CPCS

INTERNATIONAL

Child Protection Centers and Services

Half Year Report 2026

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CPCS INTERNATIONAL

A WORD FROM THE PRESIDENT CPCS INTERNATIONAL

Dear friends, partners, benefactors, supporters worldwide, and members of our Alliance,

The first half of 2026 has been marked by determination, growth, and a deepening of our collective responsibility across the CPCS International Alliance. In Nepal, Burundi, Rwanda, Belgium, and Ukraine, our mission remains clear: to protect, support, and empower children and youth in street-connected situations and those at risk, ensuring that every young person we encounter is met with dignity, safety, and opportunity.

Across the world, children and youth live in severely insecure circumstances. War, political manipulation, and social instability push them into fear, displacement, and poverty. CPCS stands beside these children and youth and strives to be both their voice and their support, ensuring that they are seen, heard, and protected.

This report highlights the daily efforts of our teams—social workers, educators, medical staff, psychologists, coordinators, and volunteers—who stand beside children and youth facing extreme vulnerability. Their work in schools, outreach programs, socialization centers, emergency interventions, and reintegration pathways forms the backbone of our commitment to child protection.

In all our actions, we uphold and respect the rights of the child as established by the International Convention on the Rights of the Child. These principles guide our policies and interventions, reminding us that every child and every youth is a rights-holder whose protection, participation, and well-being must be safeguarded at all times. Over the past six months, we have strengthened prevention initiatives, expanded school-based health services, reinforced psychosocial support, and deepened collaboration with local authorities and international partners. Each achievement represents more than a statistic: it reflects a safer environment, a restored sense of trust, and a renewed future for youth who deserve protection and hope.

As President of CPCS International, I am profoundly grateful for the trust placed in our Alliance. I am equally inspired by the resilience of the children, youth, and families we accompany. Their courage reminds us why our work matters—and why we must continue to innovate, advocate, and expand our reach.The months ahead will bring new challenges, but also new opportunities. With the strength of our teams and the unwavering support of our partners and friends worldwide, we will continue building protection systems that are humane, inclusive, and grounded in human rights.

Thank you for standing with us

Ingrid Bracke

President CPCS International

INTRODUCTION

CPCS is an international alliance of committed NGOs, grassroots organisations and partners, coordinated by CPCS International, working to protect, support and empower children and young people in street situations, at risk, or facing social exclusion.

Born in Nepal, growing through international solidarity

The roots of CPCS are deeply anchored in Nepal, where CPCS was founded on 19 July 2002, following years of direct engagement with children living and working on the streets of Kathmandu. Nepal remains the historical and methodological heart of our Alliance: it is where our approaches were developed, tested, questioned and continuously improved through direct interaction with children, families, communities, schools, public authorities and protection services.

More than two decades later, this experience has grown into the CPCS Alliance. While maintaining a strong operational base in Nepal, our methodologies and principles now contribute to programmes and partnerships in Rwanda and Burundi, while collaboration with partner organisations also extends our solidarity and experience towards Belgium and Ukraine.

This evolution does not mean exporting a fixed model from one country to another. On the contrary, CPCS believes that every intervention must be rooted in its local social, cultural and institutional reality. What connects the members and partners of the Alliance is a common philosophy: listening first, understanding the environment of the child or young person, strengthening local capacities and protection systems, and recognising children and youth as actors rather than passive beneficiaries.

Children and young people as actors in their own lives

At the heart of CPCS lies a simple but fundamental conviction: a child is not merely the beneficiary of protection but an actor in his or her own life.

Our responsibility is therefore not to decide a child's future in their place, but to create the conditions in which children can understand their situation, express their aspirations, exercise their rights, make choices and progressively build their own future. This principle is directly inspired by the United Nations Convention on the Rights of the Child and contributes to the implementation of the UN Committee on the Rights of the Child's General Comment No. 21 (2017) on children in street situations. Participation, dignity, evolving capacities, non-discrimination and the best interests of the child are therefore not simply principles written into our programmes: they shape the way CPCS works with children on a daily basis.

From childhood to youth: protecting the transition to adulthood

CPCS places particular attention on young people and the transition from childhood to adulthood.

Too often, protection programmes focus intensively on children but progressively withdraw their support when those same children reach adolescence or legal adulthood. Yet this transition is frequently one of the most fragile moments in their lives. Young people leaving institutions, street situations, alternative care or highly vulnerable families may suddenly face enormous expectations while having limited access to education, employment, housing, social networks or psychosocial support.

For CPCS, turning eighteen does not make vulnerability disappear.

This is why our work increasingly seeks to accompany adolescents and young adults towards autonomy through education, vocational opportunities, life skills, psychosocial support, social inclusion, employment pathways and participation in their communities.

Our ambition is not to create dependency, but precisely the opposite: to strengthen the capacity of children and young people to become autonomous actors of their own lives and active members of society.

A rights-based and participatory methodology

CPCS employs an interactive, systemic and participatory approach to understand how children and young people construct their identity and their future within environments often marked by poverty, violence, discrimination, institutional control, family disruption and survival.

Their trajectories cannot be understood through a single label such as "street child", "vulnerable child" or "beneficiary".

Their lives are influenced by multiple dimensions: family and community background, social status, gender, culture, peer relationships, experiences of the street, education, violence and abuse, survival strategies, substance use, encounters with institutions, but also friendship, solidarity, resilience, creativity and hope.

Most importantly, CPCS seeks to understand how children and young people themselves perceive these experiences. Their voices, aspirations, fears, relationships, strategies and dreams are essential to understanding their situation and designing meaningful responses.

Inspired notably by the work of Professor Daniel Stoecklin of the University of Geneva, CPCS has integrated participatory analytical tools such as Actor System Theory and the Kaleidoscope of Experience into its methodology. These approaches help professionals move beyond externally imposed categories and better understand how children themselves perceive, interpret and navigate their environment.

Beyond numbers: understanding lives and strengthening systems

CPCS believes strongly in accountability, professional monitoring and rigorous evaluation. Quantitative indicators are necessary to understand the scale and effectiveness of our interventions.

But children cannot be reduced to indicators. The success of child protection cannot be measured only through the number of meals distributed, consultations conducted, children enrolled in school or activities completed. These figures matter, but they tell only part of the story.

CPCS therefore advocates for a systemic, rights-based and holistic approach that combines measurable results with qualitative understanding of individual trajectories, family environments, social relationships, institutional responsibilities and children's own perceptions of change.

Our objective is not simply to deliver services, but to contribute to stronger, more inclusive and accountable child-protection systems, working alongside families, communities, schools, health services, civil society organisations and public authorities.

Our contribution to the Sustainable Development Goals

CPCS contributes directly to the Sustainable Development Goals (SDGs), particularly:

SDG 1 – No Poverty, by addressing the social and economic factors that contribute to exclusion and street situations.

SDG 3 – Good Health and Well-being, through access to healthcare, school health, psychosocial support, prevention and health-protection mechanisms.

SDG 4 – Quality Education, through school inclusion and reintegration, non-formal education, educational support and vocational pathways.

SDG 8 – Decent Work and Economic Growth, particularly through the preparation of young people for dignified employment and sustainable autonomy.

SDG 10 – Reduced Inequalities, by working alongside children and young people facing social exclusion and structural discrimination.

SDG 16 – Peace, Justice and Strong Institutions, through rights-based child-protection mechanisms and stronger, more accountable institutions.

SDG 17 – Partnerships for the Goals, through cooperation between organisations, communities, authorities, donors and international partners across the countries where the CPCS Alliance is active.

Our guiding principles

Across Nepal, Rwanda, Burundi and through our partnerships extending to Belgium and Ukraine, our work remains guided by the same fundamental commitments:

-Placing the best interests and dignity of the child at the centre of every intervention.

-Recognising children and young people as rights-holders and social actors, not merely beneficiaries.

-Listening to children and ensuring their meaningful participation in decisions affecting their lives.

-Paying particular attention to adolescents and young adults, whose needs are too often overlooked once traditional child-protection support ends.

-Promoting autonomy while avoiding institutional or programme dependency.

-Strengthening families, communities and inclusive, accountable protection systems.

-Developing responses adapted to each country's social, cultural and institutional context.

-Building long-term partnerships based on solidarity, mutual learning and shared responsibility.

From Kathmandu to a wider Alliance

What began in Nepal in July 2002 has progressively become a wider human and professional network.

The contexts of Nepal, Rwanda, Burundi, Belgium and Ukraine are profoundly different. CPCS does not pretend otherwise. But across these different realities, the same fundamental question remains at the centre of our work:

How can we create the conditions for children and young people — particularly those whom society too easily overlooks — to exercise their rights, regain control over their trajectories and become actors of their own lives?

CPCS is therefore more than a collection of projects. It is an Alliance built around field experience, children's rights, participation, professional methodology, solidarity and human dignity. Born in Nepal, enriched by more than two decades of experience and strengthened through partnerships across countries and continents, CPCS remains committed to one essential principle:

Nothing meaningful should be built for children and young people without building it with them.

