



CPCCS
INTERNATIONAL

Child Protection Centers and Services



Yearly Report 2025

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A WORD FROM THE INTERNATIONAL DIRECTOR – CPCS INTERNATIONAL



Dear friends, partners, and supporters,

The year 2025 stands as a year of consolidation, structuring, and renewed momentum for CPCS International. In a global environment increasingly marked by geopolitical tensions, shrinking humanitarian space, donor fatigue, and growing pressure on civil society organizations, CPCS has continued to move forward with determination, realism, and a strong sense of responsibility toward the children, young people, and communities we serve.

Following a financially and operationally challenging year in 2024, our organization made a deliberate choice in 2025 to strengthen its foundations rather than pursue uncontrolled expansion. Thanks to the unwavering commitment of our teams, the resilience of our local partners, and the continued trust of our donors and friends, CPCS has been able to stabilize its operations, clarify its strategic priorities, and reinforce its impact where it matters most.

Across all contexts, we have worked with a clear conviction: sustainability, local anchorage, and coherence are not optional for humanitarian and child-protection actors — they are essential conditions for credibility and long-term impact.

One of the most significant milestones of 2025 has been the initiation of CPCS-Tanganyika, a new national structure designed to carry and further develop our programs in Burundi. This decision reflects a profound organizational evolution. CPCS-Tanganyika is not merely a legal or administrative step; it is the result of years of engagement, learning, and dialogue with Burundian partners, communities, and authorities.

In a country where the socio-economic and political context remains fragile and where children in street situations face structural vulnerabilities, CPCS-Tanganyika provides a stronger operational framework to amplify our actions, improve coordination, and enhance accountability. By reinforcing local leadership, proximity to beneficiaries, and collaboration with public institutions, this new structure aims to significantly increase both the effectiveness and legitimacy of our interventions. It also enables us to build more durable partnerships and to better align our programs with national child-protection systems.

More broadly, 2025 has confirmed that working constructively with local authorities, even in complex or sensitive contexts, remains a cornerstone of CPCS's approach. Despite global political tensions and increasing constraints on NGOs in many countries, we have continued to invest in dialogue, trust-building, and institutional cooperation. These partnerships are not always simple, but they are indispensable if we want our actions to be sustainable, locally embedded, and respectful of national frameworks.

In Nepal, a country where CPCS has been active for many years, we continued the process of strategic refocusing initiated in 2024. By streamlining activities, discontinuing programs with limited impact, and implementing cost-containment measures, we were able to reinforce our core mission: supporting vulnerable children and youth through targeted, high-quality interventions. This rationalization has allowed our teams to concentrate resources where needs are most acute, while ensuring financial sustainability and programmatic coherence.

In Rwanda, despite a tense political environment and diplomatic challenges affecting the broader humanitarian ecosystem, CPCS has maintained its commitment to children and families. In the Nyamagabe District, we are particularly proud to have launched a new health component providing Mutuelle de santé coverage to more than 500 children. This initiative represents a concrete step toward guaranteeing the right to basic healthcare and illustrates our integrated approach, linking education, protection, and health as inseparable dimensions of child well-being.

At the same time, CPCS International has begun to gradually structure new areas of engagement, notably in Ukraine and in Belgium. These emerging actions respond to evolving needs linked to conflict, displacement, social vulnerability, and protection gaps closer to home. While still modest in scale, they are guided by the same principles that underpin all our work: respect for local actors, careful assessment of needs, and coherence with our mission and capacities. These developments are approached cautiously, with the clear intention of avoiding dispersion and ensuring that any new engagement strengthens — rather than dilutes — our overall impact.

Internally, 2025 has also been a year of important progress in terms of governance, organizational coherence, and internal processes. The Board and management of CPCS International have worked closely to clarify roles, improve communication, reinforce accountability mechanisms, and ensure greater alignment between headquarters and field operations. Strengthening governance is not an abstract exercise; it is a necessary condition for transparency, donor confidence, staff well-being, and ethical responsibility toward beneficiaries.

None of these achievements would have been possible without the remarkable support of our partners, donors, and friends. In a period when the humanitarian sector is under unprecedented strain, your continued trust is both humbling and motivating. Your support — whether financial, technical, institutional, or moral — enables CPCS to continue acting with integrity and ambition. You are not external observers of our work; you are an integral part of it.

We also wish to express our deepest gratitude to the children and young people who place their confidence in us every day. Their courage, resilience, and capacity to hope in the most difficult circumstances remind us constantly why our work matters and why it must be carried out with humility and respect.

To our donors and supporters, we reaffirm our unwavering commitment to accountability, transparency, and long-term impact. Your support is far more than a contribution to projects or budgets — it is a bond of solidarity that transcends borders and continues to change lives, one step at a time.

“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 International moves forward — conscious of the challenges ahead, confident in the strength of its partnerships, and guided by a renewed sense of purpose.

Dr. Jean-Christophe Ryckmans

International Director



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 (through 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 ACTION IN AFRICA

Burundi – Ruhuka Kibondo Socialisation Center - Buterere

CPCS International, UCBUM and CPCS-Tanganyika: Building Protection, Dignity, and a Sustainable Future for Children

An Environment of Extreme Vulnerability

In **Buterere**, one of the most densely populated informal settlements on the outskirts of **Bujumbura**, thousands of children grow up in conditions of extreme vulnerability. Poverty, social exclusion, hazardous child labor, and family instability shape daily life for many families. At the center of this fragile ecosystem lies the **Buterere open-air landfill**, one of the largest in Burundi, where survival depends largely on informal waste picking.



More than **3,000 families** rely on the landfill economy. Every day, children — some as young as six or seven — spend long hours collecting charcoal, metal scraps, plastic, or glass. The landfill is a place of constant danger: sharp objects, toxic fumes, fires, heavy machinery, and violence are part of daily reality. For many children, school becomes secondary, irregular, or completely inaccessible.

The consequences are severe and cumulative: chronic illness, malnutrition, psychological distress, exposure to abuse, and a systematic denial of fundamental rights. Without targeted protection and adapted support, these children face a high risk of remaining trapped in cycles of exclusion.

A Coordinated, Rights-Based Response

In response to this reality, **CPCS International**, together with its long-standing local partner **UCBUM (Union des Centres de Bien-Être pour les Enfants Marginalisés)**, has developed a coordinated and rights-based approach aimed at protecting children, restoring dignity, and creating pathways toward sustainable reintegration.

At the heart of this response stands the **Ruhuka Kibondo Socialization Center**, located near the landfill. The center provides a **safe, structured, and protective space** where children can step away from the hazards of the street and the landfill, regain stability, and rebuild trust — with adults, with peers, and with themselves.

Throughout **2025**, the center welcomed an average of **40 children per day**, supporting **between 50 and 100 children per month** depending on vulnerability levels and follow-up needs. Over the period from **January to December 2025**, several hundred children benefited from psychosocial support, non-formal education, daily meals, hygiene assistance, and individualized accompaniment.



Children's Voices: Life Beyond the Landfill

The impact of the Ruhuka Kibondo Center is best understood through the voices of the children themselves.

Testimonials

Aline (name changed), 10 years old

"Before coming here, I spent my days on the landfill with my mother. We looked for plastic and charcoal. Sometimes I cut my feet, and sometimes men shouted at us. I was tired all the time and I did not go to school anymore.

At the center, I can wash, eat, and learn. I like the classes because I understand better now. I also like to play with other children. When I am here, I feel safe. I want to go back to school and become a teacher."

Samuel (name changed), 9 years old

"On the landfill, there is smoke and bad smells. We fight sometimes to find things to sell. I was afraid when trucks came.

At Ruhuka Kibondo, I can draw, play football, and learn to read. The educators listen to me. I don't feel alone anymore. I want to learn well so I don't have to go back to the landfill."

These testimonies reflect the reality faced by hundreds of children in Buterere — and the transformative role that a safe and structured environment can play in restoring hope and perspective.

A Strategic Restructuring Achieved in 2025

Beyond daily activities, **2025 marked a decisive year of strategic restructuring** for CPCS in Burundi. Faced with the scale of needs and the importance of strengthening local ownership, CPCS International undertook a comprehensive reflection on governance, partnerships, and operational models.

