



# CPCS

INTERNATIONAL

## Child Protection Centers and Services

### Half Yearly Progress Report

January – June 2019



CPCS INTERNATIONAL  
Child Protection Centers and Services  
[www.cpcs.international](http://www.cpcs.international)



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#### Abbreviations

104	Police Cell – Found and Missing Children
BHCA	Better Health Care Access
CCWB	Central Child Welfare Board
CLASS	CPCS Local Action and Support Services
CPP	Child Protection Policy
CYIS	Children and Youth in Street Situation
DIC	Drop InCenter
DKG	Dignity Kit Girls
ECD	Early Child Development
ET	Education Ticket
FCC	Family Care Center
IES	Informal Education System
INGO	International Non-Governmental Organization
LSA	Local Social Actor
LSP	Legal Support Program
MSP	Medical Support Program
NGO	Non-Governmental Organization
NCRC	National Child Rights Council
RSS	Residential Schooling Support
SEE	Secondary Education Exam
SSW	Social Street Worker
SWC	Social Welfare Board



## INTRODUCTION

CPCS has been working on the protection of children in streetsituations and marginalized conditions in Nepal since 2002. Numerous reasons lead children to the street: peer pressure, media influence, natural disaster, family break-up, poverty, family violence, dream of a wellpaying job or access to free education, dream of easier life in a city.... Children migrate from their hometown or village to Nepal's big cities. Once there, they generally end up in the street where they have to face its multiple dangers: drugs, abuses, crimes, hatred, exploitation, discrimination, intimidation, illegal detention and STDs.

### CPCS Program in 3 levels:

- **Prevention** (*prior to and during the street life*): a set of interventions focused on
  - ✓ Preventing and avoiding the arrival of the child in street situation.
  - ✓ Raising awareness among the public, families, and authorities, children themselves about the realities of street life (its causes, dangers, aspects and consequences).
- **Risk Reduction** (*during life in the street*): a short-term perspective focusing on immediate reduction of street life dangers.
- **Social Rehabilitation** (*after life in the street*): a mid-term perspective focusing on progressive and eventual reintegration of the child into society.

## OUR MISSION

CPCS aims to works for a society where all children are **respected, valued** and **protected**. Our mission is to deliver basic services (medical, legal, psychological, educational, etc.), in order to bring immediate improvement to children in street situations and children at risks.

## OUR OBJECTIVES

- To develop services directly on the street **to offer protection** to children in street situations and to reduce the risks they are exposed to.
- To develop services allowing children in street situations **to take a step forward** toward their reintegration into society and into their family.
- To develop prevention programs to **prevent more children** from coming to the street.
- To **take on the children's problems** with understanding and respect, considering them not as victims or delinquents but like people with diverse skills.
- To be a **bridge** between the street and the society.
- To reduce the risksfaced by children in street situations
- To give the children in street situations basic **education, attention** and **support**.
- To protect the **children's fundamentalrights**.
- To raise **awareness** on children in street situations in Nepal and abroad.
- To give children access to **healthcare** and **hygiene** services.
- To **reintegrate**children in their community and reunite them with their families.
- To reduce and progressively **abolish** all forms of **child exploitation**.
- To fight against some of the worst forms of child labor.
- To **mobilize** communities, organizations, institutions, and families to better meet the children's needs.
- To contribute to enforcing the Child Act (1992), to provide **legal support** for children in street situations.



## OUR INTERNATIONAL PARTNERS

### Special thanks to all our partners for their support :

1. The American Himalayan Foundation (AHF) – USA, 2. L'Association des Amis de Soeur Emmanuelle - Belgium, 3. Dynamo International – Belgium, 4. The Nick Simons Foundation – USA, 5. SOS Enfants Abandonnés – Belgium, 6. La Fondation Vieujant – Belgium, 7. Kinderleven-Vie d'Enfant ASBL – Belgium, 8. La Chaine de l'Espoir – France, 9. CPCS-France and 10. CPCS-Belgium, 11-15. The Rotary Clubs of Honolulu (US), Durbuy (Belgium), Brussels (Belgium), Paris (France), London (England) and the R-6, 16. La communauté de la resurrection – Belgium, 19. L'INDSE de Bastogne – Belgium, 20. Kids in need Nepal - Belgium, 21. De Brug – Belgium, 22. The Van Dijck Family and friends, 23. PPOT (Belgium), 24. Sukhi Home – Belgium; 25. Himalayan Projects – Belgium, 26. Jens Van Cleynenbreugel and friends, 27. Savoir Oser la Solidarité \_ Ecole de Management de Grenoble – France, 28. La foundation Futur–Belgique, 29. Rob Van Acker – Belgium, 30. KiNN–Belgium, 31. Damesclub Waregem – Belgium, 32. Dynamo International – Belgium.

## OUR LOCAL PARTNERS IN NEPAL

### THE CPCS ALLIANCE

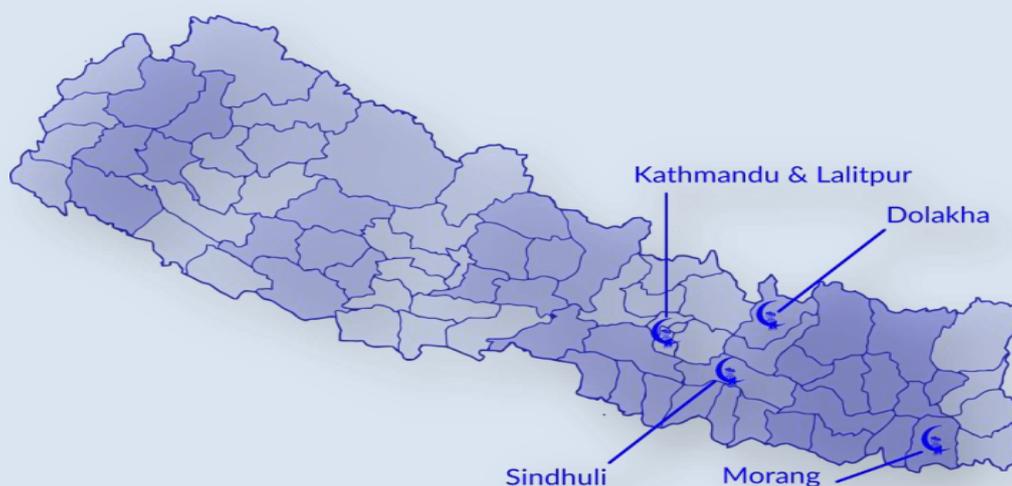
CPCS International supports **4 local NGO partners** in different districts:

**Kathmandu –CPCS (Child Protection Centers and Services)**

**Sindhuli– CRPC (Child Right Protection Center)**

**Morang – ORCHID (Organization for Child Development)**

**Dolakha– CPRC (Child Protection Child Rights)**



The local work force consists of administrative staff, accounting experts, social workers, nurses and health assistants, teachers, psychologists, lawyers, care takers and drivers.

**A total of 93 task-oriented jobs.**



## ACHIEVEMENTS

### PREVENTION PROGRAMS

*Supported by La Chaine de l'Espoir - France*

#### BETTER HEALTH CARE ACCESS (BHCA) IN PUBLIC SCHOOLS (FROM APRIL TILL JUNE)

- **26** supported schools
- **26** nurses hired for the BHCA Program
- **4** Health Assistants hired for BHCA and the regional office
- **8.088** beneficiaries students in all 24 BHCA program
- **6.104** students got BHCA medical service in different schools (**2.550 Boys** and **3.554 Girls**)
- In total **7.588** person got consultation through BHCA Program (students and more)
- **991** Dignity Kits for girls distributed in 26 schools
- **26** meetings with school principals
- **52** meetings with nurses
- **26** trainings to nurses about CPP (Child Protection Policy)
- **284** awareness sessions for children **11.195** children benefiting from awareness sessions
- **114** Health Camps for children **5.080** children benefiting from Health Camps
- **564** children referred to Hospital/health posts
- **491** children referred for counseling/psychological support
- **128** awareness sessions for parents **2.392** parents attending awareness sessions

#### CLASS (CPCS LOCAL ACTION AND SUPPORT SERVICES) FROM JANUARY TILL MARCH

##### **Total CLASS children from Jantill April, 2019:**

**174** Children in ORCHID, **308** in CPCS Kathmandu, **120** in CRPC Centers in Sindhuli district, **449** children in CPR Dolakha.

Following CLASS centers, FCC (Family Care Center), RSS (Residential Schooling Support) and Regional Center are running in different partner Organization:

- **In Morang District:** **1** Regional Center (**85** children), **3** CLASS (**70** children) and RSS (**19** children).  
Total of **174** children.
- **In Kathmandu District:** **10** CLASS Center (**230** children) and RSS (**78** children).  
Total of **308** children.
- **In Dolakha District:** **4** CLASS centers (**196** children), **2** FCC (**150** children) in Dolakha and Charikot, **28** children in RSS, In **3** ECD (**41** children), Regional Center Deurali (**34** children)  
Total of **449** children.
- **In Sindhuli District:** **1** Regional center, **1** CLASS and RSS in Sindhuli District  
Total of **120** children.

