHCA Centers (schools)
- **17** nurses hired for the BHCA Program
- **6** Health Assistants hired for BHCA and the regional office
- **6916** student beneficiaries in all **32** BHCA program (School)
- **25972** students got BHCA medical service in different schools.
- In total **27853** people got consultation through the BHCA Program (students and more)
- **7032** Dignity Kits for girls distributed in **32** schools
- **192** meetings with school principals
- **26** meetings with nurses
- **5** 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.
- **410** awareness sessions for children; **10743** children benefiting from awareness sessions
- **216** Health Camps for children; **3456** children benefiting from Health Camps
- **208** children referred to Hospital/health posts
- **60** children referred for counseling/psychological support
- **225** awareness sessions for parents; **2449** parents attending awareness sessions
- **120** children got emergency support through the BHCA Program – Stationary Support FCC / BHCA.
- **6** children Hospital visit / admitted through BHCA support.
- **5116** 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

- **29880** meals/snacks (Plats) have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **18** health sessions (camp, checkup, awareness) for **90 +** children in different centers (Godawari, Dolakha, Sindhuli and Morang).
- **1650** children received medical support.



Emergency line (Godawari)

58 calls treated by the emergency line: **0** for medical assistance, **3** under arrest, and **19** information calls received in the year 2025 January to June.



“National Centre for Children at Risk” referred **19** (**104 Kathmandu send 7 children and 104 Morang send 12 children**) children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- **528** children were treated in the Recovery center (in patients’ nights).
- **618** children (out patients) were treated in the recovery center.
- In average, **5** children are daily treated in our recovery centers.
- **13** cases were referred to various hospitals for further checkup.
- **3** children were admitted in hospitals for **20** days.



Schooling program

- **6 (Godawari) + 23 (Dolakha)** Youth and children enrolled in school.



Counseling services (National)

- CPCS psychosocial counselors gave individual counseling for **255** cases.
- CPCS psychosocial counselors gave group counseling for **47** cases
- **4** cases were linked to physical and moral abuse (CPP).
- **60** general awareness classes.
- **2** cases were linked sexual abuse victims supported.
- **12** awareness sessions with the team.
- **5** training and orientation with the team.



Legal support (National)

- **11** youths or children benefited from legal assistance after they were taken into custody.
- **3** were released after our intervention.
- **16** Jail-visits and **3** custody-visits.
- **11** Meetings with the police.
- **228** children attended **24** awareness sessions on legal matters and **9** awareness programs conducted with the public.
- **0** children / youth got their birth certificate and/or citizenship card.



Rehabilitation program

- **35** children enrolled in **CPCS Rehabilitation program (Godawari + Morang + Dolakha)**.
- **19** children were referred by National Child rights Council (NCRC) and Center for Children at Risk (104).
- **4** children/youth sent to other organization for rehabilitation.
- **4** youth referred in other organization for training.
- **10** children / **2** youth family reunifications.
- **19** children/ **2** youth family visits.
- **2** children/youth dropped out.
- **9** children/youth follow-up families.
- **18** Regular meeting with 104 Police Cell and NCRC for child protection policy.



Youth program

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



OTHER ACTIVITIES - 2025

RESTAURATION WORKS IN THE REGIONAL CENTER DOLAKHA



✂ Septic Tank Relocation

The original placement of the septic tank caused persistent discomfort within the facility and triggered complaints from nearby residents. Following recommendations from the community, a new tank was constructed in a more suitable location to address ongoing odour issues and minimize the risk of leaks. This relocation successfully resolved the problem, significantly improving the living environment for residents.

💧 Fire Stove Upgrade

Located in Nepal's Dolakha district, Deurali experiences harsh winters. The Child Protection Center Nepal provides a safe and nurturing environment for 24 children (23 boys and 1 girl) who attend school regularly,

along with several others who visit daily through the Family Care Program for morning tuition. The central room—used throughout the day for learning, recreation, and indoor activities—requires sufficient heating due to low temperatures. While a fire stove currently provides warmth, it inadequately heats the full space, impacting comfort and concentration. Proximity to the stove also poses safety risks, with several minor injuries recorded. A new stove that ensures uniform heat distribution and minimizes hazards is urgently needed.