This process **culminated in the last quarter of 2025** with the creation of **CPCS-Tanganyika**, a national structure mandated to **carry, coordinate, and expand all CPCS Alliance projects in Burundi**. This evolution represents a major step toward increased effectiveness, stronger institutional dialogue, and long-term sustainability.

Within this renewed framework, the **Ruhuka Kibondo Center continues its activities** through a **strengthened partnership between UCBUM and CPCS-Tanganyika**. This ensures continuity of care while opening the door to **new child-protection projects**, including outreach, family support, and community-based prevention initiatives.

A Space for Preparation, Dignity, and Reintegration

The Ruhuka Kibondo Center operates as a **transitional and rehabilitative space**, offering:

- psychosocial and emotional support,
- non-formal education and basic literacy,
- daily nutritional support and hygiene care,
- structured routines based on positive discipline and trust.

This approach responds to a critical observation: prior to the establishment of the center, **over 30% of children reintegrated directly into school without preparation dropped out and returned to the street or the landfill**. By focusing on stabilization, confidence-building, and adapted pedagogy, the center significantly improves reintegration outcomes and reduces relapse.



Each child supported accesses concrete rights, directly contributing to the **Sustainable Development Goals**:

- **Protection from child labor and exploitation** (SDG 8),
- **Access to quality education** (SDG 4),
- **Health, nutrition, and hygiene** (SDG 3),
- **Psychosocial protection and access to justice** (SDG 16),
- **Inclusion and non-discrimination** (SDG 10).

Despite these results, daily capacity remains limited to **40 children**, obliging teams to make difficult decisions each morning in a context where demand far exceeds available resources.

From Buterere to a National Vision

Building on the experience of Ruhuka Kibondo, **CPCS-Tanganyika and UCBUM** are now working toward **scaling up impact beyond Buterere**. Strategic priorities include:

- replicating the socialization center model in other urban and peri-urban areas,
- strengthening community-based child-protection mechanisms,
- supporting vulnerable families to reduce reliance on hazardous child labor,
- improving access to education, healthcare, and civil documentation,
- deepening collaboration with local and national authorities, including the **Ministry of National Solidarity, Social Affairs, Human Rights and Gender**.

These efforts form part of a **renewed strategic vision for 2026 and beyond**, focused on integrated, sustainable interventions combining child protection, education, family support, and community resilience.

Children First: A Shared Responsibility

CPCS-Tanganyika, CPCS International, and UCBUM share a simple but essential conviction: **no child should ever have to choose between survival and education**.

Every day at the Ruhuka Kibondo Center — through learning, play, meals, and attentive listening — children rediscover that they matter.

Behind every number is a child like Aline or Samuel: a life interrupted too early, but not beyond repair.

Through committed teams, trusted partnerships, and the support of donors and friends, CPCS reaffirms its long-term 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 remains long, but **CPCS International and CPCS-Tanganyika will continue 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)

1. Introduction

CPCS–Africa Rwanda is a child-centered development project operating in the Southern Province, Nyamagabe District, Musange Sector, Nyagisozi Cell. Officially registered as a local NGO in December 2023, the organization continued in 2025 to strengthen its interventions in child protection, education, and family support.



Throughout the year, CPCS–Africa Rwanda implemented structured, rights-based activities in close collaboration with schools, local authorities, and community actors. Guided by the UN Convention on the Rights of the Child and aligned with the Sustainable Development Goals (SDGs), the project has contributed 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

2. Vision, Mission and Objectives

2.1 Vision

To build a community where children’s rights are respected and every child has access to quality education and a dignified life.

2.2 Mission

To improve the living conditions of vulnerable children and families through access to education, basic social support, health services, and community engagement.

2.3 Specific Objectives

- To support children from vulnerable families to access quality education.
- To reintegrate school dropouts back into the education system.
- To improve children's academic performance through remedial classes and homework support.
- To promote hygiene, environmental protection, and healthy living.
- To strengthen collaboration with parents, teachers, and community stakeholders, local leaders.

3. Project Beneficiaries

In 2025, CPCS–Africa Rwanda supported 150 vulnerable children, including orphans, children without parental care, and former street-connected children. Among them, 80 are boys and 70 are girls. All are enrolled in different grade levels, from Primary One (P1) to Senior One (S1)



Short explanation

The CPCS–Africa project supports a total of 150 children of different age groups. Among them, different children are aged from 6 years to 15 years old.

4. Activities Implemented in 2025

4.1. School Reintegration of Children

CPCS-Africa played a major role in reintegrating 20 children into school in 2024 who had previously dropped out due to a lack of school materials and financial constraints. CPCS-Africa continues its efforts to fight against school dropout among children in the area where it operates. Through the E.T System, these children received various forms of educational support, including the provision of essential school materials.



These included:

→ Distribution of school supplies such as notebooks, pens, school uniforms, school bags, shoes, and hygiene kits.

In addition, the project provided guidance and counseling sessions to both children and their parents, with the aim of encouraging children to return to school and remain engaged in their education.

Furthermore, in 2025, the project management conducted home visits to families of children supported by the project. During these visits, 26 children

were reached, and discussions were held with their families about the children’s wellbeing and academic progress. These visits helped to strengthen follow-up, identify challenges, and provide appropriate support where needed.

Sadly, In 2025, the project experienced a profound loss with the passing of one child, Byukusenge Fiona. During this difficult time, the project demonstrated compassion and solidarity by providing financial support amounting to RWF 150,000, which was used to assist the family with the funeral and farewell arrangements.

In addition, two children(2) exited the project after relocating with their parents. However, they were immediately replaced by two other children(2), ensuring continuity of services. To date, the center continues to operate smoothly, and support services for children are being delivered consistently and effectively.



4.2. Academic Support: Remedial Classes and Homework Assistance

CPCS–Africa Rwanda provided strong academic support to children through:

- After-school remedial classes.
- Daily homework assistance.

As a result of this support, children’s academic performance significantly improved, increasing from 46% to 64.7%.

In 2025, children’s participation in project activities reached 81.3%. However, some children were occasionally absent due to illness and other unavoidable reasons. Despite these challenges, overall attendance remained high, demonstrating strong commitment from both the children and their families to

the project’s educational activities. To monitor children’s attendance, we take daily roll calls using attendance registers. At the end of each month, we review the number of children who were absent and those who attended, then calculate the attendance percentage for each month.

MONTHS	WORKING DAYS	PRESENT	ABSENT	PERCENTAGE %
January	22	122	28	81%
February	20	114	36	76%
March	23	140	10	93%
April	20	142	8	94%
May	22	130	20	86%
June	21	137	13	91%
July	23	139	11	92%
August	22	105	45	70%
September	20	82	68	54.6%
October	22	122	28	81.3%
November	21	110	40	73%
December	22	120	30	80%
TOTAL PERCENTAGE ATTENDANCE 2025				81.3%

In addition, through community awareness programs and parents’ meetings, the project worked closely with parents and the leadership of EP Kibaga and EP Nyagisozi to address the issue of absenteeism from school and project activities.

4.3 Parent’s Meetings

Several parents’ meetings were organized to:

- Discuss children’s welfare and academic progress.
- Encourage parental involvement in education.

- Strengthen collaboration between families and the project.

The management of CPCS–Africa Rwanda held 5 meetings with the parents of children supported by the project. The meetings were to talk and work together on the children’s life, education, and family matters.



4.4 Staff and Children’s Meetings

Regular staff meetings ensured:

- Effective coordination and accountability.
- Monitoring of activities and performance.

Children’s meetings provided a safe space to:

- Express views and concerns.
- Learn about rights, responsibilities, and life skills.

Number of Meetings in 2025

Parent’s Meetings 5

Children’s Meetings 9

Staff Meetings 12

In 2025, CPCS–Africa Rwanda held different types of meetings to improve communication and cooperation. Parent meetings focused on children’s well-being and education, children’s meetings allowed the children to share their views, and staff meetings helped the team plan and manage activities.