In total **from January to March, 2019** : **1240** children receive full scholarship through our Regional office, FCC, RSS and CLASS - Prevention programs.

#### FCC, REGIONAL CENTER'S DAILY ACTIVITIES

- **Awareness** on Child Rights, health & hygiene, earthquake, street risks, sexual abuse, scholarship.
  - **Distribution** of bags and stationeries, dresses ...
  - **Health & medical checkups, homework check up, information on culture & religion, dancing, drawing, singing, English writing, storytelling, cleaning, art & craft, sports, games, visits, picnics, celebrations (new year, religious: Holi...), competitions (singing, dancing, carumboard, sports, ...)**
- Parents and teachers meeting** on safety matters, children admission, studies, progress, regularity, complains, problems.



### **CLASS, FCC, REGIONAL CENTERS (January to April 2019)**

- **61.122** meals/snacks have been distributed to children attending the daily tuition class, activities and snacks from prevention program.
- **231** health sessions (camp, check up, awareness) for **9420** children in different center.
- **1.909** children are given medicine and health service from prevention program.
- **235** children were sent to local hospitals, health posts and health centers for treatment and **5** children were sent to Kathmandu for further treatment from different centers.
- **3.031** parents attended **179** meetings in different centers.
- **1.754** children's home visited frequently by LSA.
- **252** meetings with GO, NGO, Club, community attended by the prevention team (LSA and Staffs).

### **EMERGENCY LINE**

**125** calls treated by the emergency line: **10** for medical assistance, **5** Under arrest, and **110** information calls received this first semester.

“National Centre for Children at Risk” referred **70** children to our DIC through the emergency line.

### **MEDICAL SUPPORT PROGRAM (RECOVERY GODAWARI)**

- **484** cases of assistance during the First Aid (day & night) patrols of our medical teams.
- **1.718** medical consultations, **1.757** cases were admitted in our recovery center clinics.
- In average, **5 children are treated daily** in our recovery centers.
- **33** cases were referred to various hospitals for further checkup.
- **11** children were admitted in hospitals for **41** staydays.

### **SCHOOLING PROGRAM**

- **2** youth enrolled in schools + **2** through our residential schooling programs.
- **1** youth passed SEE.

### **COUNSELING SERVICES**

- CPCS psychosocial counselors gave individual counseling for **200** cases and group counseling for **112** cases.
- **21** cases were linked to physical and moral abuses and **3** sexual abuses.
- **85** general awareness class
- **12** awareness sessions

### **LEGAL SUPPORT PROGRAM (LSP)**

- **13** youths or children benefited from legal assistance after they were taken into custody.
- **13** were released after our intervention.
- **12** jails and **25** custody visits
- **10** meetings with the police
- **269** children attending awareness sessions on legal matters and **8** awareness programs conducted with the public.



## REHABILITATION AND DIC PROGRAMS

- **70** new children enrolled in **CPCS Rehabilitation program**.
- **70** children were referred by Central Child Welfare Board (CCWB) and Center for Children at Risk (104).
- **14** children/youth sent to other organization for **training**.
- **35** children /youth family reunification.
- **29** children/youth family visits
- **23** children/youth dropped out.
- **37** children/youth follow-up family.
- Regular meeting with **104** and CCWB for child protection policy implement.

## YOUTH PROGRAM

- **37** Youths are followed up by our teams
- **5** Youths are still with us as **peer educator**
- **14** Youths are in **training**
- **1** boy completed SEE
- **35** Youths met their families again (**family reunification**)
- **9** Youths went back home
- **3** Youths stay in their own room

## OTHER ACTIVITIES (FROM JANUARY UNTIL JUNE 2019)

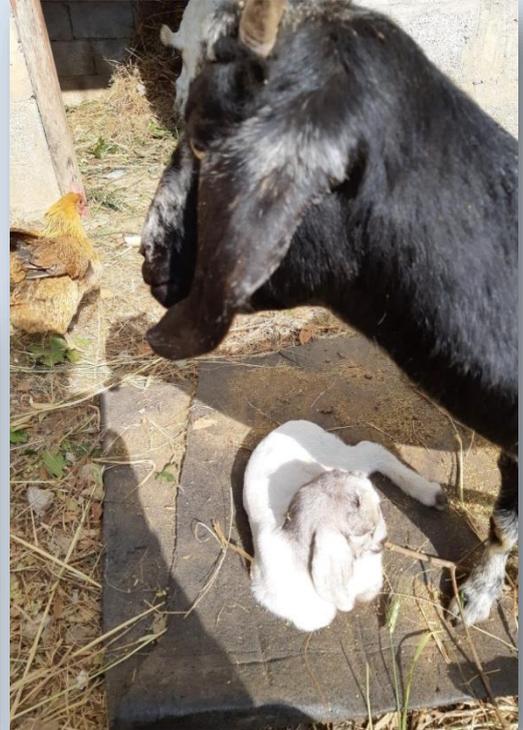
### RENOVATION WORKS IN THE REGIONAL CENTER - DOLAKHA

Renovation work in the Regional Center of Dolakha had to be carried out before the heavy monsoon rains. Support walls and multiples drainages were made to protect the buidings.



## SELF-SUSTAINABLE FARMING IN REGIONAL CENTER - DOLAKHA

A **self-sustainable farming project** has started in the Regional Center of Dolakha. A vegetable garden was set up and enables the center to grow its own organic **vegetables**. **Animals** like goats, rabbits and chickens are reared in the center. All the products from the farm are used for the **consumption** of the center and cultivated without pesticides or chemicals. Children of the center participate in the farming process.



## REGULAR MEETINGS WITH LOCAL PARTNERS -STREET FIELDWORKERS FORUM

A meeting with local partners working in the field of children in street situations (**Social Street Workers**) is organized on a regular base. Experiences and problems are shared in an informal platform.



## TRAINING FOR TRAINERS AND INTERACTION FOR SOCIAL WORKERS IN THE PHILIPPINES

In February 2019, two staff members have been attending the “Training for Trainers” event organized by the **Street Work Training Institute** - partner of Dynamo International in the Erasmus+ AsyaProject. The trainees shared the good practices and experiences from 9 Asian organizations working with children in street situations. The CPCS members learned new methods that will be used in the centers.



## NATIONAL CHILD PROTECTION POLICY TRAININGS

National Child Protection Policy trainings for staff members are organized on a regular base. It's mandatory for all 93 team members to read, sign and understand the Child Protection Policy and apply its principles in their daily work.



## CONSTRUCTION OF A 3 ROOM BUILDING - REHABILITATION CENTER FOR BOYS – GODAWARI

A new 3-room building was built. It contains 1 office and 2 separated dormitories: one room for small children and another one for older boys.



*New 3-room building -  
Godawari*



## PROGRAMS & ACTIONS PLANNED IN 2019

1. Socialization centers facilities welcoming 30 to 50 children daily
2. Informal Education Service: working in the street and meeting with 20 to 50 children and youths daily
3. Field activities covering more than 20 areas in 8 districts (mainly around Morang, Sindhuli, Dolakha, Kathmandu and Lalitpur districts): 4000 to 5000 beneficiaries per month
4. Emergency line available 24 hours a day in Katmandu and focusing on children and youths in street situations
5. Recovery center and medical care for 50 to 70 children, youths and street adults monthly
6. Counseling and psychological support for 200 to 300 children monthly (mainly in Dolakha and Kathmandu offices)
7. Research on various issues (abuse)
8. BHCA and awareness for schoolchildren and guardians daily
9. Youth Empowerment Programs for 20-40 youths in street situation
10. Family visits and reunification for 10-15 children monthly
11. Schooling support for 15.000 children (through BHCA program or other programs).
12. Public awareness campaigns
13. Socialization and alphabetization classes for 1600-1800 children daily
14. Raise of international awareness about children's rights and the case of children in street situations
15. Local networking and international partnerships
16. Rehabilitation process for 30-50 children and youths
17. Hygiene and clothes distribution for 1200 to 1600 children
18. Street bank for children in street situations
19. Leisure activities as picnics, camps or games in the open
20. Kitchen club - feeding 100 to 200 children daily (+ snacks for 1500)
21. Raise of children's self-esteem and awareness about children's rights, fundamental rights and national law
22. Children library and literacy classes for 1500-1800 children daily
23. Child social rehabilitation process, and individual interventions for children and youths
24. Child rights protection programs – security, legal help and court actions



## PREVENTION SERVICES

### 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, in order to **prevent the arrival of children in the streets**.