Support Wall Construction

Situated near a river, the Deurali Child Protection Center is exposed to risks of flooding and land erosion, especially during the monsoon season. To mitigate these threats, a riverside protection wall was constructed. The wall strengthens the land, safeguards infrastructure, and enhances the safety of both residents and the surrounding area.

Library Books

Children at the CPRC Center previously lacked access to a dedicated library. To foster both academic and personal development—especially for children from vulnerable backgrounds—a diverse collection of books was acquired. The selection includes stories, general knowledge, jokes, songs, and recipes, enriching daily learning experiences.

Games for Child Development

To support the holistic growth of children, new recreational games were introduced at the CPRC Center. These resources provide age-appropriate opportunities for physical activity, team building, creativity, and problem-solving. The games encourage interaction and contribute to children's overall social and emotional development.

New Zinc Roof for Boys' Building

The “Big Boys” building underwent roof renovations, replacing cracked and leaking plastic sheets with durable iron zinc panels. The upgrade significantly improved the building's structural integrity, safety, and aesthetic appeal.

Tiling and Plumbing Enhancements

Several areas of the center benefited from critical renovations:

- **Library Room Terrace:** Damaged floor tiles were removed and replaced to create a clean and uniform surface.
- **Big Boys & Small Boys Bathrooms/Toilets:** Cement floors proved difficult to maintain, and fixtures required frequent repairs. Improvements included tile installations, upgraded plumbing for hot and

cold water, and replacement of broken toilet pans. These renovations enhanced hygiene, reduced maintenance issues, and uplifted the facilities' overall standards.

Volleyball Ground Renovation

In response to playground shortages and frequent flooding of the football field, a former husbandry zone was transformed into a safe and enclosed volleyball ground. Supported by SOS budget allocations, this new space now serves as a dedicated recreational area for children.

Water Purification System

Previously, drinking water was filtered for particles but remained susceptible to germs. A new purification system was installed, ensuring access to safe and germ-free drinking water for all center residents.



VISITS FROM CPCS INTERNATIONAL BOARD MEMBERS AND PARTNERS



STUDENTS FROM “SAVOIR OSER LA SOLIDARITÉ” (SOS) FROM GRENOBLE, FRANCE DEDICATED THEMSELVES TO RAISING FINANCIAL SUPPORT FOR THE RESTORATION WORK AT THE REGIONAL CENTER IN DOLAKHA. IN ADDITION TO FUNDRAISING, THEY ALSO ROLLED UP THEIR SLEEVE



CPCS INTERNATIONAL BOARD MEMBER, MR. BENOIT LOSFELD AND FRIENDS VISITED THE CPCS REGIONAL CENTERS IN DOLAKHA AND GODAWARI.



MONITORING VISIT FROM OUR PARTNER LA CHAINE DE L'ESPOIR - FRANCE

YOUTH MEET UP ACTIVITY

On February 8, 2025, a structured support initiative was conducted in Godawari, targeting 65 participants—youth in a street situation and their children. The program encompassed medical care, psychosocial counseling, and legal assistance, aiming to enhance personal well-being and facilitate access to official identity documentation. Medical evaluations revealed multiple health concerns, including 13 cases of sexually transmitted infections among young girls, vision impairment in one youth, and widespread incidence of skin conditions, urinary tract infections, and menstrual irregularities.

Counseling sessions addressed emotional resilience and encouraged open dialogue around sensitive health topics. Legal support focused on educating participants about their rights, particularly regarding birth certificates, citizenship cards, and property entitlements. Twenty youths were identified as lacking legal identity documents, while most children possessed birth certificates.

To ensure comfort and participation, the program also provided nutritious meals and organized transportation services. A follow-up visit to Pashupati was scheduled to distribute prescribed STI medications and continue ongoing support. The initiative underscored a strong commitment to restoring dignity, securing legal identity, and improving the overall well-being of vulnerable youths and their families.