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



CPCS INTERNATIONAL IN NEPAL – KEY ACHIEVEMENTS

Prevention program

BETTER HEALTH CARE ACCESS (BHCA) in public schools (2025)

- **32** supported BHCA Centers (schools)
- **17** nurses hired for the BHCA Program
- **6** Health Assistants hired for BHCA and the regional office
- **7015** student beneficiaries in all **32** BHCA program (School)
- **39932** students got BHCA medical service in different schools.
- In total **29671** people got consultation through the BHCA Program (students and more)
- **19604** Dignity Kits for girls distributed in **32** schools
- **302** meetings with school principals
- **54** meetings with nurses
- **9** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **29** Nurses are attending in training in Kathmandu, Dolakha, Morang and Sindhuli.
- **952** awareness sessions for children; **23188** children benefiting from awareness sessions
- **456** Health Camps for children; **7309** children benefiting from Health Camps
- **428** children referred to Hospital/health posts
- **92** children referred for counseling/psychological support
- **521** awareness sessions for parents; **5084** parents attending awareness sessions
- **120** children got emergency support through the BHCA Program – Stationary Support FCC / BHCA.
- **9** children Hospital visit / admitted through BHCA support.
- **9556** 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 +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

- **53759** meals/snacks (Plats) have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **37** health sessions (camp, checkup, awareness) for **120 +** children in different centers (Godawari, Dolakha, Sindhuli and Morang).
- **5503** children received medical support.

Emergency line (Godawari)

317 calls treated by the emergency line: **46** for medical assistance, **12** under arrest, and **110** information calls received in the year 2025 January to June.



“National Centre for Children at Risk” referred **50 (104 Kathmandu send 34 children and 104 Morang send 16 children)** children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- **886** children were treated in the Recovery center (in patients’ nights).
- **1278** children (out patients) were treated in the recovery center.
- In average, **5** children are daily treated in our recovery centers.
- **28** cases were referred to various hospitals for further checkup.
- **8** children were admitted in hospitals for **52** days.



Schooling program

- **3 (Godawari) + 21 (Dolakha)** Youth and children enrolled in school.



Counseling services (National)

- CPCS psychosocial counselors gave individual counseling for **512** cases.
- CPCS psychosocial counselors gave group counseling for **173** cases
- **10** cases were linked to physical and moral abuse (CPP).
- **24** general awareness classes.
- **3** cases were linked sexual abuse victims supported.
- **11** training and orientation with the team.



Legal support (National)

- **14** youths or children benefited from legal assistance after they were taken into custody.
- **13** were released after our intervention.
- **47** Jail-visits and **33** custody-visits.
- **21** Meetings with the police.
- **730** children attended **44** awareness sessions on legal matters and **32** awareness programs conducted with the public.
- **7** children / youth got their birth certificate and/or citizenship card.



Rehabilitation program

- **56** children enrolled in **CPCS Rehabilitation program (Godawari + Morang + Dolakha)**.
- **34** children were referred by National Child rights Council (NCRC) and Center for Children at Risk (104).
- **2** children/youth sent to other organization for rehabilitation.
- **4** youth referred in other organization for training.
- **25** children / **7** youth family reunifications.
- **17** children/ **6** youth family visits.
- **1** children/youth dropped out.



Youth program

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



VARIOUS ACTIVITIES IN NEPAL

A NEW BETTER HEALTH CARE ACCESS CENTER – BHCA 104



The newly established BHCA 104 focuses primarily on medical care and health support for children rescued through the NCCR 104 system. It ensures that children in crisis receive immediate treatment, follow up care, and a safe pathway toward recovery.

During the program, Member Secretary Indra Devi Dhakal expressed appreciation and gratitude to CPCS for establishing this initiative. Mr. Ram B. Chand also shared positive remarks and encouraged the long-term operation of this program for children in the most vulnerable situations.

Both guests extended heartfelt thanks to CPCS for its continuous support, especially during critical moments since the very beginning.

NCCR 104 is a government-run child protection response unit in Kathmandu. It operates a 24/7 hotline and field-response service for children in vulnerable or high risk situations. The team works closely with police, local authorities, and child protection organisations to ensure immediate safety and support.

Today we inaugurated the new Basic Health Care Assistance (BHCA) 104 in Kathmandu together with the National Child Rights Council (NCRC) Member Secretary, Mr. Ram B. Chand, and the National Child Control Room (NCCR) 104 officer Santosh Adhikari. From tomorrow onward, BHCA 104 will operate daily after 2 PM.

BHCA 104, fully funded by the Child Protection Centers and Services (CPCS), provides medical care and health support for children rescued through NCCR 104, Nepal's national child protection emergency hotline and rescue unit.

Both the Member Secretary and Mr. Chand expressed their appreciation to CPCS for establishing and supporting this important service for vulnerable children.



WORK VISIT PARTNER LA CHAINE DE L'ESPOIR



We had the honour of welcoming **Ms. Jacqueline Bernhard** on a working visit to CPCS International.

She visited the **regional CPCS centres in Godawari and Dolakha**, where she met with **Health Assistants and nurses** involved in the BHCA programme. The visit created space for open dialogue: challenges were shared, and constructive discussions took place around **improvements and adjustments** to the current programme.

Her engagement was deeply appreciated and contributed meaningfully to strengthening CPCS's health and protection efforts.



PREVENTION PROGRAMS (NEPAL)

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

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.
- 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 – 2025

Total number of people who got a consultation through BHCA	29671
Health awareness sessions for children	952
Children attending awareness sessions	23188
Number of Health camp for Children	456
Children attending health camps	7309
Number of children Local Hospital/Health post Referral	428
Number of awareness sessions and meeting with Parents	521
Number of Parents attending awareness meetings	5084
Number of Dignity kits distributed to girls	19604
Number of children who received surgical and medical services in Hospital through BHCA support	9

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.

Testimonial of Indira Dani – BHCA Nurse – Shree Halchowk Secondary School

Hello everyone,

My name is Indira Dani, and I serve as a BHCA Nurse at Halchok Secondary School. Through the BHCA program, CPCS provides essential medical support to our students—a service that is vital because many schools currently lack the resources to offer dedicated healthcare to children. This program has proven to be highly effective for both the students and the wider community. Parents now feel a deep sense of trust and security, knowing their children are safe and cared for during school hours.

I am pleased to share that CPCS consistently provides necessary medicines on time, ensuring there is never a shortage of supplies for treating the children. My work has been greatly supported by the cooperation of the school principal and the teaching staff, which allows me to perform my duties efficiently. My professional routine includes submitting daily reports and documenting medical cases for the Health Assistants (HAs). Additionally, our monthly BHCA meetings provide an excellent platform to discuss challenges and progress. I also appreciate the ongoing guidance from Rajesh Sir and Bodharaj Sir, who conduct regular school visits to support our team.

Beyond medical treatment, I am dedicated to the holistic well-being of our students. I actively support them in their studies, personal hygiene, and sports activities. CPCS is committed not only to health but also to safeguarding, ensuring that children are protected from any form of abuse. Furthermore, we are focusing heavily on improving the menstrual health of adolescent girls by providing comprehensive sanitary kits that include pads, underwear, soap, and shampoo.

I am proud to be part of a program that cares for the physical, mental, and emotional health of our future generation.

Testimonial (name changed in line with the child's right to privacy (CRC – Art. 16))

My name is Gita Tamang, and I am 14 years old. I am a Grade 7 student at Halchok Secondary School. I live in Ward No. 3 of Nagarjun Municipality. I always try my best to work hard and stay dedicated to my studies. Now living with my family and siblings.

I feel very lucky because I receive regular support from CPCS. Whenever I feel unwell, they provide me with the medicine I need to get better. They also take great care of my health as a girl; during my periods, I receive dignity kits and even a hot water bag to help with the pain so I don't have to miss my classes. If I get hurt while playing, I get first aid and proper dressing immediately.

Our BHCA nurse is always there for us. She doesn't just help us during study time but also stays with us during sports activities. She even helps me with my lessons when I have questions! Because of CPCS, I also have the notebooks, pens, and healthy food I need to stay strong and focused. I am very grateful for everyone who supports my education and health.