Different programs, focused on families, communities and children at risk were developed to **address** the several problems and risks met by children in some cities of Nepal where the phenomenon of children in street situation is evolving. Children are threatened by domestic violence, social exclusion, drug abuse or lack of family planning. Combination of those **causes push children to escape to seek refuge elsewhere**. As a consequence, the aim of CPCS is **to stop this phenomenon at its source** and **reduce the number of street-based children** by encouraging and sustaining their education.

Launched in **2004** in Dolakha, **CLASS** (CPCS Local Action and Support Services) is a **prevention program** focusing on different realities of the street's life and working directly on the **roots** of the problem: village problems, domestic violence, social exclusion, consumption of alcohol or drugs, absence of family planning, etc. Through this program, we support children at home (with schooling and scholarship); we enhance their parents' awareness on their right to education and its importance, on the risks of school dropout and on the dangers of the streets.

After **two years** of a **pilot project in Morang and Sindhuli**, we reached to the conclusion that those two **regional centers** were **more efficient** than the CLASS centers of 25/50 kids (financially more effective and easier to monitor). As a consequence, Family Care Centers, first implemented as pilot projects, will progressively replace the CLASS programs out of Kathmandu.

They will **be located in spots** where their efficiency is maximised while fitting with Running Agreements between CPCS International and the Authorities. Other factors will also be taken into account: origin of children in street situations (area prone to unsafe migration), areas affected by poverty, semi or urban area, with schools interested with a partnership and collaboration, where local community and a local NGO work together to support the project (and not covered by other partners/INGO's).

### 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.

Since April 2018, 4 FCC have been operational: 1 in Sindhuli district, 1 in Morang district and 2 in Dolakha district.

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. One social worker does the cleaning, takes care of the children and gives them class. One medical person (Nurse or Ha) is able to provide hygiene and awareness classes, basic medical care, tuitions and support.

The goal is to offer the **adequate support** to every family. The FCC are open every day and run as day-care centers. Each center welcome at the beginning up to 75 children, and then can go up to **100 kids**. The children come daily, to enjoy after school sessions, daily snacks, access to the library, homework help. A common room enable them to participate to social activities, such as games, sport 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 about various matters, child rights, migration, hygiene, medical and legal problems, or personal problems and obstacles in daily life.

Families and local communities are fully integrated in the process, and a local NGO or partner is selected to provide the necessary care, infrastructure and material (trained, supported and monitored by CPCS International). The center is a place for family reunification and a support to the CPCS deinstitutionalisation system.

The **support of local children** in street situations and **family visits** are also priority missions of the center. The center 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 **childempowerment**, via an election system, of two child representatives etc. Special attention is given to girls and **girlsempowerment**. Prevention of traffic, empowerment of mothers, child rights advocacy, and defence for vulnerable persons in a non-violent environment are also important topics.

#### HOW AN FCC WORKS:

- Open to **every** child from any public school in the surrounding;
- Payment of the **schoolcosts/fees**, uniform and basic stationeries provided;
- Daily **homework** help session;
- **Library** access;
- Sports and games activities;
- Bi-weekly awareness meetings with families, on parenting skills, migration, health, hygiene;
- Health and hygiene follow up for the children and their siblings;
- Daily **snacks** provided;
- On Saturdays and days off, the center is open for 3 hours and offer leisure activities, sports, TV, cultural activities;
- Community active participation and involvement;
- **ChildClub** establishment and Minister System (to elect child representatives);
- Coordination with **localauthorities** and District Education Officers;



- Basic support of local children in street situations (field work);
- **Familyvisits** (to assess situations), counseling with advises and parenting tools;
- Team Capacity building;
- **Weeklydiscussions** with children about various subjects, child care, education, risks of unsafe migration, trafficking;
- Non-violence and full Child Protection Policy implemented in the center. No moral or physical violence tolerated;
- Possibility to **washclothes** and **tobath**;
- Active participation in local programs, events;
- **Familyreunification** process and follow up;
- Medical Corner and follow up with **localhospitals** (partnerships for free treatment);
- **Legaladvises** and support for birth certificate and other documents;
- Emergency zone in case of natural or political problem (Child Protection Zone);
- **Youth** empowerment

#### PREVENTION PROGRAM (CLASS /FCC/ECD) ACHIVEMENT DATA – (JAN-APRIL 2019)

Total no of children attending the Program	Health Sessions	Children attending Health Sessions	Medical Local Cases	Hospital or Referral (to Ktm) Cases	Local Hospital/ Health post Referral	Numbers of Parents Meeting	Nbr of Parents attending Meeting	Number of Home visit by LSA	Meeting with Community/ Gov
61122	231	6489	1909	5	235	179	3031	1754	252

#### Program: CLASS (CPCS Local Action Centers and Services)

CPCS believes that prevention programs should also be conducted outside of the valley to **address the issue** of children in street situations at its **source**. Our CLASS program aims to raise **awareness** among ordinary people and stakeholders outside andinside the Kathmandu valley area.

Through the CLASS program, CPCS conducts **prevention programs**in: **4** Regional Offices, **18** CLASS centers, **3** ECD, **2** FCC and RSS in different schools, in Kathmandu valley and in other districts. These places were selected after a study showed that most of children in street situation come from them, notably because major roads pass by these towns.

Altogether **2.050**parents, teachers and children benefit from our CLASS Programs, through 23 local centers and 66 staffs.

**CPCS provides financial support** to the family for **school related expenses** (*monthly fees, exam fees, uniforms, books, stationary etc...*), **support to the child** (*which he/she usually do not get at home due to illiteracy and lack of education in his/her family*).

The LSA also works as a social counselor trying to install or re-install, through dialogue, a better communication between the family members.



### CLASS CENTERS (run by CPCS NGO)

School	Address	CENTER	Children
Shree Ram Basic School	Budhanilakantha, Kathmandu	CLASS Budhanilkantha	21
Shree Nepal Rastriya Nirman S School	Mulpani, Kathmandu	CLASS Mulpani	23
Shree Halchowk Secondary School	Halchowk, Kathmandu	CLASS Halchowk	25
Shree Pharping Secondary School	Pharping, Kathmandu	CLASS Pharping	24
Shree Chalnakhel Secondary School	Chalnakhel, Kathmandu	CLASS Chalnakhel	25
Shree Jana Jagritijyanrasmi S School	Balaju, Kathmandu	CLASS Balaju	21
Shree Ganesh Secondary School	Khwop, Bhaktapur	CLASS Khwop	25
Shree Siddhi Kamaladevi S School	Chautara, Sindhupalchok	CLASS Chautara	24
Shree Azad Secondary School	Banepa, Kavre	CLASS Banepa	23
Shree ChamelideviPiya S School	Narayangadh, Chitawan	CLASS Narayangadh	19
Shree Amarjyoti Secondary School	Kalanki, Kathmandu	RSS	11
Shree Adinath Secondary School	Kritipur, Kathmandu	RSS	15
Shree Mahendra Basic School	Sanothimi, Bhaktapur	RSS	15
Shree Laxmi Secondary School	Hetauda, Makawanpur	RSS	11
Various School	Kathmandu, Bhaktapur	RSS	26



## BHCA – Better Health Care Access



The new BHCA Program is an innovative project aiming to ensure that **children in public schools have access to basic health care, hygiene and awareness** about various risks.

CPCS supports Better Health Care Access for students in public schools in Kathmandu, Sindhuli, Morang and Dolakha. In addition to basic medical care, **awareness classes** are organized to give children, young adults and their guardians, the opportunity to address topics that are difficult to discuss. Due to cultural values, subjects such as menstruation, STDs and linked problems are taboo, which can cause prejudice to the children.

After thorough research, CPCS came to the conclusion that many school children in public schools have little or no access to health care and **that with BHCA more children and their community could reach it.** It was therefore decided to make an extra effort for better healthcare in public schools. The **budget for education was reviewed and deployed for healthcare.** In this way, **more beneficiaries were reached and served.**

For families in need, extra support is still possible. Consultations are held with the school committee, to determine who urgently needs this extra support (warm clothing, food, school stationary, uniforms).

**26 nurses** (ANM or CMA) are appointed by the CPCS Alliance members to work in partner schools. They work in collaboration with the school team (Principal and teachers) to **ensure children have access** to basic health care (cut, small injuries, diarrhea, stomach pain, small fever), but also to raise **awareness** about hygiene (in school toilets and in general). **They identify children in need of extra nutrition support or emergency clothes.**

Twice a month, in collaboration with the CPCS Alliance Team, a camp is held, focused on medical and hygiene matters (medical camp, dental camp, eye check-up camp, awareness on many health issues, etc.)

Extra attention is paid to girls and especially **girls old enough to have their periods.** Many girls stay at home for 4 days a month and **miss a full month of education in a full school year.** The nurses make sure that they are properly supported, and CPCS provides the schools with Dignity kits for girls.