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

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)
8. Abbaye de Chimay – Scourmont
9. Vincent Perrotte – France
10. CPCSTAN (http://www.cpcstan.fr/)

Our other friends and partners :

- 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
- Consortium for Street Children - de 4de Pijler Vlaanderen (11.11.11)

CPCS INTERNATIONAL ACTION IN AFRICA

CPCS Tanganyika - Burundi – Ruhuka Kibondo Socialisation Center - Buterere

Executive summary

Centre RUHUKA Kibondo has been operational since **2 January 2026**. Over the first semester it operated **180 days without interruption**, weekends included and delivered **7,374 child-days of care with meals and psychosocial support** — an average of **41 children per day** against a capacity of 50 places, i.e. **81.9% of the theoretical maximum of 9,000 attendances**.

The ramp-up came in three phases. After a gradual start in January and February (25 then 31 children per day on average), attendance **increased significantly in March — 42.5 children per day, +35% in one month — when the CPCS-Tanganyika centres coordinator took up his duties**. It rose further from **April, when the children began receiving three daily meals — breakfast, lunch and an afternoon snack**: 48 to 49 children per day, i.e. 98.5% occupancy in May and June. Since April, demand has exceeded capacity: **819 admission refusals** were recorded for lack of space, and June's demand represents **122% of the centre's capacity**. The centre is now saturated, and the question of expanding its intake capacity has become a priority.

The register lists **116 enrolled children** (35 girls and 57 boys among the 92 children whose sex is recorded), aged 3 to 14, with a strong concentration in the 6–8 age group. Beyond the meals, **110 parents were received and counselled** between March and June and one health case was detected and taken care of. The main recommendations concern the gradual increase of capacity towards 70 places per day, addressing the refusals that repeatedly affect the same families, and completing the register (age missing for 47 children, sex for 24).

Introduction

Burundi, an East African country of **12.3 million inhabitants** (General Census of Population, Housing, Agriculture and Livestock — RGPHAE 2024, preliminary results published by decree No. 100/032 of 27 March 2025, INSBU), has one of the youngest populations in the world: around **60% of Burundians are under 25** according to INSBU data. This youth is a considerable asset, but it is growing up in a context of widespread poverty, demographic pressure on land and household vulnerability, particularly in the peripheral neighbourhoods of the main cities.

Against this background, the phenomenon of **children in street situations** remains one of the major child-protection challenges in Burundi. The survey coordinated by the ministry in charge of National Solidarity (2021 estimates by the Provincial Directorates for Family and Social Development — DPDFS) puts the number of children in street situations at around **7,000** across the nine most affected provinces, of whom **close to 5,000 are in the city of Bujumbura alone** — and roughly **90% are boys**. The causes are well documented: extreme household poverty and food insecurity, death or separation of parents, family recomposition and mistreatment, rural exodus and school drop-out. On the street, these children are exposed to violence, exploitation, substance use and a lasting break with school and family.

The Burundian authorities have made this issue a national priority. The **national strategy for the prevention of the phenomenon of children in street situations and begging** favours upstream prevention, the progressive removal of children from the street and their **family and community reintegration**, based on a now widely shared principle: a child's place is in the family, not on the street or in an institution.

It is precisely within this logic that the work of **CPCS-Tanganyika** takes place — a non-profit association accredited by the Ministry of the Interior, Community Development and Public Security (ministerial ordinance No. 530/969 of 28 January 2026) and governed by Law No. 1/02 of 27 January 2017. **Centre**

RUHUKA Kibondo, located in Buterere — one of the most vulnerable neighbourhoods on the northern outskirts of Bujumbura, in Ntahangwa commune — is a **non-residential day-care centre**: it works in **prevention**, before the street becomes the child's only horizon. By offering every day a meal (two since April), a safe space, psychosocial support and an active link with families, the centre stabilises the most vulnerable children of the neighbourhood within their family environment and reduces the factors that push children towards the street. This bi-annual report gives an account of its first semester of operation.

Context: a semester in three phases

The centre welcomed its first children on **2 January 2026** and has not closed since. **January and February** constituted a **launch phase**: with a basic service (midday meal), attendance built up gradually through neighbourhood word of mouth, from an average of 24.5 children per day in January to 31.4 in February.

March marks the first turning point: **the CPCS-Tanganyika centres coordinator took up his duties**, strengthening the centre's organisation and community outreach. Attendance increased significantly, to **42.5 children per day (+35% compared with February)**, and four days already reached the full capacity of 50 children.

The second turning point came in **April, with the introduction of the full service of three daily meals — breakfast, lunch and an afternoon snack** (against the midday meal alone before). Attendance rose to 47.9 children per day in April, then 49.2 and 49.3 in May and June — maximum capacity, reached almost every day — and the first admission refusals appeared. Each attendance counted from April onwards therefore corresponds to three meals served, which strengthens the nutritional impact of the programme beyond what the attendance figures alone convey.

This three-phase trajectory delivers a valuable lesson: **attendance responds directly to the quality of supervision and of the service offered**. The two levers activated — professional coordination in March, a full meal service in April — doubled daily attendance between January and June.

Monthly attendance

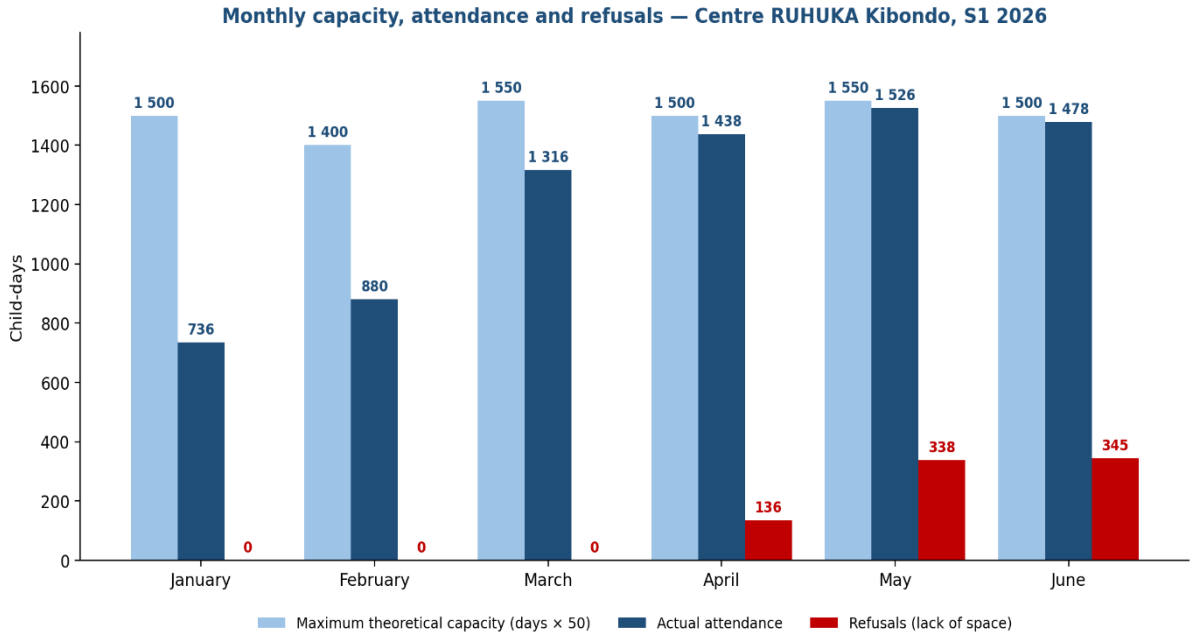
Month	Attendances	Refusals	Days	Avg. / day	Occupancy rate
January	736	0	30	24.5	49.1%
February	880	0	28	31.4	62.9%
March	1,316	0	31	42.5	84.9%
April	1,438	136	30	47.9	95.9%
May	1,526	338	31	49.2	98.5%
June	1,478	345	30	49.3	98.5%
TOTAL S1	**7,374**	**819**	**180**	**41.0**	**81.9%**

Three lessons stand out. First, **the continuity of the service**: the centre has opened every single day since 2 January, weekends included — 180 consecutive days. Second, **a progression in clearly identifiable steps**: attendance doubled between January (24.5 children per day) and June (49.3), with two distinct jumps — March (arrival of the centres coordinator) and April (move to three daily meals). Third, **stabilisation at saturation**: since May, daily attendance has almost systematically equalled maximum capacity, with the only days below 50 corresponding to occasional dips rather than a lack of demand.

Theoretical maximum capacity and actual attendance

The chart below shows, for each month of activity, three columns: in light blue, the theoretical maximum of attendances — number of days in the month × 50 places; in dark blue, the attendances actually recorded; in

red, the admission refusals for lack of space. Attendances and refusals added together give the real demand expressed at the centre's door.