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) – 3002 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	Budhanilkantha	165
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA – Mulpani	998
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	247
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	127

BHCA Program in DOLAKHA District (CPCR) – 1471 Children

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	395
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – BhimSchool	287
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	62
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA – Balmandir	23
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	15
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	126
Shree Jagaran Bhimeshwor Basic School	Kalinchok - Dolakha	BHCA – Sunkhani	44
Janajyoti Secondary School	Kalinchok - Dolakha	BHCA – Dolakha	128

BHCA Program MORANG district (ORCHID) - 2167 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

Testimonial (name changed in line with the child's right to privacy (CRC – Art. 16))

I am Laxmi Nepali, a 13-year-old student at S.M.B. School. I reside in Godawari with my family. As my father is a daily wage laborer and our sole breadwinner, the support we receive from CPCS and our school nurse has been invaluable to my well-being and education.

The school nurse plays a vital role in our daily lives. Beyond providing essential medical supplies like first aid, dressings, and sanitary pads, she serves as a mentor. She conducts regular health and hygiene awareness sessions that have taught us the importance of grooming and nutrition. Her care extends beyond the classroom; she often visits our community during school breaks to ensure we are healthy and safe.

Furthermore, the stationery support from CPCS has eased our financial burden, allowing me to focus on my studies. CPCS and the nursing staff have not only supported my physical health but have also motivated me to prioritize my mental and academic growth. Their kindness and dedication make a significant difference in my life."

National office – GODAWARI, LALITPUR

Total 23 (18 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)

17 staff (8 full-time and 9 part-time) work *daily* at **1 FCC (Family Care Centers) and 1 Regional office in Deurali.**

A total of 30 + children, living with their families, attend schools, FCC, Regional office.

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

Regional office and FCC (MORANG)

6 full-time and 7 part-time staffs work daily with children in **one Regional Office, 9 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.

Testimonial of Bodharaj Magar- Health Assistant/Coordinator BHCA centers/Recovery

Hello everyone, I am Bodharaj Magar, a certified health worker and currently I am working as a Better Health Care Access (BHCA) coordinator for CPCS. Since 2018, the BHCA program has stood as a cornerstone of our mission, operating across four regional centers and thirty-two (including Full BHCA & Awareness class) local centers throughout Nepal. Our journey over the past few years has not been easy; we have faced immense difficulties. However, we continued to work hard and fight for children's rights, remaining on the front lines and refusing to stop our work for those who needed us most. Today, we have regained our momentum, and our programs are running more effectively than ever."

The core objective of BHCA is to protect children from health risks and empower them to succeed in their studies. Our nurses provide a wide range of preventive services, including individual health check-ups, awareness classes, and the distribution of dignity kits for adolescent girls to promote menstrual hygiene. We manage seasonal diseases, provide first-aid, and refer special medical cases to higher centers for life-saving treatment.

Beyond physical health, we are deeply committed to the mental and moral well-being of every child. We provide regular counseling and monitor for any signs of physical or moral abuse, maintaining individual files to track each student's progress and family situation.

By providing essential support—from nutrition and medicine to education and clothing—we have witnessed a remarkable transformation. Thousands of children across Nepal can now attend school daily, healthy and motivated. This program is truly changing lives, fostering the growth and development of our nation's future.

Awareness programs (Nepal)

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 (NEPAL)

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.
- ✓



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 Avg	J	F	M	A	M	J	J	A	S	O	N	D
Area 1 – Avg No.of children (Thamel)	9	10	10	10	12	11	9	8	8	7	5	5	5
Area 2 – Avg No.of children (Ratnapark)	8	8	8	9	8	8	8	9	8	8	7	5	5
Area 3 – Avg No.of children (Balaju)	5	5	6	6	6	6	6	3	4	5	5	2	2
Area 4 – Avg No.of children (Kalanki)	5	6	6	6	6	6	6	3	4	5	5	2	5
Area 5 – Avg No.of children (Pashupati)	18	20	25	22	22	22	22	15	15	15	12	14	15

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 6 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	J	A	S	O	N	D
Area 1 - Average No. of Children	22	22	20	20	20	20	10	12	12	14	15	17
Area 2 - Average No. of Children	7	7	8	8	7	7	7	10	12	12	13	13
Area 3 - Average No. of Children	5	5	5	5	6	6	4	4	5	6	6	6
Area 4 - Average No. of Children	4	4	4	5	5	5	3	2	5	5	5	5
No. of Children treated on Field	25	25	25	25	22	22	32	42	36	20	39	33
Children brought to center by field	0	0	0	0	0	0	0	0	0	0	0	0
Average No. children in daily Night field	11	11	10	11	10	10	10	19	19	9	21	12

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.

परिचय

डेङ्गु लाम्बुङ्गेको टोकाइबाट मानिसमा सर्ने माइलर संक्रमण हो जसले संक्रमण हुँदा सामान्य ज्वरो (फेब्र) तथा कटिले काडी गम्भीर रक्तस्राव पनि निम्त्याउन सक्छ।

हामीले आफू र आफ्नो समुदायलाई डेङ्गु माइलर हुनबाट जोगाउनको लागि माइलरसँग जोडिएको टोकाइबाट जोगाउन सक्छ।

हामीले डेङ्गु माइलरसँग संक्रमणबाट सुरक्षित रहन र र डेङ्गु फैलावट रोक्नका लागि आवश्यक सुझावहरूलाई ध्यान दिन जसरी छ डेङ्गु माइलरसँग संक्रमणबाट बच्नका लागि यी उपायहरू अपनाउनुपर्छ।

लाम्बुङ्गे बच्ने र प्रजनन हुने स्थानहरू हटाउनुपर्छ

लाम्बुङ्गेहरू जसको पानीमा प्रजनन गर्छन्, त्यसैले हाडो घर बस्नर जुने पनि स्थानमा पानी जसको छ भने पुराना हटाउनुपर्छ र सफा गर्नुपर्छ। फूल रोपिएका भाँडाहरू, पुरानो टायरहरू र पानी जम्मा हुन सक्ने अन्य स्थानहरूमा पानी जम्न दिनु हुँदैन। हामीले नियमित पानी जम्मा गर्ने जारहरूलाई छोप्ने वा प्रत्येक हप्ता चरु पानीलाई परिवर्तन गर्ने व्यवस्था गर्नुपर्छ।

लाम्बुङ्गे आउन नदिने शिविको प्रयोग गर्नुहोस्

जसलाई काँडा बाहिर हुनुपर्छ भने तपाईंको शरीरमा र कायबहाकमा लाम्बुङ्गे आउन नदिनका लागि शरीरलाई हाडी मुटुले शिविकामा लाम्बुङ्गे निरोक्न किन तपास सोसनाहरूको प्रयोग गर्नुहोस्। हाडीले DEET, picaridin वा लेमन eucalyptus को लेमन आदिको पनि प्रयोग गर्न सकिन्छ।

आफ्नो शरीरका सम्पूर्ण भाग छोपिने लुगा लगाउनुहोस्

लाम्बुङ्गेको टोकाइबाट आफ्नो शरीर र भागलाई जोगाउन तपासो बाहुल्य गरको सर्ट र प्यान्ट लगाउनुहोस्। राति सुत्ने बेलामा अथवा दिउँसो घरमा बस्दा पनि लाम्बुङ्गेको टोकाइबाट बच्न मुलु वा जालीको प्रयोग गर्नुहोस्।

यदि तपाईंलाई ज्वरो आउने, टाउको दुख्ने वा शरीर दुख्ने जस्ता लक्षणहरू भयो भने, तुरुन्तै नजिकको स्वास्थ्य केन्द्र वा अस्पतालमा गएर डाक्टरहरूको सल्लाह लिनुहोस्। कहिलेकाहीँ डेङ्गु माइलरसँग संक्रमण गम्भीर रोगमा परिणत पनि हुन सक्छ र ज्यान जाने खतरा पनि हुन्छ। तर तपाईंले समयमै उपचार तथा डाक्टरको सल्लाह लिनु भयो भने तपाईं चाँडै निको हुन सक्नुहुन्छ।