Nurses also communicate with the CPCS Alliance team and the school management committee to find out potential partners to provide further health service if needed.



**Objectives of the program:**

- Basic health care access inside public schools;
- Girls rights' promotion and campaign;
- Basic sexual education and prevention of sexual abuses;
- Hygiene in the school (hand wash programs, clean toilets, etc.);
- Awareness for all students about hygiene;
- Organization of camps (medical, awareness – twice a month) to increase Basic Health Care Knowledge;
- Awareness about gender-based violence;
- Emergency support for families in need (clothes, nutrition);
- To make the school a child-friendly area.

**BHCA Program in Kathmandu Valley (CPCS NGO)**

School	Address	BHCA CENTER	Children
Shree Ram Basic School	Budhanilkantha - Kathmandu	BHCA – Budhanilkantha	126
Shree Nepal Rastriya Nirman School	Kageswari Manahara - Kathmandu	BHCA - Mulpani	639
Shree Mahendra Basic School	Sanothimi - Bhaktapur	BHCA – Sanothimi	310
Shree Halchok Secondary School	Nagarjun - Kathmandu	BHCA - Halchok	251
Shree Adinath Secondary School	Kritipur - Kathmandu	BHCA – Kritipur	196
Shree Pharping Secondary School	Dakshinkali - Kathmandu	BHCA- Pharping	466
Shree Ganesh Secondary School	Khwapa - Bhaktapur	CLASS Bhaktapur	25
Shree Chalnakhel Basic School	Dakshinkali - Kathmandu	CLASS Chalnakhel	25



### BHCA Program in DOLAKHA District (CPCR)

School	Address	BHCA CENTER	Children
Shree Kutidanda Secondary School	Bhimeshwar - Dolakha	BHCA – Kutidanda	486
Shree Bhim Secondary School	Bhimeshwar - Dolakha	BHCA – Bhim School	464
Shree Rajkuleshwor Basic School	Bhimeshwar - Dolakha	BHCA – Rajkuleshwor	106
Shree Balmandir Primary School	Bhimeshwar - Dolakha	BHCA - Balmandir	67
Shree Tikhatal Primary School	Bhimeshwar - Dolakha	BHCA – Tikhatal	51
Shree Lamanagi Basic School	Bhimeshwar - Dolakha	BHCA- Lamanagi	147
Shree Buddha Primary School	Bhimeshwar - Dolakha	BHCA - Deurali	30
Shree Bhumeshwori Primary School	Bhimeshwar – Dolakha	BHCA - Bhumeshwari	26
Shree Janajyoti Secondary School	Kalinchok - Dolakha	BHCA - Lapilang	276

### BHCA Program MORANG

School	Address	BHCA CENTER	Children
Shree Mahendra Secondary School	Sundar Haraincha - 12, Morang	BHCA – Mahendra School	557
Shree NawajanaJyoti Basic School	Sundar Haraincha - 1, Morang	BHCA – Nawajana Jyoti School	212
Shree Bhagawati Secondary School	Belbari – 3, Morang	BHCA – Bhagawati School	1187
Shree Kawir Secondary School	Belbari- 2, Morang	REGIONAL OFFICE	683
Shree Dhanpal Secondary School	Belbari - Morang	BHCA – Dhanpal School	647
Shree Janata Secondary School	Belbari -1, Morang	BHCA- Janata School	274
Shree Singhadevi Primary School	Belbari -2, Morang	BHCA – Singhadevi School	77
Shree SahidSmirti Primary School	Belbari -1, Morang	BHCA Sahid School	60

### BHCA Program SINDHULI

School	Address	BHCA CENTER	Children
Shree Panchakanya Secondary School	Kamalamai, Sindhuli	FCC / Regional Office	215
Shree Secondary School	Kamalamai, Sindhuli	BHCA Sindhuli	422

A total of 8.025 children have better health care access in school.

# Better Health Care Access

## A CPCS Alliance Project

[www.cpcs.international](http://www.cpcs.international)

**CPCS**  
"Child Protection Centers and Services"  
Godawari, Lalitpur, Nepal  
Tel: 01 5560700, 01 6224660, 9801245550

Morang  
Tel: 9801245521

Dolakha  
Tel: 9880395432

Sindhuli  
Tel: 9801245508

**La chaîne de l'espoir**



## The operating Prevention Centers (supported by La Chaine de l'Espoir)

### NATIONAL OFFICE – GODAWARI, LALITPUR

18 full-time staffs and 15 part-time staffs are working in various programs:

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

Two boys are attending school through the residential program and in total 308 children are in CLASS programs.

### REGIONAL OFFICE AND FCC'S (Deurali – Dolakha - Charikot)

35 staffs (full-time and part-time) are working **daily** in the 3 CLASS and 3 ECD (Early Child Development) programs, 2 FCC (**Family Care Centers**) and 1 Regional office Deurali.

**In total 449** children, living with their families, attend schools, FCC, Regional office, ECDs and CLASS programs.

All centers (*Lapilang, Kshamawati, Deurali, Bhedikhor, Lamanagi, FCC Dolakha, FCC Charikot*) are located in **Bhimeshwar Municipality** and surrounding Rural Municipality. **Three schools** have now started their own ECD centers and helped children supported by our programs (*shreekalinchowk higher Secondary school, Shree Mahendrodaya Secondary, Lapilang Higher secondary Raj Kuleshwar lower Secondary and shree Buddha Primary, Bhim Secondary*). Those ECD Centers were opened in April 2016 with some of the new CLASS programs. The Programs of Charikot and Dolakha established in 2007 have started their ECD support in 2016.





### **REGIONAL OFFICE and FCC (Morang)**

**12** staffs work daily with **75** children in **one Regional Office, 8 BHCA Programs** in the Rehabilitation Center.

Morang is located in the Morang district near the Sunsari district (2 densely populated districts), 20 kilometers away from the Indian border. The center is mainly used during the **reunification processes** to create links with the families living in the district (**174** children 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 schooling children along with their parents. The center also runs daily CLASS programs. Parents also attend a monthly awareness meeting in the center.

ORCHID (Organization for Child Development) was registered in Morang's District Administration office in 2015 as a local NGO working for and with children at risk in the District. All children (*from underprivileged families*) are supported for their Better Health Care Access BHCA in 8 government schools (*BHCA activities: Kabir Secondary School, Janata Secondary School, Shree Bhagawati Secondary School, Shree Dhanpal Secondary School, Shree Singhdevi Primary School, Shree Sahid Smirti Primary School, Shree Mahendra Secondary School, Shree Nawajana Jyoti Basic School from Belbari Municipality, KoshiHaraicha Municipality, Itahari Sub metropolitency, LahanMunicipality*). **A total of 85 children** from "Kabir Higher Secondary School" attend daily CLASS activities in the regional office.

*In April 2019, 4 CLASS Centers closed due to phase out (CLASS Sundar Haraincha- Shree Mahendra Secondary School and start new program BHCA): CLASS Itahari (Shree Janata Secondary School), CLASS Lahan (Shree Shahid Secondary School) and 2 RSS (Birtamod and Jhapa).*





## **REGIONAL OFFICE and FCC (Sindhuli)**

Sindhuli is a mid-hill district located at the junction of the main highway to the Indian border and the Eastern highway. It is located in the heart of Sindhuli city. Its main goal is to allow the reunification process and to create links with the families living in the district. A small medical office provides checkup and cure to children as well as it provides services to the children at risk.

**6 staffs are working daily in one Regional Office 1 CLASS programs with 117 children** from underprivileged families. All the children are living with their families and are attending school in 8 government schools (*Panchakanya Secondary, Shree Siddhi primary, BhabishyaNirman Secondary school, Shree kamala Secondary Shree JanajyotifromKamalamai*). **CRPC (Child Right Protection Center)** was registered in Sindhuli District Administration office in 2007 as a local NGO to work for and with children at risk in Sindhuli District.

All CLASS Centers were opened in different wards of the Municipality. They are located within a radius of 3 km from CRPC office. All supported children attend government schools. Since May 2019, we have started BHCA program in the following school through Regional Office (CRPC) Sindhuli: Shree Secondary School and Shree Panchakanya Secondary school that attend daily BHCA activities. **In March 2019, 2 CLASS Centres (CLASS Kamala and CLASS Phosretar) were closed because of a lack of fund.**

## **Other awareness programs**

### **WITH THE FAMILIES:**

CPCS has been able to collect data and conduct several studies on the topic about children in street situations in Nepal. This underlines the **organization's ability to identify the underlying characteristics of poor households** that are more likely to lead to a child's migration to the street. **Sometimes, parents themselves are responsible** for sending their children to work in the streets and use their child as a source of income. This generally happens when the father loses his job. Other situations, such as alcohol consumption, family break-up or domestic violence can lead to children's runaway to follow their dreams about the city.