The detailed values are shown in the table below.

Month	Days	Maximum capacity (days × 50)	Actual attendances	Refusals	Utilisation rate
January	30	1,500	736	0	49.1%
February	28	1,400	880	0	62.9%
March	31	1,550	1,316	0	84.9%
April	30	1,500	1,438	136	95.9%
May	31	1,550	1,526	338	98.5%
June	30	1,500	1,478	345	98.5%
TOTAL S1	**180**	**9,000**	**7,374**	**819**	**81.9%**

The reading is twofold. On the one hand, the dark blue column progressively catches up with the light blue one: the gap between capacity and attendance falls from **764 child-days in January** to **520 in February**, **234 in March**, **62 in April**, and then **only 22–24 in May and June** — less than one vacant place per day. Each step of that reduction corresponds to one of the levers described in section 3.

On the other hand, the red column of refusals appears at the precise moment the blue columns meet: zero until March, it jumps to 136 in April and then to 338 and 345 child-days in May and June — **demand now exceeds capacity**. The centre is using all of its installed weekday capacity, and any future growth requires an increase in the number of places.

Days on which maximum capacity was not reached

Out of the 180 opening days, 96 did not reach the ceiling of 50 attendances — but their distribution over time tells two very different stories. Almost all of them fall within the ramp-up period: **every day of January and February** (the launch phase) and **27 of the 31 days of March** — with four full days at the end of that month, a sign that capacity was starting to be reached. From April onwards, the phenomenon changes completely in nature: only **11 days below capacity remain over three months**, detailed below.

Testimony — Mikaëlle, 6 years old

My name is Mikaëlle. I am 6 years old. Before, I spent my days at the Buterere dumpsite with my older sister. We searched through the waste to find objects we could resell to earn a little money. It was dirty and dangerous, and I was often hungry and afraid. One day, the CPCS-Tanganyika team welcomed me at the Buterere center. They gave me food and a place where I could play safely. At first I was shy, but the other children became my friends. Now I come to the center every day. I eat twice a day and I play in a safe place. I am happy here, because people take care of me.

Testimony — Fiston, 9 years old

My name is Fiston. I am 9 years old. I didn't go to school. Every morning, I went to the Buterere dumpsite to search through the garbage and collect things to sell. Some days I earned a little, other days nothing at all, and I went home with an empty stomach. I often hurt my hands and feet.The CPCS-Tanganyika team noticed me and invited me to come to the center. There, I received meals and a safe place to spend my days. The staff spoke to me kindly and listened to me. Today, I come to the center seven days a week. I receive two meals a day and I no longer spend my days in the waste. I have friends and adults who take care of me, and one day I would like to learn to read and write.

Date	Day of week	Attendances	Vacant places	Refusals
4 April	Saturday (Easter eve)	48	2	0
5 April	Sunday (Easter)	17	33	0
12 April	Sunday	38	12	0
19 April	Sunday	35	15	0
3 May	Sunday	35	15	0
10 May	Sunday	45	5	0
17 May	Sunday	48	2	0
27 May	Wednesday	48	2	0
7 June	Sunday	40	10	0
21 June	Sunday	43	7	0
28 June	Sunday	45	5	0
TOTAL (11 days)	**of which 9 Sundays**	**442**	**108**	**0**

Nine of these eleven days are Sundays — a day of worship and family gathering —, the tenth is Easter Saturday and the eleventh a Wednesday with only 2 vacant places. The most marked dip is **Easter Sunday (5 April, 17 present)**. It should also be noted that 4 of the 13 Sundays in the period were nonetheless full. Two conclusions follow. First, **no refusal was ever recorded on a day when places remained vacant**: the admission process is consistent, and refusals reflect genuine saturation only. Second, the residual under-utilisation is **structural and marginal** — 108 child-days over three months, barely more than one place per day, concentrated on Sundays. On weekdays, the centre has in fact been **systematically full since April**: weekday capacity is the true bottleneck, which reinforces the case for expansion.

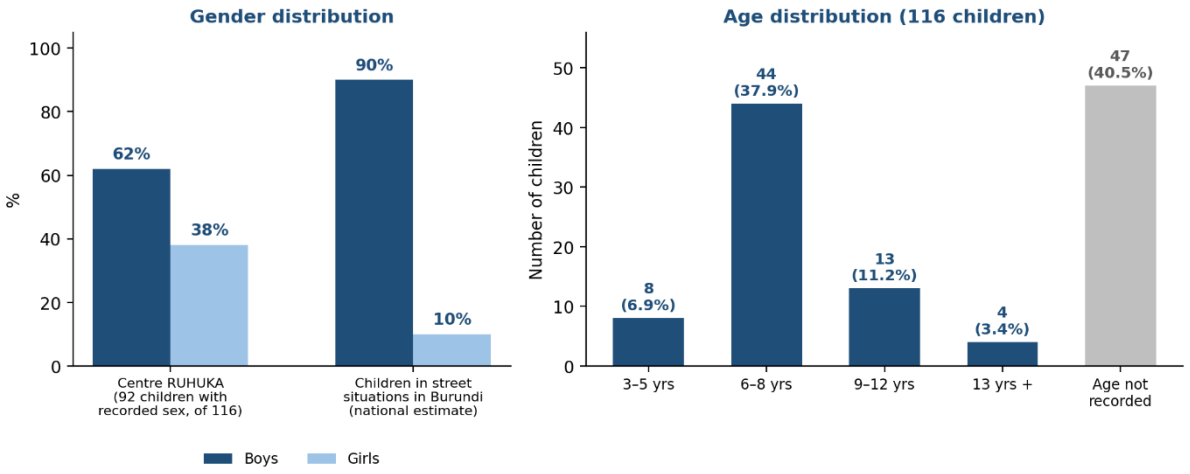
Demand now exceeding capacity

Month	Total demand (attendances + refusals)	Monthly capacity (50 × days)	Demand / capacity
January	736	1,500	49%
February	880	1,400	63%
March	1,316	1,550	85%
April	1,574	1,500	105%
May	1,864	1,550	120%
June	1,823	1,500	122%

Adding attendances and refusals together gives the real demand expressed at the centre's door. This has exceeded capacity since April and in June reached **more than 60 children per day on average**, for 50 available places. The dashboard's analytical note estimates that capacity would need to be raised to **around 65 places per day** to bring the refusal rate down to zero at the current level of demand — bearing in mind that demand is still growing.

Demographic profile of the enrolled children

The register lists **116 enrolled children** as of 30 June 2026. Sex is recorded for 92 of them: **35 girls (38.0%)** and **57 boys (62.0%)**; it remains to be completed for 24 children. This distribution is mirrored in cumulative attendances: 2,742 attendances by girls against 4,389 by boys (243 attendances correspond to children whose sex is not yet recorded).



This demographic structure takes on its full meaning when set against the national context presented in the introduction. Among children in street situations in Burundi, **around 90% are boys**: the male predominance observed at the centre (62.0% of children with recorded sex) therefore reflects, in an attenuated form, the profile of the population most exposed to the risk of the street. But the gap is just as telling in the other direction: with **nearly four in ten children being girls**, the centre reaches a vulnerable female population that is largely invisible in street statistics — a sign that neighbourhood-based preventive work reaches children whom street-removal programmes never encounter. It will nevertheless be important to document any specific barriers to girls' attendance (domestic chores, care of younger siblings) in order to move towards balanced access.

Age is known for 69 of the 116 children. It ranges from **3 to 14 years**, with a mean of **7.6 years** and a median of **7 years**.

Age group	Children	% of total
3–5 years (pre-school)	8	6.9%
6–8 years (early primary)	44	37.9%
9–12 years (late primary)	13	11.2%
13 years and over (adolescents)	4	3.4%
Age not recorded	47	40.5%
TOTAL	**116**	**100%**

Among the children whose age is known, nearly two thirds (44 of 69) are between 6 and 8 years old — the age at which primary schooling begins, and precisely the age from which, according to field observations in Burundi, children from the most precarious families begin to drift towards the street (children observed in street situations in Bujumbura are generally between 6 and 16 years old). The centre therefore intervenes **at the critical moment in the child's trajectory**, when staying in school and in the family is decided. This opens up prospects for synergy with the neighbourhood's schools (monitoring of school enrolment, homework support). The proportion of children whose age is not recorded has however risen sharply with recent enrolments (47 children, i.e. 40.5% of the register): resolving it, along with the 24 missing sex entries, is now a register-management priority.

Analysis of admission refusals

Over the semester, **819 refusals** were recorded, i.e. an **overall refusal rate of 10.0%** of demand. The phenomenon appeared in April (136 refusals) — at the precise moment the centre reached full capacity — then intensified in May (338) and June (345).