डेङ्गु माइलरसँग संक्रमणबाट बच्ने उपायहरू अरुलाई पनि बताउनुहोस्

डेङ्गु माइलरसँग संक्रमणबाट बच्ने उपायहरू अरुलाई पनि बताउनुहोस्।

डेङ्गु माइलरसँग संक्रमणबाट बच्ने उपायहरू अरुलाई पनि बताउनुहोस्।

निष्कर्ष (हामीले किन यी कामहरू गर्ने)

डेङ्गु एक गम्भीर प्रक्रियाको माइलरसँग संक्रमण तर हामीले माथि उल्लेखित शिविको अपनायो भने यसबाट बच्न सकिन्छ। लाम्बुङ्गे हटाउनका लागि सरल उपायहरू अपनाएर र प्रजनन हुने स्थानहरूको पहिचान गरेर लाम्बुङ्गेको टोकाइबाट आफूलाई बचाउन र डेङ्गुको फैलावट रोक्न मद्दत गर्न सक्नुहुन्छ।

याद गर्नुहोस्, तपाईंले आफूलाई डेङ्गु संक्रमणबाट बचाउनुभयो भने तपाईंको समुदायलाई पनि सुरक्षित राख्न सक्नुहुन्छ।

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La chaîne de l'espoir

Introduction

Dengue is a viral infection spread by mosquitoes that can cause a range of symptoms, from mild flu-like symptoms to severe illness. It is important to take steps to protect yourself and your community from dengue. Here are some tips to help you stay safe and prevent the spread of dengue.

Eliminate Mosquito Breeding Sites

Mosquitoes breed in stagnant water, so make sure to eliminate any standing water in and around your home. This includes flower pots, old tires, and other containers that can collect water. If you can't eliminate the water, make sure to change it at least once a week.

Use Mosquito Repellent

When you're outdoors, use mosquito repellent on exposed skin and clothing. Look for repellents that contain DEET, picaridin, or oil of lemon eucalyptus.

Wear Protective Clothing

Wear long-sleeved shirts and pants to protect your skin from mosquito bites. If you're sleeping during the day, use a mosquito net to protect yourself from bites.

Seek Medical Attention

If you experience symptoms such as fever, headache, or body aches, seek medical attention immediately. Dengue can be a serious illness, and early treatment can make a big difference in your recovery.

Spread the Word

Spread the word about dengue prevention to your friends, family, and community. Educate them about the importance of eliminating mosquito breeding sites and using mosquito repellent. Encourage everyone to work together to keep their communities safe.

Conclusion

Dengue is a serious illness, but it can be prevented. By taking simple steps to eliminate mosquito breeding sites and protect yourself from mosquito bites, you can help prevent the spread of dengue. Remember, protecting yourself also protects your community. Let's work together to keep our communities safe and healthy.

Protect Yourself and Your Community from DENGUE VIRUS

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La chaîne de l'espoir

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.

Testimonial (name changed in line with the child's right to privacy (CRC – Art. 16)

My name is Kailash, and I am 7 years old. Not long ago, my life was very difficult living on the streets. Everything changed the day a taxi hit me. It was very scary and I was hurt badly-my bones were broken and I couldn't even go to the bathroom because of a serious injury inside me.

Even after the hospital first helped me, I had nowhere to go but back to the street. I was in pain and very weak. But in March 2025, the people from CPCS found me and rescued me. They didn't just give me a place to stay; they gave me a family.

Now, I live in a warm house with a soft bed and plenty of good food to help me grow strong. My caretakers help me stay clean and teach me how to take care of my hygiene every day. I even get to learn and play with other children, which makes me very happy.

Because of the taxi accident, I still have a problem with my 'water pipe' (urethra). It is blocked, so the CPCS team takes me to the hospital all the time to see the doctors. They told me I need a special surgery called a Urethroplasty to fix it for good. I used to be scared of hospitals, but now I know that everyone is working hard to make me healthy.

I am thankful that I am no longer alone on the street. With my medicine, my vitamins, and the love I get here, I know I will be able to run and play like a normal kid very soon.

Testimonial (name changed in line with the youth's right to privacy (CRC – Art. 16))

*My name is Deepak KC, and I am 16 years old. Since 2019, I have called the **CPCS** Organization my home. I was born with a **congenital lower limb disorder**, a condition that made every step a challenge and every dream feel out of reach. Before joining CPCS, my life was defined by instability. My family's economic situation was very difficult, and we lacked the resources to manage my physical needs. I faced many hurdles, feeling the weight of a world that wasn't built for my mobility.*

However, CPCS became the bridge I desperately needed. By fulfilling my basic needs, the organization has allowed me to stop worrying about survival and start focusing on my growth. Most importantly, they provide me with specialized medical care and educational support. These are the pillars of my life; the medical attention helps me manage my condition, while my education at Kitini Secondary School gives me the tools to build a career.

Looking toward the future, I am determined to use my education to become a self-reliant professional. I plan to complete my higher studies and pursue a career where I can use my intellectual talents to give back to my community. I want to advocate for others with physical challenges, showing them that a disability is not a full stop, but a different way of moving forward. My goal is to achieve total independence so that I can eventually support my family and help other children who are in the same position I once was.

I am deeply grateful to CPCS for believing in me when things were most difficult. Without their unwavering support, I would not have the health or the opportunity to sit in a classroom today. They have given me more than just help; they have given me a future filled with dignity and hope.

GODAWARI RECOVERY (MEDICAL) SUPPORT MONTHLY STATISTICS

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
No. of children (Outpatients) treated	1278	67	105	107	106	132	101	115	98	102	114	108	123
Daily average		2	3	4	3	4	3	4	4	4	4	4	5
Number of "clinic in" children treated	886	94	78	212	102	111	63	58	52	48	64	42	53
Daily average		3	2	4	3	3	2	2	2	2	2	2	2
No. of In-Patients Nights	869	91	80	103	67	111	76	87	62	54	47	32	59
Average age of in-patients		13	12	13	12	13	12	13	11	13	9	10	12
Number of hospital cases	28	4	1	0	3	2	3	4	1	2	3	1	4
Number of patients admitted in hospital	8	1	0	1	0	0	1	2	0	1	0	0	1
Hospitalization Days	52	2	0	4	0	0	14	12	0	5	0	0	15
No. of children treated in DIC Godawari	105	7	5	8	9	3	5	6	8	13	16	11	14
No. of children treated in outreach (Day Field)	91	3	7	5	3	6	8	9	13	7	10	12	8
No. of children treated outreach (Night Field)	287	25	25	25	25	22	22	28	32	23	15	18	27

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 - 2025

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Medical Problems	46	0	0	0	0	0	0	10	8	9	7	6	6
Under Arrest	12	0	2	1	0	0	0	2	1	1	2	2	1
Abuses – trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	38	3	2	4	1	2	2	3	2	5	4	5	5
Child Labour	15	1	1	0	0	0	0	2	3	3	2	1	2
Information about others	110	3	2	4	2	3	5	25	15	13	11	12	15
Child lost cases	19	2	2	1	1	2	2	1	2	1	2	2	1
Family Missing cases	19	2	2	2	1	2	1	1	1	2	1	2	2
Line Calls Total	317	-	-	-	-	-	-	-	-	-	-	-	-

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

Testimonial (name changed in line with the youth's right to privacy (CRC – Art. 16)

My name is Ramesh. I am 15 years old and I come from Gorkha District, My works as a construction laborer, and my mother is a housewife. I have two younger brothers.

After my mother remarried, I did not receive proper care or protection at home. Because there was little supervision and support, I stayed with my maternal grandparents for about five to six years.

Later, one of my relatives brought me to Kathmandu. There, I was placed as a domestic helper while also going to school. During that time, the Kathmandu Metropolitan City Child Rights Committee found out that I was a victim of forced child labor. They rescued me from the employer's house and referred me to CPCS for care, protection, and rehabilitation.

After visiting my family and assessing the situation, the CPCS team found that returning home would not be safe for me. They believed there was a high risk that I might end up in a street situation again or be exploited once more.