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.

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.

Testimony

Ram Krishna Kharki (Youth)

Hello, my name is Ram Krishna. I have completed a diploma in agriculture with a specialization in plant science, while also managing my responsibilities at work. I have been living at CPCS since childhood, and this organization has played a major role in shaping who I am today.

Although I am still in the process of finding my family, I feel great happiness and gratitude for being part of CPCS, which has provided me with education up to the 12th grade. The support, encouragement, and guidance from the dedicated staff and mentors here have inspired me greatly.

Living in this community has helped me form lifelong friendships and meaningful connections. I am thankful for the commitment and hard work of the teachers and volunteers who have supported me along the way.

Currently, I am actively involved in CPCS's youth program, where I am learning new skills and gaining valuable experiences. In addition, I have become familiar with hotel management and cooking through training courses, and I have learned many new recipes during this time.

Even though I do not possess citizenship, I remain hopeful about my future. I see CPCS as a stepping stone toward gaining citizenship, and it has given me hope and confidence to face and overcome challenges.

Overall, my journey with CPCS has been life-changing. It has helped me build resilience and determination, even during difficult times. I am truly grateful for the opportunities I have received and for the ongoing support I continue to get

- 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 - JUNE 2025)

Total number of people who got a consultation through BHCA	27853
Health awareness sessions for children	410
Children attending awareness sessions	10743
Number of Health camp for Children	216
Children attending health camps	3456
Number of children Local Hospital/Health post Referral	208
Number of awareness sessions and meeting with Parents	225
Number of Parents attending awareness meetings	2449
Number of Dignity kits distributed to girls	7032
Number of children who received surgical and medical services in Hospital through BHCA support	1

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).

17 nurses (ANM or CMA) and **6 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) – 2827 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	Budhanilkantha	156
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	801
Shree Mahendra Basic School	Sanothimi – Bhaktapur	BHCA – Sanothimi	250
Shree Halchok Secondary School	Nagarjun – Kathmandu	BHCA – Halchok	251
Shree Adinath Secondary School	Kritipur – Kathmandu	BHCA – Kritipur	237
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	447
Shree Ganesh Secondary School	Khowpa – Bhaktapur	BHCA- Bhaktapur	517
Shree Chalnakhel Secondary School	Dakshinkali - Kathmandu	BHCA -Chalnakhel	128

BHCA Program in DOLAKHA District (CPCR) – 1517 Children

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	395
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	274
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	92
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA – Balmandir	18
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	24
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	96
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA – Deurali	13
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	17
Shree Gujarpa Basic School	Kalinchok - Dolakha	BHCA – Gujarpa	90
Shree Sundrawati Basic School	Bhimeshwar - Dolakha	BHCA - Sundrawati	73
Shree Deurali Basic School	Kalinchok - Dolakha	BHCA – Lapilang	91
Shree Sitka Secondary School	Kalinchok - Dolakha	BHCA – Sunkhani	138
Shree Jagaran Bhimeshwor Basic School	Kalinchok - Dolakha	BHCA – Sunkhani	44
Janajyoti Secondary School	Kalinchok - Dolakha	BHCA – Dolakha	127

BHCA Program MORANG district (ORCHID) - 2197 Children

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	346
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	380
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 Kisan Basic School	Belbari -6, Morang	BHCA Kisan	51

BHCA Program SINDHULI district (CRPC) – 375 Children

School	Address	BHCA CENTER	Children
Shree Chandeshwari Secondary School	Kamalamai , Sindhuli	BHCA Dadi	375

National office – GODAWARI, LALITPUR

Total 21 (16 full-time and 5 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)

18 staff (11 full-time and 7 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 **Bhimeshwar Municipality** and surrounding Rural Municipalities.



Testimony (Youth)

My name is Pradeep Lama. I am 16 years old, and I am originally from Dailekh. My family includes my father, my older brother, and me. I first came to Kathmandu with my parents to continue my education, but unfortunately, my father did not support my studies. Thankfully, my uncle Suman stepped in to help me. He owned a hotel where my older brother worked, and he took responsibility for my education and care.