Number of refusals experienced	Children	% children	Refusals	% of refusals
No refusal	41	35.3%	0	0%
1 to 2 refusals	4	3.4%	7	0.9%
3 to 4 refusals	9	7.8%	34	4.2%
5 refusals or more	62	53.4%	778	95.0%
TOTAL	**116**	**100%**	**819**	**100%**

The reading of this table is worrying: **refusals are not randomly distributed**. Sixty-two children — more than half of those enrolled — were refused five times or more and account for 95% of all refusals. Among the 75 children who experienced at least one refusal, the average number of refusals reaches **10.9**, with a maximum of **37 refusals for a single child**. The "first come, first served" system therefore repeatedly penalises the same families — most likely those who, for reasons of distance, schedules or family organisation, systematically arrive later.

Testimony Franck, 11 years old

My name is Franck. I am 11 years old. For a long time, I earned my living at the Buterere dumpsite. I sorted through the waste to find valuable objects — metal, plastic, bottles — which I then sold to help my family. I worked hard, under the sun and in the bad smells, and I didn't go to school like other children. The CPCS-Tanganyika team eventually learned about my situation and offered me the chance to come to the center. There, I receive two meals a day, every day of the week, and a clean and safe place.

The staff listen to me and encourage me. Today, I feel respected and safe. I no longer spend all my days at the dumpsite. I am beginning to hope again, and I dream of being able to go to school one day.

Summary of indicators

The table below consolidates, in the format requested by donors, all the indicators for the semester. The protection indicators (transfers, health cases, abuse cases, parents counselled) were not yet tracked in January and February (shown as "n/a"). The girls + boys totals are lower than total attendances because sex is not yet recorded for 24 children (243 attendances concerned).

Indicator	Jan	Feb	March	April	May	June	Total S1
Number of children at the RK centre (cumulative)	736	880	1,316	1,438	1,526	1,478	7,374
Number of opening days of the RK centre	30	28	31	30	31	30	180
Estimated daily attendance	25	31	42	48	49	49	41
Total number of children who attended the centre	736	880	1,316	1,438	1,526	1,478	7,374
Total number of girls who attended the centre	262	342	438	513	585	602	2,742
Total number of boys who attended the centre	328	441	878	925	941	876	4,389
Number of children transferred to another programme	0	0	0	0	0	0	0
Number of health cases detected	0	0	1	0	0	0	1
Number of cases of physical or emotional abuse detected	0	0	0	0	0	0	0
Number of cases of sexual abuse detected	0	0	0	0	0	0	0
Number of parents received and counselled	13	8	24	36	20	30	110

Beyond attendance, this table highlights the family-support activity: **110 parents received and counselled between March and June**, i.e. nearly 28 per month since the arrival of the centre's coordinator. One **health case was detected as early as March** and taken care of. No case of physical, emotional or sexual abuse was detected during the period, and no child was transferred to another programme.

Conclusions

- **A concrete response to a national challenge.** In the face of the roughly 7,000 children in street situations recorded in Burundi — of whom close to 5,000 in Bujumbura — the centre demonstrates the relevance of a neighbourhood-based, non-residential prevention model, in line with the national strategy of family reintegration.
- **A managed ramp-up with identified levers.** In one semester, daily attendance doubled — from 24.5 children per day in January to 49.3 in June — driven by two precise levers: the CPCS-Tanganyika centres coordinator taking up his duties in March (+35% in one month), then the move to three daily meals (breakfast, lunch and an afternoon snack) in April, which brought the centre to saturation. Over 180 days of uninterrupted service, 7,374 child-days of care were delivered (81.9% of the semester's potential). The demonstration is made that attendance responds directly to the quality of supervision and service.
- **A saturated centre.** Since May, the centre has been operating permanently at 98–99% of capacity and turns away on average 11 to 12 children every day. The current capacity of 50 places has become the service's limiting factor.

- **Under-utilisation now confined to Sundays.** Once past the ramp-up period (January–March), the rare days below capacity (11 out of 91 since April) have almost all been Sundays, with a marked dip at Easter; no refusal was recorded on any of them. On weekdays the centre is systematically full: the residual shortfall (108 child-days over three months) is structural and does not call the need for expansion into question.
- **Refusals concentrated on the same families.** 95% of refusals affect 62 children, who are turned away repeatedly. Without corrective measures, the current admission arrangement creates a lasting inequality between families.
- **Family support already active.** 110 parents received and counselled since March, and one health case detected and taken care of, testify to psychosocial work that goes beyond serving meals.
- **Data to be completed.** Age is missing for 47 children (40.5% of the register) and sex for 24, largely due to recent enrolments. Protection indicators are now tracked in the donor table; integrating them directly into the attendance workbook would enable automatic consolidation.

Recommendations

1. **Launch the expansion of capacity towards 70 places per day**, the first step in the already documented trajectory towards 100 places over 18 months (stages of 70, 85 and 100). The semester's data — demand at 120 to 122% of capacity since May and complete weekday saturation — fully justify triggering the first stage and can be presented to donors in support of a funding request.

Testimony — Jimmy, 13 years old

My name is Jimmy. I am 13 years old.After losing my father, life became very difficult at home. To survive and help my family, I started working at the Buterere dumpsite.

I searched through the garbage to collect and resell anything that had a bit of value. It was exhausting and dangerous, and little by little I lost hope. The CPCS-Tanganyika team found me and welcomed me at the Buterere center.

They gave me two meals a day, seven days a week, so I wouldn't be hungry anymore, and they treated me with respect. The staff reminded me that my life has value.

Today, I come to the center for meals and support. I feel encouraged and I am no longer alone. I want to move forward in life and, one day, help other children who live the way I used to live.

2. **Correct the inequality of access in the short term**, without waiting for the expansion: for example, a rotation or priority mechanism for the children with the most accumulated refusals, or reserved places for families identified as systematically penalised. Interviews with the families of the most-refused children would help understand the causes (distance, schedules) and adapt the organisation.
3. **Complete the register as a priority**: dates of birth for the 47 children whose age is not recorded and sex for the 24 children concerned — mostly recent enrolments — in order to make the statistics transmitted to donors fully reliable.
4. **Integrate the protection indicators into the attendance workbook** (transfers, health cases, abuse cases, parents received and counselled), so that the donor summary consolidates automatically from a single data-entry point, without duplicated work.
5. **Document girls' attendance** (38% of children with recorded sex) in order to determine whether specific outreach actions are needed to balance access, bearing in mind the near-invisibility of girls in national statistics on children in street situations.
6. **Showcase the semester's results to donors and authorities**: 180 days of uninterrupted service, 7,374 child-days of care, a doubling of attendance in six months, 110 parents supported and saturation reached as early as April constitute a strong argument for the consolidation and expansion of the programme, in line with the national strategy for the prevention of the phenomenon of children in street situations.

Internal document CPCS-Tanganyika — data from the 2026 attendance register of Centre RUHUKA Kibondo and the donor reporting table (situation as of 30 June 2026). National context sources: population — General Census of Population, Housing, Agriculture and Livestock (RGPHAE 2024), preliminary results published by presidential decree No. 100/032 of 27 March 2025, National Institute of Statistics of Burundi (INSBU); children in street situations — survey coordinated by the ministry in charge of National Solidarity, 2021 estimates by the Provincial Directorates for Family and Social Development (DPDFS), as taken up in the National Strategy for the Prevention of the Phenomenon of Children in Street Situations and Adult Begging (2022).

A Strategic Restructuring Achieved in 2026

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)

EXECUTIVE SUMMARY

During the first six months of 2026, CPCS-Africa Rwanda continued implementing activities aimed at improving the social welfare, education, health, and overall development of supported children. The program focused on strengthening academic performance, improving child health, providing counseling services, promoting sports and recreation, enhancing parent engagement, and fostering unity and reconciliation values.

Key Highlights:

- 150 children continued to receive support and monitoring in their education.
- Remedial classes were conducted in Mathematics, Science, and Social Studies.
- Health awareness activities were conducted, and sick children were visited and supported.
- Parent engagement meetings were organized to improve child upbringing and development.
- Activities to commemorate the 1994 Genocide against the Tutsi were conducted.
- The International Labour Day was celebrated with staff and children.
- Counseling was provided to children facing behavioral and academic challenges.
- Significant improvement in academic performance was observed among many children.
- Meetings were held on different topics especially Parents meeting,staff meetings, children meeting

INTRODUCTION

This report presents the activities implemented by CPCS-Africa Rwanda during the first half of 2026, from January to June.

The main objective of the program was to promote the well-being of children by supporting their education, protecting them from risks, improving their health, and ensuring their holistic development within their families and the wider community.

● 82 children are enrolled at EP Kibaga, representing 56% of all children supported by the project.

● 63 children are enrolled at EP Nyagisozi, representing 40% of the total beneficiaries.

● One student is currently attending secondary school (S1), representing 0.7% of all supported children.

● Four pupils will complete Primary Six (P6) and transition to Senior One (S1) during the 2026 – 2027 academic year, representing 3.3% of the total beneficiaries.