Because of this, CPCS requested long-term alternative care for me from Kathmandu Metropolitan City. I was then referred to another organization for long-term care, but I ran away from there. After that, the Metropolitan City Committee referred me back to CPCS for continued protection.

Right now, I am living under the care of CPCS. Considering my , CPCS is preparing me for youth vocational training. This will help me build skills for my future, become self-reliant, and integrate safely into society.

This testimony shares my background, the risks I faced, the support I received, and the plans for my future.

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.

Many young people face a serious challenge: they have no identity papers.

In many cases, they were never registered at birth, or they have lost contact with their families, making it impossible to obtain official documents.

Without identification, they are excluded from essential services, protection, and opportunities that every child deserves.

CPCS makes it a priority to support young people who lack identity documents. The legal expert and social workers investigate where and how these youths can obtain the essential papers they need. It is a difficult process: the law states that any child or young person found on Nepali soil is a Nepali citizen, yet bureaucracy makes it extremely challenging to put this principle into practice.

LEGAL SUPPORT MONTHLY STATISTICS (2025)

Legal Support	Tot.	J	F	M	A	M	J	J	A	S	O	N	D
Legal Support	25	2	1	2	1	3	2	2	3	2	2	3	2
Jail Visit	47	2	2	2	2	2	2	6	6	5	5	6	7
Children Youth in jail	24	3	2	3	1	4	3	2	2	1	1	1	1
Custodies Visit	33	0	2	1	0	0	0	6	6	5	6	4	3
Children/youth met at custody	14	0	2	1	1	0	0	3	2	0	3	1	1
Children / Youth released from custody	13	0	2	1	0	0	0	3	2	0	3	1	1
Court Action	2	0	0	0	0	1	0	0	0	0	0	0	1
Meeting With Police	28	2	1	2	1	3	2	4	4	4	3	2	1
Awareness class with children	44	5	5	4	4	3	3	4	3	3	4	3	3
No of children attending at awareness	730	21	51	36	37	41	42	90	80	85	82	95	70

Counseling Services

COUNSELING SERVICES MONTHLY STATISTICS

COUNSELING SERVICES	Total	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Individual Counseling	512	49	45	47	46	24	44	51	43	47	37	38	41
Group Counseling	173	6	6	7	10	10	8	8	23	25	22	24	24
General Awareness Classes	131	12	15	6	11	9	7	20	10	10	10	10	11
Sexual Abuses Victims Support	3	0	0	0	0	0	2	0	0	0	1	0	0
Physical and moral abuse victims	10	1	1	1	0	0	1	1	1	1	1	1	1
Awareness Sessions with team	24	2	2	2	2	2	2	2	2	2	2	2	2
Training / Orientations with team	11	1	1	1	1	0	1	1	1	1	1	1	1

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



SOCIAL REHABILITATION (NEPAL)

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	J	A	S	O	N	D
YT	Youth Training	2	3	5	4	4	4	4	4	4	4	3	2
F/R	Family Reunification	2	0	0	4	0	0	1	6	6	2	3	6
F/V	Family Visit	9	6	7	5	11	6	6	9	14	8	8	6
CHP	Child Home Placement	0	0	0	0	0	0	0	0	1	0	0	0
O/R	Own Room	0	0	0	0	0	0	0	1	0	0	0	0
F/U	Follow Up	11	9	12	9	15	10	12	14	8	11	6	9

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	J	A	S	O	N	D
Sent from NCRC-104	34	2	0	4	0	1	0	1	9	5	2	7	3
Field from Organization CPCs	3	1	1	0	1	0	0	0	0	0	0	0	0
Family Reunification	25	2	0	0	3	0	0	0	5	3	2	3	7
Refer to other organization	2	0	0	0	0	0	0	0	1	0	1	0	0
Send For Training	0	0	0	0	0	0	0	0	0	0	0	0	0
Drop Out	1	0	0	0	0	0	0	0	0	1	0	0	0
Refer From our organization	0	0	0	0	0	0	0	0	0	0	0	0	0
Pass Away	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	Total	J	F	M	A	M	J	J	A	S	O	N	D
Call from street situation	215	15	16	14	19	15	20	25	24	15	15	17	20
Support of case in Street situation	80	4	5	5	5	7	7	8	7	7	7	8	11
Counseling for case management with Support	123	10	9	10	11	9	11	0	12	12	12	12	15
Covid Awareness program in street (field)	105	7	7	6	6	6	6	10	10	12	11	12	12
Medical Support in Street Situation	0	0	0	0	0	0	0	0	0	0	0	0	0
Pass Away from Street situation	8	1	1	1	1	0	0	1	0	0	1	0	2
Pregnancy and delivery support in street situation	6	1	0	1	0	0	0	0	2	0	1	0	1

Case Story: Protection and Cross-Border Reunification of Four Boys from Jharkhand, India

In late 2025, twenty-seven children from a village in Jharkhand, India—including four boys later referred to CPCS—left their homes with the hope of a better future. Their parents, who survived on irregular daily-wage labor in construction and by collecting and selling firewood at the Rangamati market, wanted to offer their children opportunities they themselves had never known.

A villager, **Mr. N.K.**, had promised exactly that: free education and safe accommodation in Nepal. For families facing daily hardship, the offer seemed like a rare chance. Trusting his assurances, they paid INR 3,000 per child to a man they barely knew, believing their sons would be cared for and educated.

When the group arrived in Kathmandu, the children were left at **S.D.K.** in Bhaktapur. The man accompanying them disappeared soon after, leaving the children in an unfamiliar environment without support. Within days, the four boys realized that the promises made to their parents were false. They lacked basic necessities—no toothbrushes, no proper bedding, only thin blankets that offered little protection from the cold. The environment felt unsafe and neglectful.

Frightened and feeling abandoned, the boys made a desperate decision to run away. They wandered through Kathmandu until they reached the Pashupati area, where they spent two nights sleeping outside, exposed to hunger, cold, and the dangers of the street.

During a routine patrol, police officers from Sinamangal encountered the four exhausted boys. Unable to explain why they were in Nepal or how they had ended up alone, they were transferred to the National Coordination Center for Children at Risk (**NCCR–104**) in Bhrikutimandap for immediate protection and assessment.

On 22 November 2025, NCCR–104 referred the boys to **CPCS Godawari**. There, the CPCS team provided safety, structure, and patient care. Through counseling, family background assessments, and Best Interest Determination procedures, the boys gradually began to trust again. After two days of gentle interaction, they were able to share more accurate information about their families and the circumstances that had brought them to Nepal.

Their accounts revealed clear indicators of possible trafficking:

- Severe economic vulnerability of their families
- A financial transaction involving the children
- False promises of education and care
- Cross-border movement under misleading information

Once sufficient details were gathered, CPCS initiated family tracing. Through location verification, contact identification, and coordination with relevant authorities, the team successfully reached the parents. Shocked and distressed, the families traveled from India to Nepal to retrieve their children.

On 8 December 2025, CPCS facilitated the safe reunification of all four boys with their families. The process was conducted in the presence of an **NCCR–104** officer, with full documentation and witness verification to ensure transparency and child protection.

During reunification, CPCS staff provided counseling to both the children and their parents, raised awareness about the risks of child trafficking, and coordinated all cross-border procedures to guarantee a safe and dignified return.

The boys from Jharkhand had been caught in a web of misinformation and vulnerability, disguised as opportunity. Thanks to the coordinated efforts of Nepal Police, NCCR–104, and CPCS Godawari, they were rescued, protected, and ultimately reunited with their families. Continued follow-up and cross-border communication remain essential to safeguarding their future and preventing similar incidents.

Dinesh Shiwakoti – School Principal – Sitka Secondary School

Our Sitka Secondary School was established in 2019 B.S. and is located in Kalinchowk Rural Municipality-7, Sitka, Dolakha. This school serves the area of Torikhet, Jhamarshi, Sitka, Bhadaure, and Thulakhet villages. The people in this area mostly belong to middle-class families, with fewer from poorer families. Most students attending this school are from poor families and face many problems, including lack of nutritious food, poverty, unemployment, and illiteracy. These are the main reasons why parents struggle to provide adequately for their children. Therefore, the NGO CPCS has been working in this school since 2078 B.S., fostering good relationships among the community, school staff, and students. CPCS provides extensive health support by offering medicines and counseling to the public and students.