One day, I became very sick, and my uncle looked after me during that time. Since my brother worked and stayed at the hotel, I later returned to stay with my father. However, I decided to visit Symbhu one evening. Although I knew the way, it was already dark, so I ended up spending the night at a stranger's house. The next morning, the man took me to the police station, and from there, I was sent to a care center (104). Eventually, I found work at Delhi Bazaar CPCS.

Now, I am staying at CPCR in Dolakha, which is part of the CPCS Alliance. Here, I have been given the chance to continue my education—I am currently in 10th grade at Kutidanda School. I am also part of a youth program that offers different training opportunities. Right now, I am focusing on hotel management training, which will help me build a better future.

I am truly grateful for the support I've received here, as it has opened doors for me that I wouldn't have had otherwise. However, I am also worried about my citizenship status. Authorities are actively searching for my family, and now that I am 16, I understand how important it is to obtain citizenship to secure my future in this country.

Despite everything, I remain hopeful. I think about my family often and hope to reunite with them one day. At the same time, I am determined to build a better life for myself through education and the skills I am learning

Regional office and FCC (MORANG)

6 full-time and 7 part-time staffs work daily with children in **one Regional Office, 5 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)

Unfortunately, this program was suspended from 2025 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.
- ✓ To offer children non-formal education, sports, culture and child rights classes.
- ✓ To manage family reunifications and family visits.
- ✓ To provide children legal assistance and plead on behalf of them in court action.
- ✓ To reintegrate children after tracing family through family visit and counseling.
- ✓ To reduce risk among children in street situations and children at risk.

Testimony

Nawaraj Pariyar

DIC Boy, Drop-In Centre Regional Office Morang

Originally from Chulachuli, Illam

My name is Bir Bahadur Darji, and I am 12 years old. I come from a small village in Chulachuli, Illam. Life was very difficult for me before I came to ORCHID's Drop-In Centre in Morang. I didn't have a safe place to stay, and I was not able to go to school regularly. I often felt scared and alone.

But everything started to change when I was brought to the Drop-In Centre run by ORCHID. Here, I found a safe and clean place to live. The staff treat me with kindness and care, like family. I feel protected and supported every day.

At the Centre, I get the chance to study, and learn new things. The teachers and caregivers help me with my study and encourage me to dream about my future. I've also learned about personal hygiene, good health habits, and how to take care of myself. We often have health check-ups, and when I was sick, the medical team gave me treatment right away.

More than anything, I have found hope again. I have friends here, and we learn, play, and grow together. I feel happy and safe, and I know I have a chance to build a better future. I am very thankful to ORCHID and everyone who supports children like me.

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

Day Field Visits (KTM)	Total	J	F	M	A	M	J
Area 1 – Avg No.of children (Thamel)	11	10	10	10	12	11	10
Area 2 – Avg No.of children (Ratnapark)	8	8	8	9	8	8	8
Area 3 – Avg No.of children (Balaju)	6	5	6	6	6	6	6
Area 4 – Avg No.of children (Kalanki)	6	6	6	6	6	6	6
Area 5 – Avg No.of children (Pashupati)	22	20	25	22	22	22	22

A Health Assistant, a senior social worker, and an ambulance driver patrol the different areas of Kathmandu where children in street situations hang out at night. Every night, we meet an average of **22** children. The main objective is to reduce the risk of exposure for children at night, including physical and sexual abuse, alcohol, marijuana, or glue use, and injuries during gang fights. Our team can decide to take a child to a hospital or transfer them to one of our centers.