Education Support for Children

Throughout the reporting period, children were supported through academic follow-up and remedial teaching.

Category	Number of Kids
Total supported children	150
Regular class attendance	128
Significant academic improvement	98
Significant academic improvement	37

Achievements:

- Increased class attendance among children.
- Improved confidence in learning.
- Improved academic performance across subjects.
- Reduction in behavioral challenges among some children

NUMBER OF CHILDREN SUPPORTED BY THE CPCS-AFRICA PROJECT FOR THE 2026–2027 ACADEMIC YEAR

The **CPCS-Africa Project** continues to support children's education with the aim of helping them remain in school and improve their overall well-being. Currently, the project supports **150 children** enrolled in different schools.

Table of Supported Children

School	Number of Children	Category
EP kibaga	82	Primary school pupils
EP Nyagisozi	63	Primary school pupils
Secondary school	1	Student currently enrolled in Senior one s1
Pupils completing Primary six (P6) and joining S1 in 2026-2027	4	Student will start secondary education next Academic year
TOTAL	**150**	

Analysis

- **82 children** are enrolled at **EP Kibaga**, representing **56%** of all children supported by the project.
- **63 children** are enrolled at **EP Nyagisozi**, representing **40%** of the total beneficiaries.
- **One student** is currently attending secondary school (S1), representing **0.7%** of all supported children.
- **Four pupils** will complete Primary Six (P6) and transition to Senior One (S1) during the **2026–2027 academic year**, representing **3.3%** of the total beneficiaries.

The **CPCS-Africa Project** continues to make a significant contribution to improving access to education for the **150 children** under its support. While the majority of beneficiaries are still in primary school, some have already progressed to secondary education and others are preparing to make this transition in the coming academic year.

This progress demonstrates the positive impact of the project in promoting educational continuity and academic advancement among vulnerable children.

Continuous monitoring and support will remain essential to ensure that these children successfully achieve their educational goals and build a brighter future.

Child Health Monitoring

The project continued to visit and support children with health-related challenges in collaboration with their families.

Children Supported Due to Illness

4 children got emergency health support with a follow up at the hospital.

Achievements:

- Parents became more aware of the importance of early medical care.
- Improved hygiene practices in visited households.
- Many children recovered and returned to school.

Counseling and Child Protection :

Several counseling sessions were conducted with staff, children, parents, and teachers.

Topics Covered:

- Child protection
- Positive parenting
- Prevention of negative behaviors
- Parental responsibilities
- Academic improvement

Outcomes:

- Strengthened collaboration between parents and the project.
- Improved behavior among some children.
- Increased motivation for learning.

Sports and Recreation

Children participated in various recreational activities, including:

- Football
- Athletics
- Singing and dancing
- Group games

Outcomes:

- Strengthened teamwork and cooperation
- Improved self-confidence
- Promoted unity and respect among children

Genocide Commemoration (Kwibuka 1994)

On April 16, 2026, the project participated in activities to commemorate the 1994 Genocide against the Tutsi.

Achievements:

- Children learned about the history of the genocide.
- Values of unity and reconciliation were promoted.
- Support was provided to vulnerable genocide survivors.

International Labour Day Celebration

Staff and children jointly celebrated International Labour Day.

Activities Included:

- Discussions on the role of workers
- Appreciation and recognition sessions
- Sports and recreation
- Motivational messages on productivity

Celebration of Heroes' Day (01/02/2026)

On 01 February 2026, CPCS-Africa joined Rwandans in celebrating Heroes' Day. The activity aimed to promote the values of heroism, patriotism, unity, and resilience among children and community members. Participants learned about the contributions of Rwanda's heroes and were encouraged to emulate positive values that contribute to national development and social cohesion.

Meetings Conducted

During the reporting period, CPCS-Africa organized various meetings, including parents' meetings, staff meetings, and children's meetings. These meetings provided a platform to discuss project implementation, child welfare, education, discipline, and community participation. They also strengthened communication among stakeholders, promoted collaboration, and helped identify solutions to challenges affecting project activities and beneficiaries.

Academic Performance Overview

This report presents an overview of the academic performance of children during the second term across five key subjects: Mathematics, Science and Technology, Social Studies, Kinyarwanda, and English Language. It highlights the distribution of learners according to their performance levels, including high, medium, and low achievement, as well as progress trends such as improvement, stability, and decline.

The report also outlines the main factors contributing to academic challenges, particularly in subjects where some learners experienced difficulties. In addition, it provides a summary of the teaching and learning activities implemented to strengthen learners' competencies, especially in English Language development.

Overall, this analysis aims to evaluate learners' progress, identify areas that require additional support, and guide future interventions to improve academic performance and ensure better learning outcomes for all students.

Mathematics Subject Performance

Level	Number of children	Percentage
High	53	35%
Medium	60	40%
Low	37	25%

➢ **Science and Technology subject**

Level	**Number of children**	**Percentage**
High	60	40%
Medium	68	45%
Low	22	15%

➢ **Social Studies**

Level	Number of children	Percentage
Improved	98	65%
No change	37	25%
Declined	15	10%

➢ **KINYARWANDA SUBJECT**

Category	**Number of student**	**Percentage (%)**
improved	105	70%
No change	30	20%
Declined	15	10%
Total	150	100%

Causes of Decline

- Irregular attendance in class
- Lack of enough practice in writing and reading
- Limited support from home
- Low interest in reading Kinyarwanda books

English Language Development

The project continued strengthening children's English language skills in speaking, reading, writing, and listening.

Activities Implemented:

- Reading sessions
- Vocabulary development
- Group discussions
- Writing exercises and grammar practice
- Games and competitions

Achievements:

- Increased confidence in speaking English
- Improved reading and writing skills
- Increased classroom participation
- Stronger motivation to learn English

English Performance Assessment

Level	Number of children	percentage
Very good	42	28%
Good	63	42%
Average	30	20%
Needs support	15	10%

Overall Performance Summary (Top Level)

Subject	Best category	percentage
Mathematics	High	35%

Science and tech	High	40%
Social studies	Improved	65%
Kinyarwanda	Improved	70%
English	Very good	28%

Category	**calculation**	**Total**	**Division**	**Final percentages**
High performers	35+40+65+70+28	238	5	47.6%
Average performers	40+45+25+20+42	172	5	34.4%
Learners Needing Support	25+15+10+10+10	70	5	14%

Overall Average Performance

Calculation	**Result**
35+40+65+70+28:5	**47.6%**

Overall student of second Term performance average = 47.6% Overall Summary

Category	**Percentage %**
High performers	**47.6%**
Average Performers	**34.4%**
Learners Needing Support	**14%**

- Nearly half of the learners (47.6%) are performing at a high level, which is a strong achievement.
- A significant group (34.4%) is performing at an average level and requires continued encouragement.
- A smaller proportion (14%) needs targeted academic support and remedial interventions.

Ndayishimiye Amani, 8 Years Old – Primary 2 student

My name is Ndayishimiye Amani. I am 8 years old and currently studying in Primary 2.

I had dropped out of school because I lacked basic school materials such as notebooks, pens, and hygiene supplies. I was living with guardians who were not my biological parents, and my life was very difficult. During a home visit conducted by CPCS-Africa staff, they found me on the street. At first, I was afraid to speak openly about the challenges I was facing, but later I gained confidence in the CPCS-Africa team and shared my situation with them.

CPCS-Africa decided to support me. They helped me return to school, provided all the necessary school materials, and offered counseling that helped me regain self-confidence. Before their intervention, I felt neglected and uncared for, but now I feel valued and supported.

Today, I attend school regularly and participate in various CPCS-Africa activities. I feel safe, supported, and hopeful about my future. My academic performance has improved significantly, and I am determined to continue studying so that I can achieve my dreams.

Munyaneza Elie, 14 Years Old – Primary 3 student

My name is Munyaneza Elie. I am 14 years old and study in Primary 3 at Nyagisozi Primary School.

My life changed after my parents separated. As a result, I lacked the support necessary to continue my education and often felt lonely and discouraged.

When I was younger, my father sent me to live with my sister because he had many children to care for. Later, my sister sent me to live with our aunt, who was living in difficult circumstances. Although her life was not easy, she welcomed me and supported me as much as she could.

Nyagisozi Primary School identified my situation and connected me with CPCS-Africa. I was warmly welcomed into the program and received a school uniform, shoes, and other essential supplies that enabled me to continue my studies.I am deeply grateful to CPCS-Africa for their care and dedication. Today, I have hope for the future and believe that I can achieve my dreams.

Uwase Clarisse, 11 Years Old – Primary 4 student

My name is Uwase Clarisse. I am 11 years old and study in Primary 4.

I live with my grandmother because I have only one parent, and we do not live together. There are many people in our household, and some children had already dropped out of school because of a lack of school materials and financial resources.For me, it was becoming difficult to continue my education because we could not afford school supplies, clothing, or hygiene items.