**The relationship with the family is therefore a key element in addressing the issue** of children in street situations. Moreover, CPCS has developed prevention programs targeted not only at the children themselves but also at families and children identified as "at risk" by our social workers and their partners (local schools, local organizations, and the authorities).

### **WITH CHILDREN "AT RISK":**

CPCS educators also support children in street situations in the villages by organizing activities in the local schools. These awareness-raising sessions cover the dangers of the street (drugs, diseases and abuses of all kind), the rights and duties of parents and children, domestic violence, hygiene, health, the use of illicit substances. Without knowledge of their rights and these risks, the child is an easy prey for a predator.

### **WITH CHILDREN IN A STREET SITUATION:**

In Nepal, **about 65% of the children who arrive on the street usually stay there.** This is why our educators organize regular **information sessions in the street** to inform the children about the various forms of abuse that children in street situations might be exposed to (i.e. AIDS, drugs, and sexual exploitation). By doing this, we try to make them **better prepared to face the dangers.**

Children in the street and the ones attending our shelters participate in awareness-raising sessions. Without knowledge of these risks, the child is a designated victim. For example, CPCS has launched a campaign on HIV/AIDS, the risks of clandestine sexual intercourse, and the consumption of drugs. We deal with these topics by using posters and other materials, which facilitate communication with the children.



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#### **WITH THE PUBLIC:**

**Different stakeholders** interact with children in street situations in Nepal, including the general public, security forces, shopkeepers, tourist professionals, tourists and schools. CPCS considers that the issue of children in street situations should not only be tackled at the children and their families' level, but also at the level of these other stakeholders.

The image of children in street situation among the public is **generally quite negative**. Because they wear dirty clothes, use bad language and deny most social norms, they are considered as social parasites, young criminals and drug-addicted persons. Children often feel that they have **no other choice** but to live outside the society and reject most of its rules. They form a parallel society with its own codes, its own language and its own rituals, which often include consumption of illicit substances. This leads to a **vicious circle**: society rejects children in street situations because they are non-social and children are non-social because society rejects them.

#### **WITH THE AUTHORITIES:**

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



## RISK REDUCTION

### Introduction

CPCS respects the child's wishes and believes. It is the child's own decision to come to CPCS and then go back to its 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 inform children in street situations and encourage them to walk toward their own social Rehabilitation path gradually.

CPCS short-term risk reduction programs (conducted both in the streets and in our socialization centers), constitutes the first steps to the building of a relationship between the child and CPCS. CPCS then offers any street-based child who desires it, an individual counseling based on his personal history, educational background, personal abilities, age, and most important of all, on his personal wishes and interests. Through daily fieldwork and contacts with children in street situations within our centers, we gain experience about the daily life and problems that are facing children in street situations. In addition, CPCS values very much its network with other NGOs working with children in street situations around the world. Being part of the "Street Field Workers International Network" gives us the opportunity to share our experiences and learn from others. CPCS' outreach work was essentially based on frequent day-and-night field visits and on activities within our centers. On the street, the children who met our social/field workers received information on our activities, programs, counseling services, informal education classes, and first aid service. 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 the Central Child Welfare Board, our "shelters" are not fully opened anymore. Children have to stay inside and follow a full socialization process. The socialization center is a place where former children in street situations can be safe and receive assistance when needed. They have access to various entertainments (football, board games, carumboard, marbles, cricket, badminton, table tennis, watching a movie) while the educators take these opportunities to raise up 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 educator or friends studying in secondary level.

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

#### Coordination with CCWB, Center for Children at Risk.

- 15 Children were referred for Rehabilitation in CPCS DIC by different organizations.
- 24 children were referred from our DIC center to their family.



### SELF-MANAGEMENT AND DAILY ACTIVITIES

The socialization shelter is partly managed by the children themselves to rise up children's sense of responsibility giving them the possibility 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 each 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 **"street banking 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 when needed.

*Activities supported by "Les amis de Soeur Emmanuelle"—Belgium and the Vieujant Foundation  
The support of the Honolulu Rotary and Vie d'enfant-Kinderleven allows us to build an additional building to ensure appropriate child care in our Godawari center.*

## The street work

### DAY FIELD VISITS

These frequent outreach visits enable CPCS educators to get a better understanding of the street life, to identify new children in street situations, to keep and build a relationship with them. A senior staff member and a social worker provide the children counseling about street problems, awareness sessions, informal classes and games.

#### DAY FIELDS VISITS MONTHLY STATISTICS

Day Field Visits (KTM)	A.Total	J	F	M	A	M	J
Area 1 - Avg No.of children	10	10	10	12	12	12	9
Area 2 - Avg No.of children	7	6	6	9	8	8	7
Area 3 - Avg No.of children	7	8	8	8	7	7	6
Area 4 - Avg No.of children	5	5	5	5	5	7	5
Area 5 - Avg No.of children	15	13	13	16	15	18	15

### NIGHT FIELD VISITS

Night Field visits started 5 years ago, **3 to 4** days/week, at night. 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 **7** children.

The main objective is to reduce risk exposure for children at night, (*physical and sexual abuse, alcohol, marijuana or glue, injuries during gang fights ...*). Our team can decide to take a child to a hospital or to transfer them to one of our centers.

Since the CCWB has launched the program "**no-child should stay in the street**", children are less appearing in the street. We assume they hide to avoid police sending them to a nearby DIC. Our night field program has thus been reduced to 3days/week, instead of 6 previously.



#### NIGHT FIELDS VISITS MONTHLY STATISTICS (JAN-JUNE 2018)

Night Field Visits (KTM)	J	F	M	A	M	J
Area 1 - Average No. of Children	10	9	9	8	10	11
Area 2 - Average No. of Children	11	8	8	10	10	12
Area 3 - Average No. of Children	7	3	8	7	4	8
Area 4 - Average No. of Children	7	3	7	7	4	5
No. of Children treated on Field	43	33	35	39	46	34
Children brought to center by field	0	1	0	0	1	2
Average No. children in daily Night field	13	13	14	12	12	14

## The Recovery center (Medical support)

The **Recovery Center of Godawari** is opened 24 hours a day. Professional Health Assistants and qualified nurses work in shifts.

Children who are brought to CPCS for the first time pass through the Recovery Center for a general health examination. A psychologist tries to introduce a dialogue with them and an investigation is being conducted into their origin, to assess whether their family is reachable in their community or not, and if a family reunification would be possible or not. A whole network of social workers, paramedics, reunification and rehabilitation officers is called in to see what the best solution is for the child.

In the Recovery Center, which is equipped with 10 beds, sick children can recover. Special meals can be prepared according to doctors' recommendations. The clinic also treats viral diseases and epidemics. Children can receive daily consultations and needed treatments including hospitalizations.

After surgery, the necessary medical care is administered, in collaboration with the attending physician and the hospital. Doctor's advice is strictly followed.

On the ground floor of the Recovery Center is a two-room apartment where girls in need receive care. 10 mothers with babies, who have unfortunately given birth to their child on the street, are given shelter and postnatal care. Girls who were victims of abuse and who very urgently need a shelter find a safe place in the Emergency Recovery Room. During their time in the emergency shelter, the team and the girl will discuss what the best solution is in the short or long term.

Children can be sent to Kathmandu through the Family Care Centers because there is often insufficient medical assistance in remote areas. For these children, beds and care are also provided, which can be before and after their medical treatment in a hospital in Kathmandu. After this care, they return to their family and community.





### MEDICAL SUPPORT MONTHLY STATISTICS

MEDICAL SUPPORT RECOVERYGODAWARI	Tot.	J	F	M	A	M	J
No. of children (Out patients) treated	484	80	81	85	75	81	82
Daily average	3	3	3	3	2	3	3
Number of "clinic in" children treated	1718	285	301	299	280	303	250
Daily average	9	8	9	9	9	10	10
No. of In-Patients Nights	1757	287	314	322	341	342	351
Average age of in-patients	11	9	10	10	11	11	12
Number of hospital cases	33	4	3	6	7	5	8
Number of patients admitted in hospital	11	2	1	2	1	4	1
Hospitalization Days	41	8	6	3	5	6	13
No. of children treated in DIC Godawari	1805	321	312	240	311	308	313
No. of children treated in outreach (Day Field)	1443	311	232	244	255	204	197
No. of children treated in outreach (Night Field)	638	99	77	86	103	107	166

#### MEDICAL SUPPORT PROGRAM (MSP)

The Medical Support Program aims to support children in street situations's medical rights, and it consists of:

- ✓ Conducting day-and-night field visits and provide first-aid treatment directly on the streets to children in street situation.
- ✓ Providing first aid or medical support for minor injuries & illness to children of all CPCS programs and centers.
- ✓ Referring more serious cases such as surgery, diagnosis, lab tests or further medical intervention to public hospitals.
- ✓ Increasing the children in street situations and youths' awareness about the risk of HIV, AIDS, drugs, Hepatitis, Jaundice, STI's, STD's and other communicable diseases.