NIGHT FIELDS VISITS MONTHLY STATISTIC

Night Field Visits (KTM)	J	F	M	A	M	J
Area 1 - Average No. of Children	22	22	20	20	20	20
Area 2 - Average No. of Children	7	7	8	8	7	7
Area 3 - Average No. of Children	5	5	5	5	6	6
Area 4 - Average No. of Children	4	4	4	5	5	5
No. of Children treated on Field	25	25	25	25	22	22
Children brought to center by field	0	0	0	0	0	0
Average No. children in daily Night field	11	11	10	11	10	10

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

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Outpatients) treated	618	67	105	107	106	132	101
Daily average		2	3	4	3	4	3
Number of “clinic in” children treated	569	94	78	212	102	111	63
Daily average		3	2	4	3	3	2
No. of In-Patients Nights	528	91	80	103	67	111	76
Average age of in-patients		3	2	3	2	3	2
Number of hospital cases	13	4	1	0	3	2	3
Number of patients admitted in hospital	3	1	0	1	0	0	1
Hospitalization Days	20	2	0	4	0	0	14
No. of children treated in DIC Godawari	37	7	5	8	9	3	5
No. of children treated in outreach (Day Field)	32	3	7	5	3	6	8
No. of children treated outreach (Night Field)	144	25	25	25	25	22	22

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.

EMERGENCY LINE MONTHLY STATISTICS

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	0	0	0	0	0	0	0
Under Arrest	3	0	2	1	0	0	0
Abuses - trafficking	0	0	0	0	0	0	0
Others	14	3	2	4	1	2	2
Child Labour	2	1	1	0	0	0	0
Information about others	19	3	2	4	2	3	5
Child lost cases	10	2	2	1	1	2	2
Family Missing cases	10	2	2	2	1	2	1
Line Calls Total	58	11	11	12	5	9	10

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
Legal Support	11	2	1	2	1	3	2
Jail Visit	12	2	2	2	2	2	2
Children Youth in jail	16	3	2	3	1	4	3
Custodies Visit	3	0	2	1	0	0	0
Children/youth met at custody	4	0	2	1	1	0	0
Children / Youth released from custody	3	0	2	1	0	0	0
Court Action	1	0	0	0	0	1	0
Meeting With Police	11	2	1	2	1	3	2
Awareness class with children	24	5	5	4	4	3	3
No of children attending at awareness	228	21	51	36	37	41	42

COUNSELING SERVICES MONTHLY STATISTICS

COUNSELING SERVICES Godawari	Total	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	255	49	45	47	46	24	44
Group Counseling	47	6	6	7	10	10	8
General Awareness Classes	60	12	15	6	11	9	7
Sexual Abuses Victims Support	2	0	0	0	0	0	2
Physical and moral abuse victims	4	1	1	1	0	0	1
Awareness Sessions with team	12	2	2	2	2	2	2
Training / Orientations with team	5	1	1	1	1	0	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

Particular		J	F	M	A	M	J
YT	Youth Training	2	3	5	4	4	4
F/R	Family Reunification	2	0	0	4	0	0
F/V	Family Visit	9	6	7	5	11	6
CHP	Child Home Placement	0	0	0	0	0	0
O/R	Own Room	0	0	0	0	0	0
F/U	Follow Up	11	9	12	9	15	10

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

Drop In Centre (DIC), Godawari	Total	J	F	M	A	M	J
Sent from NCRC-104	7	2	0	4	0	1	0
Field from Organization CPCS	3	1	1	0	1	0	0
Family Reunification	5	2	0	0	3	0	0
Refer to other organization	0	0	0	0	0	0	0
Send For Training	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0
Refer From our organization	0	0	0	0	0	0	0
Pass Away	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
Call from street situation	99	15	16	14	19	15	20
Support of case in Street situation	33	4	5	5	5	7	7
Counseling for case management with Support	60	10	9	10	11	9	11
Covid Awareness program in street (field)	38	7	7	6	6	6	6
Medical Support in Street Situation	0	0	0	0	0	0	0
Pass Away from Street situation	4	1	1	1	1	0	0
Pregnancy and delivery support in street situation	2	1	0	1	0	0	0

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



Testimony from Swasthani Thami (BHCA Nurse)

I am Swasthani Thami, currently serving as a BHCA (Basic Health Care Assistant) nurse at Jagaran Bhimeshwor Basic School, where I also reside. I joined this organization on March 22 and have since actively carried out my assigned responsibilities.