Through the support of CPCS-Africa, I received school materials and a new school uniform. I now attend school with confidence, study well, and feel hopeful about my future.

OVERALL PROJECT IMPACT

The project has significantly contributed to improving children's education, health, behavior, and overall well-being.

Key Impacts:

- Improved academic performance among children
- Enhanced English language skills
- Improved health awareness and early medical care
- Reduced behavioral problems
- Increased parental involvement in education
- Improved confidence and life skills among children

CHALLENGES

- Some children still exhibit behavioral challenges
- Health issues affected school attendance for some children
- Limited parental follow-up in some families
- Irregular school attendance among a few children

RECOMMENDATIONS

- Strengthen parental involvement
- Increase counseling sessions for children with behavioral issues
- Provide more learning materials
- Continue home visits for vulnerable children
- Increase sports and recreational activities

CONCLUSION

During the first half of 2026, CPCS-Africa Rwanda achieved significant progress in improving the well-being, education, and health of supported children. Despite some challenges, most planned activities were successfully implemented and produced positive results. The project will continue working closely with children, parents, schools, and local authorities to ensure sustainable development and improved life opportunities for all beneficiaries.

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

CPCS INTERNATIONAL NEPAL

Prevention program

BETTER HEALTH CARE ACCESS (BHCA) in public schools (January-June 2026)

- **32** supported BHCA Centers (schools)
- **15** nurses hired for the BHCA Program
- **7** Health Assistants hired for BHCA and the regional office
- **7411** student beneficiaries in all **32** BHCA program (School)
- **17073** people got consultation through the BHCA Program (students and more)
- **16119** Dignity Kits for girls distributed in **32** schools
- **13** meetings with school principals
- **16** meetings with nurses
- **2** sessions of training to nurses about CPP (Child Protection Policy + First Aid + Counseling)
- **13** Nurses are attending training in Kathmandu, Dolakha, Morang and Sindhuli.
- **627** awareness sessions for children; **13419** children benefiting from awareness sessions
- **256** Health Camps for children; **3194** children benefiting from Health Camps
- **183** children referred to Hospital/health posts
- **23** children referred for counseling/psychological support
- **330** awareness sessions for parents; **2835** parents attending awareness sessions
- **3850** students did regular Heath 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** FCC kids 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

- **29013** meals/snacks (Plats) have been distributed to children attending the daily tuition class, activities and snacks coming from prevention program (Regional office / FCC / CLASS).
- **12** health sessions (camp, checkup, awareness) for **100 +** children in different centers (Godawari, Dolakha, Sindhuli and Morang).
- **58** children received medical support.

Emergency line (Godawari)

298 calls treated by the emergency line: **46** for medical assistance**, 11** under arrest, and **99** information calls received in the year 2026 January to June. **"National Centre for Children at Risk"** referred **60 (104 Kathmandu send 52 children and 104 Morang send 8 children)** children to our DIC through the emergency line.

Medical Support Program (Recovery Godawari)

- **356** children were treated in the Recovery center (in patients' nights).
- **672** children (out patients) were treated in the recovery center.
- In average, **5** children are daily treated in our recovery centers.
- **20** cases were referred to various hospitals for further checkup.
- **6** children were admitted in hospitals for **25** days.
- **58** children were treated in DIC Godawari
- **52** children were treated in outreached day field
- **160** children were treated in outreached night field.

Schooling program

- **1 (Godawari) + 28 (Dolakha)** Youth and children enrolled in school.

Counseling services (National)

- CPCS psychosocial counselors gave individual counseling for **242** cases.
- CPCS psychosocial counselors gave group counseling for **113** cases
- **7** cases were linked to physical and moral abuse (CPP).
- **12** general awareness classes.
- **2** cases were linked sexual abuse victims supported.
- **2** training and orientation with the team.

Legal support (National)

- **11** youths or children benefited from legal assistance after they were taken into custody.
- **11** were released after our intervention.
- **28** Jail-visits and **30** custody-visits.
- **19** Meetings with the police.
- **556** children attended **26** awareness sessions on legal matters and **12** awareness programs conducted with the public.

Rehabilitation program

- **60** children enrolled in **CPCS Rehabilitation program (Godawari + Morang + Dolakha).**
- **60** children were referred by National Child rights Council (NCRC) and Center for Children at Risk (104).
- **31** children family reunifications.
- **44** children family visits.
- **8** children dropped out.

Youth program

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

VARIOUS ACTIVITIES IN NEPAL

VISIT FROM THE STUDENT GROUP SOS GRENOBLE - FRANCE

The students from Savoir Oser la Solidarité (SOS), the humanitarian association of Grenoble École de Management, spent five weeks in Nepal. During their stay, they volunteered at the Regional Center in Dolakha, where they supported the local team in daily activities and ongoing projects. They helped with renovation work, assisted in local village schools, and spent time in the Center playing games, doing crafts, and sports with the children. This variety of activities brought joy and stimulation, and the children greatly appreciated the change of rhythm and the warm interaction.

RENOVATION WORKS WALL GODAWARI

Several partners and friends of CPCS contributed to make the repair works possible. Last year's heavy monsoon rains caused severe damage at the Center in Godawari: the retaining wall next to the playground collapsed, and a mudflow swept across the entire area, leaving everything buried under debris and thick layers of mud. At that moment, CPCS did not have the financial means to start reconstruction, and it took almost a full year before the repair work could finally begin. Fundraising and negotiations with the local authorities required time, and meanwhile a new monsoon season was already approaching. Fortunately, everything was completed just in time to prevent new problems. After extensive discussions with municipal services and official authorities, they agreed to provide a small amount of financial support. Once the wall was rebuilt, all the remaining rubble and mud still had to be cleared away — an additional task that brought extra costs. Thanks to the combined support of CPCS partners, friends, and local authorities, the playground area could finally be restored and made safe again for the children.

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.

Total number of people who got a consultation through BHCA	**17073**
Health awareness sessions for children	**627**
Children attending awareness sessions	13419
Number of Health camp for Children	256
Children attending health camps	3194
Number of children Local Hospital/Health post Referral	183
Number of awareness sessions and meeting with Parents	330
Number of Parents attending awareness meetings	2835
Number of Dignity kits distributed to girls	**16119**

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).

15 nurses (ANM or CMA) and **7 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.

Testimony BHCA Nurse Kalpana Khadka

Shree Adinath Secondary School

*My name is **Kalpana Khadka**, and I serve as the BHCA Nurse at **Shree Adinath Secondary School**. Through the BHCA program implemented by CPCS, I have the opportunity to provide essential healthcare services that help students stay healthy and continue their education without unnecessary interruptions.*

The program has made a meaningful difference in our school by ensuring that students receive timely treatment for common illnesses and minor injuries.

The regular supply of medicines and first aid materials from CPCS enables me to provide uninterrupted care whenever it is needed. Parents also feel reassured knowing that their children have access to health services during school hours.

The cooperation of the school principal, teachers, and the CPCS team has been invaluable in delivering quality services. Regular reporting, case documentation, supervision visits, and monthly review meetings help us strengthen our work and continuously improve the care we provide.

In addition to treating illnesses and injuries, I conduct health education sessions on personal hygiene, nutrition, and healthy behaviors. I also support child safeguarding by promoting a safe and caring school environment. Menstrual health management is another important part of my role, and providing dignity kits and health education has helped adolescent girls attend school with greater confidence and comfort.

I am proud to be part of the BHCA program and grateful to CPCS for its continued commitment to improving the health, well-being, and future of school children.

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

BHCA Student Testimony – Sita Rana – 13 years old

My name is Sita Rana, and I am 13 years old. I study in Grade 8 at Shree Mahendra Basic School. I live with my family and always try my best to study hard because I want to build a better future.

I am very grateful to CPCS for supporting my health and education. Whenever I fall sick, I receive the medicine and care I need, which helps me recover quickly and continue attending school. As an adolescent girl, I also receive dignity kits and menstrual health support. The hot water bag and hygiene materials help me manage discomfort during my periods, allowing me to attend classes with confidence.

Our BHCA nurse is always kind and supportive. She provides first aid when we are injured during sports or school activities and encourages us to take care of our health. She listens to our concerns and guides us whenever we need help.

CPCS also provides medical, psychosocial, and educational support, along with nutritious food, which helps me stay healthy and focused on my studies. I sincerely thank CPCS and everyone who supports children like me. Their care and encouragement motivate me to continue learning, work hard, and pursue my dreams.

FCC Student - Rina Tamang – 9 years old.

My name is Rina Tamang, and I am 9 years old. I live with my family and attend the Family Care Center (FCC) at CPCS. Being part of the FCC has made my learning experience enjoyable and has helped me grow in many ways.

At the FCC, I receive nutritious food, stationery supplies, and regular health support, which help me stay healthy and focused on my studies. Whenever I feel unwell, I can receive basic medical care, allowing me to recover quickly and continue learning without missing many classes. This support makes me feel safe and cared for.