CPCS medical staff is present in different areas in Kathmandu through Day & Night Field visits. Medical support is provided to all children without any discrimination, regardless of their pathology, toxic addiction, or HIV status.

MSP also organizes health camps to perform medical check-ups and inform the youths.

We work in partnership with several public hospitals and coordinate with other health organizations. CPCS ensures its staffs remain healthy and safe through preventive measures, training and immunization. The medical team meets with other health organizations in Nepal on a regular basis. We frequently participate in an Ambulances Management meeting in the District Health Office, Kathmandu to ensure that we follow the rules and regulations applicable to ambulances in general. CPCS also participates in coordination meetings with the Nepal Red Cross Society, the Chief District Officer, and the Nepal Police about mechanisms and strategies to be adopted by social NGOs to rescue Children in street situations when demonstrations and general strikes hit the country. Our medical staff faces some serious infection risks (AIDS, hepatitis or other diseases) due to their work; CPCS ensures the staffs remain healthy and safe through preventive measures, training and immunization.

*Supported by the Nick Simons Foundation through the American Himalayan Foundation*



## The Emergency Line 5560700

CPCS operates a 24 hours emergency line, available for citizens, parents, police, shopkeepers, tourists, teachers, GOs, other NGOs, and children in street situations themselves. They mostly call us to inform us about a fight, an injured child needing medical assistance, or a friend taken into custody. Other groups of people call us to report a case, or to query information.

The “National Center for Children at Risk (#104)” referred us 55 children for rehab.

### EMERGENCY LINE MONTHLY STATISTICS

Emergency Line Cases	Tot.	Jan	Feb	Mar	Apr	May	Jun
Medical Problems	10	3	2	0	2	2	1
Under Arrest	5	0	1	2	1	1	0
Abuses - trafficking	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0
Child Labour	0	0	0	0	0	0	0
Information	110	21	17	19	18	16	19
Line Calls Total	125	24	20	21	21	19	20

**Child Focus:** Notices about children lost and family missing were also submitted for weekly publications in newspapers. We are replacing it by online publications in our Blog and through other social Media (Facebook, Twitter...).

*Supported by the Nick Simons Foundation through the American Himalayan Foundation*

## Legal Protection Program

CPCS provides legal assistance to children in street situations and youth. Professional lawyers are ready to operate when a child is in illegal detention, or if we want to initiate legal procedures to obtain his birth registration/ his citizenship certificates or parental legacies. Or to recovering wage from an employer. Also, a CPCS lawyer and a staff member conduct regular visits to police custody. Many cases are also reported by the police or the public through our Emergency Line service.

### LEGAL SUPPORT MONTHLY STATISTICS (JAN-JUNE 2018)

Legal Support	Tot.	Jan	Feb	Mar	Apr	May	Jun
Jail visits	12	2	3	2	1	2	2
Children/youths in jail	12	2	2	2	2	2	2
Custodies visits	25	5	6	4	3	4	3
Children/youths met in custody	13	2	3	2	2	2	2
Children/youths released from custody	13	2	3	2	2	2	2
Court Action	0	0	0	0	0	0	0
Meetings with Police	10	2	3	2	1	1	1
Awareness Program / Class with children	27	5	4	6	5	3	4
Children in Class programs	269	60	40	44	55	34	36
Awareness Programs with Public	8	1	1	1	1	2	2

*Supported by the Nick Simons Foundation through the American Himalayan Foundation*

## Counseling Services

Most of the children met by CPCS or living in our centers have experimented street situation and some forms of violence, trauma or torture. A majority of them has been victims of physical, psychological or sexual abuses and has experimented drug addiction, criminal activities, or detention. These experiences often result of 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 2 psychosocial counselors for all our programs and centers. Social Workers can refer children in need of the psychosocial support, but children can also request to meet a counselor. The center in collaboration with the involved staff ensures an effective follow-up of each case. Counselors make also recommendations concerning the possible and suitable rehabilitation for each child (family reunification, schooling).



**COUNSELING SERVICES MONTHLY STATISTICS(JAN-JUNE 2018)**

<b>COUNSELING SERVICES Godawari</b>	<b>Tot.</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>
Individual Counseling	<b>200</b>	40	35	32	34	33	26
Group Counseling	<b>112</b>	22	20	22	10	20	18
General Awareness Classes	<b>85</b>	10	10	14	31	8	12
Sexual Abuses Victims Support	<b>3</b>	1	1	0	1	0	0
Physical and moral abuse victims supported	<b>21</b>	4	4	3	4	3	3
Awareness Sessions with the team	<b>12</b>	2	2	2	2	2	2



## SOCIAL REHABILITATION

### Introduction

CPCS has developed services to encourage Child Street to have social rehabilitation as well as to protect them from risks. One of the objectives is the child's reintegration into his community and if the conditions enable it, into his family. Through these programs, we try to provide the best solutions for the child, according to his age, personal wishes, and family situation. We encourage them to leave the streets and help them, according to their willingness. And to find their path toward a better future either through family reunification or by any other most suiting means: non-formal education, formal education or vocational training.

#### THE IDENTIFICATION PROCESS

We try to collect as much information as possible about children we meet. We have developed different strategies to identify the child and his family (questioning the child, interviewing his friends, conducting field visits in the area mentioned by the child to inquire with the local people and local authorities ...).

#### THE FAMILY REUNIFICATION PROCESS

CPCS strongly believes that the best place for a child to develop itself is within his own family, if the situation makes it possible. In addition, children in street situations often express their will to go back to their houses during counseling sessions or while interacting with the social worker. Family reunification success relies on the child's willingness to go back home and on the family's readiness to receive him again. CPCS never put pressure on a child to go back to its family or on a family to take back a child. We have developed a set of mid-term and long-term interventions with the families concerned, for each stage of the family reunification process. Our family reunification social workers cell support these "before", "during" and "after" stages. CPCS interacts with the child, the social worker and the family to analyze the reasons why the child ended up on the street in the first place: poverty, family problems or other reasons.

We organize child counseling and family visits. After family visits, CPCS evaluates the possibility of reunifying the child with his family. CPCS plays a mediator role, which motivates children to go back home to their family and reintegrate with society independently. Reunified children remain in contact with CPCS, making it possible to follow the evolution of the situation. As a consequence, it makes it possible for us to know if the child stays with the family or finally ends up back on the street. During festivals or other cultural events, CPCS lets children visit their family, which is another tool to reunite children with their family voluntarily.

### De-institutionalisation, Family-Based Care and Residential Schooling Support (RSS)

CPCS believes in family care, love and support for children. Indeed, our ultimate goal is to make families responsible for and aware about the children's rights and especially their responsibility towards their own children. NGOs can be the short-term solution to this family awareness and behavior. We launched family visits and family reunification programs this year.

**33 children were reunified with their family.** The RSS program was launched in 2009 for children who had reintegrated their family but were in need of educational support for schooling. Underprivileged and poor families benefit from the education support. Some governmental authorities, CBOs and partners, NGOs use our RSS support which is coordinated with our CLASS programs and with the visits of schools and students by our prevention teams.



## REHABILITATION MONTHLY STATISTICS (JAN-JUNE 2019)

Particular		J	F	M	A	M	J
OO	Youth Training	1	2	1	2	2	6
F/R	Family Reunification	10	8	1	0	2	11
F/V	Family Visit	2	1	0	0	1	0
CHP	Child Home Placement	3	1	1	4	0	0
O/R	Own Room	0	1	0	1	0	1
F/U	Follow Up	13	6	7	5	4	2

### CPCS Drop In Center (DIC), Godawari

The CPCS Drop In Center is dedicated for former child street who want to leave the street life in order to develop **themselves within a more positive and promising environment**. Children are offered **three educational sessions** per day (*Nepali, English, mathematics, physical education, or personal hygiene*).

This program mixes **education** and **socialization** through arts and sports and helps to bring back children's **self-esteem**. It enables them to get over bad street habits such as drug addiction, violence, and pick pocketing, and prepares them for a more rigorous study program or family reunification. Children involved in these programs have spent time on the street enjoying total freedom and living in a world without any form of obligations and commitments, their stability often remains fragile and temptations to go back to the streets are frequent. Therefore, CPCS particularly focuses on **personal counseling** thanks to our social workers and regular interventions with the psychological counselors. After having **spent two months** in Rehabilitation, 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.