My duties include conducting daily health checks for students, providing first aid, and administering preventive medications. I also identify children at risk of turning to street life due to natural disasters and socioeconomic hardships, and have sought support from the organization for their welfare. In addition, I've led health awareness sessions to encourage students to maintain a clean and hygienic school environment.

I belong to the Thami community, a historically underprivileged and marginalized group in Nepal. Through this program, I have had the opportunity not only to contribute meaningfully to the school and community but also to represent and uplift members of my community who often face limited access to education, healthcare, and opportunities.

I've received strong support from the teachers, school management committee, parents, and the broader school community. Their collaboration has been vital to my work, and I'm grateful for the opportunity to learn and contribute through both the school and the organization.

I remain committed to my responsibilities and will continue working to improve and strengthen the BHCA program. I appreciate the guidance provided by members of the organization, including those I haven't met personally, and I aim to enhance the program further through my ongoing efforts.

I take pride in being part of the BHCA initiative and sincerely thank the organization for granting me this valuable opportunity.

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

Testimonial Sumitra Bal - *I'm a teenage mother who received care and support at the CPCS Recovery Center, and I am deeply grateful for everything they have done for me and my baby.*

When I arrived, I felt lost, scared, and unsure of how to care for my child. The team welcomed us warmly and treated us with respect and kindness. They provided medical care, counseling, and practical training that helped me understand how to look after my baby and myself. I had never received that kind of support before.

The center gave me more than shelter—it gave me strength. I was able to connect with other young mothers facing similar challenges, and we built a community of encouragement and hope. With the guidance I received, I've grown more confident as a mother and as a person.

Thanks to CPCS, my baby is healthy and happy, and I feel ready to move forward and build a better future. I will always remember their support and compassion, and I carry it with me every day.

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

Dolakha Rehabilitation Program

The Dolakha Rehabilitation Center 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 **45** boys benefiting from the rehabilitation and schooling program. An additional **120** 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.

Testimony from Ritu Nepali

My name is Ritu Nepali. I am a student in Class 8 at Rajkuleshwor Basic School.

There are four members in my family. Both my father and mother are farmers.

At our school, a nurse from the CPCS organization works regularly. She has been a great help to us. She teaches us about various diseases and how to stay clean and healthy. Whenever we get sick or injured, she checks our condition and provides the necessary medicine. Sometimes, even when we are sick at home, she comes to help us.

I am very thankful to the CPCS organization for their support and care. I hope this organization continues to grow and provides us with even more facilities and support in the future.



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.

- **23** 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
- **50 +** -families benefit from the common room, medical center and library services.
- A total of **100 +** family members benefit from the program.
- **More than 100 +** children use the libraries in schools and visit the regional office Deurali, Dolakha.

The local community benefits from awareness information, with various prevention messages being disseminated, including messages advising against sending daughters to big cities in pursuit of a so-called "better future." The common room serves as a meeting point for beneficiaries, residents, as well as

surrounding schoolchildren and their teachers. Additionally, students from two nearby public schools have access to a library and games within the center.

DOLAKHA RECOVERY PROGRAMS MONTHLY STATISTICS

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J
Out patients treated	463	84	96	70	50	68	95
Patients admitted in clinic	41	2	5	7	4	12	11
In Patients bed Nights	150	4	14	27	20	39	46
Community patients treated	524	82	89	70	58	70	155
Ambulance community patients	35	3	3	11	2	7	9
Total CPR child patient	16	1	4	0	6	2	3
Children treated on the field	0	0	0	0	0	0	0

SCHOLING DATA OF DOLAKHA

Dolakha Schooling	Total	J	F	M	A	M	J
Scholarised children (beg)	23	23	23	23	23	23	23
New children	0	0	0	0	0	0	0
Family Reunified Children	0	0	0	0	0	0	0
Other NGO Reffer	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0
Internally Referred children	0	0	0	0	0	0	0
Scholarised children (end)	23	23	23	23	23	23	23

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.