I enjoy coming to the FCC because the teachers and staff are kind, supportive, and always encourage us to learn. They help us with our studies, teach us good habits, and create a friendly environment where every child feels valued. Through different learning activities, I have become more confident and enjoy participating in class.

The FCC also cares about our overall well-being. We learn about personal hygiene, healthy habits, and how to respect and support one another. These lessons have helped me become more responsible both at home and at school.

I am very thankful to CPCS for giving me the opportunity to learn, stay healthy, and build my confidence. Their care and encouragement inspire me to study hard and work toward a bright future.

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) – 3262 Children

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	Budhanilkantha	**162**
Shree Nepal Rastriya Nirman School	Kageswari Manahara – Kathmandu	BHCA – Mulpani	**1008**
Shree Mahendra Basic School	Sanothimi – Bhaktapur	BHCA – Sanothimi	**240**
Shree Halchok Secondary School	Nagarjun – Kathmandu	BHCA – Halchok	**280**
Shree Adinath Secondary School	Kritipur – Kathmandu	BHCA – Kritipur	**235**
Shree Pharping Secondary School	Dakshinkali – Kathmandu	BHCA- Pharping	**652**
Shree Ganesh Secondary School	Khowpa – Bhaktapur	BHCA- Bhaktapur	**517**
Shree Chalnakhel Secondary School	Dakshinkali – Kathmandu	BHCA -Chalnakhel	**127**

BHCA Program in DOLAKHA District (CPCR) – 1499 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	**55**
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA – Balmandir	**15**
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	**25**
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	**91**
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA – Deurali	**18**
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	**18**
Shree Gujarpa Basic School	Kalinchok - Dolakha	BHCA – Gujarpa	**84**
Shree Sundrawati Basic School	Bhimeshwar - Dolakha	BHCA - Sundrawati	**74**
Shree Deurali Basic School	Kalinchok - Dolakha	BHCA – Lapilang	**99**
Shree Sitka Secondary School	Kalinchok - Dolakha	BHCA – Sunkhani	**126**
Shree Jagaran Bhimeshwor Basic School	Kalinchok - Dolakha	BHCA – Sunkhani	**40**
Janajyoti Secondary School	Kalinchok - Dolakha	BHCA – Dolakha	**130**

BHCA Program MORANG district (ORCHID) - 2275 Children

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	**561**
Shree NawajanaJyoti Basic School	SundarHaraincha–1, Morang	BHCA – NawajanaJyoti School	**205**
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	**607**
Shree Mahendra Basic School	Belbari – Morang	BHCA – Dhanpal School	**141**
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	**394**
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – Singhadevi School	**78**
Shree Sahid Smirti Primary School	Belbari -1, Morang	BHCA Sahid School	**51**
Shree Devkota Basic School	Belbari -6, Morang	BHCA Devkota School	**157**
Shree Kisan Basic School	Belbari -6, Morang	BHCA Kisan	**51**

BHCA Program SINDHULI district (CRPC) – 375 Children

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

National office – GODAWARI, LALITPUR

Total 24 (18 full-time and **6** 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)

24 staff (**18** full-time and **6** 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.

Testimony – Anu Shrestha (name changed for privacy reasons)

My name is Anu Shrestha, and I am 9 years old. I live in Tilganga in a street situation with my mother, father, and younger sister. We have been living in a small room, and daily life has been very difficult. Growing up in a street environment has been challenging. There have been many days when we did not have enough food, and sometimes we slept hungry. We often lacked basic necessities such as nutritious food, clean clothing, and a safe place to study and play. Because of these circumstances, my younger sister became weak and malnourished and needed medical care.

Life at home has often been unstable. There have been times when my parents were unable to provide the care and support my sister and I needed. This affected my physical health, emotional well-being, and education. It was difficult to attend school regularly because I worried about food, my family's situation, and taking care of my younger sister.

Despite these challenges, the support provided by CPCS has made a significant difference in my life. CPCS has supported us with nutritious food, medical treatment when needed, and regular follow-up to ensure that my sister and I remain healthy. Their encouragement and assistance have helped improve my physical health and allowed me to continue my education with greater confidence.

Because of the care and support from CPCS, I feel healthier and more hopeful about my future. I can attend school more regularly, focus on my studies, and believe that I can achieve my goals. I hope to continue my education, grow up in a safe environment, and build a better future for myself and my younger sister.

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 inititatives

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
Area 1 – Avg No.of children (Thamel)	**5**	10	6	7	3	2	2
Area 2 – Avg No.of children (Ratnapark)	**3**	6	4	1	2	2	2
Area 3 – Avg No.of children (Balaju)	**3**	7	3	1	1	2	1
Area 4 – Avg No.of children (Kalanki)	**3**	6	4	2	1	1	2
Area 5 – Avg No.of children (Pashupati)	**14**	18	18	11	7	8	21
Area 6 – Avg No.of children (Lagankhel)	**3**	5	4	1	2	2	1

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
Area 1 - Average No. of Children	25	19	13	12	11	10
Area 2 - Average No. of Children	11	7	7	6	6	5
Area 3 - Average No. of Children	8	7	7	6	6	6
Area 4 - Average No. of Children	4	4	4	4	4	4
No. of Children treated on Field	25	20	20	31	12	16
Average No. children in daily Night field	**12**	**10**	**9**	**10**	**9**	**7**

The Recovery center (Medical support)

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

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

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

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.

Testimony of Recovery Kid – Samir Chaudhary (Name changed for privacy reasons.

My name is Samir Chaudhary, and I am 6 years old. Before coming to CPCS, life was very difficult. I lived on the streets with my parents, who struggled to provide for our family. Many days, I did not have enough to eat, and we had no safe place to stay. Life was uncertain, and I often felt scared and hungry.

In March 2025, everything changed when the CPCS rescue team found me and brought me to safety. For the first time, I had a clean bed, healthy meals every day, and caring adults who looked after me. When I arrived, I was undernourished and in poor health. The caregivers made sure I received nutritious food, vitamins, regular medical check-ups, and the care I needed to become healthy again.

Today, I live in a safe and loving environment where I can learn, play, and enjoy being a child. I attend school, practice good hygiene, and have made many friends. The caregivers encourage me to study hard, discover my talents, and dream about my future.

I am deeply grateful to the CPCS team and the generous supporters who made this possible. Because of their kindness, I now have hope, safety, and the opportunity to build a brighter future.

GODAWARI RECOVERY (MEDICAL) SUPPORT MONTHLY STATISTICS

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Outpatients) treated	**672**	108	122	109	113	118	102
Daily average	**5**	4	5	5	3	4	3
Number of "clinic in" children treated	**325**	54	58	48	56	64	45
Daily average	**2**	2	2	2	2	2	2
No. of In-Patients Nights	**356**	78	56	62	48	55	57
Average age of in-patients	**13**	11	13	12	12	10	11
Number of hospital cases	**20**	5	4	2	3	2	4
Number of patients admitted in hospital	**6**	1	0	2	1	0	2
Hospitalization Days	**25**	3	0	6	4	0	12
No. of children treated in DIC Godawari	**58**	10	9	7	11	8	13
No. of children treated in outreach (Day Field)	**52**	5	9	7	10	8	13
No. of children treated outreach (Night Field)	**160**	26	31	33	21	25	24

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 – JANUARY TO JUNE 2026

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	**46**	9	7	8	7	5	10
Under Arrest	**11**	3	2	0	3	1	2
Abuses – trafficking	**4**	1	0	1	1	0	1
Others	**21**	2	1	4	5	4	5
Child Labour	**9**	1	1	3	1	1	2
Information about others	**99**	22	21	15	10	11	20
Child lost cases	**6**	1	1	1	1	1	1
Family Missing cases	**7**	1	1	1	1	1	2
Line Calls Total	**203**	50	34	33	29	24	43

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 Youth (name changed for privacy reasons)

My name is Sanjay Tamang. I am 15 years old. For several months I lived on the streets of Kathmandu. I left home because of problems in my family, and I did not know where else to go. Life outside was harsh. I slept wherever I found a place, some days I did not eat, and I often felt unsafe. I did not have anyone to guide me or even talk to.

Social workers from CPCS found me near Ratna Park. They asked about my situation and brought me to the center. There I received food, a safe bed, clean clothes, and medical care. It took me a while to understand that people were really trying to help me, because I had been on my own for a long time.

A few days after arriving, I had my first conversation with a psychologist. I did not know that such help even existed. I thought you had to deal with everything alone. Talking to him made my mind feel calmer. I could explain what had happened, what I was afraid of, and how I had survived on the street. It felt strange at first, but afterwards I felt lighter, as if I could finally breathe again.

At CPCS I am now following a training program. I am learning practical skills that I can use later, and having a routine helps me feel more stable. I wake up, I eat, I learn, and I know where I will sleep at night. That is something I did not have for a long time.