CPCS particularly supports poor students by providing educational materials such as sanitary pads, clothes, nutritional support, and admission assistance. During major festivals like Dashain, CPCS supports poor families by providing necessary food supplies. The NGO also helps improve the educational environment by providing necessary equipment and support. Minu Shrestha, Sabina Shiwakoti, Inu Tamang and work under the supervision of CPCS at this school. Presently, Subina Karki is consistently providing support, and the school community is fully satisfied with her performance, encouraging her to continue doing better in the future.

Finally, I would like to thank CPCS very much and expect their continued support in the coming future.

Bhawani Khadka Gautam – School Principal - Tikhatal Basic School

First of all, we would like to express our sincere gratitude to the CPCS organization for their presence and support in our school. The students, teachers, and parents have all benefited from the first aid treatments provided. The distribution of sanitary pads, iron tablets for girls, along with common medicines required by the students, has facilitated the teaching and learning process. Additionally, the various necessary support provided to honest and low-income students has greatly helped them in their studies. However, it would have been better if there had been arrangements to purify the goods available here. We expect more continuous service from the CPCS organization.



Sesnath Acharya - Head Master Bhim Secondary School

Bhim Secondary School, is located in Bhimeshwor Municipality-2, Dolakha Bazar. This school serves a poor community. The CPCS Organization has been officially working with this school since May 2019. CPCS has been providing health services to the students, parents, teachers, and others by assigning a nurse to the school. They offer various health services to our students, including food, nutrition, stationery, and clothes. Currently, they are focusing mainly on health services and supporting materials used in school hygiene.

The services provided by CPCS to this poor community and school are very important, and parents hope that CPCS will continue to be successful in this school. Finally, I would like to thank CPCS and the BHCA Center very much for choosing our school and for their ongoing support in the future.

Emergency room for girls

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

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

Dolakha Rehabilitation Program



The Dolakha Rehabilitation Center 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 **40** boys benefiting from the rehabilitation and schooling program. An additional **40 +** children from the local area visit the regional center daily, utilizing the common room facilities. Approximately 65+ families derive significant benefits from the common room, medical center, and library services, collectively impacting over 200 family members. Moreover, more than 100 children access libraries in schools and visit the regional office in Deurali, Dolakha, further underscoring the program's influence.

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

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

- **40** boys are enrolled in the rehabilitation / Schooling program in Dolakha.
- **120 +** - children come to the regional center from the local area daily to use the common room
- **100 +** -families benefit from the common room, medical center and library services.
- A total of **100 +** family members benefit from the program.
- **More than 250 +** 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	J	A	S	O	N	D
Out patients treated	998	84	96	70	50	68	95	56	106	93	52	108	120
Patients admitted in clinic	87	2	5	7	4	12	11	4	24	0	1	5	12
In Patients bed Nights	304	4	14	27	20	39	46	14	72	0	3	22	43
Community patients treated	1130	82	89	70	58	70	155	112	104	122	83	102	83
Ambulance community patients	56	3	3	11	2	7	9	9	1	3	0	4	4
Total CPR child patient	25	1	4	0	6	2	3	3	3	0	0	0	3
Children treated on the field	0	0	0	0	0	0	0	0	0	0	0	0	0

SCHOLING DATA OF DOLAKHA

Dolakha Schooling	Total	J	F	M	A	M	J	J	A	S	O	N	D
Scholarised children (beg)	23	23	23	23	23	23	23	23	22	21	21	21	21
New children	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Reunified Children	2	0	0	0	0	0	0	1	1	0	0	0	0
Other NGO Reffer	0	0	0	0	0	0	0	0	0	0	0	0	0
Drop Out	0	0	0	0	0	0	0	0	0	0	0	0	0
Internally Referred children	0	0	0	0	0	0	0	0	0	0	0	0	0
Scholarised children (end)	23	23	23	23	23	23	23	22	21	21	21	21	21

The Ambulance service – Regional Center Dolakha



For the past nine years, CPCS has continued to provide free one-way ambulance services to the communities of Lamanagi and Deurali, ensuring timely emergency transport for people with limited access to health facilities.

In 2025, the ambulance team responded to a wide range of emergencies, including fall injuries, delivery cases, road traffic accidents, stroke, hypertension, fractures, high fever, seizures, cut injuries, severe diarrhoea, acute abdominal pain, pneumonia, and several neonatal and pediatric cases.

A total of **81** patients were transported during the year. Of these, 25 cases were referred through CPR, while 56 were directly served from the community.

This long-running service continues to play a crucial role in improving access to emergency care in the Lamanagi and Deurali areas, providing a reliable lifeline for families during urgent medical situations.

Testimonial from a community patient

My name is Rabina. I am a 25-year-old woman residing in Lamanagi, Bhimeshwor Municipality-1. One day, I was seriously injured in a motorcycle accident on the Lamanagi road. Realizing the urgency of my condition, my family immediately called the CPCS ambulance service for help. At that critical moment, the CPCS ambulance arrived promptly and provided swift, professional, and compassionate care. Their timely response played a vital role in ensuring I received the medical attention I urgently needed. I am deeply grateful to the entire CPCS ambulance team for their dedication and kindness during such a difficult time. This experience made me truly realize how invaluable the CPCS ambulance service is to our community. Their commitment to providing free and essential emergency medical support is highly commendable. From the bottom of my heart, I sincerely thank the CPCS team for their unwavering service and care for the well-being of our community.

Testimony from the Villagers of Deurali :

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 CPCS 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

The Schooling Program

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

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

The Youth Program (YEC-BA)

(Supported by Vincent Perrotte and Soeur Emmanuelle ASBL)



Introduction – (Rationale) and Sustainability

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

The idea is to use past experiences (Youth Rehabilitation Programs, Youth Support), our research, other materials to develop a new way to support youth from 14years old to 25 years old. The analysis proposed by the CPCS supported research: “Children and Youth in street situations and their capabilities. From strategies

of urban survival to careers within the protection system. (Paris, L'Harmattan, 2020) is a strong pillar of the new strategy.

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

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

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



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

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

A. Seven groups (types of youth):

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

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

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

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

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

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

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

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

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

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

Testimonial

Dilip Rokka (name changed)

Hello, my name is Dilip. 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

Good news: *the legal team was supporting to find his family back, by telling his story to many people and a post on social media, Dilip did find a family member back. The reunification is in process, and the next step is to manage his citizenship card.*



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.

Testimonial youth (name changed)

My name is Pasang 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

YOUTH PROGRAM MONTHLY STATISTICS

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



Testimonial Youth

My name is Ram K, 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 learning 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.

Testimonial Youth

My name is Bishek P. I am 15 years old, and I am originally from Nuwakot. My family includes my father ,step mother and step mother’s 3 child .my family is normal but father behavior is not found nice. So that I run away from home ,the police send me access Nepal again runaway and involved in Greel Factory. then entry in CPRC through 104.

Now, I am staying at CPRC in Dolakha, which is part of the CPCS Alliance. Here, I have been given the chance to continue my education—I am currently in 7th grade at Lamanagi basic School. I am also part of a youth program that offers different Through the youth program at CPCS, I have learning 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.

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. while I am in CPCS



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 operational lead in Nepal, Burundi, Rwanda and ahead

CPCS International has a strong board of advisors mainly based in Belgium and operates through locally registered NGO's, or NPO's. CPCS-Alliance 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.

International Director – Dr. Jean-Christophe Ryckmans

President of the (Int) board (2025-2026) – Ingrid Bracke

General Director (Nepal) – Bijesh Shrestha

Coordinator (Rwanda) – Christophe Bimenyimana

Coordinator (Burundi) – Raf Schyvens

Administration and Finance Director (Nepal) – Tek Paudhyal

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

Admin 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 Burundi, Rwanda 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**.