My name is Parvati Tamang. I live in Kalinchowk-7, Sitka, and I am currently studying in Class Ten at Shree Sitka Secondary School. I live with my mother and my younger brother.

At our school, the CPCS has been running BHCA program and we are truly grateful for the support it provides. Since the beginning of this program, we have received various types of valuable services such as medical care, hygiene kits, dignity kits, educational support, and nutrition aid.

We also have a nurse who regularly conducts awareness classes at our school, helping us learn about personal health and hygiene. This program doesn't just support students—it has also provided help to our parents and other community members, especially when they are ill or in need of medical attention.

On behalf of our school and the entire community, I would like to express our heartfelt thanks to the CPCS organization. Your continued support has made a positive impact in our lives, and we hope for even more collaboration in the future.

The Schooling Program

Due to family problems or lack of information on the location of families, family reunification is sometimes not suitable for some children in street situations. Therefore, **CPCS has developed a schooling program** 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.

Testimony (From Manisha Shiwakoti Community):

"I am truly grateful to CPCS for providing free ambulance service during my delivery. As a mother living in a remote area like Deurali, reaching the health center in time is a big challenge. The ambulance came right on time and helped me get safe medical care. Thank you for supporting women like me and making safe delivery possible."

From the villagers of Deurali and Lamanagi:

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

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

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

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

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

With gratitude,

The Villagers of Deurali Dolakha

Ram Bdr Shiwakoti

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.

Testimony

My name is Mohan KC, 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. Sadly, my brother is missing, and we have lost contact with him. My mother left us when I was young to be with someone else, leaving my father to raise us in our village. When I was in Grade 2, I was attending Gyan Chacksu Bhadrakali School. Due to my circumstances, I decided to move to Kathmandu to find work, encouraged by relatives who had already migrated there.

My first job was at a hotel, where I worked for about a month. It was very difficult because I had to wash dishes in cold water, which I didn't enjoy. Afterward, I found another job through a driver and worked at a different hotel for around three years. Unfortunately, I was dismissed for stealing money—a mistake I made out of anger directed at my supervisor's harsh treatment. Following that, I tried to find work at another hotel, but after just a month, I fell ill and had to be hospitalized. During my stay in the hospital, the owner of my previous hotel came looking for me, hoping I would return. I refused to go back, and he took me to the police station. I spent about an hour and a half there before being released at Bhrikutimandap.

At this difficult point in my life, I was taken in by CPCS (Child Protection Center Services). Initially, I felt uncertain and surprised, wondering, "Is this really a place for me?" But over time, I made friends and grew familiar with the staff. I stayed at CPCS for about 5-6 months before moving to Dolakha to continue my education. I had heard that Dolakha offered a supportive environment and good educational programs, so I seized the opportunity to restart my studies. This is my last chance to pursue my education after having to leave school early, and I am determined to make the most of it. Now I am studying in grade 10 at Shree Kutidanda Secondary School. Through the youth program at CPCS, I have learned valuable skills in hospitality and farming. My experience in the hotel industry has been very beneficial, and I am grateful for the opportunity to continue learning and developing in this field.

Recently, with the help of CPCS, I also obtained my citizenship. They guided me through the process of reconnecting with my family and bringing me back home, which has been a huge step forward. I sincerely thank the CPCS team for showing me the way and supporting me through this journey. Unfortunately, my father was passed away while I am in CPCS. Overall, I am very happy and thankful to the CPCS family for giving me a second chance at education and helping me acquire the skills I need for my future. Their support has truly transformed my life, and I am hopeful for what lies ahead.



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

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

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.

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 (Int) board (2025-2026) – Ingrid Bracke

General Director (Nepal) – Bijesh Shrestha

General Coordinator (Africa) – Christophe Bimenyimana

Administration and Finance Director (Nepal) – Tek Paudhyal

Vice-President of the (Int) board (2025-2026) – Benoit Losfeld

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 – Central 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)

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.**



THE WAY AHEAD - 2025

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.

Gouvernance, 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.

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