The team is searching for my family. I do not know yet what will happen or whether I will return home, but I feel safer knowing that someone is helping me. I want to continue my training and rebuild my life step by step.

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
Jail Visit	**28**	5	4	6	4	5	4
Children Youth in jail	**5**	1	1	1	1	1	0
Custodies Visit	**30**	5	6	4	5	6	4
Children/youth met at custody	**11**	3	2	0	3	1	2
Children / Youth released from custody	**11**	3	2	0	3	1	2
Court Action	**2**	0	0	0	1	0	1
Meeting With Police	**19**	5	3	2	4	2	3
Awareness class with children	**26**	5	4	5	3	4	5
No of children attending at awareness	**556**	112	90	95	82	95	82
Awareness Program with Public	**9**	1	2	2	1	2	1

Counseling Services

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.

COUNSELING SERVICES MONTHLY STATISTICS

COUNSELING SERVICES	Total	Jan	Feb	Mar	Apr	May	Jun
Individual Counseling	**242**	37	38	50	46	33	38
Group Counseling	**113**	24	18	29	20	12	10
General Awareness Classes	**133**	20	28	30	22	23	10
Sexual Abuses Victims Support	**2**	0	0	0	0	1	1
Physical and moral abuse victims	**7**	2	1	1	1	1	1
Awareness Sessions with team	**12**	2	2	2	2	2	2
Training / Orientations with team	**2**	1	0	0	1	0	0

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
YT	**Youth Training**	7	9	6	9	15	6
F/R	**Family Reunification**	4	4	16	7	4	4
F/V	**Family Visit**	7	19	31	26	21	24
CHP	**Child Home Placement**	0	1	0	0	4	0
O/R	**Own Room**	0	0	0	0	0	0
F/U	**Follow Up**	15	24	32	24	23	26

CPCS Drop In Center (DIC), Godawari

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

Therefore, CPCS particularly focuses on **personal counselling,** thanks to our social workers, and regular interventions with psychological counsellors. After **spending two months** in the initial rehabilitation program, children who have not been reunified with their families join the second **rehabilitation program**, where more long-term solutions are considered, such as referral to other NGOs for vocational training or schooling programs.

DIC - CENTERS MONTHLY ATTENDANCE STATISTICS

Drop In Centre (DIC), Godawari	Total	J	F	M	A	M	J
Sent from NCRC-104	**52**	10	14	6	4	12	6
Field from Organization CPCS	**0**	0	0	0	0	0	0
Family Reunification	**31**	1	3	16	5	3	3
Refer to other organization	**5**	0	1	0	0	4	0
Send For Training	**0**	0	0	0	0	0	0
Drop Out	**6**	0	0	0	0	4	2
Refer From our organization	**10**	0	0	0	0	5	5

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

	Total	J	F	M	A	M	J
Call from street situation	**58**	10	11	9	10	8	10
Support of case in Street situation	**23**	3	4	4	3	5	4
Counseling for case management with Support	**72**	14	10	12	11	14	11
Covid Awareness program in street (field)	**29**	4	5	4	5	5	6
Medical Support in Street Situation	**15**	2	3	2	2	3	3
Pass Away from Street situation	**6**	1	3	1	1	0	0
Pregnancy and delivery support in street situation	**2**	1	0	1	0	0	0

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.

Testimony – Legal support Youth

My name is Ramesh Thapa. I am 16 years old. A few months ago I was arrested by the police in Kathmandu. I was with a group of older boys, and when they ran, I ran too. The police thought I was involved in what they were doing, even though I didn't fully understand what was happening. I was taken to the station and put in a cell.I had never been inside a police cell before. I was scared and confused. No one explained what would happen to me, and I didn't know who I could call. I am a minor, but at that moment I felt completely alone.After some hours, a staff member from CPCS arrived. Someone had informed them that a minor had been detained. They spoke to me, asked what had happened, and told me that their lawyer would come. It was the first time that day I felt that someone was on my side.The CPCS lawyer talked to the police and reviewed my case. He explained clearly that I was underage, that there was no evidence against me, and that I had the right to legal protection I listened quietly while he spoke; I had never seen anyone defend me like that. After legal consultation and discussion, the police agreed to release me.When I walked out of the station, I felt relief but also exhaustion. CPCS brought me to their center, where I could rest, eat, and talk to someone about what had happened. I also met a psychologist

I had never spoken to one before. I didn't know that such help existed. Being able to explain everything — the fear, the confusion, the pressure from older boys — made my mind feel calmer.

Now I am following a training program at CPCS. I am learning practical skills and trying to build a more stable future. The team is also looking for my family to understand what the next steps should be. I don't know yet how things will unfold, but I am grateful that someone helped me when I needed it most.

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.

- **21** 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
Out patients treated	**574**	56	107	120	71	96	124
Patients admitted in clinic	**22**	4	4	4	3	0	7
In Patients bed Nights	**88**	14	13	16	16	0	29
Community patients treated	**553**	112	80	105	68	107	81
Ambulance community patients	**29**	9	3	7	1	5	4
Total CPCR child patient	**10**	3	3	1	1	2	0
Children treated on the field	**1276**	198	210	253	160	210	245

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 2026, 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 **29** patients were transported (Ambulance) during the half year. Of these, 25 cases were referred through CPCR, while **553** 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.

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 14 ears old to 25 years old. The analysis proposed by the CPCS supported research: "Children and Youth in street situations and their capabilities. From strategies of urban survival to careers within the protection system. (Paris, L'Harmattan, 2020) is a strong pillar of the new strategy.

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

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

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

of youth in civic spaces is very low inside the country. One of the major challenges facing Nepal's development is the integration of the Nepali youth into the development process.

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

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

A. Seven groups (types of youth):

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

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

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

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

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

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

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

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

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

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

- ✓ Vocational training in various fields (such as electricity or mechanics) provided by partner organizations. (and eco-farming since 2022/2024 + hospitality, tourism, trekking in 2024 by Les Terrasses Mountain Resort.
- ✓ Informal classes in art and sports.

Testimony of Sajan KC

Sajan is 15 years old.

When I first arrived here, I didn't really know what to expect. I had never worked in a hotel before, and I was quite nervous. But from the very first day, I felt welcome. In the kitchen they explained everything to me step by step: how to work safely, how to stay clean, how to cut ingredients, how to finish a plate beautifully. I loved seeing myself improve week after week. Sometimes it was busy, sometimes difficult, but I always felt supported.

I also received training in roomkeeping. At first I thought it was just cleaning rooms, but it's much more than that. You learn how to prepare a room properly for a guest: making the bed perfectly, organising everything neatly, checking if everything works, paying attention to small details that make a big difference. I liked that they taught me to be proud of my work.

What is maybe most important for me: I don't have identity papers. Because of that, I cannot register anywhere to follow an official course. I exist, but not in the documents. Here, I can still follow training, and at the same time they are helping me to get my legal papers in order. That gives me hope, because it's not easy in Nepal to obtain your identity documents when you don't know how the process works. You need someone who guides you and knows which steps to take.

Through this training, I feel that my future is changing. I'm learning new skills, I'm gaining confidence, and I know that one day I will be able to work independently. But most of all: I feel that I finally have something to grow towards.

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

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

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

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

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

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

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

6. *Cultivating Discipline and Responsibility*: Distance from city attractions can contribute to cultivating discipline and a sense of responsibility among youth in street situations. Living and working in a rural environment with structured training schedules and farming tasks instills important values such as

punctuality, perseverance, and accountability. These qualities are essential for success in Eco farming and can also be applied to other aspects of life.

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

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

YOUTH PROGRAM MONTHLY STATISTICS

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

ADMINISTRATION AND NETWORKING

Child Protection Centres and Services-International was established formally in December 2005, although it had been running activities since July 19th, 2002. The organization is dedicated to assisting children at risk and children in street situations. We started our action in Nepal and we also had pilot initiatives in several countries (RDC, Cambodia, Thailand) or field visits to assess the possibility to open programs. We are now also operating in Burundi and in Rwanda.

In Nepal, after 11 years of operation through CPCS NGO, three new organizations were created to implement CPCS International activities in other districts: CPCR (Dolakha), CRPC (Sindhuli), and ORCHID (Morang). CPCS International coordinates all four Nepali partner NGOs (and three country offices abroad) to ensure proper monitoring and efficiency. A private partner (Les Terrasses Mountain Resort pvt-ltd) has been included in the loop recently to ensure progressively self-sustainability and real support for youth at risks. It's operations started in 2024. (as a pilot innovative project)

The operationnal 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-sustainibility. (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.
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- **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.**

CPCS-ALLIANCE ACTION IN EUROPE : UKRAINE AND BELGIUM

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, along 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.

THE WAY AHEAD – 2026

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 | inge@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.

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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.

📍 Address: Rue du Mayeur 1C, 5377 Bonsin – Belgium
📧 Email: benoit@cpcs.international | livelovedream@cpcs.international

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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.

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