### CENTERS MONTHLY ATTENDANCE STATISTICS OF DIC

Drop In Centre (DIC), Godawari	Tot.	J	F	M	A	M	J
Sent from CCWB-104	90	29	11	9	14	13	14
Field from Organization CPCS	1	0	0	1	0	0	0
Family Reunification	35	6	10	3	4	3	9
Refer to Other organization	20	0	2	0	14	2	2
Drop Out	23	5	3	4	3	4	4

*Supported by La Chaine de l'espoir – VieujantFoundation – Les amis de Sœur Emmanuelle*

### The rehabilitation for girls

There are few girls in the street. However, once they are on the streets, they are unfortunately much more vulnerable to any kind of abuse including sexual abuse. It is essential to provide a safe place where they can benefit from socialization and rehabilitation services.

Many young girls and their mothers were approached after the April 2015 earthquakes by human traffickers who lured them to Kathmandu with lies and false promises. CPCS works with women's organizations who are specialized in fighting against the traffic of women and girls. CPCS takes care of the emergency shelter. The girls can stay in the emergency center until a solution is found for them.



## Dolakha Rehabilitation Program

The Dolakha Rehabilitation center is **sheltering children rescued from street life** and/or life at risk. The idea is to bring back children within their community and/or family as soon as possible. **CPCS strongly believes that children belong to their family or village community and not to institutions.** This in the context of "deinstitutionalization".

After the devastating **earthquakes in April and May 2015** many children escaped from their village because nothing was left. Destroyed buildings, schools and because of land shifts no crops could be grown. People had lost everything: their cattle, their life stocks, their official documents, their belongings.

Due to Dolakha's geographical location, life is hard and it is difficult to survive. After the earthquakes, the poorest's life became even more difficult than before. As there was nothing left in their area, children and sometimes families decided to flee to the cities hoping to find work or at least a better life. Traffickers also became very active and led children with false promises to Kathmandu. Once arrived in Kathmandu many children were left on their own or disappeared in networks. CPCS wants to bring these children back to their family.

There is a lot of poverty in the area. The majority of the local residents are Thami, an ethnic group that has been suppressed for centuries. They are considered as a « low caste » are paperless, do not have rights, neither property and have always worked on the landlords fields. Often the farmer must deliver the yield to its owner and get a small portion for their own use. CPCS supports schools in its CLASS prevention program. In cooperation with the local social worker, usually school teachers, it is trying to find out which children can't attend school because of the poor economic conditions of the family.

Considering the difficult circumstances in which schools should operate, **it was decided to offer support with libraries and game equipment.** Supported schools are encouraged to offer good education and give children opportunities to attend school. There are no medical facilities in the area where CPCS has built its rehabilitation center. Once former children in street situations or working children decide to leave the street life or their working life, they need a transition and a safe environment. Therefore, CPCS runs rehabilitation centers for both boys and girls. We believe in the importance of the **community participation and involvement** and therefore think it is important to be next to the beneficiaries.

The objective is to support not only the child in the rehabilitation center but also the surrounding communities and to listen to the problems, the needs and to search for solutions together. To do so, CPCS constructed a building for boys and girls separated, a recovery center with an ambulance service and a regional common room with a library and games. The common room is also opened for the surrounding communities. Many are the reasons that led the children and their family to come to the center. Indeed, it can be for medical or legal purposes, to receive help for homework, to have a listening ear to everyday problems, or just for entertainment (play, watch tv, have a snack).

- **24** boys in the rehabilitation program in Dolakha..
- **34** children are daily coming to the regional center from local area (common room).
- **100** and more families benefit from the common room, medical center and library.
- A total of **449** family members in total benefit from the program.
- **More than 500** children use the libraries in schools and regional office Deurali, Dolakha.



The goats and chicken farms provide for an exclusive use eggs and meat. In addition, the children strengthen their sense of responsibility and this is good for their self-esteem, which is an important tool in the rehabilitation process.

The local community benefits from awareness information and many awareness messages are spread, such as “do not send your daughters to the big cities to have a so-called better future”. The common room is a meeting point for the beneficiaries, local residents as well as for the surrounding schoolchildren and their teachers. School children in two schools have access to a library and games.

#### DOLAKHA PROGRAMS MONTHLY STATISTICS JAN –JUNE 2019

MEDICAL SUPPORT Dolakha	Total	J	F	M	A	M	J
No. of children (Out patients) treated	320	57	38	48	56	91	30
Patients admitted in clinic	8	0	3	1	0	2	2
In Patients bed Nights	45	0	7	15	0	12	11
No. Of community patients treated	602	69	65	79	90	164	135
Ambulance of referred community patients	53	4	0	11	17	14	7
Total # of referred CPR child patient	27	2	2	1	6	9	7
Children treated on the field	272	0	0	0	26	73	173

Dolakha Rehabilitation Center	Total	J	F	M	A	M	J
No. of children (beg)	15	6	0	0	0	0	9
New children	9	0	0	0	0	9	0
F.R from office	0	0	0	0	0	0	0
Internal Referral	7	6	0	0	0	0	1
Drop Out	0	0	0	0	0	0	0
No. Of children (end)	8	0	0	0	0	9	8

Dolakha Schooling	Total	J	F	M	A	M	J
Scholarised children (beg)	11	18	22	22	22	13	11
New children	7	6	1	0	0	0	0
Family Reunified Kids	1	1	0	0	0	0	0
Other NGO Reffer	12	0	1	0	9	2	0
Drop Out	0	0	0	0	0	0	0
Internally Referred Kids	1	1	0	0	0	0	0
Scholarised children (end)	11	22	22	22	13	11	11



## The Schooling Program

Due to family problems or lack of information on families' whereabouts, family reunification is sometimes not suitable for some of the children in street situations. Therefore, **CPCS has developed a schooling program** in order to offer them services adapted to their situation. Through schooling, the children socialize, meet other children and get out of the street environment. It allows them to enter and be part of another community than the one of the children in street situations. Children attend government schools and pass exams just like any other student. They attend classes in Nepali, English, mathematics, social studies, sciences, and sports.

Most children in street situations used to attend school in their hometown. However, because of illiteracy and other social problems, education is often not a priority for the parents. This causes school absence and frequent dropouts. The general level of education is also very low in rural areas of Nepal. Additionally, the time children have spent in the street results in a great gap in their education. Hence, CPCS has developed good and close relationships with each of the schools that children attend. The teachers help CPCS social workers assess the level of the child and the class he should be admitted in. CPCS is slowly decreasing its residential schooling support programs to focus on family reintegration and community-based care. It decreased from 110 to 84 students in different CPCS centers this year. Several students went back home and some others joined the Rehabilitation program.

## The Youth Program

Many former children in street situations are above sixteen and have been referred to the youth program. They are going through adolescence and deserve a specific kind of attention. They need to have responsibilities and to be fully involved in their Rehabilitation process so it can be successful. Youths of this age who have spent time on the streets are likely to engage in delinquency or criminal activities.

The Youth program was developed with the idea of delivering services and means of intervention tailored to those youths' particular needs. CPCS does so by giving them responsibilities and guidance towards the youth's professional life and future according to their literacy, educational background and wishes. CPCS encourages youth's responsibility (*participation in daily work life, involvement in CPCS programs, tuition, office support, help in the kitchen, discussion groups*) and possibility of working as a volunteer.

Youths can also choose between different options offering progressive responsibilities:

- ✓ A 5 levels training leading them to become a social worker: starting as a Junior Social Worker, then as an Assistant Social Worker before becoming a Social Worker.
- ✓ Vocational trainings in various fields (electricity or mechanics for example) provided by partner organizations.
- ✓ Art and Sport informal classes.

CPCS also organizes awareness programs and orientation for youths to motivate them and talk about their family, personal life, skill training, vocation center, personal hygiene, personality, citizenship and personal identification. It is held on different dates. It covers about youths from the street and from Rehabilitation centers. Seven youths live in Godawari.

### YOUTH PROGRAM MONTHLY STATISTICS

Number	Jan	Feb	Mar	Apr	May	Jun
Scholarised Youths (beg)	2	2	2	2	2	2
Non-scholarised Youths (beg)	4	3	3	9	7	8
New Youth	0	0	0	6	0	0
Family Reunified Youthss	1	0	0	0	1	0
Internally Referred youths	0	0	0	0	0	0
Other Ngo Ref Youths	0	0	0	0	0	4
Drop out Youths	0	0	0	0	0	0
Scholarised Youths (end)	5	5	5	11	8	6





## ADMINISTRATION

**Child Protection Centers and Services International** were established formally in December 2005. (but have runned activities since July 19<sup>th</sup>, 2002) It is meant to help children at risk and children in street situations. After 11 years of partnership with CPCS NGO, three new organisations have been created to implement CPCS International Activities in other Districts: CPRC (Dolakha), CRPC (Sindhuli) and ORCHID (Morang). The **CPCS Alliance** coordinates all the 4 Nepali partners NGOs (and 3 Country Office abroad) and ensures proper monitoring and efficiency.