Building European Solidarity for Children at Risk : A European Dimension Rooted in Universal Children’s Rights

The year 2025 marked an important step in the European development of the CPCS Alliance. While CPCS has historically focused its actions in Asia and Africa, the growing social, institutional and humanitarian challenges within Europe itself have led the Alliance to progressively structure a European pillar, grounded in the same core principles: the universality of children’s rights, dignity, protection, and long-term support for the most vulnerable.



In this context, Live Love Dream ASBL, a Belgian non-profit organisation, officially joined the CPCS Alliance in the last quarter of 2025. This partnership strengthens the Alliance’s capacity to act in Belgium and Ukraine, while ensuring coherence with CPCS’s international vision and more than 20 years of experience in child protection and youth support. Live Love Dream carries the social actions of the CPCS Alliance in Europe, acting where needs are most acute, alongside children, families, and educational teams facing sometimes overwhelming human, social, and institutional challenges.

A Shared Conviction: Children's Rights Are Universal

The work of Live Love Dream within the CPCS Alliance is guided by a simple and deeply rooted conviction: children's rights are universal and non-negotiable.

Defending these rights means engaging at multiple levels — through public policies and institutional frameworks, but also through the small, concrete gestures of everyday life. A presence, a smile, a one-off intervention, or timely material support can sometimes be enough to redirect a life trajectory.

This philosophy resonates strongly with CPCS's approach worldwide: meaningful change often begins with proximity, trust, and humanity.

Belgium – Standing Alongside Children in Care and Young People at Risk

In Belgium, the social protection system plays a crucial role, yet faces increasing pressure. Today, nearly 18,000 children live in residential care services, specialised institutions, or foster families. In parallel, one child in five lives below the at-risk-of-poverty threshold.

Many children and young people enter support systems after life journeys marked by ruptures, trauma, neglect, school dropout, or social isolation. Educational and social work teams carry out remarkable work, often under demanding conditions. However, resources remain insufficient to fully address daily needs, particularly regarding:

- basic material requirements,
- educational and pedagogical projects lacking adequate funding,
- cultural, sports, and recreational activities that are often limited,
- support toward autonomy after reaching adulthood, a particularly fragile transition period for young people leaving institutional care.

Actions of Live Love Dream and the CPCS Alliance in Belgium

Within this context, Live Love Dream, supported by the CPCS Alliance, intervenes in a flexible, targeted, and complementary manner, without replacing existing services. Its role is to provide those “little extras” that make a tangible difference in the lives of children and young people.



Key actions in Belgium include:

- one-off support to reception centres, residential homes, and youth facilities;
- funding of school, educational, cultural or sports equipment;
- organisation of cultural, recreational, or well-being activities;
- support for pilot projects fostering social bonds, self-esteem, and personal development;

- pilot programmes supporting young people leaving institutional care, including mobility support, temporary housing solutions, coaching, and positive engagement activities;
- direct support to educational teams facing complex or urgent situations.

The approach is deliberately pragmatic and human-centred: not to replace institutions, but to bring solidarity, responsiveness, and an extra layer of humanity where resources and breathing space are lacking.

Ukraine – A Concrete, Material, and Human Commitment

Since 2022, the war in Ukraine has profoundly disrupted the lives of more than 7.5 million children. Millions have been displaced internally or externally; others continue to live in areas affected by bombardments and insecurity. All are exposed to fear, trauma, educational disruption, and the loss of essential reference points.

Faced with this reality, Live Love Dream, within the CPCS Alliance, has built a bridge of solidarity between Belgium and Ukraine, combining emergency responses with longer-term educational and psychosocial support.



Concrete Actions in Ukraine

Live Love Dream has already contributed to:

- the delivery of several ambulances to areas where emergency response capacities are insufficient;
- the provision of essential medical equipment, including first-aid kits, stabilisation equipment, and child-specific medical supplies;
- the shipment of toys, educational games, and recreational and psycho-pedagogical materials to centres hosting displaced children;
- technical support to local actors (centres, municipalities, social workers) on child protection, aid management, and psychosocial needs;
- support for educational and psychosocial activities in war-affected areas.

All actions are carried out in partnership with reliable and recognised local actors, including Ukrainian NGOs and partners linked to the CPCS Alliance, ensuring accountability, relevance, and respect for local capacities.



A Rights-Based Framework and Clear Objectives

All European actions carried by Live Love Dream within the CPCS Alliance are grounded in the Convention on the Rights of the Child, notably:

- the right to protection and safety,
- the right to education,
- the right to an adequate standard of living,
- the right to health,
- the right to play, leisure, and joy,
- the right to dignity and autonomy.

The objectives guiding this work are clear:

- to support vulnerable children in Belgium and Ukraine;
- to finance educational, medical, psychosocial, and cultural initiatives;
- to support centres hosting children in care or at risk;
- to intervene rapidly for urgent material, logistical, or human needs;
- to strengthen local teams through technical support and capacity building;
- to build bridges of solidarity between children in Belgium and Ukraine;
- to foster autonomy, resilience, and the ability of young people to dream again.

Small Steps for a Better World

Live Love Dream is built on a simple belief: changing a life does not always require millions. Sometimes, a small step is enough. A toy offered, an ambulance delivered, a school outing organised, a caring ear, emergency support at the right moment — these are the small lights that illuminate great darkness.

Every child deserves to live.

Every child deserves dignity.

Every child deserves to dream.

Within the CPCS Alliance, Live Love Dream seeks to be one of those outstretched hands — acting in Europe with the same conviction that guides CPCS's work across the world.

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 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**.

CONTACTS – CPCS INTERNATIONAL AND ALLIANCE PARTNERS

CPCS International – Coordination of the CPCS Alliance

CPCS International is the coordinating structure of the **CPCS Alliance**. It ensures overall management, strategic and operational coordination, as well as the coherence of actions carried out by member organisations. CPCS International guarantees the values, ethical principles, quality of interventions, and the effectiveness of the CPCS Alliance, which has been active for more than 20 years in the protection of children and youth in situations of vulnerability.



Contact – CPCS International (International Office)

- Address: 18 rue de Larmont, 5377 Noiseux – Belgium
- Email: info@cpcs.international | jean-christophe@cpcs.international

Nepal

The Nepal office represents the historical core of the CPCS Alliance. For more than two decades, it has been implementing programmes focused on child protection, education, prevention of street situations, and family support.



Contact – CPCS Nepal

- Address: G.P.O. Box 8975 – EPC 5173, Godawari, Lalitpur, Nepal
- Phone: (+977) 01 517 4040 | +977 980 124 5550
- Email: bijesh@cpcs.international | nepal@cpcs.international



In addition to its NGO partners, the CPCS Alliance collaborates in Nepal with a private partner: **Les Terrasses Himalayan Resort**. The **YEC-BA (Youth Empowerment and Capacity Building Approach)** project is partially developed in partnership with Les Terrasses.

- www.lesterrasseshimalayanresort.com



Rwanda

Based in Rwanda, **CPCS-Africa** coordinates the actions of the CPCS Alliance in Rwanda, in close collaboration with local authorities and community partners.



Contact – CPCS-Africa

- 📍 Address: Nyamagabe, Rwanda
- ✉ Email: africa@cpcs.international | christophe@cpcs.international
- ☎ Phone: +250 794 414 121

Burundi

CPCS activities in Burundi are coordinated through **CPCS-Tanganyika**. Programmes focus on the prevention of street situations, educational support, community-based child protection, and the strengthening of local actors.



- ✉ Contact: raf@cpcs.international | arsene@cpcs.international
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Belgium – Ukraine

In **Belgium** and **Ukraine**, the social and solidarity-based actions of the CPCS Alliance are implemented by Belgian partners that are members of the Alliance, notably **Live Love Dream ASBL**. These projects aim to support children in residential care, youth at risk, and populations affected by the war in Ukraine.



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CPCS France

CPCS France is part of the CPCS network. Although its current level of activity is limited, it remains an institutional contact point within the Alliance.

- 📍 Address: 43b rue Chateaubriand, 57990 Hundling – France
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