### The team (In Nepal)

The CPCS team in 2019 gathers **93** professionals (*members of the 4 NGOs grouped under CPCS-Alliance, regular and part time*). The team is continuously changing with some staffs choosing new directions and new staffs joining the adventure.

Position	Name
International General Director (CPCS- INT)	Mr. Jean-Christophe Ryckmans
Country Director (CPCS- INT)	Ms. Inge Bracke
Deputy Country Director (CPCS- INT)	Mr. Nawaraj Pokharel
General Director (CPCS- INT)- Program	Mr. Bijesh Shrestha
Center Director (DIC Godawari)	Mr. Aitaraj Limbu
National Director (Monitoring Evaluation Partnership) (CPCS-INT)	Mr. Ekta Narayan Pradhan
Deputy Centre Director (DIC Socialization)	Mr. Kailash Rawal
Financial Manager	Mr. Tek Bahadur Paudyal
Accountant	Mr. Bikram Bahadur Bohora
Assitant Accountant	Mr. Bijaya Adhikari
Reunification and deinstitutionalization officer	Mr. Badri Prasad Sharma
Center Director (Regional)	Mr. Padam Adhikari
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Program Coordinator (Medical)	Ms. Kamala Timalsina
Psychologist	Ms. Ranju Shrestha
LSA and Expert (Public Relation)	Mr. Dabal Pandey
Program Officer – Socialization	Mr. Nabaraj Baniya
Driving officers (senior)	Mr. Krishna Prasad Dhital
Driver	Mr. Krishna Kumar Nepali
Health Assistant (Recovery Center)	Mr. Mabin Rai
Health Assistant (Prevention)	Mr. Saroj Khanal
Health Assistant (Prevention)	Mr. Santosh Khatri
Nurse	Ms. Sangita Pradhan
Data Officer/Emergency Line	Mr. Gunja Lama



## The Management (In Nepal)

CPCS is composed of a **Board of Directors** and an **Executive Management Committee**. The organization gathers various areas of expertise: legal, social, fieldwork, administration, management, and medical. The employees work in different centers and programs ensuring services from dawn to dusk.

### THE BOARD OF DIRECTORS

Board Members from different NGO's supported and coordinated by CPCS International meet regularly. They work on the organization of the operations and events. Plans are made to ensure a good future for CPCS International.

### THE EXECUTIVE COMMITTEE (CDC – Central Direction Committee)

This committee is mandated by the Board of Directors to ensure the overall coordination and daily management between centers and divisional directors. The Committee makes decisions discussing different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS's projects, centers and programs, the suitable way of communicating informations to the entire team and the Human Resources Management. Proposals of meetings are submitted to the executive board for approval.

### THE STAFF MEETINGS

Once a week, the staff from all the centers has a meeting with the children "ministers". It is essential for them to flow properly information from top to bottom and reverse. All the children elected by their peers to represent a program at the meeting are present. CPCS frequently organized internal training for staffs about Child Protection Policy led by our lawyers.

CPCS organizes every month different kind of trainings and meetings for CLASS LSA from Kathmandu valley. All LSAs participate. The training covers the child rights and the objectives and the issues of CLASS programs.

### IMPLEMENTATION OF CHILD PROTECTION POLICY

CPCS often organizes monitoring sessions for staffs to implement and inform about child protection at work. 36 staffs attended the program. They came from different centers in Kathmandu and out of the valley.

## Child participation

CPCS has created a children's central government. Government members are elected democratically by all the children and meet every week in Godawari. These meetings give the children the possibility to have a say in the matter. Those meetings consist of two different phases. Firstly, every child can give their opinion about their own center. Then, there is an in-depth discussion about ideas or comments that were brought up by the children. After every meeting, the government members write a report about what was said and about possible required actions. The children have formed a court of Justice to ensure that the system works and that the rules are followed properly. The objective of this government is to make the children aware of the management of the centers and their daily lives and to teach them how society works.

CPCS provides a "suggestion box" in every center where children can put their comments, critics and/or suggestions. The box is opened every month with representatives of the children, a lawyer and the President. The proposals are submitted during CDC meetings. Most of the program's improvements come from children's own suggestions.



## Networking with Authorities State Bodies and other organizations

CPCS International organized District Project Advisory Committee (DPAC) meeting in Kathmandu on 7th June 2018 in District Coordination Committee hall, Babarmahal. As we did DPAC in 13th June 2018 in Biratnagar, Morang. On 14th June in Sindhuli and 18th June 2018 in Dolakha. In All DPAC Meeting Participated CDO, LDO, Chief of District etc.

## Networking with NGOs and other Child Protection Organizations

- ✓ CPCS has developed a partnership with the Central Child Welfare Board (CCWB) and attended dozens of meetings about the "**no one child should stay in street onward**" program campaign.
- ✓ Coordination and collaboration with "Kids Shangrila" and other organizations mainly through youth's referral for skills and vocational trainings.
- ✓ Regular coordination with the *Center for Children Search and Found or 104 (CCSF, BalbalikaKhojtalash Kendra)*, whose mission is to search/find lost children's families, to inform about lost children (*they do not know their home address*) and to reduce the risks of violence, abuse, or exploitation of children.
- ✓ Collaboration with Kitini Higher Secondary school, and others which managed the enrollment of CPCS' children at school and offered support for their academic growth and development.
- ✓ The Central Child Welfare Board (CCWB) organized meetings on rehabilitation of Children in street situations in Kathmandu and aimed at Kathmandu to become Children-in-street-situations free.
- ✓ Series of meetings were held in ministry of women, children and social welfare (**MOWCSW**) and **CCWB** with other active NGOs for consultation and partnership. Ministry and **CCWB** already made the guidelines to regulate and monitor the Children-in-street-situations work in Kathmandu Valley. NGOs assisting the meeting were: CWIN, SAATHI, SATHATH, PRAYAS, and KHUSHI, VOICE OF CHILDREN CONCERN, HEARTBEAT. CCWB has also visited CPCS DIC Godawari and proposed to increase its capacity for children rehabilitation. CCWB Chief MrTarakDhital has visited CPCS and CCWB representative Mr Chitra Poudel participated in our night field's activities for few days. He has also identified the number of children met in the street.
- ✓ Different governments and privates' colleges; Padma kanya College, Saint Xavier College, Saint Lawrence College, KMC College, Nobel College, Stupa College, Trichandra College have sent their interns and volunteers for the fieldworks.



## OUTLOOKS FOR 2019

- Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Center. (for girls and boys).
- Adapting our educational support program to a new innovative approach ensuring access to schools by accessing Basic Health Care (inside Public Schools).
- Focus on prevention / Family – based support.
- Deinstitutionalize more children in street situations or children at risks and develop/enhance the reinsertion process to ensure reunification between children and their families.
- Improve support and services to children in street situations out of Kathmandu valley and focus better on their legal support.
- Quality improvement and child protection / participation.
- Improve the socialization centre (Short-term care) in Kathmandu valley.
- Construction of a Recovery Center/office building Godawari Land.
- Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance).
- Ensure the development of the Dynamo International Regional Alliance (Asia) and start a fruitful collaboration with Child Safe Alliance (Cambodia-based in Friends International).
- Reinforce our link and partnership with local authorities (DDC, SWC, CCWB, MOWCSW).
- Implement better the new Human Resources and Financial policy.
- Improve the implementation of Child Protection Policy among staffs.
- Open a Youth Support Program in Dolakha including farming, rehabilitation and trainings (for girls and boys).
- Reinforce the Sindhuli and Morang Regional Centers to ensure long term, costs-effective and efficient support.
- Adopt new strategies/methodologies to keep working with street-based kids (including street work, field, local partnerships).
- Improve our monitoring and reporting system and expences control.



## CPCS ALLIANCE – CONTACT AND OFFICES

### CPCS Int (Nepal office)

**Phone:** (+977)16224660

**Email:** [nepal@cpcs.international](mailto:nepal@cpcs.international)

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

**Website:** [www.cpcs.international](http://www.cpcs.international)

**Facebook:** CPCS International

### CPCS France

**Phone:** (+33) 685049571

**Email:** [CPCSfrance@gmail.com](mailto:CPCSfrance@gmail.com)

**Address:** 43b rue Chateaubriand, 57990 Hundling, France

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

### CPCStan

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

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

### CPCS Belgium

**Phone :** (+32) 472304363

**E-mail :** [info@cpcs.be](mailto:info@cpcs.be)

**Address :** 11 rue des Saussales, 1301 Bierges, Belgium

**Site:** <http://www.CPCS.be>

### CPCS International (European Office)

**Phone :** (+32)86 36 66 74

**E-mail:** [info@cpcs.international](mailto:info@cpcs.international)

**Address:** 18 rue de Larmont, 5377 Noiseux - Belgium

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

**Blog:** <http://blog.CPCS.